

Amici

# Annual Report

2012



Leprosy  
Eradication

Opportunities for  
children

Community Based  
Rehabilitation

**Amici di Raoul Follereau**

[www.aifoindia.org](http://www.aifoindia.org)



## Build a civilization of Love



*Raoul Follereau our  
inspiration*

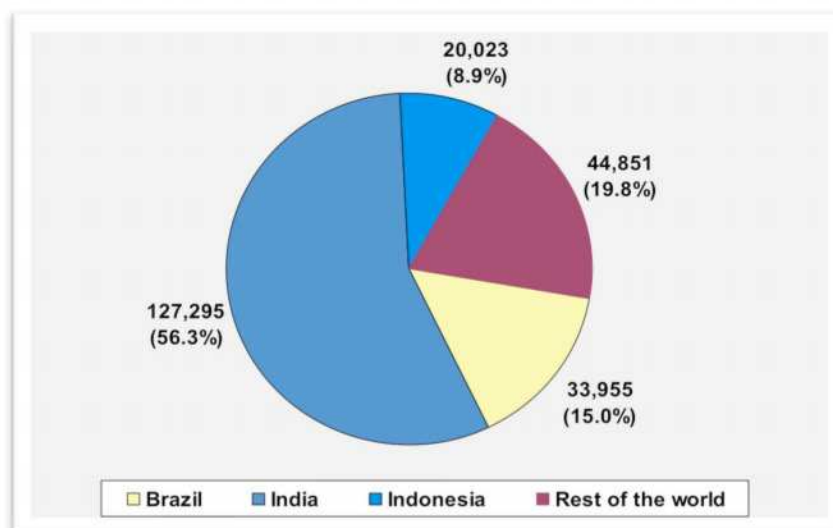
**Amici di Raoul Follereau (AIFO) is an Italian Non-Governmental Organization born out of enthusiasm of a group of young people devoted to spread the message of Raoul Follereau. In the year 1961 Raoul Follereau started "Amici dei Lebbrosi and on July 1979 it became AIFO, which is a founding member Association of International Federation of Anti-Leprosy Association (ILEP)**

### AIFO operations in India

Working in partnership with Government of India Central Leprosy Division and States, World Health Organization and National Forum

Supporting partners (Non-Governmental Organizations) in carrying out Leprosy related activities, Community Based Rehabilitation and Underserved Children

National Leprosy Eradication Programme: India contributes to about 56% leprosy cases to the Global caseload.... A major concern, AIFO along with ILEP partners support the Programme in various states of India.



**Leprosy Situation**

Data source: WHO SEARO

## Speaking to you all with Concern and Greetings

Every year seems to pass away as fast as it can, and is always calling to improve strategies in providing better opportunities for all marginalised due to disabilities, stigma, discrimination, lack of access to health services due to various conditions, with special reference to Leprosy.

There seems to be an ever-ending issue questioning about “Social Responsibility” from each and every one to contribute, Health System alone will not suffice to address issues related to National Leprosy Eradication Programme. The programme is always improving while the problem gets altered demanding alternative and combined efforts. Voluntarism at the right time, right place for the right cause is in the priority, along with the most crucial issue of participation by the people for whom the whole operations are.

Keeping in view the above statements in our minds and agenda for the coming years, we would like to focus, communicate with the local communities, corporates to make them realise their social responsibilities and participate, to come out with results. Our teams, partners took all efforts to manage and rise to constraints – We have opportunities, and resources, however not adequate enough to reach the underserved population, struggling silently at large.

I wish to thank all our “Friends” in Italy those with immense profound affection and concern to Share – their love around the globe with all people suffering. Our Head Quarters at Bologna for their ability and expertise, supporting our operations, our partners, Programme Managers at Central Leprosy Division, State, WHO, National Forum, ALERT India, Novartis, ILEP colleagues – Each and everyone - and all our persons affected specially who gave us the opportunity to serve them. Last but not the least our dear Jayashree, with all grace and affection joining us in our endeavour to fight against, stigma, discrimination giving us a hope that her efforts supporting us will be a motivating factor for all those who think they are lost, to get back fighting the odds and enjoy meaningful life



M.V. Jose



## Leprosy Control:

### Leprosy:

AIFO operations under National Leprosy Eradication Programme (NLEP):

Along with ILEP members support to Central Leprosy Division continued in partnership. The National Leprosy Eradication Programme had shown considerable progress, with challenges still at large specially towards underserved population coverage, and fighting Social Stigma and discrimination attached towards leprosy.

Leprosy situation in the AIFO operated States, Epidemiological Indicators (April 2012-March 2013)							
State	Population	New Cases	ANCDR (100000)	Prevalence Rate (10000)	MB Prop	Female Prop	Children Prop
Andhra Pradesh	86469955	8295	9.59	0.61	3.17	41.15	11.34
Arunachal	1447791	48	3.31	0.32	75	27.08	25
Assam	32162002	1147	3.56	0.35	74.46	26.94	9.24
Karnataka	62941156	3436	5.45	0.44	57.97	37.02	15.63
Meghalaya	3113452	26	0.83	0.09	100	19.23	11.54
Orissa	43062077	8226	19.1	0.98	49.82	36.99	8.64
West Bengal	93756723	11683	12.46	1.05	64.72	32.45	7.52
<b>National</b>	<b>1249651178</b>	<b>1,34,752</b>	<b>10.78</b>	<b>0.73</b>	<b>49.92</b>	<b>37.72</b>	<b>9.93</b>

Comparing last years figures the Prevalance Rate 0.69/10,000 is now 0.73, New Cases registered 1,27,000 to 1,34,752 showing an increase in new case detection, Multi-bacillary case Proportion remaining at 49%, Female proportion remaining at 37.7% and Child cases almost the same to 9.9%, the coverage should improve Deformity profile: Grade1=3.78% to 3.84%, Grade 2=3.14% to 3.45% which is a major concern.

Reconstructive Surgery			
Year	Government	NGO	Total
2011-2012(March)	339	562	901
2012-2013 (March)	865	1548	2413

### AIFO operations:

Periodical job tours are carried out by AIFO Coordinators / NLEP Consultants in the areas of operation. AIFO continued operations as ILEP/NLEP Coordinators in the States of Karnataka, North-eastern States - Assam, Meghalaya and Arunachal Pradesh. LEpra Society continued partnership operating in NE States, and we collaborate with our ILEP partners in the States of Andhra Pradesh, West Bengal and Orissa.

AIFO along with ILEP Partners operate under a MoU with the Central Leprosy Division, carrying out activities within the preview of the following areas supporting the General Health system to provide – an Integrated, Sustainable, Quality Leprosy services to all affected

1. Improved Case detection
2. Improved Case Management
3. Improved monitoring Supervision and Evaluation
4. Leprosy expertise developed and sustained
5. Increased participation of persons affected by leprosy in society
6. Stigma reduced
7. Research to support evidence based programming
8. Programme management ensured

### **Collaboration with WHO:**

Three important documents of WHO – Global Leprosy Programme (GLP), were translated into Hindi

1. Enhanced Global Strategy for Further Reducing the Disease Burden due to Leprosy (Plan Period: 2011-2015)
2. I can do it myself Tips for people affected by leprosy who want to prevent disability
3. Enhanced Global Strategy for Further Reducing the Disease-Burden Due to Leprosy Operational Guidelines (Updated) (2011-2015)

### **Collaboration with States:**

#### ***Andhra Pradesh, Orissa:***

LEPRA Society coordinates the ILEP supportive programme, and AIFO continued its participation along with other ILEP members in the states of Andhra Pradesh and Orissa. Dr. Michael Sugumar NLEP Consultant (AP), Dr.S.N.Pati NLEP Consultant (Orissa) are in charge of ILEP operations in these States.

Following the results of “Feasibility Study” carried out during the year 2012, further discussions were held with authorities of Kurnool Medical College – The Principal, The Professor and Head of the Department of Community Medicine. Areas identified are Leprosy Expertise development, Introduction of CBR and Communications modules for the Faculty, Post Graduate/Undergraduate Students and Internees, in coordination with the Kurnool District Leprosy Officer and our Partner NGO operating at Kollapur (Mehboob Nagar district). Dr. Giovanni Gazzoli, Mr.M.V.Jose participated in the deliberations – and once funds are available – Project implementation will be started.

#### ***Kurnool Medical College:***

Parla PHC, under the control of Community Medicine Department established to facilitate learning opportunities for Medical Students – Feasibility Study had shown that there are adequate opportunities to develop the centre

Discussions with the different stakeholder groups

Based on the request from the Medical College Community Health department, AIFO organised one day stakeholders group discussions at Parla PHC, Kurnool district. AIFO CBR coordinator facilitated the discussions for different groups stakeholders (Panchayat representatives, college representatives, ASHA workers, ANMs, disabled SHG leaders, community leaders, and a small group of disabled persons), collected information to initiate Community Based Rehabilitation activities in Parla PHC.

#### ***Karnataka***

Despite serious efforts to find suitable candidature for the post of NLEP Consultant for Karnataka it was not possible for placement, Dr.N.Manimozhi had to carry out additional responsibilities as interim Consultant. Following discussions at Cochin State Leprosy Officers review meetings, Pilot District Disability assessment initiatives among persons affected was initiated utilizing the resources from Sumanahalli NGO project at Chamraj nagar district. The exercise had given indications and recommendations to the State NLEP- Karnataka to further extend initiatives at other districts

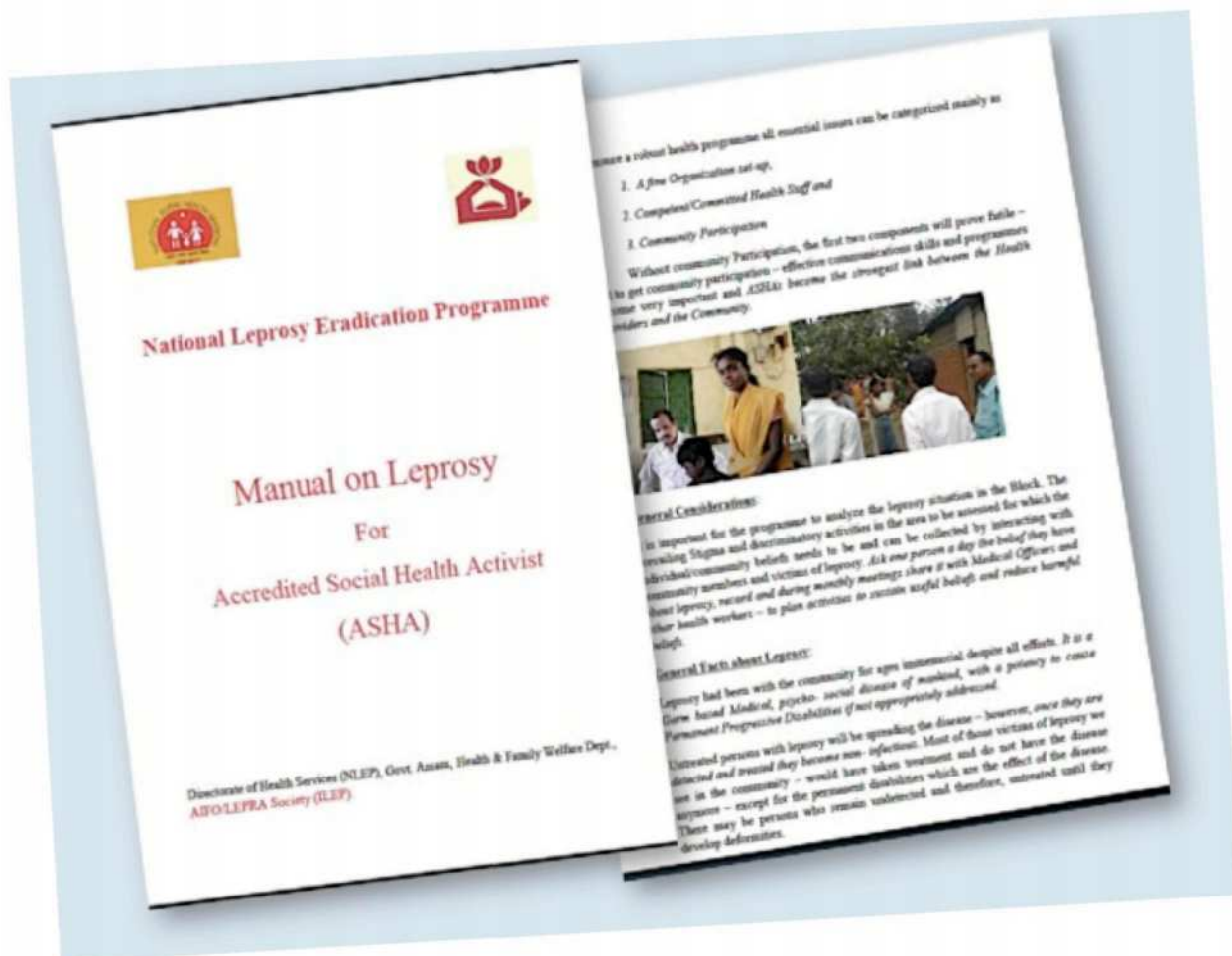
Need based initiatives: The District Leprosy Officer expressed views that they have no experience in carrying out result based training programmes for their Medical Officers at Health facilities, and expressed the need for practical demonstration of a training programme. Following the request from the State and District AIFO organised a two-day's training programme on Leprosy was carried out at Chamraj Nagar for Medical Officers (PHC), during which 22 Medical Officers attended. The programme concluded with further request from the participants and the DLO to have yet another training programme on Disability Prevention and Medical Rehabilitation (DPMR).

### North East -Assam: AIFO Regional Office started.

Intensive focus in this region – AIFO had initiated its Regional office with one Regional NLEP Consultant, one State (Assam) consultant, One Programme Coordinator (Non-medical) one Physiotherapist (for RCS support) and one Data Entry Operator.

### Agreement to perform Work (APW): Assam NLEP Priority Districts – Intensified Leprosy control Activities

A project to focus attention on priority districts in the State of Assam – Sibsagar, Dibrugarh and Guwahati (metro) an APW was signed with WHO- India (WR) to increase case detection and other service activities, Training programmes for the General Health system staff with a supportive staff one each in each district to oversee the operations



*Training manual developed to be used by the (ASHA) Accredited Social Health Activist*

In 3 districts of Assam state Sivsagar, Diburgarh and Kamrup identified as priority endemic intensified leprosy activities was initiated with approval from the State NLEP and programme sponsored by WR–WHO. Series of discussions and planning took place. Training of health Staff and Medical Officers was carried out, 20 participants in each District including 10 Medical officers attended the training



Dr. Lanong and Dr. Manimozhi was key Facilitators for the training programme. Dr. Dhiren Das Mr. Biswanath Mahato Mr. Simntha, Mr. Pranab Dass along with Mr Patrick and Nyjil from Bangalore Head Office associated in the programme with their support including review of AIFO Regional Office logistics review.



Training programme at Sibsagar district.

#### **An Incident to share:**



After completing the training programme at Sibsagar while on the way back, just near to the Primary Health Centre – at Tea estate, colony is a settlement of population from other parts of India (Orissa, Andhra Pradesh Kerala) brought here during British regime. The AIFO training team found this young lady walking across, to find her affected by leprosy and due to lack of early detection had reached a multi- bacillary advanced stage of Leprosy and she informed us that she did visit health centres and was prescribed ointments all the time. Measure were taken to ensure she gets treated, lessons learnt : Improve IEC activities, support the IEC programme with effective Health Services, specially for the underserved areas – people dwelling in colonies at Tea estates which are widely spread across these districts. AIFO operations need to expand strategies to support the leprosy

**A long - standing need and desire For- Reconstructive Surgery and other activities**

LEPRA Society and TLM our ILEP members support AIFO in carrying out supportive activities to North East Operations (Assam/ Meghalaya and Arunachal Pradesh)

LEPRA Society, along with routine participation in the ILEP support to these areas extends extra effort for Physiotherapy assistance in RCS deputing one of staff to help in initiation of RCS looking into the operative procedures Pre and Post care further in training

All young happy smiles, Just after re-constructive surgery: Will have to follow up and ensure they are given opportunities for Psycho-social Reconstruction.



TLM supported us by deputing Dr. Jerry Joshua, RCS and Plastic Surgery Surgeon in carrying out operations along with Dr. Vijaya Kumar. The Superintendent TLM Premananda Leprosy Hospital – Kolkata supported in providing training for Footwear /Laboratory technicians of The Catholic Hospital – Borgang, Sonitpur district Assam. With this collaboration Reconstructive Surgeries were carried out in two phases during the year.

Dr. Hazarika Joint Director and State Leprosy Officer Assam extended full cooperation in providing all necessary help to ensure the recognition of The Catholic Mission Hospital – Borgang situated in very remote areas of Assam with all facilities available to perform Leprosy RCS.



Dr. Jerry's hands with hands to hold, surgical rehabilitation underway

Both Dr. VijayKumar and Dr. Jerry Joshua carried out a total of 15 Reconstructive surgeries at Borgang, it was noticed and heard from the beneficiaries that they would remember them through out their life



The Catholic Hospital observed "Anti - Leprosy Day" with Dr. Atul Ch. Saikea District Leprosy Officer- Tezpur district, as chief guest and following all important speeches, the student nurses treated the gathering with a nice skit highlighting anti discrimination acts against people affected by leprosy.



Dr. Vijaykumar on to his work, to restore and provide ability – surgical rehabilitation.

### **A pathetic story from a family with 10 children:**

Obituary Swapna Das from Lakhimpur district was admitted with – recurrent ulcerative ENL reaction (all names changed to protect privacy and confidentiality)

Swapna: May her Soul rest in Peace -

A family of 12 members, 10 children (6 brothers and 4 Sisters) 6 siblings developed leprosy and had treatment with MDT and among them 3 expired due to complications related to Leprosy (Erythema Nodosum Leprosum- ENL severe form) father affected by leprosy, with multiple disabilities, family members feel that he is the main cause for all the miseries attributing to sin's he had committed. " is belief on Sin taking over Science"



She had great faith in treatment and had adhered to all the prescriptions – She was treated for *Pemphigus* a rare dermatological condition, was over treated with Steroids, and developed steroid dependence (this happened at a tertiary level teaching institution. To manage such cases – the only drug of choice is “Thalidomide” an expensive, medicine to be taken under strict precautions and care as in- patients.

Family history		
1	Prabhaat Das (M) 35	Developed leprosy treated for Multi-bacillary (B-MDT) 15 years ago
2	Laxmi Das (F) 33	Developed leprosy treated for Multi-bacillary (B-MDT) - Married
3	Vandana Das (F) 31	Developed leprosy treated for Multi-bacillary (B-MDT) – Complication - Expired
4	Mukul Das (M) 30	
5	Manoj Kumar Das (M) 29	Developed leprosy treated for Multi-bacillary (B-MDT) complication expired
6	Mongal Das (M) 27	Developed leprosy treated for Multi-bacillary (B-MDT) – Complication Serious condition, not willing to come for in-patient care.
7	Biswajith Kumar Das (M) 25	
8	Swapna Das (F) 23	Developed leprosy treated for Multi-bacillary (B-MDT) Complication Expired – admitted and was improving very well, suddenly lost hopes and got discharged against medical advice .. Expired the very next day. 24th March 2012
9	Bimal Kumar Das (M) 25	
10	Smitha Das (F) 18	

Swapna Das was detected on the 20th February 2012, by AIFO – NLEP Consultant, motivated and got her admitted in the Catholic Hospital – Borgang, where she received necessary treatment for her complication with tablet Thalidomide and Blood transfusion, which produced satisfactory improvement, however a month later, she started to refuse treatment and left the hospital against medical advice on 24.March 2012 and expired the very next day at her home.

*Lessons learnt:*

*Capacity Building, expertise development in the field of leprosy, provision of all level Referral system to be in place to identify, refer and manage complications due to leprosy. The present supportive operations need to be intensified.*

**Underserved Areas - A dream come true ..**

**Our new Partner - The Catholic Mission Hospital – Borgang, Sonitpur Assam in India**

Rev. Fr. Cherian Moolamattan had toiled over years to come out with a Health Facility which provides – all basic health services including General Surgeries, with dedicated group of Rev Sisters most of them working as staff with – others, which includes a well established ANM (Auxiliary Nursing and midwifery) School, and it was their desire to extend services to persons affected by Leprosy, eventually with able administrative efficiency of Sr. Ancy and the Medical team headed by Dr. Bhrama Leprosy related services were initiated.

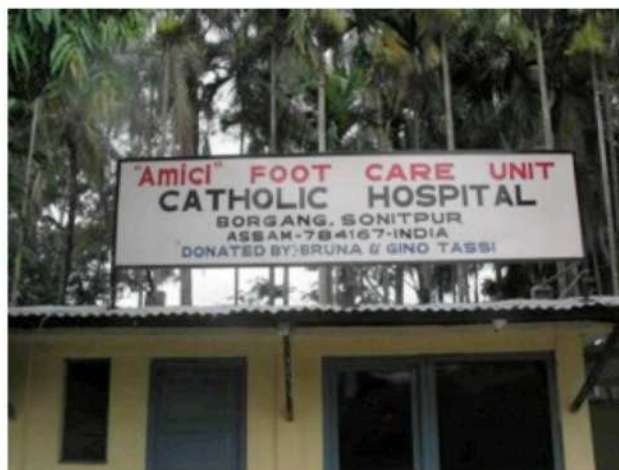


*Mr. Jose with Fr. Cherian.*



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Persons affected by Leprosy if cannot feel sensation on their feet, need to protect their feet with a pair of MCR footwear (MCR – microcellular rubber) customised to suit their feet. It had been an important need to establish a footwear unit to provide services.



A friend from Italy Ms. Bruna and Mr. Tassi from Italy came forward to support this activity and a unit was established. Appropriate footwear (13 pairs) was provided to the patients who underwent re-constructive surgeries. Technical support was for The Leprosy Mission – Kolkata



Immediate task force action was taken up –collecting all information from the State and District NLEP who had very eagerly agreed to collaborate and work together. The Assam State Leprosy Officer –Dr. Hazarika , the State NLEP Surveillance Medical Officer – Dr. Bideswar Taid , Dr. Dhiren Das AIFO Assam NLEP/ILEP coordinator took all efforts to and now the Centre is a “Government of India – NLEP RCS recognized Centre. This health Centre enriched with passion for the sufferings and commitment to serve the needy is situated in a very remote areas of Sonitpur district in the State of Assam bordering Arunachal Pradesh.

Administrator of the Organization is full of interest and passion for leprosy work, extends full cooperation and coordination a pivot for building new Partnership with AIFO and NLEP Dedicated group of Sisters and the Nursing School students during – Leprosy sensitization Programme .. a small little step in serving services for the most neglected people affected by leprosy.



### **AIFO Head Quarters visit to AIFO officer India**

Dr. Giovanni Gazzoli made visit to AIFO India programmes. During his job tour he made visits to the North East States – Assam and Meghalaya, Kurnool/ Andhra Pradesh and explored possibilities for Project proposals. Dr. Giovanni, Dr. Jose and Dr. Lanong held discussions with the State Leprosy Officer Assam – Dr. Langong held discussions with the State Leprosy Officer Assam during which operations of AIFO, developments and improvement was detailed issues relate to the future support form ILEP to Assam NLEP was also discussed

#### **Borgang Catholic Hospital:**

The staff, students and patients gave a warm welcome to the delegation while Dr. Giovanni conveyed the greetings from Italy especially to all the patients who underwent reconstructive Surgery. Sr. Ancy and Mr. Biswanath Mahato explained the developments and services rendered to people and the programme. And the tour programmed ended with a visit to the state of Maghalaya discussing about the NLEP; along with the State Leprosy Officer.

**Andhra Pradesh NLEP Kurnool district:** Dr Giovanni, Dr. Jose and Dr. Manimozhi during their visit to the District of Kurnool held meetings with the District Leprosy Officer – Dr. Raja Subba Rao, regarding NLEP Collaborations with Kurnool Medical College –Community Medicine/ Microbiology department. Issues related to CBR, Leprosy Control, Training programmes, RCS to formulate working document and Proposals for projects was initiated with the guidance of Dr. Giovanni.

The Principal –Prof. Dr. G.V.Ramprasad welcomed the team and facilitated a meeting involving the Ortho, Dermatology, Paediatrics, and AIFO delegation to look into Academic and Expertise development in the field of Leprosy and CBR.

Prof Dr. Mrs Sridevi Community Medicine along with her Staff, Intern's and Students had an Interactive session with AIFO delegation team discussing issues related to AIFO operations, Leprosy, CBR in the Department of Community Medicine during which Prof Dr. Srinivas from the Department of Microbiology had also participated. In his remarks he highlighted about the Continued Medical Education that took place - thanking AIFO for its involvement and support, which was one full day, programme exclusive for leprosy, which resulted in realization of "Community – Microbiology. The visit of Dr. Giovanni as an international expert to our programmes had given a boost and importance and had improved towards better working conditions.

#### **Remarks from Dr. Giovanni:**

This is one of the most important and difficult moment in the life of the Association, because the challenges of the international environment, primarily the global financial crisis, and specifically from the world of international cooperation, this change, require us to rethink our work on all levels: political, managerial and operational. It is not a question of "doing better" but of making radical changes and consolidating the efforts, to ensure that AIFO be able to address these challenges.

In summary, by the end of 2013, the Coordination offices must be able to work independently and have reached the following objectives, - Officially registered in the country with the same mission and vision of AIFO, further promote the image of AIFO at national and international level -to raise funds locally and develop project proposals for donors. – to review the Country Programme in the light of the new role of the Coordination

### **Other Activities**

Dr. N.Manimozhi AIFO – India Medical Coordinator Attended to a consultation meeting with Programme managers from EMRO – Eastern Mediterranean Region in developing a document for Assessing IEC methods, as Temporary Advisor for the RD – SEARO in collaboration with members from LEPRO Society and TLMI , lead by Dr. Suman Barua Team Leader GLP and during the Consultation meeting there were presentation made by the team related to Assessment of IEC, discussions followed by group work in formulating a concept note to develop the document.

DFIT representatives two days exposure visit to AIFO projects Mandya CBR and Sumanahalli Leprosy Project- 6th February 2012: DR. Shivakumar & Mr. Rajakumar visited Mandya CBR project. Mr. Ramesh CBR coordinator SRMAB along with the staff organized field activities in and around Malavalli taluk and presented project information. Following day also visited Sumanahalli activities to understand how to improve the rehabilitation interventions for persons affected with leprosy.



Dr.N.Manimozhi Received Sri Manohar Diwan Award:

**AIFO Liberia delegates visit:**



A five members delegation team (Dr. Renota, Dr. Janis Cooper, Ms. Recardia, Reverend Boima, Mrs. Mavi) from AIFO Liberia visited AIFO India projects between 1 st of December to 9th December 2012. The main purpose of the visit was to share experiences, exchange information and learn together on implementation of AIFO supported project activities in India and in Liberia. Dr. Jose, Dr. Manimozhi, Dr. Jayanth and other AIFO team members organised different activities and coordinated the week long programme. Malavalli project field (DPOs, SHGs, PWDs families, school resource center in the village), rural center for the disabled people, School for the blind, Sumanahalli leprosy rehabilitation centre, feedback and interactions with the Indian team, felicitation programme



sustainability of the institutions, rights based approach in CBR, documentation, training and follow up in CBR, role of DPOs and SHGs in CBR etc. All such issues were discussed by both the team members and clarifications were sought. The Liberia team have extended thanks to the AIFO Indian office for their efforts in organising the various activities and expressed future collaboration of "South to South" so that a continuous learning take places between India and Liberia.

### Visitors:

AIFO group of volunteers from Italy as part of AIFO groups Education activity, various visits to CBR projects in Karnataka and Andhra Pradesh was organised. Mr. Jose, Dr. Jayanth and Mr.Patrick accompanied along with the groups to different AIFO projects.





## CBR coordination

A comprehensive planning exercise to plan the CBR activities for the first six months (Jan-June and further) and activities were implemented accordingly.

### Major CBR activities:

Continuation of phase III activities of SPARK CBR research Mandya in Karnataka state. Organised exposure visits; participated in disability-rehabilitation related advocacy meetings:

And Publication of Reports and Research articles

Co-funding project/proposals Prepared: ICMR and WHO APW project preparation; Concept papers/notes for the EU call for proposals (Jharkhand state and project proposals for Bellary-Raichur projects - Gender equality/ Preventing violence and abuse against children for the year 2012)

Monitoring visits to projects, regular planning meetings/discussions with the representative; report preparation and documentation etc.

Training and exposure activities among the AIFO associated organisations in the field of CBR, disability and inclusive development and analysed the CBR project activities situation (CBR matrixes) proposed recommendations for future planning.

To represent AIFO for the CBR, disability, research and inclusive development related meetings and workshops at different levels.

### First World CBR congress-Pre and post congress workshops:



AIFO's CBR coordinator (Dr. Jayanth) participated in all the three events held at Agra India from 24 to 30<sup>th</sup> November 2012. The CBR congress was organised by WHO and other UN bodies, CBR network, Mobility India, CBM, Sight Savers, and many other national and international organisations.

The pre congress workshop titled "CBR and intellectual disability" and the post congress workshop title "Going beyond taboos" was organised and conducted by AIFO in collaboration with WHO (DAR), CBR network, IDDC, DPI and other international organisations.

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Meetings participated at state and national level: CBR coordinator participated in two state level Chief commissioner PWD's act implementation review meetings (can be considered as advocacy meetings) and also participated in a National level workshop organised by LEpra for their staff at Hyderabad.

S-PARK CBR research meetings: International Scientific Advisory Group meeting, review meeting by Dr. Sunil Italy and Scientific supervisor meetings of SPARK phase III have been organised and coordinated by the CBR coordinator.

Training programmes facilitated for project staff/beneficiaries: 1. For Bidar project: 1 day district level DPO management orientation training conducted in Bidar. 2. For Mandya CBR project (Malavalli-MOB projects staff-ESGs) SHG, DPO, video research and leprosy data collection training conducted by Mr. Jose, Dr. Jayanth, Dr. Maya Thomas and Dr. Parthipan under S-PARK CBR research project. 3. For North Karnataka CBR-Leprosy projects: Four days CBR projects staff under gone a week long physiotherapy training conducted by Dr. Manimozhi, Parthipan and Dr. Jayanth.

S-PARK CBR Research by projects: MOB and Malavalli completed research on the following themes; DPO function, issues of SHGs, video impact, collection of PALs data for the S-PARK phase I report finalisation.

Internal reviews conducted: There were 3 such reviews conducted for 3 different projects namely; Assam CBR in 2011, Gudivada and St. Cattald tiruvuru in 2012 by Mr. Jose and Dr. Jayanth.

Partners networking meetings to sustain multiplication of the CBR impact and to improve the quality of services: One such event was conducted with MOB-Malavalli project staff and with the project management team in order to develop strategic plan for the future for sustaining and to multiply the effects of CBR interventions.

Exposure visits: There were 3 exposures programmes were organised for 3 different teams from 3 different organisations. Out of which, 1 was a physiotherapy college (Achayrya physiotherapy college) for 12 physiotherapy students. 2 for 12 CBR team members of Bidar CBR project and another visit for 2 DFIT representatives. All the 3 teams visited Mandya CBR programme and had CBR activities learning exercises in the field. The DFIT team and Bidar team also visited Sumanahalli (SHLRTC) with a specific purpose on understanding the leprosy interventions carried by the organisation in a residential setup/leprosarium.

Total 11 projects visited by the CBR coordinator in the year : Out of which Seven in Karnataka state (Malavalli, MOB Mandya, ORBIT Bidar, Bhalki, Bellary, Raichur, Hanagal CBR) TWO in Andhra Pradesh (Gudivada, ST.Cattald Tiruvuru) one in Jharkhand (Chainpur) and one in Assam (Assam CBR-Moonikbond). Some projects also visited for more than one time depending on the purpose and requirement of the project situation and activities.

S-PARK CBR research project Mandya: Completed Phase II and phase III research activities by the end of March of 2012.

Contributed for the production of two books of (S-PARK phase I report as well as Emancipatory research manual) and 2 research articles.

In the year 2011 and till September 2012, regularly Submitted all the updated S-PARK research reports and other related documents to AIFO's Medical and Scientific Department.

## AIFO Collaboration with NGO Partners:

<b>Beneficiaries and Budget 2011 &amp; 2012</b>				
Partners	Beneficiaries	Budget	Beneficiaries	Budget
	2011	2011	2012	2012
Gudivada	697	797001	1345	625943
St.Catald	2476	365979	908	430678
Cochin	137	1293491	538	953712
Nidadavol e	406	316589	310	670661
Bellary	4828	509288	4938	772113
Raichur	402	459861	4074	610117
Kollapur	2177	644806	2200	870978
Sumanah alli	2443	644806	2509	759447
Mandya	12242	1938299	13414	2038034
Assam	158	1293491		2487464
Malavalli	11182	822448	11192	1588602
Mudhol	2610	644807	2752	690657
We care	432	379907	462	261866
Bidar	23663	256007	23253	1131006
Bhalki	376		544	250000
Chainpur	148	905147		1310992
Mangalor e	118	182405	120	310324
Nayee Asha		15,89,947		16,99,767
Total	64,495	13,044,279	68,559	17,462,361

**Supported 18 NGO projects,  
 Carrying out Leprosy and  
 Community Based rehabilitation  
 activities;  
 Benefited 68, 559 beneficiaries  
 By Spending Rs 17,462,361**



## Amici Di Raoul Follereau Trust -Financial Statement

Balance Sheet as on 31st March 2013.	2012-13		2011-12	
SOURCE	Rs. In Lac	%	Rs. In Lac	%
Fixed Asset	14.74	7	8.94	9
Current Assets: Cash/Bank Balances, etc.	196.98	93	94.45	91
Excess of Expenditure				
Total	211.72	100	103.39	100
APPLICATION				
Capital Account	101.54	48	120.10	98
Dr.V.Ekambaram Mem.Fund	2.00	1	2.00	2
Excess of Income	108.18	51	-18.71	
Total	211.72	100	103.39	100

### Income & Expenditure for the year ending 31st March 2013.

INCOME	2012-13		2011-12	
	Rs. In Lac	%	Rs. In Lac	%
Contribution From AIFO-Italy	385.38	98	208.12	94
Contribution from W.H.O.	3.23	1	0	0
Contribution form the Local donors	0.43	0	1.52	1
Intereset earned from S.B.Accounts/F.Ds.	5.16	1	5.33	2
Total	394.20	100	214.97	100
EXPENDITURE				
Assitance to Poor deserving children	44.76	11	23.92	11
Construction Dispensary			10	5
Treatment/Rehabilitation of persons suffering from leprosy	138.11	35	113.02	51
Welfare of the Physically/mentally challenged	67.25	17	58.27	26
Salaries/Honorarium/Admin. expenses	35.9	9	28.47	7
Excess of income over expenditure	108.18	27	-18.71	
Total	394.20	100	214.97	100

## AMICI DI RAOUL FOLLEREAU

No. 58, 4th Cross, Kavery Layout, Thavarekere Main Road, BANGALORE - 560 021

FC Regn. 094420816 dt 22/02/2000

## BALANCE SHEET AS AT 31ST MARCH 2013

LIABILITIES & CAPITAL	FOREIGN AMOUNT Rs. Ps.	LOCAL AMOUNT Rs. Ps.	TOTAL AMOUNT Rs. Ps.
<b>CAPITAL FUND &amp; LIABILITIES (O.B.)</b>	9,647,710.07	491,114.00	10,138,824.07
Interest on Dr.V.Ekambaram Fund	15,200.00		15,200.00
Add/Less:	9,662,910.07	491,114.00	10,154,024.07
Excess of Income over Exp. / Expenditure over inco	10,748,049.85	70,350.81	10,818,400.66
	20,410,959.92	561,464.81	20,972,424.73
<b>Dr. V.Ekambaram Memorial Fund</b>	200,000.00	-	200,000.00
<b>TOTAL</b>	<b>20,610,959.92</b>	<b>561,464.81</b>	<b>21,172,424.73</b>
<b>ASSETS &amp; PROPERTIES</b>			
FIXED ASSETS less depreciation: [See Schedule B]	1474132.82	-	1,474,132.82
<b>CURRENT ASSETS</b>			
Cash - Local Secretariate, Bangalore	9,389.00	-	9,389.00
Bank - State Bank of India, 1041634603 - 5	9,679,746.81	-	9,679,746.81
Bank - State Bank of India, 1041634602 - 4	6,285,488.41	-	6,285,488.41
Bank - South Indian Bank, 6259	2,801,382.88	-	2,801,382.88
Bank - South Indian Bank, 9389	147,520.00	-	147,520.00
Bank - South Indian Bank, 6293	-	431,464.81	431,464.81
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>20,610,959.92</b>	<b>561,464.81</b>	<b>21,172,424.73</b>

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: 6th May 2013

For DIAS &amp; ASSOCIATES

Chartered Accountants  
Firm Reg. No.00714S



DIAS P JACOB  
Partner (M. No. 201757)  
Place: Bangalore  
Date: 6th May 2013

Amici Di Raoul Follereau is a registered Charitable Trust u/s.12A 718/10A/Vol.A-780/98-99/CIT-II  
Address: No.58, 4th Cross, Kavery Layout, Thavarekere Main Road, D.R.C. Post, Bangalore-560029.

**Bankers:**

The State Bank of India : Residency Road Branch, B'lore  
The South Indian Bank Ltd., Christ University Branch, B'lore

**Auditors:**

M/s. Dias & Associates, Ganga Nagar, Bangalore.

## GOVERNANCE

Table 1 : Details of Board Members and remuneration :

Sr.No	Name	Gender	Age	Occupation	Position in the Board	Remuneration/ honorarium received in INR
1	Dr. Daisy Kandathil	Female	81	Medical Practitioner and Social Worker	Chairperson	Nil
2	Ms.Alphine Joseph	Female	54	Engineer	Vice chairperson	Nil
3	Dr. Jose Manikkathan Verghese	Male	57	Development Worker	Secretary	Nil
4	Mr. T.V.Srinivasan	Male	72	Teacher and Development Worker	Member	Nil
5	Dr.Nagendra Prasad	Male	65	Development Worker	Member	Nil

Note : No board members are related by blood or marriage.

Board Member Term :

Each Board member serves a term of three years with the exception of Dr.Daisy Kandathil and Dr.Jose Manikkathan who serve as lifetime board members.

## ACCOUNTABILITY AND TRANSPARENCY

Table 1 : Gender wise salary breakup of staff members

Slab of gross monthly salary (in Rs.) plus benefits paid to staff	Male Staff	Female Staff	Total Staff
<2500			
<7000			
<15000	1		1
<30000	1	1	2
<50000	2		2
>/ 50000		1	1



**Table 2 : Details of International Travel of Staff Members for 2012-13**

Name of Staff Members	Designation	Purpose of Travel	Cost Incurred (Rs.)
Dr. Jose Manikkathan	Director	- To Attend Annual seminar on Economic Independence for the persons with disabilities through forming of Self Hel Groups.	□ 91,432.00
		HANDA comprehensive Leprosy Rehabilitation Project Review workshop in Guangdong Province, China	
		Liberia visit -Training programme Mental Health Leadership: Advocacy, Disability and Human Rights.	□ 49,826.00
Dr. Manimozhi	NLEP Consultant	Cairo – To receive an Award	□ 6,402.00
		Italy – To attend Workshop of AIFO coordinators and Heads of Project.	□ 43,974.00
		Bangladesh, Dhaka visit - National Leprosy Programme Managers meeting	□ 73,852.00
		AIFO country coordination office general management and planning meeting in Bologna Italy	□ 59,443.00
		Training course staff & motivation e team performance in Tonto	□ 99,751.00
Sr. Leela and Ms. Rosamma	Volunteer	“Testimoni of solidarity”. In Italy	□ 96,385.00
Dr. Renato	AIFO Liberea Director	India visit to attend Biennial meeting	□ 79,172.00

**Personnel Details:**

Type of Personnel	Persons
Full Time	6
Part time	0
Contract	0
Volunteers	2
Consultants	5

### **Keeping in touch with AIFO China, Mongolia and Liberia: Exchange and Facilitation**

Mongolia: Mr. Jose as the main facilitator conducted For CBR National Coordinators Mongolia, a refresher-training course at Ulaanbaatar and other districts

And similarly in Liberia CBR training at Monrovia at 3 levels for, CBR Workers, Mental health Nurses, CBR National programme managers and National leprosy hospital staff at Ganta.



As a part of exchange programme, Mr.M.V.Jose, along with Dr. Giovanni from Bologna Italy, undertook programme visit to Handa Leprosy Project in China, in sharing experiences a learning process.





JOIN US

# LIBERATION FROM

# LEPROSY



BE PROUD OF YOURSELF

Majority of world's leprosy cases are from our Country  
There is sure a cure for Leprosy available at all Health Facilities  
Leprosy can cause progressive, permanent disability and deformities if ignored  
Stigma and Discrimination due to leprosy need to be dealt  
Your support can help meet the challenges

**Amici Raoul Follereau**

#58, 4th Cross, Kavery Layout  
Tavarekere Main Road, DRC P.O.  
Bangalore – 560 029

Tel: +91-080-25531264/51106294  
Fax: +91-080-25520630  
Email: [aifo@aifoindia.org](mailto:aifo@aifoindia.org)  
[www.aifoindia.org](http://www.aifoindia.org)