



ARDAR

Association for Rural Development and Action Research

20 YEARS

Moment to cherish two vivacious decades



Annual Report 2010

1.Looking back and forward

2010 is a memorable year; ARDAR has completed 20 years in development work. The credit goes to the entire team, partners and also to the community.

ARDAR is registered in March 1990, and chosen to work in Vizianagaram district. Indo German Social Service Society and Gandhi Peace Centre started supporting ARDAR from day one. Though small initiatives, ARDAR has focussed on development mixing with action research. In 1993, ARDAR started partnership with Action Aid and OXFAM, with focus on area development, issue management and with focus on children and women. ARDAR has learned development concepts, process and various approaches in development areas. Thanks to Damodar and Mike who took lot of interest in building capacities of the team of ARDAR.

ARDAR team like Sri Hari, Pradeep and Dr. Ramana (the Chief Functionary) involves extensively in research, study and implementation of participatory methods in development. They worked with Robert Chambers, Somesh Kumar and the like and involved in several noteworthy activities including World Development Report 2006; Training of top Government Officers from all the districts in the state at Hyderabad etc.

ARDAR worked on Prevention of Trafficking among Girls and Women in three districts and latter started a Home for the trafficked girl children in the City of Visakhapatnam.

ARDAR during these two decades worked with several Foreign, Government and Corporate partners. We have also worked with NABARD by taking up three watersheds.

ARDAR partnership with Friends Indeed of Netherlands is another landmark. We are able to work in an integrated with approach encompassing children education, health care, water and sanitation, women and disability. The ultimate project, Campus Challenge has come into existence with the support of Friends Indeed.

ARDAR took of relief and rehabilitation of Tsunami work starting from 1st of January 2005 till date in West Godavari and Krishna districts.

This is a memorable year for ARDAR not only it completed 20 years but also Campus Challenge has come into existence. The Campus construction work has begun in April 2008 and the entire construction is completed by February 2010. The equipment is ready and the campus is now with children who are disabled and in highly vulnerable situation. The team of ARDAR is working in about 300 villages with disabled. Further on the campus disabled youth are getting vocational trainings. The campus in 7 acres of land is fully with life. Thanks to Ms. Anne Legeland, Mr. Azad and the Board of Friends Indeed for their support.

We, the Board and Team of ARDAR, thank our donors, supporters, government officials and the community for making all this possible.

Sincerely
Dr. V. V. Ramana

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3. Statutory Status

ARDAR is a registered Non Governmental Organisation in development action. It is registered under Societies Registration Act in 1990 (No. 64/1990) at Vizianagaram. It is also registered with the Ministry of Home Affairs, Government of India under FCRA (No: 010350051). It is further registered under 12 A and 80 G of Income Tax Act and with the Commissioner of PF. Its PAN is AABTA0775H. ARDAR also submits required returns to all the departments within time. Thus it fulfils all the legal requirements as per the laws of the land.

The Board: Dr. V.V. Ramana, a Sociologist who has worked for more than 12 years as a Head of Sociology and Principal of a Degree College established ARDAR. He has also worked for 2 years as a Sociologist and In-charge Director in “Institute of Development and Planning Studies”, Visakhapatnam for an ODA and Visakhapatnam Municipal Corporation: “BASELINE AND EVALUATION OF SLUM IMPROVEMENT PROJECT”. He has also worked for the improvement of slums in Visakhapatnam by using participatory methodologies and played an important role in solving several legal and social issues in the slums of Visakhapatnam. He has further worked in independent research projects (UGC; Indo-Swiss Project; Indo Dutch Fellowship through HUDCO etc.) and written original books and research papers. He was honoured with Best Teacher Award at the regional level and Young Scientist Award at the national level. He has taken up development work as a full time profession since 1990 by registering the organization, ARDAR.

Prof. K. Sri Rama Murthy is a senior professor of Economics and Mr. Ganapathi Rao is an advocate working for the cause of poor, women and backward communities – constitute the Board of ARDAR. The other members are agriculturists and active in development and service work. The present Board of ARDAR is

Sl	Designation	Name	Qualifications	Age
1	President	Prof K. Sri Rama Murthy	MA, PhD.	57
2	Vice President	Mr. V. Subba Raju	M. Sc	60
3	Secretary	Dr. V. V. Ramana	MA, PhD.	59
4	Joint Secretary	V.Pradeep	B. A.	29
5	Treasurer	Mr. K. Vykunta Rao	B. Com.	47
6	Member	Mrs. M. Guramma	5 th Standard	41
7	Member	Mr. P.G. Suryanarayana	B.Com	57

ARDAR has an active Board, as all the members are interested in development work and participate actively in the management of ARDAR. ARDAR is a member of CREDIBILITY ALLIANCE and maintains high transparency standards and disclosures.

4. Credibility Alliance Norms Compliance Report

ARDAR is member of Credibility Alliance, a consortium of voluntary organisations committed towards enhancing accountability and transparency in the voluntary sector through good governance.

✚ The General Body met thrice during the year to review the activities; approve the plans, budgets, accounts and audited statement of Accounts and to appoint Auditors.

✚ The Executive Body met five times and all the members attended five times and one member missed once. The new Body was elected in the present year.

✚ Two Board members (Dr. V. V. Ramana and Mr. Pradeep) are working whole time in projects taken up by ARDAR. These two are taking salaries for the work they do in respective project positions but not from the general funds of the organisation. There are also no reimbursements what so ever to any member.

✚ The team of ARDAR including Dr. Ramana travelled as per the needs of the Projects within India as per the Projects needs and according to the needs and eligibility of the respective Projects. No member of the Board has travelled with the funds of the organisation or Project within or outside India.

✚ The Annual Report (every year) is circulated to all the concerned persons including the supporting (donor) agencies, related Government officials and network members. The Annual Report is translated into regional language mainly for circulation to the Community Based Organisations and Grama Panchayats (village local Government) that ARDAR is working with.

✚ The accounts of ARDAR are constructed on accrual basis from the financial year 2002-03.

✚ The Board complies with the laws and regulations of the land. ARDAR is renewed with the Registrar of Societies every year and submits Audited Statement of Accounts and Annual Reports. The organisation also is renewed with 80 G when it is due to expire and submits the required returns to Income Tax Department and Home Ministry. It also pays PF to its staff from the funds of the respective Projects.

✚ Only 2 of the 7 board members are related. Mr. V.Pradeep is the son of Dr.V.V.Ramana. The rest of the board members are not related.

✚ Highest and lowest paid salary: Project Director: Rs. 23,000; Helper: Rs. 4,000

✚ Distribution of salary: (for all paid staff including consultants)

Slab of gross salary per month (in Rs) plus benefits paid to staff	Male	Female	Total
Less than 5,000	14	15	29
5,000 – 10,000	17	45	62
10,000 – 25,000	11	1	12

5. Vision and Mission

Vision: ARDAR works towards building up self-sustained communities with widening thought and action to move forward.

Mission: ARDAR exists

- ✳ to work with backward and native communities like fisherpersons and tribal in facilitating change towards development
- ✳ to provide infrastructure to facilitate education, income generation, health and empowerment
- ✳ to work on crucial contemporary social issues – presently they are being HIV/AIDS, street children, child labour, physical social and mental challenged, children education and security and survival of the aged
- ✳ to work of environmental issues that have a bearing on the health and development of the communities concerned
- ✳ to work on disasters and community based disaster preparedness
- ✳ to take up research and action research projects

6. Office Location



ARDAR current working districts in AP

1. Vizianagaram
2. Srikakulam
3. Visakhapatnam
4. West Godavari
5. Secunderabad
6. Hyderabad

ARDAR has taken up development work in several coastal districts in Andhra Pradesh. It worked on Tsunami rehabilitation in the marine fishing villages from Srikakulam to Krishna districts.

Administrative Office: G-10, Sri Varshini Enclave, Behind: K. D. P. M. High School, East Point Colony, Visakhapatnam – 530 017, India

Field Offices:

1. Kothakopperla, Konada (SO), Vizianagaram District;
2. Friends Colony, J. R. Puram, Ranastharam, Srikakulam District

Phones: +91 891 2525501, +91 94400 19036

Web site: <http://www.ardar.org.in>

E-mail : director@ardar.org.in
ardar_vvr@yahoo.com

7. Projects

ARDAR works with the poor and vulnerable communities like fishing and tribal communities. The livelihood systems of these communities are affected by some crucial factors, which make their life vulnerable. ARDAR works to improve the conditions of the tribal and fishing communities from present exploitative levels, to sustain the development process through self-management. To realize this aim, the STRATEGY focuses on empowering the community and developing infrastructure and capacities at the community level. We collaborate and work with different organizations and government agencies at macro level for the rights of the people affected and influencing the policy implementation and policy changes at the macro level is required. ARDAR core focuses of work/activities are a) Children Care and Education b) Livelihood c) Health and HIV/AIDS, d) Disability, and e) Care of Orphans, Trafficked girls and aged. Below a brief description is given of the activities of ARDAR during the year under report. Gender is a core focus in all ARDAR activities. It is evident from the single woman project and Girl Children home ARDAR runs.

7.1 Campus Challenge (Care and Support Centre for Children with Disabilities)

We have started the construction in April 2008 and the entire campus in 7 acres of land and completed by February 2010.

We made:

-  10 homes for children
-  Huge Education Centre for special education, trainings, vocational courses, conferences purposes and administration
-  Health Care Centre for physiotherapy, operation theatre, post-operative ward, consultancy and outreach services
-  Youth Hostel to accommodate 64
-  Kitchen and dining halls
-  Staff and service staff quarters
-  Guest rooms
-  Water tanks and other campus facilities
-  Roads and drainages
-  Playgrounds

Outreach commenced in August 2009.

The children reached to the homes in December 2009.

Trainings commenced from February 2010.



Campus view

7.1.1. Outreach Activities (0 to 25 years disabled persons):

- Medical Support
- Education Support
- Wheel Chairs
- Social Support
- Income Generation Support



So far we are able to reach 245 villages in 7 Mandals in three districts (Vizianagaram, Srikakulam and Visakhapatnam). We are working with 594 disabled persons in these villages.

7.1.2. Campus Children (0 to 14 years)

80 children are now on the campus out of the capacity of 120. These 80 are in highly vulnerable situation like orphan, semi-orphan or lack of responsible parenthood. Out of 80, blind are 13; dumb and deaf are 17; Mentally Retarded are 8; and physical are 42. Girls are 45 and boys are 35.



7.1.3. Education (Special and Inclusive)

Special Education has commenced for blind, Mentally Retarded, dumb and deaf along with inclusive education:



Special Education for blind children



Special education for deaf and dumb and Mentally Retarded

7.1.4. Vocational Trainings:

We have started computer training with 20 disabled youth. Out of 12 are girls and 8 are boys.



Inauguration and Training classes

SUCCESS STORIES OF IN-CAMPUS CHALLENGED CHILDREN

Kanikella Durga Rao

10 Yrs Boy
Completely Blind and Delayed Mile Stones

Pre History:

Dull, inactive, feels lonely, will not mix with other children, cannot recognize persons, cannot read and write.

Present Situation:

Now he can able to follow instruction, active, able to learn Braille, play with children.

Future Goal:

To give education and appropriate training



Pitapuram Sujatha
9 Yrs Girl
Spastic Paraperisis

Pre History:

Cannot walk independently; not even able to sit, improper coordination, cannot perform her daily chores

Present Situation:

Can walk on her own, improved coordinate and taking up daily chores with the support of care-taking mother

Future Goal:

Education and Mobility



7.2. Children Education (Quantity and Quality)

Children Care and education is the main focus of ARDAR and it realizes that investment in this sector can help many families to come out of the cycle of poverty. In rural India, children attend schools, which have mostly single broken room and mostly no bathroom. Lack of proper school infrastructure is keeping the children away from the school and luring them into risky and hazardous labour work. Without proper physical infrastructure like class rooms, bathrooms for the children, it is not possible to ask children to attend to the classes. It is for this reason ARDAR make building a proper infrastructure a first priority. After a proper infrastructure is in place, ARDAR works on improving quality education by providing learning material, teacher training, special classes etc. It also conducts transit school for child labour to mainstream them into regular school.

So far ARDAR built 17 schools in Srikakulam, Vizianagaram and Secunderabad. Now it is building another 12 schools in Anathagiri remote tribal villages in Visakhapatnam district. The school buildings are for Government Primary and High Schools.



1) Doniepta



2) Pothayyapeta



3) Kotha Mukkam



4) Allivalasa



5) Chinna Kovvada



6) Pedda Kovvada



7) Barripeta



8) Jeerupalem



9) Thippalavalasa (High School)



10) Madduru



11) Kothuru



12) Komaravanipeta



3) Chepala Kancheru 14) Chinna Kondaraju Plame 15) Pothayyapeta (another building)



16) Film Nagar (Secunderabad)



17) Chandrababu Nagar (Secunderabad)

Our education support in the form of Bridge Classes, Additional Classes and tuitions and Non-Formal education are the core area of work for ARDAR.

We have taken up children education by supporting additional teachers; learning, teaching and games material is in all our programmes covering about 300 villages and five slums in Secunderabad and Hyderabad. We have also formed Science Clubs; Maths Clubs and Eco Clubs in all these schools.

Our children coverage is about 3,000 in all areas related to quality education. Our infrastructure development has also helped about 10,000 children in all the 4 above 17 schools.

Constructing school building helped the school achieve a lot in terms of quality education and well-being of child. For instance, from previous situation of 5 class rooms in 1 small community centre – Film Nagar School has now a huge 5 room building – staff rooms and bathrooms. Similarly Chandra Babu Nagar has now huge 5 room building – staff rooms and bathrooms. Chandra Babu Nagar School was once in a card board building and the school has to be shut

down if it rains as the school used to be filled with water. Learning Material has been distributed in Film Nagar School and Chandra Babu Nagar. More than 400 children are attending both the schools.



Inauguration



HYDERABAD
THE HINDU • THURSDAY, JUNE 18, 2009

Government schools to be monitored

Performance cells to oversee mid-day meals, teacher attendance: Minister

Staff Reporter

HYDERABAD: Monitoring cells will be established at different levels to supervise the performance of government schools, said the Minister for Sarva Shiksha Abhiyan, Mohd. Syed Ahamadullah. The cells will oversee matters such as implementation of mid-day meal scheme, attendance of teachers, students' dropout rate and pass percentage, he told presspersons here on Wednesday.

He inaugurated the primary school buildings at MRC Colony, Filmnagar and Rasoolpura as part of 'Badibaata' programme. Mr. Ahamadullah declared that government schools will be developed on a par with private schools. "We will provide adequate infrastructure and introduce English medium gradually in the schools," he said. Minister for Health and Family Welfare Danam Nagender, who also participated in the programme, said

- School at Film Nagar opened as part of 'Badibaata'
- Schools constructed with ING Vysya, ARDAR aid

the government will not tolerate arbitrary fee collection by private and corporate schools, which is affecting the poor and lower-middle class. "The government will come up with clear guidelines and control the exploitation by the schools," he added.

While the MRC Colony Primary School is a two-storied building, the one at Rasoolpura is a three-storied structure. Both were constructed with financial support from ING Vysya Foundation and Association for Rural Development and Action Research (ARDAR). Hyderabad Collector Navin Mittal, MLC P. Sudhakar Reddy also participated.



FUTURE CITIZENS: Mohd. Ahmedullah, Minister for School Education, looks at the slate of a child at the newly-opened government school in Filmnagar on Wednesday. (Right) Danam Nagender, Minister for Health and (left) Collector Navin Mittal are also seen. - PHOTO: P.V. SIVAKUMAR

7.3. Health

The health programme main aim is to quality life in the poor and marginalised communities like traditional marine fishing and tribal communities with special focus on children and women. The objectives of this programme were: a) Creating consciousness and demand among the people through awareness inputs, training and promotional actions; and b) Supportive activities to strengthen the group actions. Under this health programme we have Water, Sanitation and Health awareness projects in the marine fishing villages and tribal villages. And also we are running two Government Urban Health Centers in Vizianagaram and Vishakapatnam towns.

7.3.1. Water, Sanitation and Health awareness:

7.3.1.1. Health Camps

Main objective of organizing village level health camps is to provide immediate curative measures for minor ailment in the villages and provide knowledge on methods of prevention and promotion of diseases spread through water and sanitation. A health team consisting of a doctor, a nurse visits the village with fully equipped mobile health unit, organize the health cam. During the camp they treat common ailments and organize an information health session at the health camp venue to the patients. Doctor takes health session on different issues observed in the villages. Hence, we cover both curative as well as promotion part at a time.



We organized 14 village level health camps during the year. 216 patients (152 male and 64 female patients) received health services in these camps. Common ailments like fever, headache, body pains, cold and cough are treated in the camps and other complicated cases are referred to the government health centers. Till date we have referred 213 cases to government health centers.

7.3.1.2. Pregnant Care

To provide the essential support during antenatal period, we have identified 627 newly conceived women and motivated them to register their names at government ICDS (Integrated Child Development Society) centre to avail basic health facilities during the pregnancy like immunization, supplementary nutrition food, and periodical health checkups etc. Most of fishing community women are illiterate and have a strong belief on old traditional values. Hence, we provided knowledge on mother and child care to these pregnant women.



Our health worker visited individual houses of the village and identified pregnant women in the village. She has collected details about her pregnancy like Last Menstrual Period, list of

services received from government, how many deliveries etc. and prepared a separate case register. It helps us to monitor her health status and service details of that particular pregnant woman.

7.3.1.3. Awareness Meetings

To create awareness to the large mass on water and sanitation situations of the marine fishing villages, we conducted 76 awareness meetings during the year. We could cover 2015 villagers of 15 target villages during the meetings. In the context of an integrated water and sanitation programme, hygiene is concerned with the cleanliness of people and their immediate environment (house, school, village etc.) in so far as it prevents or limits water and excreta-borne diseases and their effects. In the awareness meetings we focused on the hygiene education on water and sanitation. Hygiene means science of cleanliness, periodical epidemics and their prevention measures, mother and child care, government health schemes and their proper utilisation etc. The aim is not only to preserve health but also to improve it.



7.3.1.4. Women Volunteers Training

Women volunteers are a cadre of barefoot change agents at village level who can motivate village on water and sanitation and create a disease less village. Women volunteers are working as change agents in the villages. These volunteers are attended 4 phases of training and fully equipped with knowledge and tools. 155 volunteers are providing their services in the villages. We have organised 2 phases of training during the 2nd year.

7.3.1.5. Model Families

Model families are the first families through whom we supposed to demonstrate an ideal way of living. The objective of selecting model families is to create awareness on hygienic use of utensils as well as ideal practices through demonstration. 600 ideal household items are distributed to 600 families. 75 ice boxes are distributed to selected fishermen. 1000 smokeless ovens are installed in 15 villages. 1000 families covered during this year



7.3.1.6. Clean and Green Camps

78 clean and green camps have been conducted during the year. Village youth, female groups and other stakeholders actively participated in cleaning their village. Village garbage points and tube well surroundings are cleaned by the villagers to avoid waterborne diseases. 35 camps organized and all schools are covered under school clean and green programme. School children and teaching staff participated and cleaned their school classrooms and surroundings.



7.3.1.7. Smokeless Ovens

Smokeless ovens are low cost ovens made of locally available materials like mud and cement. It consumes low firewood and ideal for health and sanitation purpose. The smoke produced from the oven is directly sent out from a chimney. So, person may not inhale the smoke directly which leads to lungs problems. It is a government programme. We deposited beneficiary share and installed 1000 smokeless ovens in 15 villages. Villagers are very happy with these ovens. We informed the villagers about the usage of this oven. They are quite interested and already started using these ovens. We have a plan to install 1000 ovens in the target villages. But looking to their demand, the number may increase in future.



7.3.1.8. Fish Drying Platform



We constructed 13 fish drying platforms in 12 villages to improving livelihood of fishing community and reduce unhygienic condition in the village. Fish drying platform are essentials for fishing communities. Existing fish drying platforms are in damaged condition. We discussed with the villagers and proposed a suitable place for construction of the platform. We constructed fish drying platforms in the required villages. Now, villagers are drying fish on these platforms. We discussed with villagers about the maintenance of the platform. They agreed to collect

corpus fund from the villagers for maintenance of the platform.

7.3.1.9. School Toilets with water facility

We renovated school toilets and water structures to provide pure water and inculcate the habit of ideal hygiene practice in the children from school age and reduce diseases in the children.



7.3.1.10. Maintenance of water structures



To reduce the incidences of water borne diseases, we renovated the water structures available at the villages. Most of the platforms and tube wells were under repair. People were having any alternative options for collecting water rather than these uncleaned and broken surroundings. 80% of the diseases spread through water contamination and generally water contaminations occur at the time of water collection. Broken or damaged water sources are carriers of water borne diseases. We did renovation of 7 open wells in 4 villages. We repaired 17 tube wells in 13 programme villages which are damaged and totally not in working condition since years. We constructed 7 new tube wells along with washing platforms in 5 villages.

7.3.1.11. Individual toilets

In a view to promote individual toilets in the villages, we constructed 9 new toilets in Barripeta village. Villagers expressed their interest in constructing new toilets at their houses. These beneficiaries contributed their share and including project share we constructed these toilets. 9 families are now started using toilets rather than going outside for defecation. We are contacting water and sanitation mission to promote more toilets in the villages. We are also motivating villagers to construct individual household toilets with the support of government sanitation department.



7.3.1.12. Community Toilets

Community toilets are the innovative concept for fishing community. We can go for community toilets rather than individual toilets for stopping outside defecation. We have already discussed with the villagers of Kothamukkam and Thammayyapalem villagers. Most of the households of these two villages are maintaining ideal way of life. So, we discussed with the villagers about the community toilet concept. We organized 3 meetings and collected the opinions of the villagers as well as leaders. Their opinions are encouraging. So, we proposed to start 2 community toilets in these two villages. The work is started and it will be completed in 3 months period.

7.3.1.13. Washing Platforms

Water is contaminated at the collecting point. In fishing villages, villagers wash their clothes at the tube wells. Water collected is generally contaminated due to cloth washing. We discussed with the community and planned to construct washing platforms nearer to the tube wells. Villagers especially women are using these platforms. We constructed 6 washing platforms in this year in Gurayyapeta, Pothayyapeta and Chikatipeta villages. The village leaders have instructed the members to wash clothes at the washing platforms only. Now the tube well surroundings are looking in a better condition than the previous one. We also renovated old washing platforms in Thippalavalasa and thammayyapalem.

7.3.1.14. Sanitary Napkins

To provide knowledge hygienic condition during menstrual period in the rural women and to avoid traditional unhygienic practices, we promoted sanitary napkins in the project villages. We purchased 40,000 sanitary napkins and supplied to the rural women at a nominal price. Our health workers and outreach staff discussed about the hygienic advantages of sanitary napkins for women during the village meetings and individual interactions. The response is good. Till date we could do social market 7000 napkins within the project villages.

7.4. Urban Health Centers

We are running two Urban Health Centers of Andhrapradesh Government in Vishakapatnam and Vizianagaram. Vizianagaram centre was started in 2001 and Vishakapatnam centre was started in 2009. These two centres are serving 7 lac people in these two towns.

The Progress:

S.No	Description	Progress
1	ANC registration	310
2	Immunisation of the pregnant women	310
3	Institutional deliveries	282
4	Live Births	282
5	Still Births	3
6	Abortions	24
7	Family Planning achieved	129
8	Condom users (Regular)	180
9	Child Immunisation: -BCG -OPV all doses -Measles -OPV/DPT Booster -DT 5yrs -TT 10yrs -TT 16yrs	144 248 274 214 314 339 170
10	Total Out Patients treated	9010
11	Health Education: -Advisory Committee Meetings -MAS meetings -Counselling sessions	12 56 39
12	TB patients treated	14

7.5. HIV/AIDS

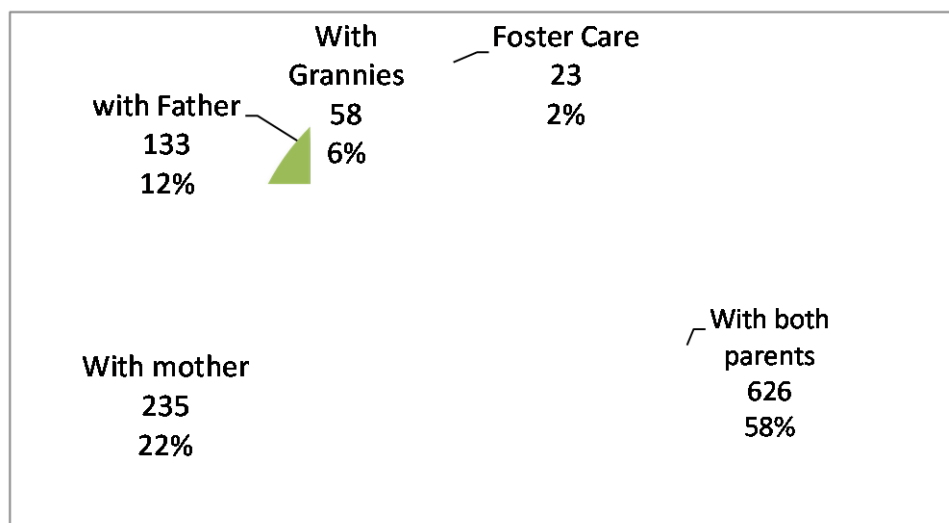
ARDAR identified the need of work on HIV/AIDS prevention and care & support program when it conducts the study in the fishermen villages of Srikakulam and Vizianagaram Districts. Basing on the needs found in the study the activities were started in 7 Mandals of these two districts and in the Vishakapatnam city.

The main aims of this program were:

- ✳ To halt and revert the HIV epidemic
- ✳ To provide care & support services to the infected persons
- ✳ To enhance the access of the services to the infected persons.

To reach these aims we are working with HIV infected adults, children and IDU's.

7.5.1. Identification of the HIV infected and affected children



Total 1079 children were identified till date for care & support services. All the children were belonging to poor and marginalised communities. The needs are found through observation during home visits and getting feed backs from the persons.

According to that the team discussed with concerned families, staff and selected the children who are in need.

7.5.2. Provide nutritional care and support

Total 125 children were covered and benefited under nutritional care and support services. The children were selected on the need based assessment as pre defined. The Assessment was done through observing the children health condition and interacting with the family members in regular home visits. Nutritional support is provided in terms of Jaggery, Groundnut, and Raagi powder. This support helped the family to reach the children's nutritional food requirements. In addition to this we conducted 24 nutritional demonstrations. In these demonstration sessions we demonstrated about the preparation of the low cost nutritional food with locally available material. This also helped them a lot.



7.5.3. Provide care and support to households

Total 125 households were covered and benefited under household support. The families were selected on the need based. The family needs were assessed on the basis of their requisitions and staff observations. The support includes medical support, clothes, winter clothes, vessels, blankets, Horlicks, funeral support, house repairs, ART travel and other needed items. This helps the family to live in a better condition. The family members are felt very happy and now they can afford for the better food items.

7.5.4. Provide income generation support

IGP was supported to 60 households of children living with and /or affected by HIV/AIDS. Here the clients were doing Fish vending, Kirana Shop, Tea Shop, Readymade clothes, Goat

Business, Stitching, Vegetable vending, Tailoring machine and Iron boxes for Dhobis. The beneficiaries have added some more money for initial investment to our support and get the required items. They have that much of self-confidence in improving their business. They approach not only for financial help but also for the market availability and affordability of the product they want to sell. We help them in finding better trade in which they are capable and trained.

7.5.5. Provide an access to education through formal or informal education, and vocational skills-based training for older children

Provided educational support to 125 children for formal education to improve the children learning's in school education. Three children were supported to learn the stitching under the vocational support. Here all the children belonging the poor community and children living with and/or affected by HIV/AIDS. The support was encouraged the children to learn lot to join in the schools and the support was given in terms of books, bags, pens and in some cases school fees.



7.5.6. Provide access to and/or services related to OI treatment and prophylaxis services

Linkages established and strengthened with PHCs, CHCs, other private medical practitioners and care & support centre. As a result of that 67 CLHAs referred to OI treatment. The OI treatment includes Fever, regular motions, skin deceases, dizziness, vomiting and others. In addition to this ARDAR is established one OI treatment centre at our office. Total 253 adults and children were utilized this services. Total 7 PLHAs were referred to the care and support centre and all of them utilized the services.

7.5.7. Refer Children living with HIV/AIDS for pediatric ART to health care institutions and ensure adherence to ART

Anti Retroval Therapy is life saving drug for the persons living with HIV/AIDS and having low CD4 count. Linkages established and strengthened with ART centre at Srikakulam. As a result of that 52 CLHAs were referred to the ART and out of them 31 CLHAs were put on ART.

7.5.8. Foster Care

23 (2%) children in our project area lost both their parents and grannies. They are in need of the foster care. We discussed with the neighbors and distant relatives of the children and provided foster care to 17 children date. These children are being taken utmost care by the project as well as by the care givers. We discussed with the care givers about the situation and convinced them. All the basic needs of these children are fulfilled by the project.

7.5.9. Formation of children's support groups

Child support group are formed in a view to give moral boost and decrease stigma and discrimination in CLHA and CAA. We formed eight child support Groups. The formed child support



group is strengthened and functioning good. We are conducting weekly meetings regularly and discussing issues like education, personal hygiene, general knowledge, stigma related issues and communication skills. Apart from the regular activities we are planned to conduct the life skill education for the children by age group wise

7.5.10. Providing baby milk to needy children



We have provided baby milk to the children who are born to HIV infected mothers. Under this support we have provided milk powders to 24 children whose mothers are HIV infected. These children should not be provided with mother's milk. So, as an alternative, we provided milk powders according to their requirement. We regularly follow up these children and taking note of their and growth and health status.



7.5.11. Awareness, Co-ordinating, Networking and Advocacy activities

We conducted 52 village level awareness meetings. We create awareness on HIV/AIDS to the village mass in these meetings. We use flip books, charts and videos during the meetings. Reduction of Stigma and discrimination, information about service points are the main agenda of these meetings.



36 advocacy meetings are conducted with PHC doctors, ART staff, Paramedical staff, and Private medical practitioners in a regular manor. We met all the medical staff in the area in this year.



We conducted 4 coordination and networking meetings at 4 mandal level. Consultation activities and linkages with the referral institutions like DLO, ICTC, ART, CHC, PHC and Care and Support centers and panchayatraj institutions were conducted on a regular manor and the program was strengthened with the support of Friends Indeed.

7.6. IDU & HIV Project at Visakhapatnam

Alarmed at the spurt in cases of drug abuse, the A.P. State AIDS Control Society (APSACS) has planned targeted interventions among injected drug users (IDUs) in Visakhapatnam to halt and reduce HIV/AIDS Prevalence. A TI – IDU project was started in Visakhapatnam on August 15th 2009.

With efforts to check the demand and supply of drugs not yielding desired results, Harm Reduction Strategy (HRS) has been adapted. Through targeted intervention it is planned to bring about behavioral change, clean needles usage, promote condom use and provide enabling environment.

In Visakhapatnam there can be above 1200 Injected drug users. Majority of the Injected Drug Users (IDU) are auto/truck drivers, recently the college students are getting attracted to these drugs. These constitute HRG (High Risk Group) for HIV/AIDS because of unsafe practices like sharing of Needles/ Syringes and not using condoms in sex encounters.

In the first year the focus was on identifying the IDUs and organizing them into groups under PE. The focus was on strengthening the PE network and motivating them. In the current year, the focus is on strengthening the quality of service delivered through PE. Knowledge level among IDU about HIV/AIDS will be strengthened and assessed regularly. The focus is to ensure all the KPs use clean needles and practice safe sex. In doing prevent the spread of HIV/AIDS in the IDU population in Visakhapatnam.

The target group size is 300 IDUs but more than 400 IDUs are registered in the project. The major hot spots are Madurawada, Marripalem, Jalaripeta, Arilova, City (which include major hotspots around RTC Complex and city centre), Barmacamp and M.V.P.Colony. A Drop-in-Centre (DIC) was established in the month of November 2008. The DIC provides treatment for STI, Abscess and other related illness. The DIC has also place for counseling, refreshment, relaxation etc. Apart from this the KP's can access ICE Material, Needle Syringes and condoms at the DIC. Every month ICTC mobile van comes and gets the interested KP's tested for the HIV status. Most of the hotspots are in a radius of 1-5 kms from the Drop-in-Centre and on an average 150 IDUs step in to the DIC every month. Outreach staff and Peer Educators provide NSE, Condoms and ICE Material in the hotspot and create awareness of the services provided by the NGO and encourage the KP's to visit the DIC for medical services and other services.



7.7. Livelihoods

In the livelihood sector we are working to improve the living standards of the poor tribal communities, women led families and HIV infected families.

7.7.1. Tribal livelihood:

7.7.1.1. Micro Credit:

ARDAR organized group meetings and discussed with the women about micro credit and their livelihood situation. ARDAR conducted 4 meetings in 5 villages and conducted personal interviews in one village. In total 84 Members attended the meeting.

S.No	Name of the Village	Method used	No of participants
1	Mardhaguda	Group Meeting	15
2	Borra	Group Meeting	12
3	Bheempole	Group Meeting	12
4	B.Kothavalasa	Group Meeting	13
5	Valasi	Group Meeting	26
6	Kondibha	Interview	6

As per the present situation all women felt that there is need of micro finance support to enhance their living standards.

In view of the above situation all the women who have participated in the survey felt that the average amount of Rs. 5,000/- is sufficient for them. The minimum requirement for business like coconuts, vegetable and cool drink vending businesses is Rs. 3000/-. The maximum amount required is Rs. 15,000/- for tamarind and coffee powder business. So they felt on an average Rs. 5,000/- per a woman is sufficient amount to run a business successfully.

S.No	Type of the business	Minimum amount required
1	Coconut	3,000
2	Kirana (Petty business of the daily needed items)	6,000
3	Cool drinks	3,000
4	Tamarind	15,000
5	Vegetables	3,000
6	Dry Fish	8,000
7	Tiffin shop	10,000
8	Zinger sale	10,000
9	Kerosene sale	8,000
10	Sheep	10,000
11	Coffee Powder	15,000
12	Hens	8,000
13	Goats	10,000
14	Bangles	8,000

7.7.1.2. Linkage NREGS program

In the whole of India the NREGS (National Rural Employment Guarantee Scheme) program runs: everybody is entitled to 100 days of work with the accompanying social security. People do have to bring their own tools here. Only, the population of the tribal areas do not know this agreement or do not know how to claim the agreement. And if they get the allocation, they do not have the money to purchase their own tools.

Base on this situation ARDAR decided to procure the tools which required for NREGS. In the month of December we procure the tools and given to the Village President by the hands of Ms. Anne Legeland and Ms. Mariana of Friends Indeed. With the help of these tools total 600 man days were generated in the month of December. A total of 66,000 rupees worth of work was completed by the villages. Each villager who works under this scheme was earned Rs.920 per the month of December.

Total 33 men and 46 women are benefited under this program. In the Borra village the hamlets covered were Borra and Koyitiguda. In the Bheempole village Bheempole and Rallagedda hamlets were covered.

7.7.2. Livelihood for HIV infected:

IGP was supported to 60 households of children living with and /or affected by HIV/AIDS. Here the clients were doing Fish vending, Kirana Shop, Tea Shop, Readymade clothes, Goat Business, Stitching, Vegetable vending, Tailoring machine and Iron boxes for Dhobis. The beneficiaries have added some more money for initial investment to our support and get the required items. They have that much of self-confidence in improving their business. They approach not only for financial help but also for the market availability and affordability of the product they want to sell. We help them in finding better trade in which they are capable and trained.



This support is boosted them for getting encouragement by which they regained their self confidence and started IGP. This will help them in maintaining better living standards in the society. The IGP support is highly influenced the family and children as they are living now in



better environment and self stigma is also reduced. The income levels were also increased in for the persons. We found that the increase is in a range of Rs.2000/- to Rs.5000/-.

7.7.3. Women led families

Micro Credit for women led families in the fishing community was started in the year 2007. The program main aim is to lead them to better living conditions among the women led families. The target community is single women of traditional marine fisher folk in Vizianagaram and Srikakulam Districts. Fishing in the sea is hazardous mainly on the traditional crafts. Due to this situation most of the fishermen stumble upon severe injuries or die during accidents. When we conduct a study on this situation, it reveals that there are 824 (6%) of women who have lost their husbands in these accidents. Hence to enhance these women living standards this program was started in January 2007.



Till now total 826 women were covered from 16 villages. Total loan amount utilised Rs. 9, 86,800/-. The repayment was up to 96% and average loan amount is increased up to Rs. 9,000/-.

S.No	Type of Business	No of women covered
1	Fish Vending	531
2	Rice Vending	44
3	Vegetable Vending	43
4	Grocery Vending	88
5	Coconut rope making	53
6	Raagi Powder making	28
7	Net making	31
8	Goats	1
9	Hotel	7
	Total women covered	826

There are some major achievements. Women in Thippalavalasa started rope making unit and it is very successful and getting good income for the women. Another group of women in Thippalavalasa gave advances on boats which giving them the share in the fish catch and they are getting regular income on that. So slowly the women were developing into big businesses and it helps them to lead in to better living conditions.

7.8. Home for Trafficked girl children

ARDAR has worked in three districts viz., Krishna, West Godavari and Visakhapatnam in Prevention of Trafficking and HIV/AIDS with the support of UNDP. We found that there is no home for trafficked girl children starting from Srikakulam to West Godavari. Hence we have started a Home for the trafficked girl children on January 2008.

Vishakapatnam is the second largest city in the Indian state called Andhra Pradesh. After the state government approved the formation of Greater Visakhapatnam with the merger of small municipalities and villages in the vicinity in the Visakhapatnam Municipal Corporation, the population of the city and the metro area swelled to 3.5 million approximately. It is primarily an industrial city, apart from being a port city. It is one of the fastest growing cities with lot of inflow of migrants from other parts of the country.

However in such a big city there is not a single home where girl children who are trafficked or in a vulnerable situation could go. The situation of the girl child was such that after rescue by the police there was no safe place for her to return to. She had nowhere to go. Since February 2008, the Manasu project provides a home for these girl children.

The project is the outcome of the gravity of the issue affecting girl children in large numbers and the felt need in the area. The goal of the project is to rescue, rehabilitate and reintegrate affected girl children and to reduce the incidence of human trafficking as well as harassment of girls in vulnerable situations. The Manasu center is a unique project in the city of Visakhapatnam. The centre provides the facilities for stay (short period or longer period), food and health care, counselling, non-formal education and vocational training. The centre has the capacity to accommodate 30 children.

MANASU could achieve a huge success in the first year of operation. We could unify 16 children and another 21 children are at home. In total we could make change in 37 lives. In the second year (to which this report pertains to) 12 new children came to home and 14 children were unified. Totally making Manasu project reached 49 girls out of which 30 have been unified back to them. All this has been possible because of the commitment and dedication showed by staff. The staff at the centre was taking good care of the children, providing them counseling and education. The outreach staff responds 24 hours to any emergency and travelled to very interiors of the country to unify the child back to home.

We thank all the organizations who have supported in creating this home in the city. We ESPECIALLY thank MANASU Netherlands for thinking along with us and supporting us.

7.9. Aged

ARDAR has come across several helpless aged in the field area. So it has decided to provide total socio, economic and medical support to these persons. We are at present supporting 86 aged persons. We have not created any home for them. The support is totally community and home based.

With the support of donations received from GIVEINDIA we are doing all this. Our Medical Officer visits the old age village once a week and provides free treatment and medicines to any old age person who visits. If an old age person is not in a position to visit the centre then the doctor visits the home of the old age person.

We are also organizing a Granny Club and they participate equally without any caste or community barriers. It also provides a platform for entertainment, recreation and religious activities. It increases their pride and happiness during the last days of their life. They are happy and now have the total security for food and livelihood. They get monthly ration and food

items with each donation for one year. We have also supplied basic household requirement as per their choice. Thus we are helping the helpless aged persons to live life till the end with security, empowerment, happiness and health; even are happy to get assurance that final rituals are performed as per their folklore.

7.10. Tsunami

As mentioned earlier from January 2005 we are working in Tsunami relief and rehabilitation in Krishna, West Godavari, Visakhapatnam, Vizianagaram and Srikakulam.

We are still working on improving the livelihoods in these areas. ARDAR is working during the year with the support of GIVE USA in 8 villages of West Godavari.

8. Project Management and Evaluation

The systems at ARDAR are further improved for management and internal evaluation. Dr. Ramana with the support of several senior staff members, Board Members and outside civil society members continued in improving the systems. Friends Indeed, APSACS and Give India are also helped in improvement of the systems.

During the Year, Dr. Ramana, the Director is strengthened with three additional persons. Project Manager, Mr. Sri Hari; Communication and Fund Raising Manger, Mr. P. Bhaskar; and Finance Manager, Mr. G. S. Sai. Each project has a coordinator and Accountant who work under Project Manager. The Project Management is done by Project wise with the support of Coordinators and Cluster Organizers. The evaluation of people has been given priority mainly in the delivery systems and services.

The donor evaluation has been taken up by Friends Indeed, APSACS, and DM&HO regularly. It is great to report that all the donors have expressed high satisfaction of the positive impacts and professional implementation of ARDAR. Most of the donors are working for years with ARDAR and we thank each and everybody.