



COMMUNITY BASED REHABILITATION

# Empathetic towards Everyone's Success



VicenteFerrer

Rural Development Trust

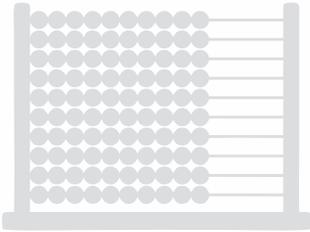
# At a Glance



Rural Development Trust



## Demographic Reach



# 1,230

children have access to **special education** and **rehabilitation** across **17 residential centres**



# 4,255

Children with Disabilities in **Primary, Secondary and Higher Studies**

## Father Ferrer's Philosophy

A perpetual guiding light for all at RDT, Father Vicente Ferrer was loved and admired across the world not only by those who had the privilege to meet him, but also those who got to know about his noble causes.

Following his principles of 'Work beyond duty' and 'Concern for others', RDT functions on the philosophy of action, and works closely with the needy. He believed that development institutions (NGOs) need to become permanent social organisations that work with poor and needy people at a grassroots level, and cater to their changing needs at all times. He supported long term strategic planning, aimed towards the

## Geographic Reach

**27,723** Persons with Disabilities formed **2,248 SHGs** spread across...

# 2,586

villages



# Contents

02

About Rural Development Trust

04

Message from the Executive Director

05

Message from the Community Based Rehabilitation Director

06

The Early Years



Cumulative savings of SHGs

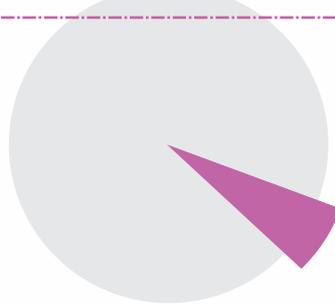
14,19,47,757

Memberships in Mini Bank

24,507



Fund Allocation



5.5%

of all funding is dedicated towards CBR programmes

complete eradication of issues like drought, poverty, discrimination, etc. He considered people as the main actors in their development process, and always aspired to reach out to the poorest of the poor.

His work was dedicated to ensuring that the poor could live with dignity and self-respect and was a strong advocate of equal opportunities for men and women, the able-bodied and Persons with Disabilities, while encouraging all sections of society to live in peace and harmony.

“If we join hands, we will transform this world.”

Vicente Ferrer  
Founder - RDT



09

Facilitating SHGs and Federation of PWDs

13

Providing Access to Special Education

17

Access to Rehabilitation

21

Life-skills Enhancement Programmes

24

Progress Towards Prosperity

## ABOUT

# Rural Development Trust

The Rural Development Trust (RDT), also known as Fundación Vicente Ferrer (FVF) in Spain, has worked in the Indian states of Andhra Pradesh and Telangana for nearly half a century.

Since its inception in 1969, RDT has endeavoured to improve the quality of life among the rural poor, especially among marginalised and underprivileged communities, small & marginal farmers, children, women, Persons with Disabilities,



those affected by HIV/AIDs and orphans. The organisation's programmes today cover various focus sectors in 3,589 villages spread across 111 Revenue Mandals across 6 districts of Andhra Pradesh and Telangana, including 224 villages inhabited by the Chenchus in the Nallamala forest area of Srisailam district.

RDT has worked for all-round sustainable social transformations, assisted by the government and various agencies in working to ensure that the rural poor receive the same attention and benefits enjoyed by their better-off brethren. **Organizationally, RDT works in ten sectors, each involving the efforts of many individuals, from committed villagers, subject-matter experts, field staff, specialised development workers, trainers to RDT's senior managing team.** These sectors, viz. Education, Women, Community Health (including care for HIV/AIDS patients),

Hospitals, Habitat, Community-based Rehabilitation (CBR), Ecology, Chenchu Tribal Development, Sports, and Culture, look at addressing specific social issues. **The purpose of the RDT's integral development approach is to touch the rural lives through many sectors, simultaneously.** For instance, while programmes run by the Community-

3,589 villages spread across 111 Revenue Mandals in 6 districts of Andhra Pradesh and Telangana.

## Vision

A caring, just and environment-friendly society promoting social harmony and peaceful coexistence and balancing the needs of people and nature.

## Mission



based Rehabilitation sector work to ensure that PWDs have improved opportunities to Education, Health and Livelihood, the Sports and Culture sectors' works are essential for the growth, self-esteem and self-confidence.

RDT has stressed upon empowering community-based organisations (CBOs), whose members, irrespective of their social background, can participate in the process of bringing about socio-economic change. Over the years, CBO members have come to play a vital role in planning, execution, monitoring and follow up of programme interventions either carried out by Government or RDT.

**Today, RDT comprises 1,920 senior and mid-level managerial staff, professional and technical staff, grassroots and support-level staff**

**who are highly experienced and suitably trained in their respective fields of work.** In addition, there are 3,037 volunteers including Community Health Workers (CHWs) and Community-Based Teachers (CBTs) at the village level who are trained by the organization.

Among the trustees of RDT are members of the Rayalaseema Development Trust (RYDT) and the Women Development Trust (WDT). The former runs a family planning centre and professional school at Ananthapuram along with programmes related to culture and sports, while the latter runs a referral hospital at Kanekal as well as community health programmes. FVF extends support to these sister concerns of RDT to carry out these specific sectoral works.

In its efforts towards mobilizing resources for the cause of the poor, RDT set up its first Resource Mobilization Centre in Mumbai in 2012, and the next in Vijayawada in 2015, to engage with the committed individuals and having them participate in the struggle to ensure that the rural poor come out of poverty and lead a dignified life, on par with other members of society.

## Our Dharma



**Concern  
for the  
poor and  
needy**



**Work  
beyond  
duty**



**Reaching  
as many  
poor  
as possible**



**Pursuit of  
excellence  
in work**



- **To eradicate extreme poverty and human suffering.**
- **To work towards implementing eco-efficient agriculture that ensures the sustainability of livelihoods and encourages harmony between human beings and natural resources.**
- **To ensure that educated youth from poor families have diversified job opportunities fetching a decent salary and affording an improved status in society.**
- **To ensure that Persons with Disabilities have access to equal opportunities and are the main actors in their struggle to lead a life of quality and dignity.**
- **To work towards the empowerment of women by helping improve their socioeconomic status and sensitising both men and women to deal with issues such as gender discrimination and violence.**
- **To be a value-based professional organization being dynamic and creative in nature, untiring in hard work and motivation, humanistic in approach, strong in its commitment to share the aspirations and struggles of the poor and permanent in time but flexible to adapt to the changing needs of people.**

## MESSAGE FROM THE

# Executive Director



Even though both state and central governments have comprehensive laws and rights for Persons with Disabilities, the truth on the ground is quite different. RDT strives to enable access for PWDs to the rights and benefits available to them and ensuring that all its programmes are inclusive to PWDs

As per the 2011 census, there are more than 2.68 crore PWDs in India and for a good many of them, daily life is a struggle. **From our early years, we have been committed to changing people's attitudes towards disability.** Only with an open mind-set can the main-streaming of PWDs truly be achieved. Without it, all the work that the government does, or we do, and the exemplary efforts of PWDs to educate, assimilate and rehabilitate themselves, will be incomplete.

**Over the years, Self Help Groups or Disabled People's Organisations, have become prime-movers for securing the rights of PWDs and making them financially independent.** RDT promotes literacy among children of all age groups to enrol and retain them in school, so that they can become skilled individuals when they grow up, be counted among the functional, earning members in their society, and attain status to the best of their abilities.

We are keen that Children with Disabilities have access to normal or special education at both primary and secondary level with the provision for inclusive education and social integration. This gives them self-confidence and recognition both in their family and society.

**The RDT hospitals and healthcare centres are also primed to identify disability at a very early stage to ensure timely care. In cases of severe or multiple disability, community and village level stakeholders are also involved to address their basic needs.** The Community Based Rehabilitation (CBR) staff members, who take care of the people with special needs deserve a special mention. They indeed are doing their job very well and are constantly trained to upgrade their skills so that they can work in a more efficient and professional manner. **We are also introducing quality rehabilitation training like vocational and therapeutic services via special residential centres for children with cerebral palsy and intellectual disability.**

Along with all these efforts, we realise that more than anything else, they need a sense of belonging to the society and the opportunities to identify and hone the skills they possess. To accomplish that, we encourage their social interaction through sports, games and other cultural activities. **We hope that people from all walks of life will work towards changing their attitudes concerning disability, because an unhealthy attitude is a disability in itself.**

Anna Ferrer

Over the years, Self Help Groups or Disabled People's Organisations, have become prime-movers for securing the rights of PWDs and making them financially independent.



## MESSAGE FROM THE CBR Director



RDT provides educational, medical, social and economic support to Persons with Disabilities, and also generates awareness to eradicate the stigmas associated with them. As members of Self Help Groups, they are empowered to support each other in improving their quality of life.

People with Disabilities, no matter how qualified or talented face a major issue in our society- 'Discrimination'. **With the help of our supporters and volunteers, our intention is not to just help them out, but also to foster self-belief and a can-do attitude during their childhood and youth days.** Early rehabilitation can curb dependencies as far as possible and prevent minor, temporary disabilities to become major and permanent, thereby, enabling them to become key actors in their own development.

RDT's CBR programme is both advocacy based and institution based. Its focus on advocacy lies in facilitating the federation of community-based organisations of PWDs and their family members. **The PWDs associated with RDT, majorly work as a part of one of two groups, namely- Self Help Groups (SHGs) and Disabled People's Organisations (DPOs).** These groups make collective efforts to enhance their own quality of life besides helping other PWDs.

There has been a substantial increase in the percentage of SHG members carrying out various livelihood activities and taking up their welfare and development issues at the village, mandal and even district level, if needed. **The 'Supported Living Project' that covers people with severe disabilities, and residential centres that cover children with Cerebral Palsy and Intellectual Disability have also expanded their reach.** This helps in improving their socio-economic status.

RDT's efforts are not only directed towards helping and rehabilitating PWDs, but also at the people looking after them. The skills and knowledge of the staff members dealing with PWDs are constantly updated via trainings and workshops to help them undertake their work professionally, and increase the sustainability of RDT's efforts. Under the supervision of well-experienced coaches, RDT provides sports and games training to at least 50% of our Children with Disabilities. **Our highest achievement in this regard was enabling 13 (including 7 female athletes) of our young sports people to participate in Special Olympics 2015 in Los Angeles.**

Many of our children are also trained for appropriate vocational and life skills and we have steadily rising targets each year in this regard. This especially benefits **Children with Intellectual Disabilities** as they are **trained to improve their physical, psychological and social skills by accessing physical rehabilitation.**

**Besides treating them with love, respect and above all-equality, let us pledge that as responsible citizens, we will spread the necessary awareness required to break the conventional thinking of people towards PWDs, so that they can attain parity and respectability at par with others in the society.**

R. Dasaratha Ramudu

Our ultimate goal is to reduce and eventually eradicate the social stigma and discrimination associated with disability. We aim to achieve this by equipping PWDs to access their rights and government resources and services to lead a quality life.



## THE EARLY YEARS

# Community Based Rehabilitation

Work with PWDs takes on many forms - like rehabilitative efforts, enabling access to governmental and institutional help, counselling, special schools, overcoming societal prejudices, fostering understanding and creating a peer-network of support and friendships.

**RDT partnered the Government of India's Universal Immunisation Programme (UIP) in 1985. This programme identified 55 districts in India to run an immunisation drive, with Ananthapuram being one of them.** At the time, Polio and Diphtheria, Whooping Cough and Tetanus (DPT) were the pressing issues. The government was partnered by UNICEF in its national effort, and by RDT on the ground in Ananthapuram. This experience served as RDT's initiation into working for people with disabilities, and they realised the sheer scope of the work needed in this area.

**The plight of rural PWDs, men, women and children, at the time was particularly dire. Shunned by general society, most were sorely mistreated by their families and caretakers.** Timely medical help, corrective surgeries and regular follow-ups were virtually unheard of. Instead, the usual experience was one of distress - tied up at home, abused by others outside their homes; most would not even be referred to by their

names, but were instead called 'cripple', 'blind', 'lame', and other more derogatory terms. This was the average experience of a PWD in those days and with very little social lives, they had no sense of the larger world around them.

**They were also not counted for demographically and socially - not included in census figures, unaware or not utilising their voting rights, had little or no political participation, didn't receive their dues like medical certification needed for accessing benefits, pensions etc.** Neither were there any agencies to represent or help them and nor were they aware of how to access help. Banks were unwilling to give loans to PWDs, and if they were able to get some work, the pay would be extremely less.

PWDs who could have benefited from schooling and achieve some level of integration as functional adults in society were rarely afforded the chance to be educated as there were

## Objectives

- **SHGs (Self-Help Groups)/DPOs (Disabled Peoples' Organizations) will evolve to be more functional and independent to ensure that persons with disabilities fight against discrimination and ascertain their constitutional rights/privileges and other entitlements, including resources/services meant for their improved living standards.**
- **Children with disabilities will have access to normal or special education at primary and secondary level with provision for inclusive education and social integration wherever feasible that contributes to their improved literacy, self-confidence, identity and recognition both in family and society.**
- **Children with Cerebral Palsy (CP) and Intellectual Disability (ID) will access quality rehabilitation training including vocational/therapeutic services through**

## Timeline

Milestones  
in  
Community  
Based  
Rehabilitation  
Programmes

### 1984-85

RDT partnered UNICEF for Universal Immunisation Programme (UIP)



### 1987

Partnered with NGO ADD for mainstream disability programmes



### 1989

Established independent programme for PWDs



no special schools and certainly no inclusive education. **As a result, literacy levels were abysmal among PWDs and they had no avenues to rise above their circumstances.** And finally, infrastructural issues that affected poor settlements, such as poor transportation facilities, were even bigger obstacles to PWDs and their families in enabling access to the wider world.

In 1987, RDT partnered with the UK based NGO, Action on Disability and Development (ADD) for mainstream disability programmes in India. Mr. Venkatesh from ADD India, who himself was visually impaired – worked with RDT for Persons with Disabilities. Under his leadership, **PWDs from**

**over 20 villages were grouped into 10 Sanghams, which were groups that facilitated their personal development.** Being totally dependent on others, meant that most PWDs had little or no financial independence. Women with disabilities, already discriminated on the basis of gender and caste, were further harassed through violence, torture, and in many cases, sexual abuse at the hands of their own caretakers or random strangers for whom they were an easy target.

The World Bank and WHO World Report On Disability (2011) estimates that **15% of world's population have one form of disability or the other. That's a billion people - constituting**



**the world's largest minority population.** This report also estimates that 20% of the poorest people in the world are disabled and 80% of the population with disabilities live in low or middle income countries. **Less than 5% of this population has access to education, health service, social security and to livelihood opportunities.**

Estimates of Persons with Disabilities in India vary from 3 % to 8 % depending on the source. The fact the Persons with Disabilities are not integral part of national demographic system bears testimony to the importance given to their inclusion by the government and society at large. From RDT's 3 decades' experience of working with Persons with Disabilities, and in the absence of accurate disaggregated data on disability, we can only assume that world report statistics of such organisations hold good for India as well. The Indian government is making great strides in correcting the situation by counting PWDs, and classifying and recognising their rights. In conjunction with which, **the CBR team's efforts ensure that poor rural families of PWDs, and PWDs themselves get access to these rights and to equal opportunities in all possible areas of development.**

special residential centres and community based approach.

- **Children with disability will be diagnosed early and need based rehabilitative/therapeutic measures such (physiotherapy, speech therapy, sensory stimulations, aids/appliances and surgical intervention) will be provided that contributes to:**
  - a) Ensuring optimum use of the residual potential in the child
  - b) Preventing secondary problems that generally arise because of inadequate support
  - c) Reducing the intensity of disability and improving mobility
- **PWDs or parents of children with disabilities will manage and monitor feasible livelihood activities that improve their socio-economic status and enhance their self-respect, identity and recognition in family and society.**
- **Persons with severe intensity of disability will improve their living conditions by identifying and addressing their basic needs through involving stakeholders at community/village level.**
- **SHGs/DPOs will take up the issues concerning various facets of welfare and development of PWDs through advocacy and lobbying at Mandal/District/State and national level.**
- **CBR staff's knowledge and skills both in the institutions and in the field will be upgraded and strengthened to help them carry out their work professionally and contribute towards the sustainability of program interventions.**
- **Children with intellectual disability will improve their physical, psychological and social development through access to intensive training and supportive measures.**

1992

Started low cost aids; Orthotic & Prosthetic workshop



1994

Established centre for children with mental retardation



1996

Started pre-school for children with visual disability



2015-16

4633 Orthopaedic aids fabricated and delivered





SHGs create an enabling environment for PWDs to attain self-reliance.

## PROGRAMME ONE

# Facilitating SHGs and Federation of PWDs

It is rare in life for a person with a disability to be asked to think for themselves. The idea of Self Help

Groups is not to extend charity needlessly, but to foster independence and an enabling network of peers.

Awareness of, and the ability to mobilise, ones' rights are the aims of federating PWDs.

**Facilitation of SHGs was an extension of the work that RDT had been doing with an NGO - ADD (Action on Disability and Development) India in 1987.** An ADD India member, Mr. Venkatesh was the prime-mover behind the early federation of PWDs.

He came up with the idea of mobilising collectives of PWDs at the Taluk level (average population of 2,00,000 persons per Taluk). Meeting at the



Taluk level was difficult for them due to poor access to means of transport (helping them acquire bus passes was among the initiatives of the project). Inspired by RDTs already active Sanghams in other sectors, Venkatesh thought to replicate the experience for PWDs as well.

So instead smaller Sanghams were formed at village levels. These were gender-mixed groups of varying ages and disabilities. They needed at least 5 members, who met to socialise and

share their experiences as a first step because up to that point, most PWDs were isolated from society and from each other. Understanding each other's experiences gave them a sense of solidarity to tackle their issues with daily life, and work on sensitising their abled peers. Today, each PWD Sangham has at least 10 members who meet monthly to discuss social and economic matters. The Sanghams focus on creating awareness of members' legal rights and mobilising/facilitating those services which could be availed by them such as medical certificates, income certificates and bus/train passes, among others.

Eventually, in 1989, RDT decided to continue this as an independent sector for PWDs. The SHG and federation programme that started with just 20 villages had grown to 70 by 1991. Today, RDT works in over 2586 villages in Ananthapuram and parts of Kurnool district. Operated at village, block and district levels, the groups are called SHGs at the village level, and Federations at the block and district level. All these groups are categorised as Disabled People's Organisations (DPOs), made up of people with different disabilities and/or their care-givers, in the cases where the PWD can't represent herself or himself due to the severity of their disability. They are primarily advocacy groups that motivate families to send children with disabilities to school,

## Highlights

- As of March 2015, 26,116 Persons with Disabilities comprising 15,466 males and 9,750 females formed 10,650 SHGs spread across 2570 project villages
- Through IGP, SHGs have accessed loans to the amount of ₹ 39,13,95,765
- 42 Family members of Persons with Disabilities elected for different positions as people representatives
- 58 Mandal federations with 660 Executive members and District Federations comprised of 15 Executive members constituted. They work on government resource mobilisation, protection of rights and violence/discrimination against PWDs
- Five Persons with Disabilities elected as Village President/Vice President. There are also 12 Persons with Disabilities (5 males and 7 females) elected as ward members

## Evolution

# 1987

RDT and ADD first conceptualise the formation of PWD Sanghams





## Staff Speak

With the setting up of SHGs, there has been a considerable improvement in the social conditions of Persons with Disabilities. They are slowly gaining recognition and there is a far bigger acceptance for their social inclusion with their families and communities as a whole being more receptive to them. **Financial independence through mini-banks have built confidence in them; their perception has changed and they feel more in control of their lives.**

**Mr.Ranga Reddy**  
Training Resource Person, CBR Sector

undertake rehabilitation interventions, and play an active role in preventing abuse against children and women.

**The rights of PWDs are now enshrined by the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, and RDT carries out its activities as per its definitions.** The main ways in which PWDs' lives have improved after federation into Sanghams have been:



**most basic needs, let alone dedicated housing. PWD Act provisions state, that 3% of all government schemes should benefit PWDs.**

Sangham discussions led to PWDs being allotted land plots that were due to them, to be used as house sites, but most of them had no means by which to construct one. The PWD Sanghams made recommendations on behalf of such members, and after due diligence, constructed a house unit with attached bathroom and toilet. The candidates thereby realised a huge uplift in their social status and solvency- a dream come true.

**Income-Generating Programme (IGP)**

With all the steps realised, most PWDs were still not financially confident to avail loans even as small as Rs. 2000

“RDT's field staff members across their various teams have a close ear to the ground and alert us about the cases of PWDs needing urgent help.”

**Mr.Venkatanarayana**  
Teacher, Government Primary School,  
Bukkarayasamudram

### Mini-bank savings

As most PWDs had little access to any money, mini-banks were conceptualised as an early measure for mobilising savings. These were small savings accounts operated by each Sangham, membership was voluntary and at first each person could only contribute a rupee or two each month at best in the early 90s. **This amount has slowly grown to Rs. 25-50 today per member, and enrolment in savings by all member PWDs is now 88%, (Total membership in SHGs is 27,723 and Membership in Mini bank is 24,507) as their prospects have improved.** As savings have grown, mini-banks evolved to giving out small loans and creating a revolving-credit system.

### Housing

It was not uncommon for PWDs to be living under unpleasant circumstances, and with their diminished social status and entitlements, owning a house was an impossible dream. **Most of them just had barely enough money for their**



from their own savings. The pressure of repayment and the risk of losing their savings loomed large over them. This is not the case today with loans as large as Rs. 25000 being availed through mini-banks. Besides individual loans, PWD Sanghams also take larger loans either from the government, banks or Disability Development Fund (DDF). **The DDF is a fund constituted by RDT and runs for about 10-15 villages from which Sanghams avail large loans ranging between 3 to 4 lakh, and individual PWDs can avail an average of Rs.20,000 each.** For seriously compromised PWDs, their caretakers could take the loan from the DDF, but only on the premise that the benefits of the activity taken up

would reach the concerned person. In this way, PWDs' financial confidence has grown from mobilising savings of a few rupees to availing large loans for business activities.

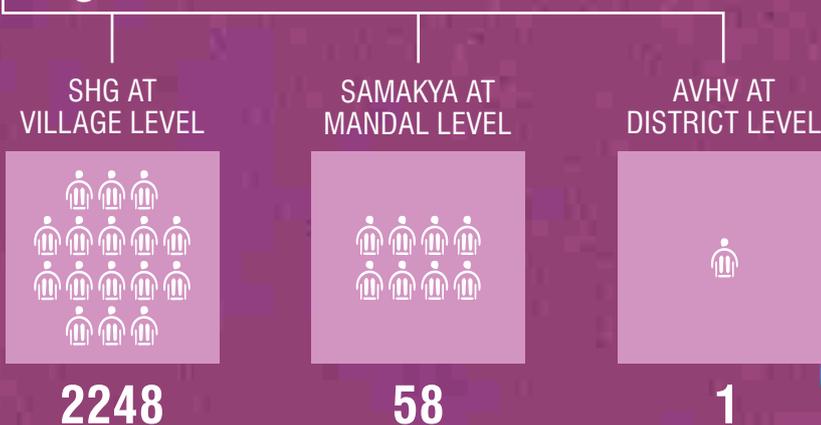
Sanghams have also worked tirelessly with RDT's support for mobilising legal rights, government documentation, equal rights to ancestral property, census recognition, voting rights/cards, access to government pension, scholarships, and employment cards under Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS), among other initiatives. Today PWDs are equally confident and entitled members of society as abled persons.

## Paradigm Shift

**Greater financial independence and security has led to a better status in society for the PWDs. Withheld from earning a single rupee of their own in the past, today are able to make their own livelihood, and prove their capability to lead a life of dignity and self-respect**

Cumulative savings of SHGs in March 2016  14,19,47,757

## Organisations for PWDs



## Success Story

**I contracted Polio at a very young age. Through years of struggle and practice, I was finally able to walk without a stick when I was 7 years old.** However, due to my disability, I was often mocked at school. After the sudden demise of my father in 2001, I dropped out of school and started working at a welding shop for a meagre salary of Rs. 2000 per month.

In 2002, I joined the Vikalangula Sangham in my village where the members gave me a lot of confidence and even suggested that I get married. After much difficulty, a family allowed me to wed their daughter in 2004 – but again I was faced with the issue of financially securing my new family.

**RDT helped me in setting up my own welding shop. They provided me**

**with Rs. 25,000 as capital, and helped in securing Rs. 20,000 from a bank and Rs. 50,000 from other sources – a total of Rs. 95,000.** Thus, I was able to purchase modern machinery and establish my own shop. Today, I earn Rs. 15,000 every month and have repaid my loans and bills. I have 2 sons who are receiving good education in a private school and I am able to meet the financial needs of my family. **I have even hired 2 workers for my welding shop and pay them Rs. 3000 every month. People in my village recognise me and respect my family.**

**Zilan Basha, Kudair Village, Ananthapuram District**

**“I now guide other Persons with Disabilities and tell them my own story of struggles and success through RDT”**

Ensuring that Children with Disabilities have the chance to attain as much self-reliance as possible



## PROGRAMME TWO

# Providing Access to Special Education

Most parents of Children with Disabilities did not believe that their children should go to school because either the thought of other people's taunts, or tangible and attitudinal obstacles would stand in the way.

Overcoming this prejudice has been one of the tasks in building the Special Education programme.

While working with PWDs, RDT realised that children with various forms of disabilities were ignored by their families and the society. **Over the years, RDT has been involved in providing educational opportunities for children with visual disabilities (VI), speech and hearing disabilities and loco-motor-disabilities, children with intellectual disabilities (ID) and Cerebral Palsy (CP).** Assistance is provided to improve their daily living skills in order to make them self-sufficient enough to be managed by special care and rehabilitation. As an extension to the programme, RDT collaborated with government schools for further outreach, besides also providing access to higher education, technical and vocational training of PWDs through the CBR sector's own network of special centres.

RDT's work with children started in 1994 when it set up a centre for children with intellectual disabilities at Kalyandurg. Later, two more centres were set up at Uravakonda in 1997 and Udegolam in Rayadurg area in 1999. All these centres were run by staff who had been trained for working with PWDs. In 1997, RDT facilitated parents to enrol their children with visual disability to pursue their education at a Government School in Hindupur. For some time, RDT also paid wages to school maintenance workers to improve sanitary conditions. In 1996, the organisation also set up a pre-school for these children at Kuderu and appointed staff trained in Braille

script. Another (6th) centre was established in Kalyandurg in 1998. In the same year, RDT started a special school for children with speech and hearing disability in Uravakonda.



**As of today, RDT has established 17 residential centres for youth and children with disabilities. The centres are divided into different levels specialising in the students according to the kind of disability. These centres also facilitate passage of the children to schools, colleges and public universities at a later stage.**

In all its interactions with villagers, Community Development Committee (CDC) members, women, RDT drives the enrolment of Children with Disabilities into schools- its own, or government schools if possible. There are government scholarships that can be availed with help from the Sanghams, the intent being that if

## Highlights

- **1,230 Children with Disabilities are accessing special education and rehabilitation in RDT centres**
- **RDT operates 15 primary level residential education centres and 2 high schools**
- **Currently, RDT has three centres for children with Cerebral Palsy hosting 130 children**
- **13 Athletes (6 male and 7 female) 2 coaches and one official from RDT represented India in Los Angeles in 7 different events - Volley Ball, Table tennis, Badminton, Football, Power Lifting, Handball and Basketball in July 2015, and won 3 gold, 5 silver and 9 bronze**
- **1,025 children in total have enrolled for higher education out of which 350 for Intermediate, + 350 for Graduation, 73 for Post Graduation and 252 for Professional Education. 11,130 Children with Disabilities (2,833 Boys and 1,703 girls) have received sponsorship from RDT, as of March, 2016**

## Evolution

# 1994

RDT set up a centre for children with intellectual disabilities at Kalyandurg





## Staff Speak

**It is imperative to set up specialised learning facilities for children with disabilities.** These children are not in a position to cope with the learning pace of other children and so, RDT rendered Braille for Telugu, Hindi and English to teach the rural children. We have also printed books in Braille for the convenience of students. This is a commendable job!

**Mrs. Vanaja**  
*Braille Operator*

every child with a manageable level of disability can access education, then they are getting off to the best start possible for them to lead a productive life. RDT runs 2 types of education centres namely Primary and Secondary.

### Primary Centres cater to children aged 4 to 14 and are subdivided into

**Centre for Children with Total or Partial Visual Disability:** Specially appointed staff train students in Braille at the centre. In fact, nearly all visually-impaired children attend school which has been enabled largely by RDT's braille-printing facility that started in the year 2000. All classroom textbooks across all subjects today are available in Braille for the students with special visual needs. All academic books from Class I to X (including math) are rendered in Braille with Telugu books being converted using a special software allowing Telugu-speaking children access to Braille books that they can read.

Since 2003 RDT has been devising a unique Telugu Sign Language (TSL) with the help of experts for effective communication. Extensive field studies were carried out in 23 districts in Andhra Pradesh, where all the various signs used by PWDs were collated, studied and standardised into a common Sign Language using the most prevalent signs which is taught to teachers and children. Instruction books in Telugu Sign Language for Class I and II are presently under use, with books till Class V currently under development. Having TSL instruction has ensured near-total enrolment in Primary and Secondary school by children with speech and hearing disabilities.

**Centre for Children with Speech and Hearing Disability:** Children work with trained professional staff specialising in sign language. The staff are sponsored by RDT for 2 years in Rehabilitation Council of India recognised training institutes at Bangalore/Hyderabad in Diploma in Education in Hearing Disability (D.Ed-

HI). In-service, trainings are conducted to teach sign language. This programme also offers extracurricular activities for boosting self-esteem of these children.

### Secondary level centres operate in the following 2 specialisations

**High School for Inclusive Education:** This school was set up in Raptadu in 2008 and caters to a mixed profile of children - those with partial or total visual disabilities, orphans, children, able-bodied poor children and children with loco-motor-disabilities. The school offers education from sixth to tenth grade and also conducts computer classes. RDT enables their education with scholarships as needed, teaching/learning aids and special learning materials in Braille

**High School for Speech and Hearing Impaired Children:** Meant for children aged 12 to 17, this centre offers

“There was very little scope for Children with Disabilities to access education. Now there are 17 residential school covering 1239 Children with Disabilities.”

**Mr. Chandrasekhar Naidu**  
*Director of Education Sector*



education from sixth to tenth grade, after which RDT provides scholarships for students who wish to pursue higher education in colleges or universities.

Both centres have divisions for extracurricular activities and sports to promote physical, mental, emotional and social development of young people and offer specialised training for athletes. Other than the activities implemented directly for children, RDT also conducts awareness programmes for families and teachers in both

public schools and residential centres. All teachers working in schools for People with Disabilities are specialised professionals and RDT offers additional trainings on specific topics such as sign language, syllabus based trainings and new system of evaluation of children abilities called Continues Compressive Evaluation (CCE model). The eventual goal of all these centres is to integrate children with disability with other children in schools and society.

## Paradigm Shift

Seeing People with Disabilities out passing others in every field, parents are no more ashamed of their Children with Disabilities. Rather, now they feel proud of their achievements and make them a part of every social gathering.

**1994** Centre for children with intellectual disability started

**1996** School for children with visual impairment started

**1998** Centre for children with speech and hearing disability started

### 15 primary level residential centers



**2** for children with visual disability



**6** for children with intellectual disability



**4** for children with speech and hearing impairment



**3** for children with cerebral palsy



**2** high schools including **1** inclusive school for children with visual impairment

### 2 secondary level residential centres



**1** High School for Inclusive Education



**1** High School for Speech & Hearing Impaired Children



## Success Story

**As a child, I met with a severe accident in which I lost my eyes. Being visually impaired made me feel very hapless and dependent on people. I felt like there was no goal or purpose for me in life.**

One day, my father – Eswaraiah – heard about RDT's training centre for the visually impaired and got me enrolled there. I was the first student of RDT's Braille school and it was a turning point in my life as I was introduced to the new world of learning through Braille. I realised that while I had lost my vision, my other senses could help compensate my disability to some extent.

The trainers there accepted my disability and gave undivided attention to me. Soon, there were many other students like me at the centre, and I

ended up making some good friends. I focussed on developing my skills and educated myself through Braille. **With the help of my trainers, I completed primary education which further laid out the path to study B. Ed and then M.A. English.**

RDT schools also promoted extra-curricular activities and it was there that I discovered my talent for singing. **In 2009, I was one of the 18 participants at the singing reality show 'Black' on ETV.** The show was judged by acclaimed actress Laya and renowned artist B.V. Mohankrishna, who himself is visually-challenged. This was the highest point in my life.

**Obaiah**  
*Braille Teacher, Inclusive School, RDT, Rapphadu*

**"Today, I myself am working as a Braille teacher with RDT, enabling many other visually impaired students to access quality education."**



Rehabilitation work for persons and Children with Disabilities takes on many forms

## PROGRAMME THREE

# Access to Rehabilitation

Early on, RDT realised that there were certain cases where medical intervention, rehabilitation and therapeutic /supportive services including speech therapy, occupational therapy, physiotherapy could be used in order to improve the quality of life of PWDs.

**Medical rehabilitation is one of the strongest ways of equipping PWDs. The primary purpose is to allow them to lead an independent and autonomous life.** In certain cases, where corrective treatment is an option, medical surgeries are availed and in alternative cases, the use of suitable devices like hearing aids,



crutches, orthopaedic support etc. is provided which can bring about a drastic level of change in their life quality. Children who were forced to crawl or creep to get about, are now able to walk with pride and attend school, while impaired adults can access useful and rewarding occupations.

*Support under this programme can be categorised as follows:*

### Centre for Children with Intellectual Disabilities (ID)

The needs of children with border line,

mild, moderate and severe disabilities are identified, and they are given inputs on activities of daily living (ADL) / vocational trainings / literacy / education. RDT's is a combination of Institution and Community-Based Rehabilitation. These children stay in the centre for 3 weeks and then go back to their homes. Instructors visit them to track whether what was taught to the children in the centres is being practiced by parents at home. The centres were started as much to help parents as to help their children. Besides offering them support and professional advice, the centres also free up parents' and caregivers' time so that they can work. These residential centres organise trainings focussing on activities of daily living skills- such as basic hygiene, bathing, brushing, and higher activities like taking care of poultry and cattle or garden maintenance. The children visit their homes once a month for a week, and the hope is to work together with caregivers to help them achieve either complete or partial independence.

### Centre for Children with Cerebral Palsy (CR)

Cerebral palsy is a condition that affects different brain functions, from speech to body mobility; it is usually a result of oxygen deprivation while the foetus is growing in the womb. Poor rural families typically do not have access to professional help or advice on how to handle children with CP so

### Highlights

- 4,852 PWDs were referred to local institutions/specialist doctors
- Surgical correction of deformities has benefited 2,363 PWDs
- 51,601 aids and appliances such as crutches, callipers, wheel chairs, artificial limbs etc. were provided to 22,348 PWDs
- 4,155 orthopaedic aids have been fabricated and delivered in 2013-14
- 35,933 appliances have been repaired till now



### Evolution

# 1992

RDT sets up 1st orthopedic workshop at Kalyandurg



## Staff Speak

Medical rehabilitation can take a lot of resources and funds. In many cases, PWDs can improve the quality of their lives if they can access medical help, but the reality is that they are often not able to do so. Even worse is that in many cases, the People with Disabilities are not even aware that medical intervention can help them. RDT's initiatives have brought about a drastic change to the scenario and improved the lives of numerous PWDs.

**Mr. Nagaraju**  
Orthotic Engineer

most children are left lying down all the time, which lead to bed sores, and wasting away of limbs. When children first come to the centre, they usually cannot sit up. Few months of physiotherapy sessions create a big difference in their broad motor skills and with time, their fine motor skills also improve considerably. Depending on the degree of impairment, these centres also organise physical therapy, speech therapy, sensory perceptual stimulation and other activities such as yoga, gardening, painting and music.

### Corrective Surgeries

RDT collaborated with a Spanish medical organisation called 'Orthopaedic Surgeons Volunteers' to take their expert guidance and technical advice in performing corrective surgeries. Under this programme, a group of medical specialists in corrective injuries travel from Spain to Ananthapuram every year for a period of six months extending between September and February. Diagnostics camps are organised for screening patients in each area. After preliminary screening, a group of specialised orthopaedic surgeons, ortho-engineers and multipurpose rehabilitation technicians cover the area and screen the short-listed beneficiaries for early detection of the problem and identify children/persons requiring aids and appliances, physiotherapy and surgical interventions to correct deformities.

### Orthopaedics Workshops

The Ananthapuram district of Andhra Pradesh has a government orthopaedic and Prosthetic workshop in the city. For ease of access, RDT has established 4 orthopaedic workshops located at Kalyandurg (1992), Kuderu (1993), Bathalapalli (2000) and Kadiri (2003) in the district. The objective of these workshops is to assist children and adults with physical disability, to become more mobile by fabricating/supplying low cost aids/appliances /assistive devices such as crutches and callipers as well as artificial limbs (prosthesis). The workshops also deliver other

supportive services such as physiotherapy and application of Plaster of Paris (POP) casts, particularly for children with clubfoot. Specialist technicians analyse each requirement and create specific prosthesis (artificial foot, limb) and orthopaedic aids necessary to promote autonomy and independence (crutches, callipers, walkers, wheelchairs, special chairs for children with cerebral palsy, tricycles, etc).

They also organise rehabilitation and physiotherapy sessions and guide the family on how to treat the person with disabilities and how to guide their rehabilitation at home.

*For children in particular, specialised initiatives are:*

### Vaccination Programmes

RDT's health team works in collaboration with the Government to implement vaccination campaigns for children. The PWD SHGs are instrumental in mobilising PWDs and their family members to undergo immunisation.

“Provision of appliances such as callipers, crutches, wheel chairs and artificial limbs has eased the life of many PWDs.”

**R. Ramudu**  
parent and CDC member,  
Uravakonda



### Special Olympics

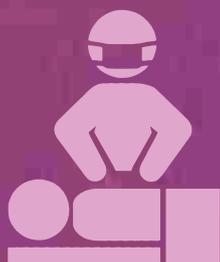
Special Olympics Bharat– AP State collaborated in 2010 to organise national athletics championship for children with intellectual disabilities at RDT's Ananthapuram Sports Village. After this starting point, many children with disabilities have participated in the Olympics World Games in Korea, Special Olympics World Games in Athens, and Asia Pacific Special Olympics Summer Games in Australia. A team of 13 girls and boys went to Los Angeles in July 2015 for the Special Olympics Games. RDT's Intellectually Disabled athletes bagged a total of 17 medals.

### Cultural, art and quiz festivals

RDT encourages school students to learn different arts through organising festivals and contests. Quiz festival and Art festival are conducted every year and Drama festival is conducted once in 2 years. These festivals are inclusive, where children with disability and children without disabilities participate and compete. Professors working with RDT also offer classes on cultural programmes to students in the centres for Children with Disabilities.

### Paradigm Shift

With advanced rehabilitation and inclusive education facilities, families of people and children with disabilities now can focus on their personal development and family's economic prosperity.



**7820 children have been examined, and 1,970 surgeries have been overseen by Spanish Traumatologists**



**4 orthopaedic workshops located at Kalyandurg (1992), Kuderu (1993), Bathalapalli (2000) and Kadiri (2003) in Ananthapuram district of Andhra Pradesh**



### Success Story

My name is Balachandra and I was born to Boya Sunkanna and Anjinamma. **At the age of eight, I accidentally fell under an ox and injured my knee. My parents presumed it to be a minor injury and neglected immediate medical action, however, the injury became severe after 4 days.** While I was taken to a doctor for treatment, I could only crawl because of my injury and my parents had to carry me to school. Eventually, they were able to get better medical attention for me, but due to lack of knee movement and nerve damage, I could not walk normally and needed to support my knee by keeping my hand over it. Despite surgeries, there was no progressive movement in my leg.

At the insistence of the PWD Sangham

members, my parents enrolled me at the Pre-Assessment Camp conducted by RDT in the year 2010. The Spanish doctors in the team examined me well and advised advanced surgery for my knee. However, my parents hesitated to take action since they felt they could not afford such a treatment. The Sangham played a vital role in persuading them that the surgery would be a free-of-cost and were asked to give their permission for the treatment. Eventually, **my surgery was successfully performed at the RDT hospital at Bathalapalli, and soon, due to medicines and physiotherapy, I was able to walk without any support.**

Balachandra,  
Patlur Village, VidapanakalluMandal

“I never thought I would be able to attend school or even walk properly. Today, I am leading a normal life – all thanks to RDT and the doctors.”



Vocational  
training and  
assistance for  
girls and women  
with disabilities

## PROGRAMME FOUR

# Life-skills Enhancement Programmes

Millions of women suffer various indignities silently at the hands of their families and society at large. But be a woman with a disability compounds her misery exponentially. All RDT sector initiatives and programmes pay special heed towards helping women and girls with disabilities achieve self-reliance.

**Women among PWDs, tend to suffer disproportionately.** There have been instances where the parents of 2 girls, one of whom has a disability, would ask the suitor for their child to marry the sister with disability as well. For parents, this meant that both girls were provided for after their deaths, but what happened more often than not, was that the sister with the disability ended up becoming a servant in her home. Or, in other cases, disabled women would be married off to elderly widowers, or a man more severely disabled than her. In general also, girls and women with disabilities were cast aside or mistreated as burdens to the family. **All of these conditions made it imperative that women and girls with disabilities needed developmental help to enable them to acquire some empowerment and hopefully, the ability to make a living on their own.**

RDT organises various initiatives to improve their physical health, and provide for their economic security.

### Occupational mobility for enhanced self-reliance and income generation

RDT has set up special centres that focus on strengthening life-skills and providing a livelihood for women. There are 7 such handicraft centres in 3 different locations operating for the past 12 years which have so far trained 437 women and adolescent girls with disabilities. These workshops help women specialise in textile crafts,



fashion jewellery, jute products, paper conversion (papier mâché and other techniques), manufacturing recycled paper and eco-crafts such as making Areca nut tree dry sheaths. Women are taught how the production process of handicraft process works (both centre-based and home-based), and a sizeable portion of their inventory regularly gets exported to Spain.

**Currently, 246 women are regularly involved with the production process. The women are physically or intellectually challenged or have a hearing or visual disability and their ages range from 18 to 30 years.** The core group members live in the residential facilities provided by RDT, and the sub-group members are home-based workers who live in the surrounding villages.

**These women are organised into Self Help Groups called Sanghams, producing jute products, jewellery and textile-based, hand-**

### Highlights

- 437 women and teenage girls with disabilities have been trained at 7 handicrafts centres running for the last 12 years
- Average earning of these women is between Rs. 1500 – Rs. 2000 per month. Each woman has savings between Rs. 65,000 and Rs. 1 lakh



### Evolution

# 2002

RDT sets up 1st Handicraft Center to train women and youth



## Staff Speak

Women with disabilities face a bigger risk of harassment and neglect. They are more vulnerable, and are often targets of the society. RDT's work in this sector is to provide life-skills enhancement opportunities for women to become financially and socially independent through handicraft and skill training. This work has long-lasting repercussions as not only are these women more confident and assertive, but their ability to make money sustains them economically and psychologically in the long term.

**Mrs. Indira Prasanna**  
Training Resource Person – CBR Sector

**embroidered and tailored products, papier mâché, recycled paper products, natural fibre and environmentally-friendly products for domestic and export markets.**

The production group activities are carried out within a centralised production unit. The centralised unit is part of an integrated complex which also houses the residential quarters, dining hall and other recreational facilities for the in-house producers. The complex is located in safe and healthy surroundings constructed by RDT as part of its community outreach programme. **All women in each workshop are led by an instructor, who ensures that they are well assisted. He or she provides them with all the tools, materials, training and information required. The instructors are experienced and skilful former trainees and workers who are also responsible for maintaining quality and continuous training of the women in the workshops.** The workers and women are trained in Embroidery, Tailoring, English, Communication Skills, Block Printing, Jewellery, Quality, Marketing, Information Technology, and Leadership skills.

Training of women with disabilities in these workshops has offered multiple benefits for them both socially and within their families. **Due to the Sangham activities, they gained the much-needed self-confidence to survive in their societies and obtained respect, recognition and acceptance.** After joining the centres, these women command respect from their family members and are now allowed to attend functions and family celebrations. These women have become financial supporters to their families, and are now looking after personal responsibilities like their siblings' education, marriages, health of their parents, etc. Initially they didn't know the value of money, but now they have decent savings in bank accounts and some even have health insurances. They now receive a proper diet, have access good

accommodation and are able to purchase good quality clothing.

**The most important outcome of the CBR sector's work with women however, has been increased autonomy for women with disabilities.** We have seen, that they now can exercise some say in their choice of life partners, and many in fact opt to marry men with disabilities whose life-skills complement their own so that they may take better care of each other and live an independent life.

## Paradigm Shift

**Enhanced skill set of PWDs has resulted in an increased readiness of their families to invest for establishing small businesses or higher education.**

"I was surprised and fascinated when RDT showcased the array of handicrafts that were put together by women with disabilities!"

**Maria Dasilva**  
RDT visitor



Workshops	Beneficiaries
■ Jute centre	49
■ Embroidery & Tailoring	58
■ Paper Conversion	37
■ Jewellery	31
■ Recycled Paper	22
■ Eco centre	12



## Success Story

**I am 28 year old Rama Lakshmi belonging to the Scheduled Caste category.** I am the youngest in my family and my three elder brothers are married and settled in our native village, Muntimadugu of Garladinne Revenue Mandal in Ananthapuram district. My parents, Obulesu and Subamma were agricultural labourers.

**I am physically challenged and didn't have much hope from life before joining the Self Help Group at Penakacherla, which brought a drastic change in my attitude towards life.** I joined RDT's handicrafts centre at Bathalapalli in 2001 and learnt the art of making of jute products. . It was a great experience and I had acquired reasonably good skills within a period of 12 months that is now providing me

with a regular income.

I had a house site at Rudrampeta, a suburb of Ananthapuram on which I have built a semi-permanent shed by investing an amount of Rs.1,00,000 from my savings. I have also purchased 2.75 cents (1197 Sq. Feet) of land in Syndicate Nagar, Ananthapuram with my earnings. With my own money, I have set up the house with domestic utensils and even a fan.

**I don't have any expectations from my brothers and parents since I am financially independent.** In fact, now I am liberal in giving gifts to my brothers, their wives and children. Recently I purchased a pair of gold earrings for Rs.15,000 – my first piece of owned jewellery.

Had there been no RDT, my life would have been miserable. RDT not only taught me skills in handicrafts but also infused courage in me. **Such support will help a lot of people in becoming economically and mentally stronger to sustain themselves and support others.**

“It was exactly when my life was in cross roads RDT stood beside me and created a ray of hope.”

## WAY FORWARD

# Progress Towards Prosperity

RDT is committed to carry out work in all its sectors with the intent of main-streaming persons and Children with Disabilities whenever and wherever possible. They should be aware of and enabled to access rights and opportunities the same as all citizens, overcome social stigma and discrimination and lead a quality life with dignity.

**RDT's concerted efforts in Community Based Rehabilitation programmes have met with positive receptivity over the years.** Each programme is extremely streamlined, drives specific objectives and has over the years achieved tangible results. The long term goal is that PWDs overcome discrimination and lead a better life. In order to achieve this, RDT will be focussing on up scaling existing initiatives and adding in new parameters to the existing programmes.

**RDT is looking at empowering PWD organisations and self-help groups, particularly in their advocacy and lobbying capacity so that they achieve representation in public bodies, and attain a voice in ensuring that developmental benefits do not bypass them.**

A lot of effort will go into improving early diagnosis and medical treatment so as to reduce the prevalence of disabilities. RDT will promote the rehabilitation of children with cerebral palsy and intellectual disability in particular, who are more at risk of societal exclusion. Besides these, RDT will also drive the focus of children with all kinds of disabilities towards education and integration. RDT will also strive to improve the employability of educated youth through training in computers, basic English, soft skills, training in vocational skills.

**The social integration of children through sports and games will be pursued too, as it has been found to have a profound impact on self-esteem and overall development.**

Therefore, dramas, quiz and cultural activities will be driven across all centres for children. Since the immense successes achieved in sports and athletics with children participating in Olympics Games, RDT will be aiming at driving this effort consistently.

**Specific focus on the needs of women and girls with disabilities will continue, as their gender presently creates an additional basis of exclusion and societal disregard.** RDT will scale up its work in catering to the basic needs of adults with severe and multiple disabilities and will continue to ensure its staff's skills are in tune with national and international standards of care.



# INDIA *for* india



“Let your hearts respond and hands help”

India for India Initiative aims to encourage Indians, both people and institutions, to strengthen the hands of the Rural Development Trust in its mission against rural poverty and neglect in India.

*India for India* is an innovative concept initiated by RDT. It is based on the insight that an individual or community does not have to be affluent to hold concern for the underprivileged. In fact, empathy for the deprived is more likely among those who have known poverty first-hand. **RDT also believes that this example by deed from within the marginalised communities will be acknowledged and receive whole-hearted support from donors across the country.** Here we'd like to tell you about generosity of the poor, for it is among them that RDT launched its Hundis.

It all began in Ananthapuram district, where RDT has had its base since the 1970s, and among the populace it has worked with for over four decades. It follows the common

**Over 1.4 lakh Hundis maintained every year**



custom of depositing small amounts on a regular basis to a Hundi, a collection box, usually for offerings to God. **RDT adapted the practice to pool together small donations from project areas to support the common cause.** RDT has established the tradition of collating all the proceeds from these Hundis on April 9, Father Ferrer's birth anniversary. **In 2014, there were over 85,000 of these Hundis. By the next year, this number had increased to 1,41,200. Likewise, from Rs 1.86 crores in 2014, the collected amount also grew to Rs.4.08 crores in 2016.** This beginning evolved into the '*India for India*' initiative, as many more villages lent momentum and the initiative spread across the boundaries of its project area.

The unique bottom-up approach of the initiative has inspired all sections of society especially students/youth and the poor people. It is they who are motivating their friends, colleagues, relatives, and neighbours to maintain Hundis.

Several of its slogans have caught on, and its message is carried forward simply and effectively. **As for the sum collected, in accordance with people's wishes, it is being utilized to fund the education of more than 700 orphan children in and near Ananthapuram district. Also, about 5,550 were provided with nutrition supplement.** The vitality of the '*India for India*' movement comes from the fact that thousands of poor families and various sections of people, including educational institutions and private business enterprises, within and outside project area have reached out with their support by maintaining such Hundis. In addition, RDT receives support for various projects and programs from banking, insurance and other corporate institutions in India.

If you feel, you must help too.

## Small change brings significant change.

To contribute, setup a SEVA HUNDI and register details with the Foundation. Add amounts daily, if possible, and deposit annual savings into the designated account, on the birth anniversary of Father Ferrer, 9th April.



### Other means to help

You can write a cheque in the name of “**Rural Development Trust**” and send it to our **Registered Office or Resource Mobilisation Center.** You can also donate online or via wire transfer to the following account details:  
Bank Name: **IDBI**  
Account Name:  
**Rural Development Trust**  
Account Number: **0208104000122993**  
IFS Code: **IBKL0000208**  
Branch Name:  
**Ananthapuram, Andhra Pradesh.**

**All donations to RDT are eligible for tax exemption under section 80G of the Income Tax Act, 1961.**





**VicenteFerrer**

**Rural Development Trust**

**Communication Department**

**Ananthapuram**  
**Rural Development Trust**  
Bangalore Highway  
Ananthapuram  
Andhra Pradesh 515 001  
Mobile: +91 9849692133  
+91 8554271377  
Email: [communications@rdt.co.in](mailto:communications@rdt.co.in)

**Resource Mobilisation Offices**

**Mumbai**  
Om Sai Ganga, B2  
Flat No.101/102  
Opp Jeevan Vikas Hospital  
Off Sahar Road, Andheri (E)  
Mumbai 400069  
Mobile: +91 9022954832  
Email: [isupport@rdt.co.in](mailto:isupport@rdt.co.in)

**Vijayawada**  
V. R. Apartment, E Block  
Near Kanaka Drug Varadhi  
1st Floor, Plot No 106  
Tadepalli, Vijayawada  
Andhra Pradesh 522501  
Mobile: +91 9985397402  
Email: [krishnareddy.rdt@gmail.com](mailto:krishnareddy.rdt@gmail.com)

