UMMEED FOUNDATION
THE HOPE OF DESPAIRED HEARTS.....

ANNUAL REPORT (2020-2021)

- **PRESIDENT'S NOTE**

- **WORK DURING COVI-19**

- **EDUCATION**
✓ **Education for special children**

- **LIVELIHOOD**
✓ **Lockdown Relief Report**

- **ENVIRONMENT**
✓ **Global Recycling Day: 18th march 2021**

- **HEALTH**
✓ **Gauri Healthy Heart Project**
✓ **Free health checkup camps**
✓ **World Disability Day**
✓ **Ali Yavar Jung Hearing Aid Camp**

- **Other Events**

PRESIDENT'S NOTE

I'm very happy to introduce Ummeed Foundation, India's non-profit, non-governmental organization since 2011. With its aims and objectives, it was established having strong message for the various purposes, to do something for the growth and development of our Country in various segments. On behalf of Ummeed Foundation, I welcome u all.

This year remains embedded into our conscious state of service for the community and society with considerable achievements in our work.

Ummeed Foundation has worked with a motive of ''work for all'' especially for children with disability, poor and needy children, youth, women and old-aged people.

The year 2020-2021 has been a challenging year due to COVID 19 pandemic. Our work this year includes education for special children, distribution of relief to poor and needy, distribution of hearing aids, caliper shoes, free medical consultation, and medical checkup camps. By the grace of Almighty, we at Ummeed foundation have been able to setup new projects in healthcare. In this pandemic we started a new mission under the name 'Gauri Healthy Heart Project'. As the President of Ummeed Foundation I strongly believe that it's our duty and responsibility to give back to the society in which we live, in return of the many things we avail from it in our day-to day lives. Me and my team's quest to serve the destitute gives us the strength to work with full dedication, sincerity and honesty. We dream to see a brighter India with this little initiative of ours and know that our dreams will bear fruit soon as we are not alone. The strength of Ummeed Foundation is its Team, Sponsors, Volunteers and all supporters and well-wishers who are helping us in many different ways.

We always welcome support offered in any way.

With best regards

Parvez Farid

President

Dated: 20 April 2020

Thane, Maharashtra

WORK DURING COVID-19

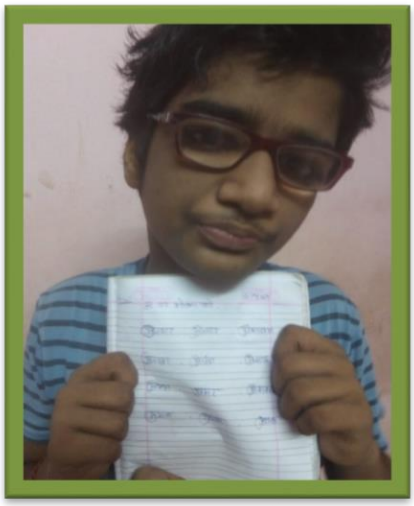
1. EDUCATION DURING LOCKDOWN

The Corona Virus scare has led to closure of all educational institutions. The pandemic has not only challenged our physical being but has also put a full stop on schools, colleges and work places. Everything has been under lockdown for the past 8 months which has resulted in the students losing out on precious time of learning. The lockdown has made us aware of the necessity of e-learning. Digitalization of education isn't new to the society but it wasn't being implemented wisely in the education system. So many students have been glued to their computers and smartphones surfing the net playing games and stuff. Virtual lectures, tutorials and e-learning is not an alien thing for the students.

EDUCATING SPECIAL STUDENTS DURING LOCKDOWN:

Like every other school Ummeed The Hope A Free Special School is also conducting online classes for the students, organizing online classes for special children is not same and easy as it is for normal children. Likewise, online studies are not showing impacted result for special children as compared to

normal children. Students with visual disabilities are not able to access the study materials; online class is also difficult for students with hearing impairment as they only understand



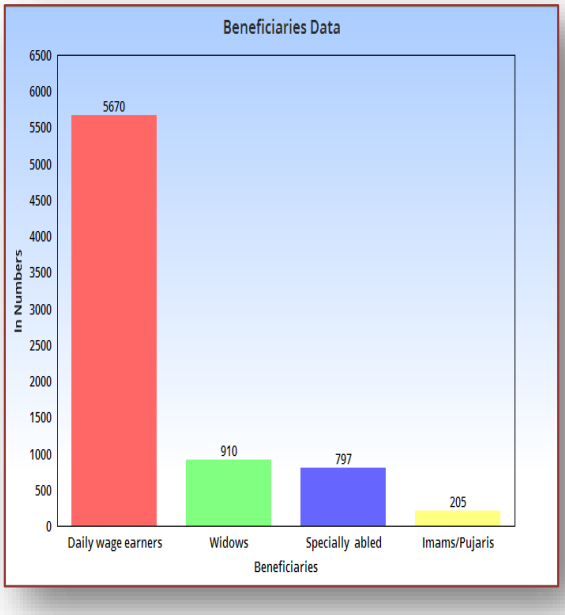
sign language. Needs of special children are totally different.

Ummeed The Hope School for special children is taking care of these children as they use to do before lockdown. Only online class is not enough to take care of them, being physically present with them creates huge impact in their development. As these special children are physically and mentally involved with us since past 9 years, if they do not confront us, they get disturbed and create mess in their house.

Online even offline lectures to students as only online class is not enough to take care of them, being physically present with them creates huge impact in their development.

2. COVID-19 LOCKDOWN RELIEF

Ummeed Foundation is very thankful to all the corporates, individuals, organizations and trusts for their huge support in helping people in need through ration during Covid-19 pandemic crisis. Ration distributed during pandemic crisis cost approx. Rs. 1.15 crores. Mumbra is a town and suburb of Thane district, in the Western Indian state of Maharashtra within the Greater Mumbai area. Town of 12 Lakh people mostly live below the poverty line where literacy is on lower side; unemployment rate is on higher level. Covid-19 not only created health emergency but also led to hunger crisis, the condition was beyond our imagination, if people were not supported than the death ratio could be higher due to hunger as compared to coronavirus. With the grace of Almighty and support of donors we were able to help 7000+ people but during such time of crisis where people do not have mean of earning nor they have food on their table just helping them one time with ration kit is not enough. Also, there are more and more people whom we were not able to reach due to shortage of funding and ration.



How we executed project:

Survey and coupon distribution: Ummeed Team and Volunteers do area wise survey; seekers are identified and provided with coupon. Coupon contains the details for collection of ration kit.

Distribution of ration kit: Identified seekers are provided with ration kit from Ummeed office obeying norms of lockdown. In addition to this, kits are provided at the doorstep of the seekers (looking at the condition of the lockdown).

Area Covered: Mumbra, Kalyan, Nalasopara

Whom we helped:

Daily wage earners those are migrants and used to work and earn on daily basis, Covid-19 left them helpless with no mean of earning, so how could they survive during lockdown. Also, their condition is deprived as 15 member's lives in one single room.

Widows who do not have any channel for earning, before lockdown they used to do household work of others but due to lockdown, they lost their job and has no other option left for earning.

Specially abled people having one or more disability are provided with ration kits as they themselves cannot do anything.

Imams/Pujaris are the important part of our society, Covid-19 has also affected them, and it is our responsibility to support these people who take care of pious places.

Data of Beneficiaries: In total we reached 7582 people.

Categories:
Daily wage earners: 5670
Widows: 910
Differently abled: 797
Imams/Pujaris: 205

3. CLOTHES DISTRIBUTION:

Ummeed Foundation during Covid-19 distributed useable clothes to people in need living in deprived areas.

4. FREE HEALTH CARE CONSULTATION:

In association with DocOnline, provided free online health care consultation to 138 special children of Ummeed the Hope School along with their families.

5.BOOK BANK:

For supporting students in need with books, Ummeed Foundation set up 10 book bank centers in Kausa, Mumbra, where passed out students donate their books and school items not in their use and student in need collects the books and other school items from the center by showing their school Id card.

Also books were distributed by reaching at their place

More than 750 children have been supported through this initiative.

ENVIRONMENT:

GLOBAL RECYCLING DAY: 18TH MARCH 2021

In collaboration with Material Recycling Association of India (MRAI) celebrated global Recycling day awareness programme with our special children of Ummeed The Hope School. This programme aims to create awareness by conducting activities like:

1. Plantation at Ummeed Premises.

2. Installation of smart bins at Mumbra Railway Station.

3. Installation of plastic re-cycled benches at the station.

WORLD DISABILITY DAY

In association with World Memon Organization, Ummeed Foundation has organized World Disability Day on 03rd December, 2020. This event was further bifurcated into following events:

Event 1 Caliper shoes camp: was held on 3rd December, 2020 in association with World Memon Organisation WMO required measurements were taken of persons with disabilities (PwDs) by Sukhada Surgical & Jaipur Footwear.

Event 2 Cultural: on 12th December, team Ummeed celebrated cultural programme followed by distribution of artificial hands and legs to the people in need of the same. Event was graced by WMO president & Team Members. Chief Guest for the event was Mrs. Ruta Awhad President Sangharsh.

Event 3 & 4 unique disability id Camp; medical aids distribution: on 23rd December, 2020 free medical aid including walker, C.P chair, stick, wheelchair, artificial hands and leg. Free UDID card were also distributed to PwDs.

Event 5 Distribution of Thermal wears: were conducted amongst specially abled children and adult, widows of slum area and people in need for the same.

COLLECTION DRIVE:

Team Ummeed took an initiative under Community Development Programme (CDP) by conducting collection drive in various societies all over Mumbai. Collected materials further recycled by distributing it to the people in need residing in urban slums/tribal areas by following safety precautionary methods to restrict spreading of covid-19

ALI YAVAR JUNG HEARING AID CAMP

Ummeed foundation in association with Ali Yavar Jung national institute of speech and hearing disabilities (divyangjan) conducted free assessment and hearing aids distribution camp, on 06th march, 2021 no. of beneficiaries were 32 peoples.

WOMEN'S DAY:

On the occasion of international women's day, Ummeed Foundation in collaboration with Space Matrix celebrated women's day by distributing Sanitary napkins and JEANS to girls and women living in slum areas of Mumbra and explaining them importance need for personal hygiene. We aim for reaching more Urban slums and create awareness among the society.

Spark of event was Ms. krupali Borse (P.I), Mrs. Bamne, Miss Zarin Yusuf Khan,

Team Space Matrix, Mrs. Ashrin Raut. Their presence made a huge positive impact on the girls and the women presented.

HEALTHCARE PROJECT:

GAURI HEALTHY HEART PROJECT (GHHP)

1. On the spot observations

Challenges in treating High BP and Diabetes in District Kupwara including Machil Sector

Heart diseases remain the predominant causes of mortality in at least a quarter of our population for more than 2 decades and is clearly showing an alarming trend all over India including Jammu and Kashmir. This is actually fuelled by a high prevalence of high blood pressure (Hypertension) and diabetes mellitus (DM) which are the two important and preventable risk factors. Other important risk factors being smoking, high levels of blood cholesterol, obesity, physical inactivity and low consumption of fruits and vegetables.

The estimates in J and K of high blood pressure would be around 42% of the population which would mean a figure of around 5 million people with hypertension (HT). Diabetes mellitus (DM) would be present in around 1.5 million people. The combination of HT and DM also called a "deadly duo" in 0.9 million people. This population is at an even higher risk. Recognition of these problems and early adequate treatment is necessary to reduce the high cardio vascular mortality predominantly because of heart attacks, strokes and kidney failure

The treatment standards for common problems like HT and DM are very variable. This is especially true for peripheral and remote locations of Jammu and Kashmir. This is despite a well-structured health care system consisting of District and Sub district Hospitals; Primary health centres (PHCs), New type PHCs, Wellness centres and Sub centres. Running these is a challenge due to limited resources, shortage of staff and connectivity with the major towns and the main cities. Winter months starting from November to March increase these challenges due to obvious reasons.

In our endeavor through the Gauri Heart Health project (GHHP) which has started to move around sequentially to all the 20 districts of the Union territory, it has been decided to evaluate a minimum of 100 patients identified by the district health authorities with an equal representation from all the blocks. The focus will be on patients already undergoing medical treatment for HT, DM or established heart disease to review the strategies and optimize their management as per the current National guidelines. All patients would have a BP measurement with a calibrated and internationally approved instrument to get correct readings. In case patients are not on new drug classes which have been introduced in the last few years to improve the outcomes especially of patients with DM and associated problems these would be recommended. In addition, everybody would be counseled for having a healthy life style.

We started with Kupwara District after a virtual inauguration by the Financial Commissioner Mr Atal Dulloo on 29th September the World Heart Day. The logistics were arranged by the DC and the CMO. The Army supported us for travelling to Machil sector.

Our group consisting of 3 doctors and 3 Research Coordinators along with paramedics of the hospitals evaluated 105 pre-selected patients (61% males with 20% more than 65 years of age). Forty seven percent patients had HT and 13% had DM. The general impression was that half of the patients with HT had BP levels more than the target of 140/90 mms Hg including some with alarmingly high levels of more than 200 mms Hg. At least 20 percent were taking medicines only when they felt it was high. Medicines prescribed were of acceptable groups and very often in combination forms. A noteworthy feature was medicines which were more expensive had higher prescriptions: Like Olmesartan was used more often than Telmisartan.

The population habitually has a very high salt intake with "Noon Chai" (salted tea) low consumption of fruits and vegetables other than haakh (collard green) and very little consumption of raw salads coupled with high intake of rice, potatoes and red meat cooked as a curry. Very economical drugs like diuretics (water pills) which would be very effective, in a high salt intake population had been used very sparingly.

In the group of patients with DM (13%), very few patients were checking their sugar levels using the point of care devices. All of them were on acceptable combinations of Metformin and sulfonyl urea's. DPP4 agents (Gliptins) and insulin injections were also used in some. The checking of the level of control by tests like glycosylated haemoglobin (HbA1c) was very rare.

The newer agents which in diabetics, significantly reduce problems like heart and kidney failure, were not seen in any of the prescriptions. These are agents like canagliflozin, dapagliflozin and empagliflozin. Starter kits which we had carried were given to them and pharmacies of the area through drug companies were advised to stock them.

These drugs being expensive, all patients were counselled to take them after explaining to them the long-term benefits. The patients of valley are known for their health consciousness and accepting new drugs without hesitation.

Another important observation was lack of emphasis on estimating cholesterol levels and a low prescription rates of statins (atorvastatin, rosuvastatin etc). These agents which reduce heart attacks and strokes by around 30% were either not prescribed or in very low doses. High or very high triglycerides was also an observation. The common cause of this being a very high intake of carbohydrates esp. rice, unrecognized DM and thyroid problems.

Aspirin for prevention in patients without a previous vascular event was needlessly used in a large majority of patients. The guidelines for its use which have changed in the last few years have not penetrated effectively to physicians of the region. This can result in un necessary bleeding episodes without any net protective value. Its use is advocated only if there has been a heart attack, stroke or angioplasty/ bypass surgery.

Learnings from the Dudi, Machil Sector:

The population of this area is around 17,000. During the winter months only around 6,000 to 7,000 remain there. This population is scattered in small cluster of around 9 villages spread over a large area. It is an area close to the line of control with poor communication facilities with Kupwara and rest of the UT. This area where 35 pre-selected patients were seen had issues in management in common with those seen at Kupwara hospital.

The major issue here is that during the winter months, between November and March, it is totally cut off from Kupwara and neighbouring areas. With the cooperation of Indian Army, an existent small memorial building made in the honour of a martyred Indian Army officer Mr Sahai, could be converted into a small health centre with Telemedicine. The Army officials readily accepted to provide the networking. The DC Kupwara also has agreed to support it with funding. A blue print for this will be ready very soon and the plan is to make it operational, before Machil gets cut off by the road link, at the earliest.

The patients requiring acute surgical interventions which would be in small numbers would be airlifted by helicopter service of the army. One such lady with a complication

during labour was airlifted in year 2019 to Kupwara, where she was operated upon successfully.

In our interaction with the doctors working at the levels of PHCs, block medical officers, physicians posted in various hospitals across the districts, district health officers and the CMO of the district, the observations made during the camp were shared. The use of cost-effective drug combinations in treating HT with an emphasis on using diuretics to treat HT was advocated strongly. In addition, adding newer agents to manage DM and use of statins in appropriate high doses and not aspirin, unless dealing with an old heart attack or a stroke. Life style management should always be an important adjunct to the management in all cases.

We plan to have a regular communication and follow up with them and take a feedback periodically. Our next district in the project is Khan Sahib in Budgam district on 31st of October.

Taking Healthy Heart Project to Khan Sahib

It is going to be a very educative experience spending time in this historic area of the Kashmir valley

Budgam is the next destination of The Gauri Healthy Heart Project (GHHP) with a camp organized through the chief medical officer (CMO) and the District Development commissioner (DDC) at Kremshora Sub District hospital adjacent to Khan Sahib, the abode of Syed Saleh, popularly known as Khan Sahib.

He was a deeply religious scholar of Quran who had originally come from Central Asia in 17th century and came to this remote corner and meditated in a cave for several years and had extra ordinary spiritual powers. It is a small hamlet which has now grown to a population of around 26,000.

It is of interest to note that this district has a very rich history besides having a very picturesque landscape : Doodpathri, Yusmarg, Tosamaidan, Nilnag, Khag, Mount Tatakuti and Pehjan are some well-known destinations. The old records refer to this area as `Pargana Deesu'. It later became a part of District Baramulla when Srinagar itself was a part of Anantnag district.

Historically according to Khawaja Azam Demari, the area was known as "Deedmarbag" and was densely populated and because of that its name changed to Budgam (Big Village). Many of the invaders to the valley entered it through this area via the Poonch Gali. These warriors included Mohd Ghazni in 11th century who made 2 futile attempts and then the Sikh's with Ranjit Singh who made his first attempt from here in 1814.

One of the tallest personalities of Kashmir, Sheikh Noor-ud-Din Noorani, affectionately known as Nund Rishi, a Sufi saint, mystic, poet and an Islamic preacher travelled extensively in this area. His resting place at Chrar-e-Sharief is also situated in the district.

The total population of the district today is estimated to be around 11 lacks. That would mean as per the regional data, it should have around 3,30,000 people with high BP, 1,10,000 individuals with diabetes and at least 85,000 with the deadly duo of high BP and Diabetes.

It has been our experience that the treatment to targets which is very important in these conditions is inadequate in the peripheral areas of our homeland. This leads to increasing occurrence of heart attacks, strokes, chronic kidney disease which can largely be prevented by aggressive treatment approaches. These approaches are a combination of healthy life style measures and administration of cost-effective medicines preferably in single drug combinations to improve the compliance. In order to emphasize it the medical team of GHHP would evaluate pre-screened patients with high BP, diabetes with or without stable heart disease.

All the patients will have a complete evaluation as per a pre formed questionnaire and measurement of body mass index (Body weight and Height), BP measurement using a calibrated BP instrument which takes at least 3 readings before giving the average, random blood sugar and serum lipid estimation by point of care instruments and a complete ECG taken. This would help us to pick up patients with uncontrolled BP, diabetes, new cases of these problems, patients with high lipid levels and cases with previous unknown heart attacks.

The treatments of these subjects will be optimized and new agents which have been introduced to improve outcomes will be added wherever needed. The pharmaceutical industry and donations from many philanthropic friends and industrial groups help us in these endeavours. Strict COVID protocols as directed by WHO will be observed.

The population growth of Budgam is 25% in 10 years, with 885 females to 1000 males. and one of the reasons for this is low literacy rate of around 55% only. Compare it to Kerala with a literacy rate of 97% leading to a female: male ratio of 1084:1000 and nearly static population growth.

It is for these reasons GHHP has decided to select remoter areas of the districts, where health education is badly needed. It is expected by treating a small fraction of patients the word of optimization of treatment would spread. We also plan to give handouts of the targets of treatment to those who see us.

As a part of our program we will also have a continuing medical education session in the District Hospital on the 2nd of November afternoon on the subject "Diabetes and High BP – A lethal or a deadly Duo".

It will have an informal discussion with the doctors of the district and a didactic lecture by me. The DC will be the chief guest and the CMO would chair the session.

We will bring out a report of our activities soon after the data obtained is analysed and, compare it with that obtained in the Kupwara camp held last month.

A healthy society with control of non-communicable disease related morbidity and mortality brings in a feeling of wellbeing and prosperity in the population.

Budgam district has produced many distinguished poets and writers of Kashmir Language. Of these, the more famous include Shamas Fakir and Samad Mir, the pioneers of Sufiana Shairee (mystic poetry), Abdul Ahad Azad, revolutionary poet who also wrote the history of Kashmiri literature, Ghulam Nabi Dilsoz, a famous romantic poet and Ghulam Nabi Gowhar, the novelist. The other great personality is Late Pundit Moti Lal Saqi, poet, scholar and a critic who spent many years here.

The internationally recognized Kani shawl also originated from Kanihama in Budgam and its intricate knit work has made it into a timeless luxury that has been a symbol of sophistication and class for the elite since times immemorial. Even Napoleon the emperor of France had gifted it to his wife Empress Josephine who wore a Kani Pashmina Shawl in 1800's.

It is going to be a very educative experience spending time in this historic area of the Kashmir valley and giving our bit in terms of understanding the medical needs, imparting education and optimizing medical treatment of problems of high BP and Diabetes. Both of them are surfacing as a huge threat to the population in terms of premature morbidity, disability and deaths.

Healthy Heart Project in District Pulwama|Obesity, Uncontrolled BP and Metabolic syndrome the Issues

All the patients underwent a complete evaluation as per a pre formed questionnaire

Our activity of going to all the 20 districts of Jammu and Kashmir continues un-interrupted. After Kupwara and Machil followed by Khan Sahab, District Budgam, we went to the community health centre (CHC), Rajpora in district Pulwama on 27th November for a camp. This camp was under the banner of Gauri Healthy Heart Project (GHHP). The activity received full support by the district health authorities headed by the CMO Dr Haseena Mir, who had deputed Dr Javed Ahmed Bhat, BMO to coordinate the health camp along with a well-knit team. The program has the blessings of the financial commissioner Mr Atal Dulloo and the Director Health services Dr Samir Muttoo.

The CHC Rajpora is a very well-maintained, spacious, multi-speciality hospital, it has facility for dialysis for chronic kidney disease patients. At present all the dialysis facilities of the district have been shifted here with 5 machines, since the district hospital has been converted into a COVID centre. The hospital was in news after a hysterectomy was done successfully in a patient with intractable bleeding because of multiple uterine fibroids. Such efficiency in sub-district hospitals is unusual and is exemplary.

The treatment to targets for high Blood Pressure (BP), diabetes with or without heart disease is essential. In order to emphasize it the medical team of GHHP along with doctors of the district evaluated pre-screened patients with these problems and optimized the drug treatment and also counselled for life style management.

All the patients underwent a complete evaluation as per a pre formed questionnaire. Measurement of body mass index, BP using a calibrated instrument, random blood sugar and serum lipid estimation by point of care instruments. Additionally, an electrocardiogram (ECG) was taken for all by a special ECG machines capable of transmitting the high-quality tracing reported through I cloud on an App downloaded with the doctors. One of the special features was that we also had an access to echocardiography for evaluating the cardiac status for patients with suspected but un-diagnosed cardiac problems.

We saw a total of 127 individuals, with 61% between ages of 40 to 65 years. All of them were Kashmiri speaking with 62% females with 45% of their families earning less than Rs 50,000 annually but all had a house to stay and enough land for growing paddy and a few cattle for milk. 65% patients were either overweight or obese. Majority of them were however physically quite active with their daily chores. Smoking was not a problem with 85% non-smokers.

The problem of uncontrolled Hypertension (HT) despite being treated:

Out of 86 patients (67%) with high BP and on drugs, 41% had uncontrolled HT with BP more than 140/90 mms Hg 8 (9.3%) out of them had diabetes also. This combination called a deadly duo leads to a very high possibility of getting a heart attack, brain stroke or chronic kidney disease. Although most of the HT patients were on at least 2 drugs, there compliance was poor and they were not aware of the targets. Our OPD booklet had clearly mentioned the targets of BP control , blood sugar and cholesterol levels for everybody. The list of drugs dispensed at the health centres needs to be reviewed from time to time. For example, it is high time RAAS inhibitors (like Enalapril / Ramipril) are added to amlodipine

in health centres of the district. Likewise, water pills (Diuretics – thiazides) need to be encouraged in this high salt intake population. All these molecules are fairly cheap.

Uncontrolled HT was seen in more than one third of high BP patients in all the 3 districts visited by us. This finding needs to be recognized and treatment strategies made more aggressive.

A high intake of salt by way of "Noon Chai" which was consumed by 96% of the individuals is an important factor. Excessive salt intake, a part of Kashmiri food habits, is an important cause of difficult to treat hypertension and needs besides counselling addition of a water pill (diuretic) in the treatment.

Diabetes was present in 25 patients (19 %) but it was invariably controlled with post meal sugars of < 180 mgs/dl in 83% patients. The newer agents, SGLT2 inhibitors which improve survival and reduce heart failure were being taken by 5 of these patients. Three agents from this group are available (canagliflozin, dapagliflozin and empagliflozin). This was contrary to our experience in Kupwara and Budgam districts, where these agents were not even available with private chemists. We recommended these in all of them and gave them starter kits which had been brought by us. Fortunately dapagliflozin has recently become generic with a significant cost reduction.

Electrocardiography:

Of the 118 ECG's done 31 were abnormal. Left bundle branch block being seen in 11 (9%) patients, 5 of these had very poorly functioning hearts. Atrial fibrillation (AF) a disorder of rhythm was seen in 6 (5%) patients. This abnormality with a very fast and irregular heart rate predisposes patients to brain strokes and needs lifelong blood thinners (anti coagulants). Aspirin which is an anti-platelet drug does not work in this situation. The treatment of all the patients with poor heart function and AF was suitably optimized after counselling.

Echocardiography:

We did 11 echocardiographic studies on selected patients needing it. A multi-purpose ultrasound machine based in the CHC was utilized. Dr Gowhar from Pulwama district hospital joined us for this activity.

We diagnosed a 23-year-old man with chest pain who had clinical findings suggesting inflammation of the outer layer of the heart called pericardium. He was found to have a massive collection of fluid in this space which could have been life threatening. He was immediately shifted to the tertiary centre of SKIMS after contacting the HOD cardiology. He is currently admitted there and is progressing well. Besides this we found 3 patients with very poorly functioning hearts needing aggressive medical therapy, which was started forthwith.

Lipid Abnormalities:

Like in the other 2 districts, high post meal triglyceride more than 200 mgs/dl was seen in 46% individuals evaluated and low levels of HDL cholesterol was seen in 75% and one third of them had high triglycerides. Most of them were overweight and had high BP. This combination of dyslipidaemia, obesity and HT is called "Metabolic Syndrome". This syndrome is associated with high risk of developing cardio vascular disease and diabetes. Life style modification is the key to prevent these problems. Regular exercise and consuming more fruits and fresh vegetables which fortunately are available throughout the year now, is the key along with reducing the amount of rice in the meals.

High LDL cholesterol levels were seen in relatively lower percentage of patients 22%. These patients need statin group of drugs (atorvastatin or Rosuvastatin). Our analysis showed that statins were being prescribed more frequently in deserving patients in this district as compared to Kupwara and Budgam. Excessive rice intake along with hypothyroidism, which is seen in up to 18% population in rural Kashmir and obesity are important causes of high triglycerides. This coupled with low levels of exercise, high mutton and low vegetable intake adds to the risk. Medicines are very important when LDL cholesterol levels are high especially in high risk patients with other risk factors. Atorvastatin is a cost-effective medicine and need to be used in high doses (40 mgs or more) in such individuals. These reduce the heart attacks and strokes by more than one third. Using pure triglyceride lowering medicines (fenofibrates) unless it is more than 500 mgs/dl is of no clinical benefit. Very high triglycerides usually more than 1000 mgs can lead to serious diseases like pancreatitis which if not treated in time can be fatal.

Holistic Treatment:

Besides controlling High BP and blood sugar the cholesterol levels need to be kept very low. Keeping BP close to 130/80 mms Hg pays the most dividends at a low cost. Life style measures are very important adjuncts in everybody with or without high risk. We can postpone serious vascular events like heart attacks, strokes and kidney failure by at least one decade.

Lesson learnt:

Pulwama district which is close to the capital city Srinagar, has a significant problem of non-communicable diseases. Uncontrolled hypertension is a major problem. Overweight and obesity are major issue which gets compounded by high BP and elevated triglycerides

leading to "Metabolic Syndrome". Life style measures and public education programs in the district by medical professionals including health workers is the key to success. This along with judicious use of cost-effective drugs with proper counselling is the need of the day. The district doctors need to promote these important measures along with public awareness programs from the administration.

Gauri Healthy Heart Project (GHHP)|Takeaways from Banihal

Our aim was to ensure treatment to the patients with pre-existent hypertension, diabetes and related heart diseases.

Banihal, a town on the other side of the Peer Panchal ranges of the Himalayas, is connected to the valley through a tunnel. It is a rural and hilly area, in the district Ramban of the Jammu area of the UT. The population is largely Kashmiri speaking followed by Gojree and Urdu. It has a population of about 8500. There are 33 villages in the Banihal Tehsil with an estimated population of 1.35 lacks.Our Banihal Tehsil Activity of the GHHP was done on 19th December in the Sub-district Hospital's new, but yet to be commissioned Trauma Centre. Banihal Volunteers organization helped immensely in coordinating the camp. It's an NGO, whose main work is to help and carry out rescue operations in road accidents which happen frequently on this hilly national highway going to Ram ban and then to Jammu through Udhampur.

We saw 110 patients but only 82 met the inclusion criteria of our project (Established hypertension, diabetes with or without related heart problems). Our aim is to ensure treatment to targets of patients with pre-existent hypertension, diabetes and related heart diseases.

All patients besides drug treatment are counselled for life style management. All the patients registered have a complete evaluation as per a pre formed questionnaire. Measurement of body mass index, BP using a calibrated instrument, random blood sugar and serum lipid estimation by point of care instruments in diabetics. Additionally, an electrocardiogram (ECG) was taken for all by a special ECG machines capable of transmitting the high-quality tracing reported through I cloud on an App downloaded with the doctors.

Of the patients seen, all were Kashmiri speaking, 59% of them males. 39 of them (48%) were between the age groups of 40 to 65 years of age. This was same as in the other 3 districts visited till date. Socio economic conditions were poorer in this district with 45% earning less than Rs 20,000 per month as compared to an average of 26% in the other districts of the valley. They were physically much more active with 60% walking more than 30 minutes per day as compared to less than 25 to 30% in the valley districts. In spite of this overweight / obese population prevalence was similar coming to a figure of around 50%. Like thee population of valley more than 80% were consumers of salted tea (Noon Chay).

Established high blood pressure on treatment was seen in 39 patients (47%) and diabetics on treatment 12 patients (14.5%). Forty (48.5%) Patients with high BP had uncontrolled BP as assessed by us in a resting state with calibrated machines. This was higher than the figures seen in our previous camps. The sub-zero temperatures could be one of the factors. However, this observation is of significance because winter is the time when strokes and heart attacks become more frequent. Out of these 17 (35 %) had BP levels more than 160/100 mms Hg. Ten of these patients also had diabetes. Diabetes with hypertension is a bad combination resulting in high incidence of strokes and heart attacks.

There was a total of 12 diabetics (15%). Five of the 63 patients where blood sugar was done had levels more than 180 mgs%. All were known diabetics and had blood sugars more than 235 mgs/dl. Three of them had sugar levels more than 350 mgs. The treatment of all of them was optimized and newer agents like dapagliflozin added.

All the patients underwent an electrocardiogram (ECG). Forty-five (55%) had normal ECG's. Five patients (6%) had atrial fibrillation, with an average age of 63,4 years (range 50 to 75) years of age. This arrhythmia is a predisposing factor for strokes and needs aggressive anticoagulants. None of them was on them. Instead they had been prescribed anti platelet agents (Aspirin, clopidogrel etc), which have no benefit and can cause adverse effects. All of them were given cost effective novel anti-coagulants like dabigatran which are now generic in our country and have an anti-dote also. Four patients had permanent pacemakers implanted in the past for slow heart rhythms.One of the concerning things we noticed in the prescriptions from local doctors was that lot of unnecessary medicines are prescribed. Many of them vitamins, anti-oxidants, anti-acids and pain killers. These not only are a drain on the meagre earnings of the patients but have no benefit. Very often the ignorant patient takes only these and forgets the drugs for high BP and diabetes etc. The local population also brought this to our attention during the CME held the next day.

A public CME was held on the morning of 20th December attended by a sizeable community from Banihal, many of them from the business community and volunteers from the town. We made them aware of the numbers of high BP and diabetes patients and goals of treatment. The necessity of knowing the BP levels and sugar levels for all adults was emphasized. Treatment to targets as the need of the day so that heart attacks, strokes and kidney diseases could be prevented for a healthy community in the Tehsil so important for their upliftment in years to come.

Case Studies:

1. Twenty-two years, old lady who had given birth to a healthy baby was noted to have a complex birth defect at normal delivery. The lady had a cyanotic heart disease (blue patient) with an arterial saturation of 86% with clubbed digits. Echo cardiography confirmed the diagnosis of Tetralogy of Fallot. Parents had missed the blue colour of their daughter and got her married without a medical consultation. The male child is one month old and it is now the family knows that the mother has a serious birth defects of her heart. GHHP has already organized her full evaluation through the Cardiologists of AIIMS in New Delhi within a month and family has readily agreed.

- A 3 months old baby with a serious defect of a large hole in the heart called ventricular septal defect (VSD) needs early surgery within a year otherwise she would become inoperable. This child is coming to Delhi AIIMS in First week of January 2021 and GHHP has already tied up with the head of Paediatric Cardiology department for her management.

Lessons Learnt:

In the Kashmiri population belonging to this hilly part of the District Ramban across the Peer Panchal ranges, the problem of uncontrolled BP is more than in all the 3 districts visited by us (North, Central and South Kashmir). The population is physically more active but economically poor with a need for upgrading the medical facilities. This needs the attention of health care providers on a priority. GHHP has decided to visit it at least 3 times a year to monitor the progress.

Gauri Healthy Heart Project | A Tale of Woes

Healthy Heart Camp in "Jagti Kashmiri Migrant" Township

The township though not strictly a Kashmiri Pandit colony, is largely inhabited by them. Kashmiri Pandits, Brahmins of the Shaivite Saraswat community, have been the original inhabitants of the valley. They are the only remaining Kashmiri Hindu community native to Kashmir before very large numbers got converted to Islam under the influence of Sufi preachers from Central Asia and Persia in 14th century.

Their population in the valley has been declining steadily. In 1947 they formed only 6% of the population of the valley and by 1950 it declined further to 5% mainly because of the uncompensated land reforms policy, unsettled nature of the accession, and economic decline. Their population in the 1981 census was around 1, 25, 000 and by 1990 it had gone up to around 1,65,000. The militancy of 1989 forced a large number of them to migrate out of their havens in the valley to Jammu or the NCR. All of them had houses of their own with some land for cultivation before leaving their beautiful abode. Their

numbers in the valley have become abysmally small with only around 3,500 without any seeming increase.

Around 60,000 Kashmiri families are today still registered as migrants. They are predominantly Pandits but also include Sikhs and Muslims. In the initial years these unfortunate families had a harrowing time in makeshift camps in Muthi, Purkhoo, Butta Nagar and near Jagti village on outskirts of Jammu. Ultimately in 2012 the J & K government allotted 4,224 two-room flats to them in Jagti Township, near Nagrota in Jammu. At present it has around 20,000 residents living there. Additionally, they get a cash relief of Rs 2,500 per member (Rs 10,000 maximum for a family) and 9 kgs of ration per month.

The team of GHHP went to the township after informing the residents with high BP or diabetes mellitus with or without pre-existent diabetes to register with our representatives for the Healthy Heart Camp on 29th and 30th January 2021. The venue was Govt Middle School and it was done in collaboration with Aman Movement and Helpline Humanity, NGO based in Jagti.

As you enter the township, one is struck by the facial and body language of the people walking up and down. Majority of the people are elderly with sadness and isolation looming large on their faces. They come mostly from villages of different districts of the valley and only small numbers from the Srinagar city.

We examined 210 subjects but got complete data of 143 individuals which has been analysed. Eighty percent patients were in the age groups of 40 to 79 years with 51% females. Almost all were Kashmiri speaking, with one third of them un-employed. Thirty-eight percent of the persons were below the poverty line with incomes less than Rs 15,000 per month. Their physical activity levels in general were moderate with 60% spending more than 30 minutes on walks. Consequently 73% were overweight and one third being obese based upon the body mass index (BMI). Majority of persons seen by us were non-smokers (81%)

Uncontrolled BP – A striking observation:

More than half of the population seen by us had history of high BP and were on drug treatment. It was very concerning to note that around 55% of these had un controlled BP's (>140/90 mms Hg) with half of them more than 160/100 mms Hg predisposing them to strokes, heart attacks and kidney failure. A very alarming finding was that 40% of those with uncontrolled BP had additional diabetes, making them sitting ducks for complications.

Diabetes with Poor Control despite treatment:

More than one third patients (48/143), who presented to us had known diabetes. There were 15% patients with both uncontrolled BP and sugar levels >180 mgs/dl, a very high-risk population. Since all patients examined had blood sugar done, we detected 6 new

patients with diabetes, who were un aware of it. They were advised further evaluation and started on treatment.

Adverse Lipid patterns:

The population seen had a high prevalence of post meal triglycerides > 200 mgs/dl in 55% patients and one quarter of them had high levels of bad cholesterol (LDLc) also. Of these patients with high triglycerides, 42% had diabetes and 30 % had additional diabetes and high BP. This combination is particularly vulnerable to vascular events and needs aggressive management.

Psycho-Social Issues:

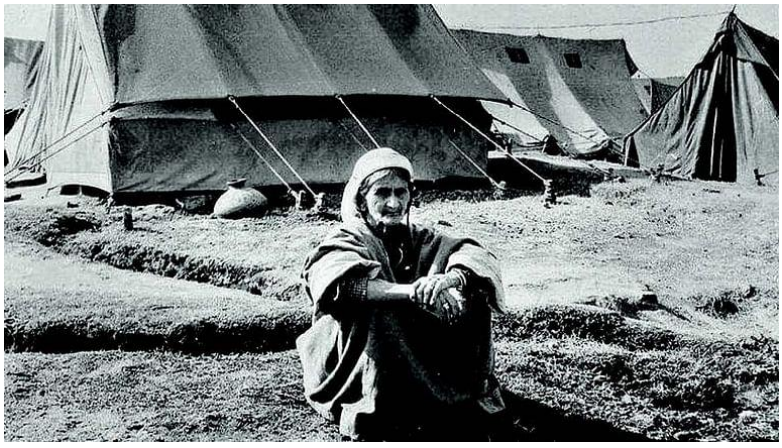
Another important issue seen in a large number of the patients examined was depression, feeling isolated, behavioural disorders, ranging from a state of fearfulness, crying, irritability, and refusal to be left alone. Many of them were carrying prescriptions of anti-depressants and sleeping pills. These issues are also known to aggravate diabetes and high BP. Apparently drug abuse was not being talked about but it is a perfect milieu of getting into it especially for the younger population.

In the 2 days of the camp every patient was seen and investigated and prescribed cost-effective medications and counselled for healthy life style as a part of our mission. They will be followed up periodically by our team in months to come.

Lessons Learnt:

The population living in the township is a sick population with uncontrolled BP diabetes, poor fitness and bad lipid profiles. It is several folds more than the districts of valley we visited. Neglect and psycho-social factors could be playing a very important role for these alarming findings. This has important implications and challenges not only for the administrators but also for the people of the valley, who have been a part and parcel of these unfortunate souls. These families had to leave their homes for no fault of theirs.

GHHP is committed to work on the lines of facilitating health heart care with an aim of "No Heart Attacks" for the residents. The township will be receiving a Telemedicine facility shortly to take care of the issues of high BP, diabetes and proper diagnosis in time for people in and around the township, with video conferencing with experts. However, there is a crying need for providing them psychological support by specialists visiting the township periodically. Cultural rejuvenation of Kashmiri music and giving



them assurance and moral courage to return back to their land. This is a dream of most of them who feel caged there.

Comparing the “jewel” with the “crown”

Learnings from Kakchin (Manipur) Experience & Similarities with Kashmir

With the Gauri Kaul foundation going to Manipur for a Health check camp with "No More Heart Attacks" its mission, it is time to look at some similarities of the two places, once upon a time two countries, now a state and a union territory, respectively. The "Jewel of India" and "Crown of India" separated by 3250 Kms.

Both the states came under the Indian dominion after independence of India from the British empire. Both Jammu Kashmir and Manipur were being ruled by monarchs. Maharaja Hari Singh, a Dogra ruler and Maharaja Bodh Chandra, a Meitei, respectively. Both kings wanted to remain independent as countries. Maharaja of Kashmir signed the accession paper on 26th October 1947 in Delhi and the Maharaja of Manipur in October 1949 in Shillong, against their wishes. Both places have antelopes as their national animals. The Sangai which is the apple of the eye for the people, other than polo, its classical dance, sports and films for Manipuris and the Hangul the beautiful Kashmir stag along with the natural beauty of our valley. Both these national animals are protected species since they were about to get extinct in around 1950's. Both Manipur and Jammu and Kashmir have had turbulent past with Japanese and British forces at war on their land, while the occupation of Jammu and Kashmir by successive invaders from Central Asia, Afghanistan and other neighbouring countries including Pakistan.

Our group reached for a one-day camp in the district headquarters of Kakching, the cleanest districts of the state from the capital city Imphal on 16th March. Mr Yengkhom Surchandra, an ex-IAS officer turned politician, was our local host for the camp. The residents of this district with a population of around 35,000 had been informed about this "healthy Heart camp" in advance. Registrations were done in advance accordingly. We ended up seeing 110 subjects. The literacy rate of this district at 90 % is the highest in the North East. It has a very fertile land and climate. It is called the granary of Manipur and its population is into farming and related industry. It has also produced a large number of IAS officers and technical people employed in various parts of India. It boasts of a wonderful garden on a hill overlooking the town. All the 106 subjects who came for the camp, were subjected to calculation of body mass index (BMI) as an index of overweight and obesity, blood pressure measurement and a random blood sugar measurement. An Electrocardiogram was done for all before a clinical evaluation done as per a pre-set proforma.

Findings of the Camp:

Females outnumbered males, 54%. One third subjects were more than 60 years of age. Three quarters of the subjects seen were overweight or obese. High blood pressure detected by history or diagnosed first time was documented in 25% and un controlled BP despite being on drugs was common and seen in half of them (BP> 140/90 mms Hg despite checking several times by a calibrated instrument. The treatment was modified using cost effective drug combinations with single tablets as far as possible. Additionally, all of them were counselled by our coordinators in their local Meitei language.

Diabetes was seen in only 2 % of the attendees of the camp. Despite being seen in only small numbers, it was out of control in most of them with values more than 300 mgs in random sugar levels. Three subjects who were not aware of their being diabetics, both had very high sugar levels. All of them were counselled regarding preventive measures and prescribed new drugs which prevent heart failure and protect kidneys. These drugs which have been available for more than five years now and have also become generic recently were not being used by local doctors. A starter kit was given to them and through drug companies and local doctors, local chemists were made aware of these developments.

Established heart disease was seen in 18% subjects, with disease secondary to blocked arteries seen in one third of them. We also saw cases with birth defects which had been operated at several key centres like AIIMS, New Delhi and Post graduate Institute of Chandigarh. Relatively large percentage of patients with established heart disease, seems to be because of selection bias due to the announcement of the Heart Camp.

The common feature with our previous 5 camps under the same banner has been poorly controlled high BP and diabetes. These are responsible for heart attacks, strokes and kidney diseases. It is therefore essential to spread the awareness of early recognition and effective long-term management of these common public health problems. Treatment should be by using cost effective drugs with as few tablets as possible. General heart healthy measures like: regular exercise, intake of plenty of fruits and vegetables, cessation of tobacco use, periodic measurement of blood pressure, sugar and cholesterol is the way to go.

Heart healthy camps by voluntary, non-profit making bodies should be encouraged to disseminate this information. We found that both Kashmir and Manipur have lot to share not only in history, the beautiful landscape, water bodies, flora and fauna but also their medical problems. The remote and poorly accessible areas need to have tele-cardiology facilities as our foundation is starting in various needy parts of Jammu and Kashmir. Roping in corporate social responsibility funds for these activities is a good way to begin. Regular supply of medicines for these units by way of

contributions by NGOs and pharmaceutical industries needs well-orchestrated efforts by the chosen representatives of the public in these areas.

We could see for ourselves, the unity in diversity not only in terms of the landscape but also in the occurrence of common public health problems. The people of both these territories are looking forward for better times to come their way, so that they forget the bad memories of the invasions and warfare's of the past, the uncertainties post accession and political turmoil's. A healthy heart with "No more Heart attacks "is an important message to disseminate for a healthy community and the nation.

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