

June 29, 2009

Dear Friends,

This year has been an eventful one for IPOP and the Swami Vivekananda Youth Movement in Saragur, a rural village in southern India. The story started last June in 2008, when I first arrived to help design and launch the School Health Program with the support of IPOP, in a collaborative effort with the physicians of SVYM.

The idea was one that SVYM had worked on over ten years before, but due to lack of funds and manpower, they were unable to bring the effort to fruition at that time. I came to learn this history and the degree of responsibility that came with it from the first moment I was introduced to the group as, "Hello, this is Dr. Anglin. She is the pediatrician from San Francisco who has come to start the School Health Program." This direct statement may seem unimportant to some, but their clear dedication to the program and eagerness to work alongside IPOP was communicated in this simple sentence, and was the foundation to the program's success.

The primary goal of the School Health Program is to promote the health of children in the district served by SVYM, a rural underserved area of India with a large population of marginalized "tribal" individuals, who often do not seek medical care for their children until a catastrophic illness occurs. The goal is to identify children suffering from malnutrition and other common illnesses, and connect them to health care at SVYM or another appropriate hospital in the area. Additionally, we dispense universal treatment for intestinal parasitic infections and Vitamin A prophylaxis (deficiency of which is the leading cause of preventable blindness in the world's children), and we provide a health education session for the students at the end of the school day.

This was a secondary school in the district that has almost 600 students. It felt like we would never finish, so after 3 ½ days, when the last student walked out the door, it was congrats all around.



The screening process is comprehensive, including: collection of demographic information, vision screening, dental screening, height and weight measurements and graphing for percentiles, full medical exam from head to toe, dispensing of treatments above, written referrals given out to teachers and/or parents if critical, and compilation of the data.

So one year ago, after a week of program development with the SVYM physicians and training for the health workers, we set off to screen the first school on our list... And, over the next few hours, we only managed to screen 9 children! I was a bit discouraged after that first day, but with perseverance and a myriad of adjustments, we were screening between 150 – 170 children per day by the end of the month! Throughout my time there, I trained the SVYM staff and rotating medical interns to perform the screening independently, and on the day I left India, I was proud to see the bus pulling out in the morning as scheduled for the next school, without me on it.

Therefore, it was with great anticipation that I returned to Saragur and SVYM this year for the month of May, in order to assess the progress of the School Health Program, perform some quality assurance, and begin the data analysis. The program was started with the goal of reaching 100 schools in the Mysore District of Karnataka. I knew that it had continued over the year, including a helpful visit from another volunteer pediatrician, Daniel Tsze, who gave a good boost of energy to the program mid-year and made some needed adjustments. ***However, I was still not prepared for the good news (as well as the volume of data to analyze), when I returned to find that the program had far surpassed my expectations and evaluated a total of 133 schools and 9,938 children!***

Midday Meal The government offers a hot midday meal in all public schools in order to boost attendance as well as fight malnutrition. One of the goals of the School Health Program is to address the content of those meals and lobby the government to improve their nutritional quality. (This is a typical scene. Children lined up facing lengths of mats rolled out onto the floor. That is not meat you see in the plate, it is a highly dense local grain which supplies a good portion of protein and trace minerals!)



Early results from the analysis reveal that a large proportion of children in our population are malnourished, up to 40% when evaluating by the standards developed in India, and up to 60% and higher when evaluated by the American standards. And a wide variety of health conditions were identified, including acute problems such as pneumonia and skin infections, as well as more chronic problems such as tooth decay and even critical heart murmurs concerning for birth defects versus rheumatic heart disease. Many children have been connected to local care as well as referred to specialty care in Mysore, a large neighboring city.

Working with SVYM this past month, I was pleased with the progress of the program and its apparent impact in the communities served. However, similar to when I first arrived one year ago, the group of physicians at SVYM is energetic and ready to go further. This coming year, we plan to publish the data on malnutrition, as very little information is available for this age group in India. We hope to identify communities and special groups of children that are at higher risk of malnutrition in order to target more focused interventions, as well as discover those rare communities with a much lower rate of malnutrition than the average in order to investigate their food and hygiene practices to develop a model for intervention using locally inspired methods. (At least one such community exists in our data set, and it's exciting to discover what indigenous practices may be present and protective against child malnutrition!) Finally, although a number of children have returned to the hospital following referrals from the screenings, we hope to greatly increase this percentage by working to discover what the true barriers to care are, then address these barriers through targeted education sessions, incentive programs, and outreach camps as needed.

Lastly, the School Health Program has become established at SVYM, and through the support of IPOP and interval visits from volunteer pediatricians, we hope to continue screening new children in the far reaches of the district, and then return to each school about every two years to follow-up, repeat the screening process, and assess the effect of our interventions!

It has been an exciting year for SVYM and IPOP, and we thank you for your generous support!

Sincerely,
Joy Anglin, MD