Love is sharing others' feelings -
Raoul Follereau

AIFO focus on
Leprosy, Opportunities for Children, and Community Based Rehabilitation
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 dei Lebbrosi was set up in 1961 by Raoul Follereau himself. Its name was changed to Amici di Raoul Follereau in July 1979. AIFO is a founding Member of ILEP.

**AIFO BUILDING A CIVILISATION OF LOVE**

**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 dignity, safe from all discrimination. Believe in collaboration among the people of the world where diversity and mutual support are valued.

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

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

**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 peoples
- Opposing any kind of discrimination, especially towards persons affected with leprosy and persons with disabilities Promoting special attention towards the needs of more vulnerable groups like poor, women and children

AIFO
Via Borselli 4-6
40135 Bologna
Italy

No 58, 4th cross, Kavery layout
Thavarekere Main Road. Bangalore
Karnataka - India : 560 029
Email: AIFO India - aifo@airtelmail.in
Phone: 080 25531264, Fax: 080 25520630
Greetings form Mr. M.V. Jose : Secretary, AIFO India Bangladesh.

This annual report presents the progress we have made during the year 2007. We would like to share with you the Progress and impact made in the projects with the support of AIFO. India became one of the signatories to the UNCRPD convention on 30th March 2007 and ratified it on 1st October 2007. Since AIFO is actively participating in the disability sectors all our projects are very keen in following all the developments and taken immediate measures to celebrate the convention.

The DTST's had worked along with the District Nucleus making them capable enough to operate individually thus avoiding dependence. The DTST project had successfully completed its mission and concluded. In the states of Uttar Pradesh, Andhra Pradesh, West Bengal, and Karnataka the strategic plan is in preparatory phase and while in the states of Orissa the Technical Resource units are in force carrying out its operations including Reconstructive surgery services. And for the future support to the NLEP a lot of preparation is under process in consultation with Partners. The Technical Resource Unit will support the State NLEP, basically to ensure provision of sustained quality leprosy services and utilization of available resources at all the health facilities.

We are aware that “Elimination of leprosy” does not mean that the fight against leprosy is over, while it just means that leprosy is not a burden as “public health problem”. The projects collaborating with NLEP had contributed their efforts in bringing back dignity and cure for the persons affected with leprosy and others through Community Based Rehabilitation. It is a pride that our Non- leprosy projects had come forward to fight for the cause of leprosy affected persons and I hope that the results will be visible in the coming years. The children, AIFO’s dreams are progressing well in pursuing their academic activities, while some are coming out with flying colours - we are indeed privileged to be associated with them.

This year AIFO had extended its support to the Flood effected parts of Assam and Bangladesh while continuing its efforts in rehabilitating the Tsunami affected population in Krishna District - Andhra Pradesh.

We at AIFO will remain committed to our goals and believe in achieving results with “Trust” “Faith” and “Hope”. We would like to thank the community for accepting our services, our Organisation, Programme Partners, and our volunteers – “Amici” for all their support and encouragement.

"There is only one sky for the whole world” - Raoul Follereau.

Jose Manikkathan

To all those interested in leprosy, where ever you are: To share information on leprosy and its control with email and Web users worldwide

LML
Dr. Salvatore Noto
Padiglione Dermatologia Sociale
Az. Ospedaliera Universitaria S. Martino

LML ARCHIVES
Dr. Sunil Deepak
AIFO
Via Borselli 4-6
40135 Bologna-Italy

Archives webpage: www.aifo.it/english/resources/online/lml-archives/index.htm
Brief of activities during the year 2007

- AIFO - Regional Office Coordinators (CBR / Medical) routine /periodical - Project visits to review, monitor, supervise programmes and carry out training programmes and desk review project performance through their monthly Reports.
- ILEP/ NLEP meetings - discussions for Leprosy projects (NLEP) and future strategies of leprosy programme
- Head of Finance and Accounts Meeting & Project Visit by the Accounts Manager
- Completion and withdrawal of District Technical Support Teams (DTST)
- Training programmes /workshops and Review meetings (AIFO – India Coordinators, facilitators from Italy
- WHO CBR guideline field validation workshop
- Mr. Jose visit to Mongolia to facilitate training course on SHG-Micro credits.
- Project visits by volunteer groups / Students from Italy.
- Tsunami - rehabilitation work in Gudivada Andhra Pradesh and Flood relief work in Assam and Bangladesh
- Mr. Jose’s visit to Italy AIFO head office Bologna - to attend the AIFO biannual seminar and workshop
- AIFO biennial partners meeting held at Chandpur Haryana.
- AIFO Vice- President Dr. Emanuela Minotti and Dr. Giovanni Gazzoli-head of Project, AIFO-Head Office Bologna, Programme review - visit to India

AIFO - Biennial Meeting at Chandpur - Haryana

Leprosy remains a Priority for AIFO, its Programmes and Projects
The messages from the President of AIFO and views of the Vice President and the Head of Project office was well presented and made their views clear that Leprosy remains a Priority.

Mr.M.V.Jose makes a note about the role of Managers in the Programme , making it clear that all the projects would take an account of the situation of leprosy and modify themselves to provide sustainable quality Leprosy services to all those affected by the disease.
AIFO biennial partners meeting held at Chandpur Haryana:

AIFO India Biannual Meeting took place from 5th to 7th November 2007 at the SJS – Chandpur, Haryana. Presence of Dr. Ms. Emanuela Minotti - AIFO Vice President, Dr. Giovanni Gazzoli - Head of Projects – Bologna and Dr. Daisy. Chairperson- AMICI Trust were special for the occasion.

Raoul Follereau his vision of Civilization of Love at Universal level was highlighted during their presentations.

All AIFO supported project Representatives attended the meeting.

The Role of AIFO and its support to NLEP were made clear again. Achieving Elimination target does not mean that there is no more leprosy work. Leprosy problem still exists.

AIFO projects meets once in 2 years to review and Plan its strategies accordingly to change the policies and guidelines.

The programme was well scheduled keeping in mind flexibility to accommodate participation within practical reach and the programme concluded within the time frame covering all the aspects planned.

Mr. Jayanth Kumar conducted a mini workshop related to the UN convention on the rights of persons with disability and a working report was presented after group work.

All the project representatives made a presentation about their project performance.

The impression was clear about the mind set of the projects that leprosy had lost its priority and their indications of diversification to other programmes.

The participants were divided into groups to discuss about their Plans and activities to be undertaken, based on the guidelines and their protocol.

Major conclusions:

AIFO projects as Referral Centres participating in the Referral System to provide Sustainable Quality Leprosy Services to the leprosy affected persons under NLEP

The Biennial meeting concluded with remarks from all the participants especially from the non-leprosy projects about their possibility of involvement and support to cause Leprosy.

Presence of Veterans in the field of leprosy Fr. Colombo and Dr. Daisy is essential to guide us through, They bring us back to the world of reality and remind us the sense of purity, humility and focus towards persons affected with leprosy.
Interns from PES Medical College - Kuppam, AP, take postings for 2 weeks at Sumanahalli. The Interns take keen interest to acquire knowledge and skills in CBR and leprosy. Two Post graduate students under the Community Medicine departments of S.V.M.C -Tirupati and K.M.C. Kurnool operated as Medical Officers in the DTST's of Chittoor and Kurnool districts.

POD (Prevention of Disabilities) workshop for AIFO supported Projects (Pedana, Kollapur, Warangal, Tiruvuru, Mangalagiri)

AIFO projects meets once in 2 years to review and Plan its strategies

Post graduate (Dermatology) and Undergraduate students - from Tirupati (SVMC) Kurnool Medical College under Objective Structured Practical Exercises in Leprosy

Relapse:
A Case of Relapse had been reported in one of our projects - and as a part of understandings the case was referred to Lepra - Blue Peters Institute for drug resistance studies. It becomes important for Projects to be aware and report when these events occur. The case responded well to the line of management.
Leprosy Control

AIFO involves along with other ILEP organisations supporting the National Leprosy Eradication Programme NLEP – at the Central, State, District and the Peripheral General Health System and also by supporting the NGO projects.

**District Technical Support Teams (DTST) - Operations undertake**
- Realizing quality of leprosy case diagnosis and treatment services in all Health facilities
- Building the capacity of GHC staff on clinical, managerial, Analytical and supervisory skills.
- Maintaining validity in recording and reporting
- Maintaining adequate MDT supply at all levels.
- Removing operational factors hindering leprosy elimination in the district, while strengthening the capacity of the District Nucleus to take over the programme

AIFO participated along with other ILEP member organizations in placing 15 DTST’s in the states of Andhra Pradesh, Karnataka, Orissa, Uttar Pradesh, and West Bengal since 2002.

The District Technical Support Teams operated along with the District Nucleus in carrying out activities, mainly focusing on Integration and Capacity Building. Block Leprosy Awareness Campaign-4 was conducted during September - December 2007 in 19 states, (275 high priority blocks). Similarly Urban Leprosy Sensitization and Awareness Campaign were also carried out in urban areas. All Coordinated efforts helped in progressive improvement of leprosy situation in the country.

The project came to an end in 2007 after accomplishing its role and the teams withdrawn.

**Future Responsibilities of AIFO supported Projects under NLEP:**
1. Disability Prevention and Medical Rehabilitation - coordinating with the General Health System:
2. Provision of Secondary level care - managing complications

Lepra Reactions and Relapse management major Challenge for the coming years
Leprosy Control

Serious considerations required.
Every one - need a foot wear

People with insensitive foot /feet - need foot wear with a hard sole, soft insole, a covering and a back strap to hold the foot wear.

For a person with this kind of feet they need specialized foot wear with MCR.

Young Children and adults with deformities due to leprosy come forward from neighbouring districts referred through the system for Reconstructive Surgeries

NLEP Partners Government of India, WHO and ILEP organised series of workshops and Review meetings to establish the operations of NLEP - with focus on the North Eastern states of India.
AIFO starts its operations as Assam State ILEP co-ordination along with support for Lepra Society - India

Dr. B. Taid, SLO of Assam is new to leprosy field and extends his full cooperation while looking forward for ILEP operations for the first time in the state

ASSAM contributes to N.E. States as on March 2007
66.98% N.E. States Population
78.98% N.E. State New Case detection
78.38% N.E. States Prevalence

Orissa operations:
MKCG Medical College- Berhampur, Leprosy Home & Hospital- Cuttack & The Mission Hospital, Bargarh.
During 2006-07, 267 cases had been operated in above institutions
ILEP partners to continue support to Orissa NLEP - ‘Technical Resource Unit & Strengthening Referral System -Project’ 11th Plan period (2007-12). AIFO and other partners with LE PRA as ILEP Coordinator Orissa
**Leprosy Status in India : 2007**

A total of 83,000 case on record as on 1st April 2007. Prevalence rate (PR) of 0.72 leprosy cases per 10,000 population

A total of 139,000 new cases detected during the year 2006-07.

Annual New Case Detection Rate (ANCDR) of 12.07 per 100,000 population (ANCDR reduction of 15.4% from 14.27 during 2005-06.)

Information on leprosy cases detected during 2006-07:

Proportion of Multi-bacillary Cases(45.0%), Female (34.3%), Child (10.1%), Visible Deformity (2.3%)

**State wise details where AIFO operated with other ILEP partners**

<table>
<thead>
<tr>
<th>No</th>
<th>State</th>
<th>Estimated Population as on March 2008</th>
<th>Cases on record as on March 2007</th>
<th>No. of new cases detected *</th>
<th>PR / 10000 Pop</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Andhra Pradesh</td>
<td>82893403</td>
<td>5338</td>
<td>38177, 28328, 66505</td>
<td>0.70</td>
</tr>
<tr>
<td>2</td>
<td>Assam</td>
<td>30036654</td>
<td>1026</td>
<td>2025, 6629, 8654</td>
<td>0.38</td>
</tr>
<tr>
<td>3</td>
<td>Karnataka</td>
<td>58890750</td>
<td>2934</td>
<td>13182, 18266, 31448</td>
<td>0.52</td>
</tr>
<tr>
<td>5</td>
<td>Orissa</td>
<td>40682830</td>
<td>2634</td>
<td>19100, 19494, 38594</td>
<td>0.81</td>
</tr>
<tr>
<td>6</td>
<td>Uttar Pradesh</td>
<td>194704448</td>
<td>18104</td>
<td>122576, 85772, 208348</td>
<td>0.94</td>
</tr>
<tr>
<td>7</td>
<td>W Bengal</td>
<td>89899615</td>
<td>8723</td>
<td>38682, 48484, 87166</td>
<td>1.04</td>
</tr>
</tbody>
</table>

**Source of information : NLEP Annual Report - Government of India**

The future support of ILEP (AIFO) for NLEP -

Thematic areas of Support, Which are as follows:

1. Capacity Building of the District Nucleus
2. Monitoring and Supervision of the Programme
3. Disability Prevention and Medical Rehabilitation
4. Operational Research
5. Socio-economic Rehabilitation
6. Community Based Programmes
CBR activities:

- Number of CBR projects supported during the reporting year: 18
- On going Capacity building activities for Project staff: 10 programmes for nearly 200 staff members on various areas of CBR and disability
- DPOs and SHGs facilitated for capacity building activities, particularly on UNCRPD, disability-rights and legislations in India 15 DPOs, 100 SHGs.
- Internal review of CBR-leprosy: 9 projects jointly facilitated by the Medical and CBR coordinators with the combination of CBR and leprosy programme components. There were many advocacy/networking meetings attended by the coordinator:

Achievements:
1. Organisations collaborated and Expertise exchanged among the project partners.
2. Information shared among local NGO-projects particularly on UNCRPD and its progress.
3. Leprosy rehabilitation components being strengthened in CBR programmes and vice versa.

Major Problem in CBR projects is staff turnover, they leave the job in search of other attractive jobs. And training the new comers had become a regular feature.

It is been noticed that Persons affected with leprosy often do not get priority. AIFO forces its mission and vision that Leprosy will remain a Priority - This neglected person now enjoys her privileges earlier denied to her. They should be included as the main key Partners in the programme and should they be supported to make them fight for their “Rights” and dignity.

4. Coverage area and community involvement increased.
5. Collaboration with the government departments strengthened.
6. More CBOs, DPOs and SHGs have been initiated and strengthened.
7. CBR team’s capacity increased in terms of knowledge and skills.
8. Raised awareness on UNCRPD among projects, DPOs, SHGs and other local NGOs.
9. Translated UNCRPD in Kannada Language and shared copies with project partners and other local NGOs.

India became one of the signatories to the UN convention on Rights of People with Disability on 30th March 2007 and ratified it on 1st October 2007. The disability sector in India was very keen in following all the developments and taken immediate measures to celebrate the convention.

In this context, there was a 2-day National Level Consultation organised by NCPEDP on the UN Convention on the Rights of Persons with Disabilities. This Consultation was held in New Delhi on the 27th and 28th of July 2007 in which representatives from Ministry of Social Justice and Empowerment, RCI, NLSAR, leading disability activists and Organisations from across the country participated. AIFO India, CBR Forum, Action aid India and other agencies from Bangalore were also part of 2 days deliberations.
AIFO continued its focus on leprosy integration and community based rehabilitation, children also received equal attention in all the projects. The healthy, growing, smiling, learning, active children increased in all AIFO supported project across the country. The focal Children projects are in Assam, Jharkhand, Uttar Pradesh, and in projects. The support activities include primary health, education (nursery, lower primary, and higher primary), recreation, sports, parents counselling, strengthening balwadies, teachers training, scholarships, uniforms, carry bags, and books etc.

Major outcome of the children projects observed during the reporting year:

- Children continued primary and higher education.
- Application of participatory learning and teaching methods by the teachers.
- Improvements in children’s health and hygienic condition.
- Increase in enrolment of children in Balwadies (nurseries).
- Inclusion of children with disability and children of leprosy affected persons along with other marginalised children in schools.
- Increase of parent’s involvement and community contributions to education of children.
- Active involvement of Balwadi committees in management of Balwadi centres.

Early Diagnosis adequate treatment, early recognition of disabilities, Education, Psycho-socio economical support an urgent need for the next generation. Child showing early signs of disability (weakness of left eye lid) due to leprosy identified.

We all sing thanking all good hearted ones
Amici Annual Report 2007

Other activities carried out by AIFO with the support of local Bodies

**Tsunami relief work in Gudivada in Andhra Pradesh:**

AIFO is one of the significant contributors for relief and rehabilitation of people affected by Tsunami in Andhra Pradesh. In Andhra Pradesh Manginapudi was the most affected area. The major activity implemented in the affected areas was to provide Drinking water, Rehabilitation, Re-construction of houses.

**Relief and Rehabilitation:**

The fishermen community lost their boats, nets and their daily means of earning due to Tsunami. As a relief and rehabilitation measures - Four groups were formed from two hamlets of fishermen community comprising of 60 families, four second hand motorized fishing boats repaired and handed over to the groups.

**Construction of Houses:**

House constructions for the Tsunami victims were undertaken in two phases. The 1st phase 37 houses and in the second phase 40 houses. 37 houses were constructed around Manginapudi beach. 40 houses at Usualavari-palam of which 23 are for the people belonging to the Scheduled caste and 17 for the Scheduled tribe’s

**Assam Flood relief**

Seva Kendra Silcha one of partner organisations AIFO along with many other local organisations and other well - wishers rendered flood relief to the affected people of the (Longai Valley and) Bark Valley in Assam. Firstly, the essential food items such as rice, dal and salt ere distributed among the flood victims of the region. Cleanliness drives such as clearing of debris, Ring wells and ponds etc. were also conducted by the government however, the beneficiaries were limited, and it was done mostly in the urban areas.

Strange for others, but strength for us.

These two had been living away from their families for years with hope to be taken back, which did not. One day they decide to be wife and husband and now there are. St Joseph Rehab Centre - Nidadavole.
**Bangladesh:**

Flood relief
As part of the emergency Relief service programme,

PBM one of the AIFO’s partner organisations took up the responsibility and implemented emergency relief. The relief work/project was carried out through local support with formal approval of the NGO Affairs Bureau of the Government and the respective administration.

The project intention was to distribute emergency dry food, water, medicines, clothing etc among the severely affected 1800 families in Northeastern Khagrachari Hill District and South West Rajbari District. A total 1800 (eighteen hundred) badly affected families were received benefit from this project.

Dr. Giovanni, Mr. Antonio, Ms. Susanna Mr. M.V. Jose with staff and hospital inmates at Khulna Project

Tuberculosis is been identified as a serious Public Health problem needing support from all partners. Persons who had completed anti TB treatment attending to their club meeting to discuss problems and rehabilitation. Women with TB face a lot of psycho-social problems.

AIPO supported a Project for the Severely Affected Flood Victims in Khagrachari Hill District and Rajbari District of Bangladesh in August-September 2007. Diarrhoea outbreak in the flood-affected areas has reached an epidemic proportion. The waterborne disease has struck 1,417,669 people since the beginning of the month of September-October and claimed 329 lives. A total of 5,549,120 families in 39 flood-hit districts had been affected. Crops on 1,140,928 acres of land have been fully destroyed. A total of 155,142 houses were fully destroyed.

Water, water every where! Floods are frequent problems .... This time was encroachment of land by water........

How to thank ! All those kind hearted who are generous !!!
Our friend and benefactor, well-wisher and caretaker Mr. Dorte Chorei was born at Makunda Christian Hospital to Mr. Kamenswar Chorei and Mrs. Phunvanli Chorei on a bright morning as a fruit of their married life. As a child, he was cute and little fat so all called him DORTE and that nickname became his personal treasure.

As a little boy, Dorte was sent to Ngirneiseik L. P. School, Manikbond. He continued his middle school studies in Govt. Higher Secondary School, Karimganj. After the completion of his matriculation, his father wanted his first-born should be a government employee and draw a fat salary. But the independent son did not like the desire of his father, yet not to displease his father he took up the job as a Ranger. This work he did just for four months and left the place without even taking a paisa.

His next opportunity was when he willingly joined the young people group; taking always the main role as a leader.

Here too our friend did not last long in his job. Later his father sends him to Simtang M. E. School as an Asst. teacher. But the pressure of his father got the better of him and he slipped away from this noble task of teaching the young ones.

Meanwhile our young and energetic Dorte looked beyond the river Longai to find a suitable mate for him. And soon he found the EVE name Mating Chorei at Magura. He got married to her in 1986. The first child born to them was named Ngirlibul later called as Simon and the daughter Ngirlinei Eunice.

He went to Andhra Pradesh to attend programmes on social work. Besides this he also attended several programmes on social work and equipped himself for further work in the North Eastern Social Forum. Mr. Dorte was provided with further assistance and asked to work for the Diocese of Assam by helping in Seva Kendra, Silchar. Later on he was promoted to the post of Zonal Chief Animator of Manikbond Zonal Centre. He rendered his selfless service to all sections of the people never discriminating the caste, creed, culture, community and colour.

He was in service till he breathed his last breath on 11th May, 2007 at 11.00 p.m.

We will forever cherish his friendly nature, the ever smiling face and generous attitude to all sections of the people. We are grateful to you and God who had send you to us as a unique gift wrapped in beautiful wrapper.
List of Projects supported by AIFO—India/Bangladesh

**Andhra Pradesh:**
1. Gudivada-Assisi Dermatological Centre, Pedana.
2. Arogya Matha Rural Rehabilitation Centre, Kollapur.
4. Leprosy Rehabilitation Project, Mangalagiri.
5. St. Catald—ASSISI Seva Sadan, Tiruvuru.
6. Viswa Karuna Snagham Social Service Centre, Pedana.

**Karnataka:**
1. Assisi Leprosy Centre, Hagari Bommanahalli, Bellary.
3. Arogya Matha Seva Kendra, Bhalki, Bidar.
4. ORBIT, Humnabad, Bidar.
5. SRMAB, Mallavalli.
6. MOB Rural Health Centre, Mandya.
8. Shantha Jeeva Jyothi, Bangalore.
9. We Care, Bangalore.
10. Sumanahalli LR&Training Centre, Bangalore.

**Jharkhand**
1. Children Project, Chainpur, Gumla.

**New Delhi:**
2. Uttar Pradesh Nayee Asha, Meerut.

**Uttar Pradesh:**
1. Don Bosco Technical Institute, Lucknow.
2. Uttar Pradesh Nayee Asha, Meerut.

**Kerala:**
International Medical Association, Cochin.

**Assam:**
Seva Kendra, Silchar, Manikbond.

**NLEP: State MDT Projects**
5. Birbhum, West Bengal.

**Bangladesh:**
2. Dhanjuri Leprosy Programme Khulna.

---

Priority for the Persons affected due to leprosy becomes more important despite decline trends in epidemiological indicators - Incidence and Prevalence.

* We wish to thank all for their consent to publish their photographs.
Remember

Until next year .....