



Newsletter Health in Slums, June 2017

How I see Health in Slums

*Jos Kievits (Director, Development & Alumni Relations Department,
Maastricht University and Director, University Fund Limburg/SWOL)*

Recently, Maastricht University (UM) published its Strategic Programme for 2017-2021, "Community at the CORE". CORE, which stands for Collaborative Open Research Education, is a logical extension of the interdisciplinary approach that lies at the heart of education and research at UM. Maastricht University expresses, in this programme, that, among other things, being inclusive is one of the university's spearhead ambitions for the near future. While inclusiveness relates to the university's scientists, students, leadership and the cooperation between them, it also encompasses interaction and exchange with the world around us. As such, it stands for extending our arms, our hearts and – of course – our minds, for the benefit of wider society and for global well-being.

Health in Slums (HIS) does just that. It is exactly what UM, together with its partners, stands for. Working with true partners – including educational and research institutions, NGOs, local and national governments, sponsors and donors - is an integral aspect in the process of seeking to be inclusive. Further, it is important in finding innovative ways to address the complex challenges facing society.

HIS, for me, is a good example of what is possible when partners come together in this way: the scientist, the student, the researcher, the government leader, the company director, the craftsman, the planner, the salesman, the factory production manager, local communities, the young, the old, from different cultures and of different nationalities.

HIS is, of course, a very ambitious initiative. It has had its ups and downs, and has been, and is a gigantic learning experience, in which we continue to learn by doing. Although it took some time to get the ball rolling, I have the impression that, now that we have begun, it won't stop. We have learned a great deal from the initial stages of the initiative, and the enthusiasm of all those involved appears to be strong and enduring, even growing with time. Although the road to success in an initiative such as this is often a long one, the foundation established in the hearts and minds of the people involved, including the local communities living in the urban slums of Bangalore, has grown, and continues to grow, stronger.

Looking at HIS from my position within Maastricht University and the University Fund, Health in Slums is not only a great example of how people from different backgrounds can work together to make a difference in the lives of others, but also an example of

how the university can realise its goals with regard to inclusiveness.

Pilot in Peenya Slum



In February, we returned to the community with two improved cookstoves, with the aim to test these out under real-life conditions and see how they fare under daily use. Following this, we have been regularly talking to the families who have been given the prototypes to gain insight into their experience with the stove, barriers and facilitators to using it, as well as changes that they would like to propose in order to improve acceptability and sustained, regular use. There are certain aspects that need modifications. However, the overall response is positive: not only from the families using it, but also from the rest of the community. There is a growing waiting list of women who would like to install the stoves in their own homes. It looks like the marketing of the stove occurs quite naturally, by word of mouth, in a community so tightly connected and self-reliant as the one in non-notified slums. The new batch of stoves, altered according to people's most recent feedback will be installed in several houses in May and we hope that the prolonged experience of the stove within the community will help us form a basis for building community-owned production and distribution channels. This pilot in Peenya will also serve as a precursor to a larger trial with another much larger community.

Preeti Sushama, Cristian Ghergu and Dr. Megha Thakur
(PhD students working on Project Exhale, Health in Slums)

Working on Project Exhale



My name is Esther Boudewijns and I am living in Bangalore for 4.5 months to help with the research regarding improved cookstoves in slums. I am working together with Megha Thakur and we are conducting a randomized controlled trial, whereby we follow-up with 250 households. Half of these households will get the improved cookstove and the other half will continue using traditional stoves. In the last few months, we have mainly focussed on the preparations for the randomized controlled trial, including mapping of the slum area (which is not as simple as it sounds), organizing community meetings to inform the people about the research, developing measurement devices and questionnaires, thinking about the best study design and testing the new stove. In the coming months, we hope to start with the recruitment of the participants and the baseline-measurements. The work here is very diverse; we meet a lot of different people and visit a lot of places, including slums, hospitals and research institutes. It is nice to see the relationship we have built up with the people in the slum and how their trust in us has grown during the past few months. Besides the work for the project, we also try to take care of other health needs of the people living in the slum. For example, Narasamma – a 65 year old woman from the slums – had some vision problems. We took her to the hospital and helped her with the preparations for a cataract surgery. Even though there will be still a lot of work to do when I leave, I am glad that I could have contributed to this beautiful project.

Esther Boudewijns (Student from Maastricht University)

Project THULSI: Pilot testing of Toolkit 0

When we arrived in Bangalore at the beginning of May, it didn't take long before we noticed some of the huge gaps between the different layers of society in this rapidly developing Indian city. Huge skyscrapers and bridges are under construction, while the slum areas are continuing to expand rapidly. One of these slum areas is Devara Jeevannahalli (known informally as DJ Halli), where Bangalore Baptist Hospital (BBH), together with its partners, is committed to providing health care to one of the poorest and most vulnerable sub-populations within the city.

Although major advances have been made in improving certain health-related aspects including sanitation, awareness and local infrastructure, within the area of DJ Halli, it is still a symbol of poverty within Bangalore. With a field clinic already in place in the area, the hospital is currently aiming to improve screening and diagnostic services through the introduction of a diagnostic toolkit developed as part of

a Health in Slums initiative in close collaboration with the University of Sheffield, Zuyd University of Applied Sciences, e-Health Enablers and ICARUS Nova. The initial prototype of this toolkit – Kit 0 – is currently being field tested through a pilot study, during which it will be evaluated and refined. As part of our thesis research, we, as Global Health students, are aiming to gain insight into the problems and efficacy of the toolkit, based on which recommendations for further development and improvement can be made.



BBH cooperated with its partners to send teams of nursing students into DJ Halli, to use and test the toolkit as part of this field trial. Five teams (consisting of 5-6 nurses) visited approximately 120 households per day and provided free health check-ups to anyone willing to participate. In practice, this means all participants got a height and weight check, while girls over 12 years of age received haemoglobin testing, and those over 30 years of age received blood sugar and blood pressure testing. All data is processed using a corresponding mobile application - THULSI – named after the project, Toolkit for Health Urban Living in Slums Initiative.

As of mid-May, a total of 3694 people belonging to 1187 households have received health check-ups in this way, providing insight into the basic health status of the inhabitants of DJ Halli, as well as the health needs of the local community.

It is really impressive to see the extent to which small teams, with limited equipment are able to obtain a snapshot of the health status of the community, mobilize people to look after their own health, and motivate them to follow-up on the house visit at a later date by going to the field clinic. As Bangalore continues to grow, so must the provision of healthcare within the city. Based on our experiences thus far, we see that the use of mobile and electronic tools, such as the THULSI toolkit, have great potential in terms of enhancing the health for all slum

inhabitants.

By Nienke Hoekstra and Max Heijnen

(Masters in Global Health students, Maastricht University)

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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