



RISDT Report 2009



Rural India Self Development Trust



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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

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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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