

THE HOPE

Annual Report
2018-19



Contents



- Map of Operational Area
- Message from Secretaries Desk
- About the Organization
- Aims and Objectives
- Brief Description of Operational Area and Work
- Board Members
- Activities vs. Calendar
- Financial Report
- Visitors
- Training and Workshops
- Way forward (New Initiatives)
- Facts and Figures
- Photo Gallery

THE PEOPLE

Operational Area Map





*Message
from
Secretary's
Desk*

Salutations from "The Hope"!

This is the third year; we are on process to implement the development activities for marginalized and deprived community in two major districts of Odisha, Keonjhar and Cuttack.

2017-2018 gives us an immense pleasure and mixed experience towards the implementation of project work. Being a sensible civil society organization we have adopted various effective and productive measures and mostly needed activities in collaboration with HOPE HOSPITAL, Cuttack during this year.

This is very true that we are not only organization who works for the community, many of there, but we feel our work is indeed unique and apparent.

We very much jovial have completed our fourth year of development work successfully; also delighted with the way we have accomplished the assignments. I could appeal to all the stake holders, let you step forward to cooperate and coordinate for intensifying the grass-root level work in future which relevant for our target community most.

Like foregoing years, this year also raising fund was matter of concern for us and here we would like to draw the attentions of all potential agencies for their kind cooperation and support in this regard.

Thanks and regards,

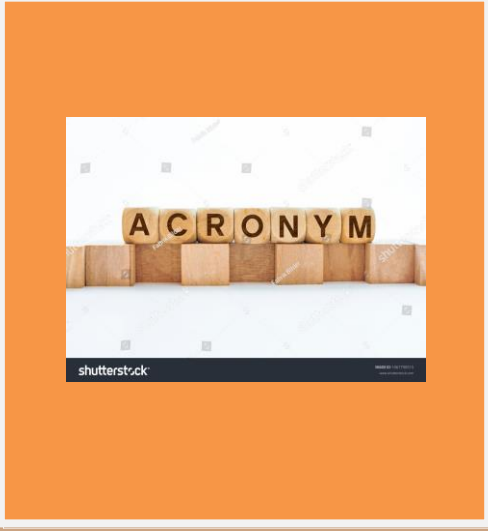
Dr. Sanjay Kumar Sazzan
Secretary

About Organization



The Hope is a non-profit, secular non-governmental organization working since 2012 in Cuttack and Keonjhar districts of Odisha. The organization is trying to empower and makes them skilled the most disadvantaged, deprived members of the society, especially women, children and different able persons to betterment of their own quality lives through health care, livelihood and disaster relief. Our participatory approach motivates to such communities to work together for fight against poverty, stigma and discrimination, so they can live a quality life in the society like others. Our journey as non-governmental organization began in the year 2012 when we got aspiration and guide from Hope Hospital of Cuttack, its sister organization. The experience what we have explored from Hope Hospital is entrusted us to establish an organization, where we can provide our service to such marginalized community under society registration act. The organization is on focused initially to implement the health related activities like observing the national and international health related days, health camps in different operational sites and other health related activities. This is indeed influenced and mentored by the Hope Hospital and almost all activities have been implemented by the collaboration with Hope Hospital. Regarding the donors who have been supported to the organization, not yet any donor agencies came forward to support for implementing any project so far. But from organization donation amount and support from Hope Hospital it has been implemented various activities successfully. Though The Hope is registered as state level NGO, it has started works in two districts of Odisha namely Cuttack and Keonjhar. In upcoming years it has been planned to expand its area of operation.

Acronyms



<i>AIDS</i>	<i>Acquired Immune Deficiency Syndrome</i>
<i>ART</i>	<i>Anti-Retroviral Therapy</i>
<i>BCC</i>	<i>Behavior Change Communication</i>
<i>BPL</i>	<i>Below Poverty Line</i>
<i>BMD</i>	<i>Bone Mineral Density</i>
<i>CBO</i>	<i>Community Based Organization</i>
<i>CHC</i>	<i>Community Health Center</i>
<i>CSO</i>	<i>Civil Society Organization</i>
<i>DHH</i>	<i>District Head Quarter Hospital</i>
<i>HIV</i>	<i>Human Immunodeficiency Virus</i>
<i>HRG</i>	<i>High Risk Groups</i>
<i>IEC</i>	<i>Information Education Communication</i>
<i>NGO</i>	<i>Non Government Organization</i>
<i>OPD</i>	<i>Out patients Department</i>
<i>PHC</i>	<i>Primary Health Center</i>
<i>RNTCP</i>	<i>Revised National Tuberculosis Control Program</i>
<i>TB</i>	<i>Tuberculosis</i>

Introduction



WHO
World Health Organization

Civil society is the aggregate of non-governmental organizations and institutions that manifest interests and will of citizens. Civil society includes the family and the private sphere, referred to as the third sector of society distinct from government and business.

Non-governmental organizations (NGOs) have played a major role in pushing for sustainable development across the globe. India is also not far behind it; NGOs contribution towards the sustainable development in Indian scenario is indeed remarkable. Public surveys reveal that NGOs often enjoy a high degree of public trust, which can make them useful, but not always sufficient.

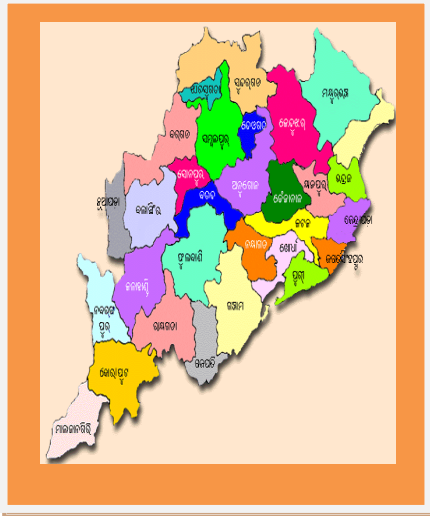
Since the 1970s, it has been noted how there are more non-governmental organizations than ever before trying to fulfill in the gaps that government either will not or cannot.

NGO have a long history in India. In the past, people in this country have been found to have provided help to others in trouble. Since centuries there exists the tradition of voluntary service to the needy and helpless in the country. Interestingly civil society is often better suited than government counterparts to carry out the developmental work.

Millennium Development Goals (MDGs) are the world's time-bound and quantified targets for addressing extreme poverty in its many dimensions –income poverty, hunger, disease, lack of adequate shelter, and exclusion-while promoting gender equality, education and environmental sustainability.

The success of MDG is not possible for government alone; role of NGOs in terms of capacity building, motivating the community, outreach to community, empowering and raising voice of community on their own need cannot be subsided.

About the Operational Area



Odisha is one of the 29 states of India located in the eastern coast. It is surrounded by the state of West Bengal to the north-east, Jharkhand to the north, Chhattisgarh to the west and north east, Andhrapradesh and Telengana to the south and south west. Odisha has 585 kilometers of coast line along the Bay of Bengal on its east; from Balasore to Malkangiri. It is the 9th largest state by the area and 11th largest state by the population. Odia is the official and mostly widely spoken language, spoken by 33.2 million people according to 2001 census. The ancient kingdom of Kalinga which was invaded by the Mayuryan emperor Ashoka in 261 B.C. The modern state of Odisha was established on 1st April 1936 as a province in British India and consisted predominantly of Odia speaking regions. April 1 is celebrated as Utkal Diwas. The region is popularly known as Utkal and mentioned in our national anthem. "Jana Gana Mana...". Bhubaneswar is the state capital of Odisha and comes under the district of Khordha. Cuttack is the oldest city of Odisha and previously it was state capital of Odisha. The people of Odisha are predominantly dependent on agriculture as the prime occupation and the socio-economic condition of Odia people is low compared to national status. Tribal population is widely concentrated in all districts of Odisha and particularly in KBK districts. They are still fighting for Jal, Jangal and Jamin, the basic requirements that they had strong holds from their ancestors. The health facilities and other accesses are very poor in relation to other states. But the state is highly reached in terms of art and culture, natural resources, and water sources.

Cuttack District is one of the oldest districts of Odisha. It is an important city and District Headquarter. Cuttack which lends its name to the District is known as the business capital of Odisha. Geographically, it is located at latitude of 20 degree 03 to 20 degrees 40 N and a longitude of 84 degree 58" to 86 degree 20 E. With limited industrialization, the people of this District depend upon agriculture as their main source of livelihood, with about 76

About the Operational Area (Cont...)

percentage of the population being dependent on it. Agriculture in this District is sustained by the numerous rivers and canals flowing through it. Rice, pulses, oil seeds, jute, sugarcane, coconut and turmeric are the major crops grown here. This District is a major exporter of cash crops, which in turn contributes immensely towards its economic growth. As per 2011 Census, total population of the district is 2618708 which consists of 1339153 (Male) and 1279555 (Female).

The population density of the district is 666 per Sq. Km. Out of total population, 1993561 are literate (Male 1093224 and Female 900337). The Literacy Rate is 84 percent. Sex ratio of the district is 955 female per 1000 male.

Similarly, The Keonjhar District emerged as one of the District on 1st January, 1948. The District is bounded by Mayurbhanj District and Bhadrak District to the east, Jajpur District to the south, Dhenkanal District and Sundargarh District to the west and West Singhbhum district of Jharkhand State to the north. Covering a geographical area of 8240 sq kms, the Keonjhar District lies between 210 1' N to 220 10' N latitude and 850 11' E to 860 22' E longitude. As per 2001 census, the total population of Keonjhar District is 15, 61, 990. The District comprises total 7, 90, 036 male

The Hope is working in both of districts. It is basically started its intervention for tribal, women and child.

So far as concern of development work in these districts, both are now in developing stage. In terms of food security, so many measures have been taken place to ensure food security, but it seems vain in case of tribal community particularly for women.

It demands lot of works in terms of mother and child health, education, livelihood options.

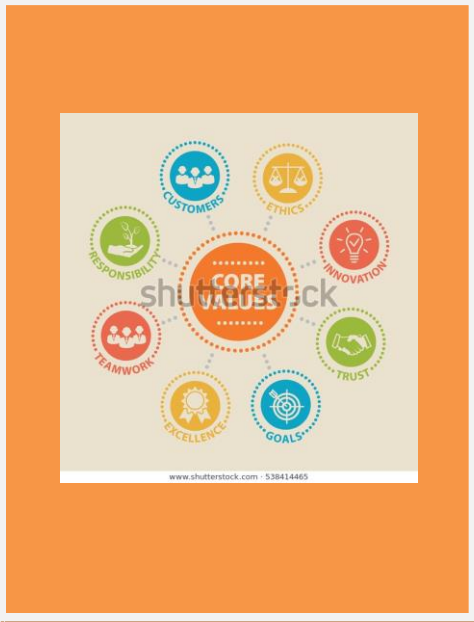
Mines of Keonjhar district and the industrialization in neighboring district like Jajpur creates lot of health hazards of common people which needs to be addressed at earliest. Strong lobby and advocacy initiatives is required undoubtedly youth.

Aims and Objectives



- Welfare of handicapped and their rehabilitation
- Health camp and counseling awareness program
- Reproductive health program
- To undertake projects on old age home, orphanage, Handicapped and juvenile delinquencies
- To undertake action project on environment forestry issued For betterment of the society
- To provide good atmosphere for the maximum facilities in the locality for the development education, health, agriculture and technology
- To rehabilitate the traditional artisans, calamity affected persons, drug addicts and destitute
- To develop fraternity and friendship among its members and Encourage them for selfless service
- To develop personality of youths through meaningful thoughts and actions and to provide self employment to the unemployed and under employed youths through vocational trainings
- Community based rehabilitation for disabled
- To conduct research works and action projects in the field of socio economic issues, environment science and technology, agriculture, animal husbandry, forestry and art & culture
- To establish documentation and mass communication centre
- To extent cooperation for the development, improvement of sports and cultural activities
- To encourage public for agricultural planning, animal Husbandry, irrigation and fisheries
- To conduct seminars, workshops, training and publish Newsletters magazines and special service would be Disseminate information and useful messages for public Awareness through mass media

Core Values



Teamwork:

Organization believes to provide support one another, working co-operatively and with good coordination, respecting the views of each of members.

Honesty:

Being open and honest in all our dealings and maintaining the highest integrity at all times. Each person is as skilled in some way as another and is entitled to express.

Excellence:

Always doing what we say we will and striving for excellence and quality in everything we do.

Commitment:

We Work with urgency and commitment to be successful from individual and organization perspectives. Timeframe has given always priority

Ownership:

Taking ownership of our community needs and being accountable for delivering friendly and professional service. We are each fully accountable for development of community.

Professionalism:

At all times we act with integrity, providing quality service, being reliable and responsible. We do not upset one another intentionally, always endeavoring to present negative feedback constructively. We take pride and ownership in all that we do and say

Personal Development:

We value learning, feedback, coaching and mentoring. All opportunities for our own learning are perused.

Year's Highlights



Capacity Building:

Community capacity building also referred to as capacity development of community. This is conceptual approach to social or personal development that focuses on understanding the obstacles that inhibit people, governments, international organizations and non-governmental organizations from realizing their development goals. During this year of intervention it has been conducted number of training programmes for staff and community.

Community Sensitization:

Successful community outreach requires consistent messages. In sensitizing communities, trusted authorities and community members should be engaged to disseminate information and counteract rumors. This is usual practice of the organization to sensitize the community in various levels with support of village level volunteers. We have organized a required number of sensitization meetings in all levels.

Health Camps & BMD Camps:

Like previous years this year also we focused on the health camps and BMD camps in institutional level as well as in community level. There are lot of positive response we received from this particular work.

HIV/AIDS / TB and Leprosy Awareness Program

An HIV and AIDS prevention campaign should reach every person in our community in some way. Some groups are more likely to get HIV and AIDS and it is important to target the groups that will benefit most from each activity. The part of the campaign that focuses on educating people about HIV and AIDS and changing sexual behavior should first target specific groups of people who are most vulnerable.

Awareness on Mal-nutrition and Swachh Bharat Abhiyan.

During this year it has been provided considerable effort towards organizing the awareness program on mal-nutrition, and cleanliness of environment.

Activities Undertaken



- ✓ *Community Health Camp*
- ✓ *Bone Test Camp*
- ✓ *Blood Donation Camp*
- ✓ *Training on HIV/AIDS prevention and control*
- ✓ *Training on Physiotherapy*
- ✓ *TB and Leprosy Awareness Programme*
- ✓ *Disability awareness Programme*
- ✓ *Orphanage and Child Development Programme*
- ✓ *Abscess and STI treatment*
- ✓ *Observation of World AIDS Day*
- ✓ *Observation of Anti-drugs Day*
- ✓ *Observation TB and Leprosy Day*

The above activities, almost all related to health sectors, were implemented successfully. As Dr. Sanjay Kumar Sazzan, Secretary, basically he is from health background and by profession he is a Physiotherapist, the organization encased his experience and expertise to implement the programme.

Secondly, Hope Hospital, the sister concern of the organization provided their health professionals like doctors, staff nurses, physiotherapists, pharmacists, hospital manager and support staffs to ensure and implement the above activities.

The organization was keeping in mind to work on other thematic areas like livelihood, education and disaster management but due to time constraint and its limited fund raising options; the same was not materialized during this year. But hopefully activities in other thematic areas will be given more priority for organization in upcoming years.

Technical Support Team



The organization has formed a technical support team to provide all round support in terms of documentation, finance, concept, develop the proposals etc. The team comprises with number of doctors, financial experts, chartered accountant, lawyers for legal support and other civil society members and

consultants. They are doing their works sincerely for development organization in such a manner where it can provide a quality service to community

Best Practices

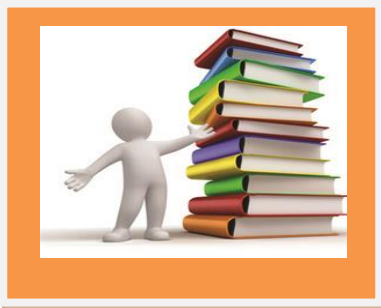
During this year, organization has initiated lot of productive works. Regarding the best practices the organization initiated that is the major operations what was taken place at Hope Hospital, the motivation and mobilization part was undergone performed by our organization. Secondly the health camps are so far unique compare to other civil society organizations are doing. The uniqueness of the system is that we are trying to identify the major illness, the person bearing and root of the disease. Also it has been provided investigation based treatment to patient. We also referred cases to higher hospitals from health camps and trying to provide major health facilities, like surgeries in lowest cost.

***Publication** is indeed a major area of intervention so far as civil society concern. The organization is also trying hard to do the same successfully.*

This year we have planned to publish the process of treatment/surgeries what the community getting and its subsequent impact on their family and socio economic life, but due to number of constraints we could not materialized the thought this year, But we here committed to carry forward the work in upcoming years positively. We have planned to constitute a committee with person's expertise for publishing the best practices. which trap heat that would otherwise escape from Earth. This is a type of greenhouse effect. The organization has strong interest work on global warming in forth coming years.



Publications



Way Forward



Child Abuse is usually classified into three major types: Physical, sexual and emotional. Each has to be marginalized to with parents with elder neighbours. Child illiterate is most effectiveness in our society.

Swachh Bharat Abhiyan is a national campaign by the Govt. of India covering 4,041 statutory cities and towns to clean the streets, roads and infrastructure of the country. The campaign was officially launched on 2nd October 2014, The organization will definitely try to contribute towards this programme in future

Tobacco and Alcohol:

Tobacco smoking is already a major health problem in India and one that will worsen unless act. Smoking alone is estimated to cause nearly 10 lakh deaths a year in India. About 1/3rd of Indian men now smoke. Similarly dependence of alcohol now a day is rampant across the country. It is not confined now with urban people only, but in village levels also its wider use definitely great threat for community. Its impact is no doubt wider more than that what we could think. Socio-economic condition, health hazards, poor implementation of governance and poorly implemented educational activities more or less badly linked with alcohol dependency.

Women Empowerment: The need for women's empowerment is felt because of the status they have in society since the beginning. There is a need to redefine the status of women in the society. A change can be brought through the constitution and supportive legislation. The constitution of India gives a women status equal to men. But women today are not enough secured in all respects. Crime against womenes gradually increasing day by day. There should be strong initiative towards preventive such issues highly needed. Society needs to judge for women and take right decision in right time. gases, such as carbon dioxide emissions from burning fossil fuels or from deforestation,

Global Warming is the increase of Earth's average temperature due to effect of Greenhouse and heavy radiation ecology. So that should be control, by us day to day effective from pollution. So starting to control from human being is most important in global warming.

Ample



Thanks

The Hope's work would not have been possible without support from a large numbers of Organization and individuals. The team members of the organization worked tirelessly without getting monetary supports and sometimes in difficult/adverse situation. They motivated many members of the community to participate and support others. We thank each individual for their commitment and dedication.

The significance of our work was can possible through the close links with district health administration and various other line departments of Odisha government. We are really grateful for the support of such govt. officials has shown to our cause.

Joint initiatives with Hope Hospital have proved effective for the betterment of community we serve. We appreciate the team spirit and assistance received from Hope Hospital.

The organization though not received any government or overseas funding, it has worked by support of individual donors. We are very much thankful to them who have donated us for a noble cause.

Above all we here are conveying our sincere thanks to each and every individuals, organizations, persons those who were responsible logistic arrangements.

We will definitely need their future support for establishing the organization in a greater height.

Final Reminder



The year 2017-18 passed successfully, the organization experienced lot of high notes in terms program implementation, planning, motivation of community, coordination and linkages.

Also experienced multifold constraints from different angles this year; so far as budgetary provision concern for properly implementing the work for community, it was indeed a gray area for the organization. The organization tried hard to mobilize funds for expanding the work structures.

It was planned to expand the area of intervention this year, but did not possible for various reasons; hopefully we could able to do what we have planned in coming years.

THE HOPE

Financial Report



THE HOPE MEDICAL ROAD, MANGALABAG, BUXIBAZAR CUTTACK, ODISHA-753001			
INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDING 31.03.2019			
EXPENDITURE	AMOUNT IN (RS)	INCOME	AMOUNT IN (RS)
ACADEMIC EXPENSES			
Faculty & Staff Salary	1,573,050.00	Pharmaceutical Training	747,500.00
Rent	660,000.00	Diagnosis Technician Training	625,000.00
Inspection & Affiliation	30,000.00	Front Line Health Surgery Training	856,800.00
Admission Expenses	25,784.00	Physiotherapy Technician Training	567,000.00
Examination Expenses	28,745.00	Bed side Assistants Training	491,250.00
Uniform & Blazer expenses	70,840.00	Laboratory Technician Training	443,800.00
Research & Development Exp	54,862.00	Received from Other Training Prog.	305,000.00
Sports, Games & Cultural expenses	32,648.00	Donation	250,000.00
Laboratory & workshop consumables	125,874.00	Membership Fees	25,000.00
Training & Placement Expenses	45,874.00		
Business Promotion Exp	26,154.00		
Printing & stationery	35,847.00		
Student Welfare	51,486.00		
Health Care Programme Expenses			
Blood donation Camp.	20,548.00		
Eye Camp.	12,874.00		
VTC for physically handicapped	15,874.00		
Celebration of International Yoga Day & Tra	45,876.00		
Integrated Rehabilitation Centre for Drug	12,845.00		
Awareness & Workshop for Differently	50,784.00		
abled Children prog.			
Child Protection Camp.	50,354.00		
Health Check up programme	70,482.00		
Environment Protection Programme Expenses			
Animal Care & Welfare	52,684.00		
Environment Protection & Awareness Prog	15,784.00		
Plantation of Tree	75,786.00		
Drinking Water Camp.	51,784.00		
OTHER ADMINISTRATIVE EXPENSES			
Office Expenses	38,745.00		
Advertisement Expenses	25,460.00		
Travelling & Conveyance	45,876.00		
Electricity Charges	60,840.00		
Mobile & Telephone Expenses	43,845.00		
Repair & Maintenance	62,845.00		
Staff Welfare	75,185.00		
Misc. Expenses	18,972.00		
Audit & Legal Fees	10,000.00		
Depreciation	139,853.10		
Excess of Income Over Expenses	622,889.90		
	4,381,350.00		4,381,350.00

As per our Report even dated attached
For DWARIKA & ASSOCIATES
Chartered Accountants
(CA Dwarika Swain)
PARTNER
M. NO. - 304162
Date: 16/07/2019
Place: Bhubaneswar

For and on Behalf of
THE HOPE
PRESIDENT SECRETARY

THE HOPE MEDICAL ROAD, MANGALABAG, BUXIBAZAR CUTTACK, ODISHA-753001			
BALANCE SHEET AS ON 31ST MARCH 2019			
LIABILITIES	AMOUNT IN (RS)	ASSETS	AMOUNT IN (RS)
TRUST FUND		FIXED ASSETS	
opening Balance	299,837.56	As for Schedule A	890,942.94
Add: During The Year	-		
	299,837.56		
GENERAL FUND		CURRENT ASSETS	
Opening Balance:	567,918.86	Closing Balance	
Add: Excess of Income Over Expenses	622,889.90	Receivable from Students	779,825.00
	1,190,808.76	Cash at Bank & Cash in Hand	55,748.38
CURRENT LIABILITIES & PROVISIONS			
Salary Payable	165,700.00		
Rent Payable	55,000.00		
Electricity Payable	5,170.00		
Audit Fees Payable	10,000.00		
	235,870.00		
	1,726,516.32		1,726,516.32

As per our Report even dated attached
For DWARIKA & ASSOCIATES
Chartered Accountants
(CA Dwarika Swain)
PARTNER
M. NO. - 304162
Date: 16/07/2019
Place: Bhubaneswar

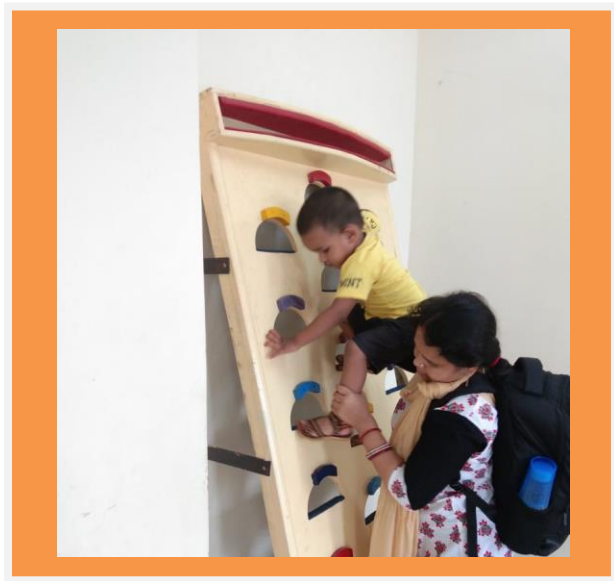
For and on Behalf of
THE HOPE
Punam Kumari Secretary
PRESIDENT SECRETARY

Photo Gallery



Programme
awareness and
campaign from
the society

“THE HOPE”



ACTIVITY REPORT-2018-2019

INFORMATION ABOUT THE ORGANIZATION & REHABILITATION CENTRE - The project was conceptualized in the year 2011-2012 by Dr Sanjay Kumar Sazzan, when he was working in his physiotherapy centre in Mangalabag, Cuttack. Every day he saw 10/12 patients having intellectual disability and there needs of physiotherapy, occupational therapy and clinical psychology. After that he formed a group of 7 likeminded people who are interested to support and strengthen the intellectual disable persons for living with dignity. Then the group felt the need to establish a care centre for mentally retarded persons in Cuttack District. The Care centre was started in May 2012 and initially 8 intellectual disable persons were come for support of physiotherapy, Occupational therapy clinical psychology support. Currently got a scope to work for 32 intellectual disable persons and staff providing day care services.

SERVICES AVAILABLE IN REHABILITATION CENTRE: - “THE HOPE”

a non government organization runs a *Care Home* for intellectual disable persons with few activities. Objective of this activity is to improve the skills if possible with a different style. Here we celebrated some activities with their involvements in International Disabled Day and other observable days. Objective of this activity is to improve the skills if possible with a different style. Here we celebrated some activities with their involvements like Ganesh Puja, Saraswati Puja, Raja doli Celebration, Independence Day, International Disabled Day and other observable days

AGE» Disability	Male		Total	Female		Total
	0 to 18	18 above		0 to 18	18 above	
MR	20	16	36	28	19	47
MR+CP	43	14	57	38	11	49
MR+MI	22	57	79	35	59	94
Total	85	87	172	96	89	190

ACTIVITY TIME TABLE	
Time	Daily Routine
8 AM	House Keeping
9 AM	Attendance
9.30 AM	Prayer
9.45 AM	Check up & distributing Medicines if required
10 AM	Juice/Hot drinks like Horlicks
10.30 AM	Game, Drawing & Craft Class
1.00 PM to 2.30 pm	Food – Community Mobilization and Rest
3 PM	Dance & singing Class
4.30 PM	Evening Food – Community Mobilization
5.30 PM	Yoga
6 PM	Prayer
6.30 PM	Closing of the day

SAFETY RULES OF REHABILITATION CENTRE

1. Mixing of male and female Enrolments as well as staff is selectively and under observation.
2. Caregivers and security guards watch over entry and exit gates.
3. The rooms/yards of the Enrolments are regularly checked for any stolen food or potential harmful objects.
4. Log of every person is recorded upon his entry and exit of facility.
5. Corporal punishment of residents is banned.
6. Caregivers are assisted with psychologists while dealing with hyperactive children.

ACTIVITY REPORT-2018-2019

TRAINING ON EARLY INTERVENTION OF AUTISM- HOME THERAPY BY MOTHERS: - We have organized regular training on early intervention of autism for mothers having autism child. As we know mother can improve a child's overall development. Children who receive **autism**-appropriate education and support at key developmental stages are more likely to gain essential social skills and react better in society. This year "*The Hope*" has organized 6 trainings on early intervention of Autism-home therapy by Mothers. In this training 37 mothers have trained on how to manage the 3 years of age autism child before they are eligible to attend pre-school.

A formal diagnosis of autism requires an evaluation by an experienced psychiatrist, psychologist, neurologist, or developmental pediatrician (a pediatrician who specializes in developmental disorders). It was discussed that after diagnosed possible symptoms of autism may be observed by a parent and how to contact with pediatrician for screening tests which can help to determine the child is at risk of having Autism. .

Two common misconceptions are that if a child can talk or is affectionate then they cannot have autism. That is not true. Some people diagnosed with autism have normal language, and many are affectionate to friends and family. However, the common cores of all types of autism spectrum disorders are delays or impairments in social understanding and social relationships.

Speech Therapy: This will be beneficial to all autistic children, but often only 1-2 hours/week is available, so it probably has only modest benefit unless integrated with our care centre. As discussed earlier, sign language it will also be very helpful in developing speech. Speech therapists should work on helping the child to hear hard consonant sounds such as the "c" in cup. It is often helpful if the therapist stretches out and enunciates the consonant sounds.

Occupational Therapy: It will be beneficial for the sensory needs of these children, who often have hypo- and/or hyper-sensitivities to sound, sight, smell, touch, and taste & include sensory integration of Physical Therapy: Often children with autism have limited gross and fine motor skills, so physical therapy can be helpful.

TRAINING ON EARLY INTERVENTION WITH IDENTIFIED CHILDREN WITH AUTISM-SCHOOL TEACHERS

Though Autism is the neurobehavioral problem of children, so the teachers encourage play and social interaction, focus on nonverbal communication. Leave "space" for your child to talk. Simplify your language; Follow your child's interests. The objective of this activity is educational interventions (programs) that are intended to result in global improvement in autism and to review the status of the evidence regarding their effectiveness. Behavioral techniques that limit their aim to changing specific areas of functioning in autism will not be reviewed. Our daycare group had the support of a child care worker and the day-care centre received training on programming assistance for children with special needs. Results showed short-term language improvements in children in the parent group and an increase in the parents' knowledge of autism. So we are interested to continue our work to strengthen the centre. Our mission is to strengthen service systems to ensure that children with disabilities like Autism and their families receive and benefit from high quality, culturally appropriate, and family-centered supports and services. The center addresses this mission by working primarily with its own & then the state agencies responsible for ensuring Early Identification services.

OBSERVATION OF INTERNATIONAL DAY OF PERSONS WITH DISABILITY: The International Day of Persons with Disabilities (earlier International Day of Disabled Persons/World Disability Day) is celebrated every year on 3rd December since 1992. Proclaimed and promoted by the United Nations, this international observance is marked the world over to intensify efforts aimed at sustained effective action with a view to improving the situation of persons with disabilities. For India which is home to over 70 million people with disabilities, with few rights, few entitlements, and

ACTIVITY REPORT-2018-2019

even fewer opportunities, this day assumes a greater significance, creating visibility and awareness on the issues faced by people with different disabilities before a larger audience.

As the objective of “The Hope” is to strengthen its core area of work on “Health & Disability” so the Chief functionary has participated the observation of International day of persons with Disability was organized by District Administration in Cuttack district of Odisha state. Objective is promoted early identification, care & support, Home Based Care for persons living with Autism, CP & MR specifically with girl child.

OBSERVATION OF WORLD AUTISM DAY: - The **World Autism Awareness Day** was observed across the **world** on April 2, **2018** with an aim to encourage ‘Autism and the 2030 Agenda: Inclusion and Neuro diversity”

This year on 2nd April 2018 “The Hope” has organized one awareness camp with its Autism clients and their parents to strengthen the skills of the mothers how to support through Autism Home Therapy. “The Hope” took a resolution to draw attention towards the challenges faced by women and girls with disabilities and neuro problems with Autism who are more vulnerable in their adulthood.

Dr Sanjay kumar Sazzan, Chief Functionary has chair this program and advice to all the mothers present here that how they safe their children from gender based violence. The gender based violence majorly because of discrimination and stigma based on gender and disability. He concluded the meeting with vote of thanks.

BEST PRACTICES

Customized Case Management: For prevention and intervention strategies to be effective, “The Hope” targets the key issues facing the organization. In our experience, very few staffs assist their clients in establishing multi-year goals with a documented approach to measuring results. We need to verify and short out the situation.

Integrate Solutions that Support our Goals: Long-term, a focused strategy and a combination of both prevention and intervention supports, will contribute to effective wellness and disability management. Most service providers and insurance carriers offer a suite of complimentary services. So our next plan is to introduce the programs under The National Trust for welfare of the persons with Autism, Cerebral palsy, Mental retardation and multiple disability.

WAY FORWARD AND FUTURE PLAN OF REHABILITATION CENTRE

1. With proper medical intervention preparing medical profile of every Enrolments.
2. Capacity building of staffs/Resources to handle CP & MR cases.
3. With proper medical intervention preparing medical profile of every Enrolments.
4. Capacity building of staffs/Resources to handle CP & MR cases.
5. Improving infrastructure of the building as per needs.
6. Achieving sanctioned operating limit of 300 Enrolments and required staff.
7. Preparing a comprehensive education & rehabilitation plan for every Enrolment.
8. Setting up a vocational training center for skill building of Enrolments



PHOTO GALLERY



An awareness programme saraswati primary shool cuttack regarding Cerebral pulsly on dated 12nd Feb 2019, with presence of community anganwadi members and ward coordinator and cmc co organizers. Here Dr. Sanjay Sazzan (Secretary , The HOPE) describes about the following features.

- **Understanding of communication issues.**
- **Understanding of the impact of ASD and the difficulties encountered.**
- **To identify and be aware of various strategies.**

ACTIVITY REPORT-2018-2019



An awareness programme in Bikas bhawan open shelter hall Kendra sadar cuttack regarding Autism and CEREBRAL PAULSY on dated 2nd April 2018, with presence of ward coordinator and cmc co organizers.



ACTIVITY REPORT-2018-2019



For child self-report, feelings about functioning, participation and physical health, and pain and feelings about disability, were significantly associated with functioning level. Physical type domains of QOL accounted for more of the variance in functioning than psychosocial type domains.

HOPE Rehabilitation centre
(A unit of the Society The Hope)