

RISDT Report 2007



Rural India Self Development Trust
Serve those most in need.



CONTENT

CHAIRMAN'S NOTE

CO-ORDINATOR

RURAL INDIA SELF DEVELOPMENT TRUST

- About Us / Introduction
- Our Vision – Values
- Legal Status
- Accountability
- Organization Structure
- Milestones of RISDT
- Human resource Development
- Financial Resources
- Social Responsibilities
- Regional Presence

OVERVIEW OF THE ACTIVITIES

- Leprosy Control Programme
- Rehabilitation Centre for Leprosy affected peoples
- Referral Hospital & Community Health Center
- Disability Prevention and Education in Leprosy (DISPEL)
- Revised National Tuberculosis Control Program (RNTCP)
- TB Technical Support Team (TST)
- Referral English Medium School (REMS)
- Mother & Child Care
- Agriculture & Horticulture

FINANCIAL SUMMARY

CONCLUSION

Chairman's Note

Rural India Self Development Trust from its inception committed to concentrate the most neglected rural communities in the project area. The efforts to bring the marginalized community people to the limelight have resulted positively.

The Staff are relentless in delivering the quality service. The multi faceted services executed in the organization have never diluted the motto and purpose with which it has originated. The satisfaction of the beneficiaries brings loads of encouragement to our personnel and it helps us to re-dedicate for the noble work of serving the poor. The results of each year motivate us to march forward and combat against the evil of poverty. In this journey it's a challenge to overcome any kind of hardship and it is our privilege ultimately to serve the community.

Personally from the Coordinator's desk

In a fast growing nation like India, the migration of rural population to the metros is a challenge before all of us. Providing good infrastructure and basic needs like Health and education can stop this trend of migration. RISDT is doing the same to empower the rural Indians by providing basic needs.

RISDT is implementing a number of programmes aimed at sustainable development of rural areas with a focus on the most disadvantaged sections of the society.

Considerable success has been achieved in meeting the demanding health needs of the rural population within the project area. RISDT is fast moving into other needs of the rural population in AP.

Through various Programmes aiming at empowerment of the rural community, the day is not far away when the yawning gap between Rural Bharat and Urban India is abridged and the vision of a Proud and Prosperous India is realized

Chairman Ch.S.T. Krupa Rao (left)
Coordinator N. Slesser Babu (right)



Vision Statement: »Building the transformed communities«

Introduction

Rural India Self Development Trust has originated with focus to bring the development in rural areas which has not kept pace with the overall progress in other facets of national life. Even today, nearly 27 percent of the rural poor subsist in poverty and there remains an acute shortage of basic health facilities in the rural areas. The sustainable development of Rural Bharat is essential for the country to realize its potential and unleash the processes of all-around growth, based on the latent genius of the rural masses. To correct the imbalance, remedial steps have been taken in the last few years to bring Rural Development to the forefront of national reconstruction.

Reconstructing the lives of the rural community is a big challenge. A complete development is required to change the lives of the poor. It is our longing desire to see that we may meet this challenge of transforming communities and rebuild the nation. In this process, RISDT has a small beginning in 1983 by starting Peoples Clinic in two villages at Kaleru in East Godavari District and Arai in Chittor District of Andhra Pradesh. Now, Organization completes 25 years of service to the poor through different programmes like Leprosy Control Programme, Rehabilitation Centre for Leprosy affected peoples, Disability Prevention and Education in Leprosy (DISPEL), Revised National Tuberculosis Control Program (RNTCP), TB Technical Support Team (TST), Referral Hospital & Community Health Center, Referral English Medium School (REMS), Mother & Child Care, Agriculture & Horticulture.

The rural population are deprived of basic health services and primary education. These two play a vital role in nation prosperity. Therefore RISDT's Vision is by providing access to the basic Health services and quality primary education communities can be transformed and gap between the urban and rural population can be abridged.

OUR COMMITMENT

- We commit to deliver the highest quality service at the lowest possible cost.
- We uphold unity against achievement, love against strains of administration
- We will demonstrate integrity in everything we do.
- We will meet emergence needs within the limitations of our resources
- We will use strategies for integration of work we do and set goals for each programme.
- We will strive towards optimum utilization of infrastructure.
- We will work in partnership with Government and other organizations which share the identical vision.

LEGAL STATUS

RISDT is a private 'Not for Profit' development organization registered under the Indian Trust Act.

The organization is also registered with the Ministry of Home Affairs, Government of India under the Foreign Contribution (Regulation) Act, which allows it to receive foreign grants to implant development projects.

ACCOUNTABILITY

Every financial year, the organization Accounts are audited by a Government recognized Chartered Accountant. They're submitted to Income Tax Department for approval.

ORGANIZED STRUCTURE

The Organization consists of Board of Directors, Co-Ordinator and Chairman. The Chairman is the supreme head of the organization. The Coordinator provides the project design and development and monitors the implementation of the projects and programs. As required the directors meet and decide about important recommendations which concern the growth of the organization.

Milestones

- 1983** Initiation »People Clinics« in Two Districts with three staff members.
- 1986** Survey Education and Treatment (SET) in West Godavari District.
- 1989** Survey Education and Treatment (SET) in East Godavari District.
- 1990** Establishing Rehabilitation Center in Kathipudi.
- 1993** Establishing Referral hospital at Kathipudi.
- 1995** Initiation of integrated Tuberculosis Program.
- 1996** Initiation of Community health program.
- 1997** Initiation of Rehabilitation Activities.
- 1999** DISPEL – Program in West Godavari District.
- 2000** Community Health Center in Kathipudi established.
- 2002** Participation in RNTCP program, East Godavari District.
- 2003** Establishment of Referral English Medium School.
- 2004** Initiating POD program in East Godavari District initiating TB Technical Support Team Program / in East Godavari and Srikakulam Districts.
- 2007** DPMR Program in 3 districts (Visakhapatnam, Warangal & Karimnaga).

HUMAN RESOURCE DEVELOPMENT

Our Personnel is our Asset. We have committed staff dedicated towards the vision of the organization. Competency and Consistency of the staff is key to the success of the organization. Formal training programs, workshops and seminars are conducted for the development of the Personnel. The needs of the Staff are well considered and organization stands for the staff at the time of difficulty.

FINANCIAL RESOURCES

The needs of the community people direct the organization to respond and programmes are designed to address those needs. The project design will be realistic and financial proposals are made accordingly. Community contribution and user charges are taken into account wherever it is affordable. Organization always believes in Sustainability.

SOCIAL RESPONSIBILITY

Apart from Health and Education services RISDT is opened to deal the social problems of the rural community people. Casteism, Dowry system, superstitions & social injustice are some of the hazardous social problems the rural population face in their day to day life. RISDT organizes awareness programs to eliminate these social evils from the society.

REGIONAL PRESENCE

RISDT primarily began its activities in the East Godavari and Chittor Districts of Andhra Pradesh. Later on the activities widened its expansion to West Godavari, Visakhapatnam and Srikakulam Districts covering over 200 villages in every district.

Overview of the Activities

Leprosy Control Programme RISDT is very much committed to the goal of controlling the leprosy completely and wish to make this region Leprosy – Free community.

Since beginning of leprosy control programme RISDT could register 7851 cases and cured (relieved from Treatment) 7047 cases. Since integration of NLEP, RISDT is trying to meet the health problems of all the leprosy affected people in East Godavari District by providing in-patient treatment at our Kathipudi Hospital with 40 bed capacity.

Rehabilitation Centre for Leprosy affected peoples Rehabilitation for Leprosy patients are completely neglected by the government. They are not given any support for their family uplift. In this scenario RISDT is taking care of these patients through the Rehabilitation Center.

Not only providing drugs and treatment to their festuring ulcers, we provide nutritious food and complete care to these individuals. The Rehabilitation Center is an another world for these neglected Leprosy affected patients. The Dedicated Team of Staff provide Counseling and self care to these patients and they regain their lost confidence.

Referral Hospital and Community Health Center

The committed services in the Leprosy Control front have exposed the organization to the general health needs of the people. People in the project area looked at RISDT for their general health problems. People's need and the exploitation of the private practitioners (unqualified) paved the way to start a Referral Hospital to address all the common health problems of the community. A fully equipped operation Theatre enables to perform surgeries.

In the year 2007, 46,108 no of patients were treated and 934 no of surgeries took place.

Through Referral Hospital the rural community people are receiving quality medical services and they are relieved from the clutches of private practitioners.

Disability Prevention and Education in Leprosy (DISPEL)

Prevention of deformity and its management in the lives of the leprosy affected patients are still the unfinished challenges in leprosy today. The number of persons with leprosy-related deformities and disabilities are more than those needing treatment for the leprosy disease.

The DISPEL Programme was successfully carried in the West Godavari, East Godavari and Visakhapatnam Districts from years 2000, 2004 and April 2007 respectively.

The objective for the programme is to see NO MORE NEW DEFORMITIES and NO MORE WORSENING OF THE EXISTING DEFORMITY. The DISPEL program is being implemented successfully with the kind co-operation and financial support of SWISS EMMAUS – BERNE.



DISPEL activities at a Glance for the year 2007

DISPEL ACTIVITY	WEST GODAVARI DISTRICT		EAST GODAVARI DISTRICT	
<i>Year of Program Started</i>		2001		2004
<i>Population</i>		39,49,454		53,52,339
	<i>During this Year</i>	<i>Since beginning</i>	<i>During this Year</i>	<i>Since beginning</i>
<i>Total No. of cases evaluated</i>	6,684	43,709	7,356	24,842
<i>Grade I Cases</i>	30	378	81	440
<i>Grade II Cases</i>	222	3,545	495	4,329
<i>Ulcer Cases</i>	210	1,929	261	3,076
<i>Self Care Kits Provided</i>	3,607	27,123	3,982	14,736
<i>MCR chapels provided</i>	3,615	17,000	4,371	13,388
<i>Reconstructive Surgeries</i>	32	614	55	333

Performance Report of RISDT – Dispel (DPMR) Program, Visakhapatnam at a Glance 1st April 2007 to 31st December 2007

SERIAL NUMBER	PARTICULARS	NUMBER OF CASES
1.	<i>Total No. of patients Evaluation of self care</i>	4,126
2.	<i>Total Ulcer Patients given dressing</i>	2,812
3.	<i>Total Ulcer Patients provided self care kits</i>	2,429
4.	<i>Total patients provided MCR Cheppals</i>	1,933
5.	<i>Total No. of patients underwent surgical correction</i>	46

Revised National Tuberculosis Control Program (RNTCP) As there is significant decline in the leprosy field, the next dreadful disease in the Community is Tuberculosis. RISDT took the responsibility of tackling this deadly disease which affects the society as a whole. After a detail survey conducted by our staff we could conclude that this deadly disease is much prevalent in our project area. 160 people are affected in every 1,00,000 population. To combat this disease the government of India through the state government sanctioned TB Treatment unit to our



organization. Anti TB drugs are supplied by the government. RISDT has been strategically placed with its health related infrastructure, enabled to launch Directly Observed Treatment (DOTS). RNTCP involves Case finding, Reliable sputum based diagnosis, Regular supply of correct drugs, DOTS Chemotherapy and effective case holding. 136 villages and 3 large towns covering over 180,000 people were successfully treated.

We believe that along with medication the affected people need to be given nutritious food to overcome malnutrition problems. Efforts are made to address this issue.

At a Glance – RNTCP (TB-TU) 2003 – 2007

YEAR	TARGET	ACHIEVEMENT	POSITIVE CASES	NEGATIVE CASES	EXTRA PULMONARY CASES
2003	459	506	202	254	50
2004	612	748	308	357	83
2005	612	769	348	320	101
2006	612	730	342	308	80
2007	612	765	293	307	106

At a Glance of TB Technical Support Team – 2007

TB – TST ACTIVITY	EAST GODAVARI	SRIKAKULAM
ROFILE		
<i>Year of Program Started.</i>	<i>January 2004</i>	<i>NOVEMBER 2003</i>
<i>Population in District</i>	<i>3426812</i>	<i>2172041</i>
<i>Area</i>	<i>10807 Sq. Km.</i>	<i>5837 Sq. Km.</i>
<i>No. of Treatment Units</i>	<i>123</i>	<i>59</i>
<i>No. of Micro Scopic Centers</i>	<i>186</i>	<i>115</i>
<i>Primary Health Centers</i>	<i>386</i>	<i>183</i>
<i>District Head Quarters</i>	<i>Kakinada</i>	<i>Srikakulam</i>

ACTIVITY DURING THE YEAR – 2007	EAST GODAVARI	SRIKAKULAM
<i>Population Covered</i>	<i>3426812</i>	<i>2172041</i>
<i>No. of times TU's visited</i>	<i>123</i>	<i>59</i>
<i>No. of times MC's visited</i>	<i>186</i>	<i>115</i>
<i>DOT Centers Covered</i>	<i>267</i>	<i>598</i>
<i>Training on Capacity Building – Govt Staff</i>	<i>961</i>	<i>1074</i>
<i>No. of Cross Checking of Lab Samples</i>	<i>316</i>	<i>586</i>
<i>No. of Awareness Caps Conducted at School Level</i>	<i>28</i>	<i>66</i>
<i>No. of Sensitization Camps Conducted</i>	<i>159</i>	<i>118</i>
<i>No. of Advocacy, Review Meetings Attended at level</i>	<i>30</i>	<i>50</i>
<i>No. of Screwtunization camps</i>	<i>11</i>	<i>5</i>
<i>No. of patients Validation</i>	<i>427</i>	<i>1331</i>
<i>No. of days tour program under taken</i>	<i>201</i>	<i>202</i>

TB Technical Support Team (TST) Rural India Self Development Trust with the guidance and financial support of GLRA launched the TST in the East Godavari and Srikakulam Districts. The objective of TST is to find the able persons at the grass route level to work for the genuine finding of the cases in the rural villages of the district. After tracing the cases, the regular treatment procedures are explained with a view to improve case holding. .

Capacity building of PHC staff, Medical Officers and Government Hospital Staff has been our focal area in our activity. Most of the Government Medical Staff are now well trained and they are supporting the District TB nucleus to improve the overall RNTCP services in the District.

Referral English Medium School (REMS)

REFERRAL ENGLISH MEDIUM SCHOOL, REMS is a co-educational day-cum-boarding school, with approximately 1,500 students on its rolls, studying together in a single Campus at Kathipudi. The social and moral values, which are ingrained within a broad and balanced curriculum, help to promote confidence, direction, and critical thinking skills, leading to the development of well-adjusted, adaptable and integrated personalities. In other words, REMS offers a comprehensive and holistic education.

REMS offer quality primary education to the children of poor farmers, agricultural laborers and daily wage workers. The children learn lessons in a healthy environment. REMS has a great response from the people around the project area.

Mother & Child Care RISDT recently started this programme of Mother and Child Care. The rural women needs advocacy on different health issues pertaining to Mother and Child. The rural women are superstitious and illiterates. They are aware of things to take care at the time of pregnancy, delivery and after delivery. Sometimes due to lack of this knowledge they on their own responsible to end in miserable conditions like losing lives. Hence we are concentrating on this area of Mother & Child Care.

Agriculture & Horticulture 82% of the population in India lives in the villages. Again it is irrefutable fact that all systems in the country have completely urban – based, thus serving only 18% of the population that is left out of the main stream of life are depending on their age old wisdom and they know their local problems and even solutions.

It is imperative that every effort should be made to tilt the system towards the villages, towards bringing the neglected and silent majority of these people into main stream of life and release their creative energies for the good of themselves as well as for the benefit of our country at large.

RISDT has taken up 10 acres of wasteland (foothills) to develop a horticulture farm for demonstration to the local farmers. In this farm it not only demonstrates that with the available minimum resources what we can grow on this land but also trained local farmers about appropriate methods in land development and water management techniques. Within a period of 8 years we could change the complete scene of this 10 acres wasteland into a beautiful horticulture farm.

OBJECTIVES OF THE PROGRAM

- On-Farm Training
- Modern Irrigation Methods
- Complete Knowledge about Fertilizers
- Storage and Marketing opportunities
- Awareness about different crops



Deformity Prevention and Medical Rehabilitation (DPMR) Program - 2007

Government of India changed the leprosy treatment guidelines since 2005 and integrated the services in general health. Subsequently they introduced DPMR Program.

The Government of India gave 3 districts – Visakhapatnam, Warangal and Karimnagar to RISDT to implement the DPMR Program. We feel it as an honor to get such recognition from The Government of India. From the day one we are regularly in touch with the concerned officials from both Government of India, Government of Andhra Pradesh as well as World Health Organization Consultant and following the DPMR program activities.

RISDT has come forward to extend additional services to the leprosy affected persons in these three Districts. The DPMR Program is launched on 1st of April, 2007 and we took an office in the respective districts at strategic locations. We have conducted 2 training camps both to the Government Primary Health Centers, Medical Officers and District leprosy nucleus staff members.

OBJECTIVES

1. To establish sustainable Disability Prevention and Medical Rehabilitation (DPMR) services to leprosy affected persons through existing health care system (Government and NGO)
2. To establish a system in all districts whereby lepra reactions/relapses are managed without any residual disability.
3. To establish a system whereby persons with disabilities due to leprosy are assisted to prevent the worsening of their disability.
4. To provide RCS services through well distributed specialized centers (Govt. / NGO's) to make them easily accessible to majority of persons in need.

CONCLUSION

The multifaceted activities are integrated to bring a wholesome development in the rural community. To achieve this, dedicated Team working as a one family is striving towards Change. Through Medical, Education, Agricultural and Rural Development our focus is direct and multi-dimensional. Government, Community and staff all put together towards this noble cause and our motto to serve the poor will be relentless.

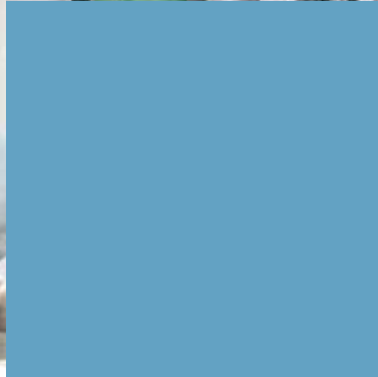
So far this year we could conduct the following RCS surgeries at our Referral Hospital:

<i>West Godavari – DISPEL</i>	6
<i>East Godavari – DISPEL</i>	36
<i>Vizag – DPMR</i>	46
<i>Kareemnagar - DPMR</i>	16
<i>Warangal – DPMR</i>	31
TOTAL	135



Receipts & Payments from 01-04-2007 to 31-03-2008

RECEIPTS	RS. PS.	PAYMENTS	RS. PS.
TO OPENING BALANCE:		<i>By Emmaus Health Program</i>	64,69,289.02
<i>Cash on Hand</i>	1,34,114.93	<i>By Dispel – East Godavari Activity</i>	23,41,306.74
<i>Cash at SB A/c. 134</i>	6,21,374.14	<i>By Dispel – West Godavari Activity</i>	28,25,607.90
<i>Cash at SB A/c. 144</i>	3,561.85	<i>By RNTCP TB-TU Program</i>	4,83,309.00
<i>Fixed Deposits</i>	15,00,000.00	<i>By POD Activity Program</i>	5,14,340.00
GRANTS RECEIVED FROM:		<i>By ANV - Rehabilitation Program</i>	1,29,600.00
<i>Emmaus – Swiss</i>	1,49,90,658.00	<i>By DPMR Program</i>	24,11,404.63
<i>Swiss Emmaus - India</i>	43,63,846.00	<i>By School Program</i>	15,80,000.00
<i>Calcutta Espaior</i>	16,78,100.00	<i>By Provident Fund</i>	2,39,459.00
<i>Swiss Federal Foundation</i>	16,48,111.00	CAPITAL EXPENDITURE:	
<i>Accentus Foundation</i>	17,00,000.00	<i>Medical Equipment</i>	30,457.80
INTEREST RECEIVED:		<i>Electrical Fittings</i>	63,230.00
<i>Bank A/c. 134</i>	23,847.00	<i>RCS Ward Construct</i>	7,65,332.00
<i>Bank A/c. 144</i>	289.00	<i>SUMO Victa</i>	6,12,546.00
<i>Fixed Deposits</i>	25,997.00	<i>Motor Cycle</i>	53,780.00
OTHER INCOMES:		<i>Office Furniture</i>	8,990.00
<i>OP Collections</i>	1,61,920.00	<i>School Building Construction</i>	11,66,940.80
<i>Staff Advances</i>	82,000.00	<i>Computers & Printers</i>	60,025.00
<i>TB-TU Grant in aid</i>	3,40,000.00	<i>School Furniture</i>	1,70,000.00
<i>IDF</i>	10,000.00	REVENUE EXPENDITURE:	
<i>Local Donations</i>	2,39,080.00	<i>Bank Charges</i>	6,872.00
<i>Sale of Dairy Animals</i>	1,45,200.00	<i>Electricity Charges</i>	6,019.00
<i>Sale of Vehicles</i>	1,57,000.00	<i>Guest Expenses</i>	4,603.20
		<i>Miscellaneous Expenses</i>	7,881.00
		<i>Building / Municipal Taxes</i>	48,489.64
		<i>Post and Telephones</i>	54,782.00
		<i>Salaries</i>	2,99,700.00
		<i>Stationary</i>	14,371.00
		<i>Staff Welfare</i>	33,849.00
		<i>Travel and Conveyance</i>	1,02,700.00
		<i>Vehicle Maintenance</i>	17,143.33
		<i>Functions & Celebrations</i>	34,650.00
		<i>Audit Fee</i>	17,000.00
		<i>HDFC Loan Repayment</i>	3,76,536.00
		<i>Local Donations</i>	1,50,000.00
		CLOSING BALANCES:	
		<i>Cash on Hand</i>	1,42,517.87
		<i>Cash at SB A/c. 134</i>	5,79,319.14
		<i>Cash at SB A/c. 144</i>	3,047.85
		<i>Fixed Deposits</i>	60,00,000.00
TOTAL RS.	2,78,25,098.92	TOTAL RS.	2,78,25,098.92



Rural India Self Development Trust

Rjahmundry, Andhra Pradesh

Rural India Self Development Trust

Post Box No. 56, 90-1-5/1, Swaraj Nagar, Alcot Gardens
Rjahmundry – 533 101, E.G. Dt., Andrah Pradesh, India.

Referral Hospital (Community Health Center) (Rural India Self Development Trust)

Seetayammapeta, Sankaram Mandalam, E.G. Dt.
Andhra Pradesh, India. Phone: +91-8868 234408

Referral English Medium School (Rural India Self Development Trust)

Tammayapeta, Thondangi Mandalam, E.G. Dt.
Andhra Pradesh, India. Phone: +91-8868 234810

