

Shakyamuni Buddha Community Health Programme

A Programme of Root Institute for Wisdom Culture Charitable Trust

Bodhgaya, INDIA

E-Newsletter No. 3, October 2006



Greetings from Bodhgaya.....

This is the third edition of the *E-Newsletter* of the Shakyamuni Buddha Community Health Programme. The newsletter was launched one year ago this month when we had the intention of bringing you three editions annually. However, we were able to prepare many pages of stories about our work for the annual printed edition of *Roots of Wisdom*, the newsletter of Root Institute published in June, so we made the decision to forego the June issue of the *E-Newsletter*. Henceforward, we will bring you *E-news* twice annually in February and October, while you can look forward to the annual June edition of

Roots of Wisdom for information about Root Institute's general programme and for additional stories about the health programme. If you have not received your copy of *Roots of Wisdom* in the mail, please send us your postal address (health@rootinstitute.com or info@rootinstitute.com) and we'll post a copy to you immediately.

Reproductive and Child Health Care

Our weekly staff meeting began one Thursday morning with a report by our nurse, Kumari Shobha Rani, an experienced Women's Health practitioner. In English, her second language, Shobha thoughtfully read a detailed description of the issues she has confronted during her tenure with our Women's Health Programme, a service she helped create only nine months earlier.

Shobha spoke of the many young girls she encounters who have entered puberty with little understanding of reproduction and their menses. She explained how little knowledge village women have about nutrition, pregnancy, menopause and common infections. She talked of the hesitancy of women to discuss family planning issues and their frequent fears of contraceptive methods, giving them little hope of delaying pregnancy and spacing births to protect themselves and their newborns. Shobha then admitted that "It has been a big challenge for me to give them scientific information", but "I've been gentle and respectful of their rural culture and this has helped." She added, "Now they come to me for help. Some of them bring their husbands so I can talk with them together."



This foundation in Women's Health work that we've constructed over the past nine months will now provide the structure on which we will build an integrated Reproductive and Child Health Programme this next year. We've recently met with several national organizations that are expert in these programmes – the Child in Need Institute in Kolkata (Calcutta) and the Population Foundation of India (PFI) – and are now on the eve of beginning a collaborative partnership with PFI. Their talented and professional staff will help us strategize a way to transform our work from a bio-medical model to a more appropriate and effective socio-cultural model, enabling the thousands of people who come to us for care to assume more control over their health and its determinants (hygiene, nutrition, birth spacing and environmental factors).

Under Fives Clinic and Child Health Services

The collaborative partnership with and technical assistance from Population Foundation of India will help us prepare for launching an Under Fives Clinic and Child Health Service in the coming months. We're grateful to the generous donors who have supported the planning for this work over the past year. Our recent experience working with one family has made us acutely aware of how necessary it is for us to strengthen this work.

A young rickshaw puller and his wife brought their two severely ill children to our hospital one afternoon last month. Pooja, nine months old, weighed barely 2.5 kilogrammes. Her three year old sister, Kirin, had advanced extra pulmonary tuberculosis and did not even live through their first night in hospital. But two days after the burial, the still-mourning parents returned with Pooja in hopes of getting help to nurture and save her from severe malnutrition. Pooja, too, had tuberculosis in her lungs. The compassionate care of our staff and their talented work with this grieving family helped to bring Pooja out of the "danger zone". She's now on anti-tubercular therapy, taking "table food" for the first time ever, & observing her surroundings with new energy and awareness.



The Under Fives Clinic will focus on early identification of children like Pooja and Kirin, enrolling them in intervention programmes that can prevent cognitive deficits, disabilities and loss of life.

Health Education

We well understand that the causes and conditions that contribute to disease and disability are complex and inter-related with poverty, illiteracy, drought, corruption, gender inequality and the hopelessness experienced by people of low social class. While "healthy lifestyles" are promoted among urban dwellers even in India, the rural poor struggle to feed and clothe the family, protect their mud homes against the threats of heavy rains, and find basic medical care for longstanding, unmet health needs. For the rural poor, the luxury of a "healthy lifestyle" may not even be a dream. It may not even be within their understanding.

We wrote in a recent proposal for funding, "Many people we work with have a world view that does not extend beyond the boundaries of their villages. Many villages do not have schools. Most villages do not have a single toilet or pit latrine. Some low caste peoples are landless. They may not know when their next meal will come. Many have no dreams. And some have a self-esteem that is so low that they feel unworthy to approach an health worker or doctor when they are ill. Can any of us imagine that level of despair?"

As the Shakyamuni Buddha Community Health Programme tries to define its role beyond caring for the sick and the disabled, we acknowledge that *promoting health* is now our greatest challenge. Taking on this challenge, we will add a community health and health education component to every one of our mobile health programmes. In addition to the medical team that cares for the coughs and fevers during village visits of the mobile health team, a health educator will visit door-to-door in the village to engage families in individual and group education about basic health problems. We'll work with village leadership and committees to discuss issues of sanitation and hygiene, linking these committees to public-private programmes that will assist them with water systems and latrines, teach them about kitchen gardens, and encourage them to play a pro-active role in their health. We've developed a Hindi-language "newspaper" of health topics that we'll distribute in villages and use in classrooms for teachers wanting to teach health lessons to young students. These students can then become "teachers" for their own families about health topics.



With these aspirations in mind, we'd like to introduce you to *Subodh Kumar Vishwakarma*, our new health educator. Subodh joined our staff recently, bringing with him five years of experience in allopathic and ayurvedic health care. He's from a local family and lives in a rural village just outside Bodhgaya together with his parents, his wife and their newborn son. Under our sponsorship, Subodh is now beginning his training in community health education. He

recently traveled to the neighboring state of Madhya Pradesh where he is studying under the mentorship of an experienced health educator and is observing the community health education programme of the Gwalior Hospital, operated by a charitable trust with years of experience in community health work. We're happy to have Subodh on our team as we further develop this health promotion work.

Village Health Programme

Our initial foray into integrated health and development at the village level has created unforeseen challenges for us this year. We started meeting with the newly-formed health committee in Bandha village in November, a full year ago, helping the committee explore how they might create their own plan to develop a healthy village. Very early on the committee membership proposed starting a school in the village, themselves associating their perceived "poor health" with a low level of education among Bandha families. Very few adults in the village are literate and the committee actually identified a causal relationship between the level of illiteracy and ill health. One year ago, there was also limited access to water with only three tube wells in the village for seventy households and five hundred villagers. The committee proposed additional wells, one at the school and another at the village's northern boundary. Embarking on these endeavors was exciting for us as we "teamed up" with the health committee to discuss and to plan. Our team had great expectations for this work, hoping to help the village find ways they could tackle the problems themselves.



In retrospect and in error, we looked at the work from the perspective of our own "time-table", expecting that the work would progress smoothly, with timeliness, until the point of completion. It didn't! So, honestly, this has been a source of frustration for us, while it has been an opportunity for learning patience and new skills in community organization and development.



On the positive side, we've been able to offer learning opportunities for the health committee and for two health workers – Kesauri Devi, a traditional birth attendant, and Surendra Manjhi, a community health worker. Both have now developed the skills to begin a village-wide health assessment of all five hundred residents, adults and children, which will form the basis of a comprehensive health profile of Bandha village. Although school construction has not been fully finished, Rajdeo Chaudhary and Girja Devi have completed teacher training through the Maitreya Project Universal Education School (MPUES) and forty-five students are now coming to class! Additional linkages to the MPUES are being developed to help with mentoring of these new village teachers and ongoing supervision.

Working with People affected by HIV/AIDS

A growing number of mothers, children and adult men have enrolled in our Care and Support Programme for people with HIV infection.

This programme for persons with HIV/AIDS has developed with great satisfaction this year. While we've continued to enroll additional patients in the programme, we've developed excellent partnerships with two other facilities in the region, within a radius of 100 kilometres, who provide specialized components of care for our patients. The Nazareth Hospital in Mokama in northern Bihar has a ten-bed unit for hospitalization of critically ill patients with AIDS, while the government-supported Medical College Hospital in Patna has now launched a programme for the management of advancing HIV infection with anti-retroviral therapy. We've been able to enroll our patients in these two programmes for specialized components of their care, while we continue to provide the case management & primary care. We're delighted to be part of this network that offers hope for HIV-infected people here in Bihar.

We continue with our prevention efforts by offering HIV awareness education to patients in our general clinics and through our Women's Health Programme on-site and in the villages. We've also met recently with the Bihar State AIDS Control Society in order to collaborate with them on targeted interventions to specific population groups.

Palliative Care

Raj Kumar is a thirty year old laborer from a village in the countryside about thirty kilometers from Bodhgaya. Delayed diagnosis of lymphoma has left him with lower extremity paralysis due to spinal cord compression and spread of his tumour to lungs and lymph nodes throughout the abdomen. Oncology specialists were able to offer little promise of response to lengthy and costly treatment, so Raj Kumar and his family came to us for comfort care and management of skin wounds that had developed over the six months he had been bedbound.



The idea of Root Institute caring for people who are dying was planted many years ago when Lama Zopa Rinpoche found a destitute man alongside the road in Rajgir. That man was brought here to Bodhgaya at the time, fifteen years ago in 1991, where he was given a bed and nourishing food and cared for by staff of what became the Shakyamuni Buddha Home for Destitutes, now the Shakyamuni Buddha Community Health Programme.

This evolution from home for destitutes to community health programme has allowed us to consider our long-term role in palliative care, perhaps even to eventually develop a residential hospice. For now, we're caring for Raj Kumar and his extended family, all compassionate caregivers themselves. On Raj Kumar's team are a shy but tender wife, a loving father who bathes and massages his dying son, several older brothers and two young children who remain perplexed by what is happening to their still young father.

A 30-minute documentary DVD portraying the vision and work of the Shakyamuni Buddha Community Health Programme will soon be available. If you would like a copy, please write us at health@rootinstitute.com.

Please see our website at www.rootinstitute.com and write us at health@rootinstitute.com with any questions.

Shakyamuni Buddha Community Health Programme (SBCHP)
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Thank you also to our dedicated Indian staff now numbering 21, to our current volunteers (Andrea and Paloma), to our dear friend Bernice McCombie, to current and recent Root Institute directors (Sally, Trisha and Frank) who have helped to create the conditions for further health programme development, and to you, our very generous sponsors!