Health

Presented to

The Eleventh Ordinary Conference

Toronto, 23-26 October 2009

THE WORLD FEDERATION

OF KHOJA SHIA ITHNA-ASHERI MUSLIM COMMUNITIES

Registered Charity in UK No. 282303

1.0 INTRODUCTION

1.1 This report will focus on the work undertaken by Health during the term 2006-2009; and will make recommendations for the next term.

1.2 Following the Dubai 2006 resolution the Boards were dismantled and posts of Assistant Secretary General were created. One such post was the Assistant Secretary General – Health.

One of the reasons for the change in working was that the regions were more aware of the local needs and had local expertise to implement those needs. The working relationship changed and the Assistant Secretary General's role was more of supporting the regional health board to achieve their objectives. The Assistant Secretary General was also responsible for working in partnership with regions to develop strategy and do needs assessment. There is a constant dialogue and communication between the ASG- Health and regional health body.

The resulting benefits were that the regions have increased their capacity, as projects were thought of and implemented locally, thereby increasing the human resources. There was ownership of projects and only those activities were taken that were deemed to be necessary and important for that particular region.

'No same size fits all'. For example the health insurance needs are different for the community members in Africa, compared to those living in the west. The needs are different for those living in the United Kingdom from those living in North America.

But the greatest benefit that was noticed was the difference in working relationship; it was more of a partnership then a top to bottom approach.

2.0 QUOTES FROM REGIONAL BODIES

2.1 Aunali Khalfan- Chair Central Health Board (CHB, Africa Federation)

"Regionally we have made good progress, opening up numerous avenues of cooperation and coordination by directing issues rather than being directed. Essentially this facilitates us to make tailored decisions which are appropriate to our needs. It is a virtuous circle that improves working relations, as is the case with the World Federation Health Board."

2.2 Gulamabbas Najafi – President, Nasimco

"Working in partnership with the regions has enabled a mutual relation of assistance in several aspects and activities. For instance look at the example of the eye clinic in Dar-es salaam where Nasimco Health board is working in unison with CHB."

2.3 Shabbar Dhalla – Secretary General, Council of European Jamaat (CoEJ)

"The new way of working added tremendous value to our already created Health Improvement Board at CoEJ and strengthen its position in Europe. The constant communication between Dr. Munir M Datoo, the CoEJ Office Bearers and the Health Improvement Board meant that we were not only able to increase the services to meet our needs but also cement our relationship with the World Federation as partners"

2.3 Dr Mohsin Jaffer – Chair, Nasimco Health and Wellness Desk

"To improve the health status of our communities we must encourage individual Jamaats to regularly monitor health ailments and diseases. Jamaats should regularly hold informative medical lectures by healthcare professionals which are then complimented by Health fairs and clinics especially in areas with inadequate medical facilities. Jamaats should also set up a Medical Affairs Committee which will stimulate consistent exchanges of innovative ideas and practices from all World Federation Jamaats. All in all endeavour to create an appreciation in every Jamaat member of how precious our bodies, a gift from Allah (S.W.T) are, and how we must take care of them"

3.0 HEXAGONS

Hexagons were introduced at the Leicester Executive Council meeting in November 2007 to monitor key deliverables.

The seven hexagons for Health are:

1. Develop in cooperation with all regions, a comprehensive health strategy for the community
2. Primary healthcare for ZCSS schools
3. Aeinullah strategy
4. Identify links with insurance companies to provide preferential rate for insurance for community members where applicable
5. Identify appropriate access points for high quality low cost providers for access globally
6. Baseline Assessment on Hajj Medical Mission that brings coordination across the community
7. Needs assessment for elderly

3.1 Develop in cooperation with all regions a comprehensive health strategy for the community

Nasimco: Health and Wellness Desk has been formed by Nasimco. The Health and wellness desk are actively working towards their aims and objectives.

Africa: CHB is very actively working towards their objectives laid down at Africa federation Conference. Regular updates and news flash are coming out which are also distributed via WF newswire. Africa has started Thalassaemia screening and has to date screened more than 600 individuals.

CoEJ: The HIB team is working towards their set objective and looking at the needs of their community members. They are continuing with their screening programmes and building capacity.

3.2 Primary healthcare for ZCSS schools

Health and ZCSS did a joint visit to various schools in India. Need assessment was done. A Zainabiya Health Centre was opened in Pottenahali in May of 2009. This health centre is about 100 meters from the school and is also catering for the people of the village, where the nearest health centre was about 5 km away.

There is extension work taking place at Zainabiya School in Karimpur, a dedicated health room has been included in this extension. Once the extension is complete, the health care facilities will be looked at and rolled out according to the need of the school children and the local community.

Needs assessment for schools in Avolkonda has been done. A programme has been prepared, whereby a health worker will be stationed in the village of Avolkonda and provide health education, raise awareness amongst not only the children of the school, but also go to their home and educate their mother. The programme is ready to be rolled out once the logistic has been sorted with Imam Zamana Mission of Hyderabad.

Professor Sami Askari is looking to recruit women in Bihar who can be trained and then linked with school. These trained workers would then be able to reach out to the mothers of the children and be able to raise awareness and educate the community. They would also be able to identify any resources already available from the local government.

3.3 Aeinullah Strategy

The four Aeinullah Clinics are running as to the objective. A phaco machine was bought for the Aeinullah clinic in Mianwali Pakistan.

The Najaf Aeinullah Eye Clinic did not materialise as the partner organisation decided to go alone. Needs assessment was done for an eye clinic in Basra and work has started in renovation of the building and it is hope that the Aeinullah Eye Clinic in Basra will open soon. It is envisaged that this clinic will become self funding within six months of opening.

CHB, Nasimco and World Federation are working together in opening a state of the art Aeinullah Eye Centre in Temeke District in Dar es Salaam. Dar es Salaam Jamaat has already purchased a land, adjacent to the Temeke Primary health care centre.

3.4 Identify links with insurance companies to provide preferential rate for insurance for community members where applicable

Africa: Nairobi and Arusha have special deals with insurance company. The new managing committee in Nairobi are re-looking at the deal and are trying to negotiate with the insurance company. CHB after doing market research have negotiated with an insurance company and the scheme was launched in the month of June 2009. Unfortunately even though the scheme was heavily marketed and community members had registered their interest, the uptake has been very poor. In fact the Jamaat itself has not enrolled their welfare patient on whom the Jamaat is spending thousands of dollars on medical expenses. This expense can easily be avoided if these welfare patients are enrolled on this insurance scheme.

CoEJ: HIB has already started the ball rolling and have contacted few companies. They have short listed two companies and are waiting to get more information before the scheme can be rolled out for the community to benefit.

Nasimco: Health and Wellness desk have their aims and objective and are working with health professionals in North America.

India: Communicating with Zulfiqar Nayani of Mumbai Jamaat who is trying to get some sort of deal with an insurance company. Logistic is being worked out at the moment.

3.5 Identify appropriate access points for high quality low cost providers' access globally

CHB have panel of specialist in India. The treatment choice is not only confined to Mumbai, but CHB have got contacts with specialist and hospital in Chennai and Ahmadabad as well. CHB team travels to India on regular basis to maintain quality control. Preferential rates are available for community members for accommodation in India. These deals are utilised not only for community members travelling from Africa, but community members from other part of the world have also availed this discount and service. CHB have also got two agents in Mumbai, who help with all ground arrangement and hospital appointment with appropriate specialist. Daily and weekly rate has been agreed in advance with the agents to prevent any misunderstanding.

Karachi Pirhai Jamaat have got a fully fledged hospital in Karachi and are willing to assist any community member who wants to go to Karachi for their treatment.

3.6 Baseline assessment on Hajj Medical Mission that brings coordination across the community

CoEJ: Managed a historic meeting, where all but one Hajj group from Europe came together on one table and discussed way of working together in partnership on certain aspect of Hajj.

Hajj Forum: A hajj forum was held in Dar es Salaam in June of 2007 a day before the WF Executive Council. Various important issues were discussed which then lead to World Federation signing a memorandum of understanding with IMI Hajj Medical Mission.

Hajj 1429/2008: A Memorandum of understanding was signed with IMI Hajj Medical Mission. World Federation sponsored four doctors who were part of IMI Hajj Medical Mission. A meeting of all health professionals was also held in Makkah. There were representatives from various groups.

3.7 Needs Assessment for Elderly

See the report from Relief and Economic Development

4.0 What has helped in the implementation of the hexagons?

- Clear objectives
- Working in partnership with regions and boards

4.1 Restraints experienced in the implementation of the hexagons

- Not all hexagons had buy-in from the regions. The hexagons were developed without discussion with the regions, on whom the implementation would have depended.
- The hexagons were compiled from feedback from the conference, but I feel that, it was not thought through when writing. Understandably it was discussed at the Leicester Exco and passed by the Executive council, but one needs to understand that the executive does not understand the ins and out of these projects.
- I feel that we tend to push our ideas and thoughts at the executive council without the boards and the teams that are supposed to deliver are consulted to see if the objectives can be delivered or not.

4.2 Additional projects currently being worked on that are not part of the Hexagons

- Autistic Centre
- NGO funding for Medewell Maternal and Child health centre
- Public health education, via training of ladies workers in Bihar
- Thalassaemia screening in Africa
- Financial assistance for treatment purposes
- Procurement of equipment for Africa
- Looking into opening health centres in poor and needy areas of India
- Communication and contacts with external organisations
- Looking into making the WF website more user friendly for health projects
- Primary health centre/hospital in Kadhmain/Baghdad

5.0 Proposed programme of work between October 2009 and May 2010

- Working on opening a state of the Art Aeinullah eye centre in Dar es salaam
- Aeinullah Eye Clinic in Basra
- Primary Health Centre in Baghdad/Kadhmain
- Streamlining the work of the Autistic Day Care Centre
- Primary Health Centre in Karimpur
- Public health/getting a social worker trained and arrangement for her to go into community to raise health awareness in Bihar
- Health lectures and public health awareness during the month of Muharram in Bihar
- Making health section on the WF website more user friendly
- Health awareness/education/public health attached to school in Avolkonda.
- Hajj Medical Mission

6.0 Key risks in the areas worked

- Risks of patronising the regions and partners in delivering health objectives
- Risk of falling out, as WF objective may not necessarily be in line with the objectives of the regions or partners
- Burning out and getting disheartened if the partners do not respond in time or ignore all together
- Risk of doing the work yourself, if the regions or partners seems to be showing apathy
- Lack of respect

7.0 Key strengths in the areas worked

- Communications. Email only does not work, unless there is regular telephone contact with regions and partners, objectives will not be achieved
- Dedication
- Understanding the needs of the regions. Be able to differentiate between 'wants' and 'needs'
- The team lead need to have a Health background
- Multilingual. English as the only language for communication will be a hinder to achieving the objectives
- Team work

8.0 Possible challenges that are harmful to achieving the objectives

- Buy-in from the regions/partners: If there is no buy-in or ownership from the regions and partners then the objective will not be met. Challenge is to get the buy-in and ownership from regions/partners
- Lack of communication and motivation from the regions/partner
- What we perceive as important may be seen as a trivial issue by region/partners
- Inappropriate demands by regions/partners
- Risk of us patronising the regions/partners and trying to impose our ideas and thoughts onto them, without understanding their situation or capacity
- Working in tandem and partnership within our own organisation

9.0 Possible opportunities which are external conditions that are helpful to achieving the objectives

- Contacts
- Knowledge of local area
- Able to speak local language
- Working with other local and international organisation like Wipahs, LFT, OCT etc. These are organisation within our community who can supplement the work that we do and we can supplement the work that they do, for a common goal and objective
- To be able to keep an open mind and look for opportunity and if any good projects comes along to try and get WF involved irrespective of which organisation has initiated the project

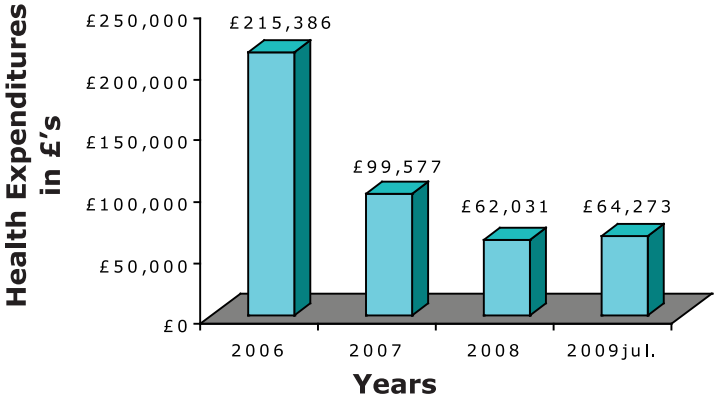
10.0 Possible threats which are external conditions that could do damage to the performance of meeting the objective

- Personality issues.
- Region/partner not getting on with another organisation which can hinder the progress of achieving the objectives
- Frustrations with interference from local regions/partner
- Group or people undermining the work done and bad publicity

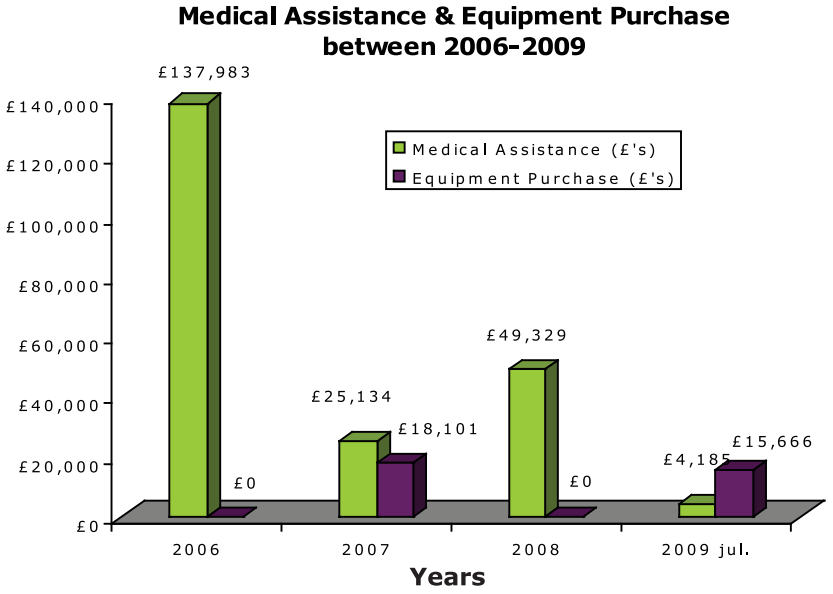
11.0 EXPENDITURE

Years	Health Expenditures
2006	£215,386
2007	£99,577
2008	£62,031
2009 jul.	£64,273
Total	£441,267

Health Expenditures between 2006-2009



	Medical Assistance	Equipment Purchase
2006	£137,983	£0
2007	£25,134	£18,101
2008	£49,329	£0
2009 jul.	£4,185	£15,666
Total	£216,631	£33,767



12.0 HAJJ MEDICAL MISSION

The World Federation begun its Hajj Medical Mission in 1987 and then stopped for a period of 6 years as it was felt that most groups were taking their own doctors. In 1999 a needs assessment was done by the former Medical Advisory Board, and the results showed that whilst most groups from Europe, North America and Africa had doctors within their group; the groups from Pakistan and India were suffering most as they had no doctors within their groups.

In 2000 the Hajj Medical Mission was revived by The World Federation This time there was a clear objective i.e. to raise awareness amongst the group going from India and Pakistan regarding the importance of a doctor accompanying each group.

IMI Hajj Medical Mission which started 7 years back and is growing from strength to strength. The mission organises Pre-Hajj seminars and apart from health lectures and medical advice, vaccinations are also offered to intending Hujjaj. Numerous clinics are run both in Makkah and Medina to facilitate ease of service for Shia Hujjaj.

At the 4th Executive Council Meeting in Dar es Salaam in June 2007 during the Hajj Forum it was decided that since the majority of Hajj groups within our community already have a doctor, it is the groups from Pakistan and India that needs help most. WF therefore decided to partner with IMI Hajj Medical Mission to assist in health care provision for Hujjaj coming from India and Pakistan.

A Memorandum of Understanding was therefore formed between The World Federation and IMI Hajj Medical Mission.

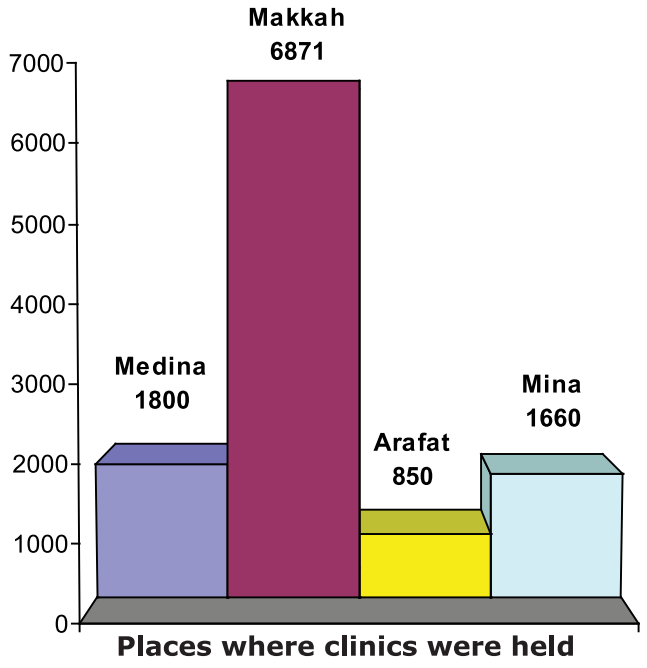
1. The World Federation will sponsor four doctors. The sponsorship will be for 1 year initially and reviewed after Hajj of 2008/1429.
2. IMI HMM will select the doctors according to their own protocols and use them as they see fit

3. IMI HMM will let WF know by the 15th of Zilqa'ad the addresses where they will have their clinics. IMI will also let us know their contact number for Saudi Arabia
4. WF will give out these details to all its region to be passed onto the Hujjaj going for Hajj
5. IMI will offer at least one clinic per day at the accommodation of groups from our community coming from Europe, North America and Africa who do not have their own doctors.
6. IMI will have one named person as the coordinator who will make contact with all groups from our community and visit the groups at least once during the duration of Hajj. WF will provide contact details of all Hajj group from the community coming from Africa, Europe and North America. IMI already have contact details of groups from Pakistan.
7. Both WF and IMI will try and get contact details of shia groups coming from India so as to serve shia Hujjaj from India as well
8. WF and IMI will have a teleconference after the 12 days of Muharram to discuss how the mission went
9. IMI HMM will provide a written report to the WF by the 1st of Rabiul Awwal

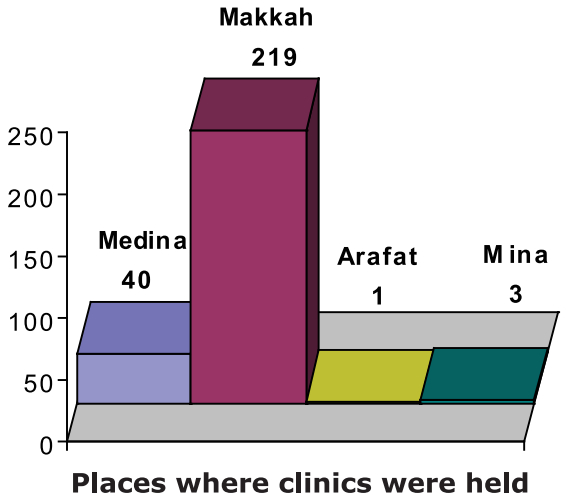
Summary of number of patients seen by IMI Hajj Medical Mission

	Medina	Makkah	Arafat	Mina	Total
No. of days	27	34	1	3	65
No. of patients	1,800	6,871	850	1,660	11,181

No of patients seen during Hajj 1429/2008



No of clinics held in each city during Hajj 1429/2008



13.0 MEDICAL REFERRAL PROGRAMME

Medical Advisory Board was formed in 1979. The principle reason was to assist patients coming from overseas for treatment purpose. From 1980 to 2006 a total of 5,582 patients were seen and treated in the United Kingdom. The majority of patients were seen in Birmingham, as that is where the Medical Advisory Board was based. A small number were seen by specialist centre in London.

As India started to progress the quality of medical care improved as well. The quality of care in India is no less than in the UK; in fact there are patients from UK going to India to have their treatment. Central Health Board of Africa started to explore the options of sending patients to India for treatment. They send a team to India to assess the quality of care and also make sure that if our community member goes to India they are looked after not only for treatment purpose, but also assistance is provided for accommodation and other logistics are taken care of.

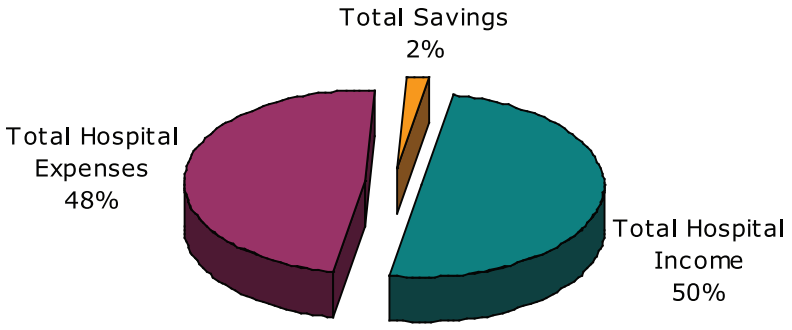
The number of patients coming to UK dropped drastically with the introduction of Medical Referral System by CHB. A resolution was passed in WF conference of 2006, where all the boards were to be dissolved as it was felt that the regional federation will be looking after local issues. Even though the number of patients coming to UK had fallen, there were still some who wanted to come to UK and there are times that certain treatment can only be had in the UK. Health Improvement Board (HIB) of CoEJ took over the patients referral programme. Any community member who now wants to come for treatment in the UK can contact the CoEJ secretariat who will arrange appointment with the most appropriate consultant. When MAB was running the Medical Referral Programme, patients could only be seen in Birmingham or London. Since HIB have representative in all cities of UK, a patient can request to see a specialist in any city in the UK, and an appointment is arranged to see the most appropriate consultant. Even though The World Federation stopped doing the Medical Referral programme, CoEJ has taken over and the community members have a wider choice and can be seen in any city within the UK.

14.0 ZAINABIYA HEALTH CENTRES

14.1 BANGALORE

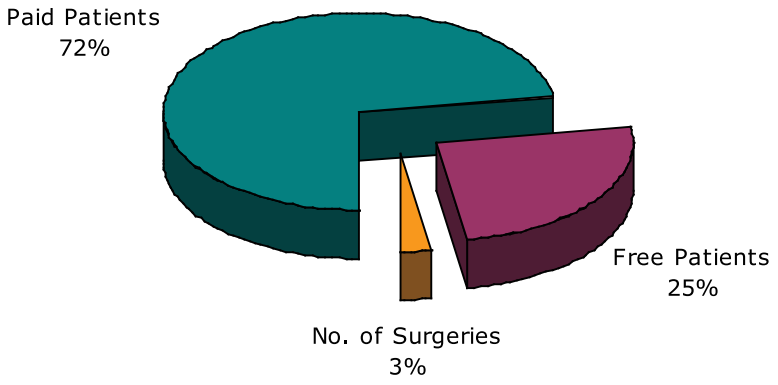
Income & Expenditure Summary for the year 2006 to 2009				
Particulars	**2006-07**	**2007-08**	**2008-09**	**Total**
Total Hospital Income	1,005,881	1,175,137	461,725	2,642,743
Total Hospital Expenses	978,984	1,115,286	445,364	2,539,635
Total Savings	26,896	59,850	16,361	103,108

Income & Expenditure from 2006-2009



Patients Summary for the year 2006 to 2009	
Year	**No of Patients**
2006-2007	2,564
2007-2008	2,613
2008-2009	183
Total	**5,360**

Patients Screened Chart 2006-2009



14.2 **POTTENAHALI** (opened in May 2009)

	Number of Patients	Expenditure (Indian Rupees)
May 2009	179	9,096
June 2009	210	8,000
July 2009	191	8,000

14.3 **PATNA**

Between January 2006 and July 2009 ZHC Patna treated 8882 patients

14.4 **LUCKNOW**

	No. of Patients	Expenditure (Indian Rupees)
Apr 06 – Mar 07	658	553,528
Apr 07 – Mar 08	279	407,590
Apr 08 – Jul 09	266	581,689
Total	**1,203**	**1,542,807**

ZHC in Lucknow was converted into a polyclinic in June of 2009, prior to that the ZHC was catering only to the needy and destitute patients. ZHC used to receive requests for medical treatment from the needy patients across India. Such requests used to come mainly from those living in the villages. These patients were vetted by an inspector from Tanzimul Makatib, and arrangements then made for the patient to be transported to Lucknow, where they received specialist treatment and surgery if needed.

The polyclinic opened in June of 2009 and the ZHC now offers not only primary health care for the local population, but have visiting specialists on weekly basis.

14.5 MIANWALI

Number of patients

	Gen OPD	MCH	Camps	Total
2006	10,710	1,425	4,100	**16,235**
2007	9,580	1,130	1,800	**12,510**
2008	13,740	1,600	2,490	**17,830**
2009 (to date)	8,890	520	1,200	**10,610**
Total	**42,920**	**4,675**	**9,590**	**57,185**

Income and Expenditure (Pakistani Rupees)

	Income	Expenditure	Balance
2006	1393800	2586050	**-1192250**
2007	4193300	4193300	**0**
2008	3498100	3490390	**7710**
2009 (to date)	2319450	2806760	**-487310**
Total	**11404650**	**13076500**	**-1671850**

15.0 AEINULLAH EYE CLINICS

15.1 Bangalore

1 Apr 2006 to 30 June 2007 (Indian Rupees)

	Income	Expenditure	Balance
Eye Hospital	820,219	335,805	484,414
Eye Camps	22,150	16,220	5,930
Total	185,662	176,179	**9,482**

1 Jul 2007 to 31 Oct 2008 (Indian Rupees)

	Income	Expenditure	Balance
Eye Hospital	995,122	392,896	602,225
Eye Camps	24,500	23,000	1,500
Total	1,019,622	415,896	**603,725**

1 Nov 2008 to 30 April 2009 (Indian Rupees)

	Income	Expenditure	Balance
Eye Hospital	309,915	146,238	163,677
Eye Camps	15,650	12,540	3,110
Total	325,565	158,778	**166,787**

Number of patients

Patients Summary for the year 2006 to 2009				
Particulars	**2006-07**	**2007-08**	**2008-09**	**Total**
Paid Patients	3,442	3,289	600	7,331
Free Patients	1,050	1,125	350	2,525
No Of Surgeries	104	115	46	265
Total	**10,121**	**4,529**	**996**	

15.2 **LUCKNOW**

Number of patients

	Total No. of Patients	Total No. of Opticals	Total No. of Operations
Apr-Dec **2006**	3,276	158	21
Jan-Dec **2007**	3,193	141	28
Jan-Dec **2008**	3,461	40	9
Jan-July **2009**	1,941	23	11
Grand Total	11,871	362	69

Income and Expenditure (Indian Rupees)

	Expenditure (Rs.)	Income (Rs.)
Total 2006	115,584	1,090,676
Total 2007	372,404	0
Total 2008	214,589	3,570
Total 2009*	34,973	0
Total 2006-09	**737,550**	**1,094,246**

***Note:** Total of 2009 comprises of only 2 months i.e January and February

15.3 **PATNA**

Between January 2006 and July 2009 Patna Eye Clinic treated 1056 cases

15.4 **MIANWALI**

Number of patients

	Aeinullah Eye Clinic
2006	3,660
2007	3,830
2008	10,275
2009 (to date)	4,907
TOTAL	**22,672**

16.0 The World Federation's Mombasa Medicine Subsidy Scheme: 1999-2008

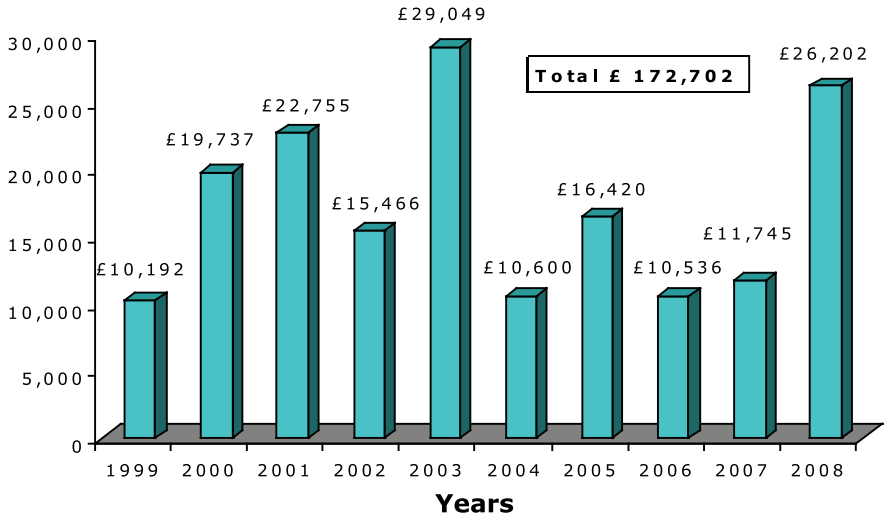
In April 1999, The World Federation launched the 'Mombasa Medicine Subsidy Scheme'. The scheme has been financing part of the cost of medications for the members of our community in Mombasa, Kenya primarily due to the considerable need for such an initiative.

Whilst the wealthy were able to afford these medications and the needy were given assistance through the community welfare Programme, it was actually those families in between that seemed to be struggling in an environment where the cost of medication was spiraling upwards in Kenya. As a result, several people were not taking the necessary drugs and some even disregarded the consumption of any drugs despite its importance.
This Programme was promoted in Mombasa providing people the opportunity to acquire affordable medical care.
The Makadara Chemist dispenses all the medications required, providing the community members with a 20% discount. The World Federation then subsidized an additional 33% of the total cost of the medicines.
A community member who obtained necessary medical assistance humbly expressed:
"I have a family with three children and aged parents. I have been employed for many years now and with the salary I earn, we just make ends meet. My aged parents continuously require medication for one illness or the other. Had it not been for the scheme The World Federation introduced, it would have been even more difficult to meet all the demands. I always pray to God (SWT) to grant all those who have made this possible Ajre Azeem."

This concept greatly benefited the residents of Mombasa.

From the years 1999-2008, The World Federation subsidized almost 172,702 GBP / Ksh 21,280,501 towards this project.

World Federation Payments to Mombasa Medicine Subsidy Scheme 1999-2008



In January of 2009, the scheme was handed over to Mombasa Jamaat to run through its local initiative. Mombasa Jamaat has now a fully functioning Jaffery Medical Centre and in the process of opening a pharmacy that will be attached to the Jaffery Medical Centre. It is hoped that the community members would continue to benefit from these initiative.

Running in Parallel, the Dar Es Salaam Jamaat gives a flat 10% discount to all its members at the Ebrahim Haji Charitable Dispensary. This discount applies not only on medication, but also for tests, dental treatment and any inpatient stay as well.

We hope that all Jamaats and region would follow the example of Mombasa and Dar Es Salaam Jamaat.

17.0 The World Federation Autistic Day Care Centre, Dar-es-salaam, Tanzania.

Introduction:

'Today as many as 1 out of every 166 children will be born autistic.'
The World Federation Autistic Day Care Centre (WFADCC) was established on 19th February 2006, the first of it's kind in the whole of East Africa.

The WFADCC mandate is to support children with disabilities such as Autism, Down's syndrome, Attention Deficit Hyperactivity Disorder (ADHD) and other learning and developmental disabilities by providing a daily program that combines therapy and academic education.

Amongst the centre's goals are to increase child autonomy, create awareness about disabilities, and break the barriers of discrimination and stigma against children with developmental, intellectual and physical disabilities.

The WFADCC provides children with the right to academic education, social involvement and skill development that is necessary to integrate into the larger realm of society.

Discussions:

Position	Person	Accreditation
Trustees:	Dr. Ahmed Hassam	President of World Federation
	Mr. Ramzan Nanji	President of Africa Federation
	Mr. Anwar Dharamsi	President of Dar es Salaam Jamaat
	Dr. Zulfiqar Abbas	Executive & Managing Trustee
	Dr. Munir Datoo	WF Assistant Secretary General for Health
Administrator:	Mr. Haider Chandoo	Coordinator
Occupational Therapist	Mr. Pastory Shirima	Head Teacher – Occupational Therapist
Teachers:	Ms. Eva Wigra	Special Needs Teacher
	Ms. Miriam Gunga	Academic Teacher
	Ms. Faryal Chilwan	Academic Teacher
Supportive Staff:	Five members of staff	All trained in Autism Care
Other Personnel:	2 Security Guards	

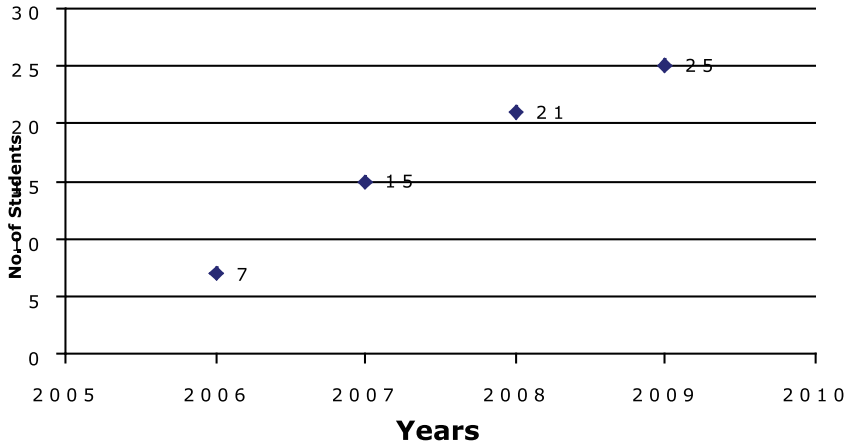
Facility:

The WFADCC facility is located in the coastal area of Dar es Salaam, Msasani, and the beautiful facility includes a sensory room, a music room, a learning skills classroom, an academic classroom, an activity room, a kitchen, and a playground.

Students:

There are currently 25 students being catered for at the centre.
The following is a reflection of the increase in students since the institutions commencement.

No. of Students at WFADCC between 2006-2009



Students Programme:

Upon arrival to the centre, the children are given a complete occupational therapy (OT) assessment that looks at their strengths, physical and cognitive deficits, behavior, academic skills, and developmental stage. WFADCC adopts a holistic, family-centered approach, including the family's discretion in all decision making matters that involve the child. After the initial assessment is complete, the child and family determine the child's goals with assistance from the WFADCC staff. The staff then works towards achieving those goals.

This individualized therapy allows the child to progress at his or her own rate. The progress of the child is assessed routinely. The teachers assess the children on a monthly basis, and the OT performs a routine evaluation every three months.

Success Story:

All students have shown immense progress and improvement. For example, one student who joined at the age of seven had not been to any school before and had serious behaviour problems needing assistance in toilet training, eating habits, social and other obsessive behaviours. Within six months time with the centre the student's improvement was dramatic.

The student have now:-

- Been successfully toilet trained.
- Tremendously augmented their eating habits being able to sit and eat appropriately with a fork and a spoon.
- Controlled aggressive behaviour by means of implementing a structured routine and this predictability avoids frustration.
- Broadened interests in toy cars, cartoons, balls and foregone initial obsessions.
- Learnt to follow routines and is more flexible with changes in life.

All in all, the WFADCC support and structured environment helps children overcome their challenges

Autism Expert Visitors:

Kari Dunn Buron, MS 2 weeks in May 2008

Kari Dunn Buron has been working with students with autism for over 33 years, having only recently retired she has had an illustrious career. She is the designer and coordinator of the autism spectrum disorders certificate program at Hamline University in St. Paul. She is also the co-author of the bestseller 'The Incredible 5-Point scale'.

Their goal was to teach the staff about visually structured environments. During the first week they engaged in training the staff and facilitating a special schedule for autistic children. The second week was spent practicing the use of schedules, visual routines and PECS (Picture Exchange Communication System) training.

"The World Federation Autistic Daycare Centre is in a unique position to truly be a leader in such training efforts" concluded Kari Dunn Buron in her statement."

Joyce Santo, MS 2 weeks in May 2008

Joyce Santo has worked exclusively with children with autism for the past fifteen years developing programs in both elementary and preschools. She currently holds the position of Autism Resource Specialist in Roseville Area Schools. Joyce worked together with Kari Dunn in facilitating their objectives during their time at the centre.

Mr. Kit Howe, 5 - 11 November 2006.

Mr. Kit Howe, an expert on the autism spectra as well as the Deputy Principal of The Robert Ogden School which is potentially the largest Autistic School in Europe, visited the centre for a week. Mr. Howe volunteered priceless training to the teachers as well as spending ample time with staff and children putting the training into context.

"The importance of this centre cannot be overstated and there is the potential, with further support and development for the school to become a centre of excellence from which others may learn." Stated Mr. Kit Howe.

Other Important Visitors:

Madame Mwajuma Frida Ndone **–** Deputy Dar es Salaams Regional Commissioner

Ms. M.A. Malunda **-** Municipal Social Welfare Office

Extracurricular Activities and Events in 2009:

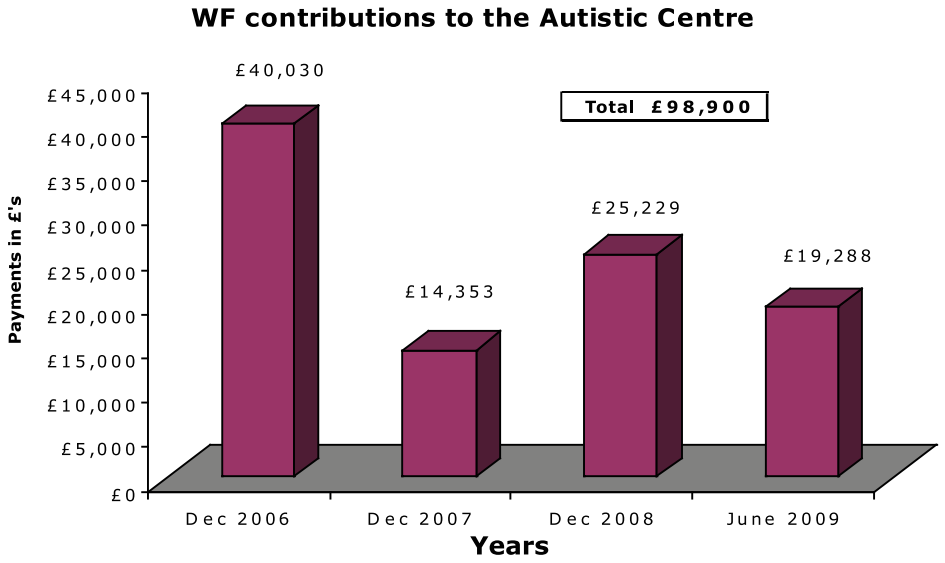
1. **Trip Across the Ferry,** Aug 2009:
2. **Annual Sports Day,** July 2009:
3. **Wet and Wild Field Trip,** June 2009
4. **MÖvenpick Hotel,** May 2009
5. **Dar-es-Salaam Zoo Field Trip,** February 2009
6. **World Autism Awareness Day,** April 2009

Media Recognition and General Awareness:

The following are examples of ways WFADCC has helped to bring about awareness of Autism and other disabilities, the challenges that the children at the centre face, and the ways to overcome these challenges.

1. A special half an hour programme devoted to the World Federation Autistic Centre, celebration of World Autism Awareness Day was aired by three local TV stations.
2. Interviews were given to several news papers by managing trustee on World Autism Awareness Day.
3. A Dedicated article on the World Federation Autistic Centre was published in the Guardian Newspaper and other news papers both in English and Swahili.
4. The staff at WFADCC organized Autism Awareness day for teachers all over Dar es Salaam.
5. A Scottish film took clips and pictures of the centre to incorporate in a film to be released in the near future, which in turn would enhance the awareness of the Autistic Centre globally.
6. Educational Workshops for Parents and Guardians.

Funding·



Note:

The payments include rent of 24000 US$ every year though it varies in GBP depending on the exchange rate.

The variation in funding not only depends on the exchange rate but also, the relevant needs of the Centre.

If the centre is unable to sustain maintenance during any month of the year, the World Federation will cater for the necessary requirements.

Constraints:

- Catering to children of different abilities at developmental stages and diagnoses.
- Lack of awareness of disabilities in Tanzania.
- Lack of diagnoses in Tanzania.
- Lack of trained rehabilitation professionals.

Recommendations/Future plans:

- Expand the facilities to provide services for 60 students.
- Provide early intervention, specialized education and structured support is required at early stage to help children with autism achieve their maximal potential.
- Raise more funds by means of donations as significant financial support is required as these children need a vast number of special equipment and material.
- Improve transportation facilities to enable all children to attend.