



ARCH KLUMPH NEWSLETTER

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Putting the Plus in PolioPlus ...

We're doing so much more than eradicating polio.

By Vanessa Glavinskas | Photography by Andrew Esiebo

Musa Muhammed Ali, a farmer in Borno state, Nigeria, has had to deal with the many ways polio has affected his life. For instance, he used to have to pay for transportation when he needed to buy feed for his animals. But after receiving a hand-operated tricycle funded through Rotary's PolioPlus grants, Ali (pictured above) can now spend that money on other necessities. His life was changed by the "plus" in PolioPlus.

When we talk about PolioPlus, we know we are eradicating polio, but do we realize how many added benefits the program brings? The "plus" is something else that is provided as a part of the polio eradication campaign. It might be a hand-operated tricycle or access to water. It might be additional medical treatment, bed nets, or soap. A 2010 study estimates that vitamin A drops given to children at the same time as the polio vaccine have prevented 1.25 million deaths by decreasing susceptibility to infectious diseases.

In these pages, we take you to Nigeria, which could soon be declared free of wild poliovirus, to show you some of the many ways the polio eradication campaign is improving lives.

Preventing Disease

Polio vaccination campaigns are difficult to carry out in northern Nigeria, where the Boko Haram insurgency has displaced millions of people, leading to malnutrition and spikes in disease. When security allows, health workers diligently work to bring the polio vaccine and other health services to every child, including going tent to tent in camps for displaced people. The health workers pictured here are in Maiduguri, the capital of Borno, where the insurgency began 10 years ago.

The Global Polio Eradication Initiative (GPEI), of which Rotary is a spearheading partner, funds 91 percent of all immunization staff in the World Health Organization's

Africa region. These staff members are key figures in the fight against polio — and other diseases: 85 percent give half their time to immunization, surveillance, and outbreak response for other initiatives. For example, health workers in Borno use the polio surveillance system, which detects new cases of polio and determines where and how they originated, to find people with symptoms of yellow fever. During a 2018 yellow fever outbreak, this was one of many strategies that resulted in the vaccination of 8 million people. And during an outbreak of Ebola in Nigeria in 2014, health workers prevented that disease from spreading beyond 19 reported cases by using methods developed for the polio eradication campaign to find anyone who might have come in contact with an infected person.

Children protected from polio still face other illnesses, and in Borno, malaria kills more people than all other diseases combined. Worldwide, a child dies of malaria every two minutes. To prevent its spread, insecticide-treated bed nets — such as the one Hurera Idris is pictured installing in her home — are often distributed for free during polio immunization events. In 2017, the World Health Organization, one of Rotary's partners in the GPEI, organized a campaign to deliver antimalarial medicines to children in Borno using polio eradication staff and infrastructure. It was the first time that antimalarial medicines were delivered on a large scale alongside the polio vaccine, and the effort reached 1.2 million children.

Rotary and its partners also distribute soap and organize health camps to treat other conditions. "The pluses vary from one area to another. Depending on the environment and what is seen as a need, we try to bridge the gap," says Tunji Funsho, chair of Rotary's Nigeria PolioPlus Committee. "Part of the reason you get rejections when you immunize children is that we've been doing this for so long. In our part of the world, people look at things that are free and persistent with suspicion. When they know something else is coming, reluctant families will bring their children out to have them immunized."

Rotarians' contributions to PolioPlus help fund planning by technical experts, large-scale communication efforts to make people aware of the benefits of vaccinations, and support for volunteers who go door to door.



THE ROTARY FOUNDATION ... OUR CHARITY

Volunteer community mobilizers are a critical part of vaccination campaigns in Nigeria's hardest-to-reach communities. The volunteers are selected and trained by UNICEF, one of Rotary's partners in the GPEI, and then deployed in the community or displaced persons camp where they live. They take advantage of the time they spend connecting with community members about polio to talk about other strategies to improve their families' health. Fatima Umar, the volunteer pictured here, is educating Hadiza Zanna about health topics such as hygiene and maternal health, in addition to why polio vaccination is so important.

Nigerian Rotarians have been at the forefront of raising support for Rotary's polio efforts. For example, Sir Emeka Offor, a member of the Rotary Club of Abuja Ministers Hill, and his foundation collaborated with Rotary and UNICEF to produce an audiobook called *Yes to Health, No to Polio* that health workers use.

Providing Clean Water

Addressing a critical long-term need such as access to clean water helps build relationships and trust with community members. Within camps for displaced people, vaccinators are sometimes met with frustration. "People say, 'We don't have water, and you're giving us polio drops,'" Tunji Funsho explains. Rotary and its partners responded by funding 31 solar-powered boreholes to provide clean water in northern Nigeria, and the effort is ongoing. At left, women and children collect water from a borehole in the Madinatu settlement, where about 5,000 displaced people live.

Supplying clean water to vulnerable communities is a priority of the PolioPlus program not only in Nigeria, but also in Afghanistan and Pakistan — the only other remaining polio-endemic nations, or countries where transmission of the virus has never been interrupted. "Giving water is noble work also," says Aziz Memon, chair of Rotary's Pakistan PolioPlus Committee.

Access to safe drinking water is also an important aspect of the GPEI's endgame strategy, which encourages efforts that "ensure populations reached for polio campaigns are also able to access much-needed basic services, such as clean water, sanitation, and nutrition." The poliovirus spreads through human waste, so making sure people aren't drinking or bathing in contaminated water is critical to eradicating the disease. Bunmi Lagunju, the PolioPlus project coordinator in Nigeria, says that installing the boreholes has also helped prevent the spread of cholera and other diseases in the displaced persons camps.

Communities with a reliable source of clean water enjoy a reduced rate of disease and a better quality of life. "When we came [to the camp], there was no borehole. We had to go to the nearby block factory to get water, and this was difficult because the factory only gave us limited amounts of water," says Jumai Alhassan (pictured at bottom left bathing her baby). "We are thankful for people who provided us with the water."

Polio left Isiaku Musa Maaji disabled, with few ways to make a living. At age 24, he learned to build hand-operated tricycles designed to provide mobility for disabled adults and children, and later started his own business assembling them. His first break came, he says, when a local government placed a trial order. It was impressed with his product, and the orders continued. Rotary's Nigeria PolioPlus Committee recently ordered 150 tricycles from Maaji to distribute to polio survivors and others with mobility problems. The relationship he has built with local Rotarians has motivated him to take part in door-to-door polio vaccination campaigns.

"It is not easy to be physically challenged," he says. "I go out to educate other people on the importance of polio vaccine because I don't want any other person to fall victim to polio."

Aliyu Issah feels lucky; he's able to support himself running a small convenience store. He knows other polio survivors who have attended skills training programs but lack the money to start a business and are forced to beg on the street. However, the GPEI provides a job that's uniquely suited to polio survivors: educating others about the effects of the disease.

"Some of my friends who used to be street beggars now run their own small business with money they earn from working on the door-to-door immunization campaign," Issah says.

Improving Health Care

In Maiduguri, Falmata Mustapha rides a hand-operated tricycle donated to her by Rotary's Nigeria PolioPlus Committee. She is joined by several health workers for a door-to-door immunization campaign, bringing polio drops to areas without basic health care. UNICEF data show that polio survivors like Mustapha have a remarkable success rate persuading reluctant parents to vaccinate their children — on average, survivors convince seven of every 10 parents they talk to. In places where misinformation and rumours have left people hesitant to vaccinate, the

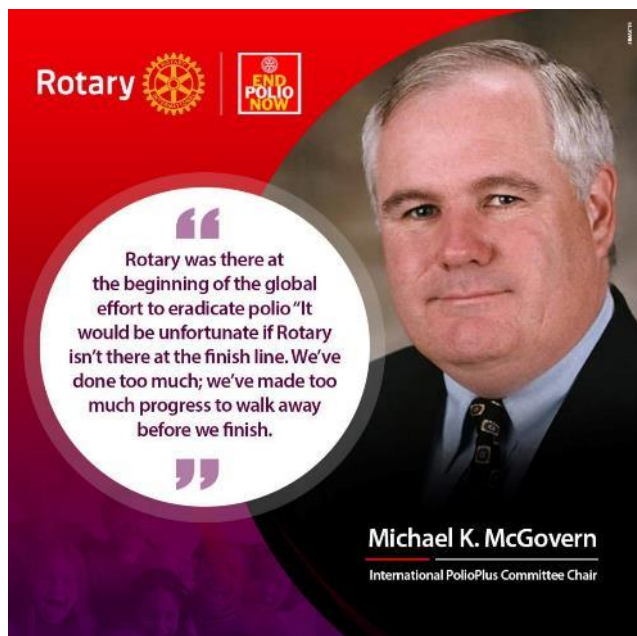


survivors' role in the final phase of the eradication effort is critical.

"Since working with the team, I have seen an increase in immunization compliance in the community," Mustapha says. "I am well-regarded in the community because of my work, and I am happy about this."

Eighteen million people around the world who would have died or been paralyzed are alive and walking because of the polio eradication campaign. Health workers and volunteers supported by PolioPlus grants have built an infrastructure for delivering health care and collecting data that, in many parts of the world, didn't exist before. It's already being used to improve overall health care and to fight other diseases, proving that the legacy of PolioPlus is more than eradicating a deadly disease from the planet — it's also building a stronger health system that provides better access to lifesaving interventions for the world's most vulnerable children.

*This story originally appeared in the October 2019 issue of **The Rotarian** magazine.*



Current wild polio cases ... at 23 October 2019

Country	2019-2020	2018-2019*
Afghanistan	18	20
Pakistan	76	8
Total	94	28

*at the same time of the year

Total cases in 2018-19 = 33

Centurion Program

How can you become a Rotary Foundation Centurion?

All it takes is a commitment to donate \$100 to the Foundation each year. You know, that's less than a cup of coffee a week!

To make it easy to be a Centurion, the District makes available Centurion money collectors at no cost; each collector will hold exactly \$100 in \$2 coins. If you add a coin each week you go to Rotary, you will be a Centurion in 50 weeks. If you add the odd extra coin, the time will be even shorter. Take the completed collector to your Club Treasurer ... it's that simple! Then you can start a new collector.



Centurions for 2019-20 are:



Canberra North	1
Canberra Weston Creek	5
Jerrabomberra	4
Nowra	1
Woden Daybreak	1

For more information, see your Club's Foundation Director.

World Polio Day

... at Parliament House and RC Gungahlin (thanks Paul Street, and Sandra & Brian Goldstraw)



RI Director Nominee at Foundation Breakfast

Wonderful news! DG Peter has decided to have a Foundation Breakfast on the Sunday morning of District Conference (8 March 2020) and we have been successful in securing RI Director Nominee Jessie Harman as the Keynote Speaker. So, when you book for Conference (as you all will!), remember to book for the Foundation Breakfast; it's only \$15! This will be one of the first keynote speeches RIDN Jessie will give since being nominated as our next RI Director.



Jessie has been active at club, district and international levels. She is a past club secretary and president and was district governor in 2010-2011. More recently she has served as Rotary co-ordinator (2013-2016) and project lead for the Regional Membership Plan for Australia and New Zealand (2013-2017).

She has been a member of the national training team, as well as training leader and seminar trainer at Rotary's International Assembly in San Diego (2014, 2015, 2017, 2018). Currently, she is Chair of the Membership Committee for Rotary International and a member of the Honolulu 2020 Convention Committee.

Jessie's first experience of Rotary was as a participant of RYLA in 1987, and she maintains an active interest in Rotary's youth and leadership programs to this day. She is also a keen supporter of The Rotary Foundation, and with her husband Andrew, is a major donor.

In her professional life, Jessie has spent the past three decades working in tertiary education, until recently as Pro Vice-Chancellor (International and Partnerships) at Federation University Australia. In her community life outside Rotary, she is also Chair of the Ballarat Symphony Orchestra.

Jessie is married to Andrew, also a Rotarian with Wendouree Breakfast, and mother to Claire, Georgia and James.



Nigeria reaches crucial polio milestone

It's been three years since health officials last reported a case of polio caused by the wild poliovirus in Nigeria. The milestone, reached on 21 August, means that it's possible for the entire World Health Organization (WHO) African region to be certified wild poliovirus-free next year.

Nigeria's success is the result of several sustained efforts, including domestic and international financing, the commitment of thousands of health workers, and strategies to immunize children who previously couldn't be reached because of a lack of security in the country's northern states.

"Rotary, its Global Polio Eradication Initiative partners, and the Nigerian government have strengthened immunization and disease detection systems," says Michael K. McGovern, chair of Rotary's International PolioPlus Committee. He adds: "We are now reaching more children than ever in some of the hardest-to-reach places in Nigeria."

McGovern says Rotary members in Nigeria play an important role in ridding the country of the disease. "Rotarians have been hard at work raising awareness for polio eradication, advocating with the government, and addressing other basic health needs to complement polio eradication efforts, like providing clean water to vulnerable communities."

Nigeria is the last country in Africa where polio is endemic. Once Africa is certified as free of the wild poliovirus, five of the WHO's six regions will be free of wild polio. Polio remains endemic in Afghanistan and Pakistan, which means transmission of the virus has never been stopped.

Dr. Tunji Funsho, chair of Rotary's Nigeria National PolioPlus Committee, acknowledges the milestone but cautions Rotary members about celebrating too soon. He cites the challenge of making certain that routine immunizations reach every child in Nigeria.

"It's paramount that we ensure all doors are locked to the re-entry of the wild poliovirus into our country," says Funsho.

Funsho says to achieve this, Rotary needs to maintain strong advocacy efforts, continue to increase awareness of immunization campaigns, and ensure members raise necessary funds. Rotary has contributed \$268 million to fight polio in Nigeria.

"As the first organization to dream of a polio-free world, Rotary is committed to fulfilling our promise," says McGovern. "Our progress in Nigeria is a big step toward that goal, but we need to maintain momentum so that Pakistan and Afghanistan see the same level of progress."

Foundation Seminars – 2020

- **8 February in Canberra** commencing at 10.00 am. Morning tea and lunch will be provided. Venue to be advised.
- **14 March in Mittagong** commencing at 10.00 am. Morning tea and lunch will be provided. Venue to be advised.

You are also encouraged to join with fellow Rotarians in District 9700. Details of Foundation events in D9700 will be published as they become available.

ARE YOU A SUSTAINING MEMBER OF ROTARY?

Sustaining members of Rotary donate \$US100 in any given year.

These donations support the Foundation's Annual Fund, with 50% being returned to the District after three years to support Global and District Grants.

Rowley Tompsett, District Rotary Foundation Chair has received a supply of Sustaining Members stickers, designed to be worn on the Dinner Badges of qualified Rotarians.

If you would like a sticker for your badge please contact Rowley. He has a limited supply and they are free!

You can also obtain further supplies, also free of charge, from RISPPQ, or via the Rotary Shop online facility at MyRotary - rotary.org



When embracing your weakness helps you succeed

By Steve Stirling, a member of the Rotary Club of Atlanta, Georgia, USA



Steve Stirling. CEO of MAP International, with some of the medical supplies the organization provides to people in need worldwide.

They are typical job interview questions: What is your greatest strength? What is your greatest weakness?

But in my case, the interviewer often hesitates. After all, how do you ask a guy who is wearing leg braces and using crutches about his greatest weakness? It seems both obvious and insensitive.

We all have weaknesses. Mine are just a bit more obvious. So I've learned to turn the uncomfortable moment around and confront the situation head on.

"My greatest strength is that I am what some people call 'crippled,'" I say, purposely using the politically incorrect word. "Some prefer to call me 'handicapped' or 'disabled.' I've heard all the terms and I'm not upset by any of them. I'm not easily offended.

"I've learned that my physical limitations have helped me build my mental and spiritual strength. I have an Ivy League degree and an MBA from one of the country's most prestigious schools. I've had jobs in top corporations and not for profits. I have enjoyed great success and yet I never forget what it was like to be a child who couldn't walk, living in an orphanage. My greatest strength is what most people assume is my weakness."

My last interview was five years ago when a search committee was looking for the next president and CEO of MAP International, an organization that provides medicine



and health supplies to those in need around the world. In some ways, it was a match made in heaven.

You see, I walk with crutches because I had polio as a child. My life would be very different if the polio vaccine – costing approximately \$.60 – would have been available to me and my family in Korea where I was born. My passion in life is to help other children receive the medicine they need to avoid life-long illness or even death.

So when I told the committee interviewing me about my strengths and weaknesses, I could honestly say that I had a lifetime to prepare for the job of helping bring medicine to those in need. I knew first-hand what it meant to suffer because an inexpensive dose of vaccine was not available.

But I also know that overcoming my challenges each and every day makes me a better leader. It's true that my daily life is more difficult than most people's. A simple flight of stairs, a rocky path, a door with a difficult handle ... these are typical occurrences that are major obstacles for me. Yet I have to prepare myself each day to handle the unexpected.

Fortunately, I nailed that interview and now proudly lead an organization that brings millions of dollars of donated medicines and medical supplies to people in need around the world. It's a big job and truly miraculous path for someone who spent his early years as a forgotten child.

During my earliest years, I didn't even have crutches and had to drag myself around on the ground. At that point my greatest dream was to be able to go to grade school with the "able-bodied" children in the orphanage. I could never have imagined a successful life in the US or that I'd be able to write a book about my journey, "The Crutch of Success."

It was truly a miracle that I was adopted by a generous American couple who loved me and provided for me, including my special needs. Their love and support changed my life, but, of course, the physical damage had already been done. I have had the wonderful privilege of growing up in a country where I received a great education, married a wonderful woman, raised two terrific children, and had a successful career. But my disability is often the first thing people see about me. I try not to let it define me in their eyes.

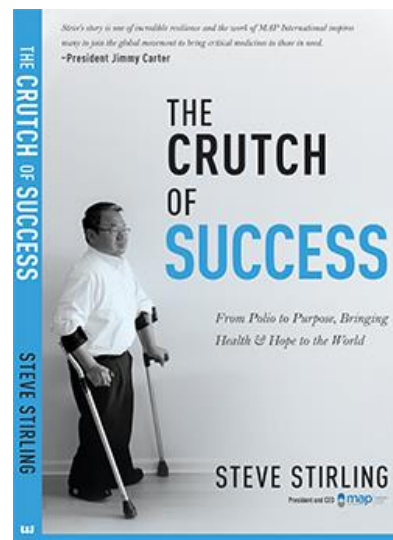
I try to put people at ease, explaining the I had polio as a child and while it affected my ability to walk, I am blessedly able in every other way. It's understandable that they first

see my disability as weakness. My goal is that once they know me, they see it as my strength.

I find that many people try to hide their weaknesses. They dodge the question in an interview and spend their lives hoping no one sees where they struggle. They feel sorry for themselves and focus on the injustice of their circumstance.

If you find yourself in that situation, I want to encourage you. Your weakness can become your strength. Whatever your weakness is – lack of education, the inability to speak clearly, a physical trait you consider unattractive, a disability – embrace it today. Decide what you can do to improve yourself. Take an evening class, join Toastmasters, ask for help.

Then dedicate yourself every day to overcome the obstacles in your path.

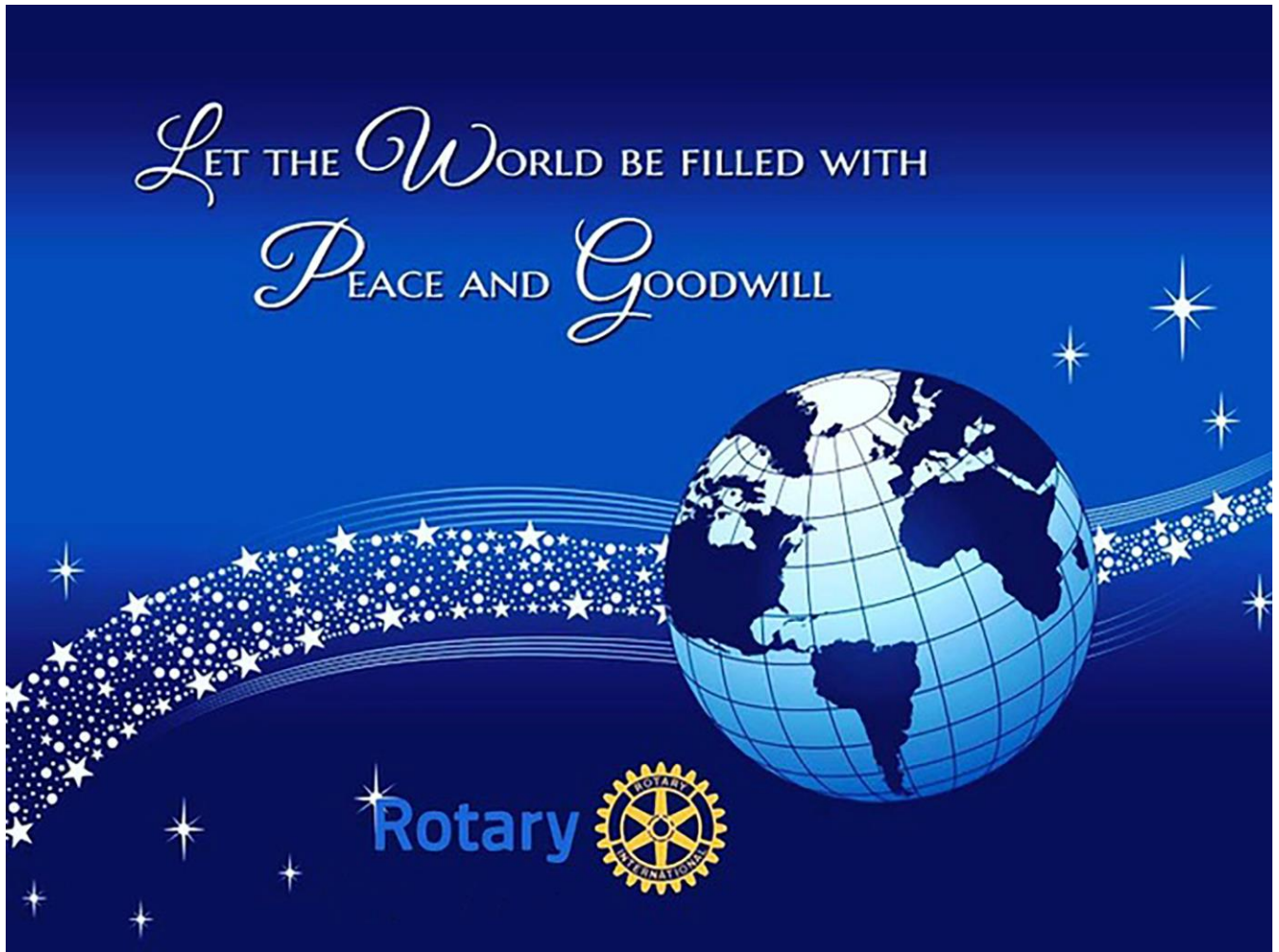


About the author:

Steve Stirling is president and CEO of MAP International, an organization dedicated to bringing medicine to the world. He is the author of "The Crutch of Success: From Polio to Purpose, Bringing Health & Hope to the World."

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Season's Greetings from Your Foundation Team

District Rotary Foundation Chair

Rowley Tompsett 0422 235 095

Centurions

Andrew Bevan 0412 211 504

District Grants

Phil Armstrong 0418 259 963

Global Grants

Rob Woolley 0409 549 485

Global Grant Scholars

Haida Passos 0406 133 982

Global Peace Scholars

Garth Britton 0438 204 870

Paul Harris Society

Paul Street 0412 122 781

PolioPlus

Beth Woolley 0414 653 946

Stewardship

Bill Seelis 0412 424 738

Vocational Training Teams

Pauline Hore 0404 004 095

Send articles for future issues to
rowleytompsett@optusnet.com.au

Everest Assault for Polio Eradication - April 2020



Lukla – Gokyo Lakes- Everest Base Camp -
19 days



- This is one of the world's great classic treks, with the additional challenge of reaching Gokyo Lakes and the negotiating Chola Pass at 5420m ASL. Experience unbelievable breathtaking scenery and the comradery of trekking with a small group as you challenge yourself to reach Base Camp and beyond.
- Get your first glimpses of the mighty Himalayan range on the included flight from Kathmandu to Lukla – surely one of the most dramatically located airports anywhere.
- You'll be accompanied by Rotarian Ken Hutt, an experienced trek leader and mountaineer, along with assistant guides and porters, who will not only give you all the support and guidance you need along the way, but also introduce you to the rich local Sherpa culture.
- Stay in a lodge near the world's highest freshwater lake system in Gokyo, sacred to both Hindus and Buddhists and sure to stun any of those lucky enough to see them in person.
- You'll forget the ache in your body and the chill on your nose the second you're warming your hands over a bowl of momos, but the memories of Himalayan vistas and the feeling of accomplishment will last a lifetime.
- There's nothing like the bonds you form with your fellow trekkers, all with the aim of giving the gift of a Polio free world, and guides – they'll support you

when you're feel like you can't go on and be there to pinch you if you can't believe the views and what you are experiencing.

- **Rotary** put forth the challenge to the world that we could make history and eradicate Polio.
 - Over the last 30 years, through partnerships, donations and awareness, there are now only 3 endemic countries, where Polio has not been eradicated.

Come walk with us and help us get this to **zero.**



Interested? Give Ken a call on 0418 205 225 or email ken.hutt@outlook.com

Is this trip right for you?

- There are 16 days of strenuous trekking on this trip. You'll be trekking up to 8 hours a day and at altitudes over 5500m at times. We can't underestimate how important it is to be in excellent fitness and health, which means training in the lead up to your trip in order to be best prepared.
- The trekking lodges, known as teahouses, that we stay in on the trek are very simple with only basic facilities. Hot water may not always be available and may cost extra, as will access to electricity points for charging devices. Wifi is available at some locations, but connections may be poor.