



Rotary Club of Unley Inc.

District 9520 - Chartered 17 April 1935

President: Ken Haines: 0407 696 184

Secretary: Greg McLeod: BH 08 8223 3999 or AH 0417 811 838

Address: PO Box 18, Unley SA 5061

Email: unley.secretary@rotaryclub.org.au

Meetings: Tuesdays at 6.00 for 6.30pm

Venue: Damien on Fisher, 123 Fisher Street, Fullarton SA 5063



President Ken Haines

Our Last Meeting

Venue: Damien on Fisher

Event: **Trevor McGuirk** Peru Health Project

Chairman: Trevor McGuirk

Guests: Past DG Dick Cuttle, Lou Davy, Nina Murad, Chad Leader, Judy Cochran, Margaret Benton, Lynda Sweet, Jenny Schodde, Rex Martin, and Vivian Liddel

Apologies: Stephen Baker

Attendance: 20 Members and 10 Guests

President Ken's Announcements

1. Ken reminded us that there is no meeting on Tuesday next week – the meeting will be the Police Officer of the Year presentation at the Glenelg Golf Club on Friday 19th May.
2. He reported on a meeting with the Principal of Annesley College Junior School who showed him their very fine function facilities that are available for hire.
3. There is a Barbecue on 13th May and members are needed to assist.

Guest Speaker – Trevor McGuirk: Peru Health Project

or Rotary Club of Unley Remote Communities Project in the Andes Mountains near Cusco In Peru

Acronym: RURKPAMNCIP – pronounced Rerkpamsip.*

Many years ago, our member Trevor McGuirk fell in love with a small mountainous region near Peru and wanted to make the lives of the local people better. He firstly established his own personal project, The Kids of Cusco, and set about raising money. He then plotted a bigger plan and after moving to join the Rotary Club of Unley he succeeded in garnering support for this large project that to date has no simple name or acronym. (Hence the made up RURKPAMNCIP)

Under the auspices of our club that seeded the project with \$10,000, he gained commitments from other clubs to build the total to \$33,000, he was successful in adding to this amount with a Rotary District Grant and the applied for a Global Grant through the Rotary Foundation. The final funding under Global Grant GG 1641312 is \$US 55,000.

Trevor's current name for the project is “**Medical Health Services for Isolated Communities Cusco, Peru**” but it concludes more than just medical stuff.

Components:

Medical Health – Service provider – DESEA, Peru.

- Basic Health Care for the communities of Quiswarani, Ttio Grande, Ttio 2B (Marcarni), Fuso, Sascicancha, Chaupimayo and Phusac.

- Training of four Qhali so that they become Primary Health Workers for their communities. Each receive 200 hours of training by a fully qualified doctor and nurse, who has been employed by DESEA.
- Basic First Aid training in all communities.
- Emergency health care.
- Health care for pregnant women, and birth of children.

Installation of 40+ Bio-sand water filters – DESEA, Peru.

- Installation at Ttio Grande, Ttio 2B and Phusac.

Construction of greenhouses/hothouses at communities that do not have hothouses.

- Construction at: Quiswarani, Chaipa, Pampacorrall, Maucau and Phusac.

Day for Girls – re-usable sanitary kits – this component has two distinct sections:

- Distribution of existing kits accompanied by sex education and female body development for girls. They are 35 kits located at DESEA and another 15 will arrive from Australia on Monday 10th April. (Total for distribution: 50)
- Establishment of an Enterprise Centre to train local women to sew the kits. This will take time to establish. Sewing machines have to be purchased and training has undertaken with the women.



Trevor has recently returned from his first visit to implement the project, and he had a busy time.

Meetings and excursions:

- Attended general Wednesday lunch meetings of the Rotary Club of Cusco on four occasions.
- Attended Board meetings with Rotary Club of Cusco – two occasions.
- Attended planning meetings with DESEA in Lamay (town in Sacred Valley) on three occasions and one in Cusco.
- Visited Quiswarani, Ttio Grande on three occasions, Chaupimayo and Sasicancha.
- Met with leaders of Quiswarani at Calca on one occasion. They also came to the airport when he departed.
- Met leaders of Ttio Grande on one occasion.

“KIDS OF CUSCO” - At TTIO GRANDE – coordinated by Sadith Molina Silva

- Provided money for conversion of a large room at Ttio Grande into three sections; a classroom and two rooms for teacher's accommodation; cost: USD700 or PEN2,400.
- This required repairing windows, replacing windows to create two doorways and installing two dividing walls.
- Provided money one piece of fruit for the children (100) every two weeks – bananas, pears, oranges or other fruit available. Cost USD300 or PEN950. **Money about to run out.**

At TTIO 2 B (MARCARNI) – coordinated by Sadith Molina Silva

- Provided money to divide room with a curtain for teacher accommodation
- Provided money for shelves for books and school resources
- Provided money for “lockers” for students' backpacks.
- Provided money to purchase a whiteboard for a classroom. USD300 or PEN1,000

At Accha Baja – coordinated by Sadith Molina Silva.

- Provided money for knitting needles and wool for a women's project in another small community called Accha Baja: USD220 or PEN700.

Needless to say, Trevor's efforts have been greatly appreciated by the people they are aimed to help. Trevor has left the ongoing management of the project in the hands of the Rotary Club of Cusco. They have the money in an account. Trevor approves the payments.

* This of course is a joke and is not true.

Spots

Sheila Evans: Sheila reported on a successful excursion to Calperum Station. Eleven people were involved and nine of them from Unley. They planted 200 trees and cleaned up about the place. Everyone had a good time and there are plans afoot to go again.

Heather Kilsby: Heather spoke of the POOTY presentation next Friday. Registrations are well below what is required and she urged members to participate.

Reno Elms: Reno sought volunteers to assist with the Red Shield Appeal. He aims to raise \$60,000 as he did last year. The club has been a great supporter in the past. He reminded us that the club matches donations made by members.

Patsy Bennett: The club is due to debate RC Hyde Park on 6th June. We selected the topic; “Celebrities Make Good Role Models” and Hyde Park will decide the side they would like to take. The team of Valerie Bonython, Sheila Evans, and David Middleton was dragooned.

Jerry Casburn: Next year's District Conference (combined with District 9500) will be in the Barossa – 23rd to 26th March. Jerry has his foot on accommodation for 16 people close to the venue at reasonable prices. So far he has 10 takers and invites others to join them.

Jerry Casburn: People are required to be on the District Rotary Foundation Committee.

Valerie Bonython: A farewell function for President Ken is booked at Udder Delights in Hahndorf on 25th June at 12 noon. Payment is required on 13th June. So far 11 people are attending and a good turnout is encouraged.

Trevor McGuirk: They still have one person to place for the home hosting from the group of Indian Rotarians. Let Trevor know if you can help.

Sergeant's Session

Plenty of self-fining, and an amusing smiler. Dick Cuttle won the unlucky Squares.

After a very long programme, the meeting closed a little late at 8.10pm. This was a minor blot on President Ken's commendably almost perfect record of achievement in bringing meetings in on time during his term at the helm.

Where Polio Hides

By Erin Biba | Photos by Andrew Esiebo

The discovery of the poliovirus in Nigeria last summer shocked eradication efforts. Here's how Rotary is making sure it doesn't happen again

For a 13-month-old boy whose family lives in north eastern Nigeria, escaping Boko Haram was only the beginning of a long, difficult journey.

When his family finally arrived at the Muna Garage camp for internally displaced people (IDP), they had walked more than 130 miles in three days. They were starving, and the camp was only a temporary setup with inadequate facilities, housing more than 15,000 people. But the worst news was yet to come. Health officials in the camp determined the baby had polio.

"It was heartbreaking," says Tunji Funsho, chair of the Nigeria PolioPlus Committee and a member of the Rotary Club of Lekki Phase I. Funsho met the boy on a trip he took in August to three of the country's IDP camps. "At least (the family was) able to escape Boko Haram. The child was able to walk but with a limp, and was quite malnourished."

If it weren't for the polio surveillance system that the World Health Organization (WHO) has in place at every one of Nigeria's IDP camps, Funsho says, the boy's polio could have easily gone unnoticed. In fact, it was a shock to the entire polio eradication effort in the country that a case existed at all.

The country hadn't had a case since July 2014 and had been removed from the list of polio-endemic countries. But in August 2016, routine surveillance methods, which include sampling of sewage and wastewater to look for viruses circulating in the wild as well as monitoring and investigating all cases of paralysis in children, discovered two cases of polio in Borno state – one of them the 13-month-old. (Two more cases were subsequently reported.) Polio wasn't gone from Nigeria after all.

"The new cases devastated us. Even one case is unacceptable. It's very unfortunate we are in this position, but we are recalibrating our efforts to end this disease," Nigeria's health minister, Isaac Adewole, told Rotary leaders during a meeting at Rotary International World Headquarters at the time. "We consider this situation a national emergency."

The importance of surveillance

The polio surveillance system, carried out mostly by WHO and the U.S. Centers for Disease Control and Prevention (CDC), two of Rotary's partners in the Global Polio Eradication Initiative, consists of several parts. First, doctors and other community health workers such as healers and traditional birth attendants monitor children for paralysis. "Most times cases are not discovered at a medical facility – they're discovered at home by the volunteer community mobilizers and people who are paying regular visits," Funsho explains. "They find a child that is limping or unable to use a limb they've used before. They're trained and they know the questions to ask." If they discover a paralysed child, the health workers report the case to WHO, which sends a surveillance team to collect stool samples from the child and his or her siblings for testing.

The second part of the surveillance process involves local authorities collecting samples from sewage systems or, in places that don't have adequate sanitation facilities, rivers and bodies of water near large settlements. The samples are sent to a lab, one of 145 in the Global Polio Laboratory Network, which looks for the poliovirus. If it is found, the samples go on to a more sophisticated lab where scientists perform genetic sequencing to identify the strain and map where and when it has been seen before.

The worldwide scale of these surveillance efforts is massive and costs roughly \$100 million every year. For the most part, these activities take place only in countries that don't have adequate health systems already established. In the U.S., for example, if a child showing signs of paralysis visits the doctor, the necessary tests for polio are already a part of the working health system. But in countries that don't have such a robust system, WHO takes on that responsibility. That means investigating more than 100,000 cases of paralysis around the world every year to rule out polio.

In Nigeria's IDP camps, surveillance is more complicated. Before people enter, they are screened by security agencies (there have been several cases of suicide bombers trying to infiltrate the camps). Next, at the camp's health facility, doctors evaluate the new arrivals' overall health and screen them for polio. Volunteers then document what villages they have traveled from, using the information to track who is in the camp, where they are within the camp, and who their family members are.

The challenge of mobile populations

Before the new cases were detected, the surveillance teams working in IDP camps were vaccinating and searching for suspected polio cases as usual.

But in the official documents, when they were reporting their findings, the teams weren't marking the displaced people as being located in their camps: They were being counted by their area of origination. However, surveillance teams and



To test for the poliovirus, local authorities have to collect samples from sewage systems or, in places that don't have adequate sanitation facilities, rivers and bodies of water near large settlements.

vaccinators weren't actually traveling to some parts of the state where the displaced people had come from because the presence of the Boko Haram terrorist group made it difficult.

"This gave the impression there was good surveillance (in those areas), when in fact there were major blind spots," says Mark Pallansch, director of the Division of Viral Diseases at the CDC. "We knew this was an area of concern, so we implemented additional measures to try to strengthen surveillance."

The extra measures included scaling up environmental surveillance and sampling healthy individuals – including adults – for the presence of poliovirus as they exited inaccessible areas. Teams also searched IDP camps and host communities more frequently and reassigned the acute flaccid paralysis cases by place of onset. It was in part thanks to such strengthened activities that additional polio cases were found.

But the surveillance situation remains volatile, Pallansch confirms. "This really underscores the dangers of any low-level residual polio transmission in the face of any subnational surveillance gaps," he says. "We still don't have an exact idea of virus transmission in some areas of Borno. Operationally, we have to therefore assume that it remains an infected area and our focus has to be on reaching the children with the vaccine, all the while plugging the surveillance holes."

A major part of the problem is that in the area where the cases of polio were discovered in Borno, the health system is decimated, impeding the discovery and reporting of the poliovirus. In December, WHO health monitors reported that 35 percent of 743 health facilities in Borno were destroyed and 29 percent were damaged. Sixty percent of the remaining health sites have no access to safe water.

But it's not just the breakdown of the health system that is causing the problem. Until recent military incursions by the Nigerian government, Boko Haram occupied more than half of Borno. And, unlike the Taliban, which controls areas of Afghanistan (one of only two other countries that have yet to eradicate polio), Boko Haram does not negotiate with vaccinators who want to enter areas they are in.

Nigeria isn't the only area of the world that has regions with limited access. The GPEI has begun an extensive analysis of surveillance in other countries to ensure that the Nigerian "blind spot" isn't a problem elsewhere. "Boko Haram makes many parts of the area virtually inaccessible. Depending on where Boko Haram is, that can be inclusive of bordering countries," Pallansch says. "It will take some time to gather information and analyze it properly. But at a first pass it's not quite as worrying as some may think, except in those areas we already know are problems. In places like South Sudan and parts of the Horn of Africa, the border of Afghanistan and Pakistan, we're intensifying our efforts.

"In a sense, the situation in Borno is a good comparison to the global situation," Pallansch says. "Ninety-nine percent of Nigeria is polio-free. But unless you eradicate the disease completely, the rest of the country will remain at risk. The same holds true globally: 99 percent of the world is polio-free. But all countries remain at risk until we finish the job everywhere."

A surge in vaccinations

Through genetic testing of stool samples taken from the new polio patients, the GPEI traced the poliovirus to a strain that emerged in Chad almost five years ago and circulated through Chad and parts of Nigeria. It had been eliminated from accessible areas, but it turns out that it never left parts of northern Nigeria.



Polio vaccinations have surged in Nigeria and surrounding countries since the discovery of the polio cases.

for good.

After certification, the polio surveillance network is likely to continue providing services. It has already been used to help contain other deadly diseases such as Ebola and measles, and there are ongoing discussions about what the surveillance



The Nigerian army escorts people traveling through risky areas.

The discovery triggered an increase in vaccinations in other countries that have similarly inaccessible areas. In Nigeria alone, more than 850,000 children were vaccinated in the first five days after the cases were discovered, according to the country's health minister. And Nigerian border countries coordinated efforts to increase protection of their own polio-free status.

The very nature of the GPEI's system being at once a very large network of worldwide organizations and small groups such as Rotary clubs made up of local residents is what helped the teams respond so quickly to the new information, Pallansch says. "The system itself means there is surge capacity. No one place has to stand on its own. There are always other places within the system that can help," he says. Because of that, the Polio Eradication Initiative continues on pace – revealing weak points where they may exist and fixing them – but still marching toward that day when polio is gone

strategy will be after polio, according to a spokesperson at WHO. The biggest question is how that network can be maintained so that it can go on hunting for other diseases.

Upcoming Events

South Australia Police Officer of the Year:

Thursday 19 May

Rundle Mall at noon

Glenelg Golf Club 7 for 7.30pm

Sunday 28 May: District Assembly Office Bearers Training (Unity College, Murray Bridge)

Sunday 18 June: OSSAA luncheon (Glenelg Golf Club)

Sunday 25 June: Udder Delights outing at Hahndorf

Tuesday 27 June: Club Changeover at Kooyonga Golf Club.

Our Upcoming Meetings

Date	Venue	Time	Speaker/Occasion	Chairman	Set-up & Welcome	Sergeant	Attendance
16 May	Transferred to 19 May						
19 May	Glenelg Golf Club	7 for 7.30pm	POOTY AWARD DINNER	H Kilsby	MC: D Middleton	N/A	T McGuirk R Harding
23 May	Damien on Fisher	6 for 6.30pm	New n Old in Rotary - Nicholas Burton (RYLA), Rachel Harding, Geoff Hill	S Evans	S Evans	TBA	R Harding
30 May	Damien on Fisher	6 for 6.30pm	Hosting of Prospect Club GS - Tracey Dixon (Public Trustee)	R Mullins	R Harding	TBA	G Hill
6 June	Damien on Fisher	6 for 6.30pm	Debate with Hyde Park	K Haines	G Hill	TBA	A Jonson
13 June	Damien on Fisher	6 for 6.30pm	Sheree Dunsford (Udder Delights) & Stephen Bone	V Bonython	A Jonson	TBA	D Liddle
20 June	Damien on Fisher	6 for 6.30pm	Hosting of visitors from India; 'It's a wrap'	K Haines J Casburn	D Liddle	TBA	T McGuirk
27 June	Kooyonga Golf Club	6.30 for 7pm	Changeover		T McGuirk	N/A	R Mills

Usual Meeting Venue: Damien on Fisher, 123 Fisher Street, Fullarton SA 5063

Apologies to: Jerry Casburn as early as possible by e-mail jerry@thecasburns.com.au 0407 646 396

Meeting Chair Enquiries to: Secretary Greg McLeod on 0417 811 838 or email to unley.secretary@rotaryclub.org.au

Venue Set-up/Bar Enquiries to: Bulletin Editor (substitute) Jerry Casburn 0407 646 396

Attendance Desk Enquiries to: Wendy Andrews by e-mail to wendyjoyandrews@gmail.com or in an emergency on 8377 7830

Saturday Thrift Shop Roster

Week	Dates	Early Shift: 10am to 12.30pm	Late Shift: 12.30pm to 3.00pm
1	3 June 17	David Middleton & Jerry Casburn	Bob Laws & Robyn Carnachan
2	13 May 17	Greg McLeod & Pam Trimmer	Wendy Andrews & Mavis Martin
3	20 May 17	Nathan White & Vera Holt	Pam Trimmer & Ken Haines
4	27 May 17	Bob Laws & Stephen Baker	Sheila Evans & Ken Haines
5		Bob Mullins & David Pisoni	Jerry Casburn, Lachlan Reid, Reno Elms

Rotarians, who are unable to attend as rostered, please arrange a swap or as a very last resort contact:

Pam Trimmer (T) 8293 2612; (M) 0415 238 333; e-mail: pamela.trimmer@bigpond.com

Bunnings Mile End Barbeque

ALL the Bunnings Mile End Barbeque shifts are from 8am to 5pm (But no longer last Monday in month)

Next Date: Monday May 29

Morning shift: 8.30am – 12.30pm Afternoon shift: 12.30 – 5pm

The Back Page

Three old ladies are sitting around a table playing bridge and bragging about their sons.

"My Freddie," said Margaret, "Everyone should be so lucky to have a son like my Freddie. Once a week he brings me a huge bouquet of flowers, he's constantly bringing me out to restaurants to eat, if I so much as hint that I want something the next morning it's on my doorstep."

"That's very nice about your Freddie", says Gertrude. "But with all due respect, when I think about the way my Sammy takes care of me, it just can't compare. Every morning as soon as I wake up he greets me with bacon and freshly brewed coffee. Every lunch he comes over and cooks me a gourmet lunch, and every supper he brings me to his house for supper, he truly treats me like a queen."

"WELL!" Says Barbara "I don't want to make any of you feel bad or anything, but wait until you hear about my Harry; twice a week he pays someone \$200 an hour just so he can lie on their couch and talk to them, and who do you think he talks about at those prices? Asks Barbara with a big excited double chin smile, "I'll tell you who he talks about! ALL HE TALKS ABOUT IS ME!"

My sense of humour



Why we need a new education funding scheme?

