

Quality Education



Child Rights



Old Age



Girl Care



Disability



Injecting Druggists



Tribal Development



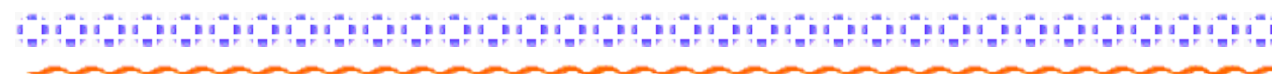
HIV/AIDS



Urban Health Centre

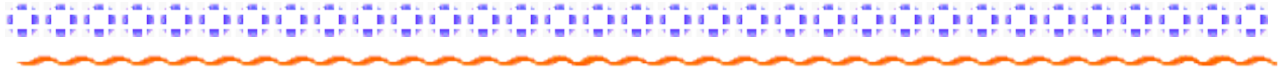


ANNUAL REPORT 2010-11



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Vision

Society in which excluded communities enjoy life of dignity and equality

Mission

- Empowerment of vulnerable communities to address causes that deny them equal opportunities for their quality of life (OWNERSHIP)
- Engagement with the state for inclusive policies and practices (ACCOUNTABILITY)
- Solidarity and involvement of other stakeholders in promoting inclusion and quality of life among vulnerable communities (RESPONSIBILITY)

Values

Mutual Respect

- Respecting others' ideas even if different
- Sensitivity towards diverse cultures
- Empathetic to vulnerabilities of people
- Recognising the dignity

Equality

- Equality of opportunities / policies
- Challenge discriminatory practices

Transparency

- Sharing information on resource use, decisions and actions
- Proactive in sharing in a form / method relevant to excluded communities

Accountability

- Proper implementation of stated plan and seek consensus on changes

Excellence in Results

- Take responsibility for consequences
- Inclusion of excluded people's priorities in the plan
- Creativity, innovation in doing things differently
- Perseverance in efforts till results are achieved
- Quality orientation
- Peoples' processes / centrality of people in process

Identity:

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

Sl. No.	Name of the Board Members	Designation	Qualification	Age
1	Mr. V. Subba Raju	President	M.Sc.	62
2	Mr. P. G. Suryanarayana	Vice President	B.Com	58
3	Dr. V. V. Ramana	Secretary	MA, Ph.D	60
4	Mr. M. Ganapathi Rao	Joint Secretary	M.Com	51
5	Mr. K. Vykuntha Rao	Treasurer	B.Com	48
6	Prof. K. Sreeram Murthy	Member	MA, Ph.D	60
7	Ms. M. Guramma	Member	5 th standard	42

Credibility Alliance norms

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 twice during the year (3/4/10 & 20/4/10) to review the activities; approve the plans, budgets, accounts and audited statement of Accounts, to appoint Auditors and ensures compliance with laws and regulations.

✚ The Executive Body met five times (15/5/10; 7/8/10; 12/11/10; 12/2/11 & 16/3/11)) and all the members attended four times and one member missed once.

✚ Minutes of the meetings are documented and circulated.

✚ Board rotation policy exists and is practiced.

✚ Only one Board member (Dr. V. V. Ramana) is working whole time as a Director overseeing all the projects. He has received during the reporting period a salary of Rs. 3,18,000 (average Rs. 26,500 per month) from different projects. No other member is working and / or receiving any remuneration, sitting fee, travelling fee, honorarium or salary from any Project or from the funds of the Organisation. There are also no reimbursements what so ever to any member.

✚ There are no costs during this period on international travel by any of the staff (including volunteer) or by any of the Board Members.

✚ Dr. Ramana has travelled as per the needs of the Projects within India as a Projects Director and according to the needs and eligibility of the respective Projects (the amount is Rs. 52,367 for national travel and 1,29,388 for field travel). Other staff national travel is Rs. 20,087 and field travel Rs.5,75,132 during the year). 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 Panchayat (village local governing body) that ARDAR is working with. The abridged audited financial statements are also appended to the Annual Report.

✚ 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.

✚ ARDAR has an approved policies related to staff, purchases and child protection.

✚ None of the Board members are related to each other.

✚ Remuneration of 3 highest paid staff members: Rs. 26,500; Rs. 17,425; Rs. 14,972.

✚ Remuneration of lowest lowest paid staff member: Rs. 3,500.

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

Slab of gross salary per month (in Rs.) plus benefits	Male	Female	Total
Less than 5,000	26	20	46
5,001 – 10,000	25	26	51
10,001 – 25,000	6	0	6
25,001 – 30,000	1	0	1
Total	58	46	104

Average Salary: Rs. 5461 per month; Median Salary: Rs. 5,500 per month

OFFICE LOCATION: ARDAR, Kotha Kopperla, Konda Jn (located on NH 5 Road), Poosapati Rega Mandal, VIZIANAGARAM district, Pin: 535 213, AP, India. Phone: +91 8922 201355, Mobile: +91 94400 19036 E-mail: director@ardar.org.in Also have field offices at Vizianagaram, Simhachalam, Visakhapatnam, Ranasthalam, and Ananthagiri.



ARDAR current working districts in AP

1. Vizianagaram
2. Srikakulam
3. Visakhapatnam

Our Bankers: Union Bank of India, Corporation Bank, Karur Vysya Bank & AXIS Bank at Vizianagaram; ICICI Bank, ING Vysya Bank & Andhra Bank.

Name and Address of our Auditors:

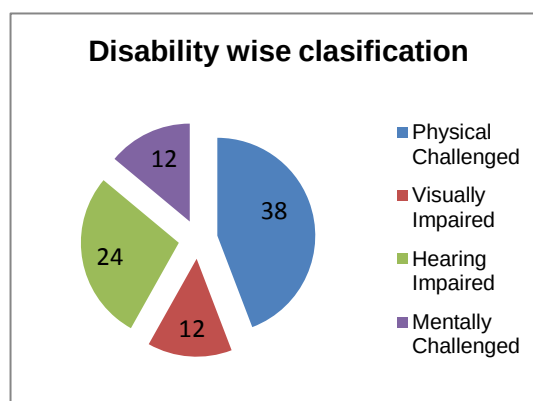
V. Jagannadham & Associates, Chartered Accountants, 52-8-12/2, 1st Floor, Niharika Enclave (Besides Satyam Computers), Resapuvanipalem, VISAKHAPATNAM – 530 013. Phones: (0891-2549837)

1. Children/Youth with Disabilities

Goal: To create ability and facilitate the process of empowerment.

In-Campus Activities:

We created a beautiful village with 10 homes to provide home environment for the disabled children. The criteria for identification are: Orphan Children, Semi orphan children, Lack of responsible parenthood, more no of disabled children in one family. Basing on the above criteria 87 children were identified and admitted in to the campus. The disability wise classification is given below:



Education for campus children

1. **Children with Mental Disabilities:** The special education program for 12 children is focussed on personal skills, social skills, daily living skills and academic skills development. We have set the following goals for the betterment of these children. Children will learn daily living activities like dressing, toileting, drinking and eating. They will also learn some skills in alphabets, numbers, reading, writing, talking and playing.
2. **Children with Visual Disability:** The special education for 12 children is focussed on 3 areas. The first is learning Braille language, the second is enhancing mobility skills and the third is academic syllabus.
3. **Children with Speech and Hearing Disability:** The special education for 24 children is focussed on Indian Sign Language, Academic syllabus and Advanced English with grammar. The medium of language is English.
4. **Children with Physical Disability:** The inclusive education for 38 children is focussed on overall child development. To achieve this we established a English Medium School with a tie up with Xseed.



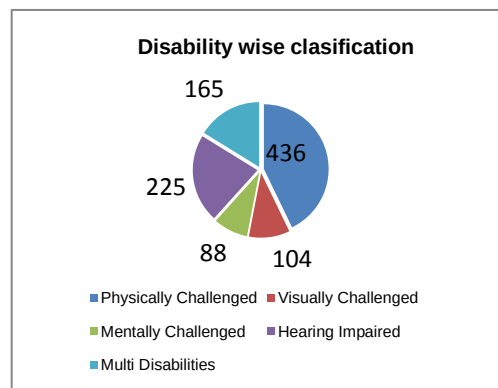
Medical Rehabilitation for campus

1. Medical Rehabilitation is going on for all the children in the campus. The complete checkup is completed and corrective surgeries are done for 4 children.

2. Physiotherapy is going on regularly to improve the children mobility. Our physiotherapist is monitoring the process and trains them in doing different exercises.
3. An Activity for Daily Living Training for mentally disabled children is done on regular basis.
4. 29 children were under gone with the assessment camp for orthotics support.

Outreach Program (CBR)

Community Based Rehabilitation (CBR) was initiated by the WHO, It was promoted as a strategy process to address the broader needs of people with disabilities, ensuring their participation and inclusion in society and enhancing their quality of life, mainly rights base approach. We are making people to participate in the process by making Social Maps, drawing their opinion on people suffering with disabilities and also by conducting group meetings and other social events. So far we are able to reach 310 villages in 5 Mandals in three districts (Vizianagaram, Srikakulam and Visakhapatnam). We are working with 1018 disabled persons (age criteria 0 to 25) in these villages. Out of these Male are 543 and Female were 475.



1. **Social Rehabilitation:** Awareness and advocacy activities are going on under the social rehabilitation. The aim of the social rehabilitation is mainstreaming the disabled people with the increased support from the local community.
2. **Education Rehabilitation:** Under the educational rehabilitation we followed up all the children under the school age. Our social workers are going to the schools, meeting the teachers and observing the child growth in the school. With these efforts we are able to rejoin 24 children in the schools. Support for education was given for 13 children in the outreach program.
3. **Medical Rehabilitation:** Medical team consists of a Medical Officer, Physiotherapist and a Nurse was going to the field 3 days in a week and giving the medical services in the villages. Total 527 children were covered under out of 1018 in regular medical checkups. Total 206 children were covered under the specialist checkups. We conducted a special medical checkup camp for deaf and dumb children with the help of Dr. Srikanth of Vizianagaram. Total 64 children were got tested in this health camp. We also conducted a specialist health camp for orthopedic children in Shankar orthopedic hospital, Vizianagaram. Total 42 children were covered in this camp.
4. **Physiotherapy:** Physiotherapy for outreach children were conducted in regular manor. Total 7 children were covered under this support.
5. **Income Generation Programs:** Income generation support was given to 1 youth in Pathivada village. Mr. Avala Suryanarayana aged 23 years is affected by polio for two legs. He was well trained in stitching activity and working under a local Taylor. We supported with a electrical machine to him. He now stitching the clothes on his own and earning the income about 2000 rupees for a month.



Vocational trainings for youth:

We have started computer training with 20 disabled youth. The first and second batch was finished and now we have the third batch running with 14 children. Total Nine youngsters are got placements in various departments in both government and private organisations. We will start two new trainings in printing & book binding, stitching and carpentry in the coming year.

Conference on UNCRPD

The problem of disability is gaining more and more importance all over the world. The planners of India very well understand the significance of the problem. The government of India and also state governments have framed various policies for persons with physical disabilities: reservation jobs, concession facilities in traveling, special training institutions etc.

At the same time there is a network of NGOs working for the development of persons with physical disabilities. ARDAR and Friends Indeed, Netherlands aimed to analyze various dimensions of disability in India. In this context, both ARDAR and Friends Indeed organised a 2-day International Conference on UN Convention on Rights of Persons with Disabilities from 10th to 11th February 2011 at Campus Challenge. 51 NGO representatives from Andhra Pradesh, Orissa, Karnataka, West Bengal, Maharastra and Delhi participated in the conference. Representatives from Dutch partners also participated.



2. MDG in Tribal Area

Introduction

At the 6th of July 2009 the Ministry of Foreign Affairs allocated an allowance to Friends Indeed for the program Ananthagiri 2009-2014 as described in the proposal of the 30th of September 2008. The decision reached Friends Indeed the 15th of July 2009.

The approved proposal involves an innovative regional approach to improve the circumstances regarding education, healthcare and income in twelve cluster villages at remote rural area in Andhra Pradesh, India. The location is the Mandal Ananthagiri in Vishakhapatnam District. The focus is on 12 villages and hamlets with a population of 45,000 people, under which about 10,000 women and 20,000 children. The project reaches 12 villages and 90 hamlets.

The main objectives and planned results to contribute to the Millennium Development Goals are:

1. Access to basic education
2. Access to basic education for children coming from child labor situation
3. Access to basic education for adults to read, write and mathematics
4. Eradication poverty one headed families
5. Eradication poverty farmer families
6. Access to clean water, sanitation, and health care
7. Information and treatment HIV-Aids

8. Care for children and youth with a disability
9. Care for street children
10. Access to the learned lessons how to reach MDG's in a remote rural area

Planned results 2009-2014

1. 3500 children good education
2. 1000 child out of child labour and to school
3. 500 adults learn basis
4. 1000 mothers are at work with micro credit
5. 500 farmer families have a better income
6. Inhabitants of 12 villages have clean water, improved sanitation and better health
7. Inhabitants of 12 villages know how to prevent HIV-aids, children infected/affected and their parents get help
8. The Disabled children and youth in 12 villages get medical and educational care
9. Tribal children who left for the city get rehabilitation, medical and educational care
10. A practical guideline how to contribute to the Millennium goals in tribal area

We have one **school constructed** at Bheempole and other school is under construction at B.Kothavalasa. Mardhaguda school has been an achievement regarding our work. The government has sanctioned a new room for this school. The additional room will be sufficient for this school. Good News for the **bridge school** students. 27 students have been re-joined in the normal school and starting their formal education out of the 97 children in 3 centres with 38 boys and 59 girls. In **adult education classes**, there is good improvement observed in the learning levels of the learners in all the 9 centres. 91 male and 165 female in total 256 adults are covered in these classes.



In **micro credit** programme women are financed for various income generation activities, so far 504 women were benefited from this programme for 23 types of different trades. Cow rearing, goat rearing, rice vending, seasonal business, vegetable vending, banana plantation etc., types of trades are supported. 38 women have earned their first profit through their trades already. They could realise the value of profit.



Under **livelihood** programme we have conducted six awareness meetings on land and water development. 228 members attended and actively participated. We focused on different methods of using organic manure for more fertility of the land. We covered points about organic manure, crop changing, seed treatment, soil treatment, pest control, dry & commercial crops, micro & drip Irrigation, ground water development, a forestation, mixed & inter crops, save the positive insects, etc. We have also provided tools for the NREGS works for 578 persons and are getting work in this program. They earn Rs. 100 to 150/- per day for 100 days in the year.

Water, Sanitation & Health has been a big concern in the tribal area. In the year we have provided **water** facility in 8 villages. All the villagers are happy as they used to spend lot of time to fetch water. **Sanitation** is a big problem in the area. Awareness is being imparted in the

community. We have conducted two meetings on hygiene and village level sanitation. They are the most visible problem of the people. They don't take bath regularly which creates skin allergies and other side effects. So we informed them about advantages of daily activities. We focused on topics like dehydration, water born & sanitation related diseases, cleanliness of this village streets & houses, personal hygiene concepts etc. The water at the hand bores have been contaminated around the bores. **Washing platforms** have been constructed in 4 villages.

16 meetings on general **health awareness** have been conducted. We tried to create awareness on the general and seasonal health problems in the meetings. We focused on issues like sanitation, water, immunization, supplementary nutrition, food, adolescent girls, special care for pregnant & lactating women, low birth babies, hospital deliveries, timely immunization, pre-mature babies, importance of mother milk, complementary feeding, waterborne diseases, etc.,



Awareness was also created on existing health problems situation and its effects. These meetings helped in forming mothers' committees, Dwacra Groups, C.H.W for better usage of medicines & better personal hygiene practices. Follow up and linkages with the government are being done. We also involved community health workers, ANM's and Anganwadi workers in these meetings. We covered 343 members in these meetings.

In this year we have organized 14 **Health Camps**. This year we have concentrated on the follow up of the health camp we have treated 1,073 patients with different complaints during these health camps. We have also made liaisoning with health department and referred cases of Malaria, Gaiture, T.B., Diabetics, Hypertension, and Malignancy. We cover the precaution methods of Malaria and other diseases during the sessions at health camps. In this year we are observing so many diseases. Scabies, cold, skin allergy, cough, motions, other infections, iron deficiency etc; some children suffering with Asphyxia and Sepsis. Health checkups for Pregnant & Lactating women have been done and followed. We are involving the Govt. Medical Officers, Health Staff, Sarpanch, Ward Members and group leaders in these camps to make them successful.

The Tribal children's health condition was very poor as their parents do not have knowledge on health issues. So many children are suffering with fever, motions, skin allergy, cold, cough, iron deficiency etc. So, we organised 3 **school health camps** during this year. Total 101 children were tested and provided needful medicines and provided an informal health session to them. Dates(Palm fruits) & ground nut with jiggery and sesame nuts are being given to the children. Follow up of the children health is taken care of in the all the 12 schools.

HIV/AIDS awareness is a major aspect to make the people feel the need of using condoms and safe practices. It is also important for social mobilisation and for voluntary testing. Awareness meetings help to make break the social stigma on HIV-AIDS. 7 meetings are organised sensitising 242 tribes. We also so made 3 voluntary testing camps and found no positive cases.

3. HIV Care & Support

GOAL

To reduce HIV-related morbidity/mortality in adults & children and address the impact of HIV on children

During this year we have identified 620 Children. Out of there 620 Children 602 CAA (Children Affected by HIV/AIDS) and 18 Children were CLHA (Children Living with HIV/AIDS) from 315 families. Advocacy meetings helped to People Living with HIV/AIDS persons to linking with Govt. Welfare Schemes.

Emergency Support: - This support is a material support provided according to the situation and need of the family. We provide it when we identify the family living with HIV/AIDS in a drastic condition. This support helps them to come out of the trauma. Total **1000** children were benefited under this emergency Support.

Opportunistic Infections Support:- We support opportunistic infections treatment to children living with HIV/AIDS. Under this we reimburse medical and travel bills of the HIV children attended for OI treatment. ARDAR also runs a clinic for OI treatment at a central place. Consultation and medicines are provided free of cost.

Community Foster Care:- We mobilized and motivated community to adopt HIV infected orphan children. We provide needful support to the child and the family that adopted the child. Community support has gained with good effort of our team. Total **37** children were covered and benefited under this support.

ART Adherence Counselling: Our field staff provided regular counselling with using different methods for continuing ART medicines. Under this activity, we refer or take PLHA & CLHA to ART centres. During the ART period, we provide regular follow up visit to the family; counsel them on the need of ART adherence.

Nutrition Programme:- This is to reduce malnutrition and to improve health status of the children. Raagi floor, Grounuts, Jaggery, dry palm dates are provided to the families. These health supplements are full of proteins and have good nutritional value. They prepare nutritious delicacies from these materials and eat. We also demonstrate preparation of different dishes made out of these raw materials to increase the interest. Quality food is required for survival of a child/woman living with HIV/AIDS. It is because of the Nutrition support and follow-up. This support helped them in changing the food habits in their regular life also. Total **200** children were benefited under nutritional care and support services



Support Groups: - Two types of support groups are formed i.e. child and adult. These are formed with the children and adults from HIV families and general community of the village. These groups focus on mainstreaming and reducing discrimination in the community towards HIV.

Stigma and discrimination is reduced in children and in their parents through these groups. These groups have promoted advocacy level issues related to children at different government platforms. They also act as best peer-pressure groups on their issues. 12 Children Support Groups and 12 Adult Support groups are functioning very well.

Education Support: We motivate Children to formal and non-formal Education and to reduce the dropouts. 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. 100 children were benefited under this support.

Volunteers: - We identified village level 30 volunteers who are HIV positive and interested to work for the people. They are trained on the HIV/AIDS subject. They are supporting us in identification and regular follow up of the infected families in a specific area. This is an innovation in involving target community in the programme.

Promotion of IGP: We provide interest free loans to re-enter into work and to take up a light work that suite their health. As they cannot work hard, so they start small businesses. We provide skill up gradation trainings. After settling of the trade, they repay the money. Socio-economic development is enhanced through this support. We also have initiated group IGP, which is a great success and becomes a model in the area. Total **50** families were covered and benefited under this support.



Injected Drug Users Project

Goal: To halt and reverse the HIV Epidemic among IDUs Project in Visakhapatnam City.

Objectives:

- Prevention of New HIV infections and saturation of HIV Infections amount IDUs.
- Providing essential means and services to IDUs and their sexual partners to practice safe behaviour in injecting as well as sexual to reduce transmission of HIV.
- Forming and Strengthening Capacities of CBOs to decide for themselves and are able to lobby and advocate.
- Creating Enabling Environment to Removing Obstacles in the Way of Safer behaviour but also Proactively Supports the practice of Safer Behaviour.
- Encouraging and providing options and opportunities and information and empowerment to discontinue to addition to IDU



The core components of the project are Community Outreach, Drop in Centre, Needle and Syringe Exchange Programme, Primary Health Care, Behaviour Change Communication, STI Management, Condom Promotion, Referral Networks, Creating enabling environment

Core Indicator wise Achievements of 2010 April to 2011 March

Sl.No.	Core Indicator	Achievements
1	Outreach(Regular Contacts)	321
2	STI Management	20
3	Needle Syringe Exchange Programme	71173
4	Condom Promotion	57281
5	Other Referral Networks	
	1. HIV Tested	379
	2. Total Positives	8
	3. Referred to ART	8
	4. Referred to Positive Network	8

4. MANASU Girl Care Centre (A better future for vulnerable girl children)

Goal: To rescue, rehabilitate and reintegrate trafficked and vulnerable girl children.

MANASU achieved success in this year of operation. We unified 51 children and another 21 children are rehabilitating in the home. The outreach staff responds 24 hours to the emergencies and acted upon the time.

Rescue: We rescued 24 girl children during this year. The girl children are rescued by the police and other Govt. departments and referred them to our centre. Girls are rescued from the districts of Nellore, Kadapa, Srikakulam districts. Some girls are also come from adjoining state Orissa.



Rehabilitation: Rehabilitation is very critical activity in MANASU programme. We provided shelter to the rescued children from different parts of the state. We have provided rehabilitation to 21 girl children at MANASU during this year. Children from different caste and creeds, religions and different vulnerable situations are provided rehabilitation. They are provided food, shelter and other accessories during their stay at the centre.

Unification: Under the unification activity, we send back the rescued girl children to their families. We have unified 21 children during this year. We counsel the parents as well as children during unification. We also provided follow up visits to their homes for assessing their situation and progress.

Counselling: Counselling is an important and need based activity for the rescued children. Rescued children are under mental pressure and some have suicide tendencies. Regular counselling is provided these children to stable their mental condition and change their negative attitude towards life. We provided 157 counselling sessions during the year.

Job opportunities/placements: We made networking with different organisations for finding job opportunities for the youth girls staying at the centre. Four placements found during the year. All these girls are working in Computer and Production firms.

Education: 22 girls are continuing their formal education in the private schools near by the centre. They regularly go to school by school bus. All the girls did well in the 2010 April final exams and are promoted to next class. The younger girls got very good marks and the older girls did alright.

Vocational training: Four girls are attended to vocational training in different trades during the year. Children are provided trainings in Computer, beautician and tailoring courses.

5. Single Women

Goal: To provide sustainable livelihood for Women headed families.

The Group size 10 to 15 Members. This will help in good management and monitoring for the leaders. Project has identified 57 groups with a membership of 824 women members in 15 villages. Out of 824 members 58 members are migrated to various villages for business purposes. 112 members are not repaid regularly because of their health and financial problems. We collected the interest for loan amount of the year Rs 50,000. Out of 112 members 712 members are repaid their loan amount.



We have identified new businesses for promotional activities and supported to members during this year. We provided loans for the businesses as fish vending, dry fish vending, cradle making during this reporting period.

Strengthening of group has been occurred by using our issued amount, they used this not only for raising their income levels but also they take good care of children by joining them in the school. And see them properly educated. While in usual group meetings, we also gave them awareness relating to issues of sanitation, health and environment. Regular meetings with teachers, parents with including children are given results in quality of education.

These groups are empowered on self-management. So, we decided to handover to the groups to the members through Bank transaction. We are planning to group meetings for the handing over the groups and also introduced to the savings. The process is started and 2 groups are already opened the bank accounts and maintaining on their own.

6. Helpless Aged

Goal: To provide care and support to helpless aged

We identified old age helpless persons in our programme villages. These members were not in a position to work, as their health is not permitting due to their growing age. Their children and relatives have left them by feeling as “burden”. They were without any income and does not possess any asset except the house in which is living in some cases. They face several health problems due to malnutrition. Some cannot walk and see properly. They were in need of regular medication. However they could not afford minimum levels of living standards.



ARDAR is providing support to helpless aged families since 2008.

We started with 74 old age families who were support less and living isolated. They did not get any support from their belongings relatives and successors. We started providing monthly grocery along with financial support for medical expenditure. We also provide medical check-ups in weekends to the old age persons. During the month of April 2010, we have 51 families under this support. During this year, 12 persons have passed away. Now, at the end of the year we have 43 families.

Previously, they were left by the families as they could not get income and always being an dependent. But, with the support of ARDAR these members are self-sustained. They got some immediate support. They are also finding other ways of livelihood. Now, relatives and other friends are visiting their houses and knowing whereabouts. At present, our helpless aged persons feel very confident and self-sustained.

7. Quality Education

Goal: To improve the quality of education in fisher villages of Vizianagaram and Srikakulam Districts.

The main target community in this project are children under 18 years of age group belongs to the 15 fisher villages in Vizianagaram and Srikakulam districts. The project covers 15 Schools. Total children are 2114.



Reducing Dropouts: This year we succeeded in the reducing the dropout rates with help of regular awareness meetings. There are only two drop out incidents are occurred and they also re-joined in the schools with our efforts.

Awareness Meetings: Awareness meetings are conducted regularly in all the villages. We discussed about the need of the education, children regularity and other quality issues in these meetings. Total 60 meetings were conducted and 1569 people are covered.



Parents Meetings: Parents meetings are conducted in quarterly basis. We discussed about the children regularity, neatness, sanitation in school premises, parents responsibilities and prevention of the children migration. This year 29 parents meetings conducted and 599 parents covered in 15 schools.

Facilities to schools: This year we provided electricity facility to 5 schools.

Fallow up of the scholarships: We followed up all the 11 youngsters who got scholarships in previous year. All the youngsters are continuing their studies.

8. Urban Health Care:

Goal: Decrease Infant Mortality, Maternal Mortality and Providing Mother & Child Health services

The Urban Health Center is located at Lankapatnam slum in Vizianagaram city. It is serving 24,000 people with reaching to the 8 slums.

This year we conducted 84 ANC clinics, 97 Janani sessions and 50 counseling sessions. During these programs we gave the awareness on lack of care in pregnancy period, need of institution deliveries, types of nutrition food, benefits of breast feeding, infant immunization program, spacing between births and sanitation of the surroundings.



In the outpatient program we treated 7,752 patients in this year. We provided services to all the children in the age group of 0-5 years. We treated 39 cases suffering with diarrhea and 78 cases suffering with ARI.

Indicator	Coverage	Indicator	Coverage
ANC		Live Births	297
TT 1 st Dose	326	Immunization of children	
TT 2 nd Dose	335	BCG	153
High risk ANCs detected	24	OPV/DPT/HEP3	
Deliveries		1 st Dose	254
Institution	292	2 nd Dose	259
Home	11	3 rd Dose	251
Family Planning		Measles	273
Permanent Methods	108		
Temporary Methods	343		

9. 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.

10. The Team

Whole-time staff:

Dr.V.V.Ramana	K.Mahesh	B.Musalayya	A.Gowri Mahalaxmi
G.Srihari	S.Sahoo	S.S.Murthy	K.Indira
G.Sudhakar Sai	G.Appayamma	S.Ramu	D.Bharath
S.V.S.Sunil Kumar	R.Ramanamma	P.Ananda Krupa	G.Laxmi
M.Sai Prasad	B.Pandayya	M.Pydiraju	S.Hyam
G.V.Sridhar	B.Venkata Laxmi	I.Ramarao	Dr.K.R.Mohanarao
Dr.Ramesh	M.Ramu	P.Narayana Rao	D.Bhavani
Dr.Hemalatha	M.Thavudamma	R.Pydinaidu	G.Venkatesh
V.Praveen	M.Mani	V.Pradeep	P.Mohan
K.Deva Sasthrulu	K.Annapooramma	K.Venkatesh	K.Raju
D.Jyothi	K.Sitha Rathnam	U.V.S.U.Kirnmai	G.Rama
A.Madhu	P.Appayamma	D.Nanaji	A.Kameswari
K.Somayya	M.Guramma	P.Sudha Rani	P.D.A.Prasad
T.Dhana Laxmi	Y.Vijaya	T.Gayatri	Dr.P.Rama Rao
K.Suresh	Appalanarasamma	P.Arjun	M.Ramesh Babu
B.Police Naidu	M.Laxmi	R.Yerri Naidu	N.Ramalaxmi
V.Srinivasa Rao	K.Dhana Laxmi	D.Shankar	E.Gowri
L.Sasi Babu	P.Manga	P.Suresh	M.V.Satyanarayana
P.Rambabu	V.Surya Laxmi	A.Satyanarayana	S.Kanthamma
V.Ramu	R.Venkata Laxmi	I.Kotiswari	Ch.Srinivasa Rao
V.Ramulamma	G.Suryanarayana	T.Sitaram	
G.Appanna	P.Yellayya	U.kalyani	

Volunteers:

M.Kumari	B.Lakshmanarao	D.Lakshmi	G.Ramulamma
P.Sunitha	Y.Pydamma	A.Suryanarayana	B.Adinarayana
T.Laxmi	K.Mani	K.Sanyasirao	V.Allodu
S.Somanna	K.Pydiraju	B.Seetamma	N.Prasad Reddy
Ch.Kanna Babu	K.Magamma	V.Ramudu	K.Venkat
J.Rama Krishna	M.Kousalya	K.Alivalu	G.Babu Rao
S.Chinna Rao	K.Lakshmi	K.Vijyalakshimi	U.Krishna
G.Rambabu	Y.Chanti	P.Lakshmi	M.V.Satish
P.Nageswararao	Y.Adilakshimi	M.Pydamma	K.David
L.Ramanamma	D.Mahalakshmi	T.Kamalamma	N.Eswar Rao
R.SanyasiNaidu	T.Asiramma	A.Sihachalam	G.Yellaji
A.Vasu	M.Kalavathi	L.Lakshmi	

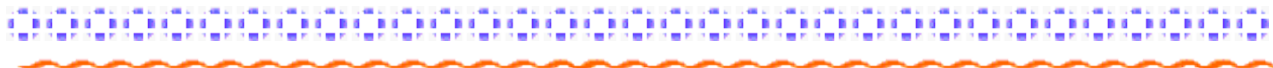
11. Financial Report 2010-2011

RECEIPTS AND PAYMENTS 2010 & 2011

	2011	2010		2011	2010
Receipts	Amount Rs.	Amount Rs	Payments	Amount Rs.	Amount Rs.
To Opening Balance Cash & Bank	80,85,820	19,54,620	By Capital Items Purchased for Organisation	21,93,559	1,58,42,946
To Self Generated (fees/ subscriptions/Interest/community contributions)	7,29,948	12,94,245	By Capital Items Purchased for Beneficiaries	24,76,096	76,09,464
To Donations from Indian Individuals	9,60,521	8,48,939	By Salaries & Benefits (programmes)	24,47,914	37,28,577
To Donations from Give India Donors	27,56,248	41,71,367	By Staff Training	-	94,765
To Grants from Indian Sources	41,03,859	42,21,092	By Staff Travel	97,270	5,38,373
To Grants from International Sources	2,00,90,527	4,99,12,806	By Office Support Expenses	2,19,419	10,18,898
To Donations from Foreign Donors	87,185		By Communication Expenses(annualreports, brouchers, etc)	3,43,320	2,84,362
To Staff Welfare	2,89,618		By Consultant Fees, (audit)	2,88,753	25,444
To Insurance for Accident Vehicle	9,10,000		By Program Expenses	2,68,30,149	2,40,13,538
To Outstanding Expenses	3,05,735		By Non Program Expenses	20,78,522	11,60,882
	-		By Closing Cash & Bank Balances	13,44,459	80,85,820
Grand Total	3,83,19,461	6,24,03,069	Grand Total	3,83,19,461	6,24,03,069

INCOME AND EXPENDITURE 2010 & 2011

	2011	2010		2011	2010
Expenditure	Amount Rs.	Amount Rs	Income	Amount Rs.	Amount Rs.
Program Expenses	2,68,30,149	2,40,13,538	Grants from Indian Sources	41,03,859	79,69,352
Salaries & Benefits (Programmes)	20,37,616	37,28,577	Grants from Foreign Sources	2,00,90,527	3,55,59,543
Staff Training	-	94,765	Grants from Give India	2756248	
Staff Travel	97,270	5,38,373	Bank Interest	59,203	26,971
Office Support Expenses	2,19,419	10,18,898	General Donations	-	2,42,201
Communications	3,43,320	2,84,362	Excess of expenditure over Income	96,97,016	
Consultant fees	2,88,753	25,444			
Losson Accident Vehicle	86,202	44,71,664			



Non Program Expenses	20,78,522				
Depreciation	47,25,602				
Excess of Income over Expenditure		96,22,446			
Grand Total	3,67,06,853	4,37,98,067	Grand Total	3,67,06,853	4,37,98,067

BALANCE SHEET 2010 & 2011

	2011	2010		2011	2010
Liabilities	Amount Rs.	Amount Rs	Assets	Amount Rs.	Amount Rs.
Capital Fund	3,65,64,881	4,62,61,897	Fixed Assets	2,78,84,232	2,99,87,749
Corpus & General Fund	21,36,629	10,94,462	Movable Assets	33,00,107	39,29,207
Staff Welfare	4,71,915	1,82,297	Furniture & Fittings	2246782	27,21,723
Sundry Creditors	7,63,926	10,35,308	Electricals & Electronics	1724995	17,66,257
			Kitchen Items	10,96,870	12,18,744
			Current Assets	36,84,565	89,50,284
Grand Total	3,99,37,351	4,85,73,964	Grand Total	3,99,37,551	4,85,73,964

OUR PARTNERS

