

# voices

Spring 2010



## HI AND WELCOME TO THE SPRING 2010 EDITION OF THE SEWA COMMUNITY NEWSLETTER...

It has been sometime since our last newsletter, and for that we apologise - 2009 was a crazy busy year for us - and we hope in this edition to bring you all completely up to date.

In May 2009, the team was advised by Nino, Kaye and some of the other volunteers of their interest in a new project in Spain. We were all very excited for them and their future plans, but it also posed a real challenge for Sewa Ashram as both Nino and Kaye had played integral roles in the leadership during the past three years and would be sorely missed! As a result, both the Indian and German Boards of Delhi House took the opportunity to invite Ray Jourdan - who had spent three months earlier in the year reviewing the work of Sewa Ashram for Opportunity International Australia - to join the Leadership Team and to help guide it through this period of change and to help develop the strategic plan moving forward. The strategic plan 2010 'transforming lives and communities' was presented at the end of 2009 and we are all very excited and passionate about the future of Delhi House Society and Sewa Communities. An overview of the strategic plan is presented in this edition.

You may also have noted the name change from Sewa Ashram to Sewa Communities, which is a working title for the moment, but one we feel better reflects the work we are doing and the context in which we are doing it moving forward. We believe it builds on the strong legacy that has been established over the past 13 years.

With all the change, challenges and general busyness of community life, our commitment stays the same: to serve the ultra poor and the destitute in their transformational journey in the context of a loving, caring and supportive community. It is a real privilege to partner with you in this work and we thank you for your continuing support.

## the idea of justice...

The inside cover of the book *The Idea of Justice* by Amartya Sen reads 'Is justice an ideal, forever beyond our grasp, or something that may actually guide our practical decisions and enhance our lives?'. Injustice is so prevalent in our world, and it seems that justice is simply a nice idea and well beyond our reach. There are nearly seven billion people living on our planet today, and for the majority of them they have little opportunity to enhance their lives, in fact nearly 1.4 billion people live in extreme poverty. They are denied the opportunities and choices that are widely regarded as essential to lead a long, healthy, creative life and to enjoy a decent standard of living, freedom, self esteem and the respect of others. (cont.)

### Community Snapshot during 2009

25 Staff  
11 Volunteers  
25 Kids  
10 Staff Kids  
60 Patients  
20 Long term patients  
23 Patients in TB hospital  
5 Slum family members

TOTAL  
179 COMMUNITY MEMBERS

Delhi House Society, registered in Delhi NCR No. S-35565, is a Christian humanitarian development organization that has been faithfully serving the poorest of the poor in Delhi for more than 10 years.



Sewa  
Communities

Our main project *Sewa Community Narela* located in the northern part of Delhi is committed to providing healthcare, education, microenterprise and microfinance in a therapeutic community to the poorest of the poor and partnering with them in their transformational journey.

# the idea of justice (cont.)....

The Kingdom of God is good news to the poor, because it stands for justice. We as citizens of this Kingdom are called to live out the two most important commandments set by the King - to love the Lord your God with all your heart, and soul, and mind and strength, and to love others as you love yourself. Sewa Communities are all about people and standing for these ideals - God's ideals. There is only one measure in the work that we are called to do and that's changed lives. It's not how many people are in our program, how many wells, schools or hospitals we build (all great things), but seeing people's lives radically transformed. Sewa Communities exists to serve and care for the poor, build hope for a better future, connect and equip people with the tools necessary to break the poverty cycle and to see people empowered by the Spirit of God. These communities are not enclosed by walls, but are in the hearts of the men, women and children who *choose* to participate. We are intentional in our beliefs and aspirations, but organic in the development of the journey. Lets not leave the lifejacket in the closet trying to convince ourselves that it's probably not the right size for the man, woman or child that's drowning. Lets continue to partner with this awesome community as they grow and move more and more into all that God has planned for them. Bless ya heaps, Ray (*Ray, a property developer, and his wife Louise, a naturopath, and their 2 children, Sam (14) and Hunter (10) are from Australia and joined Sewa Community in June 2009*)

## Sewa Life Groups



Name: Varun  
Year joined: 2009  
Sewa Life Group: Asha (Hope)

Varun's story is similar to many of the destitute patients here at Sewa Ashram. He comes from a poor village in West Bengal, where his father, mother, wife and son live. He came to Delhi to work and managed to find various jobs from fixing telephone cables, to working on the railways. Each time however he was cheated by his employer who did not pay him what he was due. In the early days he tried to get home every 5-6 months, but this soon stopped as it became too hard. Varun has not seen his family in 17 years. Varun was admitted to Sewa Ashram in 2009 and was diagnosed with TB and HIV, which is common with prostitutes as a result of malnutrition and drug abuse or cheap sex thrills. He has now recovered from the TB and has been working with our development team in serving the local slums and caring for special needs patients. He is an active member of our community, and we hope to reconnect him with his family in the near future.

A new initiative recently introduced into our community are the Sewa Life Groups. All our patients are now involved in these groups, with many naming their groups with names like *Asha* (Hope) and *Nay Safar* (New Journey). These groups meet weekly and are currently working through the *CARE and CONNECT* phase of the cycle. They have all had the opportunity to share their life story - often different from when they were first admitted! As we have listened to them share their challenges, struggles and aspirations, it has given us great insight in to how we can better support them in their journey. Sarin, who co-ordinates all our development initiatives, currently leads all our groups, however we are developing an internal training program to grow our development team and Sewa Life Group leaders as it is our plan over the ensuing months to have all members of our community - staff, volunteers, patients, kids and slums families - participating in our Sewa Life Groups. We have learnt that the key intervention in the lives we are working with is not the programs or services we offer, but the life and character of the development worker who is building the relationship with them. The spirituality and character of the development worker is fundamental to the success of the Sewa Life Groups as they focus on the physical, mental and spiritual well-being of the groups and their members. It is amazing to see the difference in the lives as for many, it may be the only time they have felt this level of care, support and love in a very long time.

## family

We have 25 kids in our children's development program with all our kids in family houses headed up by our fantastic house parents Praseeda & Prakash and Satya & Suresh. All the kids recently sat their end of year exams, with all graduating to the next standard. Some of our older kids also participated in extra-curricular courses such as computer classes, which we are now looking to introduce in our new Community Learning Centre, along with creative classes in music, dance, and art. One of our kids, Ruchi, also recently sat the 12th standard board exams. This has highlighted the need to look at how we can support the kids should they pursue tertiary education, especially as more of our kids will be in this position in the next couple of years. We are looking to introduce a Tertiary Fund that will offer the kids the financing needed to pursue further education. At the completion of their studies, they have the option of either working with Sewa Communities for three years or repaying the loan interest free should they gain a fantastic job outside of the community (if you would like to learn more about this initiative, please contact us!). We have a strong commitment to grow our kids development program as it is estimated that more than 45,000 kids live on the streets in Delhi alone, with no hope for a better future, caught up in the viscous cycle of poverty that has held them and their family for generations. A huge thank you to all our kids sponsors - without your support this would not be possible!



## houses



Kamal is 16 years old and came to Sewa Ashram when he was just a young boy. His mother does not live with the family and his father is a drunkard who frequently comes and goes and does little to provide for the family. Kamal initially came from UP with a guru and hoped to find work in a temple in Narela. He came to the attention of the ashram and has been living and thriving here ever since. Kamal is a very bright young man and excels at school. He recently graduated to the 8th standard, however is jumping straight through to the 10th standard! Kamal is a big contributor to the community, leading songs in our meetings and captaining our cricket team. He is highly motivated and wants to pursue IT, support his family and continue to work with our community. He is very thankful for the opportunities that have been provided to him.



## learning centre

We are in the process of transforming the 'Dream Centre' into our Sewa Community Learning Centre. This effort is being co-ordinated by Savita, a teacher who has been working with Delhi House Society for more than 8 years. The learning centre will also accommodate our emergency women's ward for short term female emergency cases. Many of the slum families that we are working with have young children that are often left at home with older kids whilst the mother is out trying to earn enough money to keep the household running. Often enough the kids are not enrolled or attending school as they also need to supplement the family income by working, often collecting garbage. Our initial

focus is providing a day creche service to community members for children aged 0-5 years, which will enable working mothers to go to work knowing their kids are being properly cared for and also give us the opportunity to support the older kids with non-formal or remedial education with the endeavor of enrolling them into local government schools. The learning centre will also offer vocational classes to help the family acquire additional skills that will supplement or improve the household income so that the kids no longer have to work. On top of that we also provide Hindi, English, Maths, Music and Dance classes to our community members!



**2009 patient figures:**  
 206 new patients  
 70 patients diagnosed TB  
 31 patients diagnosed HIV  
 19 patients diagnosed TB & HIV  
 Approx. 30-40 patients admitted to hospital and up to 15 patients admitted for neurosurgery, cancer treatment, orthopedic surgeries and general emergency surgery  
 5 patients fitted with prosthetics



## community health

Our healthcare team continue to do a remarkable job. The clinic was well supported throughout 2009 and now into 2010, with nurses from all over the world. We also had the pleasure of celebrating with nurse Lalita, her 10 year anniversary with the community! Emergency healthcare continues to be a major part of our work, with the team visiting Yamuna Bazaar and areas along the Yamuna River picking up destitute and dying men. We admitted approximately 209 new patients throughout the course of 2009, with anywhere up to 80 patients admitted at the one time. This work remains one of the most challenging aspects of what we do, as the men are so broken - physically, mentally and spiritually. TB continues to be the primary disease faced by our patients, with over 30% of patients diagnosed sputum positive. Dr Ashish, our chest

specialist continues to visit the community 3 times a week to work with our TB patients and provide general medical advice. We are also working with St Stephens Hospital as we review the option of working with the DOTS program and look to scale up our basic clinic into a Community Health OPD for BPL families and incorporate preventative healthcare. We have also seen an increased number of orthopedic patients, many of whom end up with amputations. We were fortunate to have two physiotherapists volunteering with us from the UK and NZ who were instrumental in setting up new relationships with hospitals and arranging prosthetics for the patients and putting in place a rehabilitation program. Without our intervention, many of these patients would die alone or continue to live on the streets of Delhi with open wounds and begging for survival.

These are the values that drive our community....

1. People First  
People are our highest priority
2. Leadership  
We listen, we learn, we serve
3. Visionary  
We are big picture people
4. Organic Community  
We are intentional in our beliefs and aspirations, but organic in the development of the journey
5. Collaboration/One Team  
We put others ahead of ourselves to do the mission and achieve the vision
6. Transparency  
We hide nothing
7. Integrity  
We do what we say
8. Pioneering/Innovative  
We have a pioneering spirit that does not fear doing what has not been done before, to improve, be unique and to operate to the best of our ability.

Our community has been really blessed with fantastic volunteers from New Zealand, Switzerland, Germany, Denmark, USA and Australia. Volunteers continue to play an important role in the day to day functioning of our community such as providing nursing, educational and administrative support - just to name a few! Not only do the volunteers contribute to the work here on the ground, but they also go home passionate about what they have been involved with and ready to share with others about the great work that is going on. That's how the awesome support base in Germany was started, and we now have the same momentum building in other countries around the world! We are in the throes of putting together a new Info Package for volunteers, so if you're keen to join our community and to learn more about how to do so, then stay in touch and we look forward to talking with you real soon...

## volunteers



Tracey (nurse) and Anne (teacher) are from New Zealand and are volunteering with us for 6 weeks. They heard about our community from a newspaper article on Scott and Sharlene who volunteered with us for 6 months. They have been a wonderful addition to the team. 'We have both been challenged by the work of Sewa Communities and inspired to get more involved. We are keen to work with the Sewa Team in NZ to generate more awareness and support for the work. If you have the opportunity to volunteer with Sewa then we encourage you to do so...as your life will not be the same'



### patient profile...

Vinod was born in Narnol, Haryana (Mahindra district). At the age of 12 he lost his father to a heart attack and then lost his mother two years later. Feeling neglected by his relatives, he left and took up manual laboring work to survive. Soon after he managed to secure work in a military camp, where he worked for about 15 years. During this time Vinod started to drink alcohol with the other workers, and one day when he was drunk, he fell from the 2nd storey where he was staying and broke his back. His friends had him admitted to the local hospital, who later referred him to the local medical college where he remained for five months. He was not properly treated at the college and during this time developed very bad bed sores. He became dismayed and thought the hospital was going to steal his kidneys, so called the police. As a result the medical college took him into Delhi to get him admitted to a hospital. Unsuccessful, they eventually gave up and left him in front of AIIMS Hospital on a stretcher. For three days he lay there on the stretcher unable to get admitted. He was informed by the hospital that he would not be able to get admitted as there was no carer for him. A social worker at the hospital referred him to us and he was admitted to Sewa Ashram in July 2009. Vinod has been working hard with the physio team and is now able to sit up and move about in a wheelchair and joins in the various programs available. He is an active member in our Life Groups and now has hope as before he came to our community Vinod was ready to give up, thinking that he would end up on the side of the road forgotten.

# making a difference

Sharlene Woolston is an emergency nurse from New Zealand who travelled to the Ashram with Scott, her builder/cabinet maker husband and their three children, George (age 6), Oscar (age 4) and Luca (age 2) in May 2009. The Woolston family returned to New Zealand after six months of working and living in the Ashram. There were a lot of tears from staff and patients alike on the night of their departure and the whole family is still spoken of often by many in the Ashram community. Sharlene also had the unexpected pleasure of going back to New Zealand pregnant with their fourth child.

This is an excerpt from one of Sharlene's blogs talking about a trip to one of Delhi's hospitals with some of the Ashram patients .

We arrived safely at the hospital and started our day. I went and bought all the guys breakfast, there was a cute little girl begging so we buy her breakfast too and she is happy. We head to our OPD and I open the door to see about 150 patients all waiting to see one Doctor... They let us go straight in but the other patients are upset by this and start yelling. The morning is crazy. We are referred to other specialities for blood tests and x-rays and I have to drag these patients who can hardly walk around the hospital as they have no wheelchairs.

It turns out to be the most stressful day, everyone there except for me is wearing a mask because of the swine flu epidemic and there is a whole swine flu department. After hours and hours of torture I go outside only to find a destitute woman, sitting totally naked outside the hospital. Hundreds of people are walking past but no one is doing anything. I approach the lady, and manage to find out that she is 35 years old. Her husband left her and her sister-in-law brought her to Delhi and left her behind with no money. She told us that she was in an accident and injured her foot but the hospital would not help her. She had been sitting there for a week with no clothes and no food. I start talking with the patient and crowds of people surround her. It's amazing how many people come to watch when a person is helping. We find the patient some clothes and tell her to wait and we will take her to the Ashram.

Suddenly patients are everywhere begging us to take them. They're showing me their wounds and missing limbs and following us around. I then see another guy again dumped outside the hospital. He's completely covered in faeces and flies and has a large wound on his forehead. We decide to take him as well.

Meanwhile Jun Jun my other patient has now been sitting in the car for five hours (I'm meant to take him to another hospital to get his new prosthetic legs) and the other patients are waiting inside the hospital. Its 7pm, we're now in the surgical emergency department and we're no better off. I decide to forget the whole thing as its obvious no one is going to help.

No one appears to be interested in a guy with a scrotum the size of a basketball who can't pee, a guy with a huge infection in his leg who can barely walk and who also can't pee and another guy who will probably lose a limb as his veins are so bad. I'm also sure they will have no interest in Jun Jun who's been now stuck in the car for nearly 12 hours waiting for a new set of legs!!! They have no interest in my patients at all and tell me to come back next week so I take them home putting it all down to a really annoying day.

We head outside - even this part takes so long but we manage to get everyone out and the lady is still waiting for us. We put her in the ambulance and she is so grateful and happy to come.

The other guy fights with us saying he is happy with the way he is and we leave him at the hospital. The drive back is horrendous and then right in front of me is a massive motorbike accident. One guy slides right across the road and the other guy is thrown off his bike. I make the most of having an ambulance and put the siren on. We stop and help and thankfully everyone is ok so they go on a rickshaw to the hospital instead.

Finally we get home.

I shower the lady who I find to be completely covered in lice and maggots, we shave her head, dress her wound and put her to bed for the night.

What a day!!!

This lady's foot was completely destroyed. It had almost all been completely eaten away by maggots and there was very little tissue left. The smell was horrendous and hundreds of maggots came out. In fact when we lifted her out of the car the whole back seat was crawling with maggots... Unbelievable!!! How could a woman be left like this outside a hospital??? Someone told me that a week ago she was seen sitting in the same spot with no clothes on. Can you imagine how many people walked past and did nothing. Not even a blanket was given to her. Her body is covered in bedsores from lying on the concrete. Because of all this that lady had to get her leg amputated. She hasn't crying

since she arrived. So broken and so sad. I think the pain of what she has endured (not just physically) is just pouring out.

It is devastating to see someone like this in such desperation. I love so much that in this work we can bring people to such a safe amazing place.

It truly is a privilege.



Sewa Communities provides free medical care and education to the poorest of the poor for approximately US\$4 per patient per day. We depend on your support to continue to care for the least of these. Thank you for opening your heart to your brothers and sisters in India.

Online donation is available on our website : [www.sewa-ashram.org](http://www.sewa-ashram.org)

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