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Newsletter Health in Slums, January 2017

Dear friends,

We would like to start by wishing you all the best in 2017!

In the first Health in Slums newsletter of the year, our PhD students, Preeti Sushama and Cristian Ghergu, will share an update from the India Clean Cooking Forum held in New Delhi, while Samana Rikers, a nursing student from ZUYD University of Applied Sciences, will share her experiences working with the Community Health Department of Bangalore Baptist Hospital - a key partner within the Health in Slums Alliance – during her placement. In addition, we will share some details of our new initiative – the development of a mobile diagnostic and screening toolkit for urban slums.

Thank you for all your support.
The Health in Slums team

The India Clean Cooking Forum

What does the future of the fight against indoor air pollution in India hold? What should we, as a community striving for clean air everywhere, be focusing on? What does making 'clean' alternatives to the traditional *chulha* affordable and accessible to the underserved entail? These were the chief questions addressed during the India Clean Cooking Forum (ICCF), an annual event organised in New Delhi by the Clean Energy Access Network (CLEAN) with the support of the Global Alliance for Clean Cookstoves (GACC), the GIZ, and other local, national and international partners.

The event brought together inputs, ideas and questions from a wide range of perspectives: experts on clean combustion and alternative fuels, manufacturers of improved cookstoves, representatives of government bodies, researchers, end-users and members of women self-help groups, to name a few, all working towards ensuring clean cooking in India, for all Indians.

The discussions revolved around the need to set high standards for air quality, with due consideration given to the cleanest fuels available at the moment: liquid petroleum gas (LPG), induction-based cooking and solar cookstoves, while simultaneously recognising that a switch to these fuels is not going to be feasible for the majority of the economically and geographically marginalized in the near future.

Moreover, lessons from those involved at grass-roots level indicate that even in cases where these fuels are made available, fuel stacking (the concomitant use of different types of fuels, such as biomass, kerosene and LPG) continues for a multitude of reasons including constant accessibility of fuels, financial and time considerations, convenience and comfort, varying recipes. This highlighted the need for a shift from a singular focus on the “cleanest” to a more inclusive “cleaner”: more adaptive and context-appropriate innovations in cooking technology (including improved cookstoves for biomass fuel), financing, and policy-making, through active collaboration between stakeholders at various levels, to achieve clean cooking for all.

Preeti Sushama and Cristian Ghergu

An internship at Bangalore Baptist Hospital

I am Samana Rikers (25), a Zuyd University of Applied Sciences final year nursing student from Maastricht and I always had the ambition to work abroad in the field of health care, particularly in low-resource settings. However, when I heard about the possibility of an internship in India initially, I was also a little scared. I knew I had to go there, but I was afraid that I would not be able to deal with the big contrasts – including between the rich and the poor - in the country.

Nevertheless, it turned out to be the best experience of my life.

My internship was 12 weeks in total - 6 weeks within different wards at Bangalore Baptist Hospital (BBH) – a partner within the Health in Slums Alliance - and 6 weeks in its Community Health Department (CHD). In the wards, I was able to observe and join many procedures that I have never had an opportunity to see before in the Netherlands. However, it was through the CHD that I really learned the most, particularly about India and its culture. The mission of the CHD is to make a difference in the lives of the poor living in the rural and urban areas of Bangalore. In the rural areas, situated up to 1.5 hours drive away, I got the opportunity to accompany the team in a “clinic on wheels”, which visited several different villages around Bangalore. This is how the CHD reaches about 900 villages to conduct health screening and provide medication, as needed. In addition, there are planned home visits for palliative care patients and several other programmes such as the alcohol de-addiction and rehabilitation programmes. Further, in one of the slum districts, there is an Urban Health Centre, which provides primary care to the poor and marginalized groups.

For my assignment, I worked in the slums of Bangalore, where I sought to raise awareness about the dengue virus, which is transmitted by mosquitos, because many people in slums don’t know it can be a fatal, but preventable disease. Together with a doctor, health educator and a volunteer, I organized several classes and presentations on the streets, in small houses or in schools in the slums to raise awareness. If you actually want to make a difference, it is essential to involve, and work together with, the local people in finding solutions for problems such as dengue.

Before I first visited the slums, I expected the situation there to be horrible and hopeless based on what I had heard. When I visited the slums, I did see very challenging circumstances. However, when I walked in there, I actually felt happy. To see all these colorful houses, the sweet faces of women who take care of each other, their many children and the grandmothers within the community, and their efforts to make the best of the situation. It seems to be such a contradiction - to see all these women and children smiling but behind almost every smile a horrible story is hidden.

In the Netherlands, most people have insurance and a complete household with furniture, but are still unsatisfied with what they have and keep collecting more. Having experienced what I did during my placement, I felt a little guilty of this, but also motivated to do something about it.

When I arrived back from the Netherlands I was sure: I will work in the field of health care in low-resource settings once I have graduated. Now I know better what I want, where I stand and who I am. I'm very grateful to BBH and inspired by all of its great nurses and doctors who work so hard to make a difference in the lives of slum communities in Bangalore.

Samana Rikers

A new initiative for Health in Slums

Development of a mobile diagnostic and screening toolkit for urban slums

Since July, 2016, Health in Slums has been working on a new project – Development of a mobile diagnostic and screening toolkit for urban slums – a joint initiative of the University of Sheffield, Zuyd University of Applied Sciences, Bangalore Baptist Hospital, e-Health Enablers, ICARUS Nova, and other partners based in Bangalore.

During the first phase of this initiative, the project team sought to identify priority health issues in urban slums in Bangalore through a literature survey and stakeholder consultations. This phase culminated with a workshop, during which a consensus was reached regarding the priority health issues to be targeted in the next phase.

During the second phase of the project, which is ongoing, the project partners are working in close collaboration to develop a preliminary prototype of the toolkit targeting the priority health issues identified during the first phase of the project.

This toolkit is being developed to support the valuable work of non-medically trained field health workers, and it is hoped that the development of such a toolkit will complement existing health care services and programmes for urban slum communities in Bangalore and elsewhere, improving access to such services among slum dwellers, and enhancing their health and quality of life overall.

About Health in Slums

Health in Slums is an initiative that aims to improve the quality of life in slums in India. It focuses on basic needs, ranging from clean air and clean water to access to medical health and sufficient sanitary facilities. Basic needs that we consider normal in our Western society are not self-evident in the slums, and change can only be achieved with huge effort. The Health in Slums team is dedicated to make that effort. This is a multi-disciplinary team of researchers and professionals who aim to engage in projects of finding solutions for problems. In a direct collaboration with the people in the slums we want to create new technologies and approaches. We aim to apply this co-production approach in order to target multiple areas of health, which are identified by the communities in which we work. For more information or to become involved, please contact us.

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