

# ACWERK

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## ACCESSIBLE RURAL HEALTH CARE

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### WELCOME TO ACWERK

*We are a charitable organization in rural Salem of Tamil Nadu. We are an institution integrating Early Leprosy disabled and rural health care. Our accessible health care encompasses villages in the west and north of Salem District. We specialize in Out-Reach, Communication and medical Consultations.*



# History

The Charitable Trust turned to domestic participation in improving the trust performance. For the past eleven years, a German Organization 'Hilfswerk Indien Dr. Elisabeth Vomstein Schliengen' founded by Dr. Elisabeth Vomstein supported the Trust. Dr. Vomstein associated with 'Acwerk' as Trustee, resigned and left India in May 2009. The Trust has

integrated Accessible Health Care to its main objective of caring for Leprosy Disabled from 2003. Dr. T.M. Chinnaiyan has also been associated with the National Leprosy Control Programme both Rural and Urban Omalur and Acwerk Rural Development Foundation, was formed as a registered charitable Trust number 205, on 18 December 1998 by Dr. T.M. Chinnaiyan,

the Author, Founder Managing Trustee of the Trust at Salem. Dr. T.M. Chinnaiyan has since May 1993 been involved in the cause of Leprosy Disabled and Education to underprivileged in Salem Rural. His association with the cause of Leprosy Disabled tutored and prepared by his late father, Dr. T.C. Muthuswami, Retired Professor and Head of Department

of Dermatology, Government General Hospital, Chennai. In 1993, he became associated with Dr. E. Vomstein, Medical Superintendent of Leprosy Relief Rural Centre, Chettipatty, Salem to work for the betterment of disabled. He is presently associated with his daughter Athiya Chinnaiyan, Managing Trustee of the Trust to pursue the cause.



# Health and Charity

Benevolence is an inclination to cause charity and charity is to give. Give with a mind devoid of attaining merit of any kind, to give away completely.

Concept of peace arises from a basic socio-moral attitude of benevolence expressed in a self-less act in the well-being of humanity.

In practice charity begins at home, that it begins within you and this self-less attitude differs from

one home to another. Like a chain, that is linked are Charity and Charitable work, but they are not the same. Former is discreet and subtle while the latter is expressive and accountable. When charity institutionalized, it becomes accountable and transparency in deliberations is proof to a self-less act.

Is there an original or a pure form of charity one can define and identify? For example, not everyone who sunbathes on the

beach gets skin cancer. Scientist claim that intense exposure to sun causes skin cancer, skin cancer is a recent phenomenon. Exposure to sunlight is a condition for skin cancer, but it is not a cause. The cause is already established. The sun-rays precipitate such a state. Not everyone suffers from skin cancer is proof enough to show that sun-rays is not the cause.

If we have created such a condition for sun to cause skin cancer, then it is for us to

protect our skin and care in such a way that external factors do not harm us. That is proof enough to say that we create conditions for an act of care and not benefit. Here benefit is an associated necessity in furthering a cause and its stability.

**“Ideology binds with truth that conforms with accessible health care and not with method. Impoverish exuberant methods that mangles poverty.”**

# Outreach Health Care

The background of the page is a photograph showing several pieces of laundry, including a large light blue sheet and a purple cloth, hanging on a line. The setting appears to be outdoors in a rural area, with a wall made of dried palm fronds or similar natural materials visible behind the laundry. The ground is dirt and there are some small green plants.

“An accessible health care is the practice of providing medical help and advice to rural community before they ask for it; a charitable idea.”

## The Rural Mettur

Mettur's rural population to date does not have sufficient access to healthcare. Healthcare in rural areas is a more reactive than proactive attitude, and seeing a doctor 10km away is only a last resort.



A Primary Health Care initiative to the rural public by the general physician and team of health workers and village health volunteers. Our primary concentration is occupational health care followed by case finding and treatment of early Leprosy and Tuberculosis. 10% to 12% of our patients

are Hypertensives and Diabetics. We have constantly monitored their progress and educated them on their dietary habits and adaptation to stressful occupation.

All health care initiatives have been funded by Dr. Chinnaiyan this year.



## Medical Consultations

Medical Consultations and Clinics done by volunteer physician, Dr. T.M. Chinaiyan. Consultations are made at Navapatti of Mettur in Outreach initiative. Patient consult for skin problems, general complaints, orthopaedic,

pediatric, hypertension, and diabetes. Patients adhere to advice and treatment promptly and respond well.

A conventional method of personal approach in patient care still holds good.

Patients respond to a friendly and personal approach about their history and promotes friendly attitude. We have observed that patients approach clinics to find appropriate remedy for their ailments and not encourage an ex-

perimental attitude of hopping centres.

Referrals are made for specialized medical management and diagnostic evaluations in selective instances. Few are sponsored by the centre to receive specialized care.



**A Personalized Approach** →

In providing healthcare for the poor it is vital to listen to their concerns and approach each patient with patience and explain not their illness but advice on how to improve their lives.





## Skin Clinic

Skin Clinics exist at Navapatti, paid centre in rural Mettur of Salem District as depot. This depot operates under the authority of 'Acwerk'(Acwerk Rural Development Foundation), Salem.

Volunteer physician, health workers, and village health volunteers take part in the Outreach Clinics, General Medical Camps once a month.

The clinics provide primary health care, physician referral, and resource counseling to those who have no access to health care facilities and are not self-sufficient.

Acwerk services include basic non-emergency medical needs, medical evaluation, medicines, referrals, awareness building and Communication.

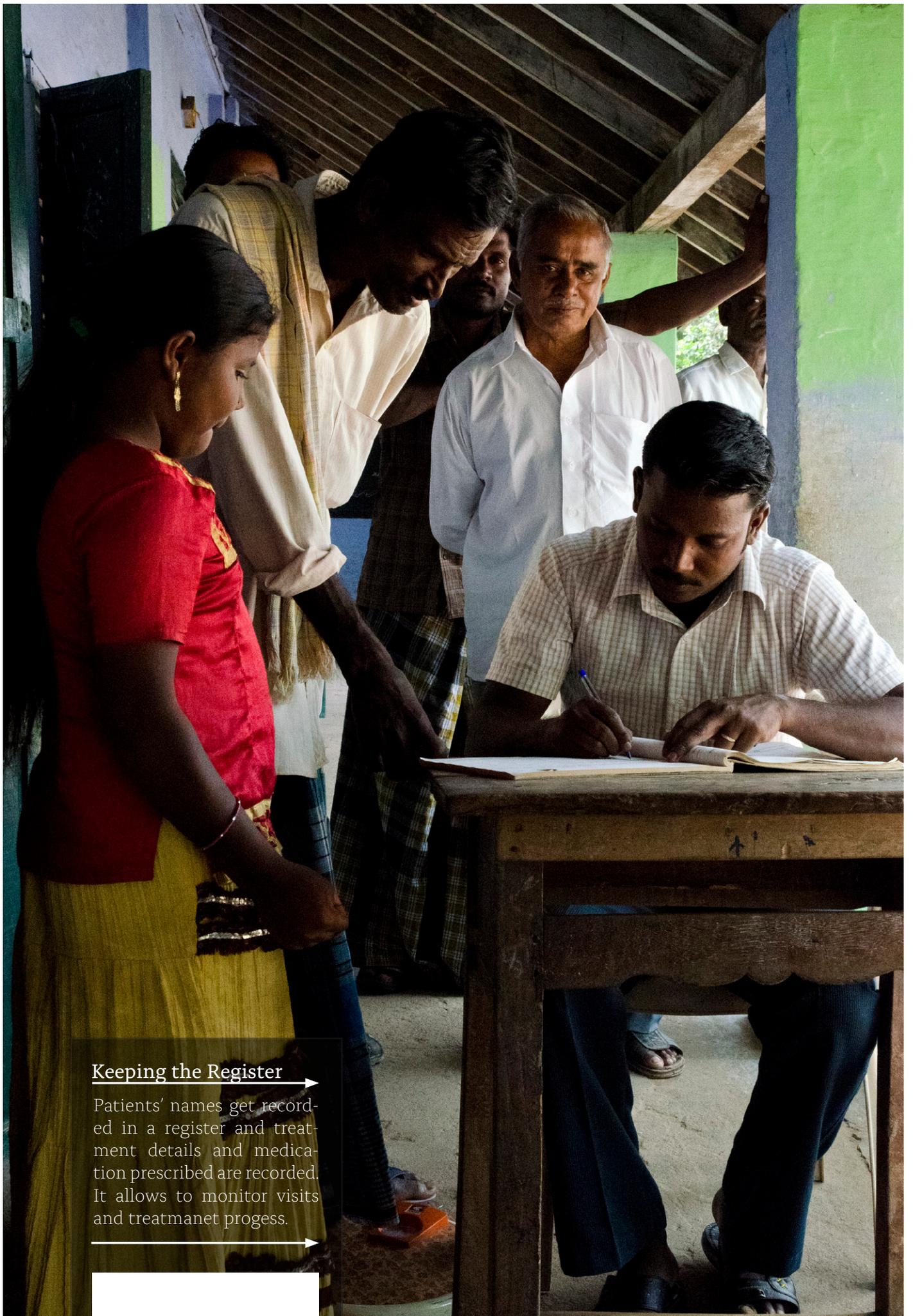


### Leprosy in Remote Villages

People visiting the camps are made aware of accessible health facilities in Early Leprosy and Tuberculosis. It affirms a social acceptance of the illness and management of infectious disease.

# Patient Registration





### Keeping the Register →

Patients' names get recorded in a register and treatment details and medication prescribed are recorded. It allows to monitor visits and treatment progress.

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# Prescription and Issue of Medicines



## Issue of Medicines

It is an integral part of rural accessible healthcare, giving patients free access to medication based on a genuine diagnosis. Prescriptions could include a lab request and contain advice.

# Communication

plays an important part in our work. Essential to the rural public who have no means of understanding their health requirements, who are not able to afford basic health care and those who live in remote areas where they are practically cut off from the main stream of social structure.



Rural people respond well to a compassionate approach of care and concern. They resent the idea of being a health care dump. Such practices forfeit the value of health care to gain recognition.

Verbal communication plays an important role in villages. That is, person to person contact is the only effective means of conveying the intent of communicating health care and its accessibility. It is best supported by pamphlet distribution, visual media and acoustics.



Most villagers are of the view that the best in health care could be obtained in the city, signifying definite cure and value for their time. Their time is directly proportional to their daily wages and in most cases they take a loan to seek specialised medical or surgical intervention.

A growing trend is to approach specialised care even for common ailments. A need to instill common sense and practical methods in combating day-to-day problems is essential. A native idea that general practice does not provide even basic needs is growing out of proportions.



We have been articulate on several health issues in the villages and the response has been excellent in terms of care and expectation.

## Pictures:

Left: Woman with Child receiving pamphlet.

Middle: Woman with pamphlet.

Right: Child receiving pamphlet.



### Three Patients Waiting →

More women visit the health camps than men, of all age. The young and the elderly. Very often, entire families attend bringing their kids along for a checkup.





### The Patients' patience

In a health camp there is no waiting room or a sense of privacy, however a sense of welcoming and genuine care. Tea is shared and opinions discussed.



### Pamphlet Distribution →

Distribution and open communication is vital for gaining a patients trust and faith in good healthcare, essential to any persons wellbeing. Acwerk's trust approach to healthcare has received positive responses.

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# Occupational Status

## Survey Methods

Acwerk's latest development is conducting surveys to understand rural people's daily circumstances and use that information to refine its approach towards the people.

# Contact Person

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Athiya Chinnaiyan

# Contact Information

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