



## When patients play the role of Health Educators

The process of drastic change in the values and beliefs commences with helping the individual in questioning his/her views on others reflected in their own behaviour.

The basic task of re-education can be viewed as one which brings about change in the individual's or the group's social perception. Only by such change in social perception, can any change in the individual's or the group's action be realised. How does one bring about change in social perception? Has the patient have any role to play in the change process?

A process of development of a positive self-image for the patient has to be initiated. Cleanliness, personal hygiene and respect-evoking social conduct of the patient will be the major plank for evoking responsive, dignified treatment from the non-patient/general community. Selected patients can play the role of "Health Educators" amongst the small neighbourhood groups through narrating their own experiences. They can even play the 'Physiotherapy-practical-demonstrator' role. On the strength of their own experiences, they can address patients far more effectively than even the field workers. This will be possible because of the lesser gap between them and their patient community. As they are amongst the patients and the local communities, a sense of self-awareness can be brought in the overall patient community. They can bring about a conviction that disabilities caused by anaesthesia can be controlled through self-care and that rooting of disability cure methods in 'self-care' lessens the anxieties of the system about the patients.

Community's active support, and patients' convictions about the scope for control of disabilities, would bring a new assurance of fear-free social existence. The new awareness about dissociation of infectivity risk from the patient coupled with his 'clean' image and self-assurance filled social behaviour, further reinforces the responsive social environment. It's like a therapy practised on the local communities by the changed social perception of the disease, devoid of its traditionally associated dread. In the process, the patient in his 'new garb' almost plays the 'Social Therapist'.

This process of 'reinforced assurance', even when leprosy is yet to be eradicated, perhaps, underlines the presence of a new sense of 'belongingness' in the community. This process of belongingness is related to the principle of in-grouping. The principle of in-grouping makes understandable why complete acceptance of previously rejected facts can be achieved best through the discovery of these facts by the group members themselves. Then and only then, do the facts become really their facts. The importance of this fact finding process for the group by the group itself, has been recently emphasised with reference to re-education in several fields.

***The Union Cabinet has approved a National Policy for Disabled People at a meeting presided over by Prime Minister Manmohan Singh.***

Sharing this information with the media, Information and Broadcasting Minister Priya Ranjan Dasmunsi told reporters on 23 December that: "The National Policy for Disabled People aims to set up mechanisms for promotion and protection of rights of persons with disabilities and provide them equal opportunity to participate fully in the society. This will also enhance their dignity and self-respect."

It will provide guidance to central government ministries, state governments, NGOs and other stakeholders for taking up programmes for persons with disabilities," the Minister was quoted as saying.

The announcement came as a surprise to the disability leaders and representatives who were expecting the final draft of the National Policy to be shared with them as per the promise made by the then Joint Secretary, Jayati Chandra, at the culmination of the National Consultation in New Delhi.

We spoke to Director, Ministry of Social Justice and Empowerment (M.S.J.E.), Asish Kumar, and quizzed him about the said promise and when would the National Policy be made public.

"The feedback that was received from all quarters, individuals and organisations, was placed before the committee and as much as was possible was incorporated in the National Policy before finalising it. The Minister, Miera Kumar, will make a formal announcement soon," he said.

The disability sector is now anxious to study the contents of this National Policy that will not only have a direct bearing on the lives of approximately 70 million disabled people but will also fundamentally determine the course of future interventions.

It needs to be mentioned here that it was only after an intense media campaign and outcry by Disabled Rights Group (D.R.G.) and others in the disability sector on the lack of participation by persons with disabilities and Disabled Peoples' Organisations that M.S.J.E. had held a daylong National Consultation on the Draft National Policy for Persons with Disabilities. At the National Consultation meeting D.R.G. had expressed strong objection to the top-down approach taken in formulating the Draft which is a violation of the mandate of Biwako Millennium Framework.

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***What lies behind us and what lies before us are  
Tiny matters compared to what lies within us.***  
**Ralph Waldo Emerson**

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## **DTST West Bengal - A Summary Report**

*Dr. P. K. Mitra, DTST co-ordinator, West Bengal*

- Ø In the month of November & December, 05 Intensified Supervision was taken up in all districts. This actually started along with BLAC II.
- Ø DNT & DTST of one district was moved to another district for the Supervision.
- Ø Supervision was done on training status, record keeping & reporting, Validation of cases, IEC activities & MDT Management.
- Ø Supervision pointed out irregularities in records in some places and was corrected.
- Ø Validation cleared nearly 4,000 cases.
- Ø State level Officers visited 3 (three) division of the State. Dr. Diresh Chakraborty, DDHS for Presidency Division, Dr. Mitra for Burdwan Division & Dr. Thakor for Jalpaiguri Division. SLO Supervised all over the State.
- Ø Special IEC Campaign for 3 days was done in Jalpaiguri, Malda & North Dinajpur by GLRA & District Health Infrastructure.
- Ø Orientation Training for BPHN/PHN was organized in the districts for fixation of the responsibilities to look after registers, records, MDT stock, absentee tracing.
- Ø One day Workshop is planned in January, 06 for DNT & DTST to review the performances and to prepare Action Plan for 2006-2007.

### **Daily wage earner develops special cane for visually impaired users**

A daily wage earner in a confectionery-making unit in Tuticorin district of Tamil Nadu has developed a special cane for visually handicapped users. It has two battery cells and makes different sounds.

Anandan, a 'mithai master' in Kulasekharapatnam, who displayed the special cane fitted with a wheel at the bottom, at a seminar on 'Innovations for human development,' told PTI that a specially fitted three-foot aerial in the cane vibrates whenever the user comes across any obstacle. Anandan said he became upset when he saw a blind man falling into a pit and struggling to regain control. From then on, he started work on developing a stick which would be useful for visually impaired users. He had first made a cane with seven wheels, making different sounds when it dashed against stones or other obstacles. However, weighing in at about 24 kg, that was a very heavy cane to carry around. Then he developed the new 1.3 kg stick, fitted with an earphone, toy car motor and a bell, by which the user can identify pits and other obstacles, he said.

*-Jayanth Kumar, CBR Coordinator*

#### **Information helpline and Legal cell for people with disabilities**

VOICES information centre **25213903** will offer free legal advice on every Thursday between 4:00 pm and 6:00 pm at its office. And A Daily Helpline for People with Disabilities from Monday to Friday (10 am – 5 pm) at No 165, 9th Cross, Indiranagar First Stage, Bangalore - 560038. For details, please dial **25213903**.

**Children play an important role in inclusion!!** - Extract from the online Newsletter from *eyeway.org* authored by Priti Monga, P.R. Officer at Shroff Charity Eye Hospital in Delhi. (In Direct speech)

Dear Readers,

This is a very practical article I was browsing through the online magazine *eyeway.org* Sep-Oct 2005 issue. Briefly it gives the very important message; ***"only children can demonstrate inclusive love, unfettered as they are from the conditioning of society, they play a very important role in inclusion"***.

A group of 10 visually impaired children was brought to Shroff Charity Eye Hospital (S.C.E.H.) in Daryaganj, Delhi, for eye check-ups from a school for blind children unescorted. As it was going to take sometime before everyone got their turn, the waiting young patients naturally started to explore their environment.

Soon I heard little gruff sounds, shuffling feet and unsure rattling of the washroom door. As I am blind too, I could understand



the plight of the children groping around. Deciding to help them, I stepped out of my office and put my hand out to push open the bathroom door when a small boy stopped me and told me *'there was someone inside'*. I asked him, "Are you with the group which has come in from the school for the blind? How did you know I was going to push the washroom door open? Can you see a little?" **"Yes, I have come with them. I am sighted and am not a student there,"** he said. **"My friend is one of the students and so I volunteered to come with all of them, to look after them."** Amar, around 10 years of age surprised me as it did not seem that this little fellow could take care of himself, let alone of 10 blind children ranging from 11 to 15 years in age. Our conversation was interrupted by two blind boys wanting to drink water and one more wishing to go to the bathroom. Amar left me rooted to the spot with amazement, and rushed off to execute his duties.

The group stayed at the hospital till 5 in the evening and Amar rushed around busily all day; getting water for some children, taking other to the bathroom, instructing another on how to operate the complicated lock of the bathroom door. He even made sure the gang went to the canteen for lunch. Between his tasks he would chatter and giggle happily with all the waiting blind boys. Amar did not realise he was demonstrating a very important but often forgotten fact. We blind people need help in many of our day-to-day activities but I have seen very few occasions when this assistance is rendered without a fuss. It can only come from children, as they have not yet been conditioned to treat disabled people as objects of pity and dejection. I wish to emphasise the point that inclusion is something we are born with, while exclusion is something that society has developed and nurtured. The day all of us can see this as a fact, we would be living in a completely inclusive society.

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