



*In an annual report there are obviously lots of facts and figures, programs conducted, events chronicled, population covered, targets achieved etc. This is not merely a report, it is more about lives being refreshed and transformed medically socially and economically bringing hope for a new tomorrow.*

## **Activity Report 2002**

**Amici Di Raoul Follereau  
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## Preface

*In the early seventies, AIFO began its work in India by supporting activities carried out by NGO's through German Leprosy Relief Association. In the year 1996, a public charitable trust named, Amici di Raoul Follereau meaning, Friends of Raoul Follereau that aptly describes our organization, was formed and the coordinating office was now based in Bangalore.*

*We are proud to have able and determined individuals like Dr. V Ekambaram and Dr. Daisy who have been the pioneers and mentors and will always be our guiding force for our work. We recognize the invaluable inputs by the AMICI Trust members facilitating AIFO to new heights.*



*The past year has witnessed a shift, to intervene effectively in paving the way for AIFO to evolve an inclusive strategy for development. A shift which may have been painful and difficult has reflected clear and good results. The integration of leprosy services into the general health care system has remained the important achievement of this year. Thankfully, leprosy services are no more exclusive and segregated. The inclusion of the leprosy services in this manner promotes the acceptance and finally inclusion of the person affected by leprosy.*

*Community Based rehabilitation for persons affected by leprosy and people with other disabilities has been the focal point of all the activities. Community development projects for children are an effort to promote special attention towards the needs of one of the most vulnerable sections of our society. AIFO is an organization that loves and sure enough, the children are special.*

*This annual report provides an overview of the people and groups AIFO supported in 2002. With a diversity of themes and strategies, various grass-root level organizations are working to create a world in which they have the opportunities they deserve.*

*The support of AIFO is vital in this endeavor. All our projects are people oriented and the unbridled effort of the project partners all over the country is and will always remain essential.*

A handwritten signature in black ink, appearing to read 'Jose M V'.

*M V Jose  
Representative*



*'Change has a considerable psychological impact on the human mind. To the fearful it is threatening because it means that things may get worse. To the hopeful it is encouraging because things may get better. To the confident it is inspiring because the challenge exists to make things better.'*

**- King Whitney Jr.**

## PROJECTS

The interventions supported by AIFO include projects and micro projects which focus in three areas: Leprosy control in an integrated primary health care setting. Community Based Rehabilitation focussing on marginalised groups; and community development projects focussing on children. Our strategy involves extension of support to several grass root level organisations scattered all over rural India.

AIFO has supported 39 projects across India. The following flow chart explains the break up of the projects:

## LEPROSY

**AMICI DI RAOUL FOLLEREAU** believes in not only the eradication of leprosy the disease but also the other associated leprosy viz. the stigma, ostracization from the society and humiliation faced by persons affected by leprosy. In order to achieve this goal, various strategies have been adopted.

- Support to the various NGO projects
- District Technical Support Teams of the National Leprosy Elimination Programme, GOI

## NGO SUPPORTED PROJECTS



AIFO supports – NGO projects spread across the country. The population covered is both urban and rural. All of the partners have been successful in implementing and sustaining programmes for the fight against leprosy.

The table below gives an overview of the range of NGO projects and the MDT cases that were registered in the year 2002.

**TABLE of NGO PROJECTS AND NEW MDT REGISTRATION in 2002**

S.No	Project	Total Population Covered	MB	PB	Total
1	Kollapur		31	17	48
2	Bhalki	75,037	19	32	51
3	Bellary	276902	93	153	246
4	Gudivada		12	48	60
5	Mandya	536675	40	56	96
6	Warangal	608240	60	139	199
7	Sumanahalli	450000	40	51	91
8	St.Catald	151541	2	9	11
9	SJJ	385677	26	17	43
	<b>Total</b>	<b>2484072</b>	<b>323</b>	<b>522</b>	<b>845</b>



All the projects have been introduced to the new decentralised and rather horizontal approach to the fight against leprosy. The new role of supporting the Government machinery in areas of training, referrals and providing the necessary direction is slowly being imbibed the NGO partners. The existing Government infrastructure and the dedicated efforts of the NGO staff are bound to produce great results as a grand finale in the last stage of leprosy eradication from India.



Therefore, the year 2002 has shown a dramatic change in the fight against leprosy. This year has witnessed the integration of leprosy work with the general health care system. Reports of increased collaboration with Primary Health Centres and Urban health staff for case detection, treatment and reporting are reflection of this modification of strategy. Our projects were advised to understand this transition and make the necessary changes in the intervention strategies.

## DTST'S SUPPORTED

AIFO also supports several DTST's across the country. The table below gives a clear picture of the work of the DTST's.

TABLE OF DTST'S AND NEW MDT REGISTRATIONS IN 2002

S.No	DTST	Total Population Covered	MB	PB	Total
1	Raichur	1648212	289	416	705
2	Bareilly	3601146	1125	1485	2610
3	Koppal	1212472	275	188	463
4	Birbhum	3061952	12	3	15
5	Bangalore		348	402	750
6	Chittoor	3004666	472	1344	1816
7	Mandya	1761718	115	114	229
8	Rampur	1970507	318	399	717
9	Shahjanpur/Pilibhit	4232791	2084	1649	3733
	<b>Total</b>	<b>20493464</b>	<b>5038</b>	<b>6000</b>	<b>11038</b>

## HIGHLIGHTS



Dr. V Ekambaram, a man of great determination and strength who has been relentlessly working in setting up AIFO in India for over twenty years. He has been instrumental in integration of leprosy into general health in two programs running in Karnataka, namely MDT programs of Mandya and Bangalore.

He dissuaded the vertical approach and felt the need to integrate Leprosy with other health initiatives. He made the decision for funds for these two programs from the following year would be withdrawn if other components of development are not included.

Regular training programs are conducted by the Medical Coordinator. His visits to the projects are not exclusively for monitoring, but for staff training and also advice about changes in strategies and new development.

The visit and training provided by Dr. Mani has taught all the staff many new insights into the leprosy work they are involved in. the body charting and smears of all patients detected was advised to us.

Dr.Sr. Prashanthi Mary, ADC, Pedana



Intense and systematic awareness drives have encountered the issues of segregation and isolation of leprosy affected persons, thus rise is voluntary reporting of cases.

Reports from the NGO projects claim to say that the stigma has reduced drastically. This is indeed a great achievement.



## OPERATION LIFE

Reconstructive surgeries at Assisi Dermatological Centre, Pedana, Andhra Pradesh. Various operations for Foot drops, ulcers, claw hands have been conducted in the year 2002. Approximately 50 surgeries were conducted with the support of Dr. Mammen a renowned Orthopaedic and Reconstructive surgeon from Karigiri, Tamil Nadu.

## SURVEY SURPRISE IN COCHIN

A special survey was conducted in 14 colonies in the Cochin project Area. The leadership of Dr. Ekambaram, Dr. Daisy, Dr. Manimozhi and Mr. Jose brought about a great surprise to all. At the end of the one week survey, 95% of the population was examined and 17 cases were detected. All of them were brought under treatment immediately.

## NEW HOSPITAL AT BHALKI

November 10, 2002 witnessed the inauguration of a new Hospital at Bhalki. This is a General hospital which treats all patients including those with Leprosy. On an average 50 – 60 patients are treated in the Out Patient Department. Free or subsidised treatment is given to all needy persons.

## AWARD FROM PRESIDENT

### 7th National Award for Sumanahalli Leprosy Rehabilitation Centre



Mr. V. Kalyan Kumar of Sumanahalli Leprosy Rehabilitation and Training centre received the National Award for the Best Self Employee among the Disabled from the President APJ Abdul Kalam at Vigyan Bhavan New Delhi on the 3rd of December, the International Day for the Disabled in the presence of Dr. Satyanarayan Jatiya, the Minister of



Social Justice and empowerment. He holds two masters degrees and is a poet who has authored two books of poems. He is a leprosy cured patient and was rehabilitated by the Sumanahalli Leprosy Rehabilitation centre by supporting him to set up a telephone booth in Bangalore city railway station. Sumanahalli has supported him for over seven years. If you are in city railway station and looking for a phone booth, just walk to platform number 4 and there Kalyan Kumar will be waiting for you!

## NETWORKING

- The NGO partners have made all efforts to network with like minded NGO's and Disability Welfare Dept. for medical, socio economic rehabilitation of persons with disability and persons affected by leprosy.
- Shantha Jeeva Jyothi – was invited by the Karnataka Urban Infrastructure Development and Finance Corporation, Govt. of Karnataka to implement a comprehensive community development programme in Ramanagram, a rural town near Bangalore.
- International Medical Association, Cochin has been collaborating with Urban Poverty Alleviation Dept. of the Corporation of Cochin to address health issues in the community development programs.

## CBR

AIFO has supported eleven programs run by NGO's in various pockets of India. Of the eleven six are in Southern India, four projects have been supported in the North and Northeast and one in western India.

An interesting change that has taken place in most of our projects is that leprosy control is losing its exclusivity and most of our exclusive Leprosy projects have Included Leprosy as part of the community development program.

The projects have undertaken different services such as formation of Self Help Groups, Financial assistance for employment and micro enterprises, counselling services, mobile medical units, home based care for people with disabilities, supply of mobility aids and appliances, sponsorship for children's education, Training assistance cum career guidance, advocacy programs, de-addiction programs. All these activities have increased the impetus and coverage for the program.

Since most of our projects are working in rural areas there has been great focus in aspects of disability management within the community. Training to caregivers and others in the community to care and prevent disabilities has been





emphasised this year. A remarkable change is the integration of persons cured from leprosy to mainstream society.

One such example is **ALC (Assisi Leprosy Center), Hagaribommanahalli, Bellary, Karnataka**. This program was established in 1995 in accordance with the national Leprosy Eradication Program (NLEP). Over time ALC has evolved and broadened its vision and believes in providing equal opportunities for people from all marginalised groups. With their effective awareness campaigns using motivational songs, films, street plays have reduced the incidence of young girls being forced into the 'Devadasi' system. The Devadasi system originated with young girls being offered in the temple towards service of God. This ritual has been highly exploited forcing young women into the flesh trade.

**MOBRHC (Maria Olivia Bonaldo Rural Health Centre) Mandya, Karnataka** is another one of the projects who have evolved themselves and included Leprosy as a component of a comprehensive development program. They have continued their specific medical care to patients suffering from leprosy. They have evolved women's groups with the view to empower women and restoring their dignity as equal partners of change. About sixteen such groups have been registered under the government of Karnataka. Awareness regarding HIV/AIDS has also been one of the focal points of intervention. Various schools and youth groups have been reached out to through these programs.

Many of the projects have closely networked with government agencies for example, **SJSS (St. Joseph's Service Society), Chandpur, Haryana** has distributed aids and appliances with the aid of the Ministry of Social Justice and Empowerment. Their camp was beneficial to over 300 people from over 30 villages.

Other significant achievements include facilitating economic independence for persons with disabilities; **Samudaya**, a project of **SRMAB (Shree Ramanna Maharishi Academy for the Blind)** running in **Malavalli, Karnataka**. The project has evolved innovative strategies of employment for people. Mr. Ramalinge had paralysed from the waist downwards after a fall from a coconut tree, he had lost all hope and was unable to feed his family. After consistent intervention from SRMAB, he is today using a motorized tricycle and earns through sand collection.

In the field of medical care **Seva Kendra, Silchar, Assam** project is worth mentioning. The project area covers two development blocks in Assam state and one development block in Mizoram state. Medical facilities both public and



private are very poor. The nearest PHC is around 18 kms from the village. This has led to the rise of a lot of untrained people in the medical field. People are forced to take unwanted medicines for quick relief. With the efforts of Seva Kendra, Dr. Reemy, a dedicated medical doctor has started looking after the health needs of the population. Use of low cost medicines and locally available herbal medicines has been encouraged. Focus on right nutrition and healthy living has been focussed to reduce the incidence of sickness and ailments. This initiative has been widely accepted by the people and they have become partners in the process of development.

**Samarth**, a project of **TASH (Technology and Social Health) Foundation, Mumbai, Maharashtra** is one of the few urban based projects. Their work has been very need based which is assessed through regular surveys. The interventions are planned with the felt needs of the community.

One of the highlights in 2002 was a seminar held in Mumbai on Disability and Development. The panel of speakers included effective resource persons from both the Government and NGO sector to discuss critical issues and draw action oriented plans in CBR strategy. Some slums in the project area are prone to communal tensions, Samarth has effectively intervened in fostering communal harmony through street plays, songs etc

During the year World disabled day celebrations, Volunteer mobilization campaigns, school health education programs, surgical campaigns, seminars and workshops were undertaken by all the projects.



*A tribal woman from Shobhri village, Karimganj District, Assam. A woman who has not ventured out of her village has gained the confidence to speak about the SHG and the activities. They have successfully redeemed mortgaged land from the exploitative hands of the land lords . . . . .  
Indeed a symbol of true empowerment.*

## TRAINING

Jayanth Kumar, CBR Co-ordinator at AIFO has been conducting ongoing training programs for the project staff to strengthen strategies for development. This year focus was laid on developing links between the projects, improving the communication between the projects and the AIFO groups in Italy, sharing of resources, all these strategies were strengthened to have better collaboration and results in the future.

Collection of information related to various issues of marginalized groups and projects was also on the agenda to share information through Bangalore NIE Centre. In the year 2002 eight projects were visited in the year, out of which seven were in Karnataka and one in Jarkhand. Four new projects in Karnataka such as ADOR in Raichur, ORBIT in Bidar, AMSK in Bidar, Sumanahali in Bangalore were taken for initiating CBR along with existing Leprosy control activities through basic training programmes. Other four old projects namely, MOB Mandya, Samudaya, SRMAB, Malavalli, ALC (Assisi Leprosy Centre), Hagaribommanahalli, Bellary, and CHAIR, Chainpur & Gumla in Jharkhand were visited for reviewing the progress as well as to refresh knowledge and skills of the working team in CBR through follow up training courses.

## CHILDREN

AIFO promotes micro projects and projects aiming at children living in specific difficult circumstances like children without families, children forced to work in inhuman conditions, street children, children victims of various abuse. In such situations AIFO promotes development promoting sustainable solutions through community based approaches.



Among all the AIFO interventions those aimed at children with special needs have great importance.

In all AIFO has supported seven children projects across the country.



Programs for Children are basically under these tenets

- Education
- Nutrition
- Medical Care

**ORBIT (Organisation for Bidar Integral Transformation), Bidar, Karnataka** has been doing a lot of commendable work with children. Children who are ill, malnourished, mentally challenged, and living in depriving conditions form a large chunk of population in the project area.

ORBIT is bringing about a transformation in the field of community development and education of children in particular. The model of intervention used is an ideal one, in which the people themselves assume responsibility for the village school and education for their children. The Self Help groups that are formed deal not only with economic development through savings schemes but also act as catalysts to motivate the teachers and education system.

ORBIT has witnessed such a transformation in Tarnalli village through a committed teacher, Ms. Padmavati and the support of the SHG's (Self Help Groups). As a result the Government teachers have begun to cooperate and children are being taught with low cost innovative methods. The special feature of this case is the inclusion of children with special needs in the regular mainstream school. Through changes in the curriculum and methodologies of teaching, these children are harmoniously included in the school.

**Assam's Children's Project, Manikbond, Assam** is providing institutional care for Tribal children from very remote villages who otherwise have no access to any schools, not even basic amenities like roads, electricity etc. Support is extended to areas of Kanhmun and Panisagar where similar are run.

This year the number of children attending school has risen to two hundred and seventy eight students and number of hostellers has gone upto to one hundred and ninety nine.

This year has been significant for the project with the Government of Assam granting a special permission for students of class IX to register for the state board examination though school strength falls short of the requisite number.

Training for teachers from the school as well as neighbouring areas has been conducted. Innovative methodologies in teaching and skill based training have been the thrust for all the training programs.

In Dosdeva village a school has been established with the help of the community members, three boys who have completed class X are teaching in the school.





This may not sound as something exceptional but this program was initiated so that at least basic education could be imparted to children in the village.

Evergreen Youth Club at Balia village which was formed this year has been instrumental in prevention of preparation of liquor in the village.

Though these services seem to be most basic they are precious to these children as otherwise they are faced with no opportunities of growth.

**Indiranagar Primary School, a project of CHAIR, Chainpur, Jharkhand.**

Indiranagar Colony is located in the outskirts of Hatia in Ranchi District of Jharkhand State. The main source of income is through begging. It is indeed commendable that people themselves have pooled in their resources and erected a small school building. Pre-school and basic primary education will pave the way for these children to attend the regular mainstream schools.

With the financial help from AIFO, the school has been catering to the needs of the children. Mid day meals, books, stationery, clothes and other essentials are being provided to all the children.

Future plans include overall development of the colony and expansion of the school.

**We Care Trust, Bangalore, Karnataka** has worked with education and nutrition as the basic themes of the development program. This is one of the few urban based programs supported by AIFO. A lot of impetus has been laid on vocational education and educational sponsorship for children. 2002 had to brace against many horrific one of the most tragic being the loss of countless lives due to the earthquake in Gujarat. We Care extended its support to the earthquake relief program and has supported some projects on housing and education in the earthquake affected areas of Gujarat.

**Nayee Aasha, Meerut, Uttar Pradesh** works with providing institutional care for children of Leprosy affected Persons. In 2002 a total of one hundred and twenty one new admissions have taken place. Apart from the regular classroom curriculum life skills are also taught to children. All girls above 10 years are taught sewing and cooking and the boys are taught typing and computers. The children are taught dignity of labour and are encouraged to do some work like cleaning their premises, managing kitchen gardens, etc. A part of the proceeds are also given to them, this makes them involved in the whole process. This year the school children had the opportunity to interact with another public school in the nearby district of Ghaziabad where they got an opportunity to display their talents also they were accepted amongst other sections of society.



## NIE (NETWORK FOR INCLUSIVE EDUCATION)

NIE (Network for Inclusive Education) is an information network committed to promoting the participation of marginalized groups all over South Asia in the field of Inclusive Education.

A web site [www.enablinginclusion.org](http://www.enablinginclusion.org) has been set up to promote the concept of Inclusive Education with a special focus on the Asian perspective.

NIE has attempted to document experiences and strategies used to promote and implement inclusive education. We believe, every initiative is unique and can be a learning experience for others.

In April Asha Zechariah was appointed as the NIE Coordinator for the Bangalore centre of NIE. The website has been updated with new initiatives happening in South Asia. Samanvaya News a quarterly newsletter was published.

An Inclusive Education campaign involving fifty thousand children in Bangalore city was conducted in association with APD (Association of People with Disability). A painting competition on the theme of Inclusive Education was conducted.

Attended and presented a paper during a seminar held on Inclusive Education with Principals of 60 technical schools in Bangalore.

A handbook on 'Creating Inclusive Class rooms' was developed including many experiences from SJSS, Chandpur Project.

## Communications

The year 2002, has witnessed a lot of changes in the communications department. The most significant development in this year is the regular monthly publication of AMICI NEWS.

This is an attempt to collate useful information from all the supported projects and facilitate information sharing.

This newsletter is made available in print form as well as an e-newsletter. Back issues of the newsletter are posted on [www.enablinginclusion.org](http://www.enablinginclusion.org)

## EVENTS

### 16<sup>th</sup> International Leprosy Congress, Brazil, August 2002

This important meeting was attended by Mr. M.V Jose, Representative and Dr. Manimozhi, Medical Coordinator. AIFO exhibited a poster presentation of a



research on the use of herbal medicines to treat ulcers. The abstract is given below -

*Sr. Ananda and Dr. N. Manimozhi - St. Josephs Leprosy Rehabilitation Centre, Nidadavole—West Godavari, Andhra Pradesh, India.*

*The centre has 216 persons affected by leprosy and have completed their course of MDT under their care. Chronic and complicated ulcers were a constant problem, since the project was started in year 1987.*

*From the year 1995 Herbal products were being used for ulcer dressings along with the self care practices, antibiotics and surgeries wherever required. For ulcer dressings (external use) paste was made from Turmeric (*Cucurma longa*), Common Salt (Sodium Chloride), Neem leaves (*Azadirachta indica*) or custard apple leaves (*Annona squamosa*)*

*The results proved that the herbal products were indeed useful along with regular ulcer management procedures. These products are locally available, easy to prepare, cheap, no side effects, well accepted, minimized use of antibiotics and the healing time of the ulcers were reduced.*

#### **Access Manual Testing, Bangalore, India, September 2002**

Dr. Sunil Deepak, Head of the Scientific and Medical Department, AIFO, Italy conducted the testing of the Access Manual prepared by WHO and London School of Child Health. 10 participants from NGO partners and other leading NGO's from Bangalore participated in the testing exercise.

Dr. Enrico Populin, Head of disability & rehabilitation, WHO visited AIFO during the testing.

#### **Visit by project Heads, November 2002**

Mr. Antonio, Head of Projects Division, and Dr. Giovanni, Projects Manager, AIFO, Bologna visited the Office in November 2002. Along with Mr. Jose, Representative they visited Khulna, Bangladesh. This is an AIFO supported project working for leprosy elimination and tuberculosis

### **THE AMICI TEAM**



*Dr. N. Manimozhi, Medical Coordinator manages all the District Technical Support teams in India. His role involves monitoring and evolving strategy for effective use of resources for leprosy elimination in India.*



*Mr. Jayanth Kumar*, CBR Coordinator is a person of great determination. He coordinates the Community Based Rehabilitation activities for all the supported NGO's. In addition he provides CBR training for all the project staff. He has proved that inclusion really works!



*Ms. Asha Zechariah*, NIE Coordinator, is involved in networking with other individuals and organisations in the field of Inclusive Education. She is the person behind the communications and all publications of AIFO.

*Mr. Patrick* is the accounts manager at AIFO. In the past year, he has transformed the accounts maintenance at the office. Very systematic and efficient person, he has brought a lot of positive changes in the administration of the office activities.



*Mrs. Lucy Bhaskar*, Secretary, has been on her toes to set up the archives of all the documents in the office. She has effectively organised the office and takes care of all small and big needs that arise in the course of work.



Mr. Krishna and Mrs. Mahalaxmi are the efficient support staff at AIFO. Ever willing to help with a smiling face.



This report brings to light the various changes that AIFO has undergone in the year 2002. These are necessary changes that will enable the process of metamorphosis. The integration of leprosy services into the general health care system and the changing role of NGO's in the field of Leprosy Elimination, the implementation of CBR approach for rehabilitation of persons with leprosy and the continued effort towards the promotion of children's projects have forged AIFO as a committed organisation working to sustain the most vulnerable groups.

The process of Integration will be intensified in the coming years with all the CBR projects giving a special thrust to leprosy being included in the general health initiative.

In the state of Karnataka for the coming year a large scale CBR program is planned with the already existing ten AIFO partners working for the rehabilitation of persons affected with Leprosy, to join hands and work under a single umbrella CBR project. Nearly forty five thousand disabled persons will benefit from this project. This program is planned in collaboration with Government of India.

The North Eastern belt is going to be another focal point for development. The existing Assam project for children will be extended to other districts and states in North East India. Health initiatives are to be given more importance, development of a good health system both preventive and curative health services.

These sustainable projects that have been developed in India will go a long way in promoting the cause of the most marginalised sections of society. Community involvement, networks with NGO's and Government bodies will bring about a high impact.

With this hope and vision we venture into another year of our commitment of love to the people who need it the most!





*If loving means promoting other people's dignity and creating the conditions where people can live with freedom, AIFO is an association that loves.*

