Amici Di Raoul Follereau.

## ANUAL REPORT

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2009.

www.aifoindia.org

Love is sharing others feelings:

Raoul Follereau.



Leprosy,

† Opportunities for Children,

Community Based Rehabilitation



## BUILD A CIVILIZATION OF LOVE.

Amici di Raoul Follereau is an Italian Non-Governmental Organisation, born out of the enthusiasm of a group of young people devoted to

spreading the message of Raoul Follereau. The national association Amici di Raoul Follereau is an Italian Non-Governmental Organisation,

Amici dei Lebbrosi was set up in 1961 by Raoul Follereau himself. Its born out of the enthusiasm of a group of young people devoted to

name was changed to Amici di Raoul Follereau in July 1979. AIFO was spreading the message of Raoul Follereau. The national association

a founding Member Association of ILEP

#### MISSION

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

Believe in a world, where relationships between all human beings dignity, safe from all discrimination.

are based on peace coming from justice. Believe in collaboration among the people of the world where

Believe in a world where every person can develop and live with diversity and mutual support are valued.

#### **VALUES**

diversity and mutual support are valued. 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 A world in which, right to health is a reality for every one, leprosy without the domination of unjust power system.

#### **VISION**

A world without the domination of unjust power system. We

work for promoting dignity and access to health for the most marginalized groups, especially for persons affected with leprosy

and disabled persons and to work together with them for fighting.



#### Fundamental Values which Inspire and Guide the Work of AIFO

- Respect of Human Rights of persons affected with leprosy and persons with disability.
- Recognizing the special value of all persons affected with leprosy and all persons with disabilities.
- Believing in the social justice, dignity and equality of all people.
- Opposing any kind of discrimination, especially towards persons affected with leprosy and with disabilities. Promoting special attention towards the needs of more vulnerable groups like poor, woman and children s.

#### Dear Friends,

The year 2009 had turned out to be a crucial year with attention focused towards managing financial resources with no compromise to activities related care of all persons marginalized and suffering due to disabilities and deformities. It become very important to persuade our partners to manage with the budget they got.

We along with our ILEP friends working together to support the National Leprosy Eradication Programme had to modify certain activities to effectively manage the resources. Despite shortage we had to extend our support to the North East States of India, along with Assam, Arunachal Pradesh and Meghalaya. Our Programme Coordinators carried out their activities with our partners adjusting to their needs. As a result, an aggregated total of 40,525 persons with disabilities, including persons affected by leprosy have directly benefited.

Taking the opportunity to thank each and everyone who had made our operations useful, while they make an impact bettering the quality of life of all those marginalized groups, while getting satisfied with the performance, we march ahead with more thirst and hunger for bettering our performance during the years to come. Its been a pleasure collaborating with you all Kind regards

Thanking you all

Yours Sincerely

Jose Manikkathan



Conduct and compliment community organization, participation by making them identify, plan and sort out their problems ensuring effective cooperation and coordination, driving towards a world without leprosy under one sky with civilization of love.







Seal Lead Ben House

Ms. Francesca Oritili - AIFO Project Director - Bologna on a special mission visit to guide during severe Financial Crisis -"Recession Effects" - maked clear, that proper Planning becomes essential with adequate timely reporting.





Changing times and changing needs, managerial skills becomes crucial. Mr.Jose briefed out essential required inputs from project managers during the meeting

## AIFO Projects Biannual Meeting - November 2009.Kanakapura, Karnataka - TRDC Project:

- Our President Dr. Fransesco, along with Dr.Enrico Pupulin, Mr.Sergio Zovini, Mother. Dr.Daisy, Masterji graced the occasion and stayed through out deliberations supporting at the time of crisis to manage programmes with all available funds.



It was decided that the funds received would be utilized by the projects without any compromise related to care of Persons affected by leprosy, while ensuring that these problems are not permanent and that it would improve over a period of time.

AIFO President Dr. Fransico Colizzi expressed his displeasure about the prevailing financial crisis, for which he assured and hoped that for every start there should be an end with a quick recovery from recession effects. He could also make the projects feel the importance of "Mental Health" which needs attention.

All AIFO project Representatives made presentation of their activities undertaken. Smaller groups where made to discuss about future plan of action to effectively manage the available financial support

Mr.Sergio Zovini had as usual expressed his deep concern for all the staff who are involved in carrying out important activities for the marginalized groups.

Focus on yet another leprosies - Mental Health: A workshop discussing issues related to Mental Health held during the meeting which was facilitated by Dr.Naidu from Basic Needs India.

AIFO Biannual Meeting In conducted in November 2009.

Leprosy discussions with the projects and made clear that Leprosy will remain main priority and focus for AIFO







#### **Biannual Meeting outcome:**

- 1. Leprosy remains a priority and all projects will include Leprosy related activities within their limitations.
- 2. Financial resources will be managed, with no compromise towards patients care
- 3. Focus on proper documentation and timely accurate reporting
- 4. Shift from Elimination phase to provision of Quality, sustainable, Integrated Leprosy services utilizing all resources to all Persons affected due to leprosy and thus providing their "Rights" with opportunities that were denied to them.
- 5. Submission of tentative Action Plan for the future course of time
- 6. Shared experiences, success stories, and failures while experiencing fellowship.







To love is to live. To betray love is to be dead - Raoul Follereau ....





## Leprosy Control Activities







Create a "World for Us".....

Regional Programme review meetings - helps in sharing learning - while providing more time to discuss

AIFO involves along with other ILEP organizations supporting the National Leprosy Eradication Programme – at the Central, State, District and the Peripheral General Health System and, also by supporting the NGO projects undertaking activities related to leprosy.

Responsibilities of AIFO supported NGO Projects under NLEP, a paradigm shift from "Elimination of leprosy – by reducing the number of cases to less than 1/10,000 to "**Provision of Integrated, Quality, Sustainable Leprosy - Services to all people suffering due to leprosy, by using all resources through partnership, thus eventually providing their Rights and dignity they deserve"**.

AIFO will be continuing support to NLEP along with other ILEP partners, thematic areas of Support, which is initiated and continued.

#### Situation of Leprosy: National figures at a glance: as on 1st April 2009:

- Prevalence Rate: 0.72 leprosy cases per 10,000 population
- Annual New Case detection Rate: 11.19 per 100,000 population
- Multi-Bacillary Cases proportion: 48.4%
- Female Cases proportion: 35.2%
- Child cases proportion: 10.1%
- Visible Deformity proportion (grade 2): 2.8%

\*Recording of grade 1 disabilities had been initiated during the current year (a total of 5985 (61.4%) cases with disability were recorded during the year.)
(Source of information: CLD- NLEP Progress report 2008-09 / 31st March 2009.)

#### Thematic areas of Support:

- 1. Capacity Building: Staff at various levels.
- 2. Monitoring and Supervision of the Programme
- 3. Disability Prevention and Medical Rehabilitation.
- 4. Operational Research
- 5. Socio-economic, Community Based Rehabilitation Programmes.



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## Leprosy Control Activities.

States AIFO operates supporting NLEP activities: Andhra Pradesh, Karnataka, Orissa and West Bengal collaborating with ILEP partners (ALM, DFIT, NLR, Fontilles, LEPRA Society, TLMI, GLRA and ALES)

AIFO operations extended: In the States of Assam, Arunachal Pradesh and Meghalaya AIFO along with LEPRA Society – India extend their support to their NLEP activities. The Plan of Action is in the process of finalization. Capacity Building activities strengthening the State Leprosy Office technical Staff is been initiated and followed.

#### **Important Indicators in the States AIFO operates:**

State	Population	New cases	ANCDR (100,000)	Prevalence Rate (10,000)	МВ ргор	Female prop
Andhra Pradesh	83971017	5326	11.36	0.72	46.47	42.36
Arunachal	1311884	18	2.44	0.48	77.78	27.78
Assam	30556288	682	3.93	0.44	76.69	24.05
Karnataka	59827113	2453	7.43	0.57	56.46	38.48
Meghalaya	2836145	5	0.25	0.09	100	20
Orissa	41284936	3500	15.3	1.01	48.06	34.29
West Bengal	91373968	6283	12.14	1.08	62.31	28.79
National:	1199507837	76064	11.15	0.84	48.57	34.92

During the year a good partnership between WHO, Central and State Level Programme officers including ILEP members operating in India is established. Following the suggestions from the Central Leprosy Division to support National or Regional level State Leprosy officers review meetings by ILEP, it was decided and (Regional level) review meetings where conducted. The impact of these meetings was clear to show progress in the programme which was well appreciated in the September Quarterly NLEP report from the Central Leprosy Division.

North Eastern States Review Meeting – Port Blair, Andamans. Dr.P.L.Joshi, DDG(Leprosy) in his inauguration speech during the Regional level State Leprosy Officers Review meeting.



State level Consultancy meetings:
AIFO along with LEPRA Society carried out State Level Consultancy involving Government and Non-Government agencies to plan supportive activities in the States of Assam, Arunachal Pradesh and Meghalaya, ensuring utilization of resources available.

Fr.Alex from Lillian Font had participated in these consultation meeting to explore possibilities of collaboration during the next coming years.



# PAGE8 AIFO dal 1991 con gli ultimi

## Leprosy Control Activities.

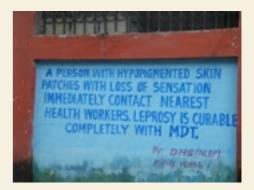
All National health programmes come under the umbrella of National Rural Health Mission (NRHM), Mission advocates, Decentralized Planning which should included all stake holders of the programme be involved during "Block Level Consultations" specially Persons affected by leprosy"

The Dy Director General Health (Leprosy) Dr. P.L.Joshi initiates Decentralized Planning for NLEP entrusted the responsibility to ILEP train the State NLEP to carry out "Decentralized Planning

Following the initiatives AIFO along with ILEP partners collaborated to organize two trainers' workshops at Jaipur and New Delhi, organized workshops in Andhra Pradesh, Karnataka and all North Eastern States of India. The whole process started by June to end by December 200

"District health action plan would be the main instrument for planning, Inter-sectoral convergence, implementation & monitoring of the activities under the mission" NRHM 2006















An action in time to initiate "De-Centralized Planning workshops for the National Leprosy Eradication Programme had given a new look. The magnitude of problem could be visualized by the staff who implement the programme and had shown a shift from Activity based to Result orientation -

"A Plan for our health with our Involvement will be the best plan for us".

## Leprosy Control Activities.

Leprosy is very well known for its potential to cause permanent disabilities / deformities and hence Persons affected due to this problem need indefinite, care and concern. Focus on PR, ANCDR, and other epidemiological indicators alone do not suffice. It also becomes a prime importance to ensure that these people get their Rights and Dignity they deserve – AIFO with its ILEP partners reaffirm their stand . It is not the numbers alone that matters, it is all the person behind these numbers that matters.

Disability Prevention and Medical Rehabilitation (DPMR) within NLEP: This activity becomes a very crucial component within the integrated system, which needs effective Referral System at Primary, Secondary and Tertiary levels. AIFO supported NGO projects operate supporting the NLEP as Secondary level Referral units.







#### Reconstructive Surgery (RCS) information

State	Government	NGO	Total
Andhra Pradesh	5	325	330
Arunachal Pradesh	0	0	0
Assam	0	0	0
Karnataka	0	57	57
Orissa	107	19	126
Meghalaya	0	0	0
W.Bengal	22	18	40
National Total	489	816	1305







Dr. N.Manimozhi , Medical Coordinator was co-opted as a member of the Central council of the Indian Association of Leprologist 2009-2011.

Indian Association of Leprologists (IAL) had published a "Text Book on Leprosy".(Dr.N.Manimozhi - Medical Coordinator had written a chapter on Health Education Promotion and Counseling)





## Experience to share:



This mother with two daughters having multiple challenges is helping herself to solve their own problems. Basically by sharing resources, thoughts, plans, psychosocial support, feeling of togetherness with her people within her community. A small kind of help from one of our Partners (NGO-Project), in the formation of Self Help Group – is a huge success for the family. The secret was as said by the project: Letting them decide what they need, while we support in situation when they need guidance. A CBR se-(courtesy St. Catald, Tiruvuru Project)







Women, Children, People with disabilities, Friends of Follereau, Project Staff, community members discussed and decided plans – and this person had improvement in his quality of life and ultimately could stand on by himself just to say we did it.







And thus we share feelings of each other.



Keep It Small and Sweet, Experiences Share: was the formula which worked.

## Community Based Rehabilitation:

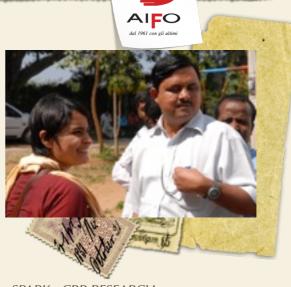
The year 2009 has observed a number of important activities facilitated towards strengthening the inclusion of CBR-leprosy and vise versa. Most of the time was dedicated towards capacity building of project staff, follow up reviews of project activities, international meetings / workshops. In the month of October AIFO's CBR coordinator participated in mid term review exercise of NLEP programme in Orissa State coordinated by LE-PRA Society India. Data collection, case studies, visit to colonies, leprosarium's, Meeting with state government health officials, visit to hospitals, report preparation are some of the activities participated by the CBR coordinator.

#### <u>SAMAGAMA (coming together) Participatory Action Research</u> <u>Knowledge - SPARK - CBR RESEARCH</u>

Global coordination by Dr. Sunil Deepak, Head of Scientific Support Department of AIFO/Italy, coordination in India by Dr Jayanth Kumar CBR Coordinator and Dr. Parthipan Ramasamy, Assistant Research Officer of AIFO India.







#### SPARK - CBR RESEARCH

A Joint initiative of AIFO Italy and Disability & Rehabilitation team of WHO. The research is aimed to find out the impact of CBR programme in Mandya district where two organizations (SRMAB and MOB) have been implementing CBR programmes since last ten years reaching out to about 22,000 persons with disabilities. The research contain three main components called quantitative research, Emancipatory research and qualitative research. Scientific Support Group includes persons from St John Research institute (Bangalore), S.V. University Tirupati, LCI South Asia, Florence university (Italy) and London University college (UK). SMHF Japan and DAHW Germany had joined to fund the research project.

Scientific support group for Emancipatory research includes persons from Delhi university (India), Leeds university (UK), Disabled People International (Italy), National Leprosy Forum (India), Mobility India (Bangalore)







Dr. Parthipan to coordinate the various SPARK CBR Research activities. A total of 36 data enumerators were trained followed by data collection from the selected areas. This ongoing process is expected to be complete by March 2010.

#### SPARK -CBR - RESEARCH ACTIVITIES:

January 2009: Preparatory Phase

First Scientific Committee meeting - April 2009

Training for data collection: Nov 2009

Data collection: 2009 December.

#### **Medical Coordination:**

- Periodical Job Tour to Project areas
- Capacity Building: Mutual exchange of Technical resources
- Meetings
- Workshops

Activities carried out during the year



## AIFO special Meeting and CBR Congress at Bangkok, Thailand: Feb. 2009.

AIFO projects around the world (with only one sky) had their representatives, coordinators, and others participating in the workshop. It was full of sharing experiences and concern. AIFO special meeting was very crucial during which the members and our President briefed out the present prevailing economic crisis suggesting possibilities to effectively utilize the funds ultimately to provide relief and happiness to the suffers while the projects take up the challenge and handle the situation efficiently. Ultimately the message was clear—work under pressure and pleasure. Things should change for better.

CBR and Mental Health where the main topics which went on for discussions and presentations. Experts, facilitators, Programme managers, Persons affected due to various problems, WHO/ILEP members participated in this programme. The workshop/conference was scheduled during 2008 December and had to be postponed due to unavoidable circumstances.







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## Projects Impact during the year.

TOTAL PERSONS WITH DISABILITY RECEIVING ANY KIND OF BENEFIT FROM PROJECT-2009											
Children				Young Adults Adu		ults			GRAND		
Type of Impair-	Age 0-5 Yrs Age 6-		-15 Yrs Age 16-		-35 Yrs Age +3		36 Yrs	TOTAL			
ment	M	F	М	F	М	F	М	F	М	F	TOTAL
Visual	867	783	1431	1189	1636	1230	1584	1228	5518	4430	9948
Hearing & Speech	367	343	1079	930	1733	1429	1241	854	4420	3556	7976
Physical	760	650	2600	1939	6099	4188	4970	2577	14429	9354	23783
Leprosy	228	213	252	225	337	288	688	433	1505	1159	2664
Convulsions	277	255	328	292	428	360	367	330	1400	1237	2637
Mental illness	259	240	299	250	405	363	444	411	1407	1264	2671
Intellectual	413	368	1066	963	1401	1226	608	512	3488	3069	6557
Multiple/others	425	383	693	642	716	614	503	455	2337	2094	4431
TOTAL	3596	3235	7748	6430	12755	9698	10405	6800	34504	16163	60667
New disabled/ during the year	59	54	152	129	253	186	191	134	655	503	1158





## Our Project's Talk.

MOB RURAL HEALTH CENTRE: Govt. General hospital,

No:15, Mandya, Phone:+91 8232231214, Email: srleela.2008@rediffmail.com

MOB RHC offers services to people affected by leprosy, disability HIV/AIDS and assist women empowering themselves to improve their living condition through formation of mahila sanghas, so that they have greater control over their own lives and be the agents of transformation of their villages and society at large.

#### **ACHIEVEMENTS**

Self Help Groups (SHG) for the disabled and women have been formed. Disabled started to

come together. Leadership qualities have developed among the disabled to some extent. Disabled children's enrolment in the normal and special schools has increased.



Sr Leela Thomas



#### ASSISI LEPROSY CENTRE.

## BELLARY, Karnataka. Phone: +91 8397-238113. Email: alchadagali@yahoo.com

Working for the health promotion through National Leprosy Eradication Programme (NLEP). since 1995 in two remote taluks of Bellary district . Community Based Rehabilitation (CBR) programme was introduced in the year 1997 covering 229 villages.

#### **Achievements:-**

253

Disabled Peoples Organizations empowered to handle nepotism and malpractices effectively ultimately to beget their rights and opportunities.

Project is identified as a resource centre by the District Government authorities as well as the community capable of carrying out activities related to Leprosy and CBR .

Persons with the Disability and community members participate as volunteers in the programmes organized by the project and others.







Sr.Ida Francis.

#### Assisi Deepthi Organisation. ADOR.

Vidyanagar .Raichur, Karnataka. Phone: +91 8532240991 , Email: ador-cbri@yahoo.com

A voluntary organization, working for NLEP since august 2001. ADOR started community based rehabilitation program on 2nd April 2002, to provide comprehensive rehabilitation services to the persons with disability, covering 160 villages in Raichur Taluk and the Raichur Municipality area.







Sr. Mable.

IEC remains the main activity to create awareness about Leprosy, Disability and its causes and treatment. In six Villages Nutrition camps were conducted, PWD has given Aids and Appliances, Footwears provided for PAL. Persons weith disability were helped to avail benefits by obtaining disability Identity Cards, with focus and emphasis to Self Care Practices

#### **Projects in India**

- 1. BELLARY
- 2. BHALKI
- 3. COCHIN
- 4. KOLLAPUR
- 5. NIDADAVOLE
- 6. SHANTHAJEEVAJYOTHI
- 7. ST.CATALD
- 8. SUMANAHALLI
- 9. MANDYA
- 10. ASSAM
- 11. CHANDPUR
- 12. MALAVALLI
- 13. MUDHOL
- 14. WE CARE
- 15. BIDAR
- 16. CHAINPUR
- 17. NAYEE ASHA.

#### **NLEP**

- 1. CENTRAL (CLD)
- 2. ASSAM
- 3. ORISSA
- 4. ANDHRA PRADESH
- 5. WEST BENGAL
- 6. KARNATAKA
- 7. ARUNACHAL PRADESH
- 8. MEGHALAYA.

#### BANGLADESH Projects.

- 1. Khulna.
- 2. Chittagong.

#### Arogya Matha Rural Rehabilitation Centre.

Kollapur, Mehboobnagar -A.P., Phone: +91 8501275326, Email: arogyamatharrc@yahoo.co.in



Kollapur is one of the backward under developed Taluk in Mahabubnagar district Andhra Pradesh. At the invitation of Bishop of Nalgonda we stepped onto this rural background area of Mahabubnagar district in the year 1993. In 1994 the project started SET program. A total of 832 cases of leprosy where detected and treated during these years.

After Integrations the project operates as a secondary level referral centre with 10 bedded hospital managing ulcer cases and those who need in-patient care

#### Sr.Lucy Anthikat.

TEE

Prevention of disabilities, Earlier detection of disabilities and management, Individualized learning programs, Organization of disabled people

Assessment of the felt needs of the disabled and family, Social integration. Providing primary health care to a population of over 100,000 spread out in 132 villages of Kollapur Taluk.

Health & School Awareness programs conducted in backward areas through visual aids like slide shows & street plays.



#### **Assisi Dermotological Centre.**

Konkenapudi, Pedena, Krishna dist. Phone: +91 8672248335, Email: adcpedena@rediffmail.com

Service to humanity irrespective of caste, creed, and religion rendering compassionate care and love to the poor, sick, disabled, underprivileged and the rejected of the society especially the leprosy stricken and the HIV/AIDS brethren .Two leprosy cured patients with claw hand were referred for reconstructive surgery to Narasapur, Bethesda Leprosy Mission hospital. The training and capacity building of the staff and beneficiaries were a great help in the management and handling of the difficult situations.



The remarkable achievement is the empowerment of the differently abled. This was made possible through the formation of viable and vibrant SHG's and DPO's who are strengthened enough to speak and stand up for themselves .



Sr.Dr. Prashanti Mary.



#### ORBIT.

N.H.09, Humnabad, Bidar, Karnataka. Phone: +91 8483271032, Email: orbit93@rediffmail.com.



Bidar, 5,000 disabled in the district, ORBIT is in touch with more than 22,000 disabled people.to contribute to the improvement of the quality of life of the PWDs, with particular attention to the children, through the development of a CBR program. In specific to promote the social inclusion of PWDs in four Taluks of the District of Bidar

The direct beneficiaries are the PWDs in the Bidar district, with particular attention to children with disability. Their families and the community are the indirect beneficiaries.

Fr.Santhosh . A Success Story.

Background Sureka is the daughter of Ramanna and Vimalabai; they hail from Santhpur of Bidar district. She has two brothers and one sister. They together form six in the very poor family.

Sureka by birth has a rare kind of disability known as Recto Vaginal Fistula. This causes various serious problems and hinders her to live a normal life.

To overcome this disability Surenka needed surgical treatment, however her family did not have the funds for this. ORBIT in collaboration with CEI and AIFO helped her to get operated. ORBIT's CBR coordinator was supporting the family by providing them counseling when needed. He even accompanied the family from Santhpur to the hospital during the entire treatment. On 25 August 2008, Dr. A. Chakrapani the doctor at 'Usmaniya Hospital' operated Sureka. The doctor has confirmed that this operation has been successful. ORBIT's was able to give Sureka a brighter future.



#### St. Catald.

Tiruvur, Assisi Seva Sadan, Krishna Dist, A.P., Phone:+91 8673252526, Email: asmitvr@yahoo.com

The Project carries out operations for NLEP, CBR for a population of about 171000.Major activities are leprosy related case finding, treatment, disability limitation and rehabilitation ,collaboration with other N.GOs & G.Os.

- 2954 total cases of leprosy detected & treated so far by the project
- 80% of the disabled are receiving disabled pension.
- Self esteem of the PWDs increased.
- 246 disabled children are admitted to inclusive education and 89 to special education.
- 37 PWD's (polio and clubfoot cases) had surgical correction
- 85 PWD students are being supported financially for the studies.
- Three disabled youngsters completed the professional studies by the financial support of the center and two of them are doing their job and 98 PWDs are being supported financially for their studies.





Sr.Prasanna Francis.



#### SHANTHA JEEVA JYOTHI.

#### 348, J.K. Pura, Shanthi Nagar, Bangalore, Phone: +91 9449130499. Email: sjj@sancharnet.in



Established in 1988, working among 10.85 lakh population spread over in 12 Divisions in Bangalore .IEC campaigns helped to build social capital to sensitize various stakeholders and improve community participation for CBR initiatives. Main activities is Combined Leprosy & CBR, Community health, Women empowerment Rural community development.\_105 Children with disability facilitated to continue their education in normal school.73 persons including PAL received services in the areas of self care, dressing & mobility support .The project accomplished formation of 123 SHGs out of which 17 groups composed of 201 PWD.

Mr.P.S.Sundharam

The project accomplished formation of 123 SHGs out of which 17 groups composed of 201 PWD.PWD in groups gaining self confidence by improving their leadership skills in group related activities such as decision making, book keeping, savings, internal lending etc. Groups of PWD able to establish control over resources by mobilizing Rs.11,06,975 as savings and providing internal loan of Rs.12,14,000. 78 PWD facilitated to receive disability certificate, travel concession, subsistence allowance and apply for allocation of sites for housing.

Around 259 teachers & 11600 students sensitised to accept differences among children with disability and facilitate full development of their human potentials and sense of dignity.

#### S.R.M.A.B.

#### 3rd Cross ,3P, J.P.Nagar ,Bangalore, Phone: +91 9242446695, Email: srmab1969@yahoo.com

Shree Ramana Maharishi Academy is a voluntary organization, dedicated for the development of people with disabilities. Interventions started with the education for visually impaired and later expanded to other sectors and other category of people with disabilities and persons affected leprosy. It covers 2 Districts, Mandya and Ramanagara. 5 Blocks, 3 From Mandya, 2 From Ramanagara 1202 Villages, 11012 People with disabilities. 1533 Children with disabilities accessed education.2830 People with disabilities accessed

medical rehabilitation services.



Mr.T.V Sreenivasan [Masterji].

6763 People with disabilities are earning their livelihoods.

3904 people with disabilities have accessed their entitlements.4029 People with disabilities, PALS and their family members are organized in to SHG'S and Federations. Active involvement and technical support to SSA program. Massive capacity building of Grama Panchayath rehabilitation workers.





#### Daurala, Meerut, U.P., Phone: +91 9760447778, Email: info@nayeeasna.org



Christened Nayee Asha, meaning New Hope in Hindi, this project was the brain child of Fr K J Anthony. It was in 1984 that he came across the statistics of leprosy in India. Seeing that there was hardly any work undertaken in Uttar Pradesh, the largest state in India, in this regard, Fr Anthony consulted the Bishop and started Nayee Asha project. The year 1986 saw the beginning of the leprosy eradication programme in the villages in Meerut District.





Fr.K.J.Antony .

A hospital where the treatment is totally free was started in 1987 followed by a school for the children of leprosy affected patients. Plans to integrate the children of the leprosy affected patients with the children of local villagers, however did not bear fruit. The social stigma attached to leprosy was so strong that it resulted in the discontinuation of studies by the latter. So, the school admitted children of rag pickers and children from extremely poor families along with the children of leprosy affected.

Side by side, the project has also conducted door to door survey in the project area covering not less than four lakh population.



#### MANIKBOND.

#### Seva Kendra, Manikbond, Assam, Phone: +91 9613179061, Email: abrahammsfs@gmail.com

Set in the interior parts of the lush green state of Assam, the Manikbond project area not only faces floods and isolation from the rest of the world for a few months every year, but ethnic violence between groups.

Though blessed with nature's bounty, the area is backward and underdeveloped where education is the last priority. All that 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 since their parents are no way able to pay the fees.



Fr.Abraham P.A.

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.







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#### **SUMANAHALLI.**

#### Magadi Road, Bangalore ,Phone: +91 8023485317, Email: georgekannan@hotmail.com



started at the request of the then Chief Minister of Karnataka Shri Devaraj Urs . A project of the Archdiocese of Bangalore since 1977, involving several religious congregations and laypersons, the sumanahalli is involved with all aspects of leprosy care like Survey, early detection through Survey, Health Education, Treatment, and Vocational training C.B.R for other disability and Reaching out to the whole of South India. The first batch of patients was received in March 1978 after a detailed Medico-social Evaluation Survey .Educational programme for children and the adults started in 1986.Training sections were opened to offer training to cured persons in 1985.Ave Maria Home for the residential programme was constructed in 1995.CBR Project for the other Disabilities in2003.Garment Unit started in 2005.New school building in 2006.

Fr.George.

**Main Activities:** Identifying new cases of leprosy & People with disabilities through household, school and community surveys. Creating awareness about leprosy and disabilities and Disabled persons through educational programmes based in schools, community and institutions. Those affected by Leprosy and Disabilities without any distinction of age, sex, religion, caste or social status. Priority is given to those from the project area allotted to it. Their children and other family members can benefit at least from certain aspects of the project like education and job opportunities. Selected People were given vocational training and Job opportunities in the Centre. Giving Health Education to the patients/family members/community through talks, discussions and audiovisuals.

Conducting orientation program to the staff at PHC level .

#### St. Joseph's Service Society SJSS.

8A/13 W.E.A ,Karolbagh ,New Delhi ,Phone: +91 1125759160, Email: sjssnewdelhi@gmail.com



Fr.Jose Edassery.

A non-government, non-profit, voluntary and charitable organization registered in New Delhi Activities are in Delhi and in rural areas of Faridabad District, Haryana State. Registered on 28th June 1993,

Vision of SJSS is To bring in to mainstream the neglected women, children, unemployed youth and persons with disabilities. It serves the people irrespective of caste, colour and creed. The organization has a team of 93 dedicated and committed young social workers and volunteers including teachers.

Mission of SJSS is Poverty Alleviation, Community Health, Environment Protection, Employment Generation, Formal and Non Formal Education, Development of Youth and Children, Women Empowerment and Welfare of the Backward Classes

#### Success story of Ranjith and Neha.

**Rajia** from St. Mary's Children's Home, appeared for the public examination in March 2008 from Infant Jesus Inclusive School. She secured 64 per cent marks CBSE Examination and became the first child with 100 per cent disability to secure a first division in CBSE stream of Education in English medium from an Inclusive School in India Presently she is in Class XII commerce stream.

**Neha,** a physically challenged girl from SH Home secured third position of the School with 74.4 % in aggregate. She is in Class XI. After Rajia (2008), Neha has set another example of successful experiment on inclusive education.

#### CHAINPUR.

St.Antony's Church, Malom Noatoli, Gumla, Jharkhand, Phone: +91 9334468789, Email: dhirendra\_ranchi@rediffmail.com



Set up in 1998, the Chainpur project began with work focussed on children. With politics and beauracracy in the hands of the rich in the state of Jharkhand, the friar's entry point into developing the society was through kindergarten. Children hitherto spending their earlier years of childhood without any education have been slowly and surely inducted into learning through the kindergarten.

Ever since it's beginning in 1998, the organisation has been working

mainly on trail and error basis to meet

the local needs.

The children's project which created the entry point into the villages expanded to Community Based Rehabilitation. The project has started formation of Self Help Groups of men, women and persons with disabilities.

In the project 340 Children 2 to 5 yrs disabled, and 650 persons 12 to 17 yrs disabled.



Fr.Tom John .

#### Indiranagar children's project .





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 which has come to be known as Indiranagar.

With a population of 435 of which half are female, 150 families are headed by leprosy affected patients. Though most are cured, they are not able to work owing to their visible deformity. Only around 21 persons in this colony work as labourers for a living.

The project has focussed on education of the children to bring about a steady economic growth in the colony. This gains importance in the light of the fact that most of the children have disabilities arising out of leprosy.

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. A school was constructed and with the help of AIFO immediately after, the project has taken up the challenge of rehabilitation and educational upliftment of Indira Nagar. Children not only get dresses, books but also mid day meal complete with egg and milk. Apart from books and stationary, the children are given dresses on festive occasions and health support in the shape of buckets, soap etc.





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#### **International Medical Assosiation.**

Shenoy Road, Kaloor, Cochin, 04842345975, amicochin@gmail.com



Dr.Alice Joseph.

Positive results helps to reduce the stigma and increase the acceptance in the society. Relapses and financial constraints act negatively on the concern of the family.

The CBR Programme of International medical association started in the year 2003 in the corporation area of Cochin involving 23 division with a population about 2000,000.

METHODOLOGY: Indentifying family with mental disorders, providing right information, establishing a supportive relationship, helping them understanding and accept the situations, providing reassuarance and supportive guidance. In 2009 there are 353 persons with psychosocial disabilities.

CBR programme associated with medical facilities with provision of medicine supply give better outcome in dealing with psychosocial problems. Networking with other NGOs and Govt.hospitals made it possible to reach these results. Working with psycho-social persons need an attitude, special understanding, immense patience and care for them.





#### WE CARE.

St.Antony's Friary ,85 Hosur Rd,Bangalore ,+91 9844030002,wecare@rediffmail.com



We Care was born of true love and concern of the poor during the 75th birthday of its foundr Mrs Theresa D Souza in 1999. It was her way of showing gratitude for the innumberable blessings of God. Observing the woes of the vast multitude of poor, the impoverished and thousands of children living the life of deprivation, she established a charitable trust under the name. With the express intent of ensuring that every poor child would receive primary education and become literate, We Care provides financial assistance to chidren for all their schooling needs.

In the logical step ahead, it also extends financial assistance to young boys and girls to pursue vocational education.

Fr.Trevor D'souza.

The project has started a nursery school to support the education of poor children and has also initiated a program of mid day meals for school children from poor families. Apart from its project head quarters in Bangalore, We care also has a program for providing meals to over thirty tribal school girls in a remote village in Bihar.



#### **BANGLADESH PROJECTS. Khulna.**

#### Dhanjuri Leprosy Program, Das Pura Road, Boro-Boyra, Khulna, Bangladesh, ugo@bttb.net.bd



Since 1986 the project is present in the Metropolitan Area of Khulna. Activities at the prevention and care of Hansen's disease that, at the beginning and till 1998 considered a major health problem for the country. Having achieved the goal of elimination of Leprosy project decided to take up the challenge of TB in the year 2001. Bangladesh ranks sixth among the countries with the highest burden of the disease. The estimated incidence and prevalence of new TB cases are 223/100,000 population and 387/100,000 pop the estimate incidence of new smear positive cases is 100/100,000 pop. TB morality rate is 45/100,000 pop. Among the new adult TB cases the incidence of HIV+ patients is around 0.2% studies show that among the newly detected cases MDR- TB cases range between 0.4 and 3% and among the retreated patients between 3% and 15%.

#### Sr.Lorella.

Through information programme the project have targeted different groups of peoples: slum dwellers, people working or doing shopping in the bazaar, rickshaw puller, groups of daily labourers. schools and other institutions have been regularly visited and information and health education programmes have been carried out.



#### **Prabatya Buddha Mission.**

#### Pilotpara, Kamalchari, Khagarachari Sadar, Khagrachari hill, Bangladesh, pbm\_cht@yahoo.com



The Chittagong Hill Tracts (CHT) comprised of three hill districts. The region lies in the south-eastern part of Bangladesh. Unlike all other regions of Bangladesh the armed conflicts of the past decades have severely restricted the activities of NGOs in the CHT. The Prabatya Buddha Mission (PBM) was established in 1993 with aim at highlighting socio-economic and education conditions of the poor classes of poor people of the CHT. Since its inception PBM has been

rendering humanitarian services for the welfare of the poverty stricken peoples, a tradition that continues on today. Tuberculosis is rampant and there are large numbers of patients who are never even diagnosed because of the ineffective health system and no priority for the poor community in health care.



#### Ven. Sumanalankar Mahathero.

Community organization addresses processes and institutions through which community members participate in the health and development process of the proposed project. Capacity building of the staff, representative of groups, birth attendants and health motivators, and awareness generation of the community through them on the project concept. To develop & aware the community in order to enable disable persons to lead a self-determined life and equally participate in the social and economical activities of their community. Spreading health awareness among the poor community on health including the issue of tuberculosis and leprosy. Networking with the government departments to ensure availability and accessibility of health and other services so as to create gradual dependence on the existing government services and systems and strengthening the existing functions of the primary schools and to link up with local schools for health care and school health education.

#### ACCOUNTS DIVISION.



The accounts maintained systematically both at our Regional Office and projects by submitting timely financial information to Bologna Head Office. The supervision and monitoring activities related to financial matters had been undertaken through desk review of reports, project site visit and corrective measure where undertaken.

Crucial discussion were held between Mr.Jose AIFO Secretary and our Project Director Ms.Francesca Ortali Guidelines were developed for maximum utilization of available funds. The same guidelines were briefed to the Project Representative during the Biannual meeting.

#### Audited financial statement.

BALANCE SHEET AS AT 31ST M LIABILITIES & CAPITAL	AMOUNT	AMOUN
and the second	Pa. Pa.	Rs. Ps
CAPITAL FUND	9154124.74	
Less Excess expenditure over income	1481381.22	7672743.5
Dr. V.Ekambaram Memorial Fund	200000.00	
Add Interest on Dr. V Ekmbaram Memo. Fund.	27275.00	227275.0
TOTAL	-	7900018.5
ASSETS & PROPERTIES		
FIXED ASSETS (Sch - B)		1384187.8
ADVANCES, DEPOSITS & INVESTMENTS.		
Telephone Deposit (BSNL)		14300.0
Fixed Deposits with Banks (Sch-C)		330000.0
Cash - Local Secretariate, Bangalore		81322.3
State Bank of India, 1041634603 -5 juid 01100005059	359740.08	
State Bank of India, 1041634602 - 4 (Old a/c.5059)	2771950.41	
South Indian Bank, 6259	2711260.88	
South Indian Bank, 9389	131162.00	
South Indian Bank, SB alc 6293	116095.00	6090208.3
TOTAL		7900018.5
To be read with the Schedules, Notes and our Report of	f even date attac	thed hereto.
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tom and	of	1-
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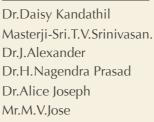
#### Information Mechanism Integrated.



A coordination between program activities, accounts, The Secretarial and Information Technology initiated which improved better communication between Program Coordinators, Accounts Division, AIFO Representative and with all Partners.



#### **Trusted Amici's Trust.**





## Thank you all.











Amici (Friends) with us.















