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encouraging development
... inspiring hope

**Health And
Development Aid Abroad
— Australia Fund Inc.**

ABN 43 739 862 351

HADA'S VISION

To see medical, educational,
agricultural and sanitation
programs established in
countries as needed.

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'Sign here, please...'

LITERACY PROJECT, IVORY COAST, WEST AFRICA

How often do you sign your name in a week? Perhaps several, and without even thinking about it. Signing your name probably doesn't give you much joy, however, for Mrs Kakou from Ivory Coast, signing her name recently was quite a joyful event.

All her adult life, Mrs Kakou had wanted to be able to read and write. Several times she had enrolled in evening literacy classes, but had never succeeded in being able learn even a few letters. It was as if her ability to learn was somehow blocked. The rote learning methods used and the teachers' lack of sympathy for her problems didn't help either. Then one day French literacy classes started up in her local church. After being encouraged by Angèle, one of the teachers, she decided to try again. She enrolled in the beginners' class and attended three two-hour classes each week. Gradually Mrs Kakou found she was learning: the lessons sank in and she was actually remembering what was being taught. Little by little she began to read and write. Angèle's enthusiasm for teaching and her encouraging style inspired her to continue. She has now completed two years of classes and can read material other than the lesson primer.

What a thrill it was for her then, when Angèle, who was getting married, asked her to be her witness at the wedding. This meant accompanying the couple to the civil service and signing the wedding register after the ceremony. She could only do this now because, thanks to the literacy classes, she could sign her name. The special day came and the register book was signed without a problem. "Mrs Kakou can write her signature very clearly," said Angèle afterwards.



The class is part of the national Ivory Coast church literacy project and the teachers have received special training in andragogy, where the learners are self-directed, to equip them to teach other adults. The program began three years ago with two classes, but during the last year there were four classes with four levels. At the end of the academic year, five students in the most advanced class sat and passed the exam which students sit when they finish primary school. A special ceremony marked the end of the year and the literacy inspector from the government's local office attended. He commended the students and teachers for their work. "Your literacy centre is the best known in the region – even our head office in Abidjan knows of the work here. Keep up the good work."

RESTORED: Mobility and Dignity

INTERNATIONAL
NEPAL FELLOWSHIP

As in previous years, CATS (Community Awakening and Transformation Society) operates an eight-bed patient hostel for poor tuberculosis (TB) and leprosy patients. They require intensive outpatient treatment in Ghorahi, but are too poor to pay for accommodation (or are turned away from accommodation due to the stigma of their disease). This facility is important because without it some TB patients would not be able to receive treatment for their condition and not be able to work to support their families. TB is contagious.

Patients are at high risk of death, disability and deformity. The latter often leads to abandonment by their spouse and being rejected by their community. Counselling, health education and the adult literacy program are also provided for patients with the goal that they will leave the facility in good physical and mental health to be fully productive members of their families and communities. This year, CATS patient hostel admitted 22 TB patients: four females and 18 males. The total number of bed days was 1677. All the patients received counselling and health education and four received adult literacy assistance.



SOME PATIENTS' STORIES ...

Dhani Rawat, a 52-year-old lady resident of Laxmipur VDC 8 Dang, had a traffic accident ten years ago which caused her a lifelong problem. After the accident occurred she was taken to Nepalgunj Hospital (seven hours bus ride from Dang). She had primary level treatment there. Since both her tibia and fibula bones were severely fractured she needed an operation, but due to lack of financial support she could not have any further treatment so the fractured leg was left untreated.

As the time passed, though some self-healing took place, she always had bone infection with pain and remained in the same condition for many years. After her accident she was abandoned by her husband, which added significant extra emotional pain. Since then, she is living alone in a small hut in the village. She has one married daughter and sometimes she visits her mother. Though it's difficult, she is self-supported so far. Nevertheless her neighbours are also helping her to some extent. She does some kind of handicrafts work (making ropes, baskets etc). Once she and her neighbour heard about INF, they came and made known the condition of her post-fractured leg and requested help from INF for further treatment.



After discussions among the concerned members of INF Dang Program, it was decided to help Dhani with her treatment. She was referred to INF's Green Pastures Hospital and Rehabilitation Centre in Pokhara where she had her leg amputated. Sadly, this was the only option left for her affected leg.

After the successful operation and physiotherapy she was given a beautiful prosthesis and is now walking on it and does not need to use her crutches.

Dhani is very thankful to INF. Without this help she would have been left with the useless limb, continuous pain and crawling about for her daily activities.

Bishnu Pun, aged 40, is infected by extra pulmonary TB. She lives in Jaulipokhari VDC, Rolpa District. She has a husband and six daughters, ie eight family members and none of the children are married. She has a small garden within her property but she is economically weak. It is hard for her to manage the household so her husband had to go to India to earn some money to fulfil their needs. After that, it was hard to care for the family.

Rajan was burnt on his leg as a young boy and his low-caste family was too poor to seek medical treatment. Burns are very common in Nepal, especially among women and children. Children sleep by the open fire and often roll into them at night. Local treatment is to rub a mixture of cow dung and grass onto the burn. This is very painful and can cause infection. Lack of good treatment at the time can cause problems and burn contractures later.



healed but with a big scar several inches thick on the back of his knee and leg. His right leg was permanently bent at the knee and he couldn't straighten his leg or bend it any further. He also kept developing wounds and ulcers on the old burn site and the other children tormented him because of his limp and the smell of the ulcers. He became very withdrawn, unhappy and refused to go to school. When he came to our leprosy rehabilitation centre we could see he would need an operation to cut away the burn scar and need skin grafting. But first he needed good nutrition and for

She said she spent Rs.30,000 (AU\$440) walking here and there trying to find out what disease she had. Finally she knew that she had TB. She was upset hearing it and she had no money to buy medicines and it was too far to reach the health post almost three hours' walk from her home. She was physically weak too.



When she came to Ghorahi (one day's walk) for her treatment, knowing she had TB, the Government hospital referred her to CATS Nepal. Her husband was with her when she was admitted to us. After taking medicines regularly, within two weeks she began to walk properly. She looks physically stronger and her health is improving. She says that if CATS hadn't been there to support her she would have died by now. She says that CATS provided medicine, good food and lodging and took good care of her so that she is alive today. She and her family are very grateful for this help.

BURN TREATMENT: *Cow Dung and Grass?!*

his ulcer to heal. We admitted him for treatment of the ulcer, gave him good nutrition and also treated his worm and Giardia infections. When the ulcer was healed we sent him to the nearest surgical mission hospital for the operation and skin grafting, then he came back to us for care while the graft was healing and for rehabilitation.

Rajan is a much happier boy now that his leg is on the mend and his future is looking much brighter. He is now interacting well with others and is keen to return to school. He has shown a keen interest in reading good news stories while in our centre and we are trusting that he will experience holistic healing.

New Vision, New Venture ...

Dear Readers,

Thank you so much for your partnership with us in Cambodia and particularly in the Bridge of Hope program. After a period of transitions in several ways, the Bridge of Hope is now moving towards a new venture...

GOAL: Our desire is, as previously, to continue to reach out to children at risk. We believe that in order to see long-lasting change, we need to *target families and communities* rather than exclusively work with the children. Our aim is to see long-term transformation, hope and a better future for them.

LOCATION: The slums situation in Phnom Penh, the current project's location, is one of unpredictability as the children are being relocated to various places. Furthermore, the NGO coverage of the poor communities in town seems to be providing adequately for people's needs. Being aware of this, we have been looking into a new location for the project for several months. Being advised by a network of organisations specialised in fighting child sexual exploitation and human trafficking, we looked into the provincial town of Siem Reap, where issues such as domestic violence, abuse and exploitation are affecting the children and their families. After much consideration, we decided to move in this direction, which we have now done. Siem Reap is 300 km north of Phnom Penh.

The children and families who were in our care until we moved are being taken care of by other organisations working in Phnom Penh and we are very grateful to them.

STRATEGY: We want to target families and communities, hence, we are thinking of working in a small, poor community in Siem Reap, having a *community centre* right where the people are. Activities will be designed according to the people and the community felt needs. We plan to have programs for adults as well as children. Community health education and child-to-child training are approaches we will consider using.

Obviously, we will be working more in the area of *prevention*, intervening when necessary. We believe there is a need to work at the root of what causes so many children to end up on the streets or in all kinds of exploitive situations. We also believe that real transformation starts in the heart and mind and therefore will work towards that end.

We are thinking, at a later stage, of working also in more remote villages where there are major needs for education and healthcare.

PERSONNEL: Ms Valeria Peres is the new project manager and she has 16 years experience working with children at risk and traumatized children in Cambodia. Dr Christine Lindenmayer is working alongside Valeria Peres, bringing both field and professional experience to the project. We will recruit Cambodian personnel in Siem Reap to come alongside to learn and help.

Once again, thank you for your very much-appreciated support.

Bridge
of
Hope

CAMBODIA



Current HADA Projects

*All projects listed here are approved
for tax deductibility*



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... inspiring hope*

Registered HADA offices

HADA, Yunnan, China

Managers: Kai and Estella Ho

- Yuxi: food and supplies for sponsored school children.
- Kunming: Manager: Linda Congdon
Researching new opportunities.

HADA, Astana, Kazakstan

Manager: David Pichotta

- Step: training to achieve skills to ensure that people can find gainful employment or go into business themselves.
- Source of Hope: counselling centre for women with past abortions and other issues and helping people to make sensible family planning decisions.
- Open Doors Community Centre: a place to gain employable skills and life skills for young adults, couples and parents.
- Valueology teaching: assisting schools by providing teaching materials, and teaching values to teenagers and students.

Associate organisations' projects

Consulting Training Support, Oujda, Morocco

Manager: Andrew Jones

- Care of Cerebral Palsy children in their homes.

Literacy Project, Côte d'Ivoire, West Africa

Manager: Alfred Koussi

- Literacy for adults.

Phnom Penh, Cambodia

Manager: Martin Aerne

- Vocational Training Program: Tailoring Workshop, Metal Workshop and I.T. Support / Customer Service.

Siem Reap, Cambodia

Manager: Valéria Pires

- Bridge of Hope: Working with families and communities to prevent children at risk becoming street children.

Kham Health Associates, Sichuan Province, China

- Screen and treat people with Hydatids; educate the whole community in Hydatids prevention.
- Disaster Relief: help in the form of food, blankets, shoes and shelter, and provision of yaks in the summer.

Bridgewater Care, Guiyang, China

Manager: Karen Kirkland

- Hospital and community-based physiotherapy/rehabilitation training for recently disabled individuals from stroke, head injury, spinal cord injury and neuromuscular disease.

Entreaide Globale, Hohhot, Inner Mongolia, China

Manager: Kate Lee

- A Cup of Water Community Centre Project: provide finances for poor children to attend school; teach English, and English teacher training.
- Community Centre

Good Neighbor Society, Ulaanbaatar, Mongolia

Manager: Mark Jennings

- Feeding poor children; Mobile Library; Hearing Aid Projects; Reading Glasses Project; Kindergarten Project; Character Training; Micro Loans

International Nepal Fellowship, Dang Province, Nepal

Manager: Dr Julie Lincoln

- CATS: Community development; environmental health; TB patient hostel; youth awareness program and scholarships for poor children.
- Leprosy/rehab project: care of leprosy, general disability and burns patients; footwear provision; training government health workers; income generation.

Maxton Strong School, Banbassa, India

Manager: Rick Shipway

- School buildings for orphans and local children

Mercy Welfare Society, New Delhi, India

Project Consultant: John King

- Education and vocational training to urban disadvantaged.

Please make your cheque payable to *HADA Relief Fund*.

Do not include the name of the person or project on the cheque.

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Australia Fund Inc.
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E. 02/10

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***We reserve the right to use designated gifts for another project if the
one identified is sufficiently funded or closed.***