

Shame!

AMICI voices its strong protest against the violation of basic human rights by villagers in Belamaranahalli of Kolar district. The shocking story is that the villagers exhumed the body of 80 year old Sadappa from a common burial ground and threw it into the open fields-whether it is because he had been afflicted with leprosy or because he belonged to the scheduled caste community has not been clearly established. A leading English daily has reported that the villagers



are saying that in future bodies of patients affected by leprosy would be burnt and not even be allowed to be buried.

A team from AIFO supported project Sumanahalli headed by Fr George

Kannathanam visited the village and registered a protest with the deputy commissioner and health officer concerned. While the deputy commissioner has promised that a complaint would be lodged with the police, the Sumanahalli project has decided to take the fight further. They will be holding public protest at Bangalore shortly, says Fr Kannathanam.

The protest rally will be held at MG Road in Bangalore on November 5.

Views and support are welcome by way of mails or participation in the rally.

Bangladesh: Street corner lessons in hygiene



•A drain pipe of a privy is let out directly into the adjoining pond. A bore well stands innocuously right next to it, pumping in water for consumption-no one can prevent the contamination from the contents of the drain from seeping into the bore well water...

•A little girl finds it difficult to step out of her house, thanks to the slush that is ever present like a small lake right outside the door.

These are but two examples of the sad state of health and hygiene in a slum in Khulna, Bangladesh where our project works.

No wonder then, that our project staff take health education to the peoples doorsteps.

When AIFO representative Mr M V Jose visited Khulna recently, he saw that for our project staff, narrow by lanes, tea shops-all became handy spots for educating the people about leprosy, TB and the basic tenets of hygiene.

This becomes especially important since tuberculosis and water borne diseases are rampant in the place.

And so our staff walk through the slums, holding posters and explaining simple ways and means to avoid contracting the diseases.

All this is being done under the able leadership of Dr Lorella, director of the project.

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Your views please.....By Dr N Manimozhi

This issue, let me present two interesting case studies and throw open the court for your views...

Case 1

Twenty four year old James had patches over his body for about one year and went to a health centre for treatment. He was carefully examined and leprosy PB was diagnosed and PB MDT initiated.

He was late for his 3rd and 4th month treatment. The health workers duly visited his house and motivated him to continue his treatment regularly. This he did and noticed some positive changes and realised that he had completed the prescribed six doses of treatment.

The story did not end there. He was convinced that there was some improvement even though the patches did not disappear. So, he felt that if he could take treatment for some more months, it would be better for him despite the fact that he had been told that six doses was enough for him. This was an idea important to him as a patient (This was the view of the patient).

He approached the health facility and honestly made his request with the medical officer.

The medical officer explained to him that the WHO recommendation for the disease as experienced at this level required only six doses. Explaining that extra MDT is not necessary, he declined the patient's request. (This was the view of the medical world).

On one side we have the protocol which is important to the programme, and on another the social aspect related to the patient.

The question here is,

Now what would Mr James do?

And what could the Medical officer have done in such a situation?

Case number 2

Here is another interesting situation for you.

A male patient aged 35 years, and a resident of Orissa was diagnosed as having multi bacillary leprosy and had treatment for six months.

It so happened that he had to leave his home town and move to a new state altogether.

He had completed the blister pack given to him and since he was concerned about his disease, he approached the nearest health centre.

The medical officer and the pharmacist held discussions about this case. The pharmacist suggested that MO give him one blister pack and advice the patient to continue his treatment from his native place. Both the MO and the

pharmacist were convinced that they should not register the case...

Now, what do you think would have been a better alternative?

AMICI news would be glad to hear your views.

Send your replies to AMICI news on aifo@touchtelindia.net.



Special Event

AIFO is happy to announce the arrival of Dr Sunil Deepak, director, medical and scientific department, AIFO-Italy and president of ILEP on a visit to our Indian projects.

Apart from a one day meeting with the staff of MOB and SRMAB at Mandya on November 29th, Dr Sunil Deepak will also attend a special programme at MOB on October 30th. He will visit the Bhalki project before the ILEP general assembly..

Christopher Reeve: The lesson in his life for us



I never knew about Christopher Reeve or for that matter comic book hero Superman either.

Hailing from Goddapur, in Orissa, I was one of the countless children in India succumbing to a polio attack which left me physically challenged in my lower limbs.

Given the economic situation at home, I was raised by nuns and educated. That is how, at the age of 35 years, I can now read newspapers. And that is how I came to know that Christopher Reeve died on October 11, this year.

In his life and death, I think there is much that we, who have some kind of disability, have much to learn.

You see, Christopher Reeve, a Hollywood actor who brought comic book hero Superman to life, joined our ranks, when a riding accident left him paralysed neck down. This happened at the peak of his life and career.

Though he even contemplated suicide, as he candidly admitted once, Christopher Reeve ultimately rose to the challenge of his disability and died after being a Superman in real life!

Words of Wisdom

To accomplish great things, we must dream as well as act.

Anatole France (1844 - 1924)

Meetings/Events

Oct 11th to 17th :AIFO representative Mr M V Jose visited Parbatya Boudda Mission and Khulna projects at Bangladesh.

Oct 11th and 12th : Medical coordinator Dr N Manimozhi attended review meeting of DTST coordinators at Ranchi.

Oct 11th to Oct 20th : CBR coordinator Mr Jayanth Kumar visited Don Bosco project at Lucknow and St Josephs Service Society project at Chandpur to impart CBR training to the staff at the projects.

Oct 20th: AIFO director,medical and scientific department Dr Sunil Deepak made a courtesy visit to health secretary Ms Rita Teotia. He was accompanied by Dr C S Walter(TLM), Dr Rajan Babu (TLM) and Mr Jose.

Oct 22nd : AIFO hosted a specially convened ILEP meeting at Bangalore.

Oct 26th to Nov 2nd : Jayanth on a project visit and physio therapy training at Bellary.

No, I am not talking about flying or fighting crooks, Christopher Reeve became a 'Superman' in the real sense when he refused to let adversity take the better of him.

He set up the Christopher Reeve Paralysis Foundation to champion the development of treatment and cures for paralysis caused by spinal cord injury and other central nervous system disorders. No mean effort this, considering that he could not even move his neck!

Aren't we, with lesser disabilities much more fortunate?

Does not this show us that we can triumph not only our disability but expand our vision to help others too-just like Christopher Reeve?

-By Carmela Nayak



Award

We are proud to announce that our Bidar project ORBIT has won the Surabhi award for the best NGO in the district level for the year 2002-2003.

We congratulate ORBIT director Fr Santosh Dias and the staff for their sincere and hard work, which has found recognition through this award.

We also welcome the new bi monthly newsletter begun by ORBIT since August this year called the Jana Sannidhi in Kannada.

Upcoming events

Nov 4th to 6th : Debriefing of DTST UP evaluation and planning workshop of ILEP members at Lucknow.

Nov 17th and 18th : ILEP member representatives meeting at Delhi.

Nov 23rd :Ninth quarterly review meeting of state/zonal co ordinators and consultants (NLEP) and DTST at Delhi.

Endorse the World Dignity Day promoting equality for all. E mail worlddignityforum@yahoo.com.

Chandpur Project: A pioneer in Inclusive Education

In a country with an estimated population of the disabled at over 38,000, San Jose Puram Childrens village for Rehabilitation is one of the pioneer enterprises in the field of rehabilitation of the children



and adults with disabilities in a rural set up.

Set in a sprawling area of 25 acres in Chandpur, Faridabad district of Haryana in Northern India, San Jose Puram is the realisation of a long cherished dream of Fr Sebastian

Vadakumpadan. Fifty five kms away from the busy and

polluted streets of Delhi, San Jose Puram which is fashioned to be an inclusive school opened its doors in 1996.

Apart from an inclusive institute, San Jose Puram has five children's homes that provide integrated hostelling for the disabled and destitute girls.

Adults with disabilities are also trained at San Jose Puram in vocational skills like horticulture, carpentry and rural crafts turning them into fruitful bread winners of their families.

The central focus of San Jose Puram is the Infant Jesus inclusive school with its 481 students. Complete with a lab and a library, it has five classrooms and 30 teachers of whom four are special educators.

For the vision impaired, ten computers have been provided and special software has been acquired for the mentally challenged.

Other facilities include Braille books, geometry kits. Apart from all this, the centre is also active in CBR programmes, forming SHG for women, conducts training for student social workers.

A unique feature of this project is that libraries have been established in ten villages as a post literacy programme, the centre's literacy programme in collaboration with the national literacy programme has succeeded in making 90 percent of the adults here literate.

The centre plans to become a full fledged research cum resource centre in the field of holistic rehabilitation of the persons with disabilities.

Chowdary: Fashioning a colourful world...

Deft fingers fashion intricate designs in eye catching combinations of maroon and orange, yellow and green for bamboo stools(modas)- they are the only bright spots in



the otherwise almost dark room...and the person making them, will never know what a colourful sight they make- For, 55 year old Dhal Chand Chowdary is visually impaired.

Hailing from Bhadrapur village near Chandpur, Chowdary lost his eye sight at the tender age of three, thanks to small pox. Eldest of three sons of a poor farmer, Chowdary today cares for his 80 year old mother, all by himself. Neither of his brothers who have normal sight are shouldering the responsibility as willingly and well as Chowdary does despite his disability.

Chowdary learnt his trade 30 years ago through a six month government vocational training programme. Spending his early years grazing cattle, Chowdary however, took up Moda making as his main source of livelihood only after the Chandpur project staff identified him during a survey of the disabled in his village four years ago. Since then, Chowdary who was given the job of moda making in response to his plea for employment makes one moda in two days, earning enough to support not only himself but also his mother.

To,