

RISDT Profile





VISION

“Enrich and empower the individuals and communities that we work with by reaching the diseased, distressed and the needy in rural Andhra Pradesh.”

MISSION

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.

About us

CHAIRMAN & COORDINATOR COMMENTS

“The initiative that began with ‘Peoples Clinic’ for curative health care in a charity mode has moved to addressing wider development issues and empowering people to voice opinions and views for their own sustainable development.”

An earnest desire to improve the things around; an inner urge to extend a helping hand to those in need; a deeper prodding to give back to society for all its acts of benevolence has been the driving force behind RISDT, making it grow into a Civil Society Organization that facilitates the development process among a large number of families today.

It all began in two villages; Kaleru in East Godavari District and Arai in Chittoor district of Andhra Pradesh in the year 1983. Mr. Bruno Jehle from Switzerland was the man behind the beginning of the process of reaching the diseased, distressed and the needy that provided continued support to develop the vision and to translate it into action.

The initiative that began with ‘Peoples Clinic’ for curative health care in a charity mode has moved to addressing wider development issues and empowering people to voice opinions and views for their own sustainable development. RISDT began its operations in two districts; East Godavari and Chittoor districts in Andhra Pradesh. Currently, its operations spread to West Godavari, Visakhapatnam and Srikakulam districts, covering nearly 300 villages. RISDT is now actively engaged in the key sectors of Health, Education and Rural Development.



Founder - Bruno Jehle



Chairman - Ch.S.T. Krupa Rao



Co-Ordinator - N. Slesser Babu



RISDT's concepts and approach to Development

Though RISDT began its activities through delivery of quality services, it has recognized its role as a civil society player in bridging those gaps between a common citizen and the governments that bring sustainable development and reduce poverty.

It is recognized that work at project level with service delivery as one of the objectives are important for developing replicable models and to gain entry and recognition. We continue to engage in such activities. But, this alone is not enough.

These project level initiatives, which are only a means to an end, should lead to broader agenda of sustainable development that is possible through people's own initiatives. Therefore, it is important to gradually move from work at project level to an increasingly strategic engagement to support achievement of higher-level goals of improving social and economic wellbeing.

To achieve this, we need to take a much more dynamic look at the role of civil society in pushing for social, economic and political change; initiatives which strengthen the capacity of poor people to understand and demand their rights; civil, political, economic and social and to improve their well being. These initiatives should empower poor people, strengthen their ability or opportunity to speak and do things for themselves and make demand of those in power.

SUSTAINABILITY

Sustainable Development is possible only through collective efforts of various players, including primary and secondary stakeholders, governments, civil society, Research and Academic institutions. Agreed upon the joined-up principles, RISDT works closely with government projects, NGOs and other civil society organizations working in the area, donors, communities and individuals that work towards reduction of poverty

RISDT encourages all those who work for development in their own organization's operational areas and broader development sectors to join hands in reducing poverty.

"It is important to gradually move from work at project level to an increasingly strategic engagement to support achievement of higher-level goals of improving social and economic wellbeing".

MILESTONES

MAJOR

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- 1983 Initiating People's clinic
- 1986 Survey Education and Treatment (SET) in West Godavari District
- 1989 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 POD Programme in West Godavari District
- 2000 Establishment of Community Health Centre in Kathipudi
- 2002 Participation in RNTCP Programme, East Godavari District
- 2003 Establishment of Referral English Medium School
- 2004 Initiating POD programme in East Godavari District. Initiating TB Technical support team programme in East Godavari and Srikakulam Districts
- 2007 DPMR Programme in 3 districts (Viskhapatnam, Warangal, Karimnagar)
- 2008 Initiating Community Care Centre (CCC) for people living with HIV





OUR INTERVENTIONS



Leprosy Control Programme

“Our early efforts started in 1983 by providing treatment to Leprosy patients in the Health Clinics, management of ulcers in affected limbs and education (IEC) as its central point.”

Leprosy Control Programme

Our early efforts in 1983 by providing treatment to Leprosy patients in the Health Clinics. Management of ulcers in affected limbs with the education as a central point. Government of Andhra Pradesh accorded permission to RISDT to launch Multi Drug Therapy (MDT) to Leprosy Patients living over 0.5 million poor rural population and implemented MDT programme in an exemplary way and 7047 cured patients and got the appreciation of the Government authorities. This helped RISDT to expand its activities to cater to the needs of larger population.

Accordingly RISDT has organizing health services to the population in 136 villages and two towns spread over 255 square kilometers, through 71 Drug Delivery Points (DDP), using trained lab technicians to conduct bacteriological assessments. Fields staff comprises of 17 paramedical workers, 3 supervisors and a medical officer.

RISDT achieved cent percent MDT and bacteriological coverage in the project area for a period of five years. Since beginning of Leprosy Control Programme RISDT could register 7851 cases and cured 7047 cases. Thus the gross prevalence rate in the project area has dropped from 15.5 to 1.0 per 1000 and got the appreciation from the Government.

DISPEL Programme:

Prevention of disability and its management in the lives of leprosy affected patients is still an unfinished challenge 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 has been successfully carried out in the West and East Godavari districts. We are grateful to SWISS EMMAUS BERNE (now FAIRMED) for their continued support to the DISPEL programme.



DISPEL Activities at a glance (2008)

Particular's	West Godavari District	East Godavari District
Year of Programme Started	2001	2004
Population	3952107	5397451
Statistics till Date		
Total No. of cases evaluated	49979	31424
Grade I cases	402	516
Grade II cases	3708	4706
Ulcer cases	1929	3298
Self Care Kits provided	30473	18546
MCR chapels provided	20335	1778
Reconstructive Surgeries	649	368

Leprosy rehabilitation programme

Rehabilitation of leprosy patients during treatment and after cure is one of the key aspects of leprosy care that RISDT initiated over years. Rehabilitation has several dimensions mainstreaming those affected; providing livelihoods; re-building hope, confidence and self esteem; creating enabling environment and finally influencing policies that enlarges the scope of wider care.

The rehabilitation center established in 1996 at Annavaram in East Godavari district of AP which continues to cater to the needs of many leprosy affected people in the area. Training is provided for upgrading skills in improved agricultural practices, horticulture and floriculture every year. Those trained are gainfully employing their skills back in their own villages.

Rehabilitation measures:

RISDT currently engaged in the following activities in addressing the above rehabilitation issues:

- Counseling and mentoring
- Skill building and up gradation in farm, off-farm and on-farm activities
- Providing financial and managerial assistance for entrepreneurial development and self employment
- Providing housing
- Pensions for the destitute

Despite resource constraints as a result of Government's complete shift towards HIV/AIDS, RISDT continues to maintain a Rehabilitation centre with a dedicated team to provide counseling and self care. We are also proving drugs and treatment to their pestering ulcers besides nutritious food.

"The rehabilitation center Leprosy rehabilitation programme established in 1996 at Annavaram in East Godavari district of AP which continues to cater to the needs of many leprosy affected people in the area."



The Referral Hospital

The health sector in Andhra Pradesh faces a number of major constraints. These include resource shortage, a failure to use available resources efficiently, relatively poor quality public services including a lack of responsiveness to patient needs combine with a largely unregulated private sector, complex institutional arrangements and severe capacity constraints at all levels of the system.

RISDT established referral Hospital and Health Care Centre in Annavaram village of East Godavari to initially cater to the needs of the leprosy patients. Driven by the demand, this Centre has grown to be a 20 bedded general hospital with community health facilities. This Centre caters to the needs of several villages with a radius of about 50 kilometers. This Health Centre is equipped with all needed equipment and medical doctors and other professional staff. Services are provided free at the hospital with some nominal user charges for the purpose of sustainability. Thanks to Emmaus Swiss for providing a guiding role, besides providing technical and financial support.

The major step initiated by RISDT is integration of leprosy care with community health activities....an indication of community awareness and acceptance of leprosy as preventable and curable disease. The hospital provides general medicine and facilities for minor surgeries. Community health care is provided by organizing rural health camps in the villages...around 200 such camps are conducted so far. Health education is also provided through these camps to enable communities to take preventable measures. In the year 2008-09, 47,085 patients were treated and 761 surgeries took place.

Having met with undue exploitation in the hands of private practitioners (often the quacks) this predominantly tribal population is now finding our health service more accessible and community friendly. Thus we see a great need to expand our capacity further more.

Deformity Prevention and Medical Rehabilitation (DPMR)

Government of India changed the leprosy treatment guidelines since 2005 and integrated the services in general health. Subsequently, it introduced DPMR programme. RISDT has come forward to implement this programme in five districts of Andhra Pradesh (Srikakulam, Visakhapatnam, West Godavari, Warangal and Karimnagar) covering more than 3000 villages. So far we could conduct the following RCS (Reconstructive Surgeries) at our Referral Hospital.

Name of the district	2007	2008	Total
East Godavari-DISPEL	36	35	71
West Godavari-DISPEL	6	35	41
Vizag-DPMR	46	63	109
Karimnagar-DPMR	16	79	95
Warangal-DPMR	31	42	73
Total	135	254	389



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Tuberculosis Control Programme

RISDT started its TB control programme in the target area in 1995 with a survey. The survey revealed that more than 3000 people in the target area suffer from TB. This alarming figure made RISDT to immediately initiate a curative programme. Currently, RISDT is actively involved in addressing the problem in 136 villages and 3 larger towns covering over 180,000 people. About 87% of cases registered with RISDT have been successfully treated so far. Currently, over 400 TB patients are receiving treatment through its initiatives. RISDT is actively involved in the following elements of effective TB control

Programme

- Case finding reaching a high proportion of symptomatic
- Reliable sputum based diagnosis
- Regular supply of correct drugs reaching TB patients
- DOTS Chemotherapy
- Effective case holding

Tuberculosis Control Programme

In recognition to the efforts of RISDT in the field of TB control, Government of India through State Government has sanctioned TB treatment unit to RISDT as it has enough infrastructure and expertise to launch Directly Observed Treatment (DOTS).

AT A GLANCE – RNTCP (TB-TU) 2003 - 2008

Year	Target	Achievment	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

“RISDT started its TB control programme in the target area in 1995 with a survey. The survey revealed that more than 3000 people in the target area suffer from TB.”



TB Technical Support Team (TST)

RISDT started TST activity in East Godavari and Srikakulam districts with the direction and support of GLRA. TST works with an objective to search for the right and able persons at the grass root level in the field 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 over all RNTCP services in the district.

TB Technical support team –2008

TB-TST Activity Profile	East Godavari	Srikakulam
Starting Year	Jan-04	Nov-03
Population in District / Area	5455339 /10807 Sq. Km	743934/5837 Sq. Km
Primary Health Centres	369	110
District Headquarters	Kakinada	Srikakulam
Activity During the Year	2008	2008
Population covered	3242592	2743934
No.of times TUs visited	128	47
No.of times MCs visited	183	86
DOT centres covered	282	197
Training on capacity building-Govt staff	1015	737
No.of cases checking of Lab samples	295	727
No.of awareness camps conducted at school level	34	158
No.of sensitization camps conducted	142	132
No.of advocacy, review meetings attended at district level	24	44
No.of Screw-tunization camps	11	2
No.of patients validation	424	682



“We are greatly indebted to FAIRMED for all their support. We unfeignedly & wholeheartedly thank FAIRMED for their financial commitment to all our Programmes. We also express our deep gratitude to all the Staff & Board members of FAIRMED for extending their relentless support in attaining the highest form of Quality Work”

HIV/AIDS INTERVENTION

Community Care Center:

Andhra Pradesh accounts for an estimated 10 percent of the HIV cases in India. According to the UNAIDS, of the 42 million people living with HIV in the world, around five million are in India, and of these almost one tenth, i.e. around five hundred thousand are in Andhra Pradesh. Off late, East and West Godavari districts have been identified as one of the high prevalent districts in the state. In a study conducted by NCER with the support of NACO and UNDP, it is being observed that NGOs play a very important part in the treatment of non-hospitalised illnesses in Andhra Pradesh. In nearly 46 percent of the illness episodes, the treatment was taken from NGOs, while government and private health facilities accounted for 23 percent and 28 percent respectively.

It is in this context that RISDT has felt the need to address issues of People Living with HIV AIDS (PLHA) in our operational areas. After vigorous consultation, planning and administrative follow up a Community Care Centre (CCC) has been sanctioned to RISDT by AP state Aids Control Society (APSACS). The CCC is essentially a 10 bedded hospital providing treatment for Opportunistic Infections for PLHAs with extended functions

- Access to ART, monitoring , follow up
- Counselling
- Positive prevention
- Drug adherence, nutrition counseling

In the launching year i.e. 2008, we have treated 995 out patients and 102 ART referrals under this programme. We trust CCC inception will create opportunities to lot of PLHA of the project area to face HIV positively



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Mother and Child Care

Andhra Pradesh lags behind in performance of other South Indian states in achieving mother and child health indicators. AP is also behind the national average on these indicators. Maternal mortality, infant mortality, child mortality and anemia among children and mothers are clear indicators of the need to address these issues.

The following activities are currently implemented in the target area

- Immunization: Children receiving all vaccinations
- Health education: Guidance on supplementary nutrition and using cost effective and locally available food.
- Encouraging married women using contraceptive methods
- Sterilization where appropriate
- Pregnant women receiving folic acid
- Encouraging institutional deliveries
- Birth attended by health professionals
- Children receiving at least 1 Vitamin A supplement

Besides the above Health related care activities, RISDT is also supporting vulnerable children and young mothers from trafficking and providing education, medical support and care for their over all well-being. Currently, 10 such children are being taken care by RISDT. However, these are to be strengthened, as plans are afoot to initiate comprehensive community health programme to be implemented with high level of stakeholder participation.



“RISDT through its Referral Hospital and Community Health Centre recently initiated mother and childcare and would be expanding to cover more population in the future.”



EDUCATION SECTOR

REMS

Referral English Medium High School

“REMS has been founded in the year 2003. It is a co - educational day-cum - boarding school, with approximately 1,200 students on its rolls, studying together in a single Campus at Kathipudi.”

Education is the key to sustainable development, peace & stability within and among countries, an indispensable means for effective participation in the societies and economies of the 21st Century, which are witnessing rapid globalization. Despite several efforts by the governments, both central and state, reaching the bottom 20% population, mostly from the scheduled castes, scheduled tribes and girl children continue to be a critical task.

REMS have been founded in the year 2003. It is a co-educational day-cum-boarding school, with approximately 1,200 students on its rolls, studying together in a single Campus at Kathipudi. The school is the path breaker in the pursuit of excellence and its Endeavour of integrating quality with quantity is reflected in the pivotal role it has played in the setting up high standards in the field of academics.

For almost five decades, the Trust has developed with a spirit and a vision. Today its stands as a ‘citadel of learning’, and a harbinger of ‘Quality Consciousness’ committed to developing the minds and initiative of children. The vitality of the classrooms, the energy of the playing fields and the open friendliness of the work environment, have enabled its students to reach their fullest potential whether it is securing distinctions in the Board examinations or winning accolades in drama, debates, quizzes or sporting activities. The special character of the REMS has shaped the destinies of each individual entering its folds.

Academic year Students	Admission
2003-2004	331
2004-2005	654
2005-2006	964
2007-2008	1208
2008-2009	1262





At REMS emphasis is laid on three dimensions of education

- (a) Academics
- (b) Co - Curricular Activities
- (c) Entrepreneurial Skills

Activities:

Numerous activities are pursued by the students under the able guidance of trained-members of the staff. These activities are:

- Computer Quiz, Maths Quiz and English Quiz
- Library
- Interactive games and puzzles
- Art and Craft
- Physical education
- Organized games
- Computers
- Indian dance
- Indian music
- Western music
- Story telling
- Theatre
- Audio-Visual Room

Referral Scholarships:

In view of very poor students in the nearby tribal villages, REMS offering Scholarships with the support of Emmaus Swiss. This scholarship system is bringing very poor students dream come true.

Benefits	Proposed	Proposed	Target Achievement
100% free including residence	0	11	-
100% Free	54	63	117%
Above 50% Free	36	49	136%
Below 50% Free	70	84	120%
Total	160	207	129%

REMS is grateful to Accentus Foundation through Emmaus Swiss for having supported construction of our school and for supporting transport facilities. We also thank Calcutta Espoir for their support to REMS growth.



RURAL DEVELOPMENT INTERVENTIONS



Rural Development

Development

“Majority of poor in the state are from the community of landless, small and marginal farmers. It would be in-appropriate to tackle poverty in India, without touching the lives of the poor in rural areas.”

India lives in villages! This has not changed over centuries and will not change in the years to come as well. An estimated 76% of AP's population lives in villages and they all except a very small segment takes out their living from agriculture and allied activities. Majority of poor in the state are from the community of landless, small and marginal farmers. It would be in-appropriate to tackle poverty in India, without touching the lives of the poor in rural areas. Therefore, RISDT started a pilot programme in this sector.

Area under coverage:

RISDT, through a process identified Srikakulam, the north coastal district of Andhra Pradesh, for taking up its Rural Development Activities. The main criteria for selection of the particular district was: a) its backwardness (education and health indicators are below state and national average) b) large tribal population c) large forest population (only 20%) and e) availability of large cultivable wasteland.

Land Development:

RISDT has taken up land development programme by demonstrating to rural farmers the techniques of land leveling, formation of contour bunds and water conservation, water harvesting and management of ground water, soil testing and methods of land improvement. This programme has very good spread effect on farmers, who started using the improved land development methods in the area and brought several hundreds of hectares in to cultivation.



Agricultural and Horticulture

Training: On-farm training was provided to several hundreds of local farmers on improved agriculture and horticulture practices. This includes; use of improved variety of seed, irrigation methods, usage of fertilizers and insecticides, and harvesting methods. Storage and marketing practices were also reviewed as part of the training.

Demonstration of horticulture: Mango orchards were raised in the developed land to demonstrate how the land could be put to different use for achieving higher performance and there by higher profits. Many farmers who were hitherto unaware that mango orchards could be raised in their lands started planting mango saplings.

Animal Husbandry

Dairy and goat rearing demonstration units were established to develop skills and modern practices, awareness about Rural Development options, particularly for landless labour. These demonstration units were mainly used to motivate farmers to take up such activities for promoting alternate and supplementary Rural Development opportunities. Awareness is also created on fodder cultivation, on feed-mix for improved and quality mix yield and marketing practices to augment income both as a primary and supplementary occupation.

Benefits of Rural Development Programmes thus far

- Improved knowledge on farm practices
- Employment generation in rural areas
- More land brought under cultivation
- Adoption of improved farm practices
- Land put to better use
- Improved awareness of nutrition through dairy and farm products
- More active and empowered role for women.



“Training and Demonstration in the field of Agriculture, Horticulture, Dairy and Goat Rearing motivated farmers to take up such activities for promoting alternate and supplementary Rural Development opportunities.”

THE WAY FORWARD

Health

Currently, we are active in delivering services related to Leprosy, Tuberculosis, HIV AIDS and general health including medical care. We would like to expand our leprosy care, particularly in the area of reconstructive surgery and eye care to reduce dependency and increase Rural Development options. In the area of Tuberculosis, we intended to continue our work with RNTCP and participate actively in its communication strategy to increase patient response. Also we are actively involving ourselves in HIV AIDS programme to improve the quality of service and care rendered to terminally ill patients.

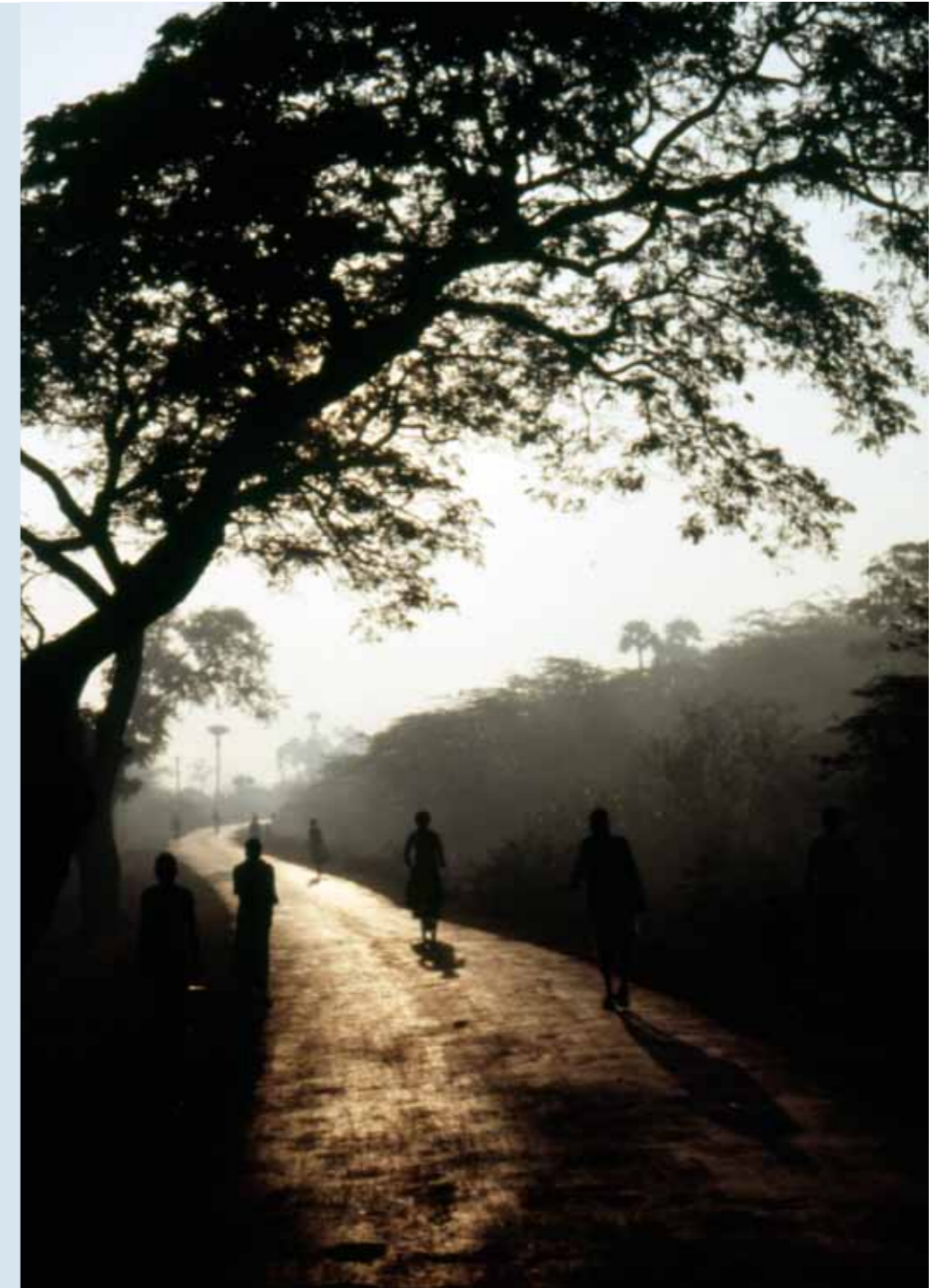
We would like to expand our community health in the area of preventive medicine and health care. Health education through community empowerment for demand of quality services is envisaged. Besides, expansion of the referral hospital to increase in-patient intake is also on the cards due to lack of quality health services in the area.

Education

There is unprecedented demand for quality education in the area. The enrollment in the current academic year has crossed 1,290 children. Providing basic educational infrastructure, quality teachers and quality outputs are important for the proposed expansion. We are moving towards this direction. Moving to satellite schools is another idea that has come up for discussion. This would enable to get quality education at their door steps instead commuting long distances. However, this is a long term plan to be considered for implementation.

Rural Development

We have made a beginning in initiating Rural Development Programmes in Srikakulam District, which we intend to expand. The focus is on Rural Development activities. The employment in rural areas of Andhra Pradesh is still provided by the agriculture based activity. We need to consider alternate employment opportunities with strong participation from the primary stakeholders.





RURAL INDIA SELF DEVELOPMENT TRUST

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