



REGISTERED CHARITY 1129888

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Dr Fuller reports back from Sodo



One of the hairdresser graduates takes a day out from her new business to meet and greet new patients and show them what's what.

I have just returned from visiting MFTPA (Mossy Foot Treatment and Prevention Association) in Sodo where I have been seeing how podoconiosis ("podo" or "mossy foot") patients are faring once through their vocational training schemes. All graduates of the skills and microfinance programmes are required to attend as support workers once a week at their local outreach clinics to help teach, train and engage the new patients with the essential health routine measures needed to treat their feet. They also help with the administration of each of the busy clinics. A minimum of 50-60 patients each clinic. They assist the podo agents (also ex mossy foot patients) with the clinic tasks of training new patients and updating old, measurement and inspecting feet and recording the results, distributing materials (soap, bleach, socks bandages and shoes if needed). One of these graduates was rather horrified by my chaotic locks and immediately set about trying to give me a makeover .



A typical Post treatment foot:

The foot above is clearly still abnormal but relatively clean, moisturised and most importantly now normally covered with a sock and shoe so its "owner" no longer has recurrent attacks of fever and can lead a productive life.



MFTPA Shoemakers assisted by a visiting amateur. This team makes >400 pairs per month of hand made shoes for the patients needing specially sized shoes. Once the size of the feet has reduced they can wear more conventional shoes.

Special points of interest:

- MFTPA Shoe makers now make > 400 pairs per month
- MFPTA has 14 outreach clinic sites which are up to 63km from Sodo

Motivation for New Patients

Seeing these formerly destitute girls now looking smart and independent does dramatic things to the motivation of the patients earlier on in their treatment cycle. The camaraderie at these clinics is, if anything, even more positive and uplifting than my last visit two years ago perhaps due to the increase in number of motivating success stories.



>95% of all the microfinance loans have been paid back so far.

"Where have all the huge feet gone?"

Dr Claire Fuller



A team of microfinance ladies assemble to pay off their loan and have their feet checked

Qualifying for the "Cured" book

To qualify for the vocational training or microfinance options, the patients have to demonstrate excellent foot condition and adherence to the treatment. Following the regime also renders them free from otherwise regular acute attacks of fever and malaise rendering them bedbound for 48 hours or so and obviously significantly

reducing economic capacity. This then enables them to be entered into the "CURED" book and then they can proceed to the next phase. The vocational training courses are arranged such that the students receive training, pass out of this with a little ceremony and also receive a set of tools of the trade where relevant.



Ladies returning to their monthly clinic. If all is well for entry to the next phase: vocational training either hairdressing, shoemaking or microfinance.

Onwards to the next step of vocational training

As regards the re-training element: "cured" outpatients can either have training in hairdressing, barbering, carpentry or apply for a loan of up to 1500 Ethiopian Birr which works out at about \$100. They then have to pay 10% of their profit back each month until the interest free loan

is paid off. The ladies in the attached photo are a group that benefitted from our funds and were there to pay off the last part of their loan that day. There have been virtually no defaulters amongst any of those involved in the microfinance loan scheme so far. All participants still

have to attend monthly to their clinic where a proportion of them will be examined (on a random basis) to check they are still adhering to the treatment and doing ok; but mainly they are there to help run the clinics and to bring new patients.

Reduction in Stigma

It was an inspiration and encouragement to me to see the change in these now economically independent people from two years ago. Some of the original patients are certainly unrecognisably improved compared to my first visit in 2002. Especially encouraging is the reduction in stigmatisation that has happened during the last 8 years or so. When I first visited, project workers were not permitted by patients or their families to visit the home of the patient as this would lead to identification that there was a MF patient in the home. Now Mossy Foot staff are openly approached in public places such as the market by people who just want to show their feet to them to check if they might have early poddo. The simple treatment programme along with the creation of economically independent and successful individuals from previously destitute sufferers is such a positive advert that there is no longer fear in coming forward.