 

Bulletin of

ROTARY CLUB OF TRIVANDRUM NORTH

**President: Rtn Ashok P Menon Secretary Rtn PP Sivaramakrishnan**

MARCH – Water and Sanitation

#  President’s message

There are a few months with five Wednesdays and March happens to be one of them. With five meetings, one board meeting and WinS in three schools it was a hectic schedule.

On 14th March we had a Joint Board and it was well attended. I should complement Rtn PHF Sunil Kumar for choosing a well balanced Board of experienced seniors and active new Rotarians. I wish all the very best to Sunil and his team.

Coming to the regular meetings the attendance in all meetings were very good (overall 70%) We had Sri Ayyappan Nair as chief guest in one of our regular meetings. He always comes with a bag full of humor and jokes.

The dinner meeting on 30th march was a memorable one. Sri K T Ravindran, Customer Care officer in SBT was inducted by AG G M Pillai. Rtn M C Jacob from R C Trivandrum was the chief guest. His talk and the video on the school for differently abled, managed by the club for more than 50 years was an eye opener for all. I personally feel that our club also should associate with this noble venture.

Dear Vichu thanks for your donation to the school.Three more WINS projects under one star category was completed this month. The schools are Deaf and Dumb School Jagathy, High School at Chackai anfd Vanchiyoor

Rotary International has designated March as **Water and Sanitation**. Already the summer temperatures are very high (may still go up) and we are seeing in newspaper and TV how people are struggling to get water for drinking and other daily use. Even in our state where we get reasonably good rains the situation is very grim. It is high time that proper measures like rain water harvesting, keeping water bodies free of pollution etc are sincerely undertaken. Otherwise the situation will get worsen with each year.

SATATION **WATER AND SANITATION**

Clean water is a basic need for human beings. When people, especially children, have access to clean water, they live healthier and more productive lives. However, at least 3,000 children die each day from diseases caused by unsafe water, which is what motivates our members to build wells, install rainwater harvesting systems, and teach community members how to maintain new infrastructure.

While very few people die of thirst, millions die from preventable waterborne diseases, providing the impetus for our members to also improve sanitation facilities in undeveloped countries. Members start by providing toilets and latrines that flush into a sewer or safe enclosure and then add education programs to promote hand-washing and other good hygiene habits.

# Water summit urges collaboration to quench world’s thirst

The water summit, the sixth convened by the Water & Sanitation Rotarian Action Group, aimed to match industry expert knowledge with Rotary-led projects. Brian Cook, a former Rotary district governor, talked about his district's initiatives with universities on water education in developing countries including Malaysia and India. Event organizers hope that participants took away a better understanding of how they can collaborate and partner with other organizations.

Seth Womble, a former Rotary Group Study Exchange student, is now partnering his organization, Water Missions International in South Carolina, United States, with Rotary clubs to take on urban water issues in the U.S.

"Rotary is invaluable when it comes to understanding local needs," he said. "Their knowledge base and matching the right players with the right connections helps water projects not just succeed but thrive."

"There is a tremendous amount of energy in Rotary water projects," said Tom Thorfinnson, past RI vice president and member of the management team for the water action group. "These initiatives matter because there are tangible results. But we can't do it alone. We can be infinitely more successful by working with outside groups."

Breakout sessions focused on collaborating across Rotary's areas of focus, advocacy and education, and monitoring, evaluation, resolution, and learning. Keynote speakers included Dr. Robert Scott, chair of the Rotary International Polio Eradication Committee; Braimah Apambire from the Center for International Water and Sustainability and the Desert Research Institute; Juliet Willetts, Institute for Sustainable Futures, University of Technology; and Peter Crowley, UNICEF's chief of Polio.

**TAKE ACTION**

1. Improve sanitation facilities by providing toilets and latrines that flush into a sewer or safe enclosure. AND SANITATI
2. Promote good hygiene habits through education. Proper hand washing with soap and water can reduce diarrhea cases by up to 35 percent.
3. Implement rainwater harvesting systems to collect and store rainwater for drinking or recharging underground aquifers.
4. Provide home water treatment capability, through the use of filters, solar disinfection, or flocculants, to make drinking water safe.

Promote low-cost solutions, such as chlorine tablets or plastic bottles that can be exposed to sunlight, to improve water quality

Hearty Congrats

**Dr K S Sindhu daughter of Rtn Sivankutty and ann Sethu Sivankutty secured FIRST Rank in MD (Anatomy) in the examination conducted in November 2015 by Rajeev Gandhi University, Bangalore.**

**Miss Neha Sabin daughterof Dr Sindhu and grand daughter of Rtn Sivankutty and ann Sethu Sivankutty secured GOLD Medal in English International Olympiad Examination. She is studying in 6th Standard.**

**We look forward to many more laurels to this amazing family**

# Council on Legislation

Top of Form

Every three years, Rotarians meet at the Council on Legislation to review and vote on proposed legislation. The Council gives us a voice in how our organization is governed.

### What the Council does

Each Rotary district sends a representative to the Council. Representatives deliberate and act upon all proposed enactments and resolutions. Enactments seek to change Rotary’s constitutional documents, and resolutions express an opinion or make a recommendation to the RI Board. The RI Board reviews and acts on resolutions adopted by the Council and items referred to the Board.

# Council on Legislation to meet in Chicago 10-15 April

Representatives from Rotary clubs worldwide will gather in Chicago 10-15 April to consider changes to the policies that guide Rotary International and its member clubs.The Council on Legislation meets every three years and is an essential part of Rotary's governance. The representatives -- one from each Rotary district -- review and vote on proposals that seek to change Rotary's [constitutional documents](https://www.rotary.org/myrotary/en/learning-reference/policies-procedures/governance-documents) and on resolutions that express an opinion or make a recommendation to the Rotary International Board of Directors.

Many of this year's proposed changes are designed to increase membership by giving clubs greater flexibility in the timing and the nature of their meetings. Other proposals would amend membership requirements.

Over the decades, Council representatives have debated virtually every nuance of Rotary policy and membership and attendance rules. The five-day meeting is one of Rotary's primary agents for change, allowing the organization to evaluate and enhance its relevance in a rapidly changing world.

Bottom of Form



4th March Leela Kaimal ann of Dr Madhava Kaimal

6th March Anand annet of Sivaramakrishnan

7th March Sreegopal annet of M G S Sreekumaran Nair

7th Maya annet of Rtn Dr Ashok Kumar

8th March Rtn V Krishnan Nair

11th Sreelekha ann of Sunil Kumar

12th Rtn T S Mahesh

12th M G Sreekumaran Nair

17th Sajni Varghese Ann of Varghese Oommen

21st Prabil annet of Jacob K George

26th Rtn K I Koshy

30th Anand annet of K N G Kaimal

31st Sindhu annet of K N Sivan Kutty



15th Dr Anand & Sindhu

26th Rtn Giridharan Nair & Lakshmi

27th Anil Kumar & jasmine Anil

**Along came a virus: Here’s why people are panicking about Zika**

Just as the world seemed to be coming to terms with incurable ailments such as AIDS and ebola, in flew the aedes aegypti mosquito – also the carrier of dengue, chikungunya and yellow fever – with a whole new challenge for the human race. Named after the Zika forest in Uganda, where it was observed in rhesus monkeys for the first time, the virus is responsible for one of the most alarming health crises to hit Brazil in decades: Thousands of babies are being born with unusually small heads.

Here’s everything you should know about the Zika virus.

**What’s with all the panic?**

Soon after the virus appeared in Brazil around November last year, the country saw a sharp jump in cases of microcephaly – children born with contracted heads, severely limiting their mental and physical abilities. Officials say they have found 4,180 suspected cases of microcephaly since late October, though only 270 have been confirmed.

**What are its symptoms?**

Around 2-7 days after getting bitten by an infected mosquito, the affected person is affected by a mild fever accompanied by skin rash, conjunctivitis, muscle and joint pain, and general malaise. It lasts no more than a week.

**Can a Zika virus infection prove fatal?**

Considering that Zika is a new virus with very limited geographical and demographic distribution (at least till now), there is no evidence of it causing fatalities. Nevertheless, there have been reports of people with pre-existing medical conditions being further weakened by the ailment – resulting in their death.

**How does the Zika virus spread?**

The aedes aegypti mosquito is the most able carrier of the Zika virus. However, it can also be passed on from mother to child, blood transfusion and sex. It is not known to spread through impersonal person-to-person contact.

**Does it have a cure?**

The infection has no known cure or vaccine. However, its effects can be minimised through symptomatic treatment for pain and fever. Doctors also recommend relaxing and drinking plenty of water to control the fever.

**Which countries have fallen to Zika, besides Brazil?**

Most of the Zika-hit nations are located in Latin America and the Caribbean. They are Colombia (16,419), Caribbean nations (at least 200), Ecuador (33), Bolivia (4), El Salvador (2,474), Guatemala (68), Mexico (18), Panama (42), Costa Rica (1) and Nicaragua (2).

**Can it come to India?**

India is particularly vulnerable to mosquito-borne diseases, something aptly demonstrated by the 40,197 dengue cases that cropped up in 2014. All that’s needed by the virus to arrive here is a single Zika-affected person walking out of a plane from Brazil.