



Navajeevana *Annual Report 2005*

Our Vision::

Persons with disabilities as equal participating members of a non-discriminating society

Our Mission:

In partnership with all stakeholders, to promote equality and social participation for all persons with disabilities through awareness raising, programmes for prevention and rehabilitation.

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NAVAJEEVANA

brings **NEW LIFE** to any person with disability (PWD) as well as his family and community members.



Since 1987 we are trying hard to live up to our name improving the lives of persons with disabilities (PWDs) in many ways. Starting out as a very little flower offering help and assistance in a very hostile environment where PWDs were not considered at all, where hardly any type of help was available, NAVAJEEVANA grew into a vigorous tree bearing many fruit.

The charitable organization based in Tangalle (Hambantota district in Southern Sri Lanka) has come a long way being today the only non-

governmental organization with a comprehensive cross-disability rehabilitation programme ranging from physical and mental rehabilitation to economic and educational rehabilitation and empowerment.

We work together with the government services as well as NGOs.

Our services include:

Culturally appropriate training for children with special needs (with parent involvement) to prepare for further appropriate formal and informal education

Comprehensive and cross-disability community based services which empower PWDs socially and economically

Institution based rehabilitation services (Physiotherapy, Occupational Therapy, Speech Therapy, Prosthetics and Orthotics Workshop, Wheelchair Production Workshop)

Awareness raising and advocating on regional and national level on disability issues and empowering DPO movement.

A quick look:

In 2005 Navajeevana has provided services to PWD in 153 Grama Niladari (18 new ones) divisions including beneficiaries also from outside our normal operational area (the Hambantota and Matara district).

Orthopaedic Work:

348 orthopaedic appliances were distributed in 2005 (prothesis, calipers, crutches, wheelchairs, walkers, standing frames and special seating).

Physiotherapy Work:

The total number of physiotherapy consultations amounted to: 1293 (among them 604 children and 331 women)

Speech Therapy:

In 2005 we cared for 403 children and met 509 clients altogether. 83 home visits were carried out and 49 clients referred to hospitals for further therapy (e.g. surgery).

Occupational Therapy:

It is our youngest member of our Institution Based Rehabilitation family started in the last quarter of 2005. The programme was started mainly to improve our special seating programme for neurologically disabled children.

Special Education: In 2005 123 children with special needs were attended by our special education schools in Tangalle, Colombege-ara, Agunukolapellassa, Beliatta and Walasgala. Among them we educated 1 visually impaired child, 39 hearing impaired, 68 intellectually impaired and 15 with multiple impairments.

Community –Based Programmes:

1796 clients were actively involved in our CBR programme (among them 856 women).

A total of 373 were newly identified. 910 (480 women) were referred to hospitals.

319 parents were involved in our support groups (among them 261 mothers)

Last year 79 clients benefited from skills training, mainstream vocational training, open- employment and micro-enterprise.

Eye work:

341 spectacles dispensed in 2005 to Tsunami affected persons (among them 237 women and 27 children).



A message from the Director

Navajeevana's performance this year demonstrates how adversity can spur productivity and the attainment of a new level of operating. Navajeevana's capacity to make a difference, in both core activities and disaster relief efforts, has never been greater. In the face of the many challenges over 2005 staff and donors alike have indeed lived the organisation's ethos, **"doing more, doing it better and making it sustainable"**.

The first three months of the year were appropriately consumed with providing disaster relief. A temporary kitchen produced between 550 and 600 meals per day for the weeks immediately after last year's disaster. Resources were then diverted to a 'Work- for-food' programme with a particular focus on areas not reached by other NGOs and where children were a high proportion of the affected.

This could not have been executed as comprehensively as it was, without substantial, additional, financial support from donors like CBM, together with our valuable friends and family across the nations together with the practical support offered by the local community. Importantly, the trust placed in Navajeevana regarding collection and distribution of funds made it possible to respond swiftly to the needs of so many. Support from the local community was overwhelming, and, the key to funds being distributed effectively on the ground. Navajeevana would like to thank and acknowledge the local community and the many organisations, such as Delmage, Dilmar Sri Lanka, Alzimers Association of Sri Lanka, Brandix and Friends of Kettwig (Germany) among others, for their contribution to our disaster relief activities. Navajeevana would also like to thank and acknowledge all the expatriates who gave of their time and energy to assist in this process. The 'silver lining' arising from last year's challenges is the fact that Navajeevana has substantially expanded its capacity to make a difference to people in need, almost overnight, and in a way that enhances the delivery of its core focus of community-based rehabilitation as well. As flagged in 2004, Navajeevana commenced implementation of a long-term plan for the rehabilitation of Kudawella. Navajeevana considers this an opportunity to give back to the local community that has provided it with consistent support since it's inception in 1987.

The staff of Navajeevana and me, as well as CBM were inspired by the opportunity to be able to do this. A holistic approach, managed in cooperation and consultation with the Government, has been adopted. This includes re-location of disaster affected families and their material belongings especially of the disabled; immediate and on-going livelihood support (including medication); psycho-social intervention for families affected by the disaster (funded largely by BASIC NEEDS Sri Lanka); and the provision of permanent housing (repair and reconstruction) funded largely by CHRISTOFFEL BLINDENMISSION (CBM).

NAVAJEEVANADEVELOPMENT ALTERNATIVES (NDA) was set up as a trust and funded by CBM to exclusively manage the rehabilitation of Kudawella. Formal separation is designed to avoid the inadvertent diversion of resources away from Navajeevana's core activities. NDA has seized this unique opportunity to integrate the needs of the disabled, from the inception, into the development of the new inclusive village "Navadevipurawara". Although clearly an additional challenge, this approach is proving to be very effective as far as planning and construction is concerned. Navajeevana has also earned considerable respect and goodwill from the community as a result of this approach.

Navajeevana's "can pay - should pay policy", which commenced in 2004, was halted for 2005 and patients subsidised as a form of disaster relief. Our partner MOTIVATION Sri Lanka must to be thanked and acknowledged for the extra funding this requires.

Navajeevana's core activities have also gone from strength to strength this year facilitated by substantial additional funding. NAVAJEEVANA FOUNDATION ZURICH funded the expansion phase 1 (a new special -school currently under construction) and CBM funded expansion phase 2 (Therapy unit, based on fostering client participation and activity) of our new NAVAJEEVANA THERAPY & SOCIAL INCLUSION CENTRE. Phase 1 and phase 2 will be completed within 2006.

The need for special seating to treat Cerebral Palsy and other neurological conditions is greater than ever. A seating programme, employing a disabled carpenter from the local community, commenced in partnership with HOPE FOR THE CHILDREN Sri Lanka. This need was identified by VOLUNTEERS SERVICE OVERSEAS) VSO Kathryn Harrison our physiotherapist specialized in paediatrics.

This needs further development and input and has been now fostered by MOTIVATION in a very structured manner. Technicians from the community have been trained in the manufacture of quality wheel chairs to suite Sri Lanka standards. All this was possible because of our team of motivated and dedicated staff supported by expert volunteers (short term) who have given their best to us.

Thank you to all members of the Honorary Committee for the support and trust they continued to provide in 2005. Navajeevana has, year in year out, been able to deliver on a personal philosophy of mine - **"never turn people in need away"**. This is no small accomplishment and indeed a direct result of the compassion, courage and hard work of all staff members, regardless of how challenging the circumstances may become.

Thank you.

A handwritten signature in dark ink, appearing to read 'K. Wickramasuriya'.

Mrs K. Wickramasuriya Director

A Tragic Beginning

This is what Piyasena Menuwarage reported.

“I was at the market place in Tangalle on that morning of December 26th 2004. It was a beautiful Poya Day morning - not too hot, not too cold just perfect. My son Sunil who is mentally retarded, had come along. In fact we knew NAVAJEEVANA already before the Tsunami had struck. Their officers encouraged us to try making simple brooms with our son. Also people with mental retardation can be productive, we learned. Sunil actually liked the work, so here we were on that Sunday morning selling his brooms. We didn't waste time and in fact my son was busy making new ones when we heard people screaming and shouting:” The sea is coming”. First I thought what a joke. My son didn't even take any notice busy making his brooms, but suddenly from nowhere there came water, water was every where, it was mounting so fast. The whole market place was suddenly filled up with water and people tried to escape. Everything went so quickly. We didn't even understand what was happening.

We were so lucky that only the equipment to make the brooms and the brooms themselves were lost. Later they were replaced by NAVAJEEVANA.



Next morning we fully understood what had happened. I wanted to help our neighbours looking for their little girl Shanthi in the Tangalle hospital. By then the corpses of Tsunami victims were already placed outside the hospital. Inside were so many: women, children, old people, victims you couldn't even recognize any more. Relatives of the missing ones had come to look whether their loved ones might be among the corpses on the ground. There was a terrible smell in the air. So many people were crying, others were just sitting there hopeless in despair. We had only lost our brooms but there were all these others and for them everything was lost: wife, children, house, work.

I really found NAVAJEEVANA very helpful within the next days. Normally they only work for disabled people and their families but suddenly they changed altogether. So many people went to NAVAJEEVANA simply to eat and to drink for their staff was cooking and handing out bottles of drinking water. They talked with everybody and helped the best way they could. These NAVAJEEVANA people were really giving hope to everybody.”

Navajeevana's secretary Ms. Rashmi recalls:



“Briefly we talked of how we should handle this tragic situation and immediately got down to action. We temporarily closed down the rehabilitation programme from December 27th until end of April 2005. We addressed our minds to the aftermath of this terrible tragedy. On day two we had a couple of lorry loads of dry rations, water and medical aid, clothing and other necessities arriving on the doorsteps of NAVAJEEVANA. We worked around the clock packing relief parcels and set of on an immediate relief programme. Ms. Christine stood out with a most remarkable performance. This plan of action was directed to assist the fishing villages in and around Tangalle. This was followed by organizing a mass cooking programme at the NAVAJEEVANA centre. We put into place a distribution network which later was developed into a “food for work” programme.

During the implementation of this immediate disaster relief programme a new vision dawned. Kudawella is a small but important fishing village, with over 500 to 600 families having lost everything including homes, work and business namely, boats, engines, nets, etc. The Kudawella people were in crying need for assistance both material and emotional. Talking with our NAVAJEEVANA team and expressing our desire to help these devastated families, we lost no time trying to help them. With this vision NDA (the NAVAJEEVAN DEVELOPMENT ALTERNATIVES) was born, a separate entity and the implementing arm of NAVAJEEVANA's post tsunami rehabilitation activities to rehabilitate the

devastated fishing village of Kudawella. We introduced this project to our friends from CHRISTOFFEL BLINDEN-MISSION (CBM) and received their full support. It's a community development programme addressing housing (a new little village has been created called Navadivipurawara which is the first of its kind providing accessibility and inclusion to disabled people), sanitation, child care, home gardening, rain water harvesting, disability issues, special needs of pregnant women and young mothers, schooling and of course the providing of the tools of trade such as fishing boats, engines, nets and vocational training for women. All activities were in cooperation with the government and NGOs involved.

My very special thanks to the people of CHRISTOFFEL BLINDEN MISSION (CBM) and their friends worldwide, who made it possible. Thanks also to the chairman of the Ceylinco Group of Companies for seconding Major General Lalin Fernando to initiate the debris cleaning work programme etc..."

Our friend Alessandro recalls:



"It was such a lovely morning. The sea was calm, the palm trees were softly swinging in the morning breeze. Strange enough no birds were around – it was very quiet. I had just got up for breakfast. Raffaella, my wife, was already seated at the breakfast table. We started to discuss our plans for the day. The waitress of our guesthouse was starting to serve our tea when suddenly a terrible noise came from the sea. In an instant we were all swallowed up in a gigantic monster which would throw me where ever it pleased. I had no control of where I was going, trees were passing by, debris, people were screaming - an apocalyptic symphony was in the air. I don't know how much time had passed when I came back to my senses. I was all bruised and cut when I found myself hundreds of metres away from where I had just talked with Raffaella. Within me something had died this morning. Raffaella was gone, never to return.

In August of 2005 I came back to Tangalle trying to make sense of what had happened, trying to cope with the pain of having lost her.

I visited NAVAJEEVANA and saw something very beautiful there – an organization trying to help people in despair, people who face so many challenges every day in their life. Their programme for disabled children is wonderful. In Italy I had created an association with the help of friends to assist suffering people in Sri Lanka. It was named after my wife "RAFFAELLA PIVA FUND".

In April 2006 a new school for disabled children will be opened in Wallasgala. It will bear the name of Raffaella: "Raffallea Piva School".

I have come a long way within one year. I lost my love, I went through the pain and finally something new which will live on is created.

Such a coincidence, I was experiencing this with NEW LIFE or NAVAJEEVANA as they call it in Sinhala."

Community Based Rehabilitation Department

Sepala Samarasinghe
Head Of CBR Department

A person with a certain disability has the same aspirations, hopes, fears, etc. as everybody else. She/he lives usually with the family. She/he meets relatives, neighbours and friends. A temple (church or mosque), a market place, a doctor, a school, a bus-stand or a post office is situated nearby. The PWD lives like everybody in the community - like us all. This is the environment where NAVAJEEVANA tries to assist our friends with special needs.

Only for special treatment or training we invite her/him to our centre at Tangalle or refer to other institutions (e.g. government hospitals, social services, etc.). It is within, and with the community that our Community Based Rehabilitation (CBR) fieldworkers are working most effectively for our clients. When a family with a severely disabled child wants our help to better the life of their child, Our fieldworkers showed that they are prepared and skilled to provide physiotherapy exercises and improve the life not only of the child but also of the entire family.

A man seated in a wheelchair has the same responsibility to care for his family as any other father or husband. He needs an activity to make money or else a job to bring home his salary. NAVAJEEVANA CBR field staff has assisted various PWD to improve their lives economically. CBR work showed many aspects in 2005 for our staff.

The statistics below refer to some general statistics on NAVAJEEVANA's CBR activities in 2005.

GENERAL INFORMATION	Males	Females	Total
Clients/ patients/ consumers actively involved in our programme in 2005	945	851	1796
Number of clients/ patients/ consumers newly identified in 2005	152	221	373
Files closed in 2005 (e.g. goals accomplished, intervention finished)	101	111	212
Number of persons referred/transferred to hospitals/clinics/eye units in 2005	430	480	910
Number of elderly people involved in our programme	181	120	301
Number of children in inclusive education	07	11	18
Number of parents/caregivers involved in support groups	58	261	319

TYPE OF DISABILITY	No. of clients									
	Children Aged 0 – 6		Children aged 7-18		Adults aged 19-54		Adults aged 55 +		TOTAL	
	M	F	M	F	M	F	M	F	M	F
Visually Impaired (Blind)			01		03	04			04	04
Visually Impaired (Low Vision)		01	01		01				02	01
Hearing Impaired (Deaf)	05	07	15	20	12	12	53		85	39
Physically Impaired	04	10	25	36	65	56	35	10	129	112
Intellectually impaired (mentally retarded)	07	09	21	21	10	12			38	42
Psychiatric Impaired (mentally ill)	19	06	70	69	341	332	79	101	509	508
Multiply impaired	37	28	45	38	28	27	06	03	116	96
Epilepsy	01	02	05	11	25	15	07	05	38	33
Other impairments	05	05	08	01		01			13	07
Included in the CBR programme without impairments	05	03	02	06	03	04	01	01	11	14
Total Clients	83	71	193	197	488	463	181	120	945	851



The CBR Unit has been able to achieve most of the activities (in spite of the extra Tsunami activities) planned for year 2005 thanks to the great community support and especially our 165 active volunteers. A total of 3,724 people participated in our 64 community awareness programmes which were held throughout the year with various objectives. New community volunteers had to be identified and trained. We found community support for newly planned buildings (e.g. for the new school in Walasgala). Our volunteers cooperated with our field staff in our poverty elevation programmes focusing on the needs of persons with disabilities. Obviously various programmes were directly connected with the Tsunami (psycho-social activities). Primary health care and prevention of disability, awareness

programmes were held with children and children's clubs in which Navajeevana participated to create awareness among children.

Nine meetings were held with 173 parents of disabled children where their special challenges and needs were discussed. The parents were encouraged to support actively the rehabilitation process of their children.

In 2005 six school awareness programmes were held. A total of 632 school children and staff have benefited.

Tsunami relief work of the CBR department



Ms. Krishanthi Wagasinghe Arachchi and Ms. Nandani Ethgamage, our very active CBR field staff who were very strongly involved in the Tsunami relief work

All CBR staff was involved in immediate Tsunami relief work for 6 weeks from January to mid February 2005. Thereafter those in the Tangalle DS Division (coastline) were completely absorbed with Tsunami relief activities: meeting rehabilitation needs, sponsor's requests, community requests, livelihood support in the Tangalle area as well as supporting the Kudawella rehabilitation activities until the Navajeevana Development Alternatives (NDA) team had taken over in June 2005.

Ms. Krishanthi Wagasinghe Arachchi and Ms. Nandani Ethgamage, our very active CBR field staff who were very strongly involved in the Tsunami relief work

Small medical camps were held as requested by the community

Two brick making machines were installed in Kudawella to assist the Tsunami victims to produce cement bricks for their own houses.

20 coir (coconut fibre) machines were distributed to Tsunami affected clients to once again earn and income. 50 tents and 20 petromax lamps were given to fishermen and clients. Lost furniture was given to families with disabled children.

A total of 31 (19' fiberglass) boats with 25 HP engines as well as 36 pcs of 15 HP boat engines were presented to Tsunami victims, through the support of Ananda Ratnayake and Friends of Essen-Kettwig. Preference was given to families with disabled family members.

Our cooperation with the Government

There has been successful collaboration with the Government and various NGOs in many activities (especially with BASIC NEEDS, CBTD and MOTIVATION). In our Mental Health programme government doctors attended the consultation workshops organized in their areas. They were trained by a consultant psychiatrist to follow up on individual treatment and drugs distribution through the State Hospitals. We valued all support from DS officers in meeting needs of the PWD in their divisions as well as their support to the Disabled People Organizations (DPO). The recognition of NAVAJEEVANA's activities and positive cooperation between our CBR staff and governmental institutions within 6 DS divisions is a strong sign of our sustainability.

2005 is the year, when a very fruitful cooperation with COMMUNITY BUSINESS & TECHNOLOGY DEVELOPERS (CBTD) began. NAVAJEEVANA is very thankful for the financial and expert assistance to really make a difference for many PWD within the next 5 years. Our goals are ambitious. We would like to see a great number of PWD with a monthly income of at least 5000 Rs either through income generating activities or through normal employment. This is a last lap in the rehabilitation process. Lots of work lies ahead of us. We are happy to face the challenges with competent partners like CBTD.



10 Committee Meetings of DPOs were held in 2005. Advocacy issues were discussed (e.g. accessibility to public buildings). Needs assessment of the participating DPO members took place and challenges faced were presented. The DPO annual general meetings were planned. The need for a meeting place for each DPO is seen as most urgent. Contacts with the JOINT FRONT continued in various meetings.

Five DPO Annual General Meetings took place in 05 DS Divisions (Tangalle, Belliatta, Agunukolapallassa, Dickwella and Katuwana). A total of 1305 PWD participated.

The Community was well represented by community leaders, the Police, DS officers, NGO s, Health Sector, Education sector, Child Probation, principals of schools, vocational trainers and businessmen attended.

At the request of the Government and certain NGO officers, 18 awareness programmes for 248 participants on NAVAJEEVANA activities as well as on identification and special needs of PWD was held.

A total of 70 Village Committee Meetings of NAVAJEEVANA Mental Health volunteers and staff were held to review, plan future programmes and discuss challenges and achievements. A total of 456 clients 1945 volunteers and 226 members of NAVAJEEVANA CBR staff and BASIC NEEDS staff participated in these meetings.

Two residential 12 day programmes, a basic training module for 59 community volunteers, have been held in 2005. The participants were trained in identification, early rehabilitation methods, planning individual programmes, documentation, social mobilization and working under the supervision of the NAVAJEEVAN rehabilitation officers.

Furthermore 10 Volunteer Group Review sessions took place for 265 community volunteers.

Regional Committee Meetings of the Mental Health Programme were held for the purpose of monitoring the programme and sharing experiences. 188 clients, 451 volunteers and 56 officers from NAVAJEEVANA and BASIC NEEDS participated.

35 very successful consultation workshops for the mentally ill have been held with the participation of 2447 clients where 877 volunteers and 234 staff and medical officers have contributed to the success of the Community Mental Health Development (CMHD) Programmes.

Five volunteer follow up workshops were held to discuss issues providing further training to 156 volunteers together with 28 officers.

Our CMHD Programme would have been unthinkable without the expert contribution of BASIC NEEDS to whom we are very grateful. Together with them we managed to do a great job and were the tangible difference for so many people especially during these hard Tsunami days.

Finally three eye camps were organized where 673 persons attended. Nine volunteers and 22 officers including medical staff participated. Spectacles were distributed and IOL s (Intra Ocular Lenses) provided.

Challenges

Apart from the Tsunami we encountered other special challenges. The CBR team lost two staff members: Mr. Upul Wasantha Liyanage, an able Unit Manager and the long time Field-Coordinator Mr. Jeevan Kodituwakku. They left us to seek employment with other organizations. Mr. Sepala Samarasinghe who succeeded as Head of CBR Department and Field-Coordinator is now steering the boat and continues to gain the necessary skills to fill the void. He has support of his CBR staff to bring about a positive change long overdue. Some challenges in 2005 were connected with the proper monitoring of CBR staff, motivating volunteers and assisting Disabled People Organizations (DPO) in the area. Mr. Sepala tries hard to improve his English skills to progress in his reporting and communication.

Two school awareness programmes could not be programmed due to the extra work load from our Tsunami relief activities.

Additional CBR Activities

Our CBR staff conducted the following activities in Tangalla and Kudawella DS divisions which previously were not planned namely:

Supplying food, water, clothes and organizing and setting up accommodation to Tsunami victims. NAVAJEEVANA carried out a survey of Tsunami victims.

Our CBR staff organized activities for children in camps.

Our psychosocial clinics have helped over 1000 high risk clients who were being treated and counseled (pregnant women, widows, children and those who had lost family members). We assisted the victims of Kudawella to form Tsunami committees. Finally we trained staff and volunteers in trauma counseling for high risk groups.

Future Plans for 2006

We intend to expand our CBR services to 2 new DS divisions namely to: Okawella and Wallesmulla. Furthermore we intend to be involved in initiating 3 new DPOs in their respective divisions. We trust that by the end of the year 2006 we shall hold General Meetings for 8 DPOs. We also plan two volunteer training programmes. (12 day residential). Finally 5 new rehabilitation officers join our field staff and work competently and successfully until the end of the year.

Institution Based Rehabilitation Department

Venkatakannan. P
Head of IBR Department

The IBR department includes the following units: Occupational Therapy Unit, Speech Therapy Unit, Prosthetics & Orthotics Unit – P&O (including Wheelchair Workshop) and finally our Physiotherapy Unit.

This is the experience of Mr. Mahinda S.H.

I have lost my leg many years ago. In Galle I received an artificial leg and I was meant to walk with that. It was heavy, it didn't fit properly and I had to wear 15 layers of stocking to make it fit. As a result I was sweating a lot and had a sore stump very often. In fact I could not walk with this limb at all and used crutches to move around. These crutches again gave me lots of discomfort. I was often sore under my shoulders and my hands felt numb very often.



Then I heard about NAVAJEEVANA and was invited by their people to go to Tangalle and see what could be done at their centre.

One day I couldn't bear my problems any longer and decided to actually go there. I was welcomed by a young friendly chap who made me sit down. He asked me how he could be of help and when I told him about my problems with my artificial leg he continued to ask about my name, my address and how I live back home. I thought this was very funny. Why do they want to know what type of house I have, what food I eat or whether I have any income. How can a disabled person have any money? The young man was very kind and understanding and mentioned that I would be helped anyway regardless whether I am poor or not. He made me pay a fee of 50 Rs .

Another man from India called me to sit on a bed. He spoke Sinhalese with a funny Indian accent but I felt that he understood my problem very well. He said the people in Galle did not make a very good leg for me. Nowadays far better material is available. It is much lighter. The new legs are fitting well and I won't sweat so much anymore. This was exactly what I wanted. I took my artificial leg off and he examined my stump. Finally another stranger came who said that he would be making my new leg.

He took me to his workshop and put plaster on my stump. It didn't hurt and he explained to me that this was necessary to make the right leg for me which will fit perfectly. I had to come back a few times until I saw my new leg. It looked strange but the man from the workshop assured me that in the end it will look just fine. Now they asked me to walk with this. It felt much better than my old one. I wanted to get my crutches and try it out. "You will never need crutches anymore", they said. I couldn't believe it.

Slowly these NAVAJEEVANA people showed me how to walk again – I felt like a little child. At first it was so strange to actually walk again after so many years. The technicians adjusted something here and there until I felt very comfortable walking with the new leg. I was sent home again for more practice.

When I returned again to NAVAJEEVANA and told them that all was fine and I had no pinching or pressure, they took my new leg away from me again. I thought maybe it was because I didn't have any money to pay, but I was told to come back again.



Then on this last morning I experienced such a joy. My new leg looked great almost like a real one with a foot and a sort of knee which moves. I put it on and walked with it – fantastic – I could finally walk again after all these years on crutches.

I walked out of NAVAJEEVANA a free man not depending on crutches any more. I can even work with my new leg. In fact the people at the centre told me that the NAVAJEEVANA people will help me to make money. I believe this will happen as well. I am most grateful for all the help I have received.

IBR Achievements

A new batch of three Rehabilitation Therapy Assistants (3 RTAs) and three Prosthetics & Orthotics (P&O) Technicians were recruited in '05' as the earlier trained 4 people had left the organization. Two of them were directly or indirectly affected by Tsunami and two others left for acquiring further education. Training for the RTAs has been given in Amputee Rehabilitation and training for the P&O technicians was completed with a Bench Technician course. Furthermore they received training in clinical and technical aspects of wheelchair prescription and fitting respectively. Their trainers

Mr. Venkatakannan and Mr. Kimsong Bo(MOTIVATION staff) have done a fantastic job. NAVAJEEVANA can not thank them and their MOTIVATION colleagues enough for their great support.

Training in basic therapy and various disabilities was given for the special school teachers and care givers.

Updating on therapy related topics was done for the CBR staff.

Mr. Prasanga, one of the first Sri Lankan P&O qualified from CSPO returned back from a three year course in Cambodia. He joined NAVAJEEVANA again in October and got professional mentoring for two months under Mr. Kimsong Bo, our qualified Prosthetist/ Orthotist trainer who completely changed our workshop for the better. We were very sorry to see him leave for Batticalo where without doubt he will continue to assist many PWD.

CBM agreed to finance two persons to be sent to India for a 4,5 year degree course in Physiotherapy (in 2006 – 2010). Initiatives were taken to select those candidates and to arrange for their admission in the Indian university in October 2006.

A New Unit

In December 2005 an Occupational Therapy department was started by Jolanda Kremer, a volunteer from The Netherlands. NAVAJEEVANA started this service in order to improve the Special Seating Programme and to be able to attend more of our patients needs.

Occupational Therapy (OT) is a therapy that serves people with disabilities who have difficulties with their daily activities, such as washing, dressing, cooking, playing, work etc.

Looking at the person as a whole, the OT helps clients to increase their abilities as a contributing person in society.



In 2006, Mr Gamini Liyanage our Sri Lankan Occupational Therapist has joined these activities and receives further training through MOTIVATION financed by SAVE THE CHILDREN. Mr Lianage will, apart from the Special Seating Programme, also attend to our paediatric and adult patients.

Production and Clinical service

The integration of Prosthetic and Orthotic service into the rehabilitation activities of the centre has brought an enormous change in the comprehensive rehabilitation of various cross disability cases. This has given a good reputation to the centre itself and has also increased the number of referrals from hospitals (especially from the orthopaedic wards) having considerably increased the total statistics of patients visiting the centre in 2005.

Thanks to head of the P&O unit Mr. Kimsong and his technicians, the production in the P&O workshop has reached new heights this year. In comparison with the last year total production of '119', this year's '268' was a good improvement. The major block of the production consists of Orthoses or Orthopedic appliances (245). A minor share went towards the Prostheses or Artificial limbs (23). The most significant number of referrals for these P&O products came from the Physiotherapy Unit of NAVAJEEVANA however we enjoyed considerable referrals also from our CBR staff and from other sources like the government hospitals (external).



Yet still the Prosthetic production is not up to the target and needs serious awareness raising and networking in this region in the coming days. (Included in the activity plan for 2006) The prescription and distribution of wheeled mobility products got a good turn out in the centre delivering '24' prescribed products in this year which is a big leap forward compared to last year's output of only '4'. This included wheelchairs and tricycles distribution but we also set the first foundation for our own wheelchair production for 2006.

In fact in 2005 the first steps were taken thanks to the untiring efforts of MOTIVATION to train two artisans from outside NAVAJEEVANA and provide us not only with finance but with most other support. We hope that within 2006 NAVAJEEVANA will meet its targets and deliver regularly 5 wheelchairs a month.



A special seating program was launched in 2005. This programme, employing a disabled carpenter from the local community, commenced in partnership with HOPE FOR THE CHILDREN Sri Lanka.

This need was identified by (Volunteers Overseas Service) VSO Kathryn Harrison our physiotherapist specialized in paediatrics. It needs further development and input and has been now fostered by MOTIVATION in a very structured manner. The need for special seating to treat Cerebral Palsy and other neurological conditions is greater than ever. In 2005 a total of 25 children were assessed and fitted with special seats through this program.

The activities of all IBR units were affected in the initial days of the year. This is because the centre had to suspend its usual activities and concentrate in the

emergency relief after Tsunami (see also above). The total number of visits made by the patients had a fall also due to the following reasons:

The trained assistants left the organization in the beginning of this year

The Physiotherapist from Volunteers Overseas Service (VSO) left in June and many patients, especially pediatric clients that used to be treated by her could not be covered as easily in the Physiotherapy section after her departure.

The partnership with MOTIVATION Sri Lanka has enhanced Navajeevana's service delivery to the many mobility disabled through their support of equipment, training of staff and cost of materials.

Speech therapy services were carried out by Dilina Kurukulasooriya on only Saturdays in 2005. However also 9 field days from March 2005 onwards were carried out. NAVAJEEVANA has 1063 registered patients and it is obvious that we could not properly meet their needs in such a short time.

In order to meet the need, Group Therapy was attempted but it was found difficult to address the individual needs properly. This approach will be tried again more successfully with a fulltime therapist on board, hopefully in 2006.

In any case there is a rather impressive statistics to show :

No. of new clients registered:	128
No. of therapy sessions done at the centre:	480
No. of clients seen in the field:	83
No. of children seen:	403
No. of clients referred by medical specialists:	49

As soon as our new buildings are completed and a Speech Therapist is employed in 2006 we shall be in the position again to provide proper services.

The “Can pay should Pay” policy was working out well in the unit.

Upgrading services

This year of 2005 turned out to be reasonably successful in upgrading and regulating our services and operations. The following activities of NAVAJEEVANA were improved or implemented:

Patient data base. An extensive and comprehensive database was implemented in Navajeevana with the professional assistance from MOTIVATION to cover and keep all the updated data of various disabilities and related services. There were 800 completed entries put in this database till the end of 2005.

Central filing system. The files of patients coming for any therapy related service including Physiotherapy, Speech therapy, P&O and Occupational therapy are filed in a central filing system which improves the record keeping and multi disciplinary approach of rehabilitation.

Stock management and ordering system. Attempts were made to implement a computerized stock control and coordinated ordering system along with the other P&O centres in this country which did not turn out so successful so far. This system, if implemented, could prevent any work lag due to the fact that the stores are running out of material stock or difficulty in importing goods.

IBR objectives not met for the year 2005

One activity that was rather insufficient in this year was the networking and awareness raising (this problem refers however to NAVAJEEVANA as a whole and is our challenge for 2006). Even though certain activities like celebrating the International Day for the Disabled Person were conducted at the end of this year, other networking or awareness raising activities with nearby hospitals and other NGOs (who could have been good referral sources) were carried out insufficiently. This occurred also because the centre was concentrating in emergency relief after the Tsunami and the expatriate professionals like the Physiotherapist and Prosthetist/Orthotist were too much involved with clinical activities rather than in networking.

EDUCATION DEPARTMENT

Christine De Alwis Edrisinhe
Head of Education Department

General Information

Navajeevana continued again in 2005 with a successful programme for early childhood education, serving children with disabilities.

NAVAJEEVANA ensured also this year that children with disabilities have access to early childhood education ensuring mainstream education where possible and the development of essential life skills for others as well as creating an environment that encourages pride and self-esteem in the children.



The main school in Tangalle catered for up to 43 children with various impairments. In Angunakolapellace 16 children attended. Also in Dikwella 16 children were educated. The Colombege-ara school taught 27 children and in Belliatte 21 children were assisted.

2. The children in our schools

<u>Type of disability</u>	No. of Children in our Pre-Schools
Visually impaired (low vision)	01
Hearing impaired (deaf)	39
Intellectually impaired (mental)	68
Multiply impaired (not including deaf-blind)	15
No impairments	0
TOTAL	123

In 2005 it was remarkable to see the involvement of parents in our schools. Looking at the school in Tangalle: out of 43 children in 2005 only one was from Tangalle town. The rest was commuting from far off places such as Soriyawewa, Tissamaharama, Matara and Hakmana (even up to 70km away).

Very important to us are the regular visits to the children in their homes to verify that the parents are assisting the endeavours of the teachers back home.

Beyond Tangalle

Other than the main school in Tangalle, Navajeevana has other “satellite” schools as mentioned above in remote areas of the poor district of Hambantota. One of such satellite schools is an integrated school about 25 km from Tangalle in Angunakolapellasse. This particular school was commenced on 24.09.2001 as there was an urgent need for such a school to address the needs of the children with disabilities in that area. The school is functioning with a lot of community involvement. The “building” is a very simple hut (corrugated iron sheets) and too small. In 2006 a new school will be erected on donated land. Also the 2 teachers will undergo further education to teach the children more professionally. In any case they served the children in 2005 with much dedication even if within the year they did not receive a regular stipend.

In Walasgala, near Dickwella, children continued their classes in a small and dark room of the local temple. In 2005 the temple authorities have granted us a piece of land and on 03.12.05 the foundation stone was laid together with Alessandro Pasetti Medin from RAFFAELLA PIVA FUND. Navajeevana is presently erecting a new building thanks to the generous help of the RAFFELLA PIVA FUND. Construction works should be terminated in May 2006. The school will also serve the Disabled People Organization of that area for their regular meetings. The parents will be involved in income generating activities in this building. We foresee that more children will join the class. Also in Walasgala the teachers will improve in their skills through further training.

Colombege-ara is situated about 80km from here. It came into existence through our CBR programme back in 1999. The teachers of that school are a great example to others. The school has an excellent dancing and music teacher who performs at times in Colombo. Many children could not be accepted for lack of space. The teachers showed great dedication within this year. The school enjoys great participation from the community. In 2005 even income generating activities (e.g. tailoring) were started with the parents of the school children.

In Belliatte the school activities are still based at the local temple. In 2005 the decision was taken to help this original CBR activity to develop into a proper school. Presently we need to identify a donor to assist us with about 12.000 € to construct a small school building which again will serve also the Disabled People Organization of that area. 21 children had joined the class in 2005. However in 2006 the school activities require great improvement. New teaching staff has to be identified and prepared.

Training of teachers

The teachers were regularly trained in 2005 to assist our children. The internationally known artist Mr. Sangabo Dias, himself deaf, came to our school for a seminar in sign language and deaf education. Later the gentleman exposed his art works at our centre on December 3rd and 4th.

Two teachers have completed their diploma course in special education. Another one is completing a diploma course in Child Psychology. Six teachers are specialized to attend the needs of hearing impaired children having attended a certificate course in hearing impairment.



One teacher underwent further training in ear mould manufacturing. The school also assesses hearing not only for the children but also to any patient referred from ENT doctors. At the school even ear molds are fabricated and hearing aids handed out.

With the professional expertise gained the teachers are now better equipped to develop programmes, techniques and classroom strategies that will enable the children to make a significant difference in their performance.

Parents of the Tangalle school were trained during school hours in tailoring for income generating activities.

Extra curricular activities:

In 2005 many extracurricular activities were organized for our children: sports meet, art and dance competitions, public shows, etc.

Again very successful were the religious activities centered around the religious feasts (e.g. Vesak). The children had great fun visiting the zoo in Colombo. It was fun to watch the pictures the children had drawn after their visit. Together with the parents they enjoyed the Bring & Buy Day, art competitions on the International Day of the Disabled, variety entertainment in the Town Hall etc.

Life after the Navajeevana School

Another six children were integrated in 2005 into mainstream elementary schools. These children are still assisted by our staff to help them with their new challenges.

Last year one of our former children sat for the Ordinary level exams. Another child is employed in a jewelry enterprise earning a good salary.

We know that when we start to work early with the children their chances of success later on in life increases greatly.

Finance & Administration Department Mahinda Yapa

Head of Finance & Administration Department

2005 has been very difficult for this department. Twice the responsible staff members for our bookkeeping activities left us without any proper hand over.

The remaining staff did a great job to keep things in order. With the arrival of Mr. Yapa in December things have very much improved. Obviously all the above mentioned activities have been an extra strain also on this department. Nevertheless the auditors have expressed their true and fair opinion on financial statements. In addition to that we have performed an internal audit by a chartered accountancy firm no material financial irregularities are mentioned on their reports for the financial year of 2004. Nevertheless it must be mentioned that in 2005 Mr. Yapa had to work without proper software which affected the quick generation of accounting & financial reports for decision making and day to day operations. In 2006 a new software has been installed and Mr. Yapa has received training.

With the arrival of Arne Utermark ,CBM consultant a new organizational structure was implemented in the managerial set-up of NAVAJEEVANA. Also was introduced a new administrative structure, designation of departments in-charge and unit in-charge. Clear job responsibilities and job descriptions to our staff members were issued.



A very joyous event was our celebration of the International Day For The Disabled Person on 03.12.06. We enjoyed a boat race in the port together with the fishermen (victims of Tsunami) who had received previously a boat from NAVAJEEVANA.

A wheelchair race took place.

Mr. Sangebo Dias exhibited his lovely paintings in an art exhibition and motivated the children to be artists themselves.



Ms Arabella Churchill had arrived with her fun bus London bus to bring lots of laughter to the children with her special programme.

There was singing dancing and playing. The children of our school performed and certainly hundreds of people shared our joy.

In 2006

proper performance evaluation (staff appraisals) is planned to provide among other measures more transparency for our staff members. Procedures and regulations for every department in cooperation with department heads is to be introduced.

Our public image must absolutely improve: road signs, an updated website, leaflets as well as the production of film material will be very useful in this process. The department intends to organize general awareness activities, programmes and events.

Furthermore an activity as well as financial plan for the next 3 years will be worked out in cooperation with all staff members especially the heads of department.

Unfortunately the Sri Lanka government in 2005 has introduced an income tax for all NGOs. We have submitted our appeal to the authorities to lift this tax from NAVAJEEVANA and trust that we shall be provided with the freedom to spend these funds directly on the people we care for.

We would like to express our sincere regards and heartfelt thanks to the great people that made it all happen, namely:

Kithsiri Dharmapriya (keep it going and help us that PWDs find work and business).

Günter Althans (there's plenty of paint brushes still available on the Tangalle market. You are most welcome to help painting our new buildings coming up in 2006)

Rudi Gauhl (great that you stopped working for the Swiss Embassy to find more time for NAVAJEEVANA - accompany us with all your friends in Switzerland throughout 2006 until all our new buildings are meeting your approval).

Ranjani de Mel (the cards are selling like hotcakes – keep it up)

Rosaria Barontini (the children are still missing you - don't forget them in 2006)

Arabella Churchill (we trust your fun bus will have another stop at NAVAJEEVANA next year)

Emma & Maurizio Pandi (keep up the good work in Italy to help our children)

Yolanda Kremer (thanks for starting our Occupational Therapy Unit)

Rolf Mueggenburg (there are still many more postcards on stock)

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Merril J. Fernando (thanks for the tea – the magic DILMA brew which keeps us going every day) #

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Ethan Elgersma (thanks for your knightly achievements)

Not to forget YOU who is not listed here but helped so much !!!

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