



**Beneficiaries of
AIFO Supported Development
Projects
2006**



Early Diagnosis & Treatment of Leprosy continues to be a priority for AIFO's work (Picture: Sumanhalli, India)



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AIFO promotes integration of leprosy control activities with primary health care and community health care activities (Picture: Leprosy and PHC project, Kadem, Kenya)

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). (Picture: a group of trained community workers from Liberia CBR project).

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.

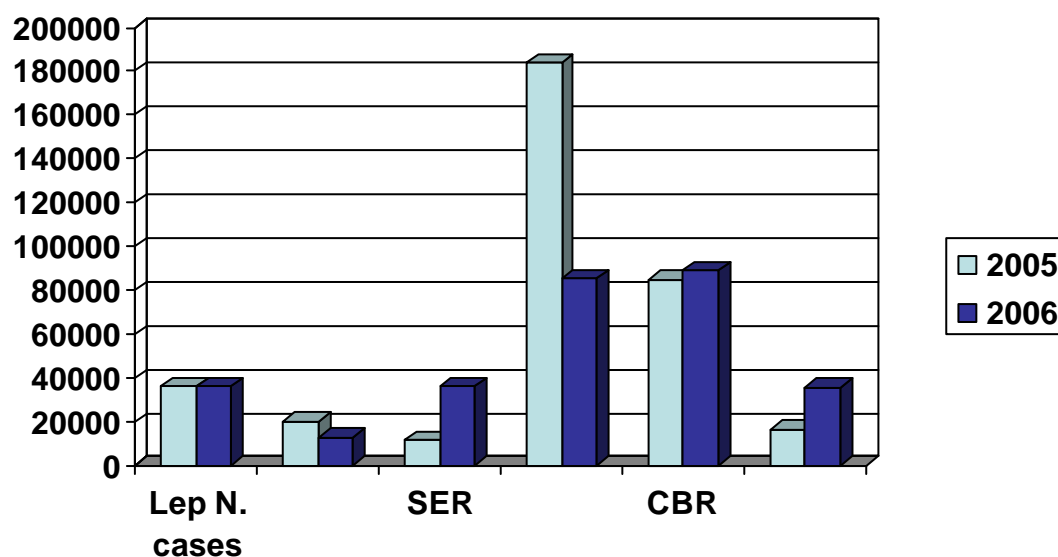
Through this report the Association would like to express its gratitude towards all our partners in developing countries, without whom, none of this could have been possible.

Beneficiaries of Projects

Sectors	Africa	Latin America	Asia	Total
Diagnosis & treatment of leprosy	5,809	11,334	18,869	36,012
Care for complications of leprosy	1,670	890	10,623	13,183
Socio-economic rehabilitation	4,190	13,585	18,463	36,238
Primary Health Care	53,146	141	31,866	85,433
Community-based rehabilitation	3,494	1,620	83,783	88,897
Vulnerable children	24,481	3,329	7,907	35,717
Total	94,157	31,803	210,137	335,097

Distribution of Beneficiaries 2005-2006

(New cases of leprosy; complications of leprosy; socio-economic rehabilitation (SER); primary health care (PHC); community-based rehabilitation (CBR); vulnerable children)



Note: Compared to 2005, there are some significant differences in the beneficiaries in this graph, such as among the beneficiaries of SER and PHC activities. These differences are due to changes in data reporting forms and not due to any significant changes in number or kinds of projects.

Diagnosis & Treatment of Leprosy

During 2006, a total of **259,017** new cases of leprosy were discovered in the world. Out of them **36.012** new cases (**13.9% of the total new cases**) were diagnosed and treated in a project supported by AIFO, in the following way:

- **5,809** new cases were diagnosed in Africa, 65.9% of whom were MB cases¹.
- **11,334** new cases were diagnosed in Latina America, 56,1% of whom were MB cases.
- **18,869** new cases were diagnosed in Asia, 36.4% of whom were MB.

Compared to 2005, all the three world regions showed a greater percentage of Multi-bacillary cases. 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). However, treatment completion continues to be a problem in some of AIFO supported projects in Africa (72% MDT completion rate in 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: 9.8%
- Latin America: 10.5%
- Asia: 7.3%
-



Learning about prevention of disabilities in leprosy (Cumura, Guinea Bissau)

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: 8.2%
- Latin America: 3.7%
- Asia: 1.5%
-

• 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. During 2006, AIFO supported projects had **13** organisations of leprosy affected persons with a total of **1205** members.



In 2006, **13,183** persons with complications due to leprosy benefited from medical and social services in AIFO supported projects. Most of these persons benefit from more than one activity. Some of the specific activities and the related beneficiaries were as follows:

- Persons with severe disabilities in old leprosariums 1,296
- Persons with eye complications of leprosy 1,265
- Persons with plantar ulcers 2,843
- Supply of protective footwear 4,402
- Persons with neuritis and reactions 4,265
- Persons receiving mobility aids and appliances 3,115
- Persons involved in self-care programmes 9,794
- Persons benefiting from physiotherapy services 4,254

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 of women in Mandya, India)



In 2006, a total of **36,238** persons benefited from socio-economic rehabilitation activities in AIFO supported projects. Beneficiaries of some of specific activities were as follows:

- Loans & other support for income generation 4,679 families
- Construction or repair of house 471 families
- Formal or informal education 7,879 persons
- Social assistance and food aid 13,748 families
- Counselling services 9,461 persons



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. In many countries, only parts of the country are 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. During 2006, **85,153** persons benefited from primary health care activities supported by AIFO. The beneficiaries of some of the specific activities were as follows:

- Treatment for 16,903 persons with dermatological diseases
- Treatment for intestinal worms & parasites for 7,607 persons, especially children
- Assistance for 3,692 persons with severe malnutrition, especially children
- Specific treatment for 855 persons with tropical illnesses like sleeping sickness, filariasis, etc.
- Treatment for 18,616 cases of malaria
- HIV positive persons receiving anti-retroviral treatment 1,954

From 2006 report of WATCH project, Nepal

The three site clinics in Rupandehi, Chaimale and Okhaldhunga are regularly providing health care to the communities. The clinic is open two days every week so that persons not living too far from the clinic can come there. Four days a week, the community care is provided through mobile units in the villages for persons who can not come to the clinics.

Organising mobile units is not easy. For example in Okhaldhunga, the terrain is rugged and high mountains and health workers must walk to different villages to provide health care through the mobile units. Some times this means walking for 4-6 hours to reach a village.



WATCH health clinic in Okhaldhunga shares building with women group's federation

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 2006, about **88,897** 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:

- 14,449 persons from prosthetics and aids
- 16,704 scholarships for university and school level education
- 9,629 loans for income generation activities and additional, 9,977 persons supported for agricultural 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 2006, in AIFO supported community based rehabilitation programmes there were 2,511 self-help groups and 309 associations of persons with disabilities with a total of 435,854 members.

From Impact Assessment of Guyana CBR Programme: Dr. Leslie Ramsammy is the **Health Minister of Guyana** and he knows the CBR programme very well. He says, "I know the CBR programme very well. Every month, I give one day of my salary to CBR programme in West Berbice, that can tell what I do feel about this programme. Support comes from all the Government. President himself gave support from his fund for the resource centre in Essequibo. .. We need to be careful in the way we organise the services so that we support the families and do not take away from them their role and responsibility of taking care of disabled persons.



Geraldine Mason Halls & Gwendoline Glasgow from Guyana CBR programme with Health Minister Dr Ramsammy

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. Some of the children benefit from more than 1 intervention. In 2006, a total of **35,717** children benefited from these interventions in the following way:

	Africa	Latin America	Asia
Health care	23,387	3,269	5,801
Scholarships and education	2,229	1,024	5,600
Food supplements	1,040	1,928	5,735
Total	24,481	3,329	7,907

A report from Dindigul (India):

Dindigul town has 110 leather tanneries and numerous cotton mills, where many child workers are employed. Their average age is from 11 to 15 years and most of them illiterate or semiliterate. Children frequently suffer from respiratory problems and serious skin conditions as they work with hazardous chemicals. There are 3000 street children in Dindigul. We are working with 733 street children. We counsel them for returning to their homes and help them go back, if they accept. We also counsel parents. In 2006, 554 children were reunited with their families. Those who don't want to go back, we can help them to get vocational training. At the end of 2006, 80 children are staying with the project. We also support children for health checkups, food supplements and education.



Children from Dindigul project in India

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.

Many of AIFO's projects receive generous contributions from ILEP member organisations, IDDC member organisations, Government of Italy, European Commission, and from regional, provincial and local bodies in Italy. Our heartfelt thanks to all of them and specially to our partners from ILEP sister organisations, FL (Luxemburg), DAHW (Germany), SF (Spain), SLC (Canada) & DFB (Belgium).



Street play for awareness raising (Picture: Mandya, India)