Program for Street & Working Children

Health Care

Medical Camp’s are conducted weekly in three drop in center (DIC) located at Red Fort- Mori Gate, Nizamuddin, New Seelampur, New Delhi and shelter home at Bhango, Haryana. Senior paediatricians including Dr Rajeev Seth, Dr RN Srivastava & Dr Uma Agrawal also volunteer their time for these health camps. Since past year, children have shown better health. Health camp frequency has become once every fort night. Approx 30-40 children are assessed. Dr Seth is available round the clock to handle emergency calls if any.

Health check provides basic weight/Height assessment, check for anemia/nutritional deficiency, acute care/first aid, treatment of common infections such as viral fever, upper respiratory infection, skin infections (pyoderma), diarrhea, pneumonia, Tuberculosis, Sexually transmitted diseases/HIV/AIDS. Besides the children, people from the community also attend the clinic. Medicines are given free of cost.

Immunization: Every child is fully vaccinated free of cost against Diptheria-Pertusis-Tetanus (DPT), DT, Hepatitis B, MMR, Typhoid vaccinations. Not even a single case of severe adverse reactions following vaccinations. Minor fever, aches are treated with paracetamol.

Nutrition

Program started in July 2012 (almost 2years).

Street children, mainly rag pickers, child labourers, children engaged in menial tasks, work in eateries are served hot cooked mid day meal in Mori gate Drop in center. Every day 35-45 children are provided with mid day meal; approximately 1200 meals are served to children per month. Raw material are bought from local sabzi mandi, local grocery store, all bills/receipts are kept every month. Cooking gas cylinders are also provided. Field program manager Yawar Qaiyum, Staff supervision Sandhya Mandal, Cook Sunita Sharma

Budget: Monthly expense of approx INR 20,000 per month. Cook is paid a salary of Rs 3000 per month, major donor’s are Dr Meera Prakash & Mr. RC Mody. Dr Meera Prakash has recently provided a large financial contribution to sustain this activity in the years to come. Cook’s salary is paid by Dr Shalini Bansal

Vocational & Skill Development

BUDS strongly believes in building vocational and skill development for these groups of vulnerable children. Mr. R.C. Mody takes personal interest and supervision of children for their higher education. Case of Pintu Jha is a shining example of what we can together achieve. During the financial year a total of 889 children and youth benefited in the program.
Case formulation

<table>
<thead>
<tr>
<th>Child issues</th>
<th>Parent/Family issues</th>
<th>Health and Developmental Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>One of 4 living children</td>
<td>Poor and illiterate parents</td>
<td>Health &amp; Immunization unknown</td>
</tr>
<tr>
<td>Deprived of love and care</td>
<td>Abusive father</td>
<td>Nutritional neglect</td>
</tr>
<tr>
<td>Neglect of education</td>
<td>Unresponsive parenting</td>
<td>Physical, emotional &amp; mental abuse</td>
</tr>
<tr>
<td>Street child</td>
<td>Poor living conditions</td>
<td>Educational deprivation</td>
</tr>
<tr>
<td>Intellectually bright</td>
<td>Family violence</td>
<td>Risk of substance abuse</td>
</tr>
<tr>
<td>Resilient</td>
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<td></td>
</tr>
</tbody>
</table>

Case Summary

Street Child, successfully integrated and supported

Pintu Jha, now a 18 year old boy, from a village in Bihar, India lived with his parents, three brothers, uncle and grandmother. Like any other child, Pintu also wanted to be cared and loved; he had a deep desire to study. His poor, illiterate father pushed him to work for hours in the fields look after cattle. If he showed any reluctance, he was abused and beaten. He ended up getting into wrong company and undesirable pastimes like gambling. His father caught him and an ugly altercation ensued. Before he knew what happened, Pintu was pushed out of his home, when he was only ten. With no money or food, he ran for a long time and reached the nearest railway station. This time, he took another train to Old Delhi railway station. Luckily, he was spotted by a peer educator of a non Government Organisation, PCI next morning. He was

The event raised the self esteem of more than 300 under-served children, who participated in the event. The orphan and vulnerable children got an opportunity to express themselves through a painting competition and a grand cultural program, full of fun, songs, dances and a play, as per enclosed program. All children were given warm winter clothes and awards. The children were served hot cooked lunch on arrival and refreshments at the end of the event. Please find enclosed few photographs of the function.

The following IAP Delhi members took part in the Children’s day function: Dr. Rajeev Seth, Dr. Peeyush Jain, Dr. D.N. Virmani, Dr. Uma Agrawal, Dr. J.P. Kapoor and Dr. R.N. Srivastava. Several members called to express support to the event, including Dr. D.K. Dewan, Dr Chandrakant and others. Dr. K.K. Kohli, Hony Secretary, DMA and many of our members addressed, motivated and blessed the children.

BUDS office bearers have no words to thank our members for their support to the children day celebration: a day of joy, freedom and to engage in fun!

BOOK RELEASE

Child Abuse & Neglect: Challenges and opportunities (2013) by Prof RN Srivastava, Dr Rajeev Seth & Ms Joan van Niekerk, (foreword by Jenny Gray President ISPSCAN) was released on Aug 2013 at IIC by Love Verma, IAS. Secretary &DG, NACO, Ministry of Health and Family welfare. Dr Prof RN Srivastava is the founder trustee of BUDS. He is also Adviser ICANCL group and past president of IAP.

The book shall be a valuable reference to national and international agencies within the government or working independently, advocates of child rights, multidisciplinary professionals and all those working for comprehensive child welfare.

Project Grants: BUDS has written and applied for the following projects and grants

Indo-US R03 Project Title: Enhancing Health Care Access with Cellular Technology

Background & Rational

Despite the impressive economic progress in India, coverage for primary childhood vaccinations is abysmally low in urban “slum” communities. Vaccinations are not available to more than one third, and less than 40% of young children are fully vaccinated. In this proposal, we will evaluate a software platform in mother-infant units in urban-slum communities to improve uptake and coverage of primary childhood vaccinations in India. Our central hypothesis is that a web-based, biometric-linked vaccination record and timely vaccine reminders utilizing available cell-phone connectivity will provide robust and universal access of childhood vaccination records, efficiently connect target populations with vaccines, and cost-effectively increase primary childhood vaccination coverage. In this proposal, we will evaluate such a software platform in mother-infant units in urban-slum communities to improve uptake and coverage.
of primary childhood vaccinations in India.

Project Summary

Despite the impressive economic progress in India, coverage for primary childhood vaccinations is abysmally low in urban “slum” communities. Vaccinations are not available to more than one third, and less than 40% of young children are fully vaccinated. The Indian Academy of Pediatrics (IAP) as other national and international pediatric bodies, recommends a time sensitive schedule for childhood immunizations, boosting immunity with each subsequent cycle, leading to adequate levels of immune protection. However, a major concern is the progressive decline in subsequent immunizations (after the first round), largely attributable to poor follow-up and compliance. Due to inadequate protective immunity, resulting from poor vaccination compliance, outbreak of vaccine-preventable diseases are rampant, making childhood mortality in this group among the highest in the world. Major challenges of vaccination programs include maintaining / tracking records, linked to positive identification of individual children, and efficiently connecting target populations with vaccines. Since urban-slums are “nests” inside sprawling cities, and cell-phone costs have decreased dramatically, there has been a rapid proliferation of cell-phone connectivity. Novel cellular technology based approaches for timely immunization reminder, can taken to the PCI Drop-in-Centre, counseled and then moved to the shelter Home. The Shelter Home is an important part of PCI India’s Orphaned & Vulnerable Children Program which has been able to address the needs of marginalized and disadvantaged 24,000 street children since 2000 with mobile health clinics, street outreach programs, economic empowerment, non-formal education and family re-integration services. The ICANCL group members volunteer in provision of social assistance and health care to these vulnerable children. The Shelter Home is located at Mewat; Haryana is a safe haven providing boys with shelter, nutrition, clothing, health care, psychological support, and access to formal and non-formal education in a supportive rural community. Located in five acres of sylvan land it can house 40 boys up to 18 years. Like a family, the older boys look after the younger ones and all take part in daily chores. The Home provides space for the boys to enjoy outdoor games and physical activities. Pintu was enrolled in local government school and has recently graduated his 12 school leaving board examinations with first division. He is now registered in bachelors in computer degree from a local University. Pintu is thankful for the support from Shri RC Mody, our patron, but very few street children are so fortunate to live their dreams!
therefore significantly impact health outcomes in these communities.

Bal Umang Drishya Sanstha (BUDS) BUDS shall build on an ongoing Indo-US collaboration with a John Hopkins University and a private software company – Royal Datamatics Pvt. Ltd. (RDPL), both operating locally in Delhi, India. RDPL is a renowned Indian software company with more than 10 years experience in implementing integrated solutions. **Our existing collaborations and public-private partnership will significantly defray costs, provide “added value”, and allow us to conduct this study, in vulnerable populations.**

Our US counterparts have given a very good score to this project. At present, department of Biotechnology, Ministry of Science & Technology, Government is conducting its review on this project

"Peer leadership training for Street Children, Delhi India"

International Community Access to Child Health (ICATCH), American Academy of Pediatrics

ICATCH Grant Application 2013

SUMMARY

This project will build on existing infrastructure and initiatives already taking place under the auspices of the Street and Vulnerable Children Program (SVCP) in Delhi (www.buds.in). The project will aim towards building healthy communities within the street children and youth by promoting peer leadership skills, health education, primary health care and learning through the following activities:

1) **Peer leadership and empowerment:**
A youth facilitator will identify peer leaders among the children/youth in the SVCP program. Using youth participation, a program of training will be developed for children and young people giving young people knowledge about their rights to health, education, shelter, nutrition and self determination (based on the Convention on the Rights of the Child, ratified by the Government of India). The program will explore how peer leaders can contribute towards building healthy communities both within their program and linking to the wider community at large.

2) **Peer leader trained up to be in charge of health education:**
A particular focus of training will be health education, including basic public health, sexual and reproductive health, and substance use/abuse, HIV/
AIDS, prevention and facilitating access to community health facilities.

3) Effective teamwork as an essential ingredient of community development. The peer leadership facilitator will be skilled at building effective teamwork with vulnerable children, which will be a key outcome of the project.

4) Sustainability: The training program will be repeated 6-8 months later to consolidate gains made, identify new peer leaders and maintain key learning from the program over 3 years.

Result: This application was not funded. An application shall be made again after correction of lacunae.

Rectification of Malnutrition and Anemia in children and women: A pilot project at Mori Gate, New Delhi

Summary

A pilot project was initially considered appropriate for implementation in Morigate clinic for Children and Women of that area visiting for consultations and treatment by Dr. Rajeev Seth, President, BUDS & Indian Academy of Pediatrics 2013, New Delhi.

• It was considered necessary to screen the children and women to assess their hemoglobin (Hb) status. Considering that, if Hb levels are low, they need to be assisted / guided to improve their Hb with the most effective interventions, so that the children can perform better in their studies and become better achievers.

• Women also need to improve their health, so that they are adequately empowered to face the innumerable challenges they face in day to day life and have adequate strength to withstand the odds they need to overcome.

• It is with this in view, a visit was made to Morigate clinic on Friday 4th April 2013 by the members of the Fluorosis Foundation of India (Dr. A. K. Susheela, Dr. N. K. Mondal, Dr. Nalini Tripathi and Ms. Rashmi Gupta) along with Mr. R. C. Mody and Dr. Rajeev Seth. The members of the Foundation joined Dr. Rajeev Seth and Mr. R. C. Modi during their regular visit to the clinic in Morigate.

• While Dr. Rajeev Seth was attending to the patients, Dr. Susheela and her team screened 43 individuals (women and children) living in that area for Hb; collected urine samples for testing of fluoride and seven drinking water samples of that area for checking fluoride in drinking water.

• The test Report on Hb, urine fluoride and drinking water fluoride is attached.

• The results are showing:

  (i) Seven water samples checked are safe for consumption with fluoride in normal range.

  (ii) 11 individuals revealed low Hb i.e. <12.0 g/dl (Range 9.3 – 11.8 g/dl). Those need counseling and monitoring.

  (iii) 27 individuals revealed high urine fluoride >1.0 mg/l (range 1.8 – 7.42 mg/l). Those need counseling and monitoring.

It is evident that those (Sr. No. 1, 11, 15, 30 and 32) with low urine fluoride had high Hb with the exception Sr. No. 41. Those 5 shall join for Counseling sessions so that in future they do not consume undesirable, toxic food items.

The baseline screening for Hb and testing fluoride denotes that the children and women require (i) Diet editing and (ii) Diet counseling for improving Hb to enjoy better health.

They need to be counseled for Diet editing and Diet counseling as Interventions, so that adequate awareness is generated on ‘dos’ and ‘don’ts’. The counseling should provide a life-time learning experience for them to guard their health by “eating right” and “eat well”. The procedures laid down to improve Hb, are simple, easy to practice and affordable; for the poor and rich; rural and urban; illiterate and literate.

This project shall be up scaled and submitted to Ministry of Women and Child Development, Government of India for funding.

Dr Rajeev Seth Dr Navin Khanna
President Secretary
Bal Umang Drishya Sanstha (BUDS) is registered as an Indian Not for Profit Trust since 2003 (BUDS Registration no. 11686/4 of 2003.)

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