



RISDT Report 2009



Rural India Self Development Trust



Content

Chairmans & Coordinators Comments

Introduction

Vision

Mission

Landmarks

Leprosy Control Programme

Tuberculosis Control Programme

TB-Technical Support Team (TST)

Community Care Center CCC

Integrated Counseling and Testing Centers (ICTC) at RISDT

Referral Hospital and Community Health Centre

Mother & Child Care

RISDT Receipts & Payments Account

Chairman Comments

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 organisation 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 heals 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.

One more year we have the privilege and opportunity to serve the community with all necessary health and educational needs.

Coordinator Comments

RISDT has expanded to cover hundreds of villages and catering health needs by covering nearly six million population. The result of our health programs have proved that all our efforts were worthwhile.

Education is the key to sustainable development and peace and stability within and among countries, and an indispensable means for effective participation in the societies and economies of the 21st century, which are witnessing rapid globalisation. The challenge of achieving the goal of universal primary education in India has never been as frightening as now.

The process of gearing up to make necessary changes in our strategies and program emphasis has already begun. Our experiences of the last 26 years and our constant self-evaluation have indicated us to expand our programs into multifarious fields by adding Community Care Centre from NACO and Balasahyoga from Family Health International to address the HIV/AIDS field.

All these activities are making us more responsible as well as responsive towards the needs and development of rural poor.



Ch.S.T.Krupa Rao



N. Slesser Babu

Introduction

Rural India Self Development Trust was founded in the year 1983 by starting People's Clinics in two villages. RISDT was instituted to serve the leprosy infected patients. The two clinics started to provide much needed curative health care to the poor and gravely effected leprosy patients. The initiative that began with health care has moved to addressing wider development issues like community health, rehabilitation, rural development, education and family health.

The two small clinics which were started by Mr. Bruno Jehle from Switzerland 2 ½ decades ago slowly and steadily grown into an organisation to take different needs of the community. Now RISDT is addressing all the health programs like Leprosy Control Program, Rehabilitation Centre for Leprosy affected peoples, Disability Prevention and Education in Leprosy (DISPEL), Revised National Tuberculosis Control Program (RNTCP), Referral Hospital & Community health Centre, Community Care Centre and Balasahyoga for HIV/AIDS affected persons, Referral English Medium High School (REMHS), Mother & Child, Agriculture & Horticulture introduced to serve the poor. Reconstructing the lives of the rural community is a big challenge and it is a continuous process. RISDT is seriously and surely entering into poverty elimination activities by empowering rural women & creating employment to rural youth.



Vision

India has made great development progress over the last two decades. There has been good economic growth, and considerable progress in a number of areas, including social sector – health and education. Other achievements include a robust democracy, a satisfactory balance of payments, self-sufficiency in food, abundant foreign exchange reserves, and a high growth rate for the export of services, especially information technology.

However, the benefits of India's development and growth have been uneven. There are still around 350 million below the international poverty line, and many people do not have access to essential services. Most authorities agree that the most significant challenge for India is inequality.

- Differences between states are widening.
- The gap between rural and urban areas remains large.
- Long-standing social inequalities are not reducing substantially. People belonging to scheduled castes and scheduled tribes are around a quarter of the population but account for more than 40% of those who are poor.
- The economic and social well being of women remains lower than that of men.

The vision of RISDT is, therefore, to see a society that promotes safety, security and access to justice among vulnerable groups; equitable opportunities for realising full potential of every citizen, access to resources and all services, including access to growth that reduces poverty and inequalities among all social groups.



Mission:

The RISDT seeks sustainable solutions to long-term problems of poverty, with special emphasis on the needs of rural communities. It works towards the broader goal of poverty reduction, particularly among the vulnerable social groups and economically poorer sections of the community with a particular focus on a set of specific development problems in the areas of health, education and rural development.

The work of RISDT is governed by three principles;

- Participation of stakeholders for effective design, implementation and ownership.
- Use of methods and approaches that are sustainable within a reasonable timeframe.
- Accountability and transparency.

Organisation Scope

RISDT lunched its activates initially in East Godavari and Chitoor Districts of Andhra Pradesh. Now almost Andhra Pradesh all districts are covered by RISDT by one or the other programs implementation.

Partnership

To implement all the programs by RISDT we have very strong support mainly from FAIRMED with all their encouragement and timely financial assistance and professional guidance. Government of India through NACO, RNTCP and other departments are the strength of RISDT. Other organisation from Swiss like Raoul Follereau, Calcutta Espoir and Kalpavruksha are also creating more scope for high quality services from RISDT.

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Landmarks

- 1983** Initiation People's clinic
- 1986** Initiation of Survey Education and Treatment (SET) in West Godavari District
- 1989** Initiation of Survey Education and Treatment (SET) in East Godavari District
- 1990** Establishing Rehabilitation Centre in Kathipudi
- 1993** Establishing Referral Hospital at Kathipudi
- 1995** Initiation of Integrated Tuberculosis Programme
- 1996** Initiation of Community Health Programme
- 1997** Initiation of Rehabilitation Activities
- 1999** Initiation of POD Programme (Leprosy) in West Godavari District
- 2000** Establishment of Community Health Centre in Kathipudi
- 2002** Participation in RNTCP Programme, in East Godavari District by establishing TB-TU
- 2003** Establishment of Referral English Medium School
- 2004** Initiation of POD programme in East Godavari District. Initiation of TB Technical support team programme in East Godavari and Srikakulam Districts
- 2007** Initiation of DPMR Programme in 3 districts (Viskhapatnam, Warangal, Karimnagar) Recognition of RISDT as one of 10 RCS centres.
- 2008** Initiation of Community Care Centre (CCC) for people living with HIV & AIDS
- 2009** Initiation of FI-ICTC at RISDT by AP consortium.
- 2009** Initiation of BALASAHYOGA project in Amalapuram.



Programmes

Leprosy Control Programme

Rural India Self Development Trust supported Govt. NLEP by implementing 'SET' (Survey Education & Treatment) strategy in the assigned area by the state Govt. in West Godavari district since 1986 and organised MDT programme in the same area from 1987 in West Godavari as per Govt. guidelines. Because of this experience and reputation gained in West Godavari project, State Govt. has allotted 5,00,000 population in Peddapuram division with Kathipudi as Head Quarter in 1989 to implement MDT programme in East Godavari district. The project area covers 136 villages & 2 towns in 255 Sq. Kms area.

As per Govt. guidelines, MDT has been delivered under the supervision of MO to patients through '71' drug delivery points and able to treat 7851 patients and achieve goal of elimination i.e. less than 1/ 10,000 from the basic level PR 155 / 10,000 by Dec,2003 and programme has been phased out since 2003.

Tuberculosis Control Programme

Rural India Self Development Trust (RISDT) participated in National Tuberculosis Control Programme in East Godavari district. by implementing the programme in accordance of Government guidelines in 1,80,000 population with 136 villages and 3 towns in an exemplary way. In recognition to the efforts made and experience gained in the programme, Government of India through state Govt. has sanctioned Tuberculosis Treatment Unit (TB-TU) under Revised National Tuberculosis Control Programme (RNTCP) to RISDT. TB-TU covers 5,00,000 population with 10 Primary Health Centres and one Referral Hospital (RISDT).

As per the norms of Govt. it is staffed with 1 Medical Officer, 1 STS, 1 STLS and 4 Lab. Technicians (MCs). On every Monday at Referral Hospital, Kathipudi and on every Wednesday at Area Hospital, Tuni TB specialist services are being made available including 'X' ray facility to the patients.

Referral Hospital is having all Laboratory facilities including X-ray facility and since 1 year HIV testing facility is also made available. It functions as a link between the District and PHCs or Health facility in implementing the RNTCP and ensuring the following.

Tuberculosis Control Programme

Referral Hospital is having all Laboratory facilities including X-ray facility and since 1 year HIV testing facility is also made available. It functions as a link between the District and PHCs or Health facility in implementing the RNTCP and ensuring the following.

1. Ensuring regular supply of DOTS medicines and other logistics.
2. Establish DOTS providers.
3. Organize Sputum Smear exam & check its quality.
4. Guide in categorizing of DOTS treatment.
5. Capacity building in RNTCP (DOTS)
6. IEC in RNTCP
7. Supervise 'MCs' work at least once a month.
8. Ensure preparation and regular supply of reagents to HFS
9. Ensuring Updating the Tuberculosis register
10. Preparation & Submission of Quarterly reports to DTCO
11. Ensure genuine diagnosis & categorization either through sputum examination and management / or X-ray.
12. Act as a Referral point for attending diagnosis of problem cases, drug resistant cases, Referrals, treatment failure & relapse cases.
13. Monitor the maintenance of Labs & Laboratory registers.
14. Providing incentives to DOTS providers.
15. Celebration of World TB day on 24th March of every year.

Note: Out of '9' MDR patients identified in the district '2' are from the TB unit and they are kept on 2nd line treatment after confirmation at Guntur regional unit.



Performance at a Glance for 2003 – 2009

The RISDT TB-Unit has been adjudged as the best & exemplary unit by the Government.

| Year | Target | Achievement | Positive Cases | Negative Cases | Extra Pulmonary Cases |
|------|--------|-------------|----------------|----------------|-----------------------|
| 2003 | 459 | 506 | 205 | 254 | 50 |
| 2004 | 612 | 748 | 308 | 357 | 83 |
| 2005 | 612 | 769 | 348 | 320 | 101 |
| 2006 | 612 | 730 | 342 | 308 | 80 |
| 2007 | 708 | 765 | 352 | 307 | 106 |
| 2008 | 730 | 763 | 362 | 291 | 110 |
| 2009 | 750 | 759 | 345 | 298 | 116 |

TB-Technical Support Team (TST)

RISDT as a partner in German Leprosy Relief Association (GLRA) has established Technical Support Team (TST) covering Srikakulam & East Godavari districts to ensure quality RNTCP by providing Technical Support, regular monitoring & guidance to the ongoing programmes in the districts by providing expertise services. Their support has been phased out by December, 2008.

Technical Support Team helped the Revised National Tuberculosis Control Programme in Srikakulam and East Godavari districts in improving the quality and coverage thus helped in achieving the epidemiological indicators.

Community Care Center (CCC)

Government started treating eligible People Living with HIV & AIDS (PLHAs) with 'ART' at ART Centre Govt. General Hospital, Kakinada since 2004 and those PLHAs put on ART first need hospitalization for 5-10 days to ensure ART tolerance and subsequently for treatment of opportunistic infections, management of side effects of ART medication. CCC is a Community based facility freely accessible affordable and sustainable counseling, support and treatment of PLHAs.

As there is no care & support centre nearby Kathipudi, and because of good track record of RISDT, State Govt. has identified RISDT for this centre and accorded sanction of Community Care Centre (CCC) under NACO in NACP Phase III with '10' beds along with full complement of staff as per NACO guidelines with necessary budgetary provisions since May,2008.

At the CCC the following services are being provided.

ART related services

- Enabling PLHAs access to ART.
- Providing drug adherence support.
- Providing psychological support.
- Providing counseling support to PLHAS on ART.
- Providing treatment for OIs.

Non-ART related services

- Linkage & referrals to other services providers.
- Positive prevention.
- Reducing stigma & discrimination.
- Prepare for Home based care.
- Provide Nutritional counseling.

Community Care achievement up to December,2009

| Particulars | Details | |
|--|---|-----|
| Total project area | 5 mandals (Kotananduru, Rowthulapudi, Sankavaram, Thondangi, Tuni) | |
| Total registered cases from project area : | 607 | 850 |
| Total registered cases other than project area : | 243 | |
| No. of child cases registered | | 33 |
| No. of adult cases registered | | 815 |
| No. of cases on ART | | 255 |

Integrated Counseling and Testing Centers (ICTC) at RISDT

To provide comprehensive and make HIV/AIDS services holistic, under the same umbrella, AP consortium has established an 'ICTC' at RISDT, Kathipudi since September, 2009.

Performance report from Sept-2009 to Jan-2010

| Total tested cases | Reactive cases | ANC Tested cases | ANC Reactive cases |
|--------------------|----------------|------------------|--------------------|
| 261 | 65 | 42* | 1* |

* Antenatal (ANC) cases included in the Total tested

It is envisaged that the PPTC centre at PHC Ravikampadu is being shifted to another centre and the obstetric services are available at RISDT all Antenatal cases will be referred to Referral Hospital for HIV testing and PPTC services in future.

BalasaHYoga

To improve the quality of life of children and families infected & affected by HIV/AIDS, a consortium of 5 nos partners i.e. FHI, CF, CARE, KITS/SWASTHI and APSACS has accorded permission for a BalasaHYoga project in Amalapuram, revenue division of East Godavari district a Hyper endemic district for HIV/AIDS since October,2009. SEEDS is its lead partner. It covers 16 mandals with head quarters at Amalapuram.

In BalasaHYoga project, the following packages of services are available.

Health, Psychological, Nutritional, Educational ,Saftynet, these service packages are provided with the followin expected outcome,

- Decreases mortality of Children living with HIV/AIDS.
- Decreases mortality among children living with HIV/AIDS.
- Decreases number of children orphans by HIV/AIDS.
- Decreases number of children infected by HIV/AIDS.



Performance report from Oct-2009 to Dec-2009

| Particulars | Details |
|-------------------------------------|--|
| Total project area | Amalapuram Revenue Division with 16 Revenue Mandals. |
| Total no. of Registered house holds | 239 |
| Total No. of child cases | 400 |
| Total No. of adult cases | 365 |
| Total HIV positive cases | 313 |
| No. of children | 62 |
| No. of adult | 251 |
| No. of cases on ART | 76 |
| No. of child cases on ART | 16 |
| No. of adult cases on ART | 60 |

Disability Prevention & Education In Leprosy (Dispel)

Leprosy is primarily a disease of Peripheral nerves and the damage caused to nerves is permanent & progressive. Hence, considerable number of patients will have deformities. Moreover, the target tissues of Leprosy reactions are also the peripheral nerves and if they are not managed properly, patients may land in permanent deformities. As Government programme is mainly focusing on attaining the Leprosy elimination goal, this Disability prevention and education in Leprosy for prevention and or worsening of existing deformities has been taken up by RISDT in 3 districts i.e. West Godavari, East Godavari and Visakhapatnam with the following objections.

- No more new deformities.
- No more worsening of the existing deformities.

All the grade 1 & grade 2 patients have been identified, documented and being provided with needs services at the nearby Health facility i.e. PHC, CHC. Govt. dispensary and Leprosy colonies etc.. Thus supporting the Govt. NLEP to make the Leprosy services comprehensive and holistic.

The final evaluation of DISPEL project, appreciating the successes of project on management of ulcers and disabilities recommended a Community bases and more self care centers new strategy to ensure sustainability of POID services through integration of POID with Primary Health Care centers This new strategy will be implemented as a pilot project in East Godavari district from 2010 to 2013 with an overall goal

“To assure and maintain improvement in the physical and social well being of PALs” with disabilities.



DISPEL Activity At a Glance For The Year 2009

| DISPEL Activity | EAST GODAVARI | | WEST GODAVARI | |
|-------------------------------------|-------------------------|-----------------|------------------|-----------------|
| | Year of Program Started | April 2004 | 2001 | |
| Population | | 55,05,401 | | 41,31,772 |
| Area | | 10,807 Sq. Kms | | 7,780 Sq. Kms. |
| No. of GGH | | 9 | | 12 |
| No. of PHC | | 81 | | 64 |
| No of PHC's covered during the year | | 81 | | 64 |
| | During this year | Since beginning | During this year | Since beginning |
| Total No. of cases treated | 5506 | 36,930 | 2590 | 52,569 |
| New cases registered | 256 | 5,651 | 55 | 4,483 |
| Grade – I | 54 | 570 | 1 | 403 |
| Grade – II | 202 | 4,908 | 54 | 3,762 |
| Deleted Cases | 179 | 739 | 72 | 562 |
| Ulcer cases | 105 | 3,403 | 1409 | 30,035 |
| Self Care Kits Provided | 3171 | 21,717 | 1340 | 31,813 |
| MCR Cheppals provided | 3474 | 21,209 | 1543 | 21,878 |
| Surgical Corrections | 33 | 401 | 19 | 668 |

Performance Report of RISDT – DPMR Program - Visakhapatnam At a Glance as on to 31st December 2009

| S. No. | Particulars | During the Year | Since Beginning |
|--------|---|-----------------|-----------------|
| 1 | Total No. of patients Evaluation of self care | 7,163 | 18,250 |
| 2 | Total Ulcer Patients given dressing | 4,703 | 11,734 |
| 3 | Total Ulcer Patients provided self care kits | 4,319 | 10,854 |
| 4 | Total patients provided MCR Cheppals | 3,060 | 7,778 |
| 5 | Total No. of patients underwent surgical correction | 48 | 157 |

Rehabilitation Center For Leprosy Patients

In 1990, RISDT established Leprosy Rehabilitation Centre at Kathipudi in East Godavari district and rehabilitated 15 patients by providing comprehensive care i.e. providing shelter, food, clothing other basic amenities and needed Medical Services, thus making the centre a new world to make the patients Happy as those are able to restore their lost self esteem and personal dignity.

Referral Hospital And Community Health Centre

While organising the MDT programme, the RISDT has been moved by the plight of patients in general and Leprosy patients in specific who in need of inpatient care, established REFERRAL Hospital at Kathipudi in 1993 with Outpatient Department (OPD) and 20 bedded inpatient ward and started providing very quality care and succeeded in catering the medical needs of the Leprosy patients in the community. Because of to increased demand, a new Referral Hospital with 40 beds has been constructed separately for General Health & Medical care with special focus on Mother & Child health in the same campus from 2000 with all facilities. And the original Referral Hospital is being utilized for the Leprosy patients exclusively at present.

Mother & Child Care:

RISDT is always keen in addressing the women welfare & empowerment. As such the problems of mother & child care is an essential service at Community Health Center. Illiteracy among Rural women is the root cause for child marriages and superstitious beliefs, due to which are prone to a lot of problems, both health wise and in their families. Most of them are unaware of things to take care at the time of pregnancy, delivery and after delivery. The magnitude of their ignorance causes high risk of their lives. Keeping these major problems, a special program has been designed and initiated by RISDT for Mother & Child Care. Under this we conducted intensive comprehensive health camps to bring enough awareness among these young mothers & their parents by involving local women leaders and facing self help groups by them only.



Disability Prevention & Medical Rehabilitation [DPMR]

Government of India initiated Disability of Prevention & Medical Rehabilitation in the 11th 5 year plan in the NLEP and recognized the RISDT as one of the '10' RCS centres in the state to conduct RCS operations since 2007 5 districts i.e. Kareemnagar, Warangal, Visakhapatnam, East Godavari and West Godavari districts have been allotted the RISDT for RCS operations. RISDT is functioning as an RCS centre & as a tertiary centre since 2007, and functioning as per Govt. guidelines.

So far, we could conduct the following RCS surgeries at our RCS center.

| Name of the District | 2007 | 2008 | 2009 | Total |
|----------------------|------|------|------|-------|
| East Godavari | 36 | 35 | 38 | 109 |
| West Godavari | 6 | 35 | 19 | 60 |
| Visakhapatnam | 46 | 63 | 48 | 157 |
| Warangal | 31 | 42 | 23 | 96 |
| Karimnagar | 16 | 79 | 53 | 148 |
| TOTAL | 135 | 668 | 181 | 570 |



Rural India Self Development Trust

Receipts & Payments Account for the Period from 01-01-.2009 to 31.12.2009

| Receipts | Rs. Ps | Payments | Rs. Ps |
|---|----------------------|---|----------------------|
| <i>To Opening Balance:</i> | | <i>By Emmaus Leprosy Activity</i> | 7,208,909.00 |
| Cash on Hand | 25,335.09 | Emmaus - Non Leprosy Activity | 2,637,173.00 |
| Cash at SB A/c. 10912761669 | 69,704.14 | DISPEL - East Godavari | 1,365,437.00 |
| Cash at SB A/c. 10912761658 | 28,851.45 | DISPEL - West Godavari | 1,274,633.00 |
| Cash at Andhra Bank | 3,856.00 | TB - Program | 698,628.00 |
| Cash at Andhra Bank - Community Care Centre | 765,343.80 | APSACS / NACO - Community Care Centre | 2,018,490.80 |
| Grants Received from | | Rehabilitation Program | 154,200.00 |
| Emmaus - Swiss | 17,792,509.29 | DPMR - Program | 3,042,712.00 |
| Calcutta Espoir | 680,850.00 | School Scholarship Program | 651,450.00 |
| Swiss Foundation | 958,689.00 | Balasaahyoga Program | 357,357.38 |
| Family Health International Balasaahyoga | 384,580.00 | Capital Expenditure | |
| Peoples Clinic | 336,255.00 | Medical Equipment | 32,575.00 |
| APSACS / NACO | 1,627,776.00 | General Equipment | 81,885.00 |
| Interest Received | | Vehicles | 1,839,933.00 |
| SB A/c. 10912761669 | 50,094.00 | Computer | 41,000.00 |
| SB A/c. 10912761658 | 184.00 | School Building | 1,519,582.00 |
| Andhra Bank | 107.00 | School Bus | 612,500.00 |
| Andhra Bank - Community Care Centre | 16,044.00 | School Furniture & Vehicle | 211,800.00 |
| Other Incomes | | LC Unit 1st Floor Construction Works | 2,468,527.00 |
| OP Collections | 242,320.00 | Revenue Expenditure | |
| Staff Advances | 96,000.00 | Bank Charges | 975.00 |
| Sasakawa | 17,500.00 | Electricity Charges | 12,923.00 |
| Indian Development Foundation | 10,000.00 | Miscellaneous | 41,276.50 |
| Local Donations | 502,984.00 | Municipal Taxes | 1,494.00 |
| GLRA - TST Advance Refund | 222,130.00 | Post & Telephones | 77,488.00 |
| HDFC Loan | 1,400,000.00 | Salaries | 348,000.00 |
| Grant-in-aid | 335,000.00 | Stationary | 22,183.25 |
| Advances | 2,615,000.00 | Staff Welfare | 33,824.00 |
| | | Travel and Conveyance | 134,688.00 |
| | | Vehicle Maintenance | 16,043.40 |
| | | HDFC Loan re-payment | 78,800.00 |
| | | Closing Balances | |
| | | Cash on Hand | 32,553.06 |
| | | Cash at SB A/c. 10912761669 | 720,935.43 |
| | | Cash at SB A/c. 10912761658 | 7,652.45 |
| | | Cash at Andhra Bank | 25,096.00 |
| | | Cash at Andhra Bank - Community Care Centre | 388,561.50 |
| | | Cash at SBI -Balasaahyoga | 21,827.00 |
| Total Rs. | 28,181,112.77 | Total Rs. | 28,181,112.77 |



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