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“Leprosy work is not merely medical relief; it is transforming frustration of life into joy of dedication, personal ambition into selfless service” – Sri Mahatma Gandhiji

Fight against Leprosy has made major strides in the last few decades. The world has come a very long way indeed when in 1897; the First International Congress in Berlin declared that it was incurable. Conversely, we, who are in the midst of the fight against this disease, know that much has been done towards the goal of elimination of this disease.

Dr. Vijay Pannikar of WHO, in his recent presentation at the Annual conference of State Leprosy Officers shares his views on the present situation globally:

- There is a decline in the number of cases
- Diagnosis standardization has been formulated
- There is an improved surveillance system
- More than 14 million cases have been cured during the last 18 years,
- In 1985, if 122 countries registered a prevalence rate of above 1 per 10,000 population, now its just 9 countries.
- From 80+ countries with more than 1,000 new cases in 1993, the figure has dropped to just 18 countries.

The table below should give a fair idea of how the disease is being controlled

Number of registered patients	#Countries 1993	#Countries 2003
More than one million	1	Nil
30 000 to 300 000	6	2
10 000 to 30 000	18	1
5000 to 10 000	14	8
1000 to 5000	48	7

Dr. Vijay Pannikar said the main challenges ahead is in strengthening in the areas of *Surveillance and monitoring, MDT supply logistics, IEC, training and referral network.*

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MOB's Achievement Statistics for 2004



The Project has detected 322 new different categories of disabled persons and about 1164 PWD have undergone for medical assessments. So far 90% of them have been benefited. 418 different condition of orthopaedic clients had undergone for physiotherapy and 55% improvement has been made in this process. 375 children with Speech/Hearing Impairment have benefited by speech therapy and about 675 PWDS have been provided by different types of Aids and Appliances. About 1000 children of the primary and higher primary school children were screened to detect eye defects like myopia and hypermetropia. Children with MR and SHI were taken to All India Institute for Speech and Hearing (AIISH) for medical assessment. 6 camps have been conducted from which more than 250 CWD have benefited.

Three summer camps were conducted for CWD and for normal children in Mandya, S.R. Patna and Pandavapura taluk in order to integrate the CWD into the normal schools. About 65 CWD's have been admitted in special schools as per need of their education. 297 PWDS have undergone Non-Formal Education through the help of the Project volunteers and community. The Project has helped 62 school going children to get disabled student stipend.

About 451 PWDS have been helped to get their physically handicapped maintenance allowance. More than 52 differently abled persons have been given different types of vocational training

according to their abilities. Few PWDS are going for printing, tailoring and cover making and are helping to improve their family income. Meetings were conducted at the village level to educate the parents on disability, causes and preventive measures. In order to bring knowledge about disabilities Act the Project has conducted 133 programmes for the Panchayat members, communities and for the village leaders. 26 role plays, 24 street plays and 48 TV shows were being conducted at community level (village) on disability, leprosy, AIDS and on other social evils.

Tsunami Rescue-Efforts



Sumanahalli Project in the relief activity in one of the Tsunami hit area in Tamil Nadu

The world was shaken at the impact of the earthquake in Sumatra and creating havoc through giant waves causing great loss to the South-East Asian countries in terms of both human and materials. While governmental agencies are doing their best, several other voluntary organisations have joined hands in the relief and rehabilitation activities.

AIFO too plunged into action sending teams of dedicated doctors headed by Dr. Manimozhi and volunteers to the affected areas. AIFO supported Sumanahalli and Gudivada projects are already taking up rehabilitation works. Sumanahalli lead by Fr. George Kannathanam, apart from distributing food, clothing and boats, has also taken up construction activities. Gudivada project is working on de-salination of the affected areas and providing safe drinking water in Andhra Pradesh.

Group supports group



In a normal scenario, members of a group work together for the perspective of the members. In S I Honalagere it was proved in a different way. Other group members of the same village are supporting one to one with their specific expertise and experience.

Project staff have formed two SHGs in S I Honalagere, one consisting of 9 members among which 5 people are affected with leprosy and other consisting of 12 members. In S I Honalagere there are 25 people with disabilities including 5 persons affected with leprosy.

Sri Huruganamma Self Help Group meets once in 15 days and discusses about its problems and tries to find solutions for them. This group has linkage with Sri Vishweshwaraya Self Help Group and Taluk Level Disabled Persons Association (TLDA) at Maddur.

This concept was conceived by the project people. All the SHGs in the target area are registered to TLDA and needed groups can utilise this fund for the betterment of their group. Apart from the funds TLDA and SHG work more closely towards self-reliance and dignity.

During the meeting period Sri Huruganamma SHG invites Mr Madhe Gowda, one of the enthusiastic members of Sri Vishweshwaraya SHG, member of TLDA and one of the executive members of District Level Disabled Persons Association. He provides guidance to the group as to how to lead the group and other such ideas, which helps the project and the group.

Ningashetty, man with a strong will

“I learnt how to make rope and assemble the rope making machine myself only by seeing a sample of the machine”

Ningashetty (now 50 yrs) had found patches on his stomach and hands way back in 1965 and had consumed tablets for more than 20 years. The doctors declared that he does not have any leprosy. But he is left with deformity and loss of sensation in hand and legs. The deformity did not deter him from leading a meaningful life. He earns his livelihood with small agricultural work, rearing the sheep and rope making.

“I learnt the process of constructing the machine and rope making all by myself. I prepared the machine with three small hooks and a ball bearing with the cycle chain which is fitted to a frame. To avoid getting pain while pulling the rope, which has tension I prepared a holder with the cycle peddle and a supporting pad. Now, I earn Rs. 10/- per rope.” says Ningashetty.



He is the member of SHG and actively takes part in the SHG activities. He is also getting PHP from the government. Project Staff have identified that he is gradually getting hearing loss problem. Initially the problem was mild. Now, he has moderate hearing loss. Project staff oriented other members of the group to support Ningashetty with more orders for rope making.

***Intercountry Meeting of National Program Managers for Leprosy Elimination, Kathmandu 6-8 Jan 2005
- A Report***

Three countries - India, Nepal and Timor Leste which have not yet achieved elimination, are targeted to achieve the goal by December 2005. However South-East-Asia region has made substantial contribution to the achievement of leprosy elimination globally. Of the nearly 14 million cases globally cured with MDT, 11.8 million persons are from SEA region; more than 10 million of them from India. The political commitment continues to be sustained in all countries which are implementing critical and focused activities. Leprosy services are integrated in the general health services in all countries. However, the integration needs further strengthening. WHO will continue to provide technical support to member countries to achieve national and sub-national elimination and assist the countries in mobilizing the required resources and in strengthening the partnerships.

WE CARE's concern for prisoners

Making inroads into the neglected sector of prisoners, WE CARE an AIFO supported project, has in co operation with the prison ministry, India, has extended its network to help deserving convicted prisoners go on parole for 60 - 90 days. WE CARE will assist the families of these prisoners by bearing the surety deposit needed to secure the parole.

WE CARE hopes that the parole time spent with their families will help them get rehabilitated and eventually get integrated back into the society. AIFO wishes WE CARE the best in this endeavour.

Finding a way out of the maze (maize)!: WATCH's initiative with women in Nepal

Mr. Jose, AIFO Representative visited WATCH in Nepal after his participation in the WHO Intercountry meet of National Program Managers for Leprosy Elimination held at Kathmandu from 6-8 this month. On 10th he and Ms. Sarmila, from WATCH, Nepal visited Devichour ward of Latipur district, high on the mountain and saw some activities.



This photograph was taken on the way, where a woman is seen sitting with her maize arranged like a pine tree. This is a common scene on the mountain tops of Nepal where women carry loads of Maize down for sale which is their

main source of income.

WATCH has been doing great work organising women, and instrumental in creating health consciousness by mainly bringing the women into Self Help Groups and empowering them in taking up social and community issues. In order to make the disabled persons of the community to be a productive member, there is an effort put forth in every way to integrate the disabled persons into the community.

Words of Wisdom

If motivation doesn't come from within, it doesn't come. Fun helps remove the barriers that allow people to motivate themselves.

-Herman Cain

To,