



RI District 3291

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PRESIDENT □ DR SUDHA CHAUDHARY

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# Spectrum

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## Club's Global Grant titled Swabalamban III

35 Cycle Vans handed over at RCC Nabankur Sangha, Chakda, Dist: Nadia, West Bengal on Sunday, Sep 15, 2019  
Distribution of saplings of fruit bearing trees, blood donation and medical camp were also held



Rotary Salt Lake Metropolitan Kolkata and Rotary Gold Coast Lake Success, USA initiated distribution of 35 Cycle Vans under Global Grant 1524507 at Chakda involving RCC Sutra Nabankur Sangha, Chakda, Dist Nadia on Sunday, September 15, 2019.

Minimal Invasive Gynecologist PP Dr Aruna, PP Kusum, PP Uma Shankar, Neonatologist Dr. Rajesh and his kid, Gen Physician, ex member and PP Lt Gen Dr SP Datta, Dermatologist Dr Girija, Ms Rekha Agarwal, mother of PE Sumit, Mrs Kochar, Rotaract members, paramedic team and many others left Salt Lake at about 8.00 AM by two hired buses. Consultant, General Surgery, and President Dr Sudha joined the team at Belgharia Expressway crossing on Jessore Road (NH 34). After having a short break on the road, the team reached the site of distribution at about 12.00 noon.



Before departure at about 4.30 PM, RCC members invited the team have vegetarian lunch.

Till close of Sunday, September 15, 2019, 228 Cycle Vans and 31 Cycle Rickshaws were disbursed for handing over to the beneficiaries under the Global Grant project Swabalamban 3.



There was club sponsored distribution of saplings of fruit bearing trees. Recipients of Cycle Vans, among many others, received a sapling each.

The project, originally meant for 175 beneficiaries, ended with Swabalamban (Self-reliance) of 259 families through higher income generation. This could be attained due to efficient fund management and grant partners' agreeing to let RCLSMK utilize the surplus for expanding the project horizon.



On the same day at the same place at Chuadanga, Chakda, Nadia, RCLSMK members with logistics and paramedic supports, respectively from RCC Sutra Nabankur Sangha and ILS Hospital, held a successful medical camp, where 42 males, 51 females and 20 kids out of 113 persons approached physicians and specialists for cure of their ailments. 47 persons were examined by general physician. 25 persons were examined by Gynecologist. 12 were examined by

dermatologist, 17 had orthopedic ailments and the rest were drawn to the exclusive attention of Neonatologist. 21 persons were detected having hypertension and 11 were detected as diabetic.



Persons had multiple consultations. Dermatologist Dr Girija had seen 24 of them, while PP Dr Aruna examined 23 patients (two at patient's house, 2 in bus).

Ages of health seekers ranged between a month old babe and a person aged 80. All were provided with available medicines besides free consultation.

The team of physicians and specialists were ably assisted by paramedic team of ILS Hospital, Rotaractors, Mrs Rekha Agarwal and Mrs Kocher.

*Master Goel, son of Dr Rajesh gifted his toys to the little ones with ailments.*



*Thirty-nine units of blood were collected on the occasion from young volunteers by the teams from Kalyani and Calcutta Medical Colleges. RCLSMK commended the volunteers and Medical Colleges.*

### Examining Inequality



*How geography & gender stack the deck for (or against) you  
By Bill & Melinda Gates, Co-chairs,  
Bill & Melinda Gates Foundation;  
September 17, 2019*

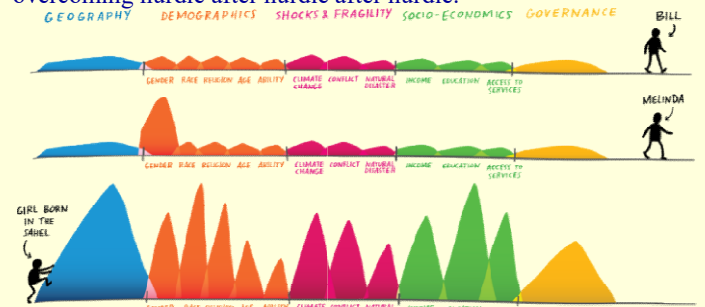
The UN published a helpful diagram last year that shows how complex inequality can be, with five overlapping categories, each of which can be broken down into subcategories. We will focus this report on geography and gender, a subcategory of demographics.



We were born in a wealthy country to white, well-off parents who lived in thriving communities and were able to send us to excellent schools. These factors, among many others, put us in a great position to be successful. There are billions of people on the other side of these dividing lines, however. For hundreds of millions of people around the world, hardship is all but guaranteed.

### Starting Out Ahead

If you think about life as a journey, every single disadvantage makes the journey harder. Our path forward has been relatively clear of obstacles. For a girl born in the Sahel, one of the poorest regions in the world, getting to a healthy, productive life requires overcoming hurdle after hurdle after hurdle.



We believe that's wrong. Every person should have an equal opportunity to lead a healthy, productive life.

For the past 20 years, we've invested in health and development in low-income countries, because the worst inequality we've ever seen is children dying from easily preventable causes. In the United States, we've invested primarily in education, because a good school is a key to success, but you're less likely to have access to one if you're low-income, a student of color, or both.

Goalkeepers is our annual report card on the world's progress toward the Sustainable Development Goals (SDGs), 17 ambitious goals the member states of the United Nations committed to reaching by 2030. As we write, billions of people are projected to miss the targets that we all agreed represent a decent life. If we hope to accelerate progress, we must address the inequality that separates the lucky from the unlucky.

*Every person should have an equal opportunity to lead a healthy, productive life.*

*Let's take a closer look at the layers of inequality*

1. *This narrow band* near the top of Africa is the Sahel, where child mortality (along with most other kinds of suffering) is worse than everywhere else on the planet. In these maps, you'll see that the darker orange color indicates higher rates of child mortality. We've visited many Sahel countries and met with government officials committed to improving life for their citizens. They've told us about their goals for their countries and also about the barriers that stand in the way.

2. *Now Let's Focus On A Single Country Within The Sahel*  
We'll pick Chad, a country we've traveled to recently. A child in Chad is nearly 55 times more likely to die than a child in Finland, a ratio so lopsided that it starts to be incomprehensible.

3. *And This Is A Drought-Prone Region* in the southwest of the country, which is becoming even more drought-prone and therefore harder to farm as the climate changes.

4. *Within this dry region* there is a traditionally marginalized ethnic group - one of many.

5. *Within this community, there is a girl who is trapped* by social norms dictating that her role in life is to serve her husband and bear him children.

Each time we zoom, we see yet another layer of disadvantage. These disadvantages don't need to pile up on top of one another to make life hard, but when they do, as for the marginalized girl in Chad, the effect is brutal.

What is her life like? The data says she has probably been close to starving to death several times. The odds are that she never got the nutrients her body and brain needed to develop fully. It is likely that she can't read or write, and that she will get pregnant well before she turns 20, although her body won't be ready for the rigors of childbirth.



*Kal Amin kebele, Ethiopia*

And when the time comes, there is a good chance she will give birth alone.

She deserves a better life. And we believe she can have one, as long as the world understands the many challenges she faces and work on addressing them.

*Where you are born is more predictive of your future than any other factor*

The series of charts that follow tell you a lot about geography and inequality.

We plotted health and education because they are the key components of what economists call human capital, which we highlighted in last year's Goalkeepers Report as "the best way for a country to unlock productivity and innovation, cut poverty, create opportunities, and generate prosperity."

Investments in human capital today help people increase their incomes tomorrow. But without human capital, that is, for those who are unhealthy and uneducated, it is virtually impossible to escape poverty.

*Health and education are improving everywhere in the world*

We are plotting developing countries by child mortality and years of schooling in 2000 and 2017.

*The first thing* you can see is universal progress. Think of the most challenged country you can imagine. The people there are healthier and better educated than they used to be.

Inequality between countries has narrowed but remains large.

*The second thing* you see, however, is that in many countries, even though life is better, it is still bad. The gap between Chad and Finland is closing, but it remains enormous. More children die every single day in Chad than die in Finland in an year.

*The third thing* you see is that this pattern, big progress and big gaps, also holds true inside countries. For the first time ever, we have human capital data at the district level. (Different countries have different names for this political subdivision. In the USA, they are counties; in India, districts; and in Nigeria, local government areas, or LGAs.)

Human capital has increased in more than 99 percent of districts in developing countries in the past 17 years. No matter how many times you hear the opposite, life is getting better, even for the very poorest.

However, the inequality between districts in countries is massive. Consider India. In Kollam district in Kerala state, 1 percent of young children die, and the average person has more than 14 years of education, almost comparable to the most developed countries in the world.

By comparison, in Budaun district in Uttar Pradesh state, more than 8 percent of children die, and the average person has approximately six years of education. Budaun, by the way, is not small. Approximately 4 million people live there.

In Nigeria, the data says the same thing: world-class achievement juxtaposed to serious deprivation.

For example, the average person in Ado-Ekiti, in Ekiti state, has more than 12 years of education, whereas the average person in Garki, in Jigawa state, has five.

Let's go back to the country level dots for 2017.

When we model these charts into the future, you see that many countries are not catching up fast enough.

Very few developing countries are projected to meet the health and education SDGs. Nearly two thirds of the children in low- and low-middle income countries live in districts that, at their current rate of progress, won't reach the SDG target for child mortality by 2030. One third lives in districts that won't even reach it by 2050.



*Tamale, Ghana*

If we are serious about the SDGs, then we have to accelerate the fight against geographical inequality and make sure that more districts are excelling.

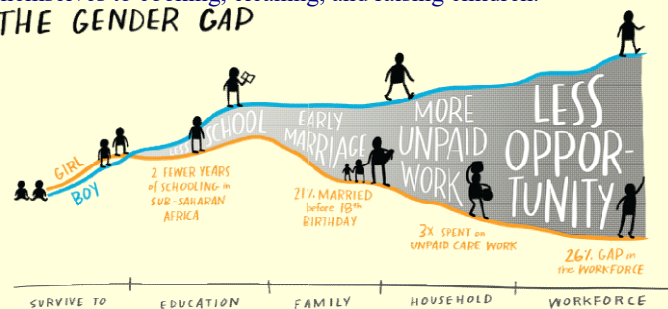
*Gender inequality stacks the deck against half of humanity*

Gender inequality cuts across every country on Earth. No matter where you are born, your life will be harder if you are born a girl. If you are born in a poor country or district, it will be even harder.

Adolescence is when girls' and boys' futures start to diverge. Boys' worlds expand. They rely less on their parents, venture farther and farther from home, and enroll in high school or college or get a job, which puts them in contact with wider society.

At the same time, girls' worlds tend to contract. They transition, sometimes at a very young age, from being subservient to their parents to being subservient to their husbands. Although they enjoyed some measure of freedom while attending primary school, they are expected to return to the confines of the home, to devote themselves to cooking, cleaning, and raising children.

**THE GENDER GAP**



The proportion of girls who do at least two hours per day of unpaid domestic work almost doubles after they reach the age of 15; by the time she is an adult, the average woman spends more than four hours every day doing unpaid work. Men, by comparison, average just over one hour per day.

These obligations inside the home are just one example of social norms that conspire to limit girls' opportunities as they approach adulthood. Across sub-Saharan Africa, for instance, girls average two fewer years of education than boys. And even when girls are

well educated, they are much less likely to translate their years of schooling into a job in the formal work force. Globally, there is a 24 percentage-point gap between men's and women's labor force participation.

**Education is necessary but not sufficient to close the gender gap in economic opportunity**



This lack of access to education and jobs is destructive for everyone. It keeps women disempowered, limits their children's life chances, and slows down economic growth.

The first thing this chart tells you is that, on average, girls are more likely to get better jobs the longer they stay in school. However, you also see that in some countries, girls tend to be well-educated yet under-represented in the workforce. In other words, until you address discriminatory norms and policies, women won't have equal access to high-quality job opportunities.



**Sondari Pakartoli Village, India**

**Learning from exemplars**

The large and lingering gaps between countries, between districts, and between boys and girls prove that although the world's investments in development are working, the lives of the lucky and unlucky aren't converging fast enough. We believe the development community needs to start doing business differently. In last year's Goalkeepers Report, we argued that human capital is critical to economic growth in poor countries. This year, we argue that human capital investments should be designed to reach girls and prioritize those countries and districts that have to make up the most ground.

That's not an easy thing to do. Inequality, as we have said, is exceedingly complex. There is no silver bullet that will make geography, gender, and other random factors stop mattering. But guaranteeing that every single child has access to good health and education systems is a very good start in that direction. This is not just a moral aspiration; we believe it to be an achievable goal.

**China achieved dramatic reductions in maternal and child mortality over the past 30 years by investing in primary health care, targeting services for women and children, and making them affordable for all.**

In the case of health, the priority needs to be primary care. If primary health care systems are well designed and fully funded, they reach everyone and address the vast majority of people's health needs.

In this report, Githinji Gitahi, who runs the largest health NGO in Africa, describes what countries like Ethiopia, Rwanda, and Thailand are doing right when it comes to delivering basic care to all their citizens and explains what other countries can learn from their experience.

In the case of education, not that long ago, conventional wisdom held that poor children didn't really need to be educated. That idea has been discredited in every region in the world in the past 50 years, and most countries in the world are approaching universal primary school enrollment. The priority now is to make sure that

all schools provide a high-quality education. There are proven approaches to teaching literacy and numeracy in a single classroom, but there is not yet consensus about what it will take to improve basic skills at the massive scale of every single child in every single school in every single country. Last year, this report highlighted promising innovations being tried in Côte d'Ivoire, India, and Zambia, as well as Vietnam's nationwide success. All the human capital in the world, though, won't lead to equality and prosperity if healthy, well-educated girls are subject to social norms that de-empower them.

Harmful norms can be hard even to see, much less change, but countries are taking steps to help women confront them.

A big part of the solution is policies that help women and girls carve out new paths for themselves. For example, in places like Peru, where women have the right to own land and other assets and have ready access to contraceptives so they can plan their families, women's labor force participation goes up. Later in the report, Arshi Aadil, an expert on digital financial inclusion, writes about policy reforms in India that are not only improving government services for the poor but also chipping away at the foundations of male supremacy.



**Rebhia, Hassan, and Kukawa Mubaraka at Umoja Health Centre, Nairobi, Kenya**

**Changing the odds**

Goalkeepers' addresses just a few ways to create a better, more equal world. Thankfully, so many advocates are thinking creatively right now about inequality and its solutions. No one has gotten to the bottom of it yet, but we are all getting closer.

In the meantime, we know one thing for sure. No one's life should be a roll of the dice. Were you born, as we were, with the odds in your favor? Or are you one of the billions of people born with the odds against you? Our goal is to even the odds for everyone.

When that happens, the future won't be predicted by random factors like where you're born or how many X chromosomes you have. In fact, it won't be predicted at all. It will be made—by people's dreams and hard work.

**Primary health care**

When we started our foundation, we focused on discovering and developing new tools and technologies. We quickly learned that we also needed to focus on delivering them to the people who need them. Primary health care is by far the most important health delivery system in the world. A strong primary health system reaches everybody, including the poorest and most vulnerable, and provides the vast majority of services a person needs to stay healthy. We know that, as governments invest more in primary health care systems, overall health outcomes improve, but unfortunately, low- and middle-income countries spend an average of just 36 percent of their health budgets on primary care. Some governments prioritize advanced health care for a minority of citizens, forcing the majority of citizens to pay out of pocket to meet their basic needs. This inequality feeds the vicious cycle of poverty and sickness. More—and more efficient—investment in primary care can help break it.

*Bill & Melinda*

**Birthdays of Rotary members in September 2019**

Somendra Ch Nandy, past Governor, on September 5, 2019  
Shyamashree Sen, past Governor on September 21, 2019

**September is Basic Education & Literacy Month**