



**Beneficiaries
of
AIFO Supported Projects
in
Developing Countries
in 2005**



Italian Association Amici di Raoul Follereau (AIFO)

Via Borselli 4-6

40135 Bologna

www.aifo.it/english/index.htm

Text & Graphics: Scientific Activities Office – AIFO

Images: AIFO Archives

October 2006

Index

Introduction _____	4
Beneficiaries of projects _____	5
Diagnosis and treatment of leprosy _____	6
Care for complications of leprosy _____	7
Socio-economic rehabilitation _____	8
Primary Health Care activities _____	9
Community-based rehabilitation activities _____	10
Activities for vulnerable children _____	11
Conclusions _____	12



Introduction

Italian Association Amici di Raoul Follereau (AIFO) supports interventions targeted at marginalised and excluded groups since 1961.

AIFO started by working for the fight against leprosy and its causes. This continues to be the main priority of AIFO's work. Thus AIFO supports projects dealing with diagnosis, treatment, rehabilitation and empowerment of leprosy affected persons. Where possible these projects are integrated in primary health care with the objective of improving the health in poor communities. These projects are coordinated by International Leprosy Federation (ILEP).

AIFO promotes physical and social rehabilitation of leprosy affected persons with disabilities. For these activities, AIFO collaborates with other international organisations and federations, especially - WHO (World Health Organisation) e IDDC (International Disability and Development Consortium). One of the main goals of such activities is to work with active participation of persons with disabilities through community-based approaches.

AIFO has chosen to work together with most marginalised and excluded persons. In this area, AIFO places special attention towards the groups of vulnerable children.

This report presents a general panorama of beneficiaries of projects supported by AIFO in developing countries of Africa, Asia and Latin America. Numbers alone can not tell about the profound transformations that can be catalysed by participatory and empowering interventions. However numbers do provide a glimpse of the impact of the work carried out by the different partners of AIFO - governments, grassroots organisations, voluntary agencies, congregations, international partners.

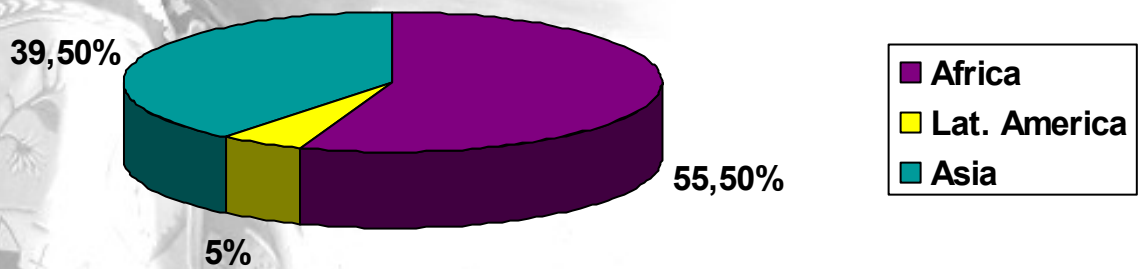
AIFO has a well developed system of monitoring the activities supported it. More significant projects receiving larger amount of funds are objects of periodic visits, verifications and evaluations that look at both technical and financial aspects of project management. Still sometimes data collected from some projects can be partial. Natural events like earthquakes in project areas, can create problems for data collection. Even the change of key project staff sometimes creates similar difficulties. Some other activities like rotating credit funds have impact on entire families and communities, so they are difficult to measure with numbers.

Through this report the Association would like to express its gratitude towards all our partners in developing countries, without whom, none of this could have been possible.

Beneficiaries of Projects

Sectors	Africa	Latin America	Asia	Total
Diagnosis & treatment of leprosy	6,811	12,666	16,698	36,175
Care for complications of leprosy	3,350	3,214	13,823	20,387
Socio-economic rehabilitation	699	1,177	9,945	11,821
Primary Health Care	174,299		9,593	183,892
Community-based rehabilitation	7,353	325	77,388	85,066
Vulnerable children	3,285	1,168	12,394	16,847
Total	195,797	18,550	139,841	354,188

Geographical Distribution of Beneficiaries 2005





Diagnosis & Treatment of Leprosy

During 2005, a total of **299,036** new cases of leprosy were discovered in the world. Out of them **36.175** new cases (**12% of the total new cases**) were diagnosed and treated in a project supported by AIFO, in the following way:

- **6.811** new cases were diagnosed in Africa, 65.5% of whom were MB cases¹.
- **12.666** new cases were diagnosed in Latina America, 53.5% of whom were MB cases.
- **16.698** new cases were diagnosed in Asia, 32% of whom were MB.

Early diagnosis of the disease is a priority for AIFO supported projects. Once diagnosed, it is important to make sure that they receive regular treatment with multi-drug therapy (MDT) for the necessary period (at least 12 months for MB cases and 6 months for PB cases).

Leprosy in children

Percentage of children among the new cases of leprosy indicates the risk of infection in a community. In different AIFO projects, percentage of children was as follows:

- Africa: 10.8%
- Latin America: 9.2%
- Asia: 7.5%



Disability among new cases of leprosy

If leprosy is diagnosed in the early phase, affected persons can get well without any residual disability due to the disease. The percentage of disability among new cases of leprosy is an important indicator for monitoring that projects are working effectively in the communities. The percentages of visible disabilities among new cases in AIFO projects in 2005 were:

- Africa: 7.6%
- Latin America: 3.9%
- Asia: 1.6%

• ¹ multibacillary cases with higher bacterial load, generally infectious



Assistance for the Complications Due to Leprosy

According to the estimates of World Health Organisation (WHO) there are about **2-4 millions** persons with disabilities due to leprosy in the world. Many of them require some rehabilitation services.

Damage caused by Leprosy

Mycobacterium lepre, bacillus responsible for leprosy infection, damages the peripheral nerves of hands, feet and eyes, etc. For this reason, affected persons often lose sensations and may have paralysis. Parts of body without sensation are more prone to infections, trauma and ulcerations and in the long term, without appropriate care, affected persons can lose their hands or feet.

Losing eye sight is especially serious issue for leprosy affected persons, if they have also lost the sensations in hands and feet. In such situations, losing eye sight means that persons become completely dependent on others.

Some old patients with serious disabilities may be forced to continue living in old leprosariums. Other leprosy affected persons can live in their own communities but may occasionally need health care services including protective footwear for protecting their feet, for care of nerve inflammations due to reactions, for dressings of wounds and ulcers, for receiving artificial limbs, reconstructive surgery, etc.

Providing assistance and care services for persons with complications due to leprosy is a priority for AIFO.

For a number of years, AIFO has been promoting the setting up of associations of leprosy affected persons because in this way, affected persons can become a resource and support for each other, and together fight for their human rights. (In the picture, regional representatives of leprosy affected persons' organisation of Mozambique)



In 2005, **20,387** persons with complications due to leprosy benefited from medical and social services in AIFO supported projects. Some of the specific activities were as follows:

- Persons with severe disabilities in old leprosariums 5,924
- Persons with eye complications of leprosy 1,379
- Persons with plantar ulcers 6,113
- Supply of protective footwear 2,963
- Persons with neuritis and reactions 1,077



Activities of Socio-Economic Rehabilitation

The social and cultural prejudices against leprosy continue to be a serious problem in many communities. Often, leprosy affected persons, already poor, can lose work and family after the diagnosis of leprosy. Socio-economic rehabilitation activities are targeted at them. These activities are also accessible to other poor groups in the communities. Usually, such activities are promoted through self-help groups of affected persons.



The self-help groups give an opportunity to the communities to decide the priority activities they wish to promote according to their own social and cultural context. Some groups start with small savings, to which AIFO contributes funds for creating rotating credit funds. Some groups prefer to organise vocational training courses. Needy persons can also take loans for building or repair of homes or for education of their children. (In the picture, a meeting of self-help group in a village in Bhalki, India)

In 2005, a total of **11,821** persons benefited from socio-economic rehabilitation activities in AIFO supported projects. Beneficiaries of some of specific activities were as follows:

- Loans from rotating credit funds for income generation 707 families
- Scholarships for professional training 520 persons
- Job placement 1,696 persons
- Construction or repair of house 239 families
- Formal or informal education 5,576 persons



Cooperative of widows, Nampula (Mozambique)



Primary Health Care Activities

One of the strategies for fighting the discrimination faced by leprosy affected persons is to promote integration of leprosy care activities in primary health care services.

Often, projects supported by AIFO operate in isolated areas, sometimes without any other health care services. For example, in Mozambique only 46% of the country is covered by national health care services at peripheral level. In such situations, projects supported by AIFO are called upon to answer other pressing health needs of the populations. Primary health care activities supported by AIFO focus on diseases linked to poverty and exclusion such as malnutrition, diarrhoea, collaboration with mother and child health care programmes, programmes against other tropical diseases, etc. In some countries like in Mozambique and Guinea Bissau, leprosy and TB programmes are combined so AIFO can support some activities related to tuberculosis also.

AIFO believes in community based and primary health care approaches through village health services, community health agents and health centres. In some situations, AIFO is also involved with district level health care services like in Kimbau (Congo). During 2005, **183,892** persons benefited from primary health care activities supported by AIFO. The beneficiaries of some of the specific activities were as follows:

- Vaccinations for 94,241 children
- Health assistance for 22,948 pregnant women
- Treatment for 53,052 persons with dermatological diseases
- Treatment for intestinal worms & parasites for 10,704 persons, especially children
- Assistance for 7,101 persons with severe malnutrition, especially children
- Specific treatment for 1,054 persons with tropical illnesses like sleeping sickness, filariasis, etc.
- Treatment for 12,269 cases of upper respiratory infections and pneumonia, especially children

From the 2005 report of project Manica (Mozambique)

"..An important aspect of TB treatment is involvement of volunteers because the health services network is very limited. All the 180 volunteers and multi-purpose health workers received refresher training courses.

Additional 125 persons were trained and integrated in the programme and each of them was provided a health kit, a T-shirt and a bicycle. They also received specific teaching and learning materials that they can use in the communities...."



Dr. Mario Figoni (left) , AIFO consultant with Paulo Hansine (centre) & colleagues during an evaluation in Manica province



Community-Based Rehabilitation Activities

As part of leprosy control programmes, AIFO has a long experience in rehabilitation activities. According to WHO, only a small percentage of persons with disabilities in the developing world has access to rehabilitation services.

For this reason, for the last 15 years, AIFO has been supporting different rehabilitation programmes, related to all kinds of disabilities, both physical and mental. For these programmes, AIFO has chosen to work with community based approaches and is recognised by Disability and Rehabilitation unit of WHO for the high quality of its work.

In 2005, about **85,066** disabled persons, many of them children, have benefited from community based rehabilitation (CBR) projects supported by AIFO. The beneficiaries of some of the specific activities are as follows:

- 6,423 persons from prosthetics and aids
- 17,345 persons from specialistic and surgical interventions
- 3,945 scholarships for university and school level education
- 40,549 persons assisted through home visits
- 3,027 loans for income generation activities

As for leprosy affected persons, for disabled persons also AIFO supports creation of self-help groups and associations of persons with disabilities, till they can benefit from benefits and services offered by their own governments and can fight for their human rights.

In this regard, during 2005, in AIFO supported community based rehabilitation programmes there were 2,697 self-help groups and 1,971 associations of persons with disabilities with a total of 37,584 members.



One of the health centres rebuilt as part of emergency project in Aceh-Indonesia.

Disability & Emergency

The annual report for CBR project in Somalia explains some of the difficulties of operating in difficult contexts, "*our economy has been destroyed by long years of civil war and the resulting anarchy. Draught has killed lot of animals. Poverty is worsened by high rates of unemployment. Health services suffer from lack of trained personnel.*".

In emergency situations, disabled persons are especially vulnerable. During 2005, AIFO supported emergency relief projects for victims of Tsunami in Indonesia and India and for the victims of earthquake in Pakistan focusing on disabled persons.



Activities for Vulnerable Children

AIFO has a long tradition of working for needful children. In the beginning when there were no efficient treatments for leprosy, orphanages were an inevitable part of leprosariums, where children of affected persons were kept to avoid infection from the parents. Now for the last twenty years, all such orphanages have been closed as leprosy is easily curable. Still, AIFO has continued to provide support for needful children at community level.

Interventions directed at children are in three main areas - - health care, education and food supplements. In 2005, a total of **16,847** children benefited from these interventions in the following way:

	Africa	Latin America	Asia
Health care	1,000	871	5,929
Scholarships and education	1,266	297	4,825
Food supplements	1,019		1,640
Total	3,285	1,168	12,394

A story from Brazil

Pio Campo from Vila Esperanza project in Brazil tells the story of Bella, a 5 year old girl, child of a sex worker, who studies at the education centre of the project, *"You come to school like a princess with your colourful school bag. The open shoe-laces make you stumble but you run down the stairs to be with your classmates. Sometimes you fall asleep on your desk or on the mat. You love dancing, eating and playing. Even you don't know why suddenly you take your pencil and use it like a knife and start to shout and hit your friends... you want to be like your friends, but you are not, you are different. You have a different story, your story. We watch you growing up and we try to open new windows for you..."*



Pio Campo of Vila Esperanza with some children of the project

Conclusions

There are different ways of supporting projects in the developing world. AIFO has chosen the way of self-development. This means implementing projects that help people "to walk with their own legs".

AIFO gives precedence to:

- Training of personnel through refresher courses, scholarships and organisation of specific training opportunities. This ensures that there are local persons who can plan, manage and carry out the activities autonomously.
- Interventions involve all the different stakeholders - governments, self help groups, local voluntary organisations, religious congregations, etc. In the developing world there are many organisations that have ideas, that understand the local context and needs and can work much more effectively than outsiders. Where ever possible, AIFO prefers to work through them.
- Planning, managing and evaluating jointly with the beneficiaries of interventions is important for letting the beneficiaries play an active and decision making role in their own lives. This is important for effectiveness and sustainability. This also ensures real change.

Many of these aspects of AIFO's work is difficult to measure in numbers. AIFO's activities will not be possible without the commitment and hard work of many doctors, nurses, physiotherapists, public officers, volunteers, missionaries and community members. We take this opportunity to express our appreciation and gratitude for them.
