

A photograph showing two young Indian girls in school uniforms (brown vests over striped shirts) sitting on the floor and painting each other's forearms with red paint from a tube. They are looking down at their hands. Other children and school supplies are visible in the background.

PROJECT RISHI

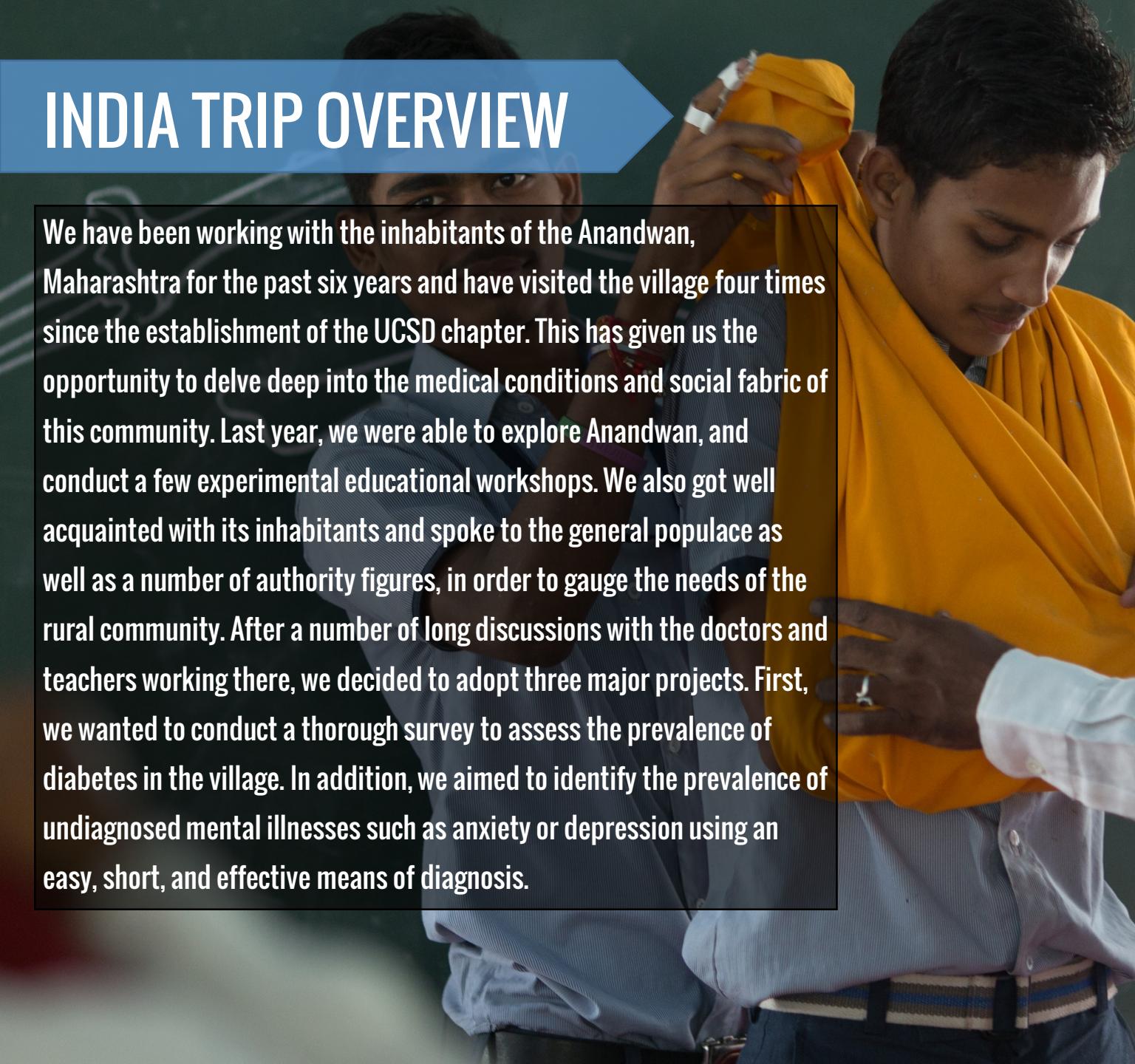
UC SAN DIEGO

ANNUAL REPORT
2014-2015

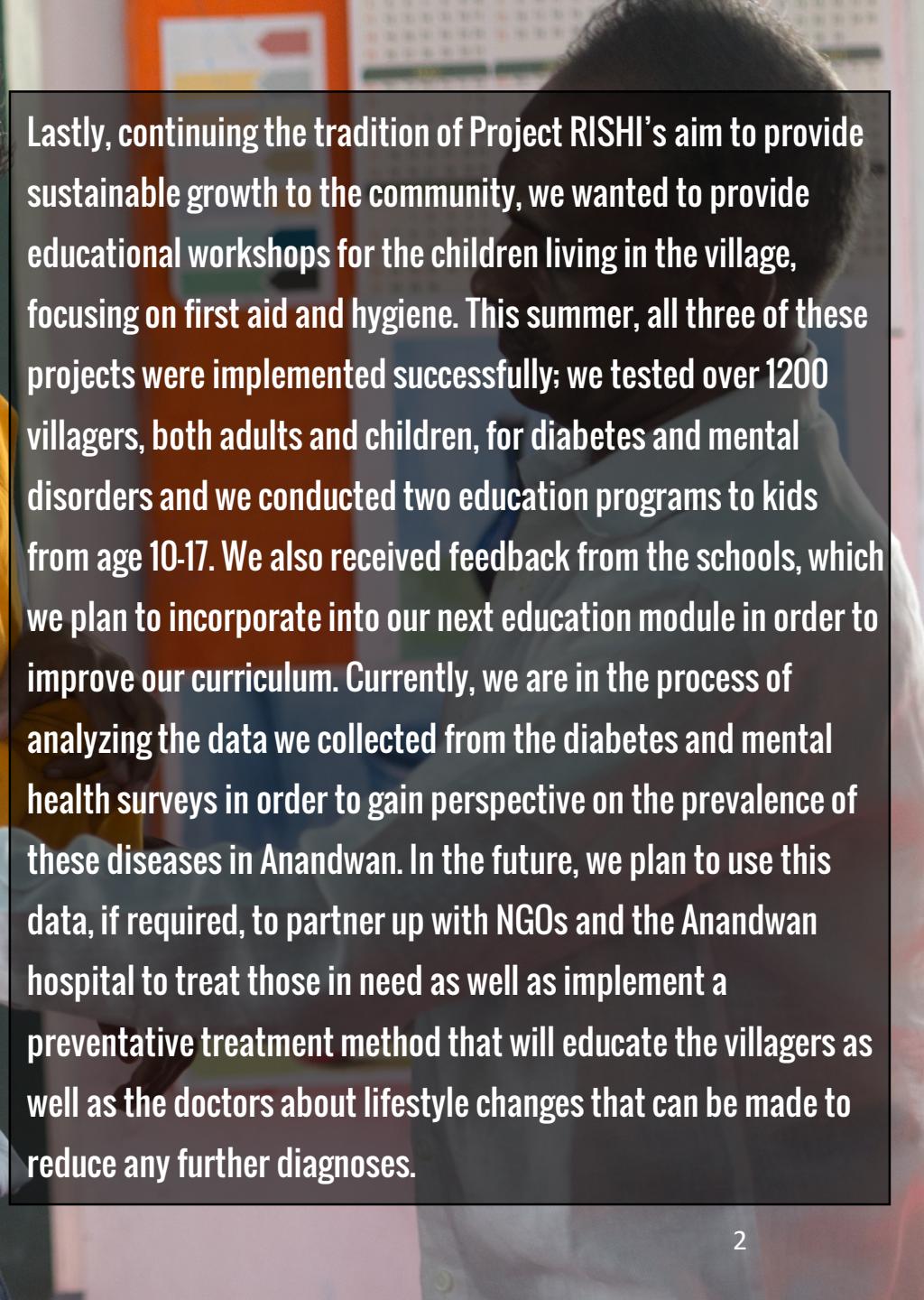


PROJECT RISHI
Rural India Social and Health Improvement

INDIA TRIP OVERVIEW



We have been working with the inhabitants of the Anandwan, Maharashtra for the past six years and have visited the village four times since the establishment of the UCSD chapter. This has given us the opportunity to delve deep into the medical conditions and social fabric of this community. Last year, we were able to explore Anandwan, and conduct a few experimental educational workshops. We also got well acquainted with its inhabitants and spoke to the general populace as well as a number of authority figures, in order to gauge the needs of the rural community. After a number of long discussions with the doctors and teachers working there, we decided to adopt three major projects. First, we wanted to conduct a thorough survey to assess the prevalence of diabetes in the village. In addition, we aimed to identify the prevalence of undiagnosed mental illnesses such as anxiety or depression using an easy, short, and effective means of diagnosis.



Lastly, continuing the tradition of Project RISHI's aim to provide sustainable growth to the community, we wanted to provide educational workshops for the children living in the village, focusing on first aid and hygiene. This summer, all three of these projects were implemented successfully; we tested over 1200 villagers, both adults and children, for diabetes and mental disorders and we conducted two education programs to kids from age 10-17. We also received feedback from the schools, which we plan to incorporate into our next education module in order to improve our curriculum. Currently, we are in the process of analyzing the data we collected from the diabetes and mental health surveys in order to gain perspective on the prevalence of these diseases in Anandwan. In the future, we plan to use this data, if required, to partner up with NGOs and the Anandwan hospital to treat those in need as well as implement a preventative treatment method that will educate the villagers as well as the doctors about lifestyle changes that can be made to reduce any further diagnoses.

A photograph showing a large group of school children, mostly boys, sitting in rows in a classroom. They are all raising their right hands, likely to answer a question. The children are wearing white shirts and some are wearing khaki shorts. The background is slightly blurred.

SUMMER 2015 PROJECTS

During the 2014-2015 school year, our board decided that a health clinic in order to supplement the work the hospitals provided would be both helpful to the villagers as well as a rewarding experience for us. While Anandwan is a well-established village with two hospitals that the residents can access for free, there is only one full-time doctor working in the village. While these hospitals have a very efficient medical staff to help him, they cannot aid in making diagnoses in place of the doctor. Therefore, we wanted to find a way to help identify various prevalent disorders that the doctor may not have the time or resources to test for.

We started with an extensive list of disorders and finally chose diabetes for three main reasons. First, diabetes is highly prevalent in the Indian population, affecting between 3-10% of the population. Second, many rural villagers have not been educated about the components of a healthy diet, and many of them rely on foods that are high in sugar and fat. While the prevalence of overweight or obese individuals in rural India is quite low, this does not eliminate the possibility of an unhealthy diet that could increase the risk for diabetes in this population. Third, we found a reliable and easy way to assess for diabetes risk using a peer-reviewed scale called the Indian Diabetes Risk Assessment.

DIABETES ASSESSMENTS

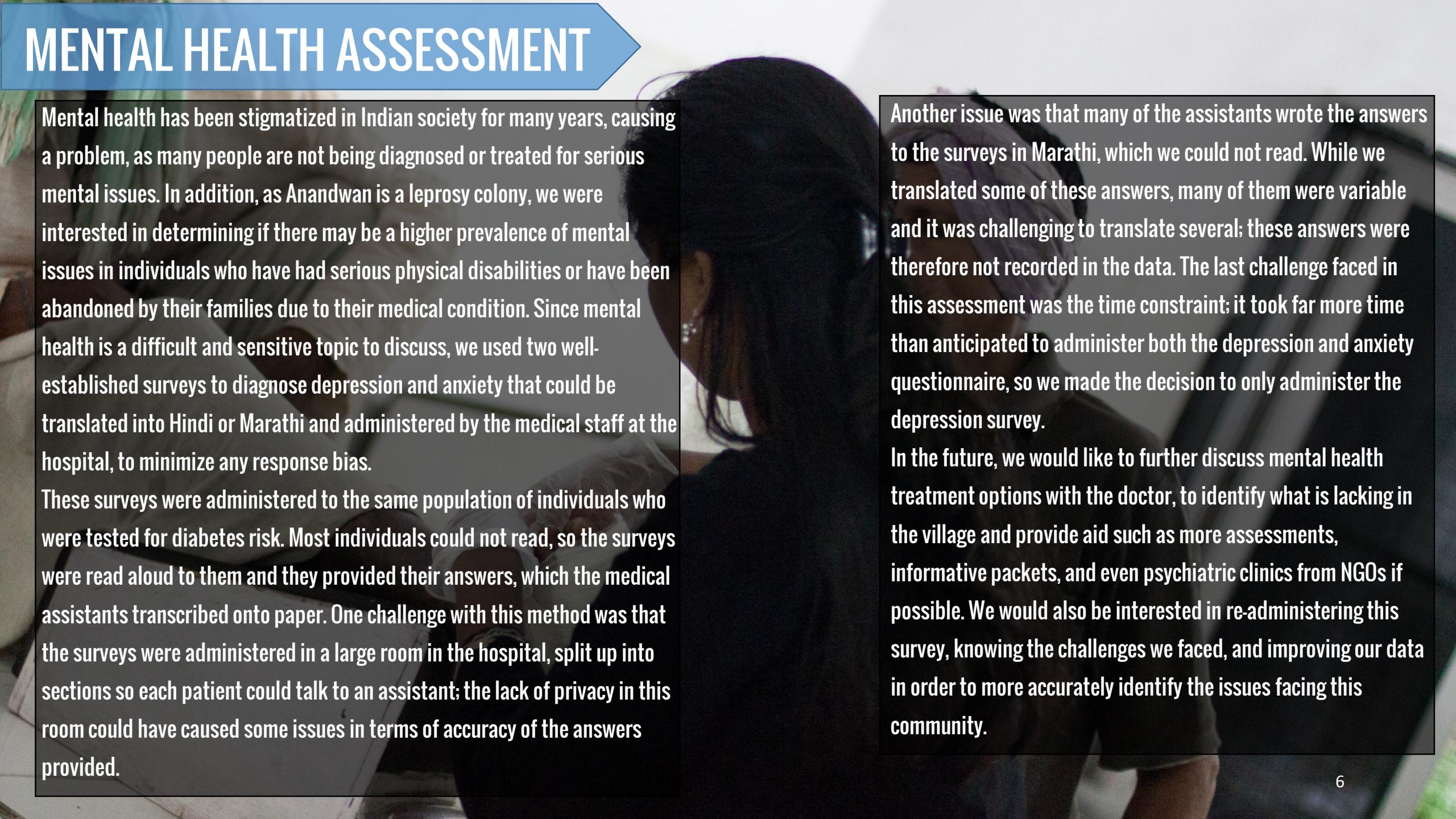
This required us to measure several parameters: height, weight, waist size, blood pressure, heart rate, family history and blood sugar levels. Based on these measurements, each individual was given a composite score, on a scale from 0 to 100, which will aid in identifying their risk for being diagnosed with diabetes. While this measurement is not a true diagnosis of diabetes, it is a fast and easy way to narrow down the individuals who are at risk. From there, these individuals can be tested to properly diagnose their condition. We tested 1200 villagers throughout the course of the 2015 India trip, including approximately 200 children and 1000 adults.

A close-up photograph of a woman with dark hair and a small beaded necklace, smiling warmly at the camera. She is wearing a dark blue top and a yellow wristband. Her arm is extended towards the right side of the frame, where another person's hands are visible, holding a blood pressure cuff and a stethoscope. The background is blurred.

DIABETES ASSESSMENTS

This data is being analyzed now, in order to identify the prevalence of any health issue. Our first goal with this data is to identify any individuals who are at high risk for diabetes, and corresponding this information to the doctor in Anandwan so he can diagnose them and provide treatment if necessary. Our next goal is to determine if there is a serious health issue in the village that needs to be addressed; if many of the individuals who were tested have hypertension or are overweight, this is something that we can implement into our future projects to improve the health of the village. Ideas for addressing these issues include: partnering with NGOs to set up clinics, build curricula for adults to educate them on healthy diet and exercise, and help the kitchen staff make healthier choices for their meals.

MENTAL HEALTH ASSESSMENT



Mental health has been stigmatized in Indian society for many years, causing a problem, as many people are not being diagnosed or treated for serious mental issues. In addition, as Anandwan is a leprosy colony, we were interested in determining if there may be a higher prevalence of mental issues in individuals who have had serious physical disabilities or have been abandoned by their families due to their medical condition. Since mental health is a difficult and sensitive topic to discuss, we used two well-established surveys to diagnose depression and anxiety that could be translated into Hindi or Marathi and administered by the medical staff at the hospital, to minimize any response bias.

These surveys were administered to the same population of individuals who were tested for diabetes risk. Most individuals could not read, so the surveys were read aloud to them and they provided their answers, which the medical assistants transcribed onto paper. One challenge with this method was that the surveys were administered in a large room in the hospital, split up into sections so each patient could talk to an assistant; the lack of privacy in this room could have caused some issues in terms of accuracy of the answers provided.

Another issue was that many of the assistants wrote the answers to the surveys in Marathi, which we could not read. While we translated some of these answers, many of them were variable and it was challenging to translate several; these answers were therefore not recorded in the data. The last challenge faced in this assessment was the time constraint; it took far more time than anticipated to administer both the depression and anxiety questionnaire, so we made the decision to only administer the depression survey.

In the future, we would like to further discuss mental health treatment options with the doctor, to identify what is lacking in the village and provide aid such as more assessments, informative packets, and even psychiatric clinics from NGOs if possible. We would also be interested in re-administering this survey, knowing the challenges we faced, and improving our data in order to more accurately identify the issues facing this community.

EDUCATION

The bulk of our education module was based on feedback from last year's group as well as inputs from the San Diego County Office of Education. We taught first aid to children from the primary school (aged 10-11, fifth and sixth grade). We also taught a slightly modified version of this workshop to older children (aged 13-14) from the deaf and mute school.

The first aid workshop was divided into three stations. One station taught wound wrapping and how germs spread. The second one reviewed different kinds of burns, with a short quiz in the end. The third one taught the children how to handle small and large fractures before seeking medical help. These sessions were highly interactive and the children were made to wrap their partners 'fake' wounds, and were made to construct finger splints and makeshift arm splints. We also brought materials for a workshop on nutrition and sustainability, however, we were unable to complete this workshop due to a lack of time. We turned in the supplies for our activities, as well as the syllabus, to the school. The feedback we received from the school administrators was largely positive. The children enjoyed the interactive aspect of the first aid workshops, and each child was also given first aid boxes with supplies for their home.

The teachers gave us some constructive advice regarding the syllabus and we hope to incorporate the topics they suggested into next year's module. Some interesting subjects we shall be exploring are vaccinations, sexual health, reproductive hygiene and preventative measures to take during the summer (to keep from getting heatstroke). We aim to ask professors at UC San Diego to help make educational videos, which we would then get translated. These videos would provide a reliable and long-term resource that can be used even when we are not in the village. The school also requested us to fund generators (electricity shortage is an issue) as well as the help out in the construction of pathway made up of tiles (children often sit on the muddy grass and eat). We are looking into feasible and sustainable ways of carrying out their requests.

A photograph showing a group of women in traditional Indian saris of various colors like red, blue, pink, and orange, dancing and smiling in what appears to be a festive or celebratory setting.

2014-2015 EVENTS

EVENTS

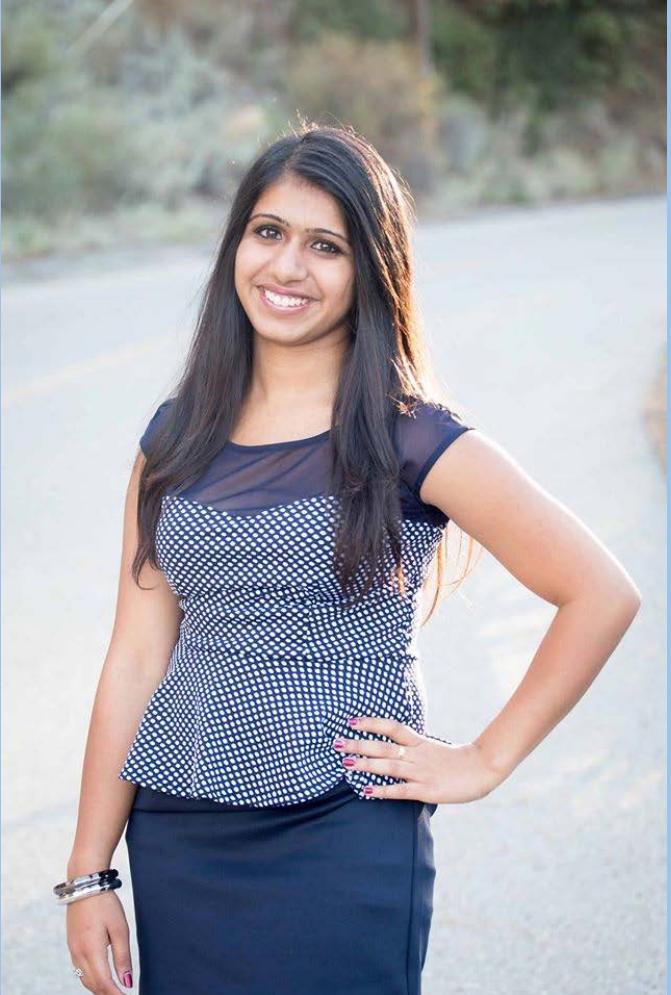


Project RISHI has worked hard to put on a lot of events in the past year to raise awareness both for the organization as well as for funds for the village in Anandwan, India. In January of 2015, our chapter put on Rated R. This was a dance held at Porter's Pub at UCSD and we worked in collaboration with DVC. About a month later, we put on Aaj Ki Raat, a night of entertainment at the Royal India Cuisine. The event featured performances by various high schools and UCSD organizations as well as a local DJ. This charity dinner raised over \$1200 for our cause! In addition to that \$1200, Irvington high school was generous enough to raise \$6000 through a cultural charity show and donate it to Project RISHI.



The charity event "Dil Se" (meaning "from the heart") featured Bollywood dancing, Bhangra and Raas performances, and even a cultural fashion show; it made for a very entertaining night, and all for a good cause. By the end of the year, RISHI had raised \$2000 through fundraising events and another \$2000 from grants. We also held a Food for Thought event. This food give-away was great marketing for us and garnered a lot of interest in our organization. In addition to all this, we also held many retreats as well as henna fundraisers at both UCSD events and at local events in the San Diego community.

UCSD Project RISHI Executive Team 2014-2015



President Radhika Gulhar



Vice President Ahish Chitneni

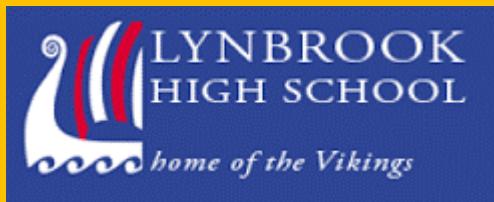


indiegogo



Our Sponsors

Google
for nonprofits



amazon
smile





PROJECT
RISHI

&

