

*Amici Di Raoul Follereau.*

# ANNUAL REPORT

2010

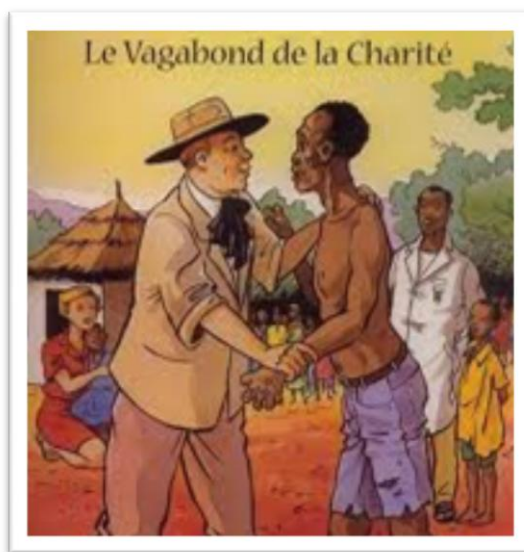


*TO LOVE IS HELP ANOTHER TO LIVE,  
YOU MUST MAKE OTHERS HAPPY TO BE HAPPY.*

*RAOUL FOLLEREAU*



## *BUILD A CIVILIZATION OF LOVE*



Amici di Raoul Follereau (AIFO) is an Italian Non-Governmental Organization, which was born out of the enthusiasm of a group consisting of young people devoted to spreading the message of Raoul Follereau. It was Raoul Follereau in the year 1961 started himself Amici dei Lebbrosi, and subsequently during July 1979 the group renamed it to Amici di Raoul Follereau (AIFO), which is also a founding Member Association of International Federation of Anti- Leprosy Association (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
- Believe in a world where every person can develop and live with diversity and mutual supports are valued.\*\*

### VALUES

Diversity and mutual support are valued:

A world in which, right to health is a reality for everyone, leprosy is defeated and the disabled persons have equal rights, a world A world in which, right to health is a reality for everyone, 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.



*Dear Friends,*

*The year 2010 also had been a crucial year with focus on managing available financial resources with no compromise to activities related to the care of all persons marginalized and suffering due to disabilities and deformities in the projects. It became very difficult 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 many activities to manage the resources. Our focus remained to the North East States of 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 more than 70,000 persons with disabilities, including persons affected by leprosy have directly benefited.*

*We take this opportunity to thank each and all who made our operations meaningful in bettering the quality of life of all those marginalized groups. We look forward, hoping to find more resources because the need is very high and the available resources are limited.*

*Collaborating with you all*

*Kind regards  
Yours Sincerely  
Jose Manikkathan*

# Leprosy control

Leprosy is still remaining as AIFO's priority continuing its operations along with ILEP partners operating in India supporting the NLEP within the "thematic Areas of support" under the MoU signed with the Central Leprosy Division- Government of India, and also by supporting our Partners (NGO- Projects) undertaking Leprosy related activities.

The main focus was "Provision of Integrated, Quality, Sustainable Leprosy services to all Persons affected by leprosy utilizing all available resources through partnership – eventually to ensure they get their Rights and Dignity which they deserve.

AIFO operates supporting NLEP activities in the states of Andhra Pradesh, Orissa, West Bengal, in collaboration with ILEP Partners: ALM, DFIT, NLR, Fontilles, LEPRASOCIETY, TLMI, GLRA/Fairmed, While also operating as State ILEP Coordinating agency in the states of Karnataka, Assam NE (Arunachal Pradesh / Meghalaya).

AIFO takes keen interest in developing good coordination efforts and good working relationships with various partners, basically in the interest of the programme and welfare of all persons affected due to leprosy.

## Situation of Leprosy: National figures as on 1st April 2010:

Prevalence Rate: 0.72 / 10,000 (last year: 0.71)

Annual New Case detection Rate: 10.93/100,000 (last year: 10.93)

Multi- Bacillary Case Proportion: 48.45% (last year: 48.4%)

Female Case Proportion: 35.4% (last year: 35.2%)

Child case Proportion: 9.97% (last year: 10.1%)

Deformity Proportion: Grade1 =4.12%, Grade2 = 3.08% (last year = 2.8%)

Source of Information: CLD- NLEP Progress Report 2009-2010 31st March 2010

## Current Leprosy Situation in the AIFO operated States – March 31<sup>st</sup> 2010

### EPIDEMIOLOGICAL INDICATORS

| State           | Population        | New cases     | ANCDR (100,000) | Prevalence Rate (10,000) | MB prop      | Female prop  | Children    |
|-----------------|-------------------|---------------|-----------------|--------------------------|--------------|--------------|-------------|
| Andhra Pradesh  | 85062641          | 9012          | 1.05            | 0.60                     | 45.63        | 40.09        | 12.04       |
| Arunachal       | 1342451           | 24            | 1.78            | 0.43                     | 75.00        | 20.83        | 4.17        |
| Assam           | 31084912          | 1176          | 3.78            | 0.40                     | 75.51        | 24.74        | 4.76        |
| Karnataka       | 60778364          | 4408          | 7.25            | 0.49                     | 56.13        | 37.98        | 11.91       |
| Meghalaya       | 2910452           | 20            | 6.87            | 0.11                     | 90.00        | 20.00        | 10.0        |
| Orissa          | 41895953          | 6481          | 1.54            | 0.88                     | 47.52        | 35.61        | 9.77        |
| West Bengal     | 92872501          | 11453         | 1.23            | 0.96                     | 63.42        | 30.71        | 7.13        |
| <b>National</b> | <b>1223166929</b> | <b>133717</b> | <b>10.93</b>    | <b>0.71</b>              | <b>48.45</b> | <b>35.42</b> | <b>9.97</b> |



## *DISABILITY AND RECONSTRUCTIVE SURGERY STATUS*

| States            | Deformity/ New cases |       |          |       | RCS Performed |      |       |
|-------------------|----------------------|-------|----------|-------|---------------|------|-------|
|                   | Grade - I            |       | Grade-II |       | Govt          | NGO  | Total |
|                   | No.                  | %     | No.      | %     |               |      |       |
| Andhra Pradesh    | 289                  | 3.21  | 439      | 4.87  | 0             | 617  | 617   |
| Arunachal Pradesh | 18                   | 75.0  | 1        | 4.17  | 0             | 0    | 0     |
| Assam             | 125                  | 10.63 | 94       | 7.99  | 1             | 0    | 1     |
| Karnataka         | 574                  | 13.02 | 144      | 3.27  | 11            | 102  | 113   |
| Meghalaya         | 3                    | 15.00 | 4        | 20.00 | 0             | 0    | 0     |
| Orissa            | 305                  | 4.71  | 243      | 3.75  | 224           | 35   | 259   |
| West Bengal       | 375                  | 3.27  | 399      | 3.48  | 68            | 33   | 101   |
| Total             | 5509                 | 4.12  | 4117     | 3.08  | 1048          | 1808 | 2856  |

*WHO (SEARO) MEETING OF NATIONAL LEPROSY PROGRAMME MANAGERS, Colombo, Sri Lanka*  
July 27 to 29, 2010



National Programme Managers, India-State Leprosy Officers (few selected) Mr. M.V.Jose (AIFO) along with other ILEP – India Representatives and others meet at Colombo – Sri Lanka to review the progress being made by the National Leprosy Programme' in the context to current Global Strategy (2006-2010) and, to prepare a follow up action at the country level towards implementation of Enhanced Global Strategy and the operational Guidelines for further reducing the Disease burden due to leprosy (2011-2015).

## TRAINING PROGRAMMES



The Central Leprosy Division during the year took initiatives to get all the DLO's/SLO's trained at recognized training centres ensuring, hands on cases for clinical knowledge updates. SLR&TC Karigiri was one such centre identified and AIFO Medical Coordinator was deputed to the programme as a facilitator to deal with operational aspects of NLEP. The DLO's/SLO's from Kerala, Karnataka, Andhra Pradesh, Meghalaya, Assam, Arunachal Pradesh, Orissa, Jharkand and Nagaland participated in these series of Training Programme.



### Leprosy Reorientation : Karnataka

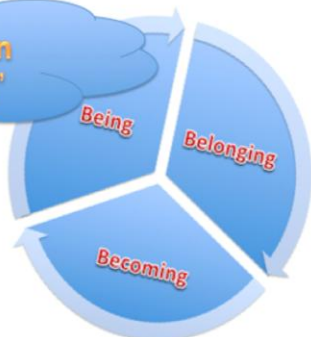
Following the need for training the Corporation Medical Officers –Bangalore Metro and Reorientation training for the DLO's by the Karnataka State Leprosy Officer training programmes were carried out. It was quite evident that training programmes become quite an important activity to provide quality leprosy services while making integration evident. This programme was undertaken in collaboration with DFIT, organized by our State ILEP Coordinator Swami Japananda. inaugurated by Sri.K.R.Niranjan I.A.S

### Quality of Life

"It is quality rather than quantity that matters."



God grant me the courage to accept the things I cannot change  
the serenity to change those I can and the wisdom to know the difference!



### Crucial ILEP workshop- June 2010:

(ILEP Indian and ILEP International). WHO and Govt of India also participated. The discussions revolved around Decentralized Planning/ Problem States in India and related activities/Training Needs/POD-DPMR/Community Participation/IEC/Referral System/Collaboration and other related issues towards Concepts of Coordination towards Federation Principles of ILEP. Mr. Jose made a presentation on **Quality of life** – service deliveries for persons affected by leprosy. The highlight was in line with AIFO mission and vision- Provision of Opportunities in his briefs.



This year's focus was towards enhancing NLEP activities in North Eastern states of India (Assam, Arunachal Pradesh and Meghalaya), which had little priority, added the declaration of "Elimination" had further reduced importance. Since the magnitude of problem being minimal with low Annual Case Detection Rates in the States of Arunachal Pradesh and Meghalaya and due to geographical proximity in between all three states- for operational reasons all three States are considered as one Project – Assam NLEP.



*Dr.Lanong – SLO, Dr.Kynjing DHS with Mr. Nishi Roy*

The Integration of the Programme into the General Health structure is still not functional. Most of the districts do not have District Nucleus Complete Status with no designated Medical Officer / DLO's. In the State of Assam there had been two training programmes for the adhoc-District Nucleus teams and all those trained had either retired or changed positions. The cases reporting to the Primary Health Centres are in turn referred to the Medical Colleges. It is been noticed that Assam registers more than 1000 cases during the reporting year, with a high deformity/MB proportions and lower Child/female proportions. Missing early cases among children could be one of the reasons for late case detection with grade 2 deformities. The Referral System is still not functional.

Expertise is diminishing making it difficult to find suitable professionals for filling up posts as coordinators, insurgency and other nature's fury adds on. However we were able to identify State ILEP Coordinators for Karnataka and Assam NLEP projects. There is noticeable change taking place in Karnataka similar to what is happening in Assam.

Monitoring and supervision is initiated specifically in Bangalore Urban/Rural districts with improved review of the programme every month, which is likely to expand to other areas.

The effects of recession still persist with increased costs to travel that however are very essential. Despite all these hurdles efforts were enforced and the changes are visible. With what ever infrastructure present "Monthly Progress Reports from the Districts are in vogue now". It took years to establish a robust Leprosy Control Programme – in a vertical structure and so will Integrated set up do.

Projects (NGO's as they are mentioned) operating for Leprosy related activities need to prioritise and focus into leprosy and there seems evidently a great deal of lateral deviation into other fields of health. Their roles and responsibilities had been defined and clarified during the last two Bi-annual Meetings. It is been noticed that the expertise here too in relation to Leprosy is diminishing. Their role as Secondary level Referral centres in collaboration with the District NLEP needs further strengthening. It was brought to the notice of the National Programme Manager during several meetings about a constant complaints of non-availability of MDT for which a government order was passed to ensure that the NGO Projects should be supplied MDT blister packets to facilitate availability to all patients who seek treatment at the centre of their choice – and is no more a mandatory that they should be referred back to General Health Centre once diagnosed.

The feed back available and expressed by the district authorities is that they are not getting the Monthly reports from the NGO projects intimating the MDT requirement. Keeping these issues in focus it is decided that a training programme in leprosy and Planning methodology to be conducted during the next following year. The same condition is been observed by other ILEP-India partners and based on this observation there had been series of discussions carried out during the year through which it was decided to conduct a National level workshop for NGO's ensuring clarity in their roles and responsibilities.

Provision of Central Supervisors (ILEP Coordinating representative): AIFO India had operated in the States of Assam, Arunachal Pradesh, Meghalaya and Karnataka in this exercise (LEPRA Society Supports AIFO:

Dr.Porichha Medical Consultant deputed as Central Supervisor to work along with Dr.N.Manimozhi in the States of Assam, Arunachal Pradesh and Meghalaya.). We took intense measures to modify the Questionnaires prepared for the survey and ensured it got modified and used



*Dr.Porichha, Medical coordinator Regional Office LEPRO Society Odisha.*

The shift in paradigm – from target oriented approach of the “Elimination Project” to provision of Quality, Sustainable, Integrated Leprosy services to all people affected by Leprosy is a positive approach and to achieve technical support alone will not suffice, it also needs advocacy and sensitizing activities, which where been initiated.

Provision of Opportunity in Practice: Mr.Jose had stimulated and stressed that with optimal support to NLEP – Operations it would be worthwhile focusing on Patient/Person care, keeping this human relation concept in view – One person affected by Leprosy was identified in Shillong and was provided with a electrical power sewing machine. The State Leprosy Officer Dr, Lanong Meghalaya and his DLO took interest in identifying the beneficiary. The machine was presented to the person in the presence of the Director – Health Services. It is important to note it worked out as a great stimulating factor and such activities are being thought of – with interest to include in their Planning.



*Dr.Lanong – SLO, Dr.Kynjing DHS with Mr. Nishi Roy with MC Sisters*



*From AIFO North east project*



## NATIONAL SAMPLE SURVEY

The 131st report of the Parliamentary Committee on Petitions of Rajya Sabha recommended a final survey to assess the burden of leprosy in the country involving Panchayat Raj Institutions (PRI) – 2008.

The Ministry of Health and Family Welfare, agreed for a multi- centric Sample Survey study to assess the burden of leprosy. A House-to-house survey was carried out in the selected blocks, identified suspects by Multi purpose health workers, ASHA, Panchayat members where screened by a team of experienced Para-medical Workers and confirmed. All the confirmed cases where validated by a team of Leprologists.

The concerned States had completed the exercises and reports are sent to the concern for further analysis and reporting. AIFO supported the programme by providing Central Observers/validators in the State of Assam, Arunachal Pradesh,



Case detections in progress

## NATIONAL LEPROSY ERADICATION PROGRAMME

### West Bengal.

Birbhum district in West Bengal contributes a major proportion of leprosy cases with more than 1200 cases on hand reeling under pressure. By meeting the District Leprosy Officer Dr. M.Maity, Mr. Ganguly Non-Medical Supervisor the currents needs where identified, and where assured that necessary technical support will be provided.



ILEP partners operating in West Bengal meeting: Action Plan for the State for the year 2011 was discussed in detail. AIFO will be continuing its operations in the district of Birbhum. A request to provide technical support to Mirzapur district along with Birbhum with no extra funds was made by ILEP State Coordinators and was agreed.

### Andhra Pradesh:

A similar State ILEP Coordination meeting was arranged at Hyderabad – Andhra Pradesh where all participating ILEP partners met and planned activities for the State NLEP. During the meeting the State Leprosy Officer gave a detailed information about some important changes in the State Health System – Formation of Community Health and Nutrition Clusters – CHNC, which is expected to improve leprosy services through the expected integrated set up.



### Karnataka :



Swami Japanananda Takes over charge as Karnataka State Coordinator. Swami Japanandaji designated as ILEP's State NLEP Coordinator carrying out supportive activities to the programme.

- State NLEP Steering Committee was formed –a group which will assist in bettering the performance of the Programme.
- Bangalore – Urban DLO/NGO monthly review meeting. Following earlier discussions about monthly review activity – meeting takes place during the last week of the month regularly – It was informed that patient care had improved with better partner's collaboration.

### Odisha:

AIFO continues operations along with other ILEP partners in the State of Odisha with Dr.SN.Pati who effectively carries out coordination activities,

Technical Resource Unit (TRU) - Odisha: *The earlier District Technical Support Teams – (DTST) had screened cases for Surgery and 800 out of 1200 cases underwent surgery at Government centres – supported by ILEP TRU's*

**\*AIFO supported TRU at Government Institutions:**

| Sl. No. | Location of Ref. Centers | Covering districts            | Total Population | Disability Cases |      |       | Ulcer | Fit for RCS |
|---------|--------------------------|-------------------------------|------------------|------------------|------|-------|-------|-------------|
|         |                          |                               |                  | G-I              | G-II | Total |       |             |
| 1       | Sundargarh*              | Sundargarh<br>Jharsuguda      | 2525709          | 133              | 697  | 830   | 256   | 302         |
| 2       | Angul*                   | Angul<br>Dhenkanal<br>Deogarh | 2972249          | 159              | 800  | 959   | 352   | 206         |



Angul TRU:

Patients with complications are referred from the PHC to these centers which operate as Secondary level Referral Centers.



Cuttack Re-Constructive Surgery Centre:

3 young boys (Ganshyam, Suman Mahanto, Ghansi Sen – two of them still studying and one drop out. All the three cases had Rt hand claw and had undergone RCS successfully. These children show interest to pursue their studies. Initiatives to provide opportunity to the children in progress.

**Missionaries of Charity**

Shantivan, Leprosy Rehabilitation Centre, Nangpoh started collaboration with the state NLEP. Dr. Lanong through his initiatives made MDT available to the project including other logistics support. There are about 70 inmates with other out patients utilizing services from North East areas, thus operating as a Secondary Referral Centre providing quality leprosy services in turn supporting the State NLEP.



*NORTH EAST NLEP (ASSAM, ARUNACHAL PRADESH AND MEGHALAYA)*

Information about North Eastern States of India is always incredible: National Leprosy Eradication Programme activities gear-up towards provision of “Quality, Sustainable, Integrated Leprosy Services to all persons affected due to the disease, utilizing all available resources.” – and there are a lot of opportunities available.



*Dr. Taid with Dr. Ganapati Dass*



*Discussion with Dr. Gini Superintendent,  
General Hospital NaharLagon-Ita Nagar*

“Pension scheme for Persons affected by Leprosy –which is made available in many States of India – Assam, Arunachal Pradesh, Meghalaya is yet to implement” efforts initiated and notified to the concerned State Leprosy Officers /Director of Health Services for approval and implementation.

# Community Based Rehabilitation

Here were 15 CBR projects supported by AIFO in India and Bangladesh namely Assam CBR, Malavalli, Mudhol, We care, Bellary, Cochin, Gudivada, Kollapur, St. Catald, Sumanahalli, MOB Mandya, Raichur, Chittagong, Bidar and Chainpur project technically and financially supported by AIFO. Except Chainpur, the remaining projects have submitted the filled annual CBR monitoring form along with descriptive reports and with some enclosures.

These projects are combination of leprosy (NLEP)-CBR, CBR-children and CBR-leprosy projects. A range of community based rehabilitation interventions related to the CBR matrixes of health, education, social, livelihood and empowerment have been facilitated by these projects. Subsequently, a total of 62515 persons with various disabilities have been covered as direct beneficiaries by all these projects. The details of direct beneficiaries are given below.

- Persons with visual disability 3890.
- Persons with hearing and speech disability 7588.
- Persons with movement disability 34818.
- People with disabilities owing to leprosy 2783.
- Persons with Convulsion 852.
- Persons with mental illness 1192.
- Persons with Intellectual disability 7661.
- Persons with multiple-other disabilities 3731.

A total of 62,482 persons with different disabilities have acknowledged one or the other kinds of rehabilitation benefits from these projects. Projects newly identified 1015 persons with disability and were also facilitated with certain rehabilitation support.

These projects have facilitated 1436 self-help groups with a total membership of 19970, out of which disabled persons membership of 11466, amongst the overall members 313 are CBR volunteers and remaining are family members. The projects also collaborated with 68 disabled people's organizations (DPOs) and in involved in promoting and strengthening their activities. These DPOs comprised of 7584 disabled persons as members and 842 family members of DPOs. Projects also promoted several specific activities of assistive devices, supporting loans, inclusive education, vocational training, social awareness, and income generation, mobilizing GOVT entitlements, group training, medical support, legal awareness and other interventions.

## Particulars of the beneficiaries:

Support for appliances/mobility aids 5924.

Education and learning activities 10964.

Loans towards livelihood opportunities, vocational training and income generation activities 10060.

Home visits 38987, other activities 10035 and other specific interventions 490.

The projects also reported that interventions related to advocacy, staff training, training on street theater activities and SPARK research interventions. As a whole of 49641 beneficiaries benefited from specific activities implemented by the projects during the reporting year. For more specific information refer the consolidated excel document of AIFO CBR monitoring forms and individual project reports-forms.

## OVERVIEW OF ACTIVITIES COORDINATED BY AIFO TEAM

During the reporting year (2010) there were number of significant activities facilitated towards coordination of SPARK CBR research and activities for strengthening few CBR project teams capacity. Majority of the time (75%) was dedicated towards coordination of SPARK CBR research programme (component 1 quantitative and component 2 Emancipatory research) activities. Remaining time was devoted towards planning, review and training activities in Bidar CBR project, Chainpur CBR project of Jharkhand, Manikbond Assam and in Mudhol Karnataka state, regional and national level conventions linked to new PWDs act and Indian disability census 2011, AIFO coordinators international workshop, testimony programmes in Italy and IDDC partners meeting. In order to carry out these programmes a in-depth/micro planning process with the Representative (Mr. Jose) was conducted on a monthly and quarterly bases. In some important circumstances planning was done on event wise and activities were implemented according to the needs and priorities of each project. This is particularly for co-ordination of the SPARK research activities in Mandya and Ramnagar districts with MOB and Malavalli projects. In some of the selected CBR projects, specific planning events were organized for specific areas of CBR team needs and based on the project plans. For instance, the SPARK research planning meetings in both Malavalli and MOB Mandya projects, follow up data enumerators reorientation training, field visits for data collection, Emancipatory research activities scientific advisory group (SAG) meetings, specific thematic meetings, review, training and planning meetings in Bidar, Assam project, Mudhol project, Chainpur project, visit to Italy and Belgium. Detailed reports of these events/activities have

been also prepared separately and presented to office. The highlighted activities carried out in the reporting year are summarized below, some may requires more information for which please refer the detailed plans and reports submitted by the CBR coordinator.



*SUMANAHALLI'S, DR. HANSEN AWARD.*

Our esteemed Partner Sumanahalli Society observe Anti- Leprosy day every year, and this year 30th January 2010 gave away awards to Sister Jean (Sumanahalli )and Dr. Daisy Kandathil (AIFO), the prestigious Dr. Hansen award for all their continued dedicated work for the cause of leprosy by the Hon. Justice. Sri A.C.Kabbin. During this meaningful occasion Dr. Prasad, Fr. Johnny, Fr.George and Mr.M.V.Jose were present.

*OUTSTANDING LIFETIME SERVICE AWARD*

Masterji as he is fondly called, Sri. T.V.Sreenivasan founder President of SRMAB, working for the empowerment of persons with visual impairment, was been honoured by his Excellency the Hon Governor of Karnataka on the occasion of the 5th Anniversary celebrations of National Association for the Blind- Bangalore, for his self less service in the areas of education, vocational training and livelihood empowerment

*S.V. UNIVERSITY CONFERRED DOCTORATE*

Mr. J.B Jayanth Kumar awarded Doctor of Philosophy in Sociology on March 12,2010 for his thesis "INCLUSION OF THE EXCLUDED REHABILITATION OF PEOPLE WITH DISABILITY- A SOCIOLOGICAL STUDY OF COMMUNITY BASED REHABILITATION IN MALAVALLI TALUK, MANDYA District" by the Sri. Venkateswara University – Tirupati, Andhra Pradesh.

# From projects

## We Care.

### MAIN ACTIVITIES:

- Survey
- Assessments and referrals
- Awareness programmes
- Medicine support
- Therapeutical services
- Nutrition camps
- Doctor's certificates
- Home based education
- Social security schemes
- Vocational training
- Support for self-employment
- SHG meetings
- DPO formation and meetings
- Competitions (sports, drawing, etc.)
- Networking with GO's and NGO's
- Staff training and development
- Parent exposure
- Documentation and office work
- World Disabled Day celebration



The focus of our work has been CBR for persons with disability and Bangalore Adoption for children.

We Care receive two resources from AIFO: financial and technical.

The technical support received from AIFO is in the form of inputs, trainings, consultations and evaluations. This resource has been very useful especially for equipping our staff to improve their knowledge of CBR approach and to carry out their interventions with the pwd's.

The financial resource received from AIFO has helped us to meet the expenses incurred on the programme such as staff salaries, transportation, support for pwd's, and other expenses related with the programme.

The activities are conducted under four categories: health, education, economic and social.

Over the years we have seen a substantial improvement in the quality of our work. The pwd's in our project are learning to become more self-reliant by getting themselves involved in the rehabilitation process. We have also improved the community involvement in the programme by networking with government and local panchyats, PHC's, aganwadi's, government schools, etc.

We would like to say a BIG THANK YOU to AIFO for their continued support and encouragement to us.



## Arogya Matha ,Kollapur



The project initially started in KollapurTaluk with few hope of giving awareness to the local people who are mostly innocent, illiterate and unemployed. Tribes who depend on cultivation and farming with no proper knowledge are the major members. The villagers with no medical facilities, no proper sanitation and hygiene depends on witch treatment, herbal medicines and other treatments which in turn harming their health due to lack of awareness. The consumption of tobacco, country made liquor from childhood was a regular habit of the villagers. The situation was almost worsened and the officials to bring under control also initiated no proper action.

We studied the location, including the problems and difficulties facing by the villagers including children, tribes and thought of taking this as an opportunity to literate the villagers and these poor tribes. We approached several officials for help and support for this project. Initially we made a daring attempt to visit them very casually and friendly. Gradually it went on and neighboring villages also found interesting and started appreciating. Slowly we conducted classes and could provide basic needs like food, basic education, health, medical facilities etc. For that we supplied required materials, aids and appliances and other facilities were also provided by us. These programs and activities also succeeded and villagers also joined and started participating. The tribes also felt happier than earlier and their cooperation and coordination was also a part of great success.

We provided transport facilities, wheel chairs, approached village officials and made easier in getting pension schemes, medical certificates, scholarships etc. Tribal people started receiving pensions, scholarships and now they could manage to attend classes also. Simultaneously, we organized day care centers, health awareness programs, medical treatments for leprosy and physiotherapy. Their food, hospitalization expenses were also very less, compared to other hospitals. We took as a project to continue further to neighbor villages and as a team we made several visits house to house, area to area and village to village taking survey of disabled children, leprosy, basic education, food and clothing etc. Villagers appreciated the program and welcomed the team with great honor and respect to nearby villages. The team visited areas five Mandals in KollapurTaluk like Weepanagandla, Pangal, Kodair, Kollapur, PeddaKothapally. The team as a whole found the project interesting and encouraging and good opportunity to serve the poor from heart. The team also could try to control their health related problems by providing them timely treatment educating the ill effects of witch treatments.





## ***ORBIT, Bidar***

### **Treatment & surgery**

Depending up on the individual heed. Treatment is provided, surgery if required for any person will be conducted in order to correct the disability. Specially designed MCR (micro cellular rubber) foot wears wereprovided for the people with disabilities. Physiotherapy will also be provided based or the individual needs. Counseling services will carried out within the people with disabilities. Creating the awareness, Identifying the strength and weakness, bringing them in to society, motivating them in their field of interest& helping them to lead an independent life are the main aspects on which the concealing service is based.

### **Street play**

Street plays are carried out within the communities. People with disability are involved in the play in order to create awareness with in the self and as will as others. These street play shows are performed in schools in order to give awareness to the children

### **Bank linkages**

People with disability will be assisted with various bank linkages. BCM loans, SGSY loans were also provided by the assistance of CBR project. On Successful commencement of project revolving fund of Rs 10,000/- will be awarded by the government for the welfare of the disabled people.

### **The present low**

educational background of self helps groups, lack of awareness superstition, unavailability of trained staff; religious and cast barriers are since of the foreseeable hindrances which aroused an interest to take up the CBR project by our organization. The major activities of the organization will help in the providing compressive rehabilitation and the activity which include

### **Formation and registration of federation**

This activity is designed for the formation and registration of rehabilitation of federations comprising of self help groups. The group will ensure the effective transfer of skills, personal growth & development; special trainings and education with this program.

### **Aids & Appliances**

Based on the individual needs of the persons with disability various Aids & Appliances were provided.

### **Income generating program.**

This program aimed at the strengthening of Self Help Groups with financial assistance. Identifying their knowledge and skills, monitoring them in their field of interest and making their financially stable and self-sufficient.

### **School programme**

School health program was carried out for creating an awareness with in the student. Financial assistance was made for admission in to the school

### **Marriages**

Creating an awareness with in people with disabilities to lead a successful marriage life

## *St. Joseph's LRC, Nidadavole.*



We are encouraged to live with awareness the influences and contribution make our lives blessed .I believe that there are some, who make huge difference in others in the lives of others and some who have soft corner for the unpleasant, the unattractive ,the neglected. my mind goes back to the AIFO, which has been a source of strength for our rehabilitation Center for the past 35 years. As I begin my daily activities, interacting with the patients, the first scene that flashes before me is AIFO. Indeed we the sisters toil day and night looking after the patients, but it would have been a failure if AIFO had not been on our side.

The very existence of Rehabilitation Centre is because of AIFO. It is very supportive and because of AIFO we could cultivate our land, the patients have enough, they can never go hungry, The Food allowance, the transport, Spiritual and moral support, enjoy spacious place to live, protecting themselves by MCR footwear, Medicine etc. We have started the community college for the drop out and it is a great venture where few of our patient children do the study. It is Center for dropout The courses conducted are Nursing assistance, Office management, Preschool teacher training courses these are the job oriented course, our patients children have a bright future. This year we have got twenty-one students

Community college student express their story of prodigal son the shepherd and the lost sheep and the woman and coin there were factors seen in this story in which all were responsible for the finding or return of the object a factor of effectual and persistent searching for the lost there was filmier relationship ,pity for the sheep and value of the coin there was rejoicing and celebration on the return of object This parable can be connected to us lost sheep and coin at the point of our lives We are the lost sheep and lost coin in search of us, and helped us to celebrate our lives We are grateful to you for the making a huge difference in our lives we are so moved by these courses we are aware that this course is beyond price.

In the journey of life some have to suffer more and some less. Our patients are the people who suffer physically .At this point of time AIFO come to our aid and extended a financial support . A million thanks to AIFO

## *Malavalli, Mandya*



Research activity in community based rehabilitation (CBR) has been limited and fragmented. This is in part due to the fact that the concept of CBR grew out of a pressing need to alter and improve the social conditions of people with disabilities, primarily in developing countries, rural and remote, isolated communities. These people live in situations where centralized health, social and employment services will never meet their needs.

AIFO partnership with Malavalli CBR project, over the past 13 years, has continuously adapted the current trend and future practices, which has the capacity to address the sets of practices which provide solutions to practical problems through pragmatic strategic and self-reflective processes. AIFO has embarked on an in-depth 3 year research, to study the impact of collective intervention and its outcome. Malavalli CBR project works with 11250 children, adults with disabilities and exclusively with leprosy affected persons, adapting and supporting an inclusive comprehensive rehabilitation package

The project emphasizes on addressing the 5 major rehabilitation components: Health & Medical, Education, Livelihood, Empowerment and Social.

The project has recruited & trained volunteers from the target area; such arrangement is adopted in the project as a part of sustainability. They stay within the target area for a long time to support people with disabilities. At the same time, project focuses to promote community based groups, by strengthening DPO's & SHG's in order to sustain the existing rehabilitation services at local levels in the target areas.

Most important area that is focused during the project cycle is building a network through DPO's & SHG's between government and non government agencies with community participation in sensitizing disability and rehabilitation along with roles and responsibilities as stated in the legislation for persons with disabilities.



## International Medical Association

### MAIN ACTIVITIES:

- Health awareness program
- special counseling services
- Visit for case identification
- Referring patients for specialist consultation
- Regular medicine supply (for the needy after verification)
- follow up visit families and to check regularity of drug intake
- Counseling to patients and family members
- Socialization programs with celebrations on special occasions and feasts help to build up self confidence and capacity building
- Frequent contact with patient and their family members to create friendship and confidence
- Children education program
- Self – employment program
- Nutritional assistance
- DOT programme - collaboration with the Government.

Monthly leprosy conference at DLO office

Cochin Community Health Development Program was started in 1971 without any financial security depending on God's providence through the help from friends and people of goodwill will be completing forty years shortly. The initial staff comprised of only two lady doctors. Few kind hearted, social minded, educated ladies of the locality came forward to help the doctors when and where it was needed. Even their children were helpful in many ways. Medicines and materials collected by friends and some organizations abroad made it possible to treat the poor patients especially leprosy affected people living as beggars in marginalized colony like areas. Sulphone was the only treatment for leprosy in those days. The work was recognized by the Government and allotted an area (6 divisions of Cochin Corporation) for our leprosy work including it in NLEP by order No. EB - 5- 42579/ 81 DHS. International Medical Association – service centre started in 1971 according to the In 1982 AIFO came to our help and from then we could send some for paramedical training and appoint trained staff.

Regular MDT started in 1982. The first survey prevalence was 6.16/1000 and second survey prevalence was 3.7/1000. In the beginning total number of cases was 413 in 1980. Rapid survey 1992 gross prevalence was 0.6/1000. In 2000 there were no cases. In 2001 8 cases were. In 2002 under the supervision of Dr. Mmanimozi together with staff from AIFO project a special survey was conducted covering the slums and colonies of the project area in one week. During this survey together with observation cases confirmed 20 cases were detected. In 2003- 8, 2004 no cases 2005 -2, from 2006 to 2009 no cases were detected. Again in 2010 there were 2 cases one PB and one MB were detected of which PB already RFT, MB case, original from Tamil Nadu before completing the treatment returned to his native place even though his family is still here. This survey observation cases were confirmed and new cases were detected and altogether there were 20 cases. Our paramedical staff participated in the National Sample Survey from June to September 2010 as per the letter order No. 66/4279/2010.DMOH/ EKM dated on 20/5/2010. Since the treatment was in a general clinic without separation and giving special attention to skin problems self reported cases also where there. Since all other diseases were taken care of patients were willingly coming for treatment. Till now 1122 patients identified and 1068 cases are under regular care from this centre. Almost all the patients are now leading a normal life and some are engaged in different occupations. By seeing the improvement in those who are under our care those who were kept closed in the houses also started coming for treatment. Even from outside project area.

## *Assisi Leprosy Centre, Bellary*

Assisi Leprosy Centre (ALC) is a voluntary organization which was working for the development of National Leprosy Eradication Programme (NLEP) since 1995 in two remote Taluks of Bellary district of Karnataka state in India. With the continuous efforts and hard work of the project staff the prevalence rate is reduced to 7/1000 by the year 2003.

ALC introduced community Based Rehabilitation (CBR) programme in the year 1997 in H.B Hallitaluk. The project extended its service to Huvinahadagalitaluk in 2003. The project covers 229 villages of both taluks. Project aiming at providing equal opportunity to protect the human rights of people with disability (PWD) having in mind their total integration to the main streams of the society.



### **Objectives of the project**

- To remove all kinds of barriers which block people with disability from access to the main streams of society by planning disability issues to the main streams of society.
- To make the PWD to take leadership decision making and to improve and expose their potential and talents.
- To rehabilitate and support for women with severe and profound disabilities.
- To conduct programme for the SHG's and give additional support to become sustained.
- To rehabilitate and give support for person with disability because of Leprosy especially with identify cards etc.

Follow up services, medical interventions, educational facilities and economic supports were provided for PWD, PAL and for their children. In the Educational rehabilitation 545 illiterate women were given Non-formal education to write and read and put signature. 4 children with disability are admitted in the special school and they are improving their talents. 9 mentally challenged are sent to the special school and they are able to do the ADLS activities. 257 PWD students were applied for Scholarship and 225 students got Scholarship. 1 PWD student is supported for higher studies and he got State Award for the Quiz competition. Summer holiday camp conducted in 2 villages of both Taluks. 278 children participated in the sports meet and Quiz competition.

In the Economic rehabilitation 498 new application submitted for PHP and 352 were sanctioned and getting their pension. 405 existing buspass renewed and 57 new buspass got sanctioned for the children with disability. In the Social rehabilitation 5 parents workshop conducted in both Taluks for the parents of mentally challenged children. 1 gramapanchayath meeting conducted by the Project in order to collect information about the Govt; benefits and reservation and rights of the PWD. Project staff IPC to 2300 PWD to come out from their Psychological problems, depression. And inferiority complex. In the (Ashrayayochana Mana) housing scheme 43 including PAL got house from the Govt; in H.B.Halli and Hadagalitaluk out of this 40 houses had been constructed.

# Accounts and financial

Keeping in view the global financial crisis and the deliberations of the AIFO Biennial meeting, the financial control was managed constantly without affecting the qualitative functions of the project, by minimizing the unnecessary expenditures.

The activities were carried with extra attention, to maintain the normal functions of all the projects without compromising the qualities.

## Audited Financial Statement


AMICI DI RAOUL FOLLEREAU  
No. 58, 4th Cross, Kavery Layout, Thavarekere Main Road, BANGALORE - 560 029  
FC Regn. 094420816 dt 22/02/2000

### BALANCE SHEET AS AT 31ST MARCH 2010 (FOREIGN CONTRIBUTION ACCOUNT)

| LIABILITIES & CAPITAL                               | FOREIGN<br>AMOUNT<br>Rs. Ps. | LOCAL<br>AMOUNT<br>Rs. Ps. | TOTAL<br>AMOUNT<br>Rs. Ps. |
|---|------------------------------|----------------------------|----------------------------|
| <b>CAPITAL FUND &amp; LIABILITIES (O.B.)</b>        | 7,426,648.52                 | 246,095.00                 | 7,672,743.52               |
| Add: Income Over Expenditure                        | 1,399,808.91                 | 105,081.00                 | 1,504,889.91               |
| <b>Dr. V.Ekambaram Memorial Fund</b>                | 200,000.00                   |                            | 200,000.00                 |
| <b>TOTAL</b>  | <b>9,026,457.43</b>          | <b>351,176.00</b>          | <b>9,377,633.43</b>        |
| <b>ASSETS &amp; PROPERTIES</b>                      |                              |                            |                            |
| FIXED ASSETS less depreciation:<br>[See Schedule B] | 1,185,324.75                 | -                          | 1,185,324.75               |
| <b>CURRENT ASSETS</b>                               |                              |                            |                            |
| Cash - Local Secretariate, Bangalore                | 20,377.31                    | -                          | 20,377.31                  |
| Bank - State Bank of India, 1041634603 - 5          | 658,542.08                   | -                          | 658,542.08                 |
| Bank - State Bank of India, 1041634602 - 4          | 3,852,383.41                 | -                          | 3,852,383.41               |
| Bank - South Indian Bank, 6259                      | 2,934,001.88                 | -                          | 2,934,001.88               |
| Bank - South Indian Bank, 9389                      | 162,528.00                   | -                          | 162,528.00                 |
| Bank - South Indian Bank, 6293                      | -                            | 221,176.00                 | 221,176.00                 |
| Dr.V.Ekambaram Memorial Fund- FD SIB                | 200,000.00                   | -                          | 200,000.00                 |
| Telephone Deposit - Bsnl                            | 13,300.00                    | -                          | 13,300.00                  |
| Bank Deposit  | -                            | 130,000.00                 | 130,000.00                 |
| <b>TOTAL</b>  | <b>9,026,457.43</b>          | <b>351,176.00</b>          | <b>9,377,633.43</b>        |
|   | (0.00)                       |                            | (0.00)                     |

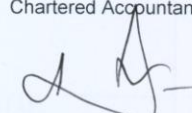
Vide our audit report in Form FC- 3 of even date.

For AMICI DI RAOUL FOLLEREAU

  
M.V. JOSE  
Secretary & Chief Functionary  
Place: Bangalore  
Date: 9 th June 2010



For DIAS & ASSOCIATES  
Chartered Accountants

  
DIAS P JACOB  
Partner  
Place: Bangalore  
Date: 9 th June 2010





From AIFO project North East India.



### *OUR IMPACT DURING 2010*

**87,862** direct beneficiaries,  
**18** Projects,  
**6** NLEP projects,  
**1446** Self help groups,  
**20090** SHG Members,  
**68** DPOs.



**Amici Di Raoul Follereau**

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