

# Activity Report 2004



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Draft

*Front cover page*

# AIFO - BUILDING A CIVILISATION OF LOVE

## Mission

We work for promoting dignity and access to health for the most marginalised groups, especially for persons affected with leprosy and disabled persons and to work together with them for fighting against social injustice.

## Vision

A world in which, right to health is a reality for every one, leprosy is defeated and the disabled persons have equal rights, a world without the domination of unjust power system.

## Values

Believe in a world, where relationships between all human beings are based on peace coming from justice. Believe in a world where every person can develop and live with dignity, safe from all discrimination. Believe in collaboration among the people of the world where diversity and mutual support are valued.

## Message

*My long association with AIFO has never failed to give me deep satisfaction seeing the smiles on all those whom we have been able to touch with our service. Be they leprosy-affected persons, children or the differently-abled, AIFO has quietly made a difference to their lives.*



*When I began my work in this field, I realised that nothing can replace sincere love and affection in winning the confidence of people. For me service with a humane touch, also deepens one's own motivation while achieving tremendous results.*

*With the leprosy work progressing, the need for rehabilitation of the disabled people and care for children of leprosy affected persons was felt and this was included in some of the projects. We then felt that apart from the treatment alone, rehabilitation and social integration should become the part of the program. And so, we have progressed, developing not only vertically but also horizontally.*

*Children, who fall in both the categories of leprosy affected persons and the differently abled, are to us, the best medium for disseminating information. Our work with children, we are sure, will have a far-reaching influence, touching not only individual families but the community as a whole.*

*Now, I am immensely relieved from the fact that most endemic countries are working to keep leprosy on the general health agenda despite the threat posed by other diseases like Tuberculosis, Malaria and AIDS. As I sense the beginning of the new movement, let's hope to seek involvement from a wide section of the society with cured persons leading the way.*

*Reflecting on Raoul Follereau's doctrine of love & brotherhood and putting this into practice according to the circumstances is the work of AIFO through leprosy, children and CBR projects.*

*Dr Daisy Kandathil  
Chairperson*

*Yet another fruitful year has passed and I am happy to say that AIFO continues to live by the high standards set out since its inception - Of giving unstinting and dedicated service to people in need.*

*While Persons Affected with Leprosy remain the focal point of AIFOs interventions, Children and Community Based Rehabilitation continue to receive an equal measure of AIFOs initiatives.*

*AIFO has seen a steady growth in the last three decades. New projects continue to be added after being whetted carefully to identify sincere work.*

*Major milestones have been achieved through projects supported by AIFO in gaining not only public but government attention towards much needed areas.*

*Foremost among them is the effort to ensure access to education for persons with disabilities. Great strides have been taken in this direction by the positive response of the government at the national level.*

*Through the years, AIFO has been steadily working towards increasing the scope of projects hitherto dealing exclusively with leprosy or CBR. Much has been accomplished in this direction with the successful expansion of project activities. As such, projects exclusively concentrating on CBR are now working for rehabilitation of persons affected with leprosy. The reverse is true of hitherto chiefly leprosy projects.*

*Children on the other hand, continue to receive their rightful share of attention with the projects making great inroads in educating children of leprosy affected persons as well as children with disabilities.*

*While facts and figures are presented in this annual report, I would like to reiterate that AIFO believes in changing lives of individuals. For us, there are real people behind the statistics that they make up. A few stories of individuals have also been included in the report to give an insight into how AIFO has helped change their lives.*

*Apart from all this, I would be failing in my effort, if I do not mention the large number of people who contribute generously at various levels. These dedicated individuals have in the true AIFO spirit, helped translate our concepts into reality. **All this has been possible through our main partners from Bologna, Italy and our trustees who have always walked that extra mile to support our cause in India.***

*Set up in the memory of Raoul Follereau, AIFO has and will always strive to touch lives...*

*M V Jose  
Country Representative*



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# 2004: Focus on Integration of CBR with Leprosy

In keeping with its holistic vision of tackling leprosy as a community based activity, AIFO has taken giant strides in 2004. The year saw the integration of CBR activity with exclusively leprosy related activities. Twenty-one of the total 26 NGO projects in India, have successfully accomplished this.

Taking this a step further, AIFO took up an external mid term evaluation to establish the need for effective integration of CBR with leprosy as well as co ordination among all agencies working in the sector. This exhaustive report based on the projects in Mandya district of Karnataka, underlined the effectiveness of an integrated effort in a single geographical area.



## Mandya evaluation Report

Under this initiative, AIFO supported and built the capacity of three partners to work in a single district, by integrating leprosy work with CBR in close collaboration with the government through NLEP. Mandya district in Karnataka was chosen because, it is considered to be unique in terms of its vast geographical coverage and is the largest CBR project working towards eradication of leprosy and integration of CBR by the leprosy project. In addition, both collaborate with the Government initiatives through the National Leprosy Eradication Programme (NLEP).

AIFO works intensively in almost all the pockets of Mandya district. For logistic reasons Ramanagara and Channapatna Taluks of Bangalore Rural District were added covering 2057 villages and reaching 17,664 PWDs. In addition to this the MDT MANDYA works directly in 51 PHCs of Mandya district.

The idea of inclusion thus enables bringing in the PALs who were treated as an exclusive target group into the larger umbrella of initiatives for disabled persons. This translates to:

- F** *Integration of leprosy affected persons with general disability programme*
- F** *Promoting comprehensive coverage of leprosy affected persons*
- F** *Enlarging the scope for bringing more facilities and programmes to leprosy affected people*

In addition there is also an exchange of expertise in the field of CBR or leprosy as the case may be between the projects. Combine this with the government initiative, and we have a comprehensive movement towards total elimination of leprosy and effective community based rehabilitation of PALs.



Apart from ensuring that benefits from government have been mobilized, the report has said that project interventions need to be focused towards transfer of skills to family and community on rehabilitation needs of disabled people. This would include assessment, programme planning and monitoring to reduce the impact of disability.

While acknowledging that required medical, surgical interventions and assistive devices have been provided by the projects, the report says that the focus should shift towards community capacity building efforts such as strengthening SHGs, federations and horizontal linkages with other similar community level groups.

Under this project alone, 17,664 persons with severe disabilities were identified as direct target group and were integrated in CBR activities. Community was organised into CBR committees, disabled people's organisations (DPOs), Participation of leprosy-affected persons and their family members in CBR activities improved. Voluntary reporting of leprosy cases is increasing in many health facilities.

This then, has become a successful experiment that AIFO is not only incorporating among its other projects, but serves as a useful handbook for other agencies working in the field.

# New Projects in 2004

This year also saw AIFO expanding its network by funding six new projects (listed below). Of these, five are in India and one in Bangladesh.

## **Differently Abled Welfare Network (DAWN), Guntur, Andhra Pradesh**

The total population of Guntur district is 41,06,999 of which the urban population is 28.89 per cent. There are totally 979 active leprosy cases and 675 persons disabled owing to leprosy in the project area. Keeping this in mind, the project plans to establish MDT as standard mode of treatment and aims to prevent occurrence of new disabilities in persons with leprosy. It also plans to focus on literacy, rehabilitation, and employment in addition to providing medical support.

## **Village Service Trust, Dindigul, Tamil Nadu**

The project area has a total population of 2,17,864 of which nearly 3200 are street children. This project plans to focus on street children who are in danger of exploitation. Prime activity will be rehabilitation of street children and prevention of child exploitation. Besides basic facilities like food, clothing and shelter, these children will be given health care and counselling. The project also plans to provide re-schooling assistance for children who are reunited with their families and self-employment and income generation for others. It is an organisation with local support.

## **Karnataka Jesuit Education Society, Bagalkot, Karnataka**

With the support of AIFO, KJES plans to work for differently Abled persons in Mudhol taluk and later extend to neighbouring taluks of Bagalkot and Bijapur districts. At present, the project area has differently abled persons numbering 1162 who are below 18 years and another 1237 who are below 40 years. Keeping this in mind, the project plans skill oriented vocational training and creation of employment opportunities. Another special area of focus would be 248 orphaned children born to Dalit women who were forced into the Devadasi system.

## **Shree Amar Sanskar Kalyan Kendra, , Bokaro Jharkhand**

The project proposes to cover two blocks of the hilly region of Simdega district that has a mainly tribal population. With the number of persons with disability ranging from 300 to 400 per panchyat, the project plans to focus on this target group. Apart from providing assistance in the area of education, training and disabilities, the project plans to focus on prevention of disabilities also. In keeping with the mainly tribal population, the project also plans to work on preservation and sustenance of traditional culture, promotion of forest-based products. The organisation, which began work in 1980 currently, covers 150 villages in three districts of Bokaro, Dhanbad and Simdega.

**Wecare ---- CBR**

## **Parbatya Bouddha Mission, Khagrachari, Bangladesh**

Based in Khagrachari district, the project works in the area of 2660 Sq.kms forming a base for the ethnic groups in this remote area with poor socio-economical conditions. The population is around 60,000. Acute poverty, diseases, malnutrition, hunger, illiteracy, civic inertia and unemployment are major problems in the area. About 85% people are living below the poverty line with insufficient income to satisfy their basic needs of food, shelter,



clothing, education and Medicare. The project proposes to address illiteracy, poverty, poor sanitation, widespread malnutrition and a host of other health issues.

## Events

### National Education audit by NCPEDP

NCPEDP, AIFO's partner in Delhi made headlines this year. One of its major achievements has been the national survey on access to education for students with disability in India.

The findings of the survey were released by union minister for human resources Mr Arjun Singh at a colourful function held at Delhi on India's Independence. At the same time, a nationwide awareness campaign on inclusive education was also launched. on that day.



### Highlights of the report

Over ten years having elapsed since the enactment of the Disability Act, yet several universities expressed ignorance about the 3% reservation of seats that is mandatory for students with disabilities. University Grants Commission had announced two special schemes to facilitate Teacher Preparation in Special Education (TEPSE) and Higher Education for Persons with Special Needs (HEPSN) in 1998. However most of the Universities contacted were totally ignorant of these two schemes.

Of the total number of 53 Universities that responded with duly completed data the report found that of a total of 713265 students, only 1635 (0.22%) were disabled. Of the 96 colleges that responded, with a total strength of 130419 students, only 679 (i.e. 0.52%) were disabled. As per the data collected from the 89 schools with a total strength of 74834 students that responded, only 382(0.51%) were students with disabilities. This implies that even though the Indian Parliament passed an Act expressing the desired figure of 3%, the ground reality is radically different.

All these activities of NCPEDP have translated into very real steps in bringing the NGOs and the government together in tackling the issue of making education accessible to the disabled. A meeting was convened in the Chamber of the Honourable Minister Arjun Singh on 17<sup>th</sup> February 2005 to discuss the various issues regarding Inclusive Education for Disabled Children and to prepare a Comprehensive Plan of Action for People with Disabilities.

## Seminar

A Seminar on “Mainstreaming Children and Youth with Disabilities in the Indian Educational System” was also organised by NCPEDP on 17<sup>th</sup> September 2004. A key revelation here was the need for children with disabilities to be included in mainstream schools and the subject of education under the Ministry of HRD should be broadened to include special education, hitherto under the purview of the Ministry of Social Justice and Empowerment.

## IILEP (India) meeting at Bangalore

AIFO hosted the IILEP meeting at Bangalore on May 14<sup>th</sup> and 15<sup>th</sup> 2004. Interesting presentations, group discussions and decisions formed the crux of the meeting.

The two-day session found good participation from IILEP members, helped them decide on core activities that could continue beyond 2004 and also in framing the broad outline for the performance of DTSTs.

The subjects discussed included long term follow-up of patients undergoing reconstructive surgery, Impact of DTSTs services in NLEP, Need for rehabilitation of leprosy patients in a given area, Impact of IEC activities on NLEP.

AIFO CBR co-ordinator Mr. Jayanth Kumar presented a paper on integrated leprosy and CBR Project – Mandya district. Dr. Manimozhi, AIFO Medical Coordinator presented a paper on Border issues related to NLEP.

## Fighting for the dignity of the dead: Sumanahalli Project

Projects supported by AIFO not only believe in helping their target groups in their life time but in death too. The Sumanahalli project in Bangalore is one such organisation which brought public attention to the human rights of PALs.



It took up cudgels against the indignity meted to the grave of 80-year-old Sadappa, a leprosy affected person in Belamaranahalli of Kolar district. The villagers had exhumed the body of Sadappa from a common burial ground and thrown it into the open fields.



The villagers were quoted in a newspaper as declaring that in future bodies of patients affected by leprosy would be burnt and not even allowed to be buried.

A team from Sumanahalli project headed by Fr. George Kannathanam visited the village and registered a protest with the deputy commissioner and health officer concerned.

Later they also held a protest rally on MG Road in Bangalore on November 6<sup>th</sup>. Over 300 persons, majority of them persons affected by leprosy gathered on for the protest with the theme ‘Help us rest in peace after death’.

## **Achieving Cent percent Child Literacy: Indiranagar Children's Project**

*AIFO is proud to announce that the Indiranagar Childrens Project at Ranchi has made an outstanding achievement in ensuring 100% success in educating all the children in the leprosy colony. No mean achievement this, considering that seven years back, not a single child was in school!*



*Situated in the outskirts of the dusty Ranchi town in the newly formed state of Jharkhand in north India, the project deals exclusively with leprosy affected persons in a settlement that has come to be known as Indiranagar.*

*With a population of 435, the colony has 150 families that are headed by leprosy-affected patients. Though all are cured, they are not able to work owing to their visible deformity. The project has focussed on education of the children to bring about a steady economic growth in the colony.*

*It was in 1994 that the project took up the cause of these patients who had been an isolated part of the society with no outside help till then. Today, the children not only get dresses, books but also mid day meal. Today the children from this school are accepted by other schools. Thanks to the efforts of Fr. J Naikam and Dr. Upadhaya.*

# Training

## Enhancing abilities through training programmes



Training continues to be an integral part of the AIFO intervention. Regular training sessions ensure the work of AIFO ever vibrant and active. It not only helps the staff keep abreast of latest in the technical field but also helps to re-sensitise them in dealing with the target population during personal interactions.

During the reporting year some specially designed training programmes were organised on various aspects of Leprosy and CBR. While identification of areas for improvement formed the basis of training, fresh ideas were also incorporated to make the training programme effective and of lasting use for our projects.

Apart from additional training given by external resources personnel at times, our representative, Medical and CBR coordinators continued with their regular training sessions with the project partners.

# COMMUNITY BASED REHABILITATION

AIFO extends technical and financial assistance to CBR projects with the vision of including the people with disabilities in the larger community.

Overall, the bottom-up approach is practiced in all the projects that combine CBR, leprosy and children activities. All these projects have started CBR interventions at micro level with 10 to 50 villages as target area and increased the coverage as their capacity developed in CBR.

Basic principles of CBR approach such as social inclusion, community involvement, wider coverage, community based organizations, etc has been successfully implemented by all these projects. Most of the projects have promoted self-help groups of PWDs and parents in their working areas. The integrated CBR and leprosy projects in Karnataka have also initiated DPOs at Sub-district level.

**Key areas:** Capacity building for project staff, identification of people with disability needs assessment and plan of action for holistic development of individual.

While facts and figures speak about the achievement of our work, individual stories and the effect of our work in changing lives is best described by persons who have benefited by our projects. Here is one such story...

## Chandpur Project: Chowdary, Fashioning a colourful world:



Deft fingers fashion intricate designs in eye catching combinations of maroon and orange, yellow and green for bamboo stools (Modas) - they are the only bright spots in the otherwise almost dark room...and the person making them, will never know what a colourful sight they make - For, 55 year old Dhal Chand Chowdary is visually impaired. Hailing from Bhadrapur village near Chandpur, Chowdary lost his eyesight at the tender age of three, due to small pox.

Eldest of three sons of a poor farmer, Chowdary today cares for his 80-year-old mother, all by himself. Neither of his brothers who have normal sight is shouldering the responsibility as willingly and well as Chowdary does despite his disability.

Spending his early years grazing cattle, Chowdary however, took up Moda making as his main source of livelihood after the Chandpur project staff identified him during a survey of the disabled in his village. Since then, Chowdary who was given the job of moda making in response to his plea for employment makes one moda in two days, earning enough to support not only himself but also his mother.

# Leprosy



**Leprosy is a mycobacterial, neuro-dermatitic disease. It is also a psychosocial and unpredictable disease of mankind**

**Let us face the facts**

**Accept it as a fearful disease and make programmes to prove it is not fearful**

## Activities:

The year has been a crucial landmark in the history of the Indian National Leprosy Eradication Programme of which AIFO is an integral part. A leap was made from the vertical structure approach to the more patient friendly integrated approach. The Government of India redefined the roles and responsibilities of the NGO's. It took some time for the projects to adjust into the system to follow the guidelines.

### Crucial Activities for NGOs (Projects) under the NLEP:



#### **Planning and Collaboration with the General Health System:**

The projects (NGO's) were actively involved at the local and the District Planning /Implementing/ monitoring activities through appropriate mechanisms

#### **Surveillance and Information system:**

Working along with the General Health System and others analysing the data and the epidemiological trends in the area of operations

#### **IEC (Information-Education-Communications):**

Culture and area specific IEC activities were carried out

#### **POID (Prevention of Impairment and Disabilities):**

The patients and their family members were aided in taking care of their disabilities and ulcers at various levels through in-patient care / out-patient care / house visits.

#### **Rehabilitation:**

The various rehabilitation methods had been initiated such as /Institutional /CBR /Others

Community Based Rehabilitation of leprosy and non- leprosy patients has been the strength of our projects. All the projects had their concerned staff trained and are now actively involved in the programme.

### MDT services were continued as defined by the guidelines

- IEC to increase the awareness and suspect reporting from the community
- Screening of suspects (those who have skin or other lesions) services
- Diagnosis: Diagnosing the cases clinically and providing laboratory services where ever needed
- Provision of MDT – initiation and referring to the nearest Primary health centre
- Complications management – referred from the Primary health Centre
- Reporting: following the NLEP Simplified Information System guidelines
- POID/ Rehab/ MOID and other services (General health care)

<b>NGO Projects Apr 2003 – Mar 2004</b>				
Sl.No.	Project Name	New cases	Inpatients (hospital admission)	Deformity Care
1	Arogya Matha Seva Kendra Bhalki - Karnataka	53	146	349
2	Assisi Leprosy Centre Bellary - Karnataka	235	NA	150
3	MOB Rural Health Centre Mandya - Karnataka	17	Nil	2
4	Shantha Jeeva Jyothi Bangalore - Karnataka	92	NA	153
5	Sumanahalli Bangalore - Karnataka	61	42	228
6	Arogya Matha Rural Rehabilitation Centre Kollapur – A.P.	29	68	43
7	Assisi Dermatological Centre Pedana - A.P.	45	126	163
8	St. Catald Tiruvuru – A.P.	15	NA	59
9	St. Joseph's Leprosy Rehabilitation Centre, Nidadavole - A.P.	NA	NA	80 (Home Care)
10	Viswa Karuna Sangham Warangal A.P.	220	220	468
11	International Medical Association Cochin - Kerala	7	NA	NA

NA = not applicable.

To sum up, changes made in the NGO roles and responsibility as per guidelines was carried out, with the main focus on disability care.

### **District Technical Support Teams (DTST)**

The concept of support teams emerged mainly because of the inadequate expertise in the project management in time bound manner in districts with problems. The main purpose of the District Technical Support Team is to strengthen the process of integration of leprosy services into general health care system.

#### **Ultimate goal of the project:**

The over all objective is then to provide quality leprosy services throughout the country for the leprosy affected people. This automatically translates to the improvement the quality of life of leprosy affected people.

The teams are involved in extensive travel all over the districts – some teams have more than one district to operate.



## AIFO supported DTSTs:

In India, AIFO supports 5 states with 14 DTSTs covering 25 districts

No	State	teams	Districts
1	Andhra Pradesh	one	two
2	Karnataka	Three*	Four
3	Orissa	Five	Nine
4	Uttar Pradesh	Four	Nine
5	West Bengal	One	One

\* includes *State DTST*

The operations of the District Technical Support teams are monitored and guided by the ILEP consultants through out the year by regular visits to the districts. Expertise and suggestions were provided to the concerned DTST coordinator after each visit.

The Partners (Government of India / WHO/ ILEP) reviewed the performance of the National Leprosy Programme every quarter, during which the performance of the DTSTs was also been reviewed.

### Activities carried out by the DTSTs in districts:

1	Supported the District programme Officer in planning of leprosy activities in the districts
2	Assisted the district in planning and execution of IEC activities
3	Visited all the Health Facilities – 4 times within the year
4	Capacity building of the General Health Staff carried out
5	Validation and confirmation of the reported leprosy cases in the districts (90%)
6	Facilitated in MDT management
7	Facilitated POD activities in the district /health facilities
8	Facilitated referral for complicated cases
9	Monitoring and guiding the health facilities in maintenance of Records and registers (SIS)
10	Carried out special activities in the districts Leprosy Elimination and Monitoring (LEM), SAPEL,

Indicators of DTST districts Apr 2003 – Mar 2004					
	PR	ANCDR	Deformity	MB	Child
<b>West Bengal</b>	3.06	2.94	2.04	51.37	11.41
Birbhum	3.88	2.74	0.95	57.98	10.95
<b>Orissa</b>	3.49	5.5	1.89	40.8	12.28
Sambalpur	6	12.9	1.4	38.1	14.7
Jharsuguda	5.7	12.5	1	36.4	11.6
Boudh	7.5	14.8	2.2	43.4	10.7
Phulbani	0.9	1.4	2.6	36.8	17.1
Dhenkanal	5.4	12.2	0.6	37.1	12.6
Angul	5	11.4	0.4	40.1	16
Sundargarh	3.4	6.4	1.5	39.9	12.6
Ganjam	2.9	6.9	2.8	34.9	19.1
Gajapati	1.3	2.4	3	36	6
<b>Karnataka</b>	1.4	1.92	0.79	44.12	15.34
Raichur	1.75	2.05	0.56	50	20.5
Bagalkot	1.56	2.75	0.21	37.1	11.4
Bellary	2.11	2.52	0	49.6	14.1
Koppal	2.85	3.16	0.24	45.5	16.4
<b>Andhra Pradesh</b>	1.99	4.04	1.1	23.07	22.15
Kurnool	1.6	2.17	2.2	35	16.3
Chittoor	0.9	1.4	1.1	27	19
<b>Uttar Pradesh</b>	3.52	4.60	1.32	46.79	7.64
Rampur	3.28	5.09	1.37	28.88	6.44
Moradabad	6.45	7.83	3.29	42.87	4.30
Bareilly	8.79	10.86	1.15	58.77	5.67
Badaun	3.32	4.57	2.52	44.45	3.47
Pilibhit	4.42	8.03	1.52	34.88	8.83
Shahjahanpur	5.78	7.33	1.28	46.19	10.33
Ghaziabad	1.62	1.89	1.23	51.46	8.29
Meerut	1.08	1.40	0.00	50.55	5.99

**Epidemiological indicators of districts: An achievement of the District with additional support from the DTSTs**

# Children

## Blessed with nature's bounty: Assam Children's Project



Set in the interior parts of the lush green state of Assam, the tribal communities in this project area not only faces floods and isolation from the rest of the world for a few months every year but also are exploited by the rich and the officials.

Though blessed with nature's bounty, the area is backward and underdeveloped with education being the last priority. All this has changed with the work of the project.

The project identifies children from interior villages and educates them through its boarding school. Money received from AIFO is used as scholarship for these children. Apart from this, parents also contribute in their own way in kind.



Apart from this, children who come from very poor families are also given nutritious food and books, since an absence of this would deny intelligent children the opportunity to learn. Holidays are utilised for giving training in health care, career options, and values of life to the children.

This letter written to AIFO representative by a girl brought up in our Assam project regarding her failed attempt in class 10 speaks volumes ...



*Dearest Uncle,*

*... You have asked me what I would like to do, whether I will continue or not. Yes uncle, I want to repeat it next year. I will write again and again till I pass. At present I want to study here so that I can also help the institution. I will stay till my exam is over and my result is out. I also want to take tuition for mathematics and science since I am very weak in these subjects. I will try my level best to study other subjects. Uncle, I promise to do my best in the next examination. I will try my level best to write well and pass in good marks and good rank. Then after my result will be out, I want to continue my studies again. This is all about my intention. Other intentions, I will decide after my examination. Thank you so much.... ...*

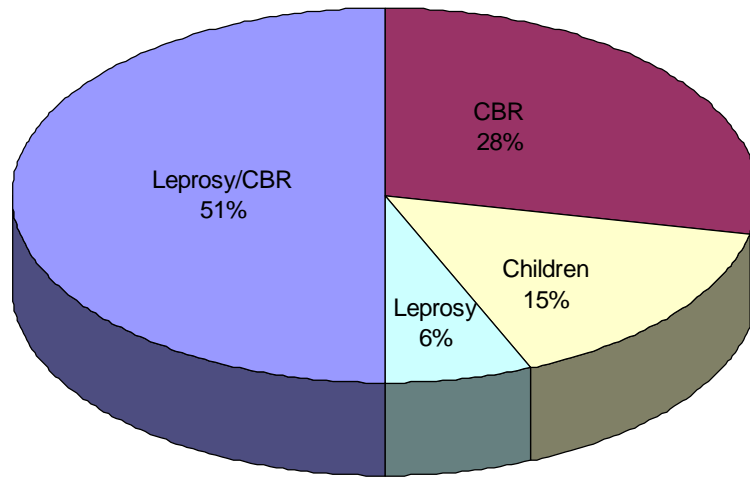
*With prayerful wishes,  
your loving daughter  
Veronica Mukhim*

*Assam*

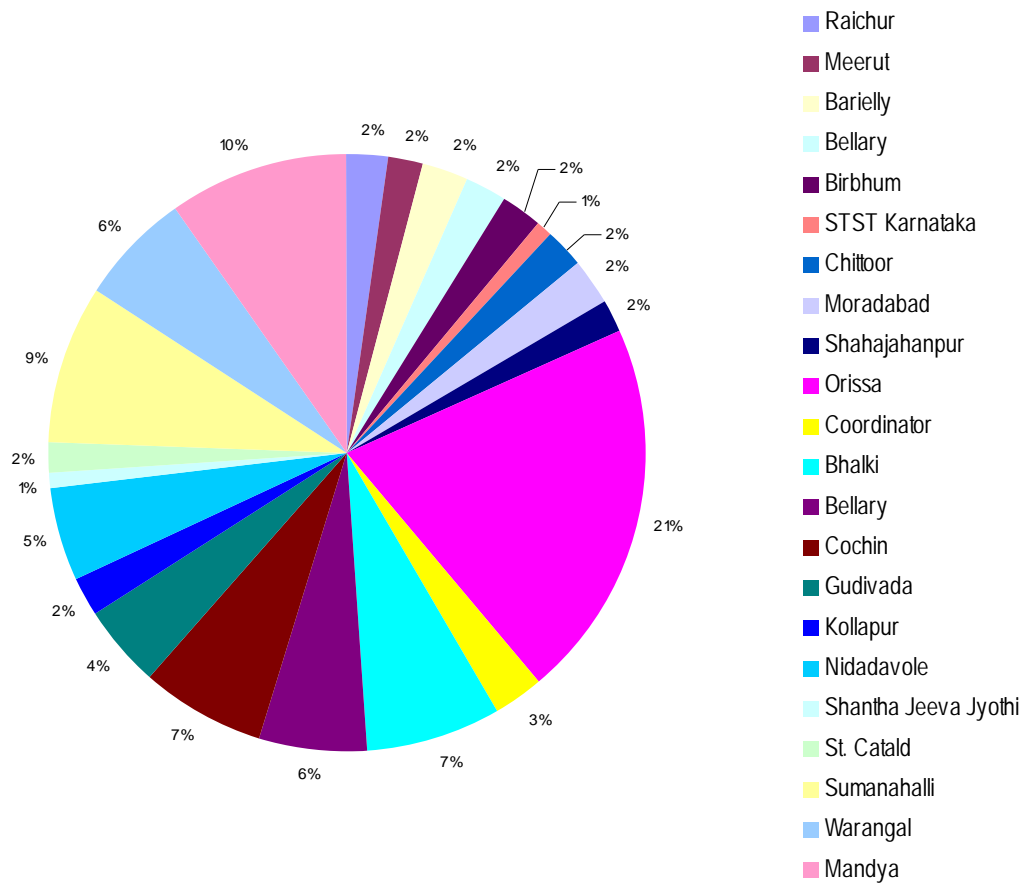
# Funding

## Project Funding in 2004

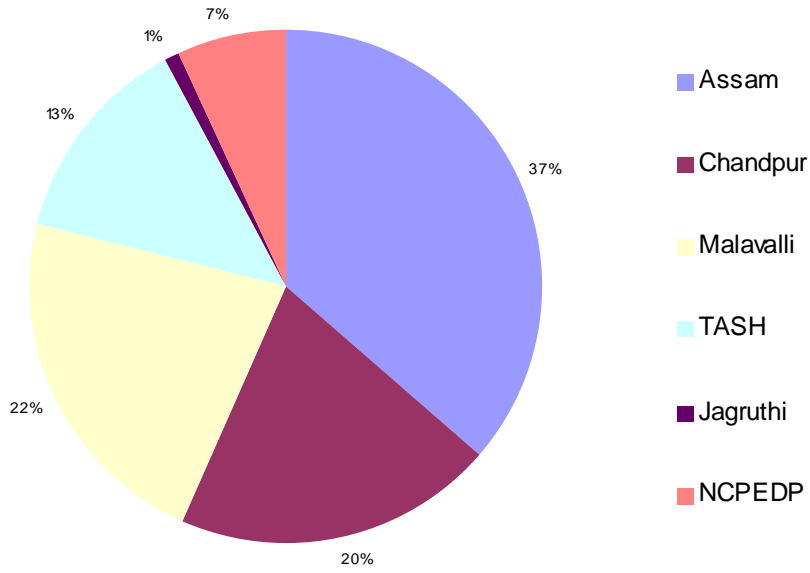
Rs. 44,174,864.00



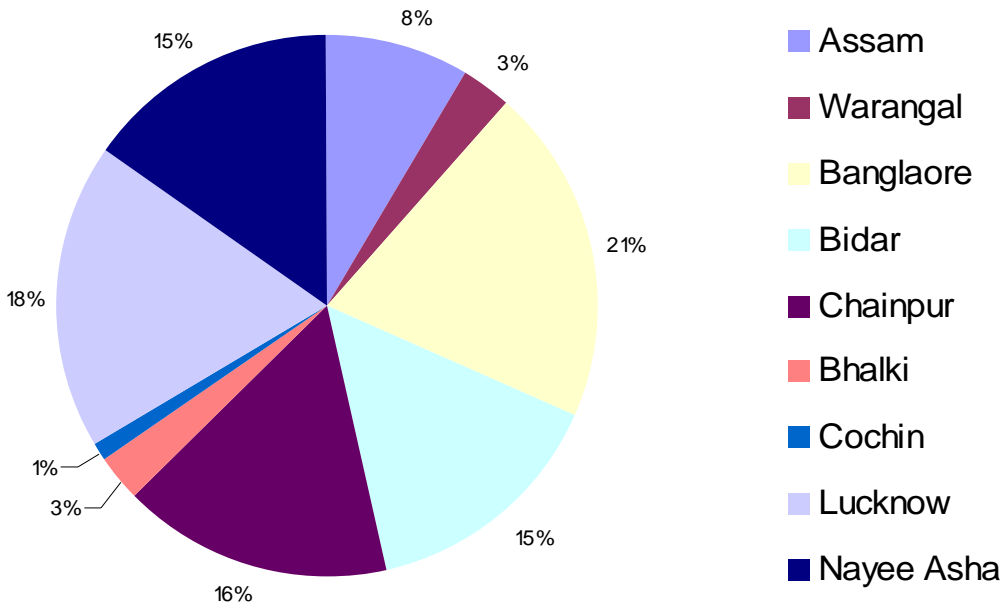
## Leprosy/CCR Integrated Projects



### CBR Projects



### Children Projects



# AIFO Projects in India

## Leprosy Projects

1. Bhalki (Arogya Matha Seva Kendra, Bidar, Karnataka)
2. Bellary (Assisi Leprosy Center(ALC), Bellary, Karnataka)
3. Cochin (International medical association, Cochin, Kerala)
4. Gudivada (Pedana)-Assisi Dermatological centre, Gudivada, Andhra Pradesh)
5. Kollapur (Arogya Matha Leprosy Hospital, Kollapur, Andhra Pradesh)
6. Mandya (Maria Olivia Bonaldo(MOB) Rural health care centre, Mandya, Karnataka)
7. Nidadavole leprosy(St Josehps Leprosy Rehabilitation Centre, Warangal, Andhra Pradesh)
8. Shantha Jeeva Jyothi (Shantha Jeeva Jyothi, Bangalore, Karnataka)
9. St Catald (Assisi Seva Sadan, Tiruvur, Andhra Pradesh)
10. Sumanahalli leprosy (Sumanahalli leprosy rehabilitation centre, Bangalore, Karnataka)
11. Warangal leprosy(Vishwa Karuna Sangam, Warangal, Andhra Pradesh)



## CBR Projects

1. Assam (Seva Kendra Silchar, Cachar, Assam)
2. Chandpur (St Josehps Service Society (SJSS), Haryana )
3. Jagruti Society (Jagruti, Dharwad, Karnataka)
4. Malavalli (Shree Ramana Maharishi Academy for the Blind, Bangalore, Karnataka)
5. NCPEDP (National Centre for Promotion of Employment for Disabled People, Delhi, Haryana)
6. TASH (Technology and Social Health Foundation, Mumbai, Maharastra)
7. Bhalki (Arogya Matha Seva Kendra, Bidar, Karnataka)
8. Bellary (Assisi Leprosy Center(ALC), Karnataka)
9. Cochin (International medical association, Kerala)
10. Gudivada (Pedana)-Assisi Dermatological centre, Andhra Pradesh)
11. Kollapur (Arogya Matha Leprosy Hospital, Andhra Pradesh)
12. Mandya (Maria Olivia Bonaldo Rural health care centre, Karnataka)
13. Shantha Jeeva Jyothi (Shantha Jeeva Jyothi, Bangalore, Karnataka)
14. St Catald (Assisi Seva Sadan, Tiruvur, Andhra Pradesh)



## Children Projects

1. Assam ( Karimganj, Assam)
2. Bidar (Organisation for Bidar Integral Transformation, Karnataka)
3. Bhalki (Arogya Matha Seva Kendra, Bidar, Karnataka)
4. Bangalore (We Care, Bangalore, Karnataka )
5. Chainpur (St Anthony's Church, Gumla, Jharkhand)
6. Cochin (International medical association, Cochin, Kerala)
7. Lucknow (Don Bosco Technical Institute, Lucknow, Haryana)
8. Nayee Asha (Nayee Asha, Meerut, Uttar Pradesh)
9. Warangal (Viswa Karuna Sangam, Warangal, Andhra Pradesh)





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Dr V Ekambaram, the founder of the AMICI Trust in India is an inspiration to us. It was through his efforts that our Italian friends extended their friendship to the people in India. We are truly proud to be the Amici Di (*friends of*) Raoul Follereau ...

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