



# Spectrum



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## 20 Cycle Vans handed over at RCC Dearah ASHA, Meena Khan, District 24 Parganas (S), West Bengal



The 6<sup>th</sup> phase of RCSLMK and Rotary Gold Coast Lake Success, USA initiated distribution of Cycle Vans and rickshaws under Global Grant 1524507 held at Meena Khan involving RCC Dearah ASHA (Association for Social & Humanitarian Action) was on Sunday, Feb 3, 2019. 20 Cycle Vans were handed over to the beneficiaries, who were earlier short-listed and trained on January 24, 2019 by Social Engineering and Advanced Technical Education.



The club team comprising of President Ankush Bansal, Vice President Ashok Surana, Treasurer Indra K Bagri with spouse Sushila and PP Dr Aruna left Salt Lake at about 9.00 AM. PP Umapasrad joined at Science City. Earlier, the vehicle picked up 100 sets of Geometry Boxes for school kids and homemade food, snacks, sweets for self consumption on the way with hot fuming tea made in road-side dhaba on Basanti Highway.



The team reached the place of distribution at about 11.00 AM.



The local administration, observing continuity and success of RCC Dearah ASHA, for its role towards child education, vocational training, arresting girl trafficking and early marriage, has let it spread its community service activities far beyond Meena Khan.



Many of RCC members being occupied elsewhere in connection with community service including training, the RCC was represented by its Secretary Sanjiv Singh and few of his assistants.

It was gathered that the beneficiaries are so poverty struck that some of them could not spare time to receive their new passions during working hours even of a Sunday. They would turn up later to collect those from RCC Dearah ASHA.



It was learnt from an aged person with polio affected deformed feet and weak legs, a recipient of RCSLMK offered hand pulled tri-cycle, that he earns his living by cleaning septic tanks, meant to decompose night soil. The tricycle would let him travel wider areas to find work.



RCC Dearah ASHA identified three hundred kids studying at ten different secondary schools at 7th or higher standards, who cannot afford to buy Geometry Boxes for furthering their studies. RCSLMK, on the same day, came with 100 Geometry boxes for meeting needs of some of the kids.

There were about thirty kids, mostly girls with uniform, from two local schools, who received the boxes from club members. RCC shall hand over the rest of boxes to some of the kids, who are studying in distant schools. It was noticed that some girls, studying in class IX, were, over last two years, deprived of such instruments, essential for studying mathematics. Smiles on the innocent faces of the kids on receiving the Geometry Boxes made the day memorable.



Out of twenty, eleven beneficiaries could appear, when RCSLMK team reached the point of formal handing over of cycle vans that took place at the wider bend of a narrow motor-able dusty road.



Along with distribution of 20 cycle vans under the Global Grant, RCSLMK handed over two hand-pulled tri-cycles to two persons with weak / deformed feet / legs to let them move and earn with minimum effort for moving. Also balance of 100 Geometry boxes were handed over for distribution among school kids



Till close of Sunday, February 3, 2019, 143 Cycle Vans and 31 Cycle Rickshaws have been disbursed for handing over to the beneficiaries under the Global Grant project Swabalamban 3.



Next phase of the said Global Grant Project would be on Sunday, February 17, 2019 at RCC Vateguri Janakalyan Sangha, Amta, Howrah, where 25 Cycle Vans would be distributed.

**Innovation could help India out of its health quagmire**  
*Grand Challenges India is fostering innovations that will help people in India and around the world lead better lives.*  
Feb 07, 2019 by Trevor Mundel and Nachiket Mor in Hindustan Times, India

Health innovations, from vaccinations to bed nets, have been instrumental in fighting some of world's most persistent and deadly diseases. Now more than ever, countries around the world are recognizing and investing in the potential of innovation to ensure that more people can lead healthy, productive lives.



**Preparations for the Re-invent the Toilet Fair, New Delhi, 2014.(Bill & Melinda Gates Foundation/PrashantPanjari)**

It's exciting to see this trend in action in India, which is emerging as a leader in developing tools that improve health care. India introduced the first domestically developed rotavirus vaccine, Rotavac, to curb infant mortality from diarrhea. The vaccine has the potential to prevent approximately 27,000 deaths and 300,000 hospitalizations in India each year, and it could also play a key role in addressing global supply issues that have placed millions of children at risk. Online logistic management systems such as the Electronic Vaccine Intelligence Network (eVIN) are helping to ensure real time information on vaccine stock and cold chain management so that lifesaving vaccines reach the people who need them the most.

By 2030, the government aims to place India among the top three countries globally in science and technology. Investing to realise this vision, the Union Budget increased its allocation in these areas by 7.5% in 2018-19 to Rs 65,741 crore. We applaud these investments, which have enormous potential to improve lives in India and abroad, and to strengthen the Indian economy in the process.

One initiative that speaks to the promise of national innovation is Grand Challenges India. With a fundamental belief that great ideas can, and do, come from everywhere, Grand Challenges supports the world's brightest minds in tackling big problems in health and development. Launched in 2003, its network now includes national-level programs in more than a dozen countries that have collectively awarded more than \$1 billion to innovators from 87 nations.

To support and cultivate India's vibrant community of innovators, in 2012, the Bill & Melinda Gates Foundation partnered with the Biotechnology Industry Research Assistance Council (BIRAC) and Department of Biotechnology (DBT) to launch a national Grand Challenges program. The aim was to identify and fund the development of bold new ideas and technologies to address human and animal health, food, nutritional and development problems.

Over the last six years, the program has launched seven challenges, received over 2,000 scientific applications and supported 18 projects. We'll share just a few exciting examples.

The first is an initiative to inspire better toilets. India's Reinvent the Toilet challenge asked scientists to come up with sustainable solutions for improved sanitation. Researchers from the Kerala-based company, ERAM Scientific, were among the many who stepped up. They developed India's first public electronic toilet, 900 of which have now been installed in schools across the country.

Another is 99DOTS, which is helping India reach its ambitious target of being tuberculosis free by 2025. While the disease is curable, treatment is complicated and causes poor adherence to drug regimens. Everwell Health Solutions, based in Bangalore, created 99DOTS to help patients stay on track at a fraction of the cost of other monitoring tools. The system has reached over 80,000 patients and the team is working with the government to expand even further.

Grand Challenges India also tackles connected issues like food security, nutrition and agriculture. Achieving Healthy Growth through Agriculture & Nutrition (AgNu) funds Indian-led pilot projects that aim to reduce low birth weight, early stunting and wasting among Indian infants. Supported by this programme, researchers from

Society for Science developed a solar-conduction food-dryer to promote year-round diet diversity, which has been successfully used by 250 women farmers. Plans are now in place for an international scale up involving 1,200 farmer cooperatives in eight countries.

Grand Challenges India recently joined forces with similar initiatives in Brazil and Africa to address antimicrobial resistance, which threatens the effectiveness of drugs that people rely on to treat tuberculosis, malaria and many other illnesses. The program has also partnered with several Indian government agencies to launch its fourth call to reach more people with lifesaving immunizations through better data.

Innovation requires time and patience, but with partnerships and commitment, the future looks bright. Grand Challenges India is fostering innovations that will help people in India and around the world lead better lives. Innovation has enormous potential for India's future, and the Bill & Melinda Gates Foundation is excited to continue supporting the Indian government and innovation community on the path from idea to impact.

*Trevor Mundel and Nachiket Mor are employees of the Bill & Melinda Gates Foundation*

*The views expressed are personal*

*Continued from the previous issue of Spectrum*

**Ordinary Rotarians can find themselves in extraordinary circumstances. Source: January issue of the Rotarian Illustrations by Aad Goudappel**

**Run 156 miles across the Peruvian desert by Brien Crothers, husband of Kathey Lee Crothers**

**Rotary Club of Middletown, California**

I didn't start running ultra-marathons until I was almost 40. An old high school chum introduced me to it. Then I went to help out at an aid station at the Western States 100-mile race, and I saw 70-year-old guys coming through there. I was like, "I gotta do this." An ultra-marathon is anything over a marathon, which is 26.2 miles. It could be 30 - it could be 50 or 100 miles. I've done all of those.



**Help get polio eradication across the finish line. Donate at [endpolio.org](http://endpolio.org).**

In 2014 I ran the Marathon des Sables, which is a race in six stages over seven days in Morocco. I've been to races where it's around the clock, go-go-go. But in stage races, as long as you're getting through your course in a reasonable amount of time, you have time to rest at night.

Then I heard about a Marathon des Sables spinoff planned for Peru in 2017. My wife was president-elect of the Rotary Club of Middletown, and we were talking to some good friends of ours who were Rotarians. The idea came up to use the race as a fundraiser. I always say that in ultra races, the first and last miles are the hardest. So we decided to call our fundraiser "Polio's Last Mile." Since we're in the last mile of polio eradication. We took our presentation to Rotary clubs and Rotaract clubs throughout California and raised \$81,300.

The race was in the Ica Desert, which is near Nazca, where the Nazca lines are. It started at 8 a.m. We ran with our packs — mine had a pad, a sleeping bag, something clean to wear at night, my food for the week, a compass, and the map book they gave us. There are checkpoints every 6 or 8 miles where you get water.

The first day was about 23 miles. In Peru, the sand is really silty and dusty, so you couldn't get good traction. The course went down into a

dry riverbed, and it was really, really hot. A guy I had run with in Morocco dropped out because he got severely dehydrated. The next day was a marathon length. I was expecting to suffer, but I think that was my best day. Everything was kind of clicking for me. You know how it is. Some days are good, and some aren't.

Then there was another 26-mile stage, and then the long one, which was 43 miles. That day, we started late and finished at night that was part of the adventure. So for half that course, I ran in the dark with a headlamp. For one stretch, there was a 25-mph headwind. It was barely run able, so I was walking into the wind. That went on for hours.

That stage ended on a beach. It was incredible: this beautiful, miles-long beach. The next day we had a rest day, and it was really nice to go out there and soak in the ocean. They also brought in a pickup truck full of cold Coca-Cola.

The next stage was marathon length again, along the coast, and the last day was short, 12 miles. The finish line was at the end of a dirt road on a cliff. My goal was to finish in the top 100, and I finished 97th. Somehow I also ended up being the first American to finish.

At the end, it was kind of emotional. When I crossed the line, I knew they were live-streaming, and I guess I was inspired getting through those last miles, because I walked up to the camera and pointed to my sleeve where it said "End Polio Now."

— As told to Frank Bures

To be continued...

## Female surveillance officer for WHO pushes through gender-related obstacles to help end polio in Pakistan

By Ryan Hyland



Dr. Ujala Nayyar dreams about a world that is free from polio. Nayyar, the WHO's surveillance officer in Punjab province of Pakistan, says she often imagines the result of her work in her sleep. In her waking life, she leads a team of health workers who hunt down every potential incidence of poliovirus, testing sewage and investigating any reports of paralysis that might be polio.

Pakistan is one of just two countries that continue to report cases of polio caused by the wild virus.

In addition to the challenges of polio surveillance, Nayyar faces substantial gender-related barriers that, at times, hinder her team's ability to count cases and take environmental samples. From households to security checkpoints, she encounters resistance from men. But her tactic is to push past the barriers with a balance of sensitivity and assertiveness.

"I'm not very polite," Nayyar said with a chuckle during an interview at Rotary's World Polio Day last year in Philadelphia, Pennsylvania, USA. "We don't have time to be stopped. Ending polio is urgent and time-sensitive." Women are critical in the fight against polio, Nayyar says. About 56 percent of frontline workers in Pakistan are women. More than 70 percent of mothers in Pakistan prefer to have women vaccinate their children.

That hasn't stopped families from slamming doors in health workers' faces, though. When polio is detected in a community, teams have to make repeated visits to each home to ensure that every child is protected by the vaccine. Multiple vaccinations add to the skepticism and anger that some parents express. It's an attitude that Nayyar and other health workers deal with daily.

"You can't react negatively in those situations. It's important to listen. Our female workers are the best at that," says Nayyar.

With polio on the verge of eradication, surveillance activities, which, Nayyar calls the "back of polio eradication", have never been more important.

*56% of front-line workers in Pakistan are female, whereas 90% of front-line workers in Nigeria are female*

**Q: What exactly does polio surveillance involve?**

A: There are two types of surveillances. One is surveillance of cases of acute flaccid paralysis (AFP), and the second is environmental surveillance. The surveillance process continues after eradication.

**Q: How are you made aware of potential polio cases?**

A: There's a network of reporting sites. They include all the medical facilities, the government, and the hospitals, plus informal health care providers and community leaders. The level of awareness is so high, and our community education has worked so well, that sometimes the parents call us directly.

**Q: What happens if evidence of poliovirus is found?**

A: In response to cases in humans as well as cases detected in the environment, we implement three rounds of supplementary immunization campaigns. The scope of our response depends on the epidemiology and our risk assessment. We look at the drainage systems. Some systems are filtered, but there are areas that have open drains. We have maps of the sewer systems. We either cover the specific drainage areas or we do an expanded response in a larger area.

**Q: What are the special challenges in Pakistan?**

A: We have mobile populations that are at high risk, and we have special health camps for these populations. Routine vaccination is every child's right, but because of poverty and lack of education, many of these people are not accessing these services.

**Q: How do you induce people who are cynical about polio vaccine?**

A: We have community mobilizers, who tell people about the benefits of the vaccine. We have made it this far in the program only because of these frontline workers. One issue we are facing right now is that people are tired of vaccination. If a positive environmental sample has been found in the vicinity, then we have to go back three times within a very short time period. Every month you go to their doorstep, you knock on the door. There are times when people throw garbage. It has happened to me. But we do not react. We have to tolerate their anger; we have to listen.

**Q: What role does Rotary play in what you do?**

A: Whenever I need anything, I call on Rotary. Umbrellas for the teams? Call Rotary. Train tickets? Call Rotary. It's the longest-running eradication program in the history of public health, but still the support of Rotary is there.

## Birthdays of Rotary members in February, 2019

Sumit Agarwal on February 5, 2019

Utpal Majumdar, past Governor on February 17, 2019

## Anniversaries of Rotary members in February, 2019

Spouse Koneenica & Surajit Hari on February 4, 2019

Dr Saktirupa & Spouse Dr Suranjan Chakraborty on February 5, 2019

Sp Neelam & PDG Vijay S Bhandari on February 14, 2019

Sp Suman & PDG Rajkumar Rajgharia on February 19, 2019

Spouse Rashi & PDG Sekhar Mehta on February 19, 2019

Sp Sipra & PDG Aniruddha Roy Chowdhury on February 19, 2019

Spouse Renu & PP Ranjan Kuthari on February 20, 2019

PP Kusum Chamaria & Spouse Krishna on February 24, 2019

Spouse Rani & PP BI Ajitsaria on February 28, 2019

## February is Peace and Conflict prevention Month

### Upcoming club's community service programs

- **On Sunday, February 10, 2019:** Handing over of 500 sets of sterile hospital gowns and bed sheets to Dr BC Roy General Hospital and Maternity Home, New Barrackpore, 24 Pgs (N) as donation in Kind.
- **On Sunday, February 17, 2019:** Distribution of 25 Cycle Vans at Amta, Howrah District

## UNWIND

*Those who can't laugh at themselves leave the job to others.*

## TAILPIECE

*"What you think, you become. What you feel, you attract. What you imagine, you create" Buddha Inspiration*