# **AMICI NEWS**

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### Accreditation and recognition of AIFO's work by Credibility Alliance



Credibility Alliance (CA) is an association of volunteer organizations across India committed to improving accountability and transparency in the non-profit sector through good governance. Credibility Alliance likes

itself to a professional body that sets norms and standards of governance for the community of non-profit organizations in India, in an effort to improve the overall credibility of the industry. Finally, adhering to strict international standards and best practises means that while there are over 3.3 million registered non-profits in India, less than 1 % of all NGO's meet the strict requirements and international best practises laid out by Credibility Alliance.

After a long process of due diligence, lasting over two months AIFO India was accredited with desirable norms on April 11th 2014

AIFO India is proud to have received full certification in recognition of our commitment to transparency, accountability and Impact driven activities.

Read more here - http://aifoindia.org/about-us/accreditation/

#### Meeting for State Leprosy Officers from Endemic Regions, Pune, May 2014

A two day meeting starting May 28<sup>th</sup>, saw the assembly of State Leprosy Officers from endemic regions, staff from the World Health Organization, ILEP member organization, Novartis – the pharmaceuticalcompany, Regional Directors (ROH& FW) and officials from the Government of India. The focus of the review meeting was to strategies and review progress made towards in endemic regions.

Dr. C.M. Agarwal, Deputy Director General (Leprosy) in his opening remarks stressed the fact that only three years remained to accomplish the targets laid down in twelfth five year plan.

A point of concern was that grade 2 disability had increased to 4%, meaning thereby that cases were still being detected late. Another area of concern was that RCS had not picked up. He further emphasized that there is a need to take action at state level on various recommendations provided during conferences.

Dr. M. A. Arif, ILEP National Coordinator, expressed that it is the most opportune time for NLEP as everything is in place - all guidelines have been revised; website is being updated regularly; extra manpower provided. A technical session was held under the Chairmanship

of Dr. C.M Agarwal with Dr. R.N. Sabat as Co Chairman. Dr. S.P. Sood and Dr. Vivek Lal were the rapporteurs. Further, presentations were also made by the State Leprosy Officers

The three key presentations during the meeting were made by Dr. C.M.Agarwal DDG ( Deputy Director General) Leprosy who presented on the status of leprosy In India, highlights of the  $12^{th}$  plan period, initiatives, challenges , achievements and an activity plan for the year 2014-15.

Approximately 1.27 lakh new cases of leprosy were detected in the year 2013-14 and annual new case detection rate has come down from 10.78 in 2012-13 to 9.998/100,000 in 2013-14.

State health authorities were requested to post dedicated district leprosy officer for high endemic districts, midterm program evaluation by independent agency, streamlining of MCR production with support from ILEP, quality control checks of MCR footwear by TLM, Vizianagaram, revised operational guidelines for DPMR, revised training manual for medical officers were circulated for implementation, ASHA handout developed & circulated, ASHA incentives were revised, increase in RCS centers, increase inincentives to patients undergoing RCS irrespective of their native places & economic status, regular updating of NLEP

website, revised NGO scheme, involvement of regional directors & central/regional leprosy institutes for liaison, monitoring & supervision of program at state. Meetings with technical resource group & review meetings with SLOs at national & regional levels are held regularly.

Dr.Sourabh Jain of WHO Country Office presented trends of new case detection Vs grade 2 disabilities which is increased by 25% with a base of 2011-12,trend of grade 2disabilities & child cases, states & districts >1000 new cases of leprosy for year 2012-13,states reporting more than 10% of child cases where new cases of leprosy are>1000,Grade 2 rates in states with new cases of leprosy are >1000.In the summery he stated that 81.36% of districts have achieved the goal of elimination.

40 % of the districts have achieved Global leprosy target of less than 1 new case of G2 disability per million population,68.26% of districts achieved ANCDR < 10 /1,00,000 population,19 districts report >1000 cases annually. He recommended for state specific situational analysis, enhanced case detection for new cases of leprosy,G2 D & child cases, special plan of action for difficult to access areas taking in consideration low vaccination coverage as proxy indicator, identifying more organizations working in social sectors, strengthening of surveillance for missed cases, cases treated at private practitioners, resource mapping like transportation for RCS, collateral benefit of other program, RCS follow up, diagnosis of relapse cases.

Mr. Babasaheb Madhale of APAL(Mumbai) presented information from experiences of his organization. APAL represents people from 650 leprosy colonies from India & having presence in 17 states. It works for reduction of stigma & safeguard human rights of leprosy affected persons. Mr. Madhale presented problems faced by patients as, irregularities in DPMR services, MCR availability, lack of proper treatment in government hospitals, social stigma;

The **Technical Session** – **III**was chaired by Dr. P. Krishnamurti with Dr. M.V. Jose as cochairperson. Rapporteurs were Dr. M. Sukumar and Dr. S.J. Michael.

Dr. M. A. Arif shared about the support provided by ILEP to the NLEP. A second presentation was made by Mr. Anthony Samy shared about the status of integration of NLEP in Maharashtra. Stress was put on recording of disability cases by Health workers. It was shared that there are 10 endemic districts in Maharashtra. Selective special drives were undertaken by Alert India which contributed to early case detection, preventing deformity through community volunteers.

Deformity among children with disability was a cause of concern and action solicited from NLEP. Finally, Dr. Atul Shah from Novartis shared that MDT is supplied free of cost to the India Sub-continent. Novartis provides grip-aids for affected persons, support for reconstructive surgery where there is surgical support.

Dr. M.V. Jose, AIFO expressed that the resources available may be utilized to the best possible extent for the expected results in the programme.

Dr. C. M. Agrawal requested the participants to continue to work hard and make possible to achieve the goal of leprosy elimination in all the districts. He specially thanked the State of Maharashtra and ILEP for sponsoring this important meeting and all the participants for their active participation. He expressed that a committee may be constituted with the SLO, MD NRHM and Health secretary in finalizing the selection of NGOs to be involved in the NLEP under various schemes

Several Major Recommendations were made focussed on early detection of cases , prioritizing endemic districts, hiring and training of new personnel, regular review of district wise data, conducting of RCS where there is availability of surgeons. Novartis India has offered to supply grip aids and splints free of cost of all disabled cases in high endemic districts. Finally, increasing awareness about leprosy and the challenges posed by leprosy in all endemic regions.

## Visit of the leadership team of Sakara World Hospital and consultants from PWC to our partner ORBIT in Mandya

The senior management of the newly opened Sakara World Hospital in Bangalore, visited our partner ORBIT in Mandya in May 2014. They were accompanied by Indian and Japanese staff of the consulting giant PWC. The purpose of the visit was to understand the exceptional work and impact of our partner ORBIT and also to gain first-hand experience into how healthcare work at the Bottom of the Pyramid. The team accompanied by Director Jose, visited a local Public Health Centre (PHC), a livelihood and computer training centre as well as school for children with HIV AIDS.



#### LIFE STORY

This is the inspiring story of Jabina, who was supported by our partner ORBIT, Bidar.

Jabina hails from the Haladhakeri village in Bidar district. When she was a year and half old she suffered massive polio attach which paralyzed her hands, legs and weakened her back. As a result she was bedridden for over three and a half years. At the age of five she underwent a surgery for her left leg in Vishakhapatnam. This enabled her to walk a bit. While she can stand up, her movement is restricted to short distances.



Her newfound mobility allowed her to attend school and she studied in an Urdu medium school successfully completing her 10<sup>th</sup> standard examination. She continued her higher education in the Arts department. Unable to cope, she discontinued and began learning computers in CVTI Bidar. Once again, personal circumstances forced her to drop out of the computer programme and she was now home bound.

While this situation made her very emotional and unhappy, she was determined not to be bound by her disability. She learnt 'Pico' work and basic sewing from her older sister. She expressed her interest to the orbit staff in earning an income. They connected her with a local women's SHG where she began doing a bit of tailoring work. She also received her request of a PICO machine under the IGP scheme. Despite her legs being

weak, she is able to pedal and complete her stitching task and

earn a decent income for her family.

While doctors said that her physical condition can be improved with another surgical intervention, she decided that she did not want to go through with it. If something went wrong she feels she will not be able to do anything and her family will suffer without her support.

Jabina's story is inspiring because, despite undergoing severe physical and emotional turmoil, she beat the odds to emerge victorious. The support from AIFO and ORBIT allowed her to regain dignity and overcome disability.