

Lesotho disability project tackles poverty

Developing opportunities for people to work their way out of poverty underpins our approach to international development, but stigmatisation and inadequate social support for people with disabilities stands as a constant barrier to progress.

People living with a disability are particularly vulnerable to poverty; many live in rural areas and are often hidden by family. In 2001 a population survey in Lesotho stated that 79,794 people (4.2%), including 28,476 children under 15, were living with some form of disability, mostly without support.

Skillshare International's long working history in Lesotho has allied us with civil society organisations and government ministries to drive forward economic, social and organisational development. This year the European Commission has granted funding for a large-scale project to be delivered by eleven partners in five districts specifically to address disability and development.

Neo Mokoena is managing the project "Reducing Poverty by Empowering People with Disabilities" in Maseru. She hopes that by 2010 the project's impact will be felt nationwide.

She says: "Disability is not as much a priority for the government and the general population as issues such as HIV and AIDS. You rarely see disability discussed in newspapers. If this doesn't change the stigma will never go away and people will still be hidden in their houses. We are hoping that the project will change all that but it is not something that will happen over night."

Nteboheng Kele lives at the St Angela Cheshire Home for Disabled Children, one of the eleven project partners. As an ambitious young woman her thoughts on the future revolve around equality, she says: "I wish to appeal to people to stop pitying others with disabilities and help them as they would anyone else. There is much hidden potential in people who have disabilities."

This project will increase the status and employability of disabled people by improving the management capacity of the disability sector, by increasing co-ordination at ministry level, and by strengthening local services to improve the income generation opportunities for disabled people.

Work has already started on the restoration of classrooms, toilets and dormitories.



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▲ Nteboheng Kele is a resident at the St Angela Cheshire Home.

Districts served:

Maseru, Makhotlong, Thaba Tseka, Mafeteng and Leribe

Project partners

The Department of Social Welfare, Ministry of Health and Social Welfare Lesotho
Lesotho Society for Mentally Handicapped Persons (LSMHP)
St Paul's School for the Deaf
Itjareng Vocational Training Centre
Ithuseng Vocational Rehabilitation Centre
St Angela Centre for the Disabled
Morapeli Girls Centre for the Disabled
Lesotho National Federation of Disabled People (LNFOD)
Lesotho College of Education
Special Education Unit – Ministry of Education and Training
Resource Centre for the Blind

Donors supporting the project:

The European Commission (74.87%)
The Ministry of Health and Social Welfare in Lesotho (10%)
Tribal Group Foundation (£20,000)
Edith Murphy Trust (£15,000)
Christadelphian Meal A Day Foundation (£6,000)
Trusthouse Foundation (£2,000)
Florence Turner Trust (£1,000)



▲ Traditional birth attendants were given new birthing kits and training.

a 4x4 and raced to the nearest hospital – 6 hours away. We spent the journey supporting the baby's head with the mother-to-be on all fours so the umbilical cord didn't get compressed and cut off the blood supply to the baby. This was critical to the survival of the unborn child, but was made infinitely harder by the fact that we were travelling on a bumpy, ungraded road and suffered from 2 punctures! By the time we arrived at the clinic, the doctors said it was too late and the baby would already be dead. Using all our powers of negotiation we persuaded them to do a caesarean delivery. Finally and remarkably, baby Solomon was born to a delighted mother!"

Health care at the limits

Emma Fuell looks back at a close call during her placement in Tanzania.

Earlier this year, development worker Emma Fuell returned from Simanjiro in Tanzania where Skillshare International has been working to address the problem of inadequate access to essential health services among the semi-nomadic Maasai population since 2001.

In an area where health care facilities are vastly inadequate and often the nearest facility to a village is an empty building without water, supplies or equipment, the role of traditional birth attendants (TBAs) is paramount for the development of Mother and Child Health Care Services.

Emma is a midwife and during her placement she ran a series of training workshops for 45 TBAs on themes they chose themselves.

"When I arrived at Simanjiro there were no statistics on maternal mortality or birth rates. TBAs were often concerned that they would be blamed if a mother or child died, so reporting was not regular or reliable. I tried to remove the need for literacy (as many of the TBAs are illiterate) and so I developed a picture chart to record statistics which the TBAs could use. The workshops also increased verbal reporting by raising awareness of the importance of keeping records of births."

In developing countries, one woman in 16 may die of pregnancy-related complications compared to one in 2,800 in developed countries. Every year, at least 529,000 women die in pregnancy or childbirth. 99% of these deaths are in developing countries (WHO).

Umbilical cord prolapse occurs in 1 in 200-400 pregnancies and the mortality rate can be as high as 50%. During labour, the unborn baby's umbilical cord slips out through the opening cervix and down into the birth canal, before the baby has left the womb. This is an emergency situation because the umbilical cord carries the arteries that take blood from the placenta to the baby. The pressure of the baby's head on the cord during a contraction blocks the blood supply and reduces oxygen to the baby. A caesarean is essential to deliver the baby before it asphyxiates. If the baby can be delivered before its blood supply is damaged, there may be no long-term consequences.

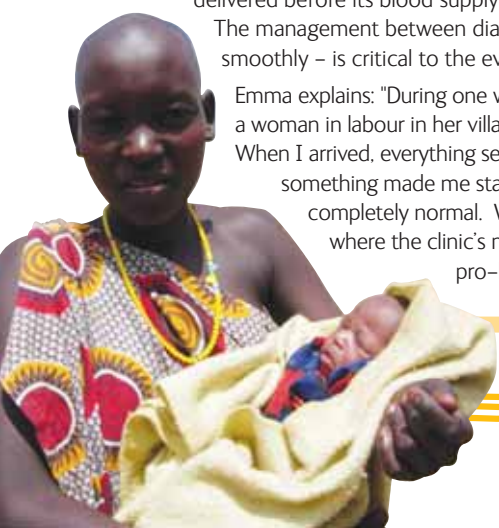
The management between diagnosis and delivery – a matter of minutes if things run smoothly – is critical to the eventual outcome.

Emma explains: "During one workshop, I got a message that one of the TBAs was attending a woman in labour in her village and she asked me to go there after I'd finished the session. When I arrived, everything seemed fine and I thought the TBA could do the delivery, but something made me stay. The labour seemed to slow down at intervals, which isn't completely normal. We took her to the nearest basic health facility – 3 hours away – where the clinic's midwife and I examined Naitopwaki and realised that she had a pro-lapsed umbilical cord. We immediately put her into the back of



▲ Emma Fuell with her colleague and friend Dr Candia.

◀ Naitopwaki and baby Solomon.



Returned Development Workers

In this issue:

Returned development worker update

Fun & games in Lesotho

Photo competition winners announced

See the winning photo of our first photo competition

Stand up against poverty

Double success for Skillshare International Ireland

Development Workers

NEW

- Mujahid Othma Bwana
Early Childhood Care and Development Consultant at UNICEF, Lesotho
- Gerard Fagan
Technical Advisor at Shabalala Community Development Centre, South Africa
- Philip and Philippa Grant
Organisational Development Advisers at Irkiram, Tanzania
- Emma Granville
Policy Advocacy Officer at SWANNEPHA, Swaziland
- Joanne Inman
Occupational Therapy Trainer at KCMC, Tanzania
- Samuel Johnson
Monitoring and Evaluation Adviser at the Ministry of Health, Swaziland
- Dr Subrata Majhee
Doctor at SLADS, Jharkhand, India
- Dwijendra Mandal
Health Cooperative Trainer at SLADS, Jharkhand, India
- Harriet Musoke
Health Education Co-ordinator at Project Hope, Namibia
- Stefanie Thoerner
Membership Development Officer at Swaziland Indigenous Products

COMPLETED PLACEMENT

- Dr Sumit Asthana
Community Health Trainer at SLADS, India
- Cecile Cantraine
Occupational Health Trainer at the Ministry of Health, Uganda
- Jean-Yves Cherrault
Environmental Engineer at Swaziland Environmental Authority
- Danis Fafard
Technical Adviser at Camphill, Botswana
- Amy Francis
Renewable Energy Officer at Renewable Energy Association of Swaziland
- Emma Fuell
Community Health Trainer at Simanjiro, Tanzania
- Peter Warner
Trainer of Trainers at Taung Skills Centre, Lesotho
- David Wright
Foot Bridges Structural Engineer at Department of Rural Roads, Lesotho

Skillshare International
News in brief...

Running to raise £200

Congratulations and a huge thank you to supporter Neil Dunbar who ran the 25th Sheffield Half Marathon on 14th May, raising £200 for Skillshare International. Neil completed the 13 mile course through the city centre in 1 hour and 40 minutes. Around 3,500 people took part in the race which started and finished at Sheffield's Don Valley Stadium. Find more fundraising ideas on the website at www.skillshare.org/supporters_raisingmoney.htm or contact us at supporters@skillshare.org or on +44 (0)116 254 1862.



Fun & Games in Lesotho

Skillshare International supporters in Lesotho held a games night on 8th July to raise funds for the St. Angela Cheshire Home for the Disabled. 21 supporters enjoyed an evening of scrabble, draughts, cards and good food. Mpati Mokhotho and Itumeleng Mochochoko explain, "The event was such a success that we are planning our next events already! We're going to do a clothes drive for a women's HIV day centre and a carwash to raise money for St. Angela Cheshire Home for the Disabled." Supporters raised 739 Maloti (about £55) and presented food, toiletries and shoes to the children on 12th August. Ntebaleng Makharilele, who helped organise the games night, said: "As supporters of Skillshare International we have been able to reach out to those children and our mission is ongoing to help the disadvantaged. I urge all those who want to assist to join our supporters to fight poverty."

Find out more from justice.kalebe@skillshare.org



▲ Skillshare International supporter, Ntebaleng, at the St. Angela Cheshire Home.

Stand Up Against Poverty

Please join us in the White Band Global Month of Action – September 14th to October 17th – as we call for more aid, debt cancellation, trade justice, and just governance, to promote economic development and human rights in developing countries. Skillshare International staff and supporters are preparing to join people around the world in a month of actions as part of the international campaign which was so successful last year. You can take part by wearing a white band on your wrist for a month and helping to set a world record for standing together. Find out more from www.skillshare.org, +44 (0)116 257 6615 or jonny.gutteridge@skillshare.org. October 17th is World White Band Day.

MAKE A DIFFERENCE ... TAKE A PHOTO Winners Announced!

Skillshare International development worker Robyn Cox won our first photo competition with her image of Dr Rebecca on a Baylor Children's Clinical Centre of Excellence outreach visit in Botswana.

DITSHWANELO, which means 'rights' in Setswana, is the Botswana Centre for Human Rights. It promotes and protects human rights in Botswana and Southern Africa by advocating for changes in laws and government policies, educating the public, conducting research, and providing direct para-legal support to individuals below the poverty line. Skillshare International development worker Robyn Cox is the Fundraiser & Communications Advisor at DITSHWANELO.



▲ Above: The winning picture taken by Robyn Cox.

Making Poverty History: **Second prize** was awarded to our Supporter and Campaigns Coordinator, Jonny Gutteridge, for his photo of Skillshare International staff and supporters campaigning on a wet white band day in Leicester, September 2005.



©SK/ Jonny Gutteridge

Skillshare International development worker Alan Pattison was awarded **third prize** for his image of his colleague, nutritionist Jerry Makhanda, weighing a baby at the Baylor Children's Clinical Centre of Excellence in Gaborone, Botswana.



The Baylor Children's Clinical Centre of Excellence was established by the Government of Botswana and the Baylor College of Medicine. Since it opened in July 2003, the centre has treated over 1,400 children and its community outreach programmes have reached almost 1,000 vulnerable children around Gaborone. It also offers training, conducts clinical studies on HIV treatment and is developing new, affordable models of care. Skillshare International development worker Alan Pattison coordinates the centre's funding activities.

JARGON-BUSTER HIPC:

Heavily Indebted Poor Countries

The International Monetary Fund and World Bank first launched the HIPC Initiative in 1996, with the aim of ensuring that no poor country faces a debt burden it cannot manage. To date, debt reduction packages have been approved for 29 countries, 25 of them in Africa, providing \$35 billion in debt-service relief over time.

www.imf.org/external/np/exr/facts/hipc.htm

Double success!

Skillshare International Ireland has recently gained funding from Irish Aid's Civil Society Fund for two projects over the next three years. 475,480 Euros will support a project to build the capacity of People Living With HIV/AIDS (PLWHA) organisations in Botswana, Lesotho, Mozambique and Swaziland. In Botswana, 290,539 Euros will support our human rights partner, DITSHWANELO, to enable them to build public awareness and understanding of human rights. Director of Skillshare International Ireland, Fran Flood explains, "This expression of support for our work from Irish Aid over the next three years constitutes a significant development in our mutual relationship as we in Skillshare International Ireland move to a more strategic, programmatic model. Most importantly it enables us to work in a meaningful way with our partners in addressing the HIV/AIDS pandemic in Southern Africa."

Ethical Dilemma

You decide to set up an ethically run business in India. You need to buy in skills and expertise for installing complex IT systems and to provide on-going support.

After tendering, you reach the decision that two companies are equally suited and able – an Indian-based company and an American-based company. The Indian company is more expensive.

Which company do you offer the contract to?

What would you do? Email: editor@skillshare.org



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