

# ACWERK RURAL DEVELOPMENT FOUNDATION

REGISTERED CHARITABLE TRUST NO.205, DEC-18-1998

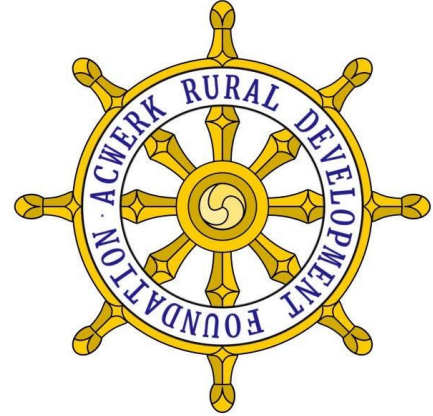
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SERVING HUMANITY  
SINCE 1998

## CHRONOLOGY 2012 -2023

### **12<sup>TH</sup> Annual General Meeting of Trustees - Summary**

MINUTES OF THE 12th ANNUAL GENERAL MEETING OF THE TRUSTEES OF;

'ACWERK RURAL DEVELOPMENT FOUNDATION' HELD AT THE REGISTERED OFFICE OF THE TRUST AT 183/91, FOURTH CROSS STREET, NEW FAIRLANDS, SALEM-16 ON 26 MARCH 2013 AT 03.00 PM.

#### **Handing Over by Dr. T.M. Chinnaiyan - Registered Office & Project Assets**

Trust and administration

Trust and cause

Trust and Assets

Trust Credentials

[NGO Darpan](#)

To establish a corpus of Trust (Letter of Donation by Dr Chinnaiyan - Corpus Fund)

To establish office cum residence of Athiya. C, Managing Trustee - Chennai

Mettur Project - Health & Education

#### **Contents**

1. Twelfth Annual General Meeting of Trustees
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**Registered Office:**

183/1/91, 4th Cross Street,  
Vivekananda Avenue, New Fairlands,  
Salem, Tamil Nadu  
INDIA  
PINCODE 636016

**Handing Over Process**

1. Trust Deed:
2. Registration Certificate's
3. Bank Account Details
4. Financial Records
5. Property Documents
6. List of Beneficiaries
7. Minutes of meetings: All documents handed over in good condition and are complete and up-to-date

**TRUSTEES PRESENT**

1. ATHIYA CHINNAIYAN - MANAGING TRUSTEE
2. Dr. T.M. CHINNAIYAN - TRUSTEE

**MEMBERS PRESENT**

1. STEN LANGMANN - LECTURER, EDWARD CURTIN UNIVERSITY,  
DEPARTMENT OF SOCIOLOGY, AUSTRALIA
2. BASANTH BALRAM - MARINE ENGINEER, FUGRO-UAE

**MEETING CHAIRED BY - ATHIYA CHINNAIYAN - MANAGING TRUSTEE**

Susri Athiya Chinnaiyan, Managing Trustee, Chaired the meeting. The Chairman extended a warm and hearty welcome to the Trustees and members present at the 12<sup>TH</sup> Annual General Meeting of the Trust—the Chairman after confirming that requisite quorum called the meeting to order.

**TOPICS**

1. Trustees Attended
2. Trust Performance
3. Auditors Report
4. Agenda
  - I. Ordinary Business
  - II. New Business
  - III. Special Business
  - IV. Vote of Thanks

01.12.12

**Trustees Attended**

ATHIYA CHINNAIYAN - MANAGING TRUSTEE  
Dr. T.M. CHINNAIYAN - TRUSTEE

**02.12.12 Trust Performance**

The Chairman addressed the Trustee and members of the Trust and briefed them about the performance of the preceding year. She further brought to notice the achievements made by the Trust in the field of health and social activities during that period. She then explained the difficulties in identifying donors for contributions to the Trust for Health and Educational activities at Salem. She also pointed out that such activities are best suited where the donors are approached through fundraising events. She then explained that the trust policy be revised and adopted for sustainability in the future.

**03.12.12 Auditors Report**

The Chairman then read out the statutory auditor's report and the comments of the statutory auditors on the annual statement of accounts. The Chairman also read the report on the filing of FC3 to the Ministry of Home Affairs, New Delhi.

**04.12.12 Agenda**

**I Ordinary Business**

The Chairman then proposed the following resolutions;  
This was seconded by the Trustee Dr. T.M. Chinnaiyan

- a** Resolved unanimously by all Trustees that the medical consultations of 713 patients from 52 villages in and around rural Mettur, in the Report by Trustee Dr Chinnaiyan thereon be and the same received and hereby adopted.  
The Chairman invited members for any clarification or queries relevant to the report and discussed the activities with them.
- b** Resolved unanimously by all Trustees that the audited Balance Sheet and Statement of Accounts of the assessment year 2012-13 and FC3, the year ended 31st March 2012 and the Auditor's Report thereon be and the same are hereby received and adopted.

**II New Business**

- a** Resolved unanimously by all Trustees, co-opting of Trustees from Salem and Chennai to enhance the Trust by creating a sustainable model that can include selling products or services, service charges, or generating income from investments, undertaken by Managing Trustee, Athiya Chinnaiyan. The justification for co-opting trustees at Salem and Chennai and proposed activities at Salem and Chennai for the following year read from the Report of the Managing Trustee and Chairman and the same are hereby received and adopted.
- b** Resolved unanimously by all Trustees that the proceeds of the sale of the Trust property or real estate asset, a residential building at 337-5/88G, Modern Builders, 'A' Colony, Alagapuram-Katoor, Salem-16, be utilized in creating a sustainable model of the Trust at rural Salem by Managing Trustee, Athiya Chinnaiyan. The proposal read by the Chairman and the same are hereby received and adopted.
- c** Resolved unanimously by all Trustees that Dr. T.M. Chinnaiyan, Trustee shall hand over the health and educational activities to the Managing Trustee, Athiya Chinnaiyan and continue as Trustee to support the Trust activities. The proposal of the social and educational charitable

activities at Salem and Chennai periphery by the Managing Trustee and Chairman read and the same hereby received and adopted.

- d Resolved unanimously by all Trustees that V. Ramesh & Associates, Chartered Accountants, Salem be and hereby appointed as Statutory Auditors of the Trust for the conclusion of this Annual General Meeting and until the conclusion of the next Annual General Meeting on a remuneration fixed by the Board of Trustees.

### III **Special Business**

- a **Health & Educational Activities at Rural Mettur by Dr. T.M. Chinnaiyan - Trustee**  
Resolved unanimously by all Trustees that Dr. T.M. Chinnaiyan, Trustee hand over health and educational activities at Rural Mettur and conclusion of professional health services in managing Leprosy disabled at Rural Mettur. The health, Leprosy management and educational

activities in Rural Mettur conducted by Dr T.M. Chinnaiyan, Trustee read by the Chairman and the same hereby received and adopted.

- b **Foreign Contributions**  
Resolved unanimously by all Trustees that Foreign Contributions towards control of Leprosy Disabled in Rural Salem be concluded and overseas Leprosy organizations be informed. The Chairman pointed out that Leprosy management in Rural Mettur is low and is now undertaken by Government Primary Health Centres. Integration of Leprosy Management with General Medical Consultations taken under Community Welfare Programs and not as a priority anymore. A Study and Methodology on 'Early Leprosy Detection & Management' by Trustee, Dr. Chinnaiyan read by the Chairman and the same hereby received and adopted.

### IV **Vote of Thanks**

With all the items of the Topics being considered, the Chairman thanked the Trustees and members present for making the effort to attend the Annual General Meeting. The Chairman also thanked the contributors from Salem, Chennai, ST. Francis Leprosy Guild, London and Professional and Technical support received by the Trust at Salem.

The Chairman declared the meeting complete and concluded the proceedings. The next meeting of the Trustees will be communicated by the Managing Trustee, Athiya Chinnaiyan.

Athiya Chinnaiyan  
Managing Trustee

Dr. T.M. Chinnaiyan  
Trustee

DATE: 26 MAR, 2012

PLACE: SALEM

## **Rural Health Activities at Mettur**

Medical Officer:	Dr. T.M. Chinnaiyan
Social Worker:	Athiya Chinnaiyan
Village Health Worker	One - Full-Time
Lab Technician	One-Part-Time
Health Centre	Navapatty Village New No.4/198 (Old No.2/4-563) Mariamman Koil Street Navapatty P.O. Mettur Taluk, Salem District-636542 Tamil Nadu - India (Trust Asset)
Clinic Days:	Three days/Week
Clinic Timings:	11 a.m. To 2 p.m.
Screening:	1. Early Leprosy and Tuberculosis 2. Diabetes Mellitus and Hypertension
Consultations:	1. Early Leprosy and Tuberculosis 2. Diabetes Mellitus and Hypertension 3. General Medical Problems
Treatment:	1. Early Leprosy and Tuberculosis 2. Diabetes Mellitus and Hypertension 3. General Medical Problems
Medicines:	Prescription Medicines
Issue of Medicines:	Fifteen Days Average Per Patient
Referrals:	1. Early Leprosy & Tuberculosis - PHC, Navapatty Panchayat 2. Specialized Medical & Surgical problems - District Head Quarters Hospital, Mettur
Rehabilitation:	1. Surgical Dressing and Physiotherapy 2. Specialised Footwear and Orthopaedic Support 3. Food and Transport Allowance 4. Clothing 5. Medication 6. Education on Care of Hands and Feet, Nutrition, and Exercise 7. Self-Employment Schemes

- Village Visits:
1. Accessible Health Care
  2. Health Care Awareness
  3. Review of Treated Patients
  4. Occupational Interests
  5. Primary Education
  6. Family Orientation
  7. Special Screening Events
  8. Pamphlets and Address Cards Distribution

- Initiatives:
1. Approachability
  2. Participatory
  3. Adaptability

NOTE: Consultation medical practice has replaced field initiatives in screening and finding Early Leprosy and Tuberculosis in rural community medicine. Awareness of consultation practice in medical problems relating to Skin and Chest Infections is low in the village community.

Community-based medicine when institutionalized (Early Leprosy and Tuberculosis) narrows the scope of medical consultations and thereby the awareness created in the village community. In the case of early Leprosy and Tuberculosis, community-based medical interventions are effective in the early detection of new cases and improving treatment adherence. However, it is necessary to ensure that these interventions do not limit access to medical consultations or reduce awareness about these diseases in the community.

Overall, community-based medicine has the potential to improve health outcomes and promote community participation in healthcare delivery. The method should maximize its benefits while minimizing its limitations.

Institutional-based health care will remove disparities and distinctions in people suffering from various diseases with social implications. A gateway is created for rural people at large to avail health care facilities that are accessible to one and all.

INFER: Today we hold and conduct medical consultations in a residential building best suited to accept and bring the Leprosy disabled to the mainstream. It is not suited to render such services to the rural populace from the point of the objective of supporting a cause.

Medical consultations should be accessible to all, especially in rural areas where healthcare infrastructure could be insufficient. Community-based medicine is an effective practice in improving health outcomes, particularly in resource-limited settings. In the case of early leprosy and tuberculosis, community-based interventions have shown to be effective in promoting early detection of new cases and improving treatment adherence.

SCOPE: A Sustainable Model. It is important to note that every method has strengths and limitations, and their effectiveness may vary depending on the context in which they are engaged. We must ensure that healthcare delivery models are sustainable and tailored to the principal needs of the community.

### **Evaluation of Early Leprosy and General Medical Consultations**

Medical Officer: Dr. T.M. Chinnaiyan

Leprosy Ten Years Ago:

Presented with a pale, anaesthetic solitary patch or multiple patches, with or without nerve involvement or obvious disability.

The incidence was over 180 per 10,000 population, both in rural and urban Mettur. Children and women were more affected than males. (400,000+ population in 45 villages - 2011 census)

Disabilities range from Ulnar Claw with ulceration, Foot Drop with plantar ulceration, and wasting of small muscles of the hand and Popliteal muscle of the leg.

The percentage of patients in reaction was very low.

Paucibacillary is more prevalent compared to multibacillary infection.

Disabled patients require rehabilitation and special consideration in their social environment. Children of Leprosy patients were sponsored for education in regular schools.

Non-Formal Evening School gave scope to vocational training.

Awareness Campaigns were conducted to prevent Leprosy Disability by working women and school children.

Skin Camps were conducted once a month at various public centres.

Over 800 Leprosy patients were cured, disabilities were corrected and rehabilitated, between 1999 to 2003.

Prevention of Deformity Clinics was regularly conducted.

Integration of Tuberculosis Management with Leprosy management.

Leprosy Today:

Presents only on examination, thickening of peripheral cranial and trunk nerves with or without obvious disability.

The incidence in 2010 was less than 8 per 10,000 population, both in rural and urban Mettur.

No signs of pale, anaesthetic patch characteristic of Hansen's Disease. Signs are of the Polyneuritic type of Hansen's Disease commonly found in the Tropics, without senseless patches on the skin.

Healing is quick and managed as out-patients, without infringement on their social status.

Awareness and Health Education were conducted during medical consultations.

General Medical Problems: Skin-related problems apart from Early Leprosy were, Psoriasis, Lichen Planus, Fungal Infection, Eczemas, Cosmetic Dermatitis, Follicular Dermatitis, Occupational Dermatitis, and Pigmentary Disorders.

General Medical Problems comprised Chest Infection, Bronchial Asthma, Diabetes, Hypertension, Osteoarthritis, Parasitic Infestation, Varicose Ulceration, and Old Age problems.

Consultations:

Patients consult either for skin or general medical problems. They are unaware of nerve involvement, the thickened, painful nerves with the wasting of corresponding muscles. Physical examination reveals signs positive of Early Leprosy. It is difficult to assess and confirm the diagnosis bacteriologically. Histopathological study in nerve involvement confirms the diagnosis.

The emphasis is on clinical evaluation in the assessment and management of patients. The academic interest that lays stress upon curtailing the further spread of infection and its consequences entails a practical approach to alleviate their problem that is of immediate concern. It is also of concern their socio-economic situation and implications when we subject them to such diagnostic procedures.

The consultation highlights medical problems. Whether they are skin, Leprosy or otherwise, the objective is to consider them as patients with a problem to be treated and cured. This method has to be consistent in providing health care that is accessible daily, with basic Lab procedures and distribution of prescription medicines.

Conclusion:

Leprosy disability is no longer considered a major social threat. Rehabilitation and general awareness have created great scope in viewing the condition as a medical problem and not a social taboo as it used to be. However, it is difficult to radically change or convert a community-based culture such as Leprosy Control to institutional care. It is possible to establish a health centre that integrates the Leprosy disabled with other health initiatives.

#### **Acwerk Chennai Office - 2009 to 2014**

Managing Trustee:

Athiya Chinnaiyan

Stationed At:

Chennai, since 2008

Chennai Address:

New No.28, Block B  
G-1, Padmalaya Flats  
Neelakanta Mehta Street  
T. Nagar, Chennai-600017

Purpose of Stay:

Undergraduate Study  
Communication & Establishing Chennai Office  
Fundraising for Trust Activities



Residential Status: Salem, since 2000

Permanent Address: 183/91, Fourth Cross Street  
Vivekananda Avenue  
New Fairlands  
Salem-636016

Trust Objectives: Medical, Rehabilitation of the Disabled and Education of Underprivileged Children in Rural Salem, Tamil Nadu since December 1998

Based On: Management of Leprosy Disabled at Rural Salem, Tamil Nadu In collaboration with 'Hilfswerk Indien Dr Elisabeth Vomstein Schliengen E.v.', Germany 1999 to 2010

Post Elect: Managing Trustee in 2011, February

Trust Activities: Accessible Health Care at Rural Salem-Early Leprosy, Tuberculosis and General Medical Problems. Consultations, Village Visits, Out-Reach Clinics, Treatment, Rehabilitation of Disabled & Educational Sponsorships. From 2011 till date.

Committed To: Betterment of Education and Living Conditions of underprivileged rural children and women. Providing education and basic living conditions for underprivileged children is a noble cause that has lasting wellness in society. Education is essential for developing productive thinking, getting jobs, comprehending gender equality, reducing child labour, and eradicating social setbacks like child marriage and dowry. It can also help break free from generational poverty and drastically reduce preventable deaths by offering quality education, health, nutrition, and hygiene.

There are several ways to help underprivileged children get access to quality education. One strategy is to support education through our NGO, striving to empower marginalized women and girls with holistic interventions in health, livelihood, education, and disaster relief and resilience.

At Chennai: Collaboration between NGOs and other organizations can be an effective way to achieve common goals. In sourcing donors, we can collaborate with other NGOs, corporations, foundations, and individuals to raise funds for the programs. For example, we can partner with a corporation to launch a fundraising campaign or with a foundation to apply for grants.

For professional and technical support of our organization, we can collaborate with universities, research institutions, and consulting firms to access specialized knowledge and expertise. For instance, an NGO working on environmental conservation can partner with a university's environmental science department to research the impact of climate change on local ecosystems.

Creating sustainable income generation programs is another area where NGOs can collaborate with other organizations. For example, an NGO working on women's empowerment can partner with a microfinance institution to provide loans to women entrepreneurs. This partnership can help women start their businesses and generate income while also providing the microfinance institution with new clients.

Overall, collaborations between NGOs and other organizations can help leverage resources, expertise, and networks to achieve common goals. However, it is important to ensure that the collaboration is based on shared values and goals and that all parties benefit from the partnership.

In furthering my Education and enhancing my ability to contribute to the cause.

At Rural Salem:

To establish a Day Care Centre for young children at Navapatty Village, Mettur.

To employ, train and empower women in managing and maintaining Day Care Centre in Navapatty Village.

To provide accessible health care and professional assistance to the people of Navapatty Panchayat and Day Care Centre.

To improvise, renovate existing infrastructure in Navapatty Village.

Feasibility:

Starting a daycare centre in a village can be a way to provide quality childcare services to families in the area. Feasibility was conducted in the year 2013, March.

- Is there a need for daycare services in the village? Yes, there is a need for a Day Care Centre of quality value and approximately 700 children between 2 and 5 years of age who need daycare services. There are two Anganwadi in the panchayat with a registered strength of 300+ children from 14 villages.
- There is one daycare in a private matriculation school in the panchayat. Services offered at the daycare are playtime, rhymes, naptime and transportation for six hours a day. The annual fee structure amounts to Rs.25,000.00 for a Term. We plan to offer the daycare free of charge.
- The infrastructure chosen for the daycare is a building belonging to the Acwerk Trust. Presently it functions as the Health Centre in Navapatty Village. Six villages could access the daycare centre in the panchayat.
- The Block Education Office has accepted our application for starting a daycare centre. The Tahsildar office at Mettur has given us time to process the requirements for the sanction and issue of the license. Registration certificates, building structural safety, fire safety, health and sanitation, police verification of daycare staff, and first-aid provisions are the requisites for procuring a license.
- We plan to enrol 30 to 40 children in the daycare. Staff members required in the daycare centre for that many children would be 9. Two teachers with bachelor's qualifications are required to school the children. A cook and three helpers for nutrition, assistance and maintenance are required. A driver for transporting children and staff. A manager and a coordinator to man the office.
- Facilities offered are a 600 sq. ft. Play area in the backyard, two 150 sq. ft. rooms for children's activity, one room of 150 sq. ft. for dining, a 200 sq. ft. rest room area, 150 sq. ft. room as an office and consultation room, 200 sq. ft. reception cum waiting room. We have made the arrangements to procure educational materials, play toys, posters, uniforms, school bags, water

bottles, stationery, footwear, drinking water, a full-time doctor, and a daycare transport vehicle. And a fully equipped kitchen that facilitates a snack and a meal.

- We have suggested daycare services for a full day.
- Graduates will be paid a salary of Rs.4000.00 per month, helpers at Rs.2000.00 per month, cook at 3500.00 per month, and driver at Rs.3500.00 per month.
- We have already visited six villages in and around Navapatty and communicated the idea of a daycare centre for their children. These people are familiar with the health centre and have availed of the facilities there for the last ten years. They were all eager to bring their tiny tots to the daycare and happy to know that it would be free of cost.
- We are confident that a daycare centre can be a challenging but rewarding experience. By providing quality childcare services to families in the village, you can have a positive influence on their lives and help support working parents.
- The proposed date of commencement would be in 2014 June.

### Acwerk Daycare Centre

Acwerk Daycare Centre: New No.4/198 (Old No.2/4-563)  
Mariamman Koil Street  
Navapatty P.O.  
Mettur Taluk, Salem District-636542  
Tamil Nadu - India  
(Trust Asset)

Date of Commencement: 01 June, 2014

Activities: A safe and nurturing environment for children while their parents are at work or away. The activities of a daycare centre vary depending on the age group of the children, and they were as follows: 2 to 5 years in two groups;

- **Playtime:** Children are given time to play and engage in activities that promote physical, social, and emotional development. Playtime included both indoor and outdoor activities, such as nature walks, games, puzzles, arts and crafts, and sports.
- **Learning:** Provided educational activities that help children develop cognitive skills, such as reading, writing, math, languages, natural science and applications. The activities include storytelling, music lessons, and educational games.
- **Meals:** Snacks for children at 11 a.m. and lunch at 1 p.m. The diet is prescribed by the social worker every week and under the supervision of a doctor. The diet is nutritious and balanced to promote healthy growth and development.
- **Rest time:** Younger children are allowed naptime after lunch.
- **Socialization:** An opportunity for 220 children to interact with other children and develop social skills. Children learned to share, take turns, and communicate with each other. We followed up on their admission to regular schools, mostly to Government Schools and the rest of them who could afford to private schools.
- **Developmental Milestones:** Moments such as taking a step in continuous movement, showing them how to walk, smiling for the first time, and waving a greeting or parting are called developmental milestones. Children reach their milestones by how they play, learn, speak, act, and move progressively.

Developmental milestones are the moulding of instinctive responses to a set of skills or tasks that most children can do by a certain age. These milestones are used to track a child's development and identify any potential delays or problems. The developmental milestones of young children are assessed through observation and documentation. Teachers were trained and oriented to observe children as they play, learn, speak, act, and move to identify any areas where they may be struggling or falling behind. They also document the child's progress over time to track their development and identify any changes or concerns.

The doctor conducts the quarterly assessment of developmental milestones of children in various age groups. Parents and teachers are informed of their children's progress and advised by the doctor for improvement. The response of rural children markedly differs from urban or city-bred children, they freely respond in natural surroundings, spontaneous and receptive in their behaviour.

- **Administration:** In addition to providing care for children, administrative tasks are managed by two office bearers of the Trust to keep the service running properly. These tasks include record-keeping, financial management, staff management, activity planning, school transportation and regulatory compliance. Training and orientation of teachers and staff, communication and parent meetings. Procuring domestic and overseas educational materials. Appointing volunteers and sourcing donations for the operations.

Viability: The daycare functioned efficiently and improved quite well in six years (June 2014 to February 2020) before we closed down for the pandemic, COVID-19.

The Block Education Department added a Daycare and Preschool in existing Government Schools in 2019.

The Block Education Office instructed our centre to transfer all students to the Government School in Chekanoor Village, Navapatty Panchayat.

We closed the daycare centre in February 2020, issued completion certificates to all 19 children and followed up on their admissions to Government School.

The Trust undertook a National Outreach Programme in the lockdown of COVID-19. Health and educational services were rendered to villages in six states from March 2020 to October 2021.

We gave the building to an associate of ours, 'Seva Bharathi', Salem, to pursue charitable services to the people in Navapatty Panchayat. They are conducting Yoga classes for the villagers in their rural community welfare programmes.

An initiative to create a sustainable eco-village in Tiruvannamalai, Jawadhu Hills, in 2024 is in process.

### **National Outreach Programme**

Objectives: Provision of essential services: A national outreach programme intended to:

Provide Essential services to vulnerable populations, such as the elderly, disabled, and low-income families.

The services include delivery of food, medicine, educational assistance and other supplies to those unable to leave their homes.

To provide health support to those who need it, including counselling services and access to mental health resources.

To help to raise awareness among the general public and reduce the risk of transmission.

Healthcare,  
Educational &  
Cultural Activities:

2021

April – August

Rakkar & Sidhbari Panchayats, Dharamshala Dt.  
Tuition Classes for Children

Outreach clinic, and

2021-2022

August – January Tosh, Kullu Dt.  
and Tuition Classes for Children

Outreach Clinic,

April – May Karumandurai, Salem Dt.  
Health Centre for Tribal Welfare and orientation of School Teachers, in  
association with Vanavasi Seva Kendram

Setting up of; A

May–August Barshaini, Kullu Dt.  
Tuition Classes for Children

Outreach clinic, and

August – October Faridabad, Haryana Dt., Guwahati Dt. – Assam, Dimapur  
Dt., and Tening Village, Paren Dt., -Nagaland with Vanavasi Kalyan Ashram  
Residential School -  
Health Care and Village Outreach., Classes in English prose and grammar &  
Fine Arts in Heraka school

October – November W. Bengal-Toribari, Siliguri Dt., Shantiniketan, Bolpur,  
Birbhum Dt., Odisha-Simplipal, Baripada Dt.  
Fine Arts and Cultural activities for School Children and Villagers

Outreach clinic,

November Andhra Pradesh-Nellore; Tamil Nadu-Alagapuram- Katoor;  
Salem Dt.

Outreach clinic

Project Time March 2021 to November 2022

Number of States Visited Eight

Target Audience Rural Remote Villages

Professional One

Social Worker One

People Involved	Panchayat Heads, Teachers, Village Health Workers, Social workers, Panchayat Workers, Drivers, Helpers and School Children = 210
Number of Organisations, NGO's Involved	Faridabad, Guwahati, Dimapur, Tening, Karumandurai and Toribari = 6
Number of Villages Screened & Treated	33
Number of Medical Consultations & Treatment	2525
Budget Allocation	Rs.1100000.00
Medicines Purchase	Rs.106000.00
Educational Materials & Furniture's	Rs.151000.00
Nutrition	Rs.88000.00
Documentary Video	Rs.73600.00
Salary & Wages	Rs.100000.00
Travel & Stay	Rs.456000.00
Administrative Expenses	Rs.125400.00
Donations	Individual Donors
Feedback	<p>School Children appreciated and thoroughly engaged in educational activities. Learning made enjoyable, exploring new ideas and applying their study.</p> <p>Elderly and physically challenged patients found the outreach clinics beneficial and supportive.</p> <p>Schoolchildren living and learning in hostels with chronic ailments were happy to be cured of their problems and about their nutritional changes.</p> <p>A Tribal Health Centre gave health opportunities to tribal children and rural people in the vicinity.</p> <p>Both rural and tribal people were happy with a regular fortnightly review and issue of free medicines, counselling and treatment.</p>
Follow-up	Online medical review and Mobile App communication

## Methodology

Taking time to reach out to other states during a national and global crisis is crucial in learning and imparting knowledge about **sustainability**. The COVID-19 pandemic has had a significant impact on sustainability, both positive and negative. Vehicular traffic and industrial activity markedly reduced during the pandemic. This reduction has had a positive impact on air quality and the environment. The increased use of personal equipment and needs led to a significant increase in waste, especially plastic waste. Such waste disposal harms waterways and the environment. Conservation of life fared better during the pandemic, though psychological changes in families and some communities were concerning.

**Selection** of remote rural and tribal communities.

The people selected were from remote, rural and tribal communities. Village Panchayat Heads, Teachers, Retired Army Officers, Village Health Workers, Anganwadi Workers, Village Nurses, School Children and Pharmacists were trained and oriented in the **survey** and **assessment** of the needs and approach of the communities.

A **weekly schedule** was formed to provide health and educational services to the communities. A doctor, a social worker, a health worker, a teacher and a driver formed the team.

Activities **recorded and documented** with photographs and video coverage.

Constant **collaboration** with donors, other non-governmental organizations and community groups helped disseminate knowledge and practices.

## Creation of Eco-Sustainable Village in Jawadhu Hills, Rural Tiruvannamalai

### Introduction

The organization is going through a change in its cultural, economic, geographical and structural configuration. These changes have been visible after the completion of the Mettur health and educational initiative since its inception in 1998.

Tamil Nadu is one of the most populous and urbanized states in India, facing challenges such as rapid population growth, environmental degradation, climate change, poverty and social inequality.

There is a need to promote alternative models of development that are ecologically sustainable, socially inclusive and culturally appropriate, based on the principles of self-reliance, community participation and harmony with nature.

Eco-sustainable villages aim to minimize their ecological footprint, optimize their use of local resources, enhance their social cohesion and cultural diversity, and improve their quality of life and well-being.

Eco-sustainable villages can serve as demonstration sites and learning centres for other communities and associates interested in adopting similar practices and approaches.

Sustainable development is an approach to economic development without compromising the quality of the environment for future generations.

It is an organizing principle that aims to meet human development goals while enabling natural systems to provide necessary natural resources and ecosystem services to humans.

The desired result is a society where living conditions and resources meet human needs without undermining the integrity and stability of the natural system, a balance between economic development, environmental protection, and social well-being.

Sustainable  
Modules

To develop a holistic master plan incorporating elements such as:

- Natural Building
- Eco-Tourism
- Renewable energy
- Organic Farming
- Water harvesting
- Waste management
- Biodiversity conservation
- Skill Centre
- Health and Education facilities
- Daycare and Vocation
- Livestock
- Cultural and Recreational spaces

Commencement

August 2024

- Halt at Jamunamarathur Village
- Achieving rural sustainability in five years through the above goods and services

To conduct a participatory assessment of the:

- Needs
- Aspirations
- Resources
- Challenges of the local community and the site
- To develop a holistic master plan



