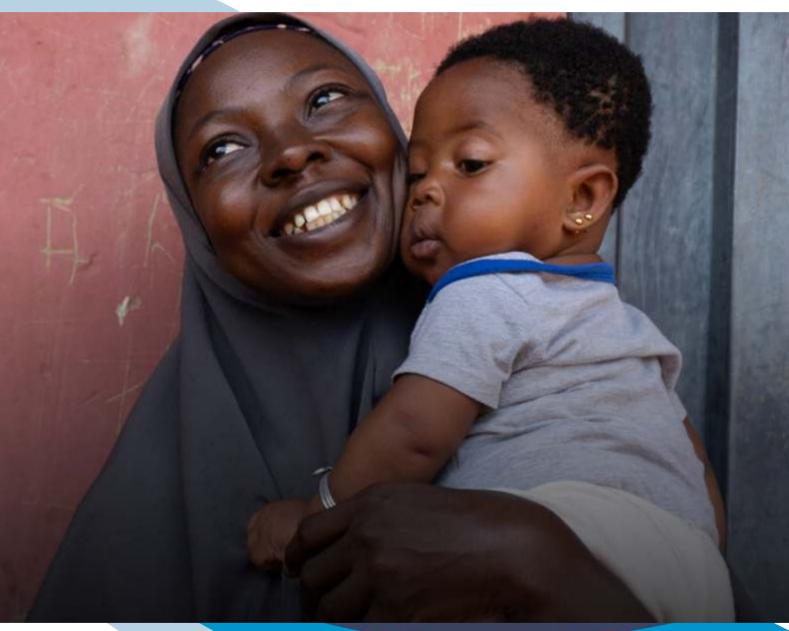


Rotary Club of Secunderabad Sunrise RI DISTRICT: 3150

SUNRISE





March - 2024

Dist. Gov.: Rtn.Dr. Busireddy Shankar Reddy

Editorial : Rajesh Pamnani

Rtn. Krishna Narela

Rtn. Vikram Mehta
CLUB SECRETARY (2023-24)





Index

Details		Page
Board of Directors Club members in District Team & Dialysis Analysis Editor's Note Our Editors RI News - A labor of love Designated Month RCSS Archives 2010 Polio immunization day Top Festivals around the world - April	- - - - - - -	3 4 5 6 7 15 17 18 20
Visited Sri Vidhyas Center for Special Children Rtn K A Ramayya Millions at risk from cholera Visited Trimulagiri RTO & Medchal RTO Ours Past Presidents	- - -	27 31 33 34



Supported by a Rotary Programs of Scale award, an initiative in Nigeria seeks to remedy the country's high instances of maternal death.

Photography by: Maryam Turaki



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Rotary Club of Secunderabad Sunrise Board of Directors (Year 2023-24)





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Dialysis Analysis from Start

April 2022 - Total Dialysis 80
(15 days)
May 2022 - Total Dialysis 184
June 2022 - Total Dialysis 234
July 2022 - Total Dialysis 281
Aug 2022 - Total Dialysis 297
Sep 2022 - Total Dialysis 295
Oct 2022 - Total Dialysis 303
Nov 2022 - Total Dialysis 329
Dec 2022 - Total Dialysis 341

Jan 2023 - Total Dialysis 391
Feb 2023 - Total Dialysis 421
Mar 2023 - Total Dialysis 527
April 2023 - Total Dialysis 467
Aug 2022 - Total Dialysis 297
May 2023 - Total Dialysis 500
June 2023 - Total Dialysis 491
50 Patients
July 2023 - Total Dialysis 506
August - Total Dialysis 506
August - Total Dialysis 517
September - Total Dialysis 525
October - Total Dialysis 558
November - Total Dialysis 564

December - Total Dialysis 576

Jan 2024 - Total Dialysis 583 Feb 2024 - Total Dialysis 543 Mar 2024 - Total Dialysis 539





Rotary Club of Secunderabad Sunrise FROM THE EDITOR'S DESK





A Light gone too early.

In Loving Memory of Seema Jain

It is with heavy hearts that we bid farewell to our dear friend and esteemed colleague, Seema Jain, who passed away on 8th March '24.

She leaves behind a legacy that will forever be etched in our hearts and minds. Seema was more than just a colleague. She was a beacon of light, a source of inspiration, and a pillar of strength to all who had the privilege of knowing her.

Her simplicity, kindness, and generosity knew no bounds and she touched the lives of everyone she encountered.

She was the head of team of the 'Editorial Collective' of the RCSS magazine since its inception. She approached every task with unwavering dedication, passion, and a relentless pursuit of excellence. She made invaluable contributions to the monthly editions of the RCSS magazines, leaving an indelible mark on the lives of countless individuals.

Seema Jain was a cherished friend, confidant and a mentor. She possessed a rare ability to uplift those around her with her infectious smile, compassionate nature, and genuine concern for others' well -being. We have lost not only a colleague but also a dear friend. However, her spirit will continue to live on in the countless lives she has touched inspiring us to strive for greatness and to always lead with kindness, integrity and compassion.

As we mourn the loss of Seema Jain, let us also celebrate her remarkable life and legacy. May her memory serve as a guiding light, reminding us to cherish each moment, live with a purpose and always extend a hand of kindness to others.

We find solace in the cherished memories and the profound impact she has left behind.

With deepest sympathy, Rajesh Pamnani and the RCSS Family



Rotary Club of Secunderabad Sunrise Our Editors (2023-2024)





Ann Seema Jain (Late) W/o Rtn. Lokesh Jain Qualification Mcom from Rajasthan university & Home maker.

Ann Mamta Jhawar
W/o Rtn. Sandeep Jhawar
Qualification B.com Hons in
Accountancy from Kolkata University,
but that was not an end to my learning, I
aspire to learn something new everyday.





Ann Ritu Gupta
W/o Rtn. Samir Gupta
BA degree and Masters in Computers, I have kept myself engaged professionally in our consultancy firm for foreign education - providing solutions to students for education abroad.

Ann Kanak Kabra W/o Rtn. Sanjay Kabra Qualified Company Secretary, Sujok therapist, certified Angel Practitioner Executive Director (finance, HR and legal compliances) in Avishkar Industries Private Limited.





Ann Lopa Mehta
W/o Rtn. Vikram Mehta
I am an educator by profession and a people's person by heart. I enjoy my work and make sure to do my best each time.

Ann Shreya
W/o Rtn. Shravan Malani
I am Graduate, Diploma in Travel &
Tourism. Also interested Cooking,
Travelling, Shopping, Fitness & Nutrition
watching comedy shows & movies.







On the outskirts of Abuja, beneath a blistering November sun, a pregnant woman, leaning on the arm of her friend, shuffles across a courtyard and disappears into a brick shed. Moments later, from within the shed, come shouts of "Push!" A few more minutes pass and the pair reemerge, only this time the woman is seated in a wheelchair pushed by the friend. Another woman walks alongside them carrying a newborn baby.

The woman in the wheelchair is in distress. From across the courtyard, a nurse runs toward her. "Why didn't you come to the health facility to deliver the baby?" the nurse laments while checking the woman's blood pressure. Other health workers cluster round. "She has lost a lot of blood," cries the nurse. "We don't want her to die here."

Their ministrations are futile. The woman slumps in the wheelchair. The nurse looks up and delivers a belated admonishment. "The safest way is to deliver in the hospital," she says. "You see what has happened to this woman? We have lost her. We have lost her!"

A second of mournful silence passes, and then from every corner of the courtyard — from the scores of people seated beneath blue tarps to the dozen or so clustered within the shadow of a solitary tree — comes a great wave of applause. The performance has been a great success.



Victoria Okwute (left) performs in a skit about the importance of giving birth at a health facility.



At the Rotary-supported workshop, health workers explain signs of maternal distress.

That is exactly what this scene in the courtyard of the Kuchingoro Primary Health Care Centre has been: a performance, staged for the benefit of the nearly 200 people who have gathered this morning outside Nigeria's capital city of Abuja. The nurse is no actor but Victoria Okwute, the health center's chief nursing officer, and the occasion is a Rotary-supported workshop organized to address the shockingly high numbers of deaths that accompany childbirth in Nigeria.

No country has greater instances of maternal death than Nigeria. In 2020, 82,000 pregnant women and new mothers died there, nearly four times the maternal fatalities in India, where the second-most deaths occur.





One contributing factor? Sixty percent of births in Nigeria take place outside of a health center or hospital, meaning mothers and expectant mothers are far more vulnerable if complications arise. And they so often do: The top causes of maternal deaths include postpartum hemorrhage, obstructed labor, and eclampsia, when seizures develop from a complication that can cause high blood pressure and organ damage. "Most people view [the deaths] as a punishment from the gods or some kind of witchcraft," says midwife Ashezi David Alu. "But it's just a pure act of negligence because of poor management of those complications."

Now a \$2 million Programs of Scale grant from The Rotary Foundation is addressing this problem head on. Its goal is to reduce maternal and neonatal mortality by 25 percent in target areas at the end of the three-year program. Known as Together for Healthy Families in Nigeria, the initiative is sponsored by Rotary District 1860 (Germany) in partnership with Districts 9110, 9125, 9141, and 9142 (Nigeria), as well as the Rotary Action Group for Reproductive, Maternal, and Child Health.

Unfolding in targeted areas within three Nigerian states and the Federal Capital Territory, the initiative builds on previous work by Rotary members in the country. It's hoped that, once the program demonstrates its effectiveness, it will be replicated across Nigeria and elsewhere. Critically, Rotary members are partnering with federal and state agencies in implementing the program to ensure the intervention and its benefits last far longer than the three years of the grant cycle. "This project is going to birth more projects," insists Toyosi Adebambo, the program's manager.

Adebambo previously spent 16 years at USAID and its implementing partners in roles ranging from monitoring and evaluation, administration and human resources, to project management. He joined Rotaract in 2004 while he was a statistics major in college and later became a member of the Rotary E-Club of One Nigeria. When he heard about the Programs of Scale grant, he applied to work on the initiative. "When you start looking at what it will look like in 10, 20 years, you want to be there to make sure it actually works out," he says. "Nobody is going to do it better than a Rotarian."



Faith Gideon and Judith Anyah visit a pregnant Theresa Andrew.





Later that day, after the courtyard skit, community health worker Faith Gideon leaves the Kuchingoro health center wearing a blue "Together for Healthy Families" apron and proceeds along a series of red dirt roads before arriving at the home of Theresa Andrew.

Seated across from Andrew, who is five months pregnant with her first child, Gideon encourages the expectant mother to visit the clinic at the first sign of trouble. "If you have any problems," she says, "if there is anything you don't understand, if the baby is not kicking, anything at all."

Gideon goes on to talk about the dangers of malaria for pregnant women and gives Andrew a mosquito net. She also presents her with a birthing kit, which contains a bedcover, soap, umbilical cord tie, latex gloves, razor blade, and gauze. One of the reasons women give for not delivering at a clinic is the perception that it costs more, in part because they are often required to bring their own supplies.

Gideon makes this walk along the community's red dirt roads three times a week to visit with pregnant women and new mothers. She's one of 84 community health workers who, over two days last July, received training through the Rotary-supported initiative. Top participants at these trainings will become trainers themselves, helping to further expand the program.

The health workers learned about topics including basic prenatal and postnatal care, pregnancy complications, clinic referrals, home birth risks, and modern family planning methods. They learned how to educate expectant and new mothers on such topics as prenatal nutrition, breastfeeding, childhood immunizations, and when to introduce solid foods.



Health worker Melvina Tanze (right) checks on Nafisa Abubakar and her child, Halima Ode, during a home outreach visit in Nasarawa, Nigeria.



Home outreach visits supported by the program encourage families to visit health facilities.

Program organizers originally planned for these outreach visits to occur three times each quarter; they quickly pivoted once they realized their effectiveness. Now the health workers make the rounds three times each week — which means that, in its first three months, the initiative surpassed its three-year goal for number of visits. "When we get to people's homes, we relate to them, we talk to them," Gideon says. "It makes them feel comfortable and encourages them to come to the health center."

And all of this is because of a chance meeting in a California hotel 30 years ago.







In March 1994, district governors-elect Emmanuel Adedolapo Lufadeju and Robert Zinser struck up a conversation while in California for Rotary's annual International Assembly. Lufadeju, now a member of the Rotary Club of Ibadan-Jericho Metro, Nigeria, described a visit he'd recently made to a hospital maternity ward in Nigeria; Zinser, a member of the Rotary Club of Ludwigshafen-Rheinschanze, Germany, listened intently. That conversation sparked a 30-year partnership between Nigerian and German Rotary members who worked to improve maternal and child health and birthed the Rotary Action Group for Reproductive, Maternal, and Child Health, culminating in the recent \$2 million Programs of Scale grant.

Along the way, Rotary members began to focus on collecting data on maternal deaths to uncover quality of care issues and help determine which interventions made the most sense. Their surveillance work became integrated into the Nigerian health system. Rotary members also supported government officials in introducing a bill, passed by the Nigerian Parliament in 2021, that required the accurate reporting of maternal deaths. Since the majority of women in the country give birth outside of medical facilities, no records had previously been kept on the cause of their deaths.

The Together for Healthy Families in Nigeria initiative is looking at compliance rates for this reporting, focusing on facilities in three states and the Federal Capital Territory where the program was initiated. In the first quarter of 2023, only 8 percent of facilities were properly reporting their data. The team held a flurry of meetings and calls with government leaders, and by the end of the fourth quarter, they had increased that rate to 90 percent. "The next stage is to relate this data to quality of care and have discussions with ministers of health in various locations about what we're finding and what they will do to rectify any issues," Lufadeju says. "Luckily we have good relationships."



Emmanuel Adedolapo Lufadeju began working with German Rotarians on maternal health efforts in 1994.





Lufadeju, a Rotary member since 1980, was appointed chair of a subcommittee on safe motherhood within the Nigerian health agency in August 2023. His assignment helped open doors for Rotary members to advocate for additional resources. "When I ask for a meeting [with federal health officials], they don't say no," Lufadeju says. "They cannot tell me they don't have time, because I am a principal stakeholder. I am part and parcel of their system."

At the National Primary Health Care Development Agency in Abuja, Lufadeju warmly greets Chris Elemuwa, the agency's director of social mobilization and community development. Lufadeju is here to petition the agency to absorb responsibility for the community dialogues and the maternal and child death data. Part of the Rotary program team's strategy is not merely to execute the interventions over the next three years, but to convince the government to take them on long term.

Lufadeju had for years tried to make inroads at the agency, which supports community health workers throughout the country. Finally, as the Programs of Scale grant was coming together, he emailed Elemuwa and requested a meeting. "We struck a real brotherhood," says Lufadeju. "Everything we're doing would not be possible without him."

Two days after the meeting between Lufadeju and Elemuwa, the program team engages in another advocacy visit, this time with the Ministry of Health in Nasarawa, a predominantly agricultural state southeast of Abuja. Along one side of a long conference table sit six directors within the ministry, people who oversee everything from medicine and reproductive health to — and this is key — finance and planning. On the other side of the table sits the Rotary program team.

After a few jokes and an exchange of complimentary speeches, the two teams get down to business. The state has started using some of its staff to supplement the program's home outreach visits, and government officials are interested in a midterm assessment to see which interventions are supported by data. They also want to know what they should be doing differently right now in communities outside of the program locations. The finance director is already looking to make sure pieces are in place for when the Rotary program is complete. "We want them to take it over, and the only way they can take it over is to embed it in the state program and budget for it," Lufadeju explains.



Rotary members (from left) Toyosi Adebambo and Emmanuel Adedolapo Lufadeju at the palace of a traditional leader in Ekiti state.





The Rotary program team is doing similar advocacy work on the community level, working with local religious, traditional, youth, and business leaders and asking them what they'd like to see. "The king and chief of each place have started talking about how to help us," recalls Adebambo, the program manager. "It's not really a question anymore about if they'll help us."

A tour of the Wamba Road Primary Health Centre in Akwanga, Nasarawa state, shows the Programs of Scale initiative at work. As part of the program, pregnant women have been assigned to cohorts depending on their due dates, and the members of those groups come together to the clinic for each of their seven prenatal visits.

Research backs this kind of group approach to prenatal care. It creates a sense of social camaraderie among the women, further reinforcing the necessity to keep up with their prenatal visits. Surprisingly, even as the number of women coming to the clinic increases, the ability to accomplish a number of tasks collectively decreases the workload for the clinic staff.

When the program started, this center received about 75 prenatal visits per month. In the first six months of the program's implementation, the number increased to about 185. The community outreach portion of the program started in June, and after that, visits skyrocketed to about 570 per month. Not all of the women who come to the prenatal clinics are giving birth at the facilities, but still, those rates are climbing, jumping in three months from 18 percent of prenatal attendees to 66 percent. Postnatal care, including immunizations, leaped from 2 percent of attendees to 70 percent. "The impact is huge," Adebambo says. "That is the fun part of it."



Charity James (left) and Ashezi David Alu examine supplies provided through the program.







Charity James and Sabina Gyado, nurses who help staff the clinic, pull out folders containing the curriculum for each of the seven visits, with topics such as family planning, hemorrhaging, preterm delivery, and infant care. There are facilitator notes as well as simple illustrations that help emphasize certain points for the women who attend. One illustration shows a picture of a baby with an irritated umbilical cord. "We emphasize that if you see a hot, red umbilical cord, come to the hospital," James says. "If it's your neighbor, get them there."

In the clinic's labor room, a lightbulb protrudes from the wall above a counter near one of the hospital beds. The device, provided as part of Together for Healthy Families in Nigeria, keeps babies warm, like an incubator, as they are cleaned up and their mothers recover. "You don't see this at other primary health centers in Nasarawa state," says Ashezi David Alu, who works for the Rotary program as the chief midwife for the state. Next to the counter is a cabinet with medical supplies — such as vitamin A, eye ointment, vitamin K, and other essentials — that was stocked by the program.

The Nigerian government has traditionally underbudgeted for the health sector, leading to poor infrastructure and a lack of skilled providers and supplies. Poor quality care, rather than lack of access to a health clinic, contributes most greatly to maternal and newborn deaths worldwide, research finds. Addressing this gap, the Programs of Scale-backed initiative provides trainings for health workers in emergency obstetrics and neonatal care. Program organizers have since heard anecdotes of health workers using their new skills to resuscitate babies with asphyxia, or lack of oxygen, at birth. In the third quarter of 2023 alone, 210 health workers across the three states and the capital territory covered by the initiative received this training.

Health workers also had training in respectful maternity care, which emphasizes the rights of women, children, and their families, allowing women to enjoy their personal and cultural birthing preferences while still receiving quality care. In addition, health workers were also counseled on how to respond in emotionally charged situations. "Health workers are always at the front line of this," Adebambo says. "We train them on how to react and respond to people."



Ashezi David Alu speaks at a community dialogue at the Gwanje Primary Health Centre.





An entirely different scene is unfolding outside the nearby Gwanje Primary Health Centre, where several hundred people have gathered, congregating in the shade: teens, expectant mothers, and women with their children under striped tents in the middle; men under a mango tree to the women's left; and some boys hanging out under the support for a water reservoir to their right. Fields of maize wave beyond the cement walls of the compound.

The need to include both women and men becomes apparent when the topic of family planning comes up. The crowd laughs when a health worker takes a wooden penis model out of a bucket marked "demonstration." The boys, who until this time had been lounging around, snap to attention, eyes wide, as they watch her demonstrate how to use a male condom. Later, during a Q&A session, a woman with six children says she'd like to try family planning, but her husband refuses to allow her. "Is he here?" asks the facilitator. "Yes, he's here. Right there!" she points. Once again, the crowd erupts with laughter. The facilitator declines to give a solid answer, saying this is a conversation to be had at the family level.

Researchers have identified four tenets that lead to a risk of increased maternal deaths: becoming pregnant too frequently or when you are too young, too old, or too close to your last pregnancy. Contraception addresses all four. "What we do in family planning is allow the woman some space to get her energy back, allow some space so that the children at home can be taken care of well," Alu says, "so that subsequent pregnancies will be safe for her."

Nigeria's national goal is for 27 percent of the country's women of childbearing age to use modern contraception methods, but right now only 14 percent of women do so. "We enlighten people to know the difference between child spacing and not giving birth at all," Alu says.

As the clinic's community dialogue winds up, the sound of drums thumping and horns blazing permeates the air. Dancers wearing seedpod anklets stomp and shake to the beat. The crowd draws in closer to watch and join in, and as they do, the ring of dancers grows wider and pulses with energy. Unable to resist, Lufadeju sheds his professorial demeanor and enters the throng, one more member of Rotary contributing to this animated emblem of the circle of life.





Rotary Club of Secunderabad Sunrise DESIGNATED MONTH





March - Water & Sanitation

Area of Focus: Water and Sanitation Month. This month also includes the World Rotaract Week from the 7th until 14th of March.

- Create awareness on water Conservation by Street play / Banners / Literature Distributions / Seminars at club level and for local community,
- Clean Drinking Water at Railway Stations, Bus Stations, Schools or Public Places, Re-user of waste Water
- Create Public Toilets Facilities, Create Awareness on Sanitation at Schools -Colleges - Economically Backward Areas
- Create Sewage / Concealed Drainage system, Bore Wells, Building Check dams
- Providing Carriers (Transportation Systems) to carry water pots



April - Maternal & Child Health

Area of Focus: Maternal and Child Health Month. This month also includes the Birthday of Paul Harris on the 19th of April.

- Address the issue of Mal nutrition's in Children and Pregnant Women
- Develop a Hygiene Education program for school going children
- Conduct Awareness Seminars
- Provide Low-income, Underinsured women with the knowledge, skills and opportunities to improve their diet, physical activity, and other life habits to prevent, delay, or control chronic diseases
- Promote School Health
- Promote the adoption of physical activity in early child care centres, schools and work sites





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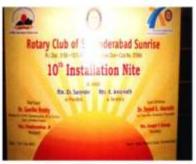
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Rotary Club of Secunderabad Sunrise RCSS/Archives / 2010...





Banner of Installation Nite



President Surender delivering his welcome address



Secretary Amarnath receiving Charter



Secretary Amarnath Information month long program



President Surender being Installed



Board of Directors for the year 2010-11



Masters of Cermony Rtn. Samir and Ann Ritu



RCSS Members, Guest and their Family present on Installation nite

The Installation of Rotary club of Secunderabad Sunrise was conducted at Hotel Minerva Grand at 7.00pm on 11.7.2010. Chief Guest of the evening was Dr. Geetha Reddy ,tourism Minister Govt.of A.P could not attend the meeting due to her indispostion. Guest of Honour Sri. Seyed Hasnain, Vice-Chancellor of hyderabad university graced the occassion. Asst. Governor Incharge Rtn. Ujjwwal Tibrewal attended the function.







Polio immunization day on 3rd Mar 2024 at Addagutta PHC





















R&D Engineers Profitable Ideas for Cones & Wafers Biscuits

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New Feature in this year

"Festivals Around The World."

Whether celebrating life or death, wildlife, religious deities, rowing, or even ice sculpting, festivals add another dimension to your travels. Streets thrum with music and kaleidoscopic parades, you might see traditional rituals that aren't performed at any other time, and you're fully embraced in local life as everyone joins in with the celebrations.

we shall share our pick of festivals around the globe that we feel are worth experiencing as part of a wider trip.

1. April 1: April Fools' Day, worldwide

Draw a Spider on the Toilet Paper Prank



Pranks and jokes—all out of love of course—characterize the first day of the month. Different countries have different ways to celebrate and pull a fast one on loved ones. Some even take it to whole 'nother level with farcical news reports and unusual art installations.





2. April 10-18: Bisket Jatra, Nepal



These celebrations for the eight-night/nine-day Nepali New Year take place mostly in Bhaktapur. Also known as the "festival after the death of the Serpent", Bisket Jatra rituals include the slaughtering of two snakes, a game of tug of war between the upper and lower town residents and a massive chariot procession with a statue of the god Bhairava.

3. April 13 – 15: Songkran, Thailand



This festival in honor of the Thai New Year is ultimately a three-day water fight to counteract the warm climes brought on by hottest month of the year. If you're in Thailand during this time, especially in a major city like Bangkok or Chaing Mai, you will get wet (unless you're elderly, a monk or carrying a newborn baby), so take precautions with valuables such as your phone and camera. And remember: if you can't beat 'em, join 'em, so pick up a Super Soaker and join in the fun!





4. April 12 – 21: Coachella, California



This legendary annual music festival takes place in the Colorado desert in Indio, California and is one of the world's most famous...and rollicking. The festival is structured as two consecutive three-day weekends, each with the same line-up. Artists from pretty much every music genre will take the stage.

5. April 18 – 22: Byron Bay Bluesfest, Australia



Since 1990, blues and roots music fans from around the world have headed to Byron Bay, south of Australia's Gold Coast, for Easter Weekend to pitch a tent at Tyagarah Tea Tree Farm for the annual Bluesfest. This year's edition will bring more than 200 performances from artists from all around the world over the course of five, 12-hour days. The lineup includes Ben Harper, David Gray, Iggy Pop, and Jack Johnson.





6. April 21 and 28: Easter, Worldwide



One of the most profound holidays in Christianity, Easter is celebrated on April 21 and 28 for Christians and Orthodox Christians respectively. Always, a cherished occasion, any European and South American countries are known for their Holy Week celebrations leading up to the holiday. Here are some of our picks for where to spend Easter.

7. April 26: New Orleans Jazz and Heritage Festival



The music scene in New Orleans is always hopping, but it's particularly tooting during the city's annual Jazz Fest, a local music and culture jubilee that is celebrating its 50th anniversary. Nowadays, it's a huge spectacle attracting performances from top name headliners in addition to local talent. The 2019 lineup includes The Rolling Stones, Dave Matthews Band, Santana, Van Morrison and more. Goes through May 6.





8. 22 April: Earth Day



Earth Day originated in the 1970s, and today 193 countries stand in solidarity to call attention to environmental protection so that our planet is a liveable place for the forthcoming generations. From reforestation to environmental liberty to ending plastic pollution to species protection, Earth Day shines a light on many important initiatives that are crucial to the long-term state of our planet.

9. April 27: King's Day, Amsterdam







This Dutch national holiday pays tribute to King Willem-Alexander on his birthday, a tradition that dates back to the late 19th century. Amsterdam pretty much becomes a three-day party! Locals sport orange in honor of ruling family, the House of Orange-Nassau, and take to the streets—and the canals—for parades and celebrations as well as to snack on tompouce, a local pastry. This year's festivities take place April 26–29.

10. April 29 - May 5: AfrikaBurn, South Africa



This regional outpost of the iconic Burning Man event, AfrikaBurn takes place in a desolate, desert-like expanse of Tankwa Karoo National Park where temporary artworks are exhibited, many of which are burnt towards the end of the event. Extravagant costumes, musical performances, mutant vehicles, and good company round out the fun.

11. April 30: Beltane Fire Festival, Edinburgh

This annual festival in the Scottish capital welcomes the warm weather with a Gaelic tradition that dates back to the Iron Age. Revived in 1988, the Beltane Fire Festival today is a boisterous celebration that culminates in a massive bonfire atop Calton Hill. In addition its obvious association with heat, fire was also considered a healer and a purifier, so the ceremony is a symbolic means turning over a new leaf, marking the start of the new season.











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Dear Sunrisers,

On 26.03.2024, we had visited the Sri Vidhyas Center for Special Children located at Mahendra Hills. In attendence were President Krishna Narela, Rtn. Vineet Giria, Rtn Samir Gupta, Rtn Pawan Tibrewal, Ann Rituu Guptha and yours truly.

Rtr Chetan, president of Rotaract Club Secunderabad Sunrise and their joint secretaryRtr Rakesh were also present for this project.

The club presented complete Kirana and food articles worth Rs 10000/-, which could serve the organization for one week of rations.

Mrs. Shanti Vekat, who was the main person running this institute gave a briefing about the place. It started about 25 years ago and had shifted to 13 different locations over the years before finally getting this place and building donated by two companies. The complete strength of the institute is about 140 children who are in the age group of 5 to 65 years. Even a 65 year old is called a child as they are taught to try and lead a life of trying to be self dependent of very small things in life like going to the bathroom in time, eating food on your own, some learning to read and write, etc..... each a special case. We could see that each and every special child needed special attention individually.

The beauty was the way they have maintained the place. They have seperate dormitories for males and females for the in-house residents. For those who attend only in the day, they have special buses which bring them and drop them back. They have very neatly maintained class rooms for different level of special children, a gym/ physical excersize room, a very neat and week maintained kitchen, 12 teachers and able support staff to manage the place.

In short, all of us who attended the project were of the opinion that we are very willing to support the institute should the need arise and could only say GOD BLESS the complete organization for their yeoman service in this specially needy area of human existence.

Rtn K A Ramayya Director Community Service, RCSS.























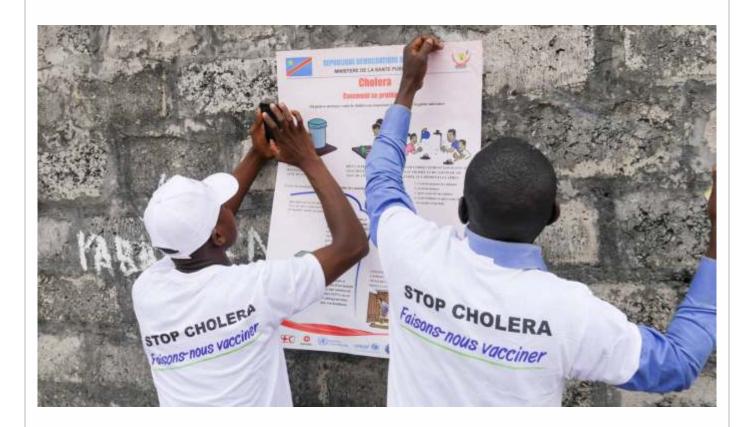












Cholera is an acute intestinal infection that spreads through food and water contaminated with faeces containing the bacterium Vibrio cholerae. The rise in cholera is due to persistent gaps in access to safe water and sanitation.

Cholera has been surging globally since 2021, with 473,000 cases reported to WHO in 2022, more than double those reported in 2021. Preliminary data for 2023 reveals further increases, with over 700,000 cases reported.

Currently, the most severely impacted countries include the Democratic Republic of the Congo, Ethiopia, Haiti, Somalia, Sudan, Syria, Zambia, and Zimbabwe. The disease, spreading through contaminated food and water, highlights severe gaps in basic public health services.

Ref: World Health Organization (WHO)







Millions at risk from cholera due to lack of clean water, soap and toilets, and shortage of cholera vaccine



Immediate action is needed to stem an unprecedented multi-year upsurge in cholera cases worldwide, according to the International Coordinating Group (ICG) on Vaccine Provision. Actions include investing in access to safe water, sanitation and hygiene, testing and detecting outbreaks quickly, improving quality of and access to healthcare, and fast-tracking additional production of affordable oral cholera vaccine (OCV) doses to better prevent cases.

The ICG manages the global cholera vaccine stockpile. The group includes the International Federation of Red Cross and Red Crescent Societies, Médecins Sans Frontières, UNICEF and WHO. Gavi, the Vaccine Alliance, finances the vaccine stockpile and the delivery of OCV. ICG members are calling for governments, donors, vaccine manufacturers, partners and communities to join in an urgent effort to halt and reverse the rise in cholera.

Cholera has been surging globally since 2021, with the 473 000 cases reported to WHO in 2022, more than double those reported in 2021. Preliminary data for 2023 reveal further increases, with over 700 000 cases reported. Several of the outbreaks have high case fatality rates, exceeding the 1% threshold used as an indicator for early and adequate treatment of cholera patients. These trends are tragic given that cholera is a preventable and treatable disease and that cases had been declining in previous years.

Cholera is an acute intestinal infection that spreads through food and water contaminated with faeces containing the bacterium Vibrio cholerae. The rise in cholera is being driven by persistent gaps in access to safe water and sanitation. Although efforts are being made to close these gaps in places, in many others the gaps are growing, driven by climate-related factors, economic insecurity, conflict, and population displacement. Safely managed water and sanitation are prerequisites for stopping the transmission of cholera.





Millions at risk from cholera due to lack of clean water, soap and toilets, and shortage of cholera vaccine

Currently, the most severely impacted countries include the Democratic Republic of the Congo, Ethiopia, Haiti, Somalia, Sudan, Syria, Zambia, and Zimbabwe.

Now more than ever, countries must adopt a multisectoral response to fight cholera. Members of the ICG call on currently and potentially affected countries to take urgent steps to ensure their populations have access to clean water, hygiene and sanitation services, and the information critical to prevent cholera's spread. The establishment of these services requires political will and investment at the country level. This includes creating capacity for early detection and response, enhanced disease detection, rapid access to treatment and care, and working closely with communities, including on risk communication and community engagement.

The severe gap in the number of available vaccine doses, compared with the level of current need, puts unprecedented pressure on the global stockpile of vaccines. Between 2021 and 2023, more doses were requested for outbreak response than the entire previous decade.

In October 2022, the ongoing vaccine shortage necessitated the ICG to recommend a single vaccine dose, down from a previous, long-standing two-dose regimen. Approximately 36 million doses were produced last year, while 14 affected countries registered a need for 72 million doses for a one-dose reactive strategy. These requests understate the true need. Preventive vaccination campaigns have had to be delayed to preserve doses for emergency outbreak control efforts, creating a vicious cycle. The change in strategy enabled available vaccines to protect more people and respond to more cholera outbreaks amid the ongoing supply shortfall, but a return to a two-dose regimen and a resumption of preventive vaccination would provide longer protection.

Global production capacity in 2024 is forecast to be 37-50 million doses but will likely continue to be inadequate to serve the needs of millions of people directly affected by cholera. Only one manufacturer, EuBiologics, currently produces the vaccine; while the company is doing its utmost to maximize output, more doses are needed. Currently, new manufacturers are not expected to join the market before 2025; they must be fast-tracked. The same urgency and innovation that we saw for COVID-19 must be applied to cholera.

Additional manufacturers planning to enter the market need to accelerate their efforts and make doses available at affordable prices.

We appeal to vaccine manufacturers, governments, donors and partners to prioritize an urgent scale-up of vaccine production, and to invest in all the efforts needed to prevent and control cholera.









Visited Trimulagiri RTO Machine working fine.



Visited Medchal RTO machine working fine.







OURS PAST PRESIDENTS



Rtn. Narender Gauri - 2001-2002



Rtn. Vaman Rao - 2002-2003



Rtn. Ajit Gandhi - 2003-2004



Rtn. Lokesh Jain - 2004-2005



Rtn. S.K. Verma - 2005-2006



Rtn. Rajesh Pamnani - 2006-2007



Rtn. B.S. Ravindranth - 2007-2008



Rtn. K. A. Ramayya - 2008-2009



Rtn. M. Chandra Sekhar - 2009-2010



Rtn. Dr.LR Surender - 2010-2011



Rtn. Shravan Malani - 2011-2012



Rtn. K. Amarnath - 2012-2013



Rtn. Phanindra Kumar - 2013-2014



Rtn. Bimal V Goradia - 2014-2015



Rtn. Sandeep Jhawar - 2015-2016



Rtn. Srinivas Gumidelli - 2016-2017



Rtn. Samir Gupta - 2017-2018



Rtn. Praveen Sharma - 2018-2019



Rtn. Pawan Kumar Tibrewala - 2019-2020



Rtn. Vijay Rathi - 2020-2021



Rtn. Ravi Ladia - 2021-2022



Rtn. Rajhans Banka - 2022-2023







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