

## CENTRE D'EDUCATION ET DE REHABILITATION A BASE COMMUNAUTAIRE (CERBC) O.N.G.D/ASBL

Email: cerbc drc@yahoo.com

Combattre l'exclusion et la pauvreté par l'éducation et les soins de réadaptation

## Centre for Education and Community Based Rehabilitation

Registered number: 6202/2011. P.O Box 1364, Arua/Uganda + 243 810 51 9161, +256 782 287 208, 810 19 58 55



**ANNUAL REPORT 2010 - 2011.** 



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CERBC (Centre d'Education et de Réadaptation à Base Communautaire), Centre for Education and Community Based-Rehabilitation

CoRSU Comprehensive Rehabilitation Service in Uganda

**COAA** (Clinique Orthopédique et Audiologique d'Aru), Orthopedic and Audiology Clinic of Aru,

CBR Community Based Rehabilitation
DRC Democratique Republic of Congo

**Difaem** German Organisation for Medical Mission

**ECC** (Eglise du Christ au Congo), Church of Christ in Congo

**ENT** Ear, Nose and Throat,

**ESMA** (Ecole des Sourds-Muets d'Aru), Aru School for the Deaf

**HL** Hearing Loss

IPASC (Institut Panafricain de Santé Communautaire), Panafrican Institute of Community Health

MP Member of Parliament

NGO Non Governmental Organization

WFP World Food Program

### **Foreword**

The year 2010-2011 has been successful to all our beneficiaries including the orthopedic and audiology clinic and the School for the Deaf (ESMA) which has just changed its name to Centre for Education and Community Based Rehabilitation (CERBC), as recommended by the General assembly held on August 13<sup>th</sup>, 2010. Aru School for the Deaf (ESMA) remains as one of the Departments of CERBC which acts as an umbrella seeking support for both the school and Clinic.

CERBC is well structured, and focuses its work in special education and rehabilitative care. These two areas of action include several activities: the primary, secondary and vocational education of children including young



deaf, blind and physically handicapped. The Rehabilitation care includes counseling, physiotherapy and orthopedic corrections. At the Clinic level there is also the Audiology service with an Earmold laboratory which started as a small service attached to the school.

CERBC is located in the town of Aru Territory, in the north-eastern region of the Democratic Republic of Congo. Our activities are mainly focused in two Health Districts: Aru and Watsa, with an estimated population of around 2.5 million inhabitants. With the aim of providing quality service to the community, CERBC has created links during the last two years with other national and international organizations for several reasons: capacity building of staff through training and provision of necessary materials and equipment.

We are always examining the way we develop and carry out our activities to make them more effective and efficient and we noticed the success of activities during the year 2010-2011, including the concentration of the staff, availability of basic material and resources, uninterrupted attendance of patients at the clinic, capacity building of staff, regular monitoring of the national education curriculum and planned activities, partnerships with various institutions and NGOs, donors' support, good structuring of services as well as the security observed in Aru territory.

We thank God who has protected our work; we believe that His strong hand is on us to promote our work.

Byaruhanga K. Ismaël Executive Director

### NYANYA's Story. A deaf girl (The first promotion of Aru School for the Deaf on her way for social integration).



My name is NYANYA Ngaka, I am hearing impaired and I am a 15 year old girl. My village is Ombai on the border of Aru and Uganda. I am the daughter of NYANYA and Ngaka is my Father. We are nine in our family and I am the third. I arrived in Aru thanks to my uncle who took me from the village, just to keep his children and perform other household activities (washing clothes, cooking, fetching water daily).

In 2004 I joined Aru School for the Deaf (ESMA), but according to the socio-economic situation, my uncle was not in a position to pay my school fees. With the support of well-wishers, in 2009, I finished the primary school and got my certificate with 69% (Grade B), and I had the opportunity to be admitted to the secondary school. I am now entering the third year from September 2011 where I chose to do secretariat and computer. I hope to graduate by June 2015 for this Diploma course.

Since September 2010, the Directorate of ESMA employed me as a cleaner. At the end of every month I receive \$US 30. With \$ 15 I am paying for my studies, the \$ 10 help for my own needs, the rest I send to the village to help my poor parents to buy soap, salt and sugar. I do my job without complaint and I feel integrated.

## 1. SPECIAL EDUCATION



**Photo 3**: Ms Aroyo, teacher, trained in sign language at ESMA since 2005, initiating new deaf children in preparatory class on sign and writing.

#### a. Aru School for Deaf (ESMA)

For the school year 2010 - 2011, a total of 122 students received education at ESMA; 98 in primary and 24 in secondary school.

Table I: the types of disabilities and other cases

Categories	М	F	Total
Deaf	56	29	85
Blind	2	5	7
Physical handicap	6	3	9
Hearing (normal)	11	10	21
Total	75	47	122

The favorable result of the Test of National Primary School Leaving (TENAFP) 2008-2009 stimulated the community to register their normal children at ESMA, where now we have adopted an integrated system of education.

## b. Educational Organization



**Photo 4**: Ann Burke, volunteer from Options UK, donated a Laptop to Bakitha to develop her skills. She is 8 years old and currently in class 4.

Personnel: Primary school: 7 teachers plus 1 Head teacher, Secondary school: 9 teachers plus 1 Principle.

## Years of study:

#### **Primary Education**

- a. Preparatory: 1 year
- b. Primary: 6 years, awarded: Certificate,

#### **Secondary Education**

a. General course: 2 years,

#### Area of specialization at ESMA

- I. Diploma course (4 years)
- a. General Education
- b. Tailoring,
- c. Carpentry,
- d. Secretarial and computer
- e. Fine Art
- II. Certificate(short course)
- a. Certificate in Computer (6 months)
- b. Tailoring and embroidery (10 months)
- c. Carpentry (10 months).

### This short course has the objective:

- Serve as a catch-up for young Deaf and physical disabled aged from 15 to 25 years who have joined the school later,
- Foster their rapid social and economic integration.

#### c. Education of the Blind



**Photo 5**: Mrs Beatrice assisting Blind and visually impaired during the exams. Beatrice has been trained at Kenya institute for the Blind in Nairobi in Braille practice.

Two special teachers for the Blind are available: the first was trained last year 2010 and the second Mr Pierre Takipima is in Nairobi and will finish his training in November 2011 when he will return to the School.

The school received a donation from << Mission Evangélique Braille, Switzerland NGO >> of different items to help train children and young blind and visual impaired. The Items are:

- One Braille machine.
- 2 white canes,
- \* Reams of Braille papers and
- 6 second hand phones. These phones were sold locally and the money has been used to pay school fees for 3 blind children for one full school year.

Currently 8 blind children are receiving education out of about 35 others identified. Because of insufficiency training materials, infrastructure and socio-economic situation of the majority of parents, 27 remain at home without education.

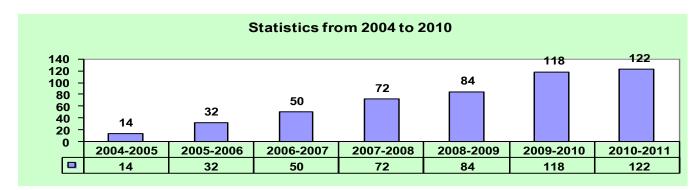


Table II: Changes in the numbers of children from 2004 to 2010

### d. Challenges in Special Education in general;

#### 1. Not enough materials for proper training; this includes:

- Computers: The school has three available (3); we need (7) more to make a total of 10 to supply the class
- Tailoring machine: six (6) are available and we need 10 more of different types
- Carpentry machine: we need basic equipment and one combined machine

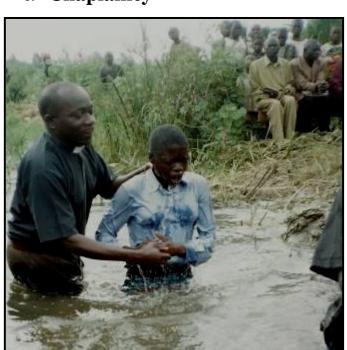
#### 2. Infrastructure,

- Need of 2 additional training rooms (for tailoring and computer).
- > Completion work of the existing classrooms,
- Construction of hostel for girls,

#### 3. Other Needs,

Sponsorship of about 50 poor children or from poor families who are not able to pay their school fees. For the current school regulation, one child (deaf, blind or Physical handicapped) is required to pay US\$ 300 per year. That includes school fees, school kit and boarding.

## e. Chaplaincy



CERBC: as a Christian Organisation, we attach great importance to the chaplaincy service to help children, young and adults with disabilities, through spiritual guidance and counseling.

Since 2008, **59 deaf Christians have already been baptized**. Some of them are involved in their local church as choir masters, Sunday school teachers for the deaf and in youth ministry together with their counterpart hearing colleagues.

**Photo 6:** the baptism of a deaf girl called Adhiru by Revd. Pastor Anguandia

#### 2. HEALTH: ORTHOPEDICS AND AUDIOLOGY



#### a. Service delivered

From August 2010 until July 2011, the activities of the clinic have focused on two areas, including an outreach programme and a fixed clinic. The outreach programme has been possible thanks to collaboration with Aru and Watsa Health District as well as different Referral Hospitals and Health Centres.

A total of 1,756 patients were seen, diagnosed and treated 1.756

## Table III: percentage of treated people



Photo 7: shows the Orthopedic and Audiology Clinic.

Photo 8: Students from Panafrican Institute of Community Health (IPASC), taking the Diploma course in Physiotherapy and Rehabilitation, helping a patient to use a wheelchair after massage at the Clinic.

Designation	August 2010 – July 2011	%
91 patients were treated and rehabilitated	91	5
5 patients unimproved	5	0,3
4 patients received prosthesis (artificial limbs)	4	0,2
83 Have stopped because of funding	83	4,7
43 have been referred: requiring orthopedic surgery	43	2
248 People with epilepsy are under treatment	248	14,1

Table IV: Category of patients referred for surgery

Health condition	Nmber	%
Trauma post injection	7	16,3
Spina Bifida	3	7
Dislocated elbow	2	4,7
Osteomyelitis	24	55,8
Clubfoot	1	2,3
fracture	6	14,0
Total	43	100

The result of this table shows that 43 patients required appropriate treatment, but because of the absence of an orthopedic surgeon, patients are always referred to the neighboring country of Uganda. It was found that only 1 in 10 patients are able to go either to **CoRSU**, a Comprehensive Rehabilitation Service in Uganda or in Goma to **Heal Africa** Hospital . All are located approximately 700 to 800 km from Aru.



**Photo 9: Dr Pius Asimwe**, responsible for the Orthopedic and Audiology Clinic of Aru (COAA)

This is because about 95 % of patients cannot afford different extra expenses such as, visas, transport, accommodation etc. So there is need to train local staff and equip the existing Centre. This would enable them to manage various disabling conditions that they face while working in both rural and urban settings.

According to **Dr Pius Asimwe**, who is responsible for the Orthopedic and Audiology Clinic of Aru (COAA), of the 24 patients with osteomyelitis, 90% are young people aged from 5 to 20 years old. The frequent cases of osteomyelitis are observed in Nyarambe and Logo Health Zones which are located at about 200KmfromAru.

For him, the objective for the year 2011-2012 is to be able to properly handle patients with hearing and orthopedic diseases, train health workers in primary ear care; and develop strong community outreach programmes for public awareness of preventable diseases that

cause disabling conditions in the Northern area of the DRCongo.



**Photo 10**: This young child, who was consulted in May 2010 suffering from osteomyelitis, has never received appropriate care, due to lack of funds to pay for his care. As an orphan, his mother and sisters are living only by selling water to different families.

400\$ is enough to cover the transport, visa fee, and food to allow a poor child to reach a suitable hospital for orthopedic or plastic surgery for example **CoRSU** Rehabilitation Hospital in Kampala, Uganda.

## b. Physiotherapy services

Approximately 30% of patients are consulted at the Centre, an average of 5 to 10 patients per day are received and about 70% of cases attending the clinic are children and women. Awareness, identification and referral of some patients are made by CBR Workers trained by the COAA through the Health Zones.



**Photo 11 and 12:** Physiotherapy and rehabilitation service at the Clinic. The Clinic offers also support for parents who have children with disabilities and old people on counseling and guidance.

## c. Audiology service: Prevention and Integration



Photo 13 and 14: Outreach programme with the Audiology Team

The service's objective is to make primary ear and hearing care accessible to the community, screening and health education in schools, parents and community awareness on ear diseases, preventive measures and hearing loss.

For the year 2010-2011, five hundred and four (504) people were consulted, diagnosed and treated, and 80% are children aged 0 to 15.

Table V: Case consulted by pathologies in Audiology

Ear Condition	number	%
Ear infection (otitis)	199	40
Wax	56	11
Hearing impaired	62 (Severe to profound HL)(have never been to school)	12
Mastoiditis	5	1
Foreign body	2	0,4
Deaf	11 (Profound HL)(have never been to school)	2
Chronic sinusitis	1	0,2
Tinnitus	2	0,4
Perforation of the eardrum	118	23
language disorder	35	7
presbycusis	13	3
Total	504	100



**Photo 15**: mobile clinic. This small Van donated by the Brian Murtagh Trust UK is the only means of helping the outreach programme. This unfortunately is not appropriate for some roads.

- Two (2) patients with chronic otitis media and perforated eardrums were referred to Mulago Hospital in Uganda and were treated.
- The materials used for the audiology service are otoscope with batteries, speculums and portable audiometer (Donation from Amplivox UK).
- We received 30 hearing Aids (HD 80, HD424, HD 4050 and A99) and some material for Earmold impression (donation from Solar Ear USA and Symbiosis Turkey).
- The training for the staff on basic audiology and ear mould laboratory is planned for September 2011 in collaboration with Kentalis International Netherland.

#### d. Challenges

- Lack of well trained staff in basic orthopedic care. The existing staff need to be trained,
- Insufficiency of equipment and material such as beds for physio, Doctors first Aid Kit, ENT Kit,
- Lack of suitable 4x4 Pickup (double cabin), for outreach programme,
- Lack of sponsorship mainly for children from poor families who need surgery and for their integration to school after treatment.

#### 3. PROGRAM FOR THE PREVENTION OF HIV / AIDS



**Photo 16**: From Right to Left: Mr Ismaël Executive Director of CERBC, Dr Pascal Ulama Head of Aru Health Zone, Mr Drudra Aru Health District Administrator, Mr Oscar Mandela head of HIV/AIDS programme at the Anglican Health Centre, Mr ADHAKU Head of Sub-Division of Education Aru, Mrs Beatrice Principal at ESMA, Mr Gama: Coordinator of HIV/AIDS programme at ESMA, Mr Ugwir and Ms Ruth Supervisors.

For some time, HIV / AIDS has grown throughout the world considerably especially in sub-Saharan Africa. The prevalence of the pandemic is estimated at 4.5% in the DRC, with extremes ranging from 1.7% to 7%. The epidemic is more active in youth, as evidenced by the prevalence in the age group of 14-19 years, estimated at 3.5%. While, in demographic terms, young (14-19) are the most sexually active and therefore the most exposed. We believe that by acting on these young people, the spread of this pandemic can be stifled.

Several meetings were organised by CERBC, (formerly ESMA), with other NGOs, Governmental organisations and various religious and community leaders to analyse the philosophy of the church on the use of condoms as a preventative measure of HIV/AIDS in Aru territory. According to the Head

of the Sub / Division of Education, the concept involving the anatomy and physiology of the sexual organs is not taught as it should, especially in schools under church management, as described by the National Program. He believes that this slight deviation of the information related to cultural concepts and would be a cause of insufficient information on HIV / AIDS among youth

This is why CERBC is more interested in tackling issues related to awareness on HIV/AIDS in primary schools. These activities are made possible through funding from the German Institute for Medical Mission (**Difaem**) and the project is in its second phase.

- **e.** Target schools: 46 primary schools representing about 10% of the total of primary schools in Aru territory,
- **f.** Target population: 17,683 pupils and 184 teachers,
- **g.** Age of beneficiaries: 10-17 years.

Goal: Provide equal access to information and services for HIV / AIDS for adolescents;

#### **Major activities:**

- Training of Peer Educators among pupils supported by teachers,
- Initiate school Clubs for awareness to fight against HIV and AIDS through drama, songs, cultural dance,
- Provision of adapted booklet for teachers in primary schools,
- Quick survey on awareness in primary schools

### 4. SCHOOL FEEDING PROGRAMME

It is important to remember that the proposed emergency school feeding is part of the letter of agreement signed between World Food Programme (WFP) and the Government of DR Congo for Relief and Recovery. Under this clause, (ESMA) currently CERBC was committed as a partner for the implementation of the program in Aru territory.

The main goal is to stimulate and maintain children in school.

For the year 2010-2011, 32,416 students, among them 14 811 girls, 868 teachers and 337 cooks benefited from this project. In total 848.204 tons of which 604.113 were distributed (T) of maize flower, 176.042 (T) beans, 52.992 (T) of vegetable oil, and 15.057 (T) of salt.

The project had a very positive impact on school attendance, child health and coaching from teachers.

## 5. OUTLOOK (2011 - 2014)

#### **Special Education**

- 1. Train and integrate at least 50 young deaf people in the community,
- 2. Implement three schools for the deaf in Mahagi, Aru (Adi) and Watsa to meet urgent needs in basic education in their own environment in collaboration with Catholic Diocese of Mahagi Nioka.
- 3. Find sponsors to support the individual education of 100 students who are deaf, blind and physically handicapped from poor families.
- 4. Enroll at least 35 blind and visually impaired who have never had the opportunity to be in school
- 5. Train (short and medium term) at least six people: 2 in special education, 2 in Audiology, 2 in Orthopedic,
- 6. Developing and implement a suitable curriculum to train Special teachers for children with hearing Impairments: 3 months for certificate level, and two years for Diploma.
- 7. Build four additional classrooms for secondary pupils , one dormitory for girls and 2 workshops for tailoring and computer

#### Health education, cure and Rehabilitation

- 1. Increase disability awareness in primary schools.
- 2. Raise awareness and strengthen the capacity of nurses, midwives, birth attendants and traditional healers about their role in primary, secondary and tertiary prevention on disabilities and rehabilitation,
- 3. Develop a strategy plan to improve screening, diagnosis, treatment and rehabilitation and training service for people with hearing impairment,
- 4. Train 54 CBR Workers for Mahagi and Watsa Health District,
- 5. Train appropriate human resource: 1 ENT and 1 Orthopedic Surgeon, 1 Audiologist and 1 ENT nurse,
- 6. Develop stronger net work with local Organization of People with disabilities, as well as with Organization of Parents with disabled children.
- 7. Find sponsors to support orthopedic and plastic surgery as well as physiotherapy and assistive devices for poor children aged from 0 to 15 years old.

## 6. VISITES



We are grateful for the visit of Ms **Jaynet Kabila**, President of the Foundation Mzee Laurent Kabila, and sister to the President who was able to visit Aru school for the deaf. Her support has been outstanding and has helped to purchase some beds to improve the conditions of children.

**Photo 17**: from right to left: Corneille Aluma, Ms. Jaynet Kabila, Mrs. Beatrice Nobabo Ismaël and the Honorable Adjio (MP), visit ESMA.



We also welcomed the visit of The **Bishop Marini Bodho Pierre**, National President of the Church of Christ in Congo (ECC), Bishop of African Inland Church in DR Congo and Senator.

**Photo 18**: Bishop Marini, talking to deaf children at ESMA, the Head teacher of Primary School Mr Elie is interpreting.



We thank **Ms Ann Burke**, for her commitment to volunteer and work with us in hard conditions. We salute all she is doing to support the school such as support for the construction of toilets, washing room and laundry, a donation of a computer for training students in computer science.



**Photo 19**: Ann Burke with the Staff of CERBC visiting health facilities funded by OPTIONS UK and IPASC TRUST UK.

#### 7. PARTNERS AND COLLABORATORS

We are grateful to all our international and local partners, and anyone who contributed directly or indirectly for the advancement of our activities:

#### **International**

- German Institute for Medical Mission (Difaem)
- IPASC TRUST, United Kingdom
- OPTIONS, United Kingdom
- The Kitchen Table Charities Trust, United Kingdom
- Sulney Field Trust, United Kingdom
- FUND one percent for Development (Switzerland)
- Braille Evangelical Mission (MEB), Switzerland
- Foundation Expending Horizon (Netherland)
- London School of Hygiene and Tropical Medicine (LSHTM)
- Solar Ear (United States)
- Kentalis International (Netherland)
- Global Foundation For Children With Hearing Loss (United States)
- Symbiosis Türkiye,
- Global Outreach (United States)
- Dots to Tots, St Mary's (United Kingdom)
- World Food Program (PMA / WFP)



Photo 20: William Fulton from Liverpool, the Chairman of The Mango Tree Orphan Support Programme Uk and former chairman of the Liverpool School of Tropical Medicine, with the staff of CERBC during his visit in Aru, DRCongo

#### Local

- Panafrican Institute of Community Health (IPASC- DRCongo)
- Synergy Simama Bunia (DR Congo)
- Aru Eye Centre (DRC)
- Ministry of Education Aru-Subdivision DR Congo
- Aru Health 1 District
- The Francophone church of Aru City. (CECA-20)

#### **Individuals**

- Willie Fulton (UK)
- Dr Tony Ukety (WHO Geneva)
- Gill Brown (CMS Volunteer) UK
- Richard Williams (UK)
- Calvin Djamto (DRCongo)
- Allege Way (DRCongo)
- Rev. Jean-Marc Nyeligudi (DRCongo)
- Prof. Idring'i Ade Nyori (DRCongo)
- Elias Assia (DRCongo)
- Xavier Macky ( Lawyer, DRCongo)
   Willy Obedi ( Auditor, DRCongo)
- Alain Kaswara (Auditor, DRCongo)

## CENTRE D'EDUCATION ET DE READAPTATION A BASE COMMUNAUTAIRE (CERBC) (CENTRE FOR EDUCATION AND COMMUNITY BASED REHABILITATION)

#### REPORT OF THE INDEPENDENT ACCOUNTANT

#### ACCOUNTS FOR THE YEAR ENDED 31st JULY 2011

I have conducted a review of the accounting records of Centre d'Education et de Readaptation à Base Communautaire (CERBC), in respect of the year ended 31st July 2011. This review has included an inspection of underlying external and internal documentation presented to me, the allocation of income and expenditure in the books of account and the extraction of the annual accounts therefrom. It has also included a validation of the items shown in the balance sheet at the year-end.

### Respective Responsibilities of the Management and Auditors/Independent Accountant

The Management of CERBC is responsible for the preparation of these financial statements. My responsibility is to express an independent opinion on these financial statements based on the audit.

#### I report that:

The financial statements for the year ended 31<sup>st</sup> July 2010 were audited by EXAF. Therefore, I am not certain as to whether the opening balances at 1<sup>st</sup> August 2010 are correctly stated.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Therefore, I confirm that the accounts attached to this report are in accordance with the books and the accounting records that I have reviewed.

#### Opinion

Except for any adjustments that would have been found necessary with regard to the above, in my opinion, the financial statements give a true and fair view of the state of CERBC's affairs at 31<sup>st</sup> July 2011. Some recommendations have been made to the management stating some weaknesses that exist, or of all improvements that could be made to ensure that adequate internal control systems are in place.



## CENTRE D'EDUCATION ET DE READAPTATION A BASE COMMUNAUTAIRE (CERBC)

## Statement of Financial Position at 31 July 2011

		22.00	122323
	Note	2011 US S	2010 US \$
ASSETS	Note	00.3	03 \$
NON-CURRENT ASSETS	3	119,109	88,527
CURRENT ASSETS			
Stock (Pharmaceutical products)	4	1,988	172
Debtors and receivables	5 6	8,231	11.033
Cash and bank balances	6	8,779	783
		18,998	11,988
TOTAL ASSETS		138,107	100,515
		======	
FUNDS AND LIABILITIES			
FUNDS		440 400	00 500
CAPITAL FUND GENERAL FUND	7	119,109 125	89,500 4,174
	53		2
LIABILITIES		119,234	93,674
			1500000000
Payables and accruals	8	4,820	2,011
Other payables	9	14,053	4,830
			2/2/2/2/2/2
		18,873	6,841
TOTAL FUNDS AND LIABILITIES		138,107	100,515
(# 18 10 10 10 10 10 10 10 10 10 10 10 10 10		======	======

These financial statements were approved by the General Assembly on 30.1 August 2011 and were signed on its behalf by:

BYARUHANGA K. Ismael

D 2 NOV 2011

31st October 2011

# CENTRE D'EDUCATION ET DE READAPTATION A BASE COMMUNAUTAIRE (CERBC)

## Statement of Comprehensive Income

## for the year ended 31 July 2011

	Schedule / Note	Actual 2011 US \$	Budget 2011 US \$	Actual 2010 US \$
INCOME				
Grants Own contributions and gifts	1.1 1.2	79,666 23,903	141,557 34,605	90,117 530
School fees	1.3	5,760	9,000	2,342
Total Income		109,329	185,162	92,989
EXPENDITURE				*********
Capital investments	2.1	19.865	24,300	17,524
Personnel costs	2.2	43,566	50,420	31,647
Programme costs	2.3	33,016	83,842	24,152
Travel expenses	2.4	10,883	12,400	6,800
Administration expenses	2.5	5,107	13,200	7,722
Services	2.6	. 500	1,000	460
Contingencies	2.7	441	*	510
Total Expenditure		113,378	185,162	88,815
(Deficit) /Surplus before exchange difference		(4,049)	_	4,174
Foreign exchange difference/Gain			<u></u>	
(DEFICIT) /SURPLUS FOR THE				
YEAR (TO GENERAL FUND )	9	(4,049) ======		4,174 ======

## CENTRE D'EDUCATION ET DE READAPTATION A BASE COMMUNAUTAIRE (CERBC)

## Statement of Comprehensive Income and Budget Comparison

## for the year ended 31 July 2011

Schedule / Note	Actual 2011 US \$	Budget 2011 US \$	Over / (Under) Budget US \$
150-35	02.534232380	0.00000000	112 1112 1111
	ACCOUNT OF THE PARTY OF THE PAR		(61,891)
			(10,702)
1.3	5,760	9,000	(3,240)
	109,329	185,162	(75,833)
		*************	
2.1	10 965	24 300	4.435
			6.854
	0.0704.00.000		50.826
			1.517
	D12000000000000000000000000000000000000	3,000,000,000,000	8.093
277000000	70.800.000.00		500
2.7	441	-	(441)
	113 378	185 162	71,784
	(4,049)		
	-		
10	(4,049)		
	/ Note 1.1 1.2 1.3 2.1 2.2 2.3 2.4 2.5 2.6	Schedule / Note US \$  1.1	Schedule / Note US \$ US \$  1.1



# CENTRE D'EDUCATION ET DE REHABILITATION A BASE COMMUNAUTAIRE (CERBC) O.N.G.D/ASBL

Email: cerbc drc@yahoo.com

Combattre l'exclusion et la pauvreté par l'éducation et les soins de réadaptation

#### Centre for Education and Community Based Rehabilitation

Registered number: 6202/2011. P.O Box 1364, Arua/Uganda + 243 810 51 9161, +256 782 287 208, 810 19 58 55

Thank you for reading this report, You may want to be involved in supporting our activities in a specific area: education support programme (sponsor a child, vocational equipment,), or medical care for vulnerable children (orthopedic surgery, wheelchair, hearing aids) or community health programme for instance. If that's the case, read below other specific information and let us know.

- \$ 100 is enough to buy a sewing machine for vocational training for young deaf and physical handicapped,
- \$ 150 is enough to pay the school fees for one school year of a child who is deaf, blind or physically disabled in primary school,
- \$ 200 is enough to pay the school fees for one school year of a child who is deaf, blind or physically disabled in secondary school,
- > \$250 is enough to buy a tricycle manufactured locally to help a physically disabled child to go to school,
- > \$ 400 is enough to pay for orthopedic surgery of a child with an orthopedic problem,
- ➤ \$ 400 is enough to buy a computer for the training of deaf children,
- > \$800 is enough to buy a Braille machine for the education of blind and visually impaired

#### You can also support our activities through donations of material:

- Five (5) Used Phones are enough to pay the school fees for one school year of a child who is deaf, blind or physically disabled in primary school
- You can also send us other second hand materials such as watches, computers, cameras that can be sold locally and make a worthwhile service to vulnerable children.
- You can offer your time as a volunteer to work with us in various fields: special education, physiotherapy, audiology, vocational training (carpentry, computer ...)
- You can subscribe as a member by paying as you can (\$ 50, \$ 100, \$ 150, \$ 200, \$ 500, \$ 1,000) annually and receive our regular monthly, quarterly and annual report.

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You can send your contribution directly through our bank, following the details below or contact Ms Ann Burke (UK) aburke@optionsforsupportedliving.org, cerbc\_drc@yahoo.com, byaruhangakus.ismael@yahoo.com, mobile: +44 7919038099, +256 782 287 208 for more information.

#### Congo DRC (RDC):

Banque international de crédit s.c.a.r.l

Bénéficiaire : CERBC Code agence : 84055

Numéro de compte : 24012744801-38

Swift code: BICDCDKI

Détail of payement: Centre d'Education et de RBC

#### In Uganda

Stanbic Bank Uganda SWIFT CODE: SBICUGKX

Beneficiary Stanbic Branch: ARUA BRANCH
Beneficiary Account Number: 0140092671402
Beneficiary Name: FRATERNITE CHRETIENNE
Beneficiary Address: P.O. BOX 1364, ARUA, UGANDA
Payment Details: Aru School for the deaf and Blind