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Fun and frolic at Mandya summer camp



This summer vacation saw MOB organizing summer camps for children at Pandavapura and Mandya taluks.

Every feature of the summer camp was significant and socially useful - right from the participants themselves. The camp at Pandavapura saw a healthy mix of 80 disabled children and 20 abled children while the Mandya taluk saw 140 children of whom 110 were disabled.

The camps which found full participation of the DPO, had significant contribution not only from the staff of MOB but also the inmates of the Ranganatha Leprosy colony at Mahadevpura.

The leprosy patients and their families who are themselves poor, however showed they are rich in heart by donating 25 kgs of rice and 150 plantains for the camp. The rest of the rice was donated by the disabled.

Children were taught singing, dancing, role play and more significantly, social values.

Director of MOB Sr Leela who spent much time with the children taught them the all important lesson of accepting each other irrespective of caste, religion and physical state. She told the little ones that people should accept and love each other. "We have to accept Gods creation," she told them. MOB had to pay only Rs 1000 for the three day camp thanks to the cooperation of the patients and their families and the villagers, according to Sr Leela.

The closing day of the summer camp was held on May 19. The preparations for the one day programme saw villagers entertaining those gathered on the night before with song and dance.

Villagers who took great interest in the goings on even cooked chicken for the MOB staff and provided breakfast for them. The

disabled contributed all the food items required for the gathering on that day.

The camp was a learning experience not only for the children but for all the adults involved too...

Simple solutions

Patients can be very resourceful indeed when it comes to safeguarding their cultural values. Often there is much we can learn from them.

A female patient in a village had to show a particular part of her body which had patches suspected to be leprosy to a male doctor.

Instead of shying away from the entire process, she safeguarded her community values and at the same time made use of the medical facility.

She used the simple but very effective idea of slitting her dress at the spot, just enough to show the patch. Her modesty as per the dictates of her community remained untouched and she succeeded in getting a proper examination done.

Upcoming events:

May 20th to June 10th: Leprosy elimination monitoring exercises at national level. AIFO teams participate in LEM exercise organised by the GOI along with other ILEP members

June 4th and 5th: National consultation on Development of strategies for advocacy strategies for the elimination of leprosy organised jointly by the International Leprosy Union in collaboration with WHO and the Nippon Foundation at Delhi. AIFO medical coordinator Dr N Manimozhi participates.

July 1st onwards: The tenth batch of the CBR Tarabethi, a four month CBR training course starts on July 1st at Ramana Maharishi Academy for the Blind, Bangalore. So far, 85 people have completed the course.

AMICI DI RAOUL FOLLEREAU

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Eliminating leprosy: The end of a long road

(Amici News features one project partner in every issue. The featured organisation this month is Assisi Dermatological Centre, Gudivada, Andhra Pradesh -The news desk)

The Gudivada leprosy control programme started in the year 1980, in response to the high prevalence of leprosy in and around Gudivada and Machilipatnam at that time. The situation was so bad that at least 120 out of every 1000 leprosy patients in the town, were of the highly infectious type.

Systematic and scientific approach to treatment according to WHO and NLEP guidelines along with regular surveys has helped improve the situation considerably.

The prevalence rate in the area is today 1.03 to every 10,000. Translated into layman's terms, this means that the efforts of the last 23 years by the project have borne fruit and leprosy is coming to elimination point in the project area.

With leprosy work well under control, ADC in 2000 took up CBR activities. Initial survey showed that there were over 600 disabled persons in the area. Much work has gone into this field also with the results showing that nearly 35 per cent of the disabled in the area are rehabilitated. Not stopping at that ADC has helped over 60 disabled persons to obtain identity cards from the Disabled welfare department.

ADC now extends its hands to mentally challenged children, patients with cerebral palsy in addition to organising sexual health awareness programmes.

The strengths of this project come from responsible and committed staff, feels Dr Sr Prashanthi Mary,

Y S Ramesh-A beacon of hope

(This case study is a little different from the leprosy or disability cases that we usually come across. AMICI news has featured the story of Y S Ramesh, with disability owing to HIV, with the hope that his story will become a source of inspiration to HIV patients who have lost all hope).

When twenty eight year old Ramesh was brought to the Assisi hospital in Pedana, he had already become paralysed waist down with a loss of bladder and bowel function.

Ramesh who is married and has a ten month old child to support, was unaware he was a HIV patient until he saw the hospital investigation sheets. "It was a shock to me. I felt totally shattered. I did not want to live

anymore," he says. Sentiments expressed by countless HIV patients across the world.

What little took to make Ramesh's case different, is a lesson for all to learn.

"The love and care that I received not only from my parents, but from my wife and my in laws and the hospital staff, helped me tremendously," Ramesh recalls. "They were there constantly giving me care and support," he adds.

At the hospital, Ramesh's life slowly started limping to normal. The hospital staff sometimes even resorted to manual removal of stools, a function that he had totally lost.

Weeks of medication, treatment and physiotherapy later, Ramesh's bodily functions were restored to normal. Able to support himself with a metallic cane, he was able to walk one to two kms at a stretch.

One and a half months later, he returned home to take up a supervisory job at a hotel close to his house.

His words sum up the effort that went into integrating him back into society-"It was only when I started walking outside my house and meeting people that I started to gain confidence. Now I am able to drive a scooter and visit my friends. I can relate well with my family members and my wife. I think I shall be able to do some good to them for all the trouble they have taken for me."



WORDS OF WISDOM

If there were in the world today any large number of people who desired their own happiness more than they desired the unhappiness of others, we could have paradise in a few years.

Bertrand Russell

MDT drug logistics-Part 2

AIFO medical coordinator **Dr N Manimozhi** continues his important article on how to make sensible use of the Multi Drug Therapy (MDT) Blister Calendar Packs (BCPs).

Last issue, I made a comment that BCPs are expensive gifts made freely available to our patients, let me bring the actual figures to you.

It seems that each MB BCP works out to about 3 dollars and PB BCP to about one dollar. It is indeed that they are expensive and certainly should not go waste. Let me remind you again the first in first out (FIFO) policy so that they don't go waste.

Now, coming to the formula to the assessment of BCP stock in your pharmacy, the formula is 'Patient month BCPs stock'. It means, BCPs stock in months according to the number of patients expected to be treated in the next quarter.

Calculation:

Number of Blister packs of each category [PB(Adult/child); MB (Adult/child)]

Number of cases detected during the previous 3 months, in each category [PB(A/C), MB(A/C)]

Example: Number of BCPs- MB adult =30

Number of MB adult =10

$30/10$ =three patient month BCP stock

It should ideally be three for all categories. (MB-adult/Child, PB-adult/child)- should not be less than three and not more than six months.

- If less than three – indent for supply
- If more than six – check expiry date and use the quantity in order of earliest to latest expiry. Relocate extra stock wherever needed.

Source: Simple information system SIS –Government of India

[Next month: How to make an estimate of MDT for your project]

Project speak: Assisi Leprosy Centre-Hoovinahadagalli

The state government may have formulated several programmes for the disabled. In reality how much really reaches them? Not much, say the Hoovinahadagalli Disabled Federation.

This point was put across at a two day training programme conducted by CBR coordinator Mr Jayanth Kumar during his five day visit to the Assisi Leprosy Centre, HB Halli from April 2 to April 6.

Participants candidly pointed out that information useful to the disabled often does not reach the PWD. This is basically owing to the lack of interest on the part of the government, they felt.

The federation however felt that it is easier to the privileges granted to the PWD through the united effort from the federation itself. At H B Halli, Mr Jayanth found that one of the significant progresses of the project is that two DPOs are facilitated at taluk level. Though they are in the initial stage, they have realised their roles and responsibilities in CBR.

Another important factor is that about 70 per

cent of the survey in the taluk has been completed by some of the CBR personnel trained in Hoovinahadagalli.

At another project visit to Shantha Jiva Jyothi on April 23rd and 24th Mr Jayanth held discussions with the project on the preparatory activities of the next three years.

Meetings/Events

May 7th and 8th : AIFO medical coordinator Dr Manimozhi organised the Karnataka and Chittoor DTST meeting at the AIFO office, Bangalore.

May 14th and 15th : The ILEP member representatives meeting was held at Bangalore. The meeting was hosted by AIFO and American Leprosy Mission.

May 16th to June 1st : AIFO organised CBR training for staff of Sumanahalli and Shantha Jiva Jyothi. This session saw thrust towards practicals, and the participants were sent on field assignments in the second week of the training.

May 26th and 27th : ILEP partners AIFO, NLR and TLM meet at Lucknow, Uttar Pradesh to review DTST work in the state.

Free regional vocational training: The regional vocation training centre at Vadathorasalur, Villipuram district, Tamil Nadu is offering free training for leprosy affected person and children of leprosy for the year 2004 – 2005. Last date for application is June 25. For details contact The principal, RVTC, Vadathorasalur, Thiyagdurgam post, Kalkurichi taluk, Villipuram district, Tamil Nadu 606 206. Telephone: 04151 233835 tlmvtcvada@satyam.net.in

Can the society be blind too?

{The obnoxious practice of the Devadasi system where young girls 'married to God', are pushed into prostitution has not spared even disabled women. AIFO CBR coordinator, Mr Jayanth Kumar brings you the second part of the three part series on such cases}

Life for 20 year old Durgamma of Yedrammana village in Hagari Bommanhalli taluk in Bellary has never been easy. Born into a large family with four siblings, Durgamma was visually impaired from birth. It was this disability that led her own mother Kamamma to decide to induct her into the reprehensible Devadasi system.

This, when one of her siblings is being educated and another working in the agricultural sector.

When the Assisi Leprosy Centre CBR staff visited Kamamma, her excuse for inducting Durgamma into this system was a small incident in the local bus.

"Once while travelling in a bus, I told the conductor to drop my daughter at a bus stop near our house. Instead of doing this, the conductor made her get down in the next stop. It was a harrowing experience not only for her, to find her way back home but also for us. Since then we have not sent her anywhere," Kamamma told CBR workers.

To compound matters, she claims no one came forward to marry Durgamma and finally she decided to make her a Devadasi.

Even the police who attempted to stop the ritual went away, after they were told that she was being married to the God, Kamamma claims.

"Durgamma will not indulge in 'anything bad'. She will remain with us and do the household work. We will look after her well until we are alive, afterwards, it is only up to God to take

Consider this....

Who is disabled?

If you fail to see
The Person
But only the disability
Then who is blind?

If you cannot hear
Your brother's
Cry for justice
Who is deaf?

If you do not communicate
With your sister
But separate her from you
Who is disabled?

If your heart or mind
Does not reach out to
Your neighbour
Who is mentally challenged?

If you do not stand up for the
Rights of all persons
Who is the cripple?

Your attitude towards persons with
disability
May be our biggest handicap
And yours too....

Anonymous

care of her," she says. Can we believe that this is all there is to this story?...

Book Post

To,

