

FINANCIAL YEAR 2023-24



SAMPARC

SOCIAL ACTION FOR MANPOWER CREATION

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PROPOSAL WITH REQUEST TO SUPPORT 120 GIRL CHILDREN OF SAMPARC BALGRAM, BHAJE FOR 2023-24

Social Action for Manpower Creation - SAMPARC is non-profit making Public Charitable Society and Trust in India established in 1990 working for Care, Protection and Educational Development of Orphan Children, Children of Sex-workers and all other Needy & Disadvantaged Children.

Since 2019, Assets Care & Reconstruction Enterprise Limited - ACRE is a Partner of SAMPARC helping Girl Children of SAMPARC Children's Home, Bhaje for Care, Protection and Education.

BACKGROUND:

Intervention of ACRE to support SAMPARC Girl Children started with the purpose to overcome the financial difficulties faced by the Organization at the beginning of Pandemic Period. ACRE took responsibility to look into the Gap of running Girls Children's Home where Children can get proper Support for their Education, Care and for Development uninterruptedly.

SAMPARC requests Assets Care & Reconstruction Enterprise Limited - ACRE to consider support for 120 Orphan & needy Girls from SAMPARC Children's Home, Bhaje for the period 2023-24.

SAMPARC BALGRAM, BHAJE

SAMPARC Balgram, Bhaje started in the year 1990 and runs under Founder of the Organization Mr. Amitkumar Banerjee and Mrs. Ratna Banerjee. Mrs. Banerjee mostly looks after the Management of the Children and the Centre. The Children's Home is known as a Model Children's Home of Maharashtra – working in Exemplary Way for Care of Orphan, Needy and Children of Commercial Sex-workers. The Centre is a Licensed Children's Home under the Department of Women & Child Welfare, Government of Maharashtra.

Each child receives proper attention & care for Physical & Mental Health, Nutritious Food, Counseling, Helping for Right Way of doing studies, Discipline, Sports and other Curricular Activities in a family environment.

The Government of India appreciated sincere efforts and dedication by felicitating SAMPARC with the prestigious “**National Award for Child Welfare**” in 1997.

On 6th June 2023 SAMPARC completed 33 years of its service to Orphan, Poor, Needy and Children of Socially Victim Women.

Till date, more than 450 Senior Children of SAMPARC are well now settled, 122 Girls are married.

PROPOSED PROJECT – REQUEST TO SANCTION FINANCIAL ASSISTANCE FOR 120 GIRL CHILDREN OF SAMPARC BALGRAM - BHAJE FOR THEIR CARE, PROTECTION AND EDUCATIONAL DEVELOPMENT FOR THE PERIOD 2023-24:

The Help from ACRE for children of SAMPARC Balgram Bhaje has provided an immense support to SAMPARC during this Pandemic period. SAMPARC requests to extend the same support to children of SAMPARC Balgram, Bhaje for the period 2023-24.

In SAMPARC Balgram, Bhaje Children upbringing is in a family environment and in each House there are 10 Children who are taken care by House Mother. The House Mother looks after the Basic Food, Cloth, Toiletry, Education Stationary and Psychological Needs. They talk with the Counsellor and housemother also visits School to discuss with Teachers about the Progress of the Education of the Child.

ADMISSION OF THE CHILDREN

Children are admitted in the SAMPARC Children's Home, Bhaje with the recommendation of Child Welfare Committee, Pune.

BACK GROUND, ADMISSION & PROGRESS OF THE CHILDREN:

The Children's Home has children of the age group 5 to 18 years. Mostly the children come from very difficult situations / backgrounds, being neglected, abandoned and unwanted.

All working members of the Children's Home regularly do detail discussion about the need of the children, role of staff based on the approach of capacity building. Emphasis is given on how staff can improve confidence of the children. Resource persons are regularly invited to the centre for developing Art of Living, life skill, value education of the children.

DAILY SCHEDULE:

The daily schedule of the children starts from getting up from bed at 5:00am, then following with PT exercise, self & premises cleanliness, breakfast, getting ready for school, after coming from school they have evening snacks, children go for sports activities, after returning from play they organize themselves for evening prayer, and then they keep busy with their study hour, after dinner they go for bed early. The children who have morning school receive tutoring in the afternoon after coming back from school and children who have school in the afternoon attend tutoring class in the centre in the morning. Library time is also fixed and after evening prayers children read newspapers and 1 moral story is told.

ACADEMICS AND TUTORING:

At SAMPARC Blagram, Bhaje the primary children attend Abhinav English Medium schools at Patan the secondary and the high school students attend the VPS School, Bhaje & Lily English Medium School & Jr. College, Malavli.

After attending School children receive tutoring in the Children's Home with personal attention. Tutors teach the children in the children's home after attending school. Children appearing for SSC & HSC Board exam receive special coaching in the centre.

Every month tutors conduct internal test and the children receive guidance accordingly. Each child is given personal attention and tutors ensure that the children understand the concepts clearly. Also children who are weak in studies receive special attention and guidance from the tutors.

All the Children are also encouraged for Computer Literacy in the Balgram with well-equipped Computer Lab.

Education file of each child is maintained and the progress report and academic performance of the child is updated regularly.

SPECIAL EDUCATION SUPPORT:

Regular training programs, workshops and sessions on various topics are arranged for the children in the Children's Homes along with exposure visits for overall development of the children. Children are encouraged to read books in Library, Reading Newspapers daily to help them update themselves regarding day to day happenings and to enhance their General Knowledge. Children take the benefit of Library and the library setup has been done according to the interest of the children.

HEALTH AND NUTRITION:

Overall health of all the children is good. Weight and Height of each child is measured on 30th of every month which is updated in the Medical file of the child. Quarterly general health checkup and Hemoglobin checkup of all the children is conducted. Eye, ENT and Dental checkup are conducted yearly and de-worming medicine and TT is given to all children once in 6 months. Also if any child requires special medical attention the same is provided.

Also all children are vaccinated as per the guidelines of the doctor. All the children practice yoga regularly, which has contributed a lot to the overall wellbeing of the children.

All the health related aspects of the children of SAMPARC Children's Home, Bhaje are taken care by doctor from SAMPARC Medical Centre, Malavli which is very nearby to the Children's Home

Health file of each child is maintained separately, monthly weight and height and all health related aspects of the child is updated regularly.

Children receive balanced food which includes right proportion of pulses, grains, vegetables, dairy, sprouts, leafy vegetables, fruits as their daily intake. Food is prepared by the Kitchen staff in clean kitchen and the quality of food is tested every day by the Project In-charge. The Menu prepared is as per the recommendation of the doctor. Along with healthy breakfast, lunch & dinner children receive milk every day in the evening along with seasonal fruit. Also children have special Menu every Sunday and on Festivals & special occasions. Children are served food in a clean environment in the dining hall. All the children enjoy their breakfast and meals together in the dining hall. Also housemother gives attention whether the children especially younger ones are having their meals properly. The kitchen & dining area is sanitized and is always clean and the store room is also kept clean.

The Children's Home Bhaje is equipped with Water purifier and children are provided with clean and safe drinking water. Regular maintenance of Purifier and water testing is done and it is ensured that children have clean drinking water.

TRAINING IN SPORTS & EXTRACURRICULAR ACTIVITIES:

At children's home the main focus is on education, but since each child has unique talent and to explore their hidden talents children receive training in music and dance as per their interest in

the Centre. Children during vacation learn to make various crafts, Aakash Kandil/paper lanterns, making clay pots, paper bags along with drawing and painting.

Also children are given training in Sports - outdoor and indoor along with extracurricular activities. They do P.T. and also practice Wrestling, Football, Basket Ball, Badminton, Kho-Kho, Kabbadi, Running, Skipping and Netball. Children from both the Centers are exceptionally good in Sports and extracurricular activities.

MONITORING & EVALUATION:

SAMPARC Children's Home Bhaje are licensed under the Department of Women & Child Welfare, Government of Maharashtra. The officers from the concerned department visit the Children's home quarterly and monitor and evaluate all child care aspects right from hygiene, food, health of the children environment provided to the children. As per the Government norms 40 registers covering various aspects of Child Care & Development are maintained in the children's home and the officers check these registers.

SAMPARC Head Office working under the guidance of Mr. Amitkumar Banerjee - Founder Director / Secretary and SAMPARC Governing Council conducts regular evaluation on aspects like - children's Performance at school, Performance on home, special coaching, evaluation of interest, sincerity and confidence level of the children, Ability Test – both reading and writing presentation, Physical fitness of children, Participation in different activities - all these parameters are drawn with the help of Project In-charge and Counselor of the centre.

INDICATOR OF CHILD DEVELOPMENT:

Sr. No.	Activity	Desired Outcome	Indicators to measure Outcomes
1	Accommodation, Protection and Care along with Psychological Support & Counselling	The Beneficiaries will live in clean – healthy shelter obtaining proper bed, toiletries, sanitation along with care of House Mother and Psychological support of skilled counselor & Project In-charge.	<ul style="list-style-type: none"> ➤ Number of Beneficiaries residing in the Centre. ➤ Facilities and Materials they are obtaining from the Centre. ➤ Attendance of Staff & Children. ➤ List of Activities for Psychological Support. ➤ Case Study
2	Nutrition and Health	All the Beneficiaries will get regular healthy and nutritious food, will be Healthy and Fit. There will be no problem of mal-nutrition.	<ul style="list-style-type: none"> ➤ Growth of the Children. ➤ Increase in height & Weight as per age ➤ Energy level and Performance of the Beneficiaries.
3	Education, Sports and Extracurricular Activities	All the Beneficiaries will receive Education; they will learn some extracurricular skills as per their interest and capability.	<ul style="list-style-type: none"> ➤ Exam results ➤ Participation of the Children in Competitions / Programs ➤ Achievements of the Children - Prize, Recognition
4	Higher Education / Vocational Training	After completing school education, the children will	<ul style="list-style-type: none"> ➤ Number of Children attending Higher Education

continue their education as per their interest and capability to sustain in mainstream society.	➤ Number of Children obtaining Vocational Training ➤ Number of Children pass-out from this centre.
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STAFF:

SAMPARC Children's Home, Bhaje is working under the guidance of Mrs. Ratna Banerjee, Trustee and coordinator of the Project along with Project In-charge and Counsellor, housemothers, regular tutors, part time tutors and sports instructor who work for the children.

REQUEST TO SUPPORT 120 GIRL CHILDREN of SAMPARC BALGRAM, BHAJE, 2023-24:

1. Fooding for 120 girl children Rs. 1100/- PM = Rs. 15,84,000/- PA
2. Education expenses for 120 girl children Rs. 8000/- PA Per child = Rs. 9,60,000/- PA
3. Supervision and other expenses for 120 girl children Rs. 1000/- Per month per Child = Rs. 14,40,000/- per annum.

Total Rs. 39,84,000/- Proposed Budget for 120 Orphan and Needy children.

SAMPARC will submit Quarterly progress report of the Children's Homes and Fund Utilization Certificate.

We look forward towards Your kind association with the Projects in favor to supporting 120 children of SAMPARC Orphanage and for a long-term partnership for a Better Future of the Children.

With Warm Regards,
Yours Sincerely,

Amitkumar Banerjee
Founder Director / Secretary
SAMPARC – Social Action for Manpower Creation



PARIVAAR EDUCATION SOCIETY



**Bonogram, Bakhrahat Road,
Kolkata-700104
West Bengal, India**

**PROPOSAL TO ACRE FOR PARIVAAR SEVA KUTIR
PROJECT IN MADHYA PRADESH FOR FY 23-24**



1 ABOUT PARIVAAR

Parivaar was founded in 2003 in West Bengal. It was awarded the 2011 National Award for Child Welfare, by the Hon. President of India.

West Bengal

In Bengal, Parivaar has 2 residential institutions for children (both boys and girls) from vulnerable and poor backgrounds. With more than 1900 resident children (more than 900 in boys and girls campus each), these are the largest free residential institutions for children from such backgrounds in West Bengal.

Madhya Pradesh

1. Seva Kutirs (Education & Nutrition): More than 50,000 poor tribal children being provided with good quality supplementary education along with nutritious meals daily in the Seva Kutir program. As on date there are 680 Seva Kutirs in operation in as many very poor & remote tribal villages across 15 districts.

2. Four Residential Institutions in Madhya Pradesh – more than 1250 children in FY 23-24 in these 4 residential educational institutions in 3 districts of Madhya Pradesh. These will be scaled year after year.

3. Ambulances: 100 Ambulances in tribal areas of 24 districts working 24*7. In the last 2 years, these have served more than 1.9 lakh cases.

4. Vision Restoration - More than 4.5 lakh persons served with general examination, medicines and glasses in more than 3300 eye camps organized in tribal and other rural areas. Out of this, more than 52,000 persons operated for cataract and other eye ailments and their vision has been fully restored. We have covered 35 districts in MP & 1 district each in Uttar Pradesh & Rajasthan in this project.

5. Mobile Health Clinics : Running 14 Daily Mobile Health Clinics with doctors in remote and



poor areas of 11 districts, which have treated and provided free medicines to more than 8.7 lakh persons in the last 2 years. Patients with severity are taken to higher medical centres as far as AIIMS Delhi, Jaipur, Bhopal, Indore, Jabalpur, Nagpur, Gwalior.

The Projects run by Parivaar are the largest of their kind in India, providing meals and education to more than 50 thousand poor children & serving lakhs of poor tribal persons through its various health projects as outlined above.

1.1 History

Parivaar was started by **Vinayak Lohani (DISTINGUISHED ALUMNUS of IIT Kharagpur and IIM Calcutta)**, who, inspired by spiritual and humanistic ideals of Swami Vivekananda, decided to devote his entire life for serving ‘Divine in Man’ as taught by Swami Vivekananda. Vinayak Lohani gave up the prospect of highly lucrative corporate career by not taking any placement from IIM. Immediately after passing out of IIM in 2003, with just 3 children in a small rented building with almost no financial resources, Vinayak started Parivaar. Till the level of 15 children at Parivaar, he used to take some lectures for students appearing for Management entrance examinations and through that could meet the expenses. Gradually people began to be inspired by this dedicated service and started to support the initiative and the number of children at Parivaar grew. At the end of 2004, Parivaar could purchase its own land to develop its permanent campus called Parivaar Ashram. Parivaar’s mission and theme began to attract dedicated youth, many of whom joined Parivaar Ashram as resident workers and began to become bearers of this mission.

Starting from scratch and thereafter developed brick by brick, Parivaar is being continuously developed and molded into a unique institution transforming the lives of each of its residential members (children and adults) and acting as a training ground of highly dedicated life-committed grassroots workers.

1.2 Some Weblinks on Parivaar

1. A short 95- second video introducing Parivaar's work

https://www.youtube.com/watch?v=GXRpwqjv8dY&feature=emb_logo



2. A 16-minute video on whole of Parivaar's work.
https://www.youtube.com/watch?v=iMrYmXwShL4&feature=emb_logo
3. A 7 minutes video on Seva Kutir Project
<https://youtu.be/9jIebE0sLio>
4. 24*7 Ambulance Services
<https://youtu.be/4jcaGzFwxLI>
5. Vision Restoration Project
<https://youtu.be/dNYFsh4Q7Zs>
6. Mobile Health Clinics :
<https://youtu.be/r8sAIktdKdY>
7. Parivaar's brochure
<https://parivaar.org/wp-content/uploads/2022/03/ParivaarBrochure-2022-1.pdf>
8. List and details of all our Seva Kutirs in each of these 15 districts
<https://parivaar.org/institutions-projects/parivaar-mp/>

1.3 Awards and Honors

- National Award for Child Welfare 2011 presented by the Hon. President of India at the Rashtrapati Bhavan.
- Sanskriti Award 2011, country's premier award for young achievers in 2011 from the Former President of India Dr APJ Abdul Kalam.
- 'Sri Sathya Sai Award' presented by the Vice President of India, Dr Venkaiya Naidu, in November 2018.
- 'Swami Rama Humanitarian Award 2015' presented by Hon. Chief Minister of Uttarakhand.
- Nivedita Samman 2019 presented by West Bengal Governor Shri Jagdeep Dhankar.
- CNN-IBN's 'Young Indian Leader of the Year Award' for 2012.
- IIM Calcutta's 'Distinguished Alumnus Award' (one of the 9 recipients selected out of 8000 alumni of the institute in last 50 years) awarded in 2011 on occasion of Institute's Golden Jubilee.
- IIT Kharagpur's 'Distinguished Alumnus Award' awarded in 2014- Youngest recipient in the



history of the award.

- Swami Ranganathananda Memorial Humanitarian Award 2014 presented at the Ramakrishna Mission Institute of Culture Calcutta.
- Bhaorao Deoras Sewa Samman' 2015 presented at Lucknow by Hon Governor, Uttar Pradesh.
- "Madhya Pradesh Gaurav Samman" 2022 given by the Madhya Pradesh State Government, for work on health and nutrition
- Bengal Chamber of Commerce's "Social Leadership Award" 2022 for work in Education.
- Vivekananda Seva Samman 2016 presented by Hon. Governor, West Bengal.
- Telegraph 'Special Honour' conferred by Telegraph Education Foundation Calcutta in 2014.
- 'True Legends Award' presented by 'The Telegraph' in association with '100 Pipers' in April 2015.
- 'Spirit of Mastek Award' conferred by IT Company Mastek Corporation
- 'Karmaveer Puraskar' 2011 presented by International Confederation of NGOs
- 'Transforming India through Transforming Indians' felicitation from Chinmaya Mission Kolkata.
- Rotary Club of Calcutta Megacity Vocational Excellence Award 2012.
- Rotary Club of Calcutta Metropolitan Vocational Excellence Award 2014.

1.4 Roles with Government of India

- Induction into Central Advisory Board of Education (CABE) (2015 onwards), the apex consultational forum in Ministry of Human Resources Development, Government of India.
- Induction into the National Committee for Promotion of Social and Economic Welfare constituted by the Ministry of Finance, Government of India (2014-2017).
- Inducted into the Management Committee and Governing Board of Childline India Foundation (2014 onwards), constituted by the Ministry of Women and Child Development which manages 24 hour child helpline services across nearly 500 districts in India.
- Inducted as a Member of Bharat Rural Livelihood Foundation (BRLF) (2015 onwards), set up by the Ministry of Rural Development, Government of India, as a funding and capacity-building institution towards accelerating sustainable action in the domain of rural



livelihoods.

- Member, Advisory Board, Kendriya Vidyalaya Sangathan (KVS) which runs more than 1000 KV Schools in India.

2 ORGANIZATIONAL GOVERNANCE

Parivaar is registered under the West Bengal Societies Registration Act as ‘PARIVAAR EDUCATION SOCIETY’.

2.1 Governing Body

Mr Vinayak Lohani

President

(Founder & Chief of Organization & has led and steered the Organization for last 19 years)

Mr. Kapil Bharadwaj

Secretary

(Chief of Operations, Parivaar)

Prof Sougata Ray

(Professor and member Board of Directors at IIM Calcutta)

Mr Rahul Ganjiwale

Treasurer

Senior Technology Professional

Ms Sreedevi Menon

(Management professional)

Mr Deepak Ahuja

(Senior Technology Professional, Amazon)

Mr. Siddharth Parmar

CEO, Parivaar

Mr. Raju Ram

State Coordinator, Parivaar Bengal

Mr. Shekhar Patidar



State Coordinator, Parivaar MP

Mr. Rahul Sisodiya

State Coordinator, Parivaar MP

Smt. Shobha Punukollu

Philanthropist, Singapore

Mr Aakash Jaiswal

State Coordinator, Parivaar MP

Ms. Sandhya Nag

Chief, Girls Campus, Parivaar Bengal

2.2 Advisory Board

Mr Shyam Maheshwari

(Founder of Nextinfinity Management, Singapore)

Mr Saurabh Mittal

(Entrepreneur)

Mr Akash Mohapatra

(Legal Co-head (Asia), Deutsche Bank, Singapore)

Mr KK Jhunjhunwala

(Senior Chartered Accountant)

Mr. Atul Satija

(Founder & CEO, The/Nudge Foundation &CEO, Give India)

Mr. Sumit Banerjee

Senior Professional, USA

Mr Mamoon Akhtar



Founder & Head, Samaritan Help Mission, Howrah

Smt. Ruchi Varshneya

Senior Management Professional, USA

Registered Address:

Parivaar, Bonogram, Bakhrahat Road, Kolkata, West Bengal, PIN 700104

Contact Address (for Madhya Pradesh)

Parivaar, NH 59-A, Village Sandalpur, Tehsil Khategaon,

District Dewas, Madhya Pradesh - 455339

Siddharth Parmar (CEO) - siddharth@parivaar.org



3 PARIVAAR SEVA KUTIR PROJECT IN MADHYA PRADESH: CONCEPT & STRUCTURE

3.1 The Problem

In January 2018, The Economist had a cover article on India titled “India’s missing middle class” which had a chilling statistic- Poor diets mean that 38% of children under the age of five are so underfed as to damage their physical and mental capacity irreversibly, according the Global Nutrition Report. The comparable number for Sub-Saharan Africa is apparently lower at 35%. India has the largest number of stunted children in the world, at 48.2 million. In the state of Madhya Pradesh more than 60% children are malnourished. In some impoverished tribal areas of Madhya Pradesh it is as high as 90%.

While the enrolment rate in government schools across the country in the age-group of 4 to 14 has increased to more than 97%, the learning outcomes in the specially deprived tribal pockets which are marked by first-generation learners have remained dismal as shown by many reports like the ASER. While the ‘No Detention Clause’ in the ‘Right to Education Act’ coupled with the Mid-Day-Meal Program in Government Schools has ensured that children continue to be enrolled in the Schooling system till age of 14 (Grade 8), there is no effective continuous measurement of learning outcomes. Moreover with government schools running for not more than 200 days, there is need for alternate supplementing spaces for ensuring better learning, socialization, development of world-view, and civic virtues coupled with value education to the children as they grow up.

The reason for selecting Madhya Pradesh and these tribal pockets is that here the problems of malnourishment and poor education levels among tribal children are very acute. This is well established by various Government reports and also studies conducted by other reputed organizations such as Pratham’s ASER (Annual Status of Education Report).

The Government of India’s Comprehensive National Nutrition Survey (CNNS) 2018 and National Family Health Survey-4 show severe health indicators in Madhya Pradesh and our Seva Kutir Districts. These are mentioned below :



- Madhya Pradesh has the highest Infant Mortality Rate of 47 per 1000 live births, in India. Overall India IMR is 33.
- Madhya Pradesh has the highest % of anaemic kids (0-5 years). 54 % children are anaemic against National Average of 41 %.
- Anaemia in MP is highest among tribals, chief reason being poor diet.
- In MP, % of thin adolescents (10-19 years) is 32 %, against National average of 24 %. This is indicated by low BMI & shows undernutrition.
- In Stunting (low height-for-age) MP is 3rd worst in India.
- In Wasting (low-weight-for-height) MP is 4th worst in India

Educationally, the ASER report brings out the very low learning levels in rural Madhya Pradesh. Even in the state of Madhya Pradesh, the areas where we have Seva Kutirs are the worst areas in terms of education and also other developmental parameters.

- Only 41% of Grade V students in rural Madhya Pradesh can read a Grade II level text. In Seva Kutir villages, this number goes down to less than 15%
- 29 % of Grade II students cannot even read letters in Hindi (local language). In the areas where we have our Seva Kutirs, this number goes down to more than 40%
- In Mathematics, only 20% of Grade V students can perform ‘division’ operation. In Seva Kutir areas, this number goes to even less than 10%
- 28% of children of Grade V cannot even recognize numbers between 10-99. In the areas where we have our Seva Kutirs, this number goes up to more than 50%

(Source: Annual Status of Education Report (ASER), 2018, conducted by Pratham, available at <http://www.asercentre.org/Young/Children/p/369.html> . The Seva Kutir Figures are through our own baseline surveys)

3.2 Salient Design Features

Seva Kutirs combines two key themes most crucial for children in interior rural areas in the country - malnutrition and education.



The Seva Kutirs have the following design features:

1. Village Community Provided Venue :

The village community has to invite us and offer a venue free. Usually it is somebody's house, Panchayat building, community hall, school in its non-functioning hours, or even a shed / godown. Thus we do not incur any infrastructure costs for this.

2. Morning (Breakfast) and Evening (Dinner) Shifts :

All Kutirs follow a 2-shift engagement with the children (from morning 7 to 10:30 and from 4 to 7:30 in the evening). In the morning shift breakfast, with seasonal fruits and milk are given, and in the evening dinner or light snacks is served. During day-time the children are sent to the local Government school so that a continued engagement is established with them. The Seva-Kutirs are aimed at complementing the government schooling and not act as a substitute. But it has much more emphasis and inputs both nutritionally as well educationally.

3. Local Human Resources :

To the extent possible we engage all local workforce (cooks, helpers are from the same village) and teachers from the same or nearby area.

4. The Kutirs in the same area are organised under one cluster.

5. Central Resource Team: Resource persons experienced in pedagogy, teacher training, and curriculum design ensure planning and uniform implementation across Kutirs. They also perform a continuous Impact Assessment of Kutirs to encourage constant improvement of the programs. Sports, Value Education, and Civic Virtues are also components of the Kutirs.

6. Community 'buy-in' in the program:



The program is designed carefully to involve people not just as beneficiaries but as stake holders. Institutions like Panchayats and non Government bodies like self- help groups, women- led federations which have seen a growth in tribal areas are being reached out to and will be involved in the processes of the program like:

- Mobilizing children in villages for the Seva Kutir
- Volunteering for the Seva Kutir
- Regular sharing of data on the children of their villages on health and education
- Mobilizing action to achieve success in convergence with government programs.

3.3 Synopsis of Scenario in Districts under Operation

S.No.	District	No. of Seva Kutirs
1	Sheopur	143
2	Chhindwara	100
3	Betul	68
4	Dindori	60
5	Khandwa	55
6	Dewas	45
7	Sehore	40
8	Anuppur	38
9	Mandla	30
10	Shivpuri	28
11	Sidhi	18
12	Ratlam	13
13	Harda	14
14	Vidisha	7
15	Jhabua	20
TOTAL		679



Sheopur District

We opened our first Seva Kutir in Karahal block of Sheopur district in July 2019. At present, we have 143 Seva Kutirs in as many villages in this block, serving more than 15,000 children. Karahal block has one of the lowest life-expectancy in the whole country, and the malnourishment among tribal children here is the worst in whole of Madhya Pradesh.

All the Seva Kutir villages are predominantly inhabited by Sehariya tribals, who are one of the most deprived and poor communities in all over India. This is proved by government statistics as well as our field experience. Sehariya tribals fall under the ‘poorest of the poor tribal communities’ and is classified as a PVTG (Particularly Vulnerable Tribal Group), which is a government classification. They severely lack in terms of health, education and income parameters. In terms of health, the chief reason for their bad condition is because of incapability to eat adequate and nutritious food.

As per the Government’s National Family Health Survey- 4(NFHS -4), and Comprehensive National Nutrition Survey, following are the key health statistics for Sheopur district:

- Sheopur district has the highest Stunting rate (low height –to-age ratio, showing chronic under nutrition) for children in MP.
- It has the highest underweight rate for women in Madhya Pradesh.
- It is one of the worst in MP in terms of women with more than 10 years of education, which, as per the government statistics, is a key factor influencing children’s health.
- Taking into account health, educational and other developmental parameters, it has the lowest ranking among 53 districts of MP as per the government surveys, and on an India level survey of around 600 districts, it is among the worst 5 districts.

Sehariya Tribals – Occupation and Food Availability & Intake



Sehariya tribals are engaged in farm or sometimes non-farm labour work. They were traditionally entirely dependent on forests and also lived quite close to the forests. But for the past several decades, with forests getting depleted their dependence on forest has hugely reduced.

Quantity and quality of Daily Food Intake:

In a Sahriya household in these villages, there is no concept of breakfast. If anyone – be it a child or an adult is hungry, then they would eat previous night's stale *rotis* with black tea (as milk is not available) or just the *rotis* itself. Milk and hence milk products like curd, ghee etc is totally unavailable in all Sahariya households. They do not have the capacity to rear cattle because of their small farms. They have meals two times a day, in the afternoon and at night. This meal consists of rotis (of wheat or bajra). Apart from rotis, pulses and vegetables are not available all the time. One thing to note is that any meal would consist of only roti with either pulses or vegetables or at many times, when both these are not available, they use chutney of chillies or they eat the rotis with fried onions. For vegetables in the rainy season, they depend on the forest and use certain naturally growing plants as vegetables which are generally not used by other communities such as *Pamar*, *sag*, *sareta*, *baasi*.

In other seasons, around 60-70 per cent families have no ability to buy vegetables from the local market. At most, they would have vegetables in their meals once in a week or 10 days. Rest of the families do get to eat it for 2-3 days in a week, that too, once in a day. So, their staple diet is rotis and pulses. They get wheat at subsidized rates from the government (around 35 Kgs for a family) and also some amount of rice, sugar and salt. In their own farms, they would grow bajra or in some cases wheat. Thus the children severely lack in terms of protein, vitamins and minerals which is indicated in the health parameters.

The Sehariyas marry at an early age. It is not uncommon to find girls and boys married at the age of 14 or 15. In a large number of villages there is no single graduate ever, and very less number of Higher Secondary pass-outs. After the opening of Seva Kutirs in these villages, we emphasize in community meetings on not getting children married at such ages, and the whole village should pledge for that. We also ask the villagers to have a goal that all boys and girls should study till Higher Secondary at least.



Sheopur being a district close to many parts of Rajasthan, the young people between 20 and 40 form a big chunk of migrant labour to those areas of Rajasthan. Sehariyas migrate to towns like Sawai Madhopur, Bundi, Kota, or even Jaipur as migrant labour. There are many months when there is no income at all for those who do not migrate (who are typically in the bracket of 45 plus).

Chhindwara District

We have also expanded in Tamia, Parasia and Harrai blocks of Chhindwara district, where also we are serving some of the most deprived tribal communities like Bharia and Gond. We started the first Seva Kutir here in August 2019 and at present, we have 100 Seva Kutirs. Here also, we have selected tribal villages where problems of malnourishment and poor learning outcomes are rampant, and most deprived tribal populations live. Bharia tribe, which is one of the main tribes in all these Seva Kutir villages, is a PVTG (Particularly Vulnerable Tribal Group), that means within tribals, these are one of the most deprived and vulnerable.

Though Chhindwara town in itself is quite modern, yet the interior tribal villages suffer from a hilly terrain denying easy access to various modern amenities, chronic malnourishment of children, poor education outcomes and very low income.

Mandla District

Mandla is home to a large tribal population. Large parts of the district are covered with forests, and villages are relatively smaller. People are engaged mostly in farm work, and seasonal migration to nearby towns such as Jabalpur and Nagpur is also quite common.

We started our first Seva Kutir here in April 2018 and at present we have 30 Seva Kutirs. All these Seva Kutirs are in Mohgaon block. Main tribes in these villages are Gond & Baiga, the latter being a PVTG.

Sehore District

Sehore district, though neighbouring the state capital Bhopal has many interior tribal villages, which have the same conditions of backwardness and problems of malnourishment and poor learning outcomes, which exist in other tribal areas in Madhya Pradesh. We started our first



Seva Kutir here in February 2018 in Ichhawar tehsil. At present, we have 41 Seva Kutirs in 4 tehsils of this district – Ichhawar, Rehti, Nasrullaganj and Sehore.

The main tribes inhabiting these villages are Bhil, Bhilala, Gond and Korku.

Dewas District

Dewas town is an industrial town, and is near to Indore. However, the district has some pockets of interior tribal villages quite far from the town and often in jungles, which fare very poorly on nutritional and educational indices. We started our first Seva Kutir in this district in April 2017, though we really started expanding the number of Seva Kutirs here from March 2018. At present, we have 45 Seva Kutirs in this district, serving around 5000 children.

Khandwa District

We have started our first Seva Kutir in Khalwa block of this district in October 2020. This borders Amravati district, Maharashtra. This block has 147 villages which are mostly inhabited by Korku and Gond tribals. It has one of the worst health statistics in the entire country.

Thus, we believe that Seva Kutirs will be extremely beneficial for poor tribals of Khalwa block. We sent a team headed by one of our District Anchors to survey the area, meet village community, Sarpanchs and the government officials. Our team identified and finalized the venues for starting Seva, all of which have been given free of cost by the villagers, as they are very keen for having Seva Kutirs in their villages. We have 55 Seva Kutirs as of now.

Vidisha District

We started Seva Kutirs in this district very recently. We have 7 Seva Kutirs at present.

Dindori District

We started Seva Kutirs in this district in March 2021. We have 60 Seva Kutirs in this district at present.

Anuppur District

We started Seva Kutirs in this district in July 2021, and have 38 Seva Kutirs at present.



Betul District

We started Seva Kutirs in this district in August 2021, and have 68 Seva Kutirs at present.

Sidhi District

We started Seva Kutirs in this district in October 2021, and have 18 Seva Kutirs at present.

Ratlam District

We started our first Seva Kutir in this district in October 2021. We have 14 Seva Kutirs in this district.

Harda District

We started Seva Kutirs in this district in November 2021, and have 14 Seva Kutirs at present.

Shivpuri District

We started Seva Kutirs in this district in December 2021, and have 28 Seva Kutirs at present.

Jhabua District

We started Seva Kutirs in this district in September 2022 and have 20 Seva Kutirs at present.

4 OBJECTIVES

The Seva Kutir Project has the following key objectives:

- To improve the learning outcomes of children so that they achieve their Grade-level educational knowledge and skills.
- To eliminate or substantially reduce undernourishment of children, thus helping to develop their physical and mental abilities
- To make a meaningful impact on the overall socio-economic conditions of these extremely poor and deprived villages – enhancing their incomes, facilitating access to social security benefits through awareness and empowerment.
- Promoting equality across genders, castes, and classes
- Enabling use of technology for the economic and social well-being for all these extremely poor families.



Our Seva Kutir objectives also address several Sustainable Development Goals (SDGs)

Directly Address

Goal 2: Zero Hunger

Goal 4: Quality Education

Indirectly Address

Goal 1: No Poverty

Goal 3: Good Health & Wellbeing

Goal 5: Gender Equality

Goal 10: Reduced Inequality

These also address the key objectives of the CSR provisions of the Companies Act. Parivaar's work is directly covered in Clauses (i) & (ii) of Schedule VII of the Companies Act, which deals with CSR. Clause (i) eradicating hunger, poverty and malnutrition and Clause (ii) promoting education, including special education and employment enhancing vocation skills especially among children, women, elderly and the differently abled and livelihood enhancement projects.

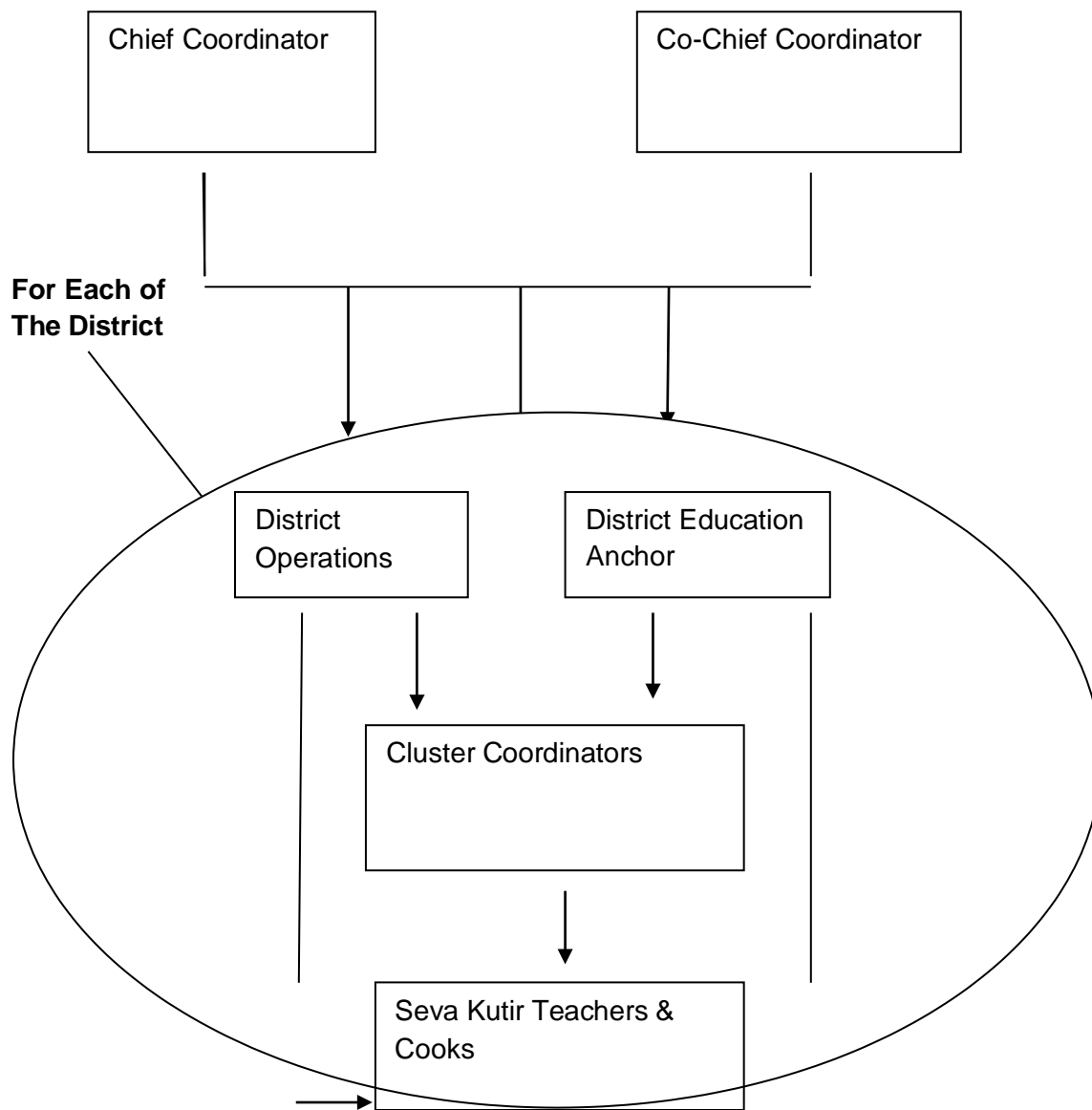
5 OPERATIONS

5.1 Opening a new Kutir

Before opening a new Kutir, our team visits the village. Once this is done, the Panchayat sends a letter, inviting the Parivaar team to set up the Kutir. The village community has to invite us and offer a venue free. Usually it is somebody's house (often a newly built cottage under the PM Awas Yojana), Panchayat building, community hall, school in its non-functioning hours, or even a shed / godown. Thus we do not incur any infrastructure costs for this. A person is appointed to conduct a survey and register all eligible children. Typically, there are 80-150 registered children in every Kutir. Following this, the set-up material is sent to the village and the Kutir begins functioning.



5.2 Seva Kutir Project – Organogram





The Seva Kutir Project is a very unique and effective project to deliver high quality nutritional and educational services to children. The project is run, monitored and evaluated closely and on a daily basis.

At the starting, there are teachers and cooks at every Seva Kutir. They have the daily interaction with children, whether in teaching them, feeding them, bringing them to the Seva Kutir from their houses, etc.

Above them are Cluster Coordinators. Every 5 to 6 Seva Kutirs in a nearby area are grouped into 1 cluster and each cluster has 2 cluster coordinators. These cluster coordinators visit the Seva Kutirs daily on bikes given by Parivaar. They ensure that the meals, education and other activities are being carried out effectively and thus do a daily hands-on supervision and monitoring. All Cluster Coordinators in a district are guided by the District Operations and Education Anchors. They provide the leadership for the Seva Kutirs in that particular district, and work with the cluster coordinators to maintain smooth operations and delivery of education in our Seva Kutirs. All these people live in the remote areas far from towns.

The District Operations and Education Anchors and Cluster Coordinators are guided by the Chief and Co-chief Coordinator who jointly look after the operations of all Seva Kutirs in Madhya Pradesh, under the guidance of Founder/Head of Parivaar.

5.3 EDUCATION

Children between ages 3 and 14 years attend our Kutirs. Since the aim of the project is to enhance the learning outcomes of children and make them grade ready, a baseline test is conducted to understand their present learning levels. On this basis, a 3-level categorization is done: children who are generally between ages 3-6 and who do not know even alphabets, counting numbers etc. These children are grouped in what we call Pre-primary group. The second group of children are those who are generally in the age-group of 6 to 10 years, studying in grades II-V. They have the knowledge of alphabets, numbers etc. but cannot read simple texts, or cannot do basic operations in Mathematics such as addition, subtraction, multiplication, and division. Their group is called Primary. The third group comprises of children who are studying in Grades VI –VIII, and know the skills as mentioned earlier, but do not know much beyond that, and are far behind their grade level



expectations. Once these three groups are formed, year-long curriculum and syllabus is designed for each group, considering their present learning levels, and their textbooks.

The curriculum and daily schedule focus on the following:

- **Core Academics:** This will help children get the foundational skills in various subjects, especially focusing on languages and mathematics. It also includes subjects such as social sciences and science.
- **Sports and body fitness:** This includes yoga sessions, games and sports. Since these children do not have access to any sports equipment in their homes or schools, so we provide a sports-kit in each Kutir which has carrom, cricket, football, volleyball, skipping rope etc. Children have started knowing and playing many of these games only after Seva Kutirs got established in their villages.

We keep organizing events (songs, dance, quizzing, sports, elocution etc.) to maintain a vibrant atmosphere in the Kutirs.

Hygiene and Other Practices: There is a major problem of basic hygiene and sanitation in these villages. Our teachers and other staff ensure that all children brush their teeth daily, do hand wash before and after meals, and after attending nature's call, and maintain cleanliness in homes and Seva Kutirs. This practice contributes to the tackling of undernourishment since not maintaining personal hygiene is the main reason for various diseases in children like worms etc., which adversely affect a child's health.

Regular Trainings and Handholding of the Teachers: As our teachers are from the same villages and nearby villages, and had suffered the same problems, their capacities need to be developed. For this purpose, we have appointed Education Coordinators in each District, who are experts in education, and who regularly train the teachers as well as handhold them on a regular basis. There is a WhatsApp group for each district, where teachers are constantly in touch with the education coordinators and get their help and guidance frequently.

Engagement with Parents: Community and parents' meetings are regularly held in Seva Kutirs, where children's participation, learning and other relevant matters are discussed, and parents are counseled towards education of their children.

We ensure that the basic hygiene practices learnt by children in Seva Kutirs are also followed by



them in their homes and their parents also follow these practices. Some of the key points in this regard are:

- Performance of kids is shared with the parents. Children who are not able to perform well, their parents are counselled.
- Our teachers and other staff visit children's homes regularly to maintain a personal rapport with the parents.
- We counsel parents to give equal focus on girl children.
- Parents are counselled to allow their children to finish school education. Special efforts are made to ensure that there is no drop-out. If any child leaves school in the middle, her parents are counselled, and the child is brought back in the system.

5.4.1 Program progress

The following table will give you an overview of all the educational inputs that go into running a single Kutir.



Stage of intervention	Intervention outline	Outcomes	Documentation	Who will do it?
Months 1-4	<p>1. Baseline to check for existing learning levels in English, Math and Hindi.</p> <p>2. Cluster level training focusing on introduction of time-table, rhythm and structuring the day</p> <p>3. Introduction of tinkering activities and hands-on science among the older age group</p> <p>4. Ensure that all registered children attend the Kutir</p> <p>5. Training with yoga, song recital, playtime & engaging classes</p> <p>6. Visits to the Kutir to ensure teachers are implementing the content</p>	<p>By the fourth month, we should see the following outcomes among the children with >80% attendance in the Kutir:</p> <p>Children are able to listen and retain what is discussed. Younger children are able to sing songs taught.</p> <p>They are able to greet each other & the teacher</p> <p>They reach the Kutir on time</p> <p>They adopt and practise the set Kutir routine</p> <p>They show up at the Kutir in clean clothes with washed hands and faces</p> <p>They are able to initiate games and follow instructions related to the game</p> <p>Practising yoga on a daily basis</p> <p>Reciting shlokas with correct pronunciation</p> <p>Receive and follow instructions</p> <p>Overall, the Kutir should see 70-80% of registered strength turn up</p>	<p>1. Baseline formats prepared and implemented</p> <p>2. Training manual for each of the trainings are prepared</p> <p>3. Visit registers</p> <p>4. Teacher manual that focuses on festivals of India, GK questions, great personalities.</p> <p>5. Weekly syllabuses and tests</p>	Teachers, education team.



Stage of intervention	Intervention outline	Outcomes	Documentation	Who will do it?
Months 5-12	1. Introduction of academic engagement that will cause a shift in the learning level of the child by a single level initially 2. Structured modules in tinkering and sports	By twelfth month, we should see the following outcomes among the children with >80% attendance in the Kutir: Able to recollect as a group Read and write their name and their parents' name Display interest in at least 1 activity in the Kutir: Sports/Tinkering/indoor games All children exhibit a shift in learning level by 1 level. Example: children at L1 in English move to L2	Teacher manual that outlines the engagement is prepared and continuously updated.	Teachers, Education team.

5.4 NUTRITION

There is a deep and vital linkage between proper nutrition and education.

Undernourishment impairs mental growth and contributes adversely to academic growth.

As the children in these poor and remote tribal villages suffer chronic hunger and undernourishment (ranging from moderate to severe), it is essential to bring nutrition within any education program. Keeping this crucial fact in view, the Indian government introduced free lunches (officially called the Mid-Day Meal program) in all government schools. However, this does not solve the problem in its entirety, especially for such extremely poor and remote areas where we have our Seva Kutirs. Because in these areas, children do not even get breakfast or sufficient and nutritious dinner. Further, with government schools running for only around 150 days in a year, around half of the time, the free lunch facility is not available. The Global Hunger Index, various national and multinational reports (<https://in.one.un.org/page/sustainable-development-goals/sdg-2/>)



point out that the conditions of children have not improved in India in the last decade. Therefore, meals are a very crucial component in our Seva Kutir Project.

There are numerous examples of how better nutrition is associated with improvements in children's school performance. From China to Tanzania, from Guatemala to the United States, multiple studies have shown how better nutrition improved rates of school enrolment, attendance, and performance in areas like mathematics and reading.

Good food and nutrition are not only the foundation of children's health and the development of society at large, they are also a child's basic human right.

Malnutrition can cause permanent, widespread damage to a child's growth, development and well-being. Hidden hunger can cause blindness (vitamin A deficiency), impair learning (iodine deficiency) and increase the risk of a mother dying in childbirth (iron deficiency).

And this disruption to children's physical and cognitive development stays with them into adulthood, compromising their economic prospects and putting their futures at risk.

Collectively, the loss of potential and productivity has huge implications for the broader socio-economic development of societies and nations. It undermines countries' ability to develop 'human capital', or the overall levels of education, training, skills, and health in a population. And the loss is significant.

(UNICEF, *"The Changing Face of Malnutrition – The State of the World's Children 2019*, at <https://features.unicef.org/state-of-the-worlds-children-2019-nutrition/>)

In breakfast, milk, fruits, and a nutritious dish is given. In dinner, rice, roti, pulses, and vegetables is provided to the children. This is as per a scientifically designed menu taking help from nutrition experts, and the menu keep changing after every 3-4 months depending upon seasons. Our basic strategy for this component of the program hinges on timely identification of malnourished children. This helps us to correct the problem by



providing a well-balanced diet and in case of very severe malnourishment; we also refer cases to the Government's Nutrition Rehabilitation Centers, which are set up to tackle such cases.

S.No.	Day	Breakfast	Dinner
1	Monday	Milk, seasonal fruits, and beetroot halwa	Rice, roti, pulses and Soyabean vegetables
2	Tuesday	Milk, seasonal fruits, and Porridge	Rice, roti, pulses, and bitter gourd vegetables
3	Wednesday	milk, seasonal fruits, grams & sprouted kidney bean	Rice, roti, pulses, and bottle gourd + soyabean vegetables
4	Thursday	Milk & carrot halva	Rice, roti, pulses, Cucumber vegetables
5	Friday	Milk, Seasonal fruits and poha (fried beaten rice with groundnuts)	Rice, roti, pulses, potato, and grams vegetables.
6	Saturday	Milk, seasonal fruits and fried beans	Rice, roti, pulses, green vegetables

7. Complementing and partnering with Government system

The whole concept of Seva Kutir is built on the premise of complementing the existing government systems and schemes. The nutrition aspect that the Seva Kutirs have undertaken is to complement the mid day meal scheme by providing nutritious food for the remaining two meals, i.e. breakfast and dinner. Educationally the Kutirs by holding sessions with government school children in the morning and evening slots (after and before school) aim to assist the children in their school curriculum by making children over 7 years grade ready and under 7 years school ready.

Education:

- Sharing data: Sharing of baseline and progress data with local schools and also district authorities in regular intervals of 3 months.
- Mutually designed curriculum: We involve government teachers and other education officers in designing curriculum for the Seva Kutir teaching.
- Upgrading teaching methodologies: We hold trainings for our Kutir teachers every



month; we propose to district education authorities to send their teachers from the villages (where Kutirs are) for these trainings.

- Kutir space and collaborative social action by children: Many of our Kutirs are right now in personal homes or community / government spaces given by the villages. We hold visioning exercises with our children regarding Kutir and village as a whole on how they would like their village & Kutir to look like and then these children will present it to Gram Sabhas. Also to enhance their agency of social action and civic responsibility we make them regular participants in Gram Sabhas.

Nutrition:

- Sharing data: Sharing of baseline and progress data with anganwadis, hospitals and child and health department and collaboration for appropriate action like taking a child to NRC etc.
- Collaborating with anganwadi workers and Asha workers in ensuring proper medical attention to the needy children and mothers.

8. SEVA KUTIRS: IMPACT ASSESSMENT

Though the Seva Kutir Project is very recent and most of the Seva Kutirs are only 2 to 3 years old, yet within this short period, tremendous impact has been seen in children as well as the entire village community. These salient impact features have been listed below:

I. Educational Impact on Children

- (i) Children have now gained basic foundational knowledge in Maths, Hindi and English.
- (ii) Children's attendance in government schools where they are enrolled has improved significantly.
- (iii) Drop out students have restarted their education at Kutirs and schools.
- (iv) We have arranged the admission of 2115 students in Government secondary schools at class 9 level. Out of this, 167 children have been admitted into government hostels. These children are from remote areas and would have dropped out of school education if we had not got them admitted into these



schools and hostels.

II. Nutritional Impact on Children

- (i) Knowledge of a nutritious diet among children and their parents has been built
- (ii) 100% children get 3 course meals daily as against less than 5% earlier.
- (iii) 100% children get access to milk as against only 10% earlier.
- (iv) Incidence of sickness has fallen drastically with adequate and nutritious meals.

III. Overall Developmental Impact on Children

- (i) Children are now confident to talk to strangers.
- (ii) Participation in co-curricular activities such as drawing, singing, dancing, games and sports, quiz etc has contributed towards the personality development of children.
- (iii) Knowledge of civic virtues, national history and geography, with its heritage and culture has given a wider worldview to these children.
- (iv) 100% children now practice hygienic practices such as brushing teeth, hand wash with soap etc, as against less than 10% earlier.
- (v) Seva Kutirs act as a space of gender equity and social integration which has a huge positive psychological impact over children. They learn the values of equality and fraternity right from the starting.

IV. Impact at the Level of Tribal Village Community

- (i) Parents have started taking active interest in their children's education.
- (ii) Awareness about the various schemes and programs of the Government has increased.
- (iii) Our Seva Kutirs have contributed significantly to children's education and care even when parents migrate to other areas for livelihood opportunities in certain seasons. They leave their children with their grandparents, and their food, education are taken care of by the Seva Kutirs. This helps children continue with their education, as otherwise, they would have dropped out of the schooling system.



9. Proposal to ACRE for Supporting the Seva Kutir Project

We are very grateful to ACRE for supporting the Seva Kutir Project for the last several years. This is a large scale project and requires substantial support to run successfully.

For FY 2023-24, we are requesting ACRE to extend support towards 4 Seva Kutirs. About 400 children will be benefitted by this support in these 4 Seva Kutirs.

Annual budget break-up for a Seva Kutir is given below:

S.No.	Budget Head	Items	Amount (in Rs)
1	Fooding Costs	Groceries	1,60,000
		Vegetables & Milk	70,000
		Kitchen Expenses (Gas Cylinders)	55,000
		TOTAL	2,85,000
2	Remuneration Costs	Teachers	1,40,000
		Cooks	90,000
		Cluster Coordinators & Other Central Staff	45,000
		TOTAL	2,75,000
3	Staionaries & Other Goods	Stationaries	20,000
		Other Miscellaneous Items (clothes, sports items, medicines etc)	50,000
		TOTAL	70,000
		TOTAL FOR 1 SEVA KUTIR FOR 1 YEAR	6,30,000
		GRAND TOTAL FOR 4 SEVA KUTIRS FOR 1 YEAR	25,20,000

Thus, we request support of Rs 25,20,000 (Rupees Twenty Five Lakhs and Twenty Thousand) for 4 Seva Kutirs in Madhya Pradesh.

List of these Seva Kutirs is given below.



Annexure 1: List of Seva Kutirs

List of 4 Seva Kutirs is given below. All these are in Veerpur tehsil of Sheopur district.

1. Kasvani Seva Kutir

This Seva Kutir has been started on 25th December, 2021 and has 96 children attending from Sehariya tribe.

2. Gondeliyapura Seva Kutir

This Seva Kutir has been started on 28th February, 2022 and has 123 children attending from Sehariya tribe.

3. Ghamloki Seva Kutir

This Seva Kutir has been started on 25th December 2021 and has 87 children attending from Sehariya tribe and other deprived communities.

4. Badai ka Sahrana Seva Kutir

This Seva Kutir has been started on 23rd February, 2022 and has 96 children attending from Sehariya tribe.



Annexure 2: Photos Showing Working of Seva Kutirs







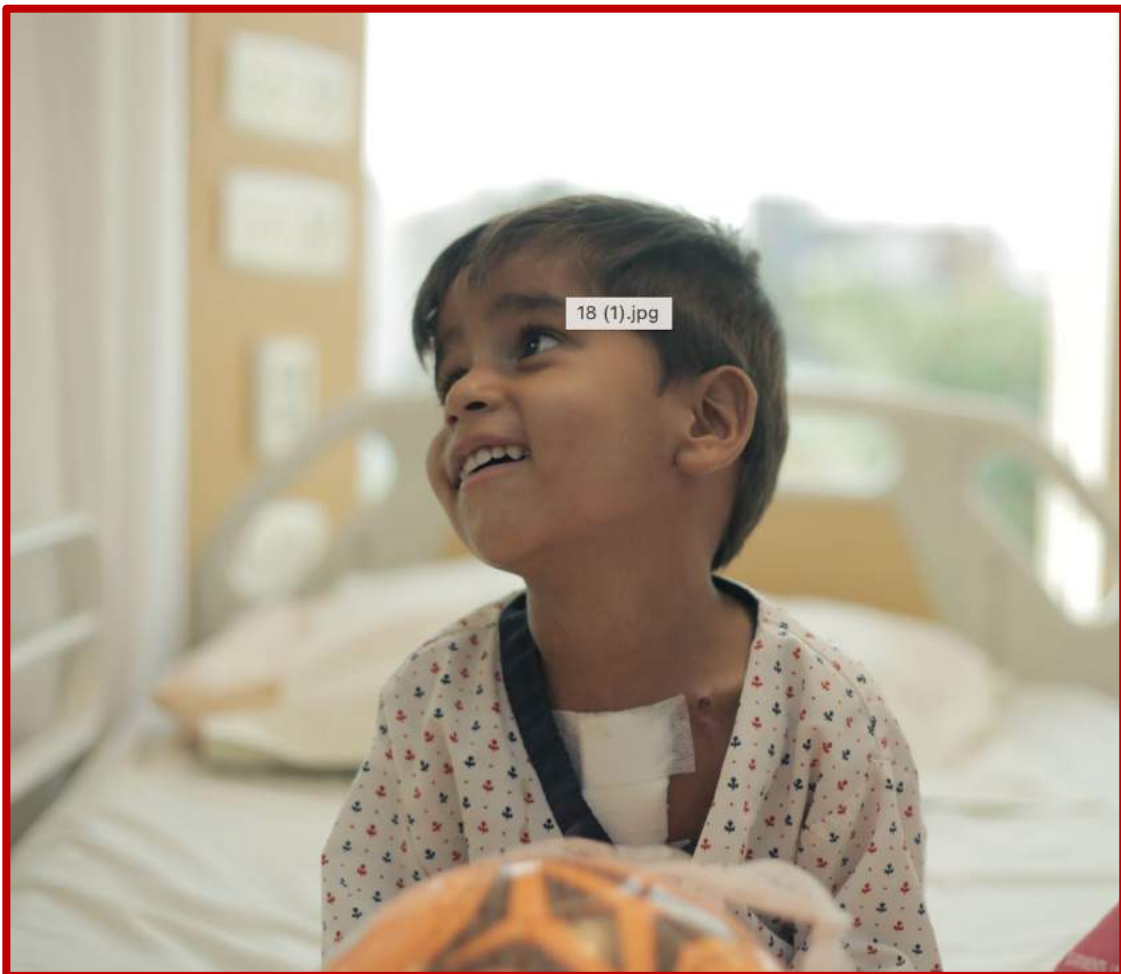


PROJECT SAVE LITTLE HEARTS

with

Asset Care & Reconstruction Enterprise

**GIVEN LIFE A CHANCE TOGETHER FOR OVER 85
CHILDREN SUFFERING FROM CONGENITAL HEART
DEFECTS SINCE FY 2017-18**



C/o K & S Partners, 2nd Floor, Chimes 61, Sector 44, Gurugram – Haryana, India 122003

Tel: +91 (124) 408-1528

Registered Address: 924–A, The Magnolias DLF Golf Links,
Golf Course Road, Phase 5, Gurugram, Haryana – 122009

Website: www.genesis-foundation.net

Email: contactus@genesis-foundation.net



29th August 2023

Asset Care & Reconstruction Enterprise
2nd Floor, Mohandev Building,
13, Tolstoy Marg,
New Delhi- 110001

Attention: Mr Mohd Shariq Malik

Dear Mr Shariq,

We thank you for this opportunity to present Project Save Little Hearts to you. The focus area is the life-saving treatment of underprivileged children suffering from Congenital Heart Defects.

What is this about?

About 9 children per 1000 live births are born with a heart defect described as Congenital Heart Defect (CHD). This is a global average. Over 25 million children are born in India annually. Thus, the number of children born annually with CHD in India ranges between 2,20,000-2,50,000. That makes us the largest population of CHD affected children in the world. Of these, more than 70,000 are born with critical CHD and require intervention within the first year of life.

Advances in cardiac care have been spectacular over the years, and CHD is treatable – in most instances, through a single intervention. However, there is a lack of awareness, early diagnosis occurs in a minority of cases, the number of pediatric cardiology facilities is limited (mainly in the private sector) and geographically not well spread. All these factors lead to the situation where a small minority of such children have access to treatment. (Ref: Saxena A. Congenital Heart Disease in India: A status report, Indian Pediatrics 2018, Volume 55, Page 1075-1082). There is a crying need for corporate support in this underserved sector. There are several opportunities to make a real difference. Please see Annexure I for details on the existing situation and the potential to undertake paradigm changing actions.

What we do

Genesis Foundation (GF) is a not-for-profit trust. GF has facilitated lifesaving treatment of underprivileged children suffering from CHD for over two decades. Amidst the more significant problem of high numbers and lack of facilities, as described above, it is the poorest of the poorest families who are impacted the most. These families are not in a position to bear the costs of life-saving treatment, and many of these children do not survive until their first birthday. GF focuses its work on facilitating lifesaving treatment of underprivileged children. Over the years, GF has built partnerships with the best tertiary care center in the country to support such cases. GF has undertaken many CSR projects to save many little hearts. The children supported by the Foundation

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Website: www.genesis-foundation.net

Email: contactus@genesis-foundation.net

**GENESIS FOUNDATION**SAVE LITTLE HEARTS 

belong to poorest of poor families with an income not exceeding **Rs 20,000** per month.

Saving Little Hearts

Our Experience & Track Record

- So far, we have supported over **4000+** critically ill children.
- We have been able to maintain a 98% success rate in CHD related interventions.

FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
600 children	608 children	458 children	431 children
		(Due to COVID-19)	(Due to COVID-19)
FY 2022-23			
Supported 582 children			
32% critical cases			
50-50 boy/girl ratio of children supported			
47 children from Aspirational Districts as identified by Niti Ayog			
Many first to our credit			
<i>Treatment for the lightest premature baby (900gms) in India</i>			
<i>Surgery involving 3D printing of the heart</i>			
<i>17-year-old girl, first in the world to have recreation of the pulmonary valve using her own tissues and first time an Ozaki Procedure was performed on the right chambers of the heart for a double switch surgery</i>			
<i>42-day old baby who did not have a sternum and the heart was outside the chest cavity, youngest to undergo such a repair in India</i>			
<i>3-month-old baby, the youngest in the world to undergo a Tetralogy of Fallot Correction with Cor Triatriatum Repair</i>			

Registrations & Compliance

GF is a not-for-profit trust and registered under Indian Trust Act 1882. We have 12A and 80G registrations under the Income Tax Act, 1961. GF also has a registration under the Foreign Contributions Regulation Act (FCRA) which entitles it to receive contributions from overseas. Statutory registrations and audited accounts can be submitted on request.

We are compliant with the new CSR Form-1 vide registration no. **CSR00001713**

Our Partner Hospitals

Genesis Foundation is currently working in association with **40 hospitals** (increased by 28% from the previous year) across India to ensure best-in-class treatment for these children.

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The current list of our partner hospitals is in Annexure II. These are all located in Tier I/Tier II cities.

Given that we deal in critical illnesses, we follow strict norms in selecting our partner hospitals. Qualifying criteria include the availability of specified physical infrastructure and the availability of experienced pediatric cardiac specialists and surgeons.

We are constantly working towards expanding our network of hospitals.

Project Save Little Hearts Deliverables

We are making the following proposal for a project to provide medical treatment to underprivileged children suffering from CHD.

FY 2023-24
Treatment for children between 0-18 years of age from families with a monthly income not exceeding Rs 20,000 and suffering from a Congenital Heart Defect.
Geography of impact: Delhi NCR, West India & South India
Proposed Support Amount (in Rupees): Rs 20,00,000
Funds Allocated Towards Surgeries: Rs 20,00,000
Average Cost of Surgeries*
We expect that under this project, the number of children supported will be in the range of 8 to 10 children , is based on approx. average costs range of Rs 2,00,000-300,000
Th final number of children treated under the project would be dependent on the mix of CHD cases handled (complexity and type of defect), hospital package cost and discount being offered which varies region-region.

**Costs vary depending on diagnosis, level of complication, type of surgery and discount provided by treating hospitals which vary. This above estimate comprises only of the medical cost of treating each case.*

For each of the medical surgeries the components comprise of charges for medical consumables, diagnostics, hospital package, equipment charge, investigations, and other similar costs. Certain kind of surgeries may require heart valves to be changed or conduits to be placed. Cost of these valves, prosthesis and conduits are additional and charged on actual basis.

While GF guarantees achieving agreed targets, our commitments are not restricted to the number and instead dictated by funds available. It is our constant endeavour to treat as many children as possible utilizing available funds

Our Process

C/o K & S Partners, 2nd Floor, Chimes 61, Sector 44, Gurugram – Haryana, India 122003

Tel: +91 (124) 408-1528

Registered Address: 924-A, The Magnolias DLF Golf Links,
Golf Course Road, Phase 5, Gurugram, Haryana – 122009

Website: www.genesis-foundation.net

Email: contactus@genesis-foundation.net



Identification of children

Beneficiaries are referred under this project directly from hospitals/social workers, screening camps, OPDs conducted by doctors in various parts of the country, word-of-mouth and search engine optimisation.

Screening and due diligence

- GF will provide to the Hospital with the "Genesis Foundation Application Form" in soft copy format (the "Application Form"). GF may change the format from time to time and the Hospital will be provided the revised Application Form. This Application Form must be filled in with all particulars with no blanks and duly signed by the guardian of the intended child beneficiary and the hospital representative.
- The Hospital will submit the duly filled and signed Application Form to the GF HOPE team in soft copy along with the following:

Mandatory Documentation	
ID proof of parents	Aadhaar Number and Verification/Voter ID.
Aadhaar & Income Verification	<p>A form provided by Genesis Foundation.</p> <p>Genesis Foundation does not collect Aadhaar copies of any beneficiary or his/her family.</p> <p>The hospital is responsible for collecting the Aadhaar card and ensuring the number is verified for the beneficiary and his/her parents.</p> <p>The hospital also validates that the income proof received is the same as the details filled in the Application form. Especially in the case of vernacular languages.</p>
Birth Certificate of Child/Aadhaar Number	<p>Mandatory for children over the age of one.</p> <p>If ID proof is not available for babies who have not yet been named (for e.g. Baby of Heena) the mother's ID would be mandatory.</p>
Income Proof	Digital income proof/Declaration from Panchayat Head/Ration Card/Salary Certificate.
Medical Record & Estimate	<p>For prescribed procedure on Hospital Letterhead, signed off by the designated heart care team lead/doctor.</p> <p>Documented details of any pre-existing medical condition/history to be included.</p>
Color photograph of the child	Blurry/damaged photos are not accepted. Pre-surgery photos.

- Upon receiving the Application Form with the accompanying documents described above, GF will consider the case as per its internal processes and if GF decides to support the case, a written confirmation (through email) will be sent to the hospital. It is upon completion of this step that GF will have the commitment to cover the approved costs of intervention



GENESIS FOUNDATION

SAVE LITTLE HEARTS 

- The concerned Doctor and our Team (Arti Barwa – *Senior Project Manager*, Geeta Mahajan – *Manager Program Support & Admin*, Rubia Bano– *Project Manager* and Rwicha Basumatary – *Project Manager*) discuss each case in detail.
- Bills & Payment
- Kids stories for record-keeping/Reporting

Project Monitoring

GF will undertake an internal progress review to ensure that the project objectives are met.

The reporting frequency for Project Save Little Hearts will be as follows:

GF will submit an electronic report annually.

The final utilisation will be provided in April 2024 or the project.

It will contain the documents below:

- Background of the child and the family & photograph (only aliases and masked photos will be used due to data privacy, unless an NDA has been signed by both parties, please see Annexure IV)*
- If required, the GF team will help in connecting the beneficiaries with Asset Care & Reconstruction Enterprise for a telephonic conversation.*
- Cost of Treatment*
- Nature of medical treatment undertaken*
- Condition of the child pre- and post-surgery*
- Details of utilization of funds*
- An Impact Assessment for previous FY's if applicable every year for up to three years to check on child/family well-being post-surgery and if they are attending follow-ups regularly.*

The child may have to return for a medical check-up after the surgery, wherever needed and advised by the doctor. GF would counsel the parents to be regular for any follow-up visit and will measure impact going forward concerning the children supported by you.

Please note: *The reporting structure suggested above follows GF's standard processes. However, monitoring, reporting and evaluation designs can be customized as per your requirements.*

Sustainability

Over the years GF has had an impressive track record of implementation. The CSR donors are satisfied and have reiterated their support to GF. We are constantly on the lookout to foster partnerships with likeminded philanthropic organizations.

Alignment with Sustainable Development Goals

The projects executed by GF are closely aligned with SDG Clause 3 and 5.

SDG Clause 3 aims to ensure healthy lives and promote well-being for all ages. In India 10% of infant mortality is due to CHD. For FY 2022-23, we have supported 32% neonates/infants and FY 2021-22 was 36%.

SDG Clause 5 aims to achieve gender equality in all spheres of life – GF strives to maintain equal gender ratio for all children treated under the project. In the FY 2022-23, we have supported 50% boys and

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50% girls and FY 2021-22, 53% boys and 47% girls.

Indemnification

Asset Care & Reconstruction Enterprise shall have no liability to the Implementing Partner. The Implementing Partner will indemnify *Asset Care & Reconstruction Enterprise* from and against all liabilities (including statutory liability), penalties, demands and costs, awards, damages, losses, expenses and/ or legal costs (including legal costs in relation to defending actions, proceedings, and/or claims) arising directly or indirectly because of any misuse or misappropriation of funds provided by *Asset Care & Reconstruction Enterprise* in relation to the Program, any misrepresentation, breach or non-performance by the Implementing Partner of any of their warranties, undertakings or obligations.

Data & Privacy Protection & Management

The CSR partner and we would comply with the existing Data Privacy regulations. The regulations currently in force in India is The Digital Personal Data Protection Act, 2023. As a part of our process, we agree with our CSR partners on the protocol for handling data and information. Please see Annexure III in this regard.

We thank you for reading through this document and look forward to the honour and privilege of this partnership which aims to Save Little Hearts.

We will happily answer any questions and provide any further information you require.

Thank you.

Warm regards & Gratitude,

For Genesis Foundation

Simran Sagar



Annexure I

CHALLENGES AND OPPORTUNITIES CURRENT STATE OF AFFAIRS AND POTENTIAL TO MAKE REAL CHANGE

Apart from the largest load of CHD in terms of numbers, in India we have several factors which make the situation significantly more challenging.

Lack of Awareness

To begin with, there is lack of awareness about CHD and its widespread presence. A substantial proportion of births in India occur at home. Frontline health workers (including the traditional mid-wives or the dais) and primary caregivers are not sensitized to the problem of CHD and do not recognize signs of CHD in a newly born. The infant starts with a handicap of not being diagnosed early enough. There is a general belief that a child with CHD is doomed and will never be able to lead a fruitful life, even if intervened.

Insufficient pediatric cardiac centres

Then there are challenges post diagnosis. We do not have sufficient pediatric cardiac care centers. While several cardiac care centers have come up in India over the last decade – just over 60; out of which only 10 of them can be considered high volume centers (where more than 500 cardiac surgeries take place every year. Pediatric cardiac care requires specialists different from those for adult treatment. These include cardiologists, surgeons, anesthesiologists, and intense care specialists – all specially trained for pediatric cardiac care.

Skewed geographic spread

Most of these centers are in the private sector and are not geographically well-distributed. From data provided by 47 centers in India, there is a clear paradox as many are in regions where the burden of CHD is lower, while on the other hand, there are few or no centers in regions where CHD burden is much higher.

Lack of sufficient capacity and capability in the public health care system

Most Public healthcare system does not have sufficient capacity to deal with the large number of cases that come up year upon year. Patients must wait for long periods of time – usually several years – for surgeries in a situation of high mortality risk. Most cardiac centers, especially that set-up more recently, are in the private sector and would not be affordable for most patients. Though several private centres have admirable programs for supporting treatment of children from underprivileged families but that is inadequate to address the situation.

Lack of financial means for treatment

Despite government schemes in several states for supporting CHD treatment, lack of financial means remains the greatest barrier to successful treatment of CHD. Ironically, that is more common in states with little or no cardiac care facilities. In most instances, families pay for the treatment out of their pocket (and many cases by borrowed funds), which they can barely afford. Many wage earners lose their daily wages as they are away from work during care of these children. Instances abound where even after a successful surgical intervention, the child was lost due to lack of follow up because of financial hurdles.

In summary

There are thus systemic and other issues in dealing with this serious cause of infant mortality in India. These range from lack of awareness about CHD to lack of early diagnosis to lack of adequate number of professionally staffed pediatric cardiac care centers to inability to bear the cost of treatment by a vast majority of families.

What is the potential for making a change

There is much that can be done. And there are some silver linings that one can see.



There are some green shoots which show us that the potential is enormous.

For one, the rate of hospital deliveries has significantly increased due to several incentivised schemes by the Government of India. Birthing at home has been declining, meaning children with CHD born in a hospital have much better chances of being diagnosed with CHD if some facilities are made available and standard procedures are established for watching out for CHD affected newly born children.

Technology, particularly the use of mobile diagnostics given the widespread use of mobile telephony even in the remotest parts of the country, holds an enormous potential that can be harnessed. Low-cost and easy to operate diagnostic applications and procedures can be developed and implemented with monitoring at district headquarters. Cases can be identified early, and then further treatment can be planned.

Over the last few years, there has been a significant enhancement in the skills and competence of pediatric cardiology surgeons, with ground-breaking surgeries being performed in India. Some of those are global firsts.

Training and familiarization initiatives have begun – strongly supported by remote learning webinars – as a fallout of the pandemic. In some of the programs supported by Genesis Foundation, over a 1000+ healthcare providers participated in two day-long remote learning sessions. Experienced faculty prepared training modules in a certification program.

Corporate support and champions needed

This severely underserved area provides a significant opportunity to an enlightened corporate to take the role of a champion for the cause of making a meaningful reduction in mortality and morbidity from Congenital Heart Defects.

Genesis Foundation with its credibility, experience, and relationships with stakeholders will be privileged to partner in working towards ambitious goals Including:

- Enlightened program of awareness and advocacy
- Ambitious plan to eliminate infant mortality due to CHD by a technology-driven diagnostic network reaching the remotest parts of the country; district-level monitoring centers
- Partnerships with and improvement of the existing network of pediatric cardiac care centers
- Supporting establishment of additional centers particularly in populous states where facilities currently do not exist (such as UP/Bihar/Central India)
- Training of healthcare professionals focused on pediatric cardio care
- Last but not least, supporting CHD treatment of specific cases under ongoing "Project Save Little Hearts" projects.

Indeed, there is an enormous opportunity of doing social good in this space. We are happy to customise a partnership as per your requirement and need.



Annexure II

Region	Partnered Hospital Name	Location
North	Artemis Hospital	Gurugram
North	Paras Hospital	Gurugram
North	Narayana Health	Gurugram
North	Max Super Specialty Hospital	Delhi
North	Apollo Hospital	Delhi
North	Fortis Shalimar Bagh	Delhi
North	Shri Satya Sai Sanjeevni Hospital	Palwal
North	Amrita Institute of Medical Science & Research Centre	Faridabad
West	Bai Jerbai Wadia Hospital for Children	Mumbai
West	Fortis Hospital Mulund	Mumbai
West	SRCC Children's Hospital	Mumbai
West	KD Ambani Hospital & Medical Research Institute	Mumbai
West	Jupiter Lifeline Hospital Ltd	Thane
West	Jupiter Lifeline Hospital Ltd	Pune
West	Fabiani & Budhrani Heart Institute	Pune
West	Kamalnayan Bajaj Hospital	Aurangabad
West	Narayana Multispecialty Hospital	Ahmedabad
South	Krishna Institute of Medical Sciences	Hyderabad
South	Unimed Healthcare Pvt. Ltd. (Star Hospital)	Hyderabad
South	Rainbow Children's Hospital	Hyderabad
South	Care Hospitals	Hyderabad
South	Manipal Hospital, Sarjapur Road	Bengaluru
South	G Kuppuswamy Naidu Memorial Hospital	Coimbatore
South	MIOT Hospital	Chennai
South	Sooriya Hospital	Chennai
South	Madras Medical Mission	Chennai
South	Amrita Institute of Medical Science & Research Centre	Kochi
South	Ramesh Hospital	Vijayawada
South	Namar Hospital	Chennai
South	Apollo Hospital	Hyderabad

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Annexure III



Dear Shariq,

Regarding "Project Save Little Hearts" since we will be sharing beneficiary/medical data with you, kindly note the following:

"Genesis Foundation recognises that you may need this data in original form, either for your own internal audit or for regulatory compliance purposes. We are sharing this data in original form following all precautions. Kindly handle this data with utmost care and restrict access to the same to the absolute minimum. We would advise you to please delete this data after the mandatory retention period as advised by your compliance department.

Should you need to use any part of this data in any social media or external communications, kindly ensure that the personal identity information such as the name, address of the beneficiary and his/her family are changed and any photographs are pixelated."

We would be grateful if you could confirm the same.

Warm regards & Gratitude,

For Genesis Foundation



Simran Sagar

For ACRE



Mohd Shariq Malik

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Email: contactus@genesis-foundation.net

eyebetes Foundation

305 Om Chambers, Kemp's Corner, Mumbai 400036

www.eyebetes.com

26 August 2023

Mrs Neeta Mukerji
ACRE India

Eyebetes – A Movement Against Preventable Blindness & Diabetes **Funding Proposal 2023-24**

Thank you for all your help and support and your contributions were instrumental in our work reaching the poorest communities living in the most backward slums in Mumbai. In 2022-23, we have conducted Eyebetes projects in the slums in Machimar nagar and Ganesh nagar (Cuffe Pararde), Colaba Market and the slums in Powai and Kurla.

We have already sent you a detailed annual report, detailing the work that we have done and its impact.

As we have been discussing with the team at ACRE, in 2023-24, we will continue our work in the slums and you and the organization have kindly agreed to support our work with a grant for 700 beneficiaries.

Background:

It is well established that poor vision is linked to poor quality of life, increased mental health issues, reduced earning ability, increased financial dependence, increased need for care from family, increased neglect from family and amongst younger people leads to reduced intellect, increased school dropout and limits the potential of the individual.

Diabetes and lipid (cholesterol) disorders are the leading causes of pre-mature death, increased morbidity and diabetes is the commonest cause of blindness not just in India but also across the world.

Published data and results from our work the slums in Mumbai and with junior frontline workers like the Police, has shown that more than 80% of people have never had an eye test or been seen by an eye doctor, 70-80% have an uncorrected refractive error and don't wear glasses, causing their distance and / or near vision which will cause significant difficulties in daily activities. Undiagnosed and untreated causes of preventable blindness like diabetes related eye disease, glaucoma, cataract, age related macular degeneration, ocular surface disease, lid margin disease, asthenopia and eye fatigue have a prevalence of between 10-70%.

Undiagnosed diabetes, pre-diabetes and lipid disorders (cholesterol) is as common problem in adults in the slums and amongst frontline workers with a prevalence between 40-65%

A simple intervention like prescribing the correct glasses can have a transformative effect on someone's life. It is an inexpensive way to truly change someone's life.

Early diagnosis and treatment of causes of preventable blindness like glaucoma, diabetes, aging, cataract and ocular surface and lid margin disease helps prevent blindness and eye discomfort and pain. With today's technology and medical advancements no one should go blind from causes of preventable blindness.

Unfortunately for most causes of preventable blindness, unless diagnosed and treated early, the diseases cause irrecoverable loss of vision.

Since inception of Eyebetes Foundation in 2016 more than 1,40,000 people have benefitted from our charitable work.

In 2021-2022 alone more than 8,000 frontline personnel and people in the slums have benefitted from the Eyebetes events with more than 6,000 prescription glasses dispensed.

Thanks to the contribution by ACRE in 2021-22 more than 800 people in the slums benefitted from Eyebetes events

About Eyebetes Foundation (www.eyebetes.com)

Eyebetes foundation is a registered charitable foundation with CSR-1, 12A and 80G certification. The Eyebetes movement started by Eyebetes Foundation and its work through Bhajandas Bajaj Foundation (another registered charitable foundation with all certifications and presence for more than 20 years), has become one of India's largest charitable initiatives and movements against Diabetes and Preventable Blindness.

Founders and Trustees:

- Dr S Kumar – Chief of Diabetes at Bombay Hospital is one of India's leading and most respected diabetes specialists in the country. Most of our Prime Ministers and Chief Ministers have been his patients.
- Dr Nishant Kumar – Lead Eye Services, Hinduja Hospital, Khar is a Fulbright Scholar and completed his eye training and then lived in the UK and USA for 15 years. He was a consultant ophthalmologist at the world-renowned Moorfields Eye Hospital, London prior to returning to India in late 2014. Diabetes related eye disease is his clinical, surgical and research area of interest and he is considered one of the global thought leaders in the management of diabetes related eye disease. (www.DrNishantKumar.com)

Eyebetes Foundation has following certifications:

- Registered charitable foundation with the Charities Commission
- 80G registration – renewed in 2021
- 12A registration – renewed in 2021
- CSR-1 registration – 2021
- Income Tax returns of more than 4 years

Significant achievements of Eyebetes Foundation:

- Examined more than 1,40,000 people for free for diabetes and blinding eye diseases
- Distributed more than 1.4 million educational leaflets regarding Diabetes and Preventable Blindness
- Multiple Guinness World Records for our Charitable work
 - Guinness World Record - 'Most diabetic eye screening in 8 hours' - 2016
 - Guinness World Record - 'Most diabetic kidney screening in 8 hours' - 2019
 - Guinness World Record - 'Most diabetic eye screening in 8 hours' – 2019
- Celebrity endorsements: personalities like Sachin Tendulkar (Bharat Ratna and legendary cricketer), Sunil Gavaskar (cricket legend), Sunil Shetty (Bollywood actor) Ritesh Deshmukh (Bollywood and marathi actor), Farook Abdullah, (Ex-Union Minister and Ex-Chief Minister of Jammu & Kashmir), Sharad Pawar (Former Chief Minister Maharashtra and Union Minister) and numerous other sports personalities, politicians, actors, singers and entertainers are our supporters and ambassadors.
- More than 50 newspaper articles in leading national and regional newspapers about our work.

- Collaborated with leading scientists in India and abroad and have published multiple peer-reviewed articles in leading medical journals.

Details of an Eyebetes event:

All participants in the Eyebetes event undergo the following tests for free:

1. Random blood sugar using finger prick method
2. Diabetes screening using an HbA1c blood test
3. Complete Lipid screening – using a complete lipid and cholesterol profile (9 blood tests)
4. Vision assessment for near and distance (habitual vision)
5. Complete refraction for near and distance
6. Best corrected visual acuity assessment for near and distance
7. Glaucoma screening by optic disc assessment using fundus photograph
8. Retinal screening for aging, diabetes, infection, inflammation using fundus photograph
9. Cataract screening
10. Review of all eye images and vision by an eye surgeon
11. Reports of the eye surgeon sent by courier, whatsapp and email
12. Reports of all blood tests sent by courier and whatsapp
13. Reports of the refraction (glasses prescription) sent by courier and whatsapp
14. Dispensing prescription glasses – bifocal glasses / distance glasses / near glasses
15. Dispensing UV protection sunglasses

Dedicated teams of specialists deliver state of the art technology and best in class care for our Eyebetes events.

- Blood tests are conducted by Thyrocare and NM Medical, both accredited and renown laboratories which are trusted by most leading doctors.
- Vision tests are all conducted by trained and accredited opticians and optometrists.
- Eye imaging for glaucoma, retina and cataract screening is done using multiple non-mydratic fundus cameras with artificial intelligence (AI) capabilities made by Forus Healthcare, one of the leading ocular imaging manufacturers.
- Vitreous Retina Macula (VRM) India provides the technicians, ocular imaging specialists and specialist eye surgeons for performing the eye tests and eye imaging and reviewing the images.
- Eye surgeons review all the eye images and the vision data remotely and send the reports of the eye tests by whatsapp and as a hard copy by courier.
- Prescription glasses are made by Carl Zeiss, Hoya, Essilor, Nidek - the world's leading manufacturers for prescription glasses.
- Sunglasses are given to protect the eyes from harmful ultraviolet lights.

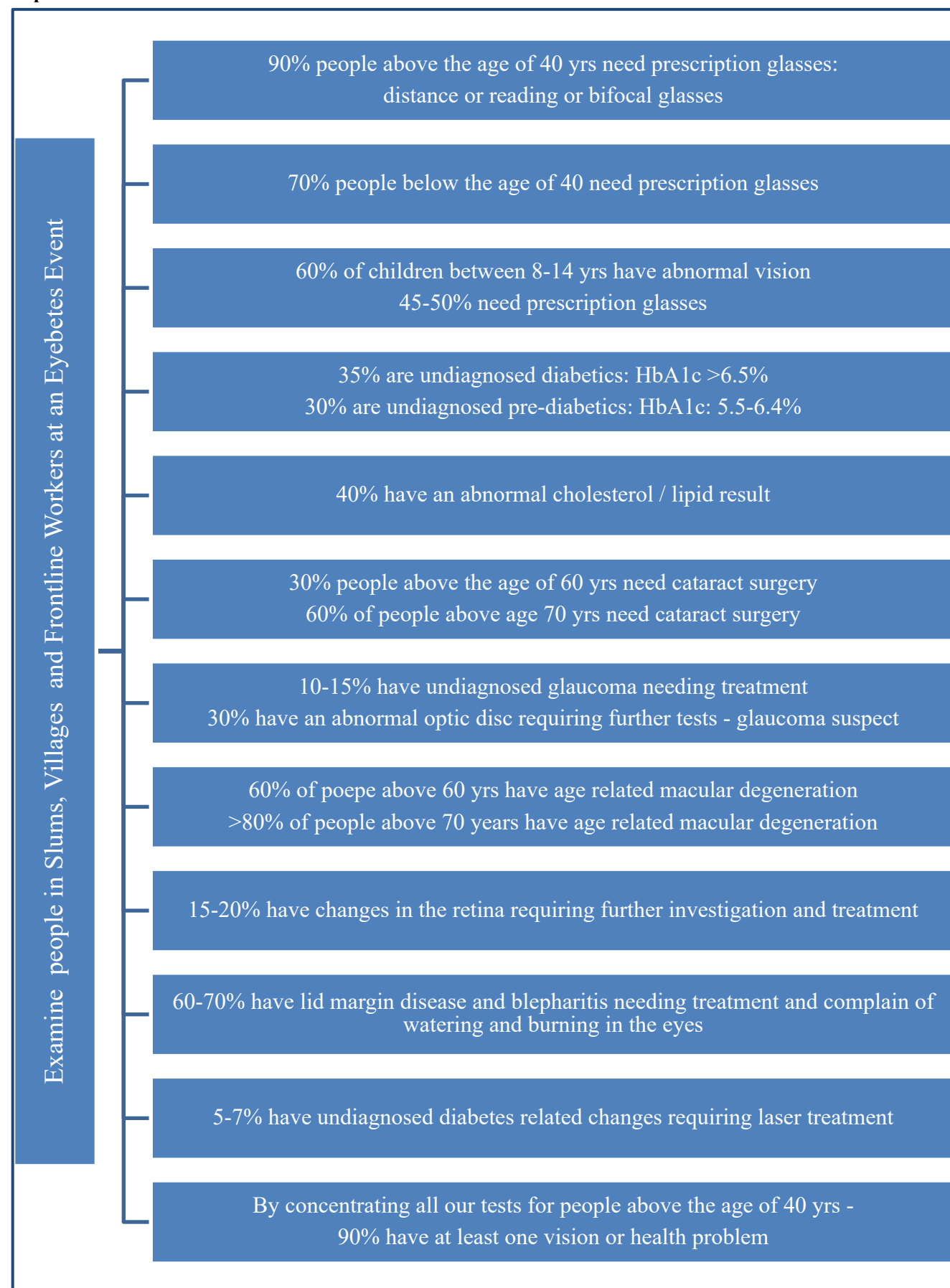
Beneficiaries of Eyebetes Events using the ACRE contribution

- **Slums dwellers in Greater Mumbai**

We conduct large Eyebetes events in the community, identifying slums and local NGOs and social workers who help us conduct the Eyebetes event in a suitable area where all the equipment is set up and the tests are conducted.

We have the capacity to examine upto 500 people a day and this can be scaled up depending on the demand and the funding

Impact Assessment:



*All the above data is based on our previous Eyebetes events and published literature

Estimated cost per person (All the Blood tests + Eye tests + Review + Prescription Glasses + Sunglasses):

- Eyebetes event in the Community within Mumbai: Rs 3000 per beneficiary

Estimated funding needed in 2022-23 by ACRE:

- All the funding from ACRE will be used for serving Slum dwellers in Mumbai
- 700 people in Mumbai will be reviewed through your CSR contribution of Rs 21,00,000
- I am hopeful that during the course of this year there will be a possibility of increasing the funding to Rs 30,00,000 so that 1,000 slum dwellers can benefit.
- At the events in the slums, we will acknowledge the support of ACRE by having the logo at the event.

All the donations to Eyebetes are eligible for the relevant tax benefits as we have all the necessary accreditations.

We are very grateful for all your help and support, and I am hopeful that you will be able to visit us during the Eyebetes events and see the work that's done on the ground. I am confident you will be delighted to see the work that is done and the number of lives we impact in a very significant manner.

If there is any chance of increasing the funding or if additional funds become available, please do remember us.



DR. NISHANT KUMAR

Founder and Trustee – Eyebetes Foundation

Tel: +91 9820559955; Email: Contact@DrNishantKumar.com

Proposal For Backhoe Loader/Excavator Operator/Technician Training (2023-24)

Submitted to:



Submitted by:



F-5, Ground Floor, Kailash Colony, South Delhi, New Delhi-110048

E-mail: info@b-ablefoundation.in

www.b-able.in, www.b-ablefoundation.org



Social Entrepreneur Group



Background

B-ABLE Foundation and ACRE partnered with an aim to train unemployed, underprivileged youth and connect them to sustainable employment. During the Phase I of the partnership the candidates were trained as 'Backhoe Loader Operator cum technician' at Greater Noida-UP. The training was imparted on technical skills along with the relevant soft skills to enhance the performance of candidates at their workplace. The training produced skilled manpower for the Industry and also improved the financial status of the youth. All skilled 20 candidates are working and generating their livelihoods.

B-ABLE Foundation proposed to re-enter into partnership for FY 2023-2024 and train 60 youth on **'Technician & Operators Training'**

About ACRE

Assets Care & Reconstruction Enterprise Limited (ACRE) is a company registered under Companies Act, 1956 and is an Asset Reconstruction Company (ARC) established under the provisions of the SARFAESI Act, 2002. It is one of the first ARC's in India and is engaged in the business of acquiring Non-Performing Assets (NPA's) from Banks and Financial Institutions and their resolution as per guidelines stipulated by Reserve Bank of India.

ACRE is one of the first ARCs to receive significant FDI in 2014 with Ares Management acquiring a 49% stake in ACRE. They are now one of largest and fastest growing ARCs in India with Assets under Management (AUM) as on March 31, 2023 of INR 11,259 Crore or USD 1373 Mn.

ACRE has been contributing to the society through its CSR initiatives and impacting lives of underprivileged people of the community.

B-ABLE Foundation

B-ABLE Foundation, a non-for-profit entity of Basix-Academy for Building Lifelong Employability Limited (B-ABLE), one of the first training partners of NSDC and the skilling arm of the BASIX Social Enterprise Group for over 14 years. We have been implementing programs for livelihood generation and skill building across 28 states in multiple sectors in India impacting over 5 lakh rural youth.

B-ABLE Foundation is committed to empower marginalized youth; promoting sustainable livelihoods through vocational skills and capacity building, incubating micro-entrepreneurships models at the local level through skill-building, knowledge transfer, action research and sustainable green initiatives. It was registered in 2020 under Section 8 of the Company Act, holds certifications of 12 A, 80G, and CSR 1. We have been successfully implementing multiple livelihood promotion and skill-building programs across 20 states in the country, benefiting over 1.20 lakh youth with the support of corporate and institutional initiatives.

Our Past Association

ACRE and **B-ABLE FOUNDATION** entered into partnership in January 2023 to provide basic / foundational level training to manage migration of unskilled people to move to jobs in earthmoving industry in a structured manner and improve employability of the underprivileged rural youth. The primary objective of partnership was to enhance the skill set of the people and equip them with latest techniques and generate sustainable livelihood to overcome the issue of irregular income.

The training program was focused on generating workforce by providing technician cum operators training on earthmoving equipment (**Backhoe Loader**) to the underprivileged youth of the society at Greater Noida-UP. Below are the highlights: -

Particulars	:	Details
Project Name	:	Backhoe Loader Technician Cum Operator Training
Project Duration	:	Jan 2023-March 2023
Training Partner	:	ACRE
Sponsored By	:	ACRE
Execution & Monitoring Partner	:	B-ABLE FOUNDATION
Sector	:	Construction
Job Role	:	Backhoe Loader Operator
Training Duration	:	75 days
Training Centre	:	Unnati Operators Training Centre GCPL, 1C1, Udyog Vihar, EcoTech-2, Greater Noida-U.P.
Total Trained	:	20
Total Placed	:	20

Proposed Intervention

After the successful implementation in previous year, B-ABLE Foundation proposes collaboration with ACRE for current year with an objective to reach to a wider audience and train unemployed and underprivileged youth under “**Backhoe Loader Technician and Operator**”.

Batch Implementation Plan/ Key deliverables:

Sl. #	Training Module	Proposed Location	Proposed Period	Training Duration	Batch Size
1	Backhoe Loader Operator Training	Zeta, Greater Noida	September'23	4 weeks	10
2	Hydraulic Excavator Operator Training	Zeta, Greater Noida	October - November'23	5 weeks	10
3	Backhoe Loader Operator Training	Zeta, Greater Noida	December'23	4 weeks	10
4	Backhoe Loader Technician Training	Unnati, Greater Noida	January-March'24	10 weeks	20
5	Hydraulic Excavator Operator Training	Zeta, Greater Noida	January-February'24	5 weeks	10
				Total	60

Training Methodology

Training Curriculum- The candidates will be provided a blended learning model where both theoretical and practical knowledge will be imparted during the programme. 60% classroom/theoretical and 40% practical knowledge of the proposed job role will be taught by our experienced master trainers.

Life Skills: Life skills will be taught over and above the training curriculum which will include the following topics:

- Customer handling
- Stress Management
- Financial Literacy
- Digital Literacy
- Interview Skills



Training Material and Safety Kit- The participants will be given PPE kits, stationery, Backpack, T-shirts and Training Material as a part of the training.

Assessments and Certification- A total of 4 rounds of assessments will be done to judge the effectiveness of the training and knowledge building of the candidates. Successful candidates will be certified with the skill certificates.

Stipend/ Board, Lodge and Transpiration- The beneficiaries after the successful completion of training will receive stipend for boarding, lodging and transportation.

Mobilization- B-ABLE Foundation would allocate the experienced and trained staff for the execution of the project. The team will conduct mobilization activities in the designated locations, we will organize workshops & awareness building camps in rural, to engage the potential candidates. Candidates would be identified through a process of mass publicity, registration, counselling, selection and enrolment into the program. Mobilization would be focused towards engaging underprivileged youth, who are under-skilled, semi-skilled, under-educated and un-employed. Candidates would be selected through a screening process. The candidates will be mobilized from Bihar, U.P, Delhi NCR, Rajasthan, Jharkhand, Kolkata, West Bengal and Assam, etc.

B-ABLE Foundation is proposing for a Sustainable Employability Based Model where candidates will be segregated based on the willingness. Criteria for enrolment is as follows: -

- Age – 18 to 35 years
- 10th/12th/ITI pass candidates
- Willingness to take up the training and Job after completion of Training
- Belongs to Underprivileged community

To build the awareness within the community our mobilization team conducts the following

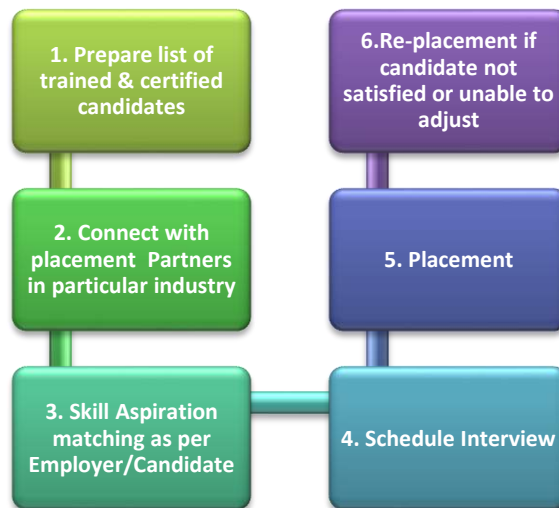


The image shows a handwritten signature in blue ink next to a circular blue stamp. The stamp contains the text 'B-ABLE FOUNDATION' in the center, with 'F-5 Ground Floor, Kalash Colony, New Delhi-110048' around the perimeter.



Placement

The qualified candidates will be listed for the placement process. The candidates will be prepared for CV preparation for clearing interviews and getting jobs. The detail of placement process is stated below: -

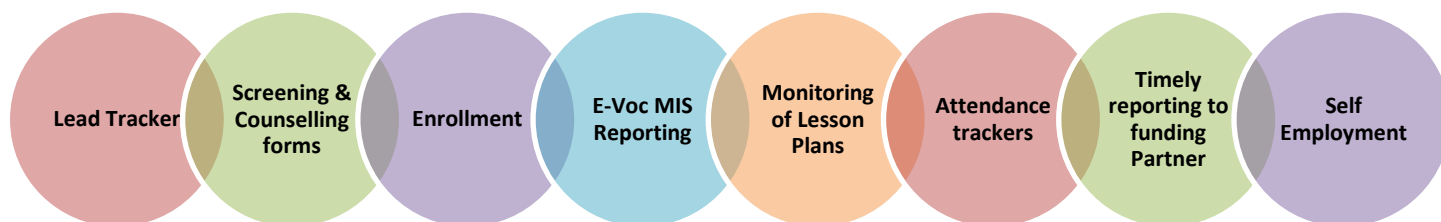


B-ABLE Foundation will assure 80% placement of the trained candidates.

Roles and Responsibilities of Partners

Stakeholders	Roles and Responsibilities
ACRE -Funding Agency	<ol style="list-style-type: none"> 1. Sign the MoU 2. Project Funding 3. Attend review meetings 4. Provide comments and guidance where Funding Agency has observations and views
B-ABLE Foundation - Implementing Partner	<p>Implementing program on ground</p> <ul style="list-style-type: none"> ▪ Mobilization of the candidates ▪ Providing stationery and study material ▪ Counselling of the candidates ▪ Travel arrangements of candidates ▪ Facilitating Training program, assessment and certification ▪ Placement Support ▪ Post Placement Tracking ▪ Report Submission

Monitoring & Reporting



- B-ABLE manages all the monitoring system through in-house MIS software: E-VoC by Salesforce.
- All the data and trainee related documents are being maintained in the software itself.

Key Performance Indicators

Key Result Area	Key Performance Indicators
Identification of potential candidates	Number of candidates enrolled per batch
Imparting Training	Percentage of candidates enrolled vs. Trained
Training Effectiveness	Percentage of trainees successful in the Assessment
Placement	Percentage of graduated candidates employed in the market
Fund Management	Budget Vs. Actuals expressed in percentage




Program Budget

GRANT FUNDS DETAILS & SUMMARY OF THE PROJECT:

Services	Mobilization/ Organizing Training & Certification
Sector	Mining Sector
Job Role	Operator-Cum-Technician
Duration of Course	1-2 Months
No. of Batches	5
No of Beneficiaries	60
Training Months	7

BUDGET			
S.No.	Project Head		Amount
1	Human Resource		815,850
2	Training Expenses		1,923,650
3	Administrative Cost		303,200
	Total		3,042,700
	Project Management Unit Cost	20%	608,540
	Contingency provision	2%	-
Grand Total			3,651,240
	GST @18%	0%	-
	Per Candidate Cost		60,854




Request to ACRE for funding the program-

Sl. #	Training Module	Proposed Location	Proposed Period	Training Duration	Batch Size
1	Hydraulic Excavator Operator Training	Zeta, Greater Noida	October - November'23	5 weeks	10
2	Backhoe Loader Operator Training	Zeta, Greater Noida	December'23	4 weeks	10
3	Backhoe Loader Technician Training	Unnati, Greater Noida	January-March'24	10 weeks	20
				Total	40

Services	Mobilization/ Organizing Training & Certification
Sector	Mining Sector
Job Role	Operator-Cum-Technician
Duration of Course	1-2 Months
No. of Batches	3
No of Beneficiaries	40
Training Months	6
Per candidates cost	INR 60,854
Total fund request for 40 candidates	INR 24,34,160

Request to release grant fund in 3 instalments



ANNEXURE - 1

Milestones for Release of Funds towards Financial Participation

ACRE shall remit the aforesaid amounts to B-ABLE FOUNDATION via RTGS or by Cheque to be drawn in favour of : **B-ABLE FOUNDATION**

Name of account : B-ABLE FOUNDATION
Account no. : 347505000657
Bank Name : ICICI BANK
Branch Name : SOUTH DELHI
IFSC Code : ICIC0003475

A handwritten signature in blue ink is positioned to the left of a circular blue stamp. The stamp contains the text "B-ABLE FOUNDATION" in the center, with "F-5 Ground Floor, Kalash Colony, New Delhi-110048" around the perimeter and a small star at the bottom.

DELHI SOUTH ROTARY SERVICE FOUNDATION

Correspondence Address
D 306 Sarvodaya Enclave
New Delhi - 110017
Rtn. Pradeep Bahri: 9910039334



Project “Leprosy Control” in India

**A CSR Initiative by Asset Care and Reconstruction Enterprise Ltd
for Leprosy Control in India**



DELHI SOUTH ROTARY SERVICE FOUNDATION

Proposal November 20, 2023



DELHI SOUTH ROTARY SERVICE FOUNDATION

Leprosy in India

Leprosy also known as Hansen's disease is the oldest disease known to mankind. If not treated timely, leads to deformity and disabilities. Despite advances in all spheres of medical science, leprosy continues to be a public health challenges in countries like India, Brazil, Indonesia, Bangladesh. National Leprosy Control Programme (NLCP) was launched by Govt. of India in 1955. Multi Drug Therapy (MDT) came into widespread use from 1982, and the **Leprosy Eradication Programme (NLEP) was introduced in 1983.**

Leprosy is subject to many myths and stigma. The biggest myth being, that leprosy is not curable. **Leprosy is curable and become non-communicable with just a few doses of Multi Drug Therapy.** However if left untreated, it can cause progressive and permanent damage to the skin, nerves, limbs, and eyes.

Ignorance around leprosy has been the biggest challenge in systemic reduction of this disease to insignificant levels. The taboos and myths around the spread and perceived incurability of the disease exacerbate the situation, making the plight of leprosy patients deplorable. Leprosy patients today, are not just battling with diagnosis and treatment, but fighting for their right to dignified living. Most patients are living as outcasts in isolation, in approximately 750 leprosy colonies in India, where they become a *no-name* and their existence too is not acknowledged.

Elimination of leprosy as a disease implies - zero transmission, and zero new cases of leprosy. To achieve the target of Leprosy Free India, it is considered important to first focus on sub-national elimination of the disease. Success at the sub-national level will eventually aggregate to success at the national level.

Currently, India accounts for 55 to 60% of the global cases of leprosy (2021-2022). The Revised Sustainability Development Goal for India is now to make India, leprosy-free with zero transmission and zero new cases by 2027. The country has released the National Strategic Plan and Roadmap for Leprosy 2023-2027, to fast-track leprosy elimination efforts. This Strategy is aligned with the Global Leprosy Strategy 2021-2030 and the WHO Roadmap for Neglected Tropical Diseases 2021-2030, aiming to achieve interruption of transmission of leprosy by 2030.

The implementation of the National Strategic Plan and Roadmap for Leprosy 2023-2027 for Leprosy aims to achieve interruption of transmission at district level evidenced by zero occurrence of new child cases, for at least five consecutive years. After achieving interruption of transmission, districts shall move on to achieve elimination of leprosy as a disease, with zero new cases reported for at least three consecutive years.

Rotary Club of Delhi South via DSRSF, picked this hardest battle for the most neglected in our society and started the “**Leprosy Control Project in India**” in 2019. We were joined in our mission by partner Rotary Clubs and partners like Lepra to build momentum for Leprosy Elimination across India - zero infection and disease, zero disability and zero stigma and discrimination.

Background

Delhi South Rotary Service Foundation (DSRSF), a not-for-profit focused on serving humanity to impact change, started the ‘Leprosy Control Project’ in 2019. The project is spread over 12-14 years to cover entire India, with the first concentration being Delhi-NCR. The project focus is around 4 pillars – battling ignorance, training people, active case finding, and healthcare and rehabilitation. Two more pillars have been added - namely, Reconstructive / Ulcer management surgeries, and Skilling of Leprosy affected personnel.

Understanding the need, ACRE became a key partner with Rotary DSRSF on Dec 11, 2021, to undertake CSR activity on behalf of ACRE in supporting awareness, skill building and healthcare in the area of leprosy with a grant of INR 34 Lakhs for FY 2020-21. The support granted was principally for a long-term duration, and the project in FY 2021-22 was given a grant of INR 25 Lakhs. With project sustainability in mind, the project in FY 2022-23 was given a grant of INR 25 Lakhs.

Significant progress has been made in these three years and many lives have been touched. The detailed reports on spends and impact have been shared in line with the MOU.

DSRSF Leprosy Control Project in India:

Project Brief: We believe that there is big need of awareness around leprosy and leprosy patients need detection, right treatment, care, rehabilitation, and a life of dignity.

The intervention for leprosy needs right treatment and structured palliative care. The project would be considered successfully commissioned, as soon as we reduce the **transmission of leprosy to zero**.

Project Vision: **Zero leprosy, zero infection and disease, zero disability, zero stigma and zero discrimination**. This humanitarian project addresses the need to control leprosy to produce sustainable and measurable outcome pan-India over a 12-14 year period with a total outlay of INR 12-14 crores. Our vision is to achieve leprosy control in India by reducing transmission and making leprosy a disease of little consequence by enhancing morbidity management, disability care and inclusion.



DELHI SOUTH ROTARY SERVICE FOUNDATION

Goal: *Elimination of leprosy (defined as interruption of transmission).* The objective of the project is to create a robust system to address the imminent need to control leprosy from awareness to rehabilitation, and to put it on the healthcare map of our country.

About Us: Rotary Club of Delhi South (RCDS) & Delhi South Rotary Service Foundation (DSRSF)

RCDS is one of the premier Rotary Clubs in North India and is a part of Rotary International, an international service organization. Delhi South Rotary Service Foundation (DSRSF) was established by the members of Rotary Club of Delhi South in 1978 to create a Registered Society under the Societies Registration Act 1860, to serve the community in the fields of literacy, education, skill development, women empowerment, health, environment, child, youth and elderly welfare and to enable the underprivileged to lead a better life. DSRSF does not charge any administrative costs to projects as these are mainly borne by its members.

DSRSF is tax exempt under section 12 (A) of the Income Tax Act and all donations and contributions to DSRSF are eligible for tax deduction under section 80G of the Act. DSRSF is also registered with Ministry of Corporate Affairs for undertaking CSR activities and the Registration number is CSR00001723.

Under schedule VII (i) (ii) & (iii) of the Companies Act 2013, promoting healthcare, skilling, setting homes and other facilities for the socially and economically backward groups are areas eligible to receive CSR support. Our project '**Leprosy Control**' fulfills all criteria to be the CSR implementation partner for a corporate.

Our Purpose: To bring together business and professional leaders in order to provide humanitarian service and to advance goodwill and peace around the world.

Our Mission: To provide service to others, promote integrity, and advance world understanding, goodwill, and peace through its fellowship of business, professional, and community leaders.

RCDS draws its membership from leaders in business, medicine, consulting and legal professions and is in its **54th year of service**, having been formed in 1969. RCDS and its members have dedicated themselves in serving the less fortunate who need our help. RCDS has also undertaken and delivered successful projects in the areas of education, environment, healthcare and other sustainable development goals (SDGs).

Our Partners in the Project: Rotary Club of Delhi South partners with other Rotary Clubs, LEPROA UK and The Leprosy Mission Trust India.

Key Milestones & Achievement

With ACRE's support, the much-needed awareness & advocacy campaign, across all channels - digital, print, electronic and radio was kickstarted and was the primary focus of the projects in 2020-21. The aims were: (i) to reduce ignorance about leprosy and break the chain of stigma, myths & taboos; (ii) influence change of archaic laws; (iii) bring focus of active case finding, treatment and rehabilitation of leprosy patients and their families. We were able to achieve a Media reach of **17 mn+** with print, radio and leprosy view article in the Rotary Newsletter. Features, opinion articles and releases in leading publications like Logical India, India Today and more with overall readership of **18mn**. A jingle with Usha Uthup was launched with radio interactions (hugely subsidised) with DSRSF and ACRE spokesperson. It reached **5mn** through on-air interaction and additional **1.8mn** through Facebook. Overall listenership was around **7mn**.

In 2021-22, a sustained, multi-stakeholder / multi-channel / on-line and offline **awareness and advocacy** engagement was the focus of the campaign. In this year, our approach was to do sustained project related social media advocacy and a big activation campaign around the World Leprosy day on Jan 30 and Mass mobilisation of relief work in March with sustenance all through. The campaign '**BhedNahinBahvSe**' was started in January to mobilise minds: (i) to stop ignorance and break the chain of stigma, myths & taboos; (ii) influence change of archaic laws; (iii) bring focus of active case finding, treatment and rehabilitation of leprosy patients and their families.

Our awareness campaign generated interest and participation from media, influencers, corporates, medical fraternity, other institutions, leprosy patients and volunteers reinforcing that with continued effort, things will change and leprosy detection, timely treatments and rehabilitation. We have reached **50mn+ people digitally** and the footprint of poster campaign and a fortnight of awareness drive is close to **25K people**. Further, our campaign and collaboration further influenced changes in laws. With our structured approach, we not only met our communication objective but over-achieved them in quality and quantity.

Skilling

In 2021- 22, with restriction relaxed by mid-year, training in collaboration with NLEP and SLO, for ANMs & Asha workers was started in full force. We did 6 structured training programmes in which we have trained 207 people to detect leprosy, physiotherapy and palliative care. Each of the training programmes had customised training material. Also, and many more leprosy patients, family and front-line workers were trained on self-care & physiotherapy through our 60 palliative care camps done so far.

Our **healthcare focus** and on ground connect with leprosy patients to understand their needs has been strong all through. Our well-rounded approach ensured that the leprosy patients in the colonies that we worked in were not only met and heard but

most importantly they got the nutrients, treatment, physiotherapy, self-aid kits, care for healing.

Year 2022 – 23**Healthcare and Rehabilitation**

Physiotherapy & Disability Care Camps: In the financial year from 1st April 2022 to 31st March 2023, we reached out to 32 different Leprosy colonies of Delhi/NCR, conducted 35 Physiotherapy & Disability Care Camps and provided Self-care kits to 550 people, MCR Footwear Grade I to 440 people & Grade II footwear to 489. We have also provided corrective Aids / appliances to 100 people and Tricycles to 55 people affected by leprosy in the leprosy colonies to enhance their mobility.

Visit of Rotary Club of Singapore Team. Led by Dr. Shahul Hameed, Rotary District Governor Nominee Designate (will serve as District Governor for Rotary Year 2025/26 Rotary International District 3310), a three-member team of Rotarians visited New Delhi, India and looked at some of our Club Projects and participated in our Club Meeting on 21st January 2023.

They visited the Leprosy Colony at RK Puram, which our Club, along with partner Rotary Clubs, ACRE and Lepra have been supporting. A Physiotherapy, Disability and Awareness Camp (60th one) had been organized that day at this colony.

Also present from our Corporate Partners ACRE were, MS Shariq and Pawan Tiwari who have been helping us with their generous 'Corporate Social Responsibility' grants for our noble cause of fight against Leprosy. The State Leprosy Officer Dr. Ritu Chaudhary graced the occasion. Our Project Manager, physiotherapist Lakhinder, our Shoe Technician Shiv Kumar and our Assistant / Driver with the Leprosy Ulcer Management Van, were also present.

On this occasion, five tricycles (out of the 40 donated by ACRE) were handed over by our Club and ACRE to the Leprosy patients who could not walk. Blankets and snacks were distributed to all residents of the colony, and we all had a great interaction with the residents, who were left with smiles on their faces.

Installation of 30 KW Solar Power Plant @ Mother Teresa Home and distribution of Tricycles, was conducted on 22nd March where a Member of Parliament, Deputy Director General (Leprosy), Govt. of India and many others, around 600 people have participated, including patients. These were made possible by ACRE CSR.

An on-grid solar power plant without battery bank has been installed and commissioned on 22nd of March 2023 with a capacity of 30kw. The On-grid solar power plant with net metering system works to minimise energy bills. During the daytime, solar plant generates electricity using solar power and the consumer directly uses the solar power and any excess power consumption over and above the consumption is exported to the grid. At night any excess power exported to the

grid is taken back. All the energy export to grid and import from grid is recorded in the bi-directional energy which is also called Net Meter. At the end of month the consumer gets the energy bills which is for net-of units (import of energy from grid minus export of energy to grid).

Awareness

Mass awareness has been conducted on the occasion of Gandhi Jayanti, 2nd October & Anti-Leprosy Fortnight activities, from 30th to 13th Feb 2023. We have reached more than 20 thousand people, directly and indirectly.

Rotary International District 3011 conducted Mega “End Polio and Leprosy” Cycle Rally: To commemorate Mahatma Gandhi on his Anniversary and to celebrate the World Polio Day, Rotary International District 3011 conducted a Mega “**End Polio and Leprosy**” Cycle Rally to spread awareness about Leprosy and Polio. This Rally of about 12 kms, with 10 pit-stops being manned by various Rotary Clubs, started and culminated at Delhi Public School, RK Puram.

RI District 3011 Governor, Rtn Ashok Kantoor, Shri Satish Upadhaya, Vice Chairman NDMC, Director of Education Shri Himanshu Gupta, and eminent guests like Principal Delhi Public School RK Puram, Ms Padma Srinivasan along with teachers and children of the school were present, and whole heartedly supported the Rally. Other dignitaries present were Ms Ritu Choudhary, State Leprosy Officer, Shri Deepak Kapur, Rotary’s National Polio-Plus Chair and District Advisor Leprosy, Dr. N Subramanian, District Advisor Polio, and representatives from our various partners, like LEPRa and ACRE.

Training of Medical Professionals (552) Medical Officers-54, ANMs-320, ASHA Workers-86, Male Volunteers-86, District level monitors- 6 was carried out this Financial Year.

Active Case Finding – NE District

We carried out Active Case Finding in the NE District with the help of resources of the Delhi Medical Professionals. These were 17 facilities of North East District, in which 27 ANMs supervised 87 ASHA workers and 87 Male Volunteers who screened approximately 1,74,000 of the population.

This exercise was conducted under our Leprosy Control Global Grant GG2010288. This was conducted in partnership with LEPRa, NLEP Delhi and NHM Delhi.

Training of Medical Officers, ANMs and District Level Monitors and of ASHA Workers and Male volunteers was conducted on 19th and 20th December 2022.

The Active Case Finding programme was conducted from 9th to 22nd January 2023. We referred the cases found to the hospital and are following up with them.

Reconstructive Surgeries at The Leprosy Mission Trust India

Leprosy is a disease which in advanced stages affect the nerves of the patient. Further, it affects the extremities like digits of the limbs, etc. To enable the use of affected limbs, drooping eyelashes, etc of the Leprosy patients, Reconstructive Surgeries (RCS) are carried out. This makes the patients mobile again and allows them to get employment.

The Leprosy Mission Trust India has been carrying out RCS in their 6 hospitals around India. We have been informed that about 1000 RCS are carried out every year. This year, we could support financially the RCS of 20 such needy patients.

Indira Gandhi Hospital - "Comprehensive Leprosy Care Centre"

A "Comprehensive Leprosy Care Centre" (Centre) at the Indira Gandhi Hospital at Dwarka has been set up. The Centre is established under the Physical Medicine and Rehabilitation Department (PMR Dept.) and functions as a part of the hospital. Currently, leprosy patients are being treated at the Dermatology or Orthopedic OPDs. Patients are being examined by these OPDs and referred to the Centre for special Leprosy treatment, which was not so far available.

The Centre has been equipped to carry-out advanced Physiotherapy, Ulcer Management and Disability Care with the physiotherapy equipment provided by our CSR Grant.

This Centre will also identify patients to undergo Reconstructive Surgeries (RCS) and these surgeries will be undertaken under the supervision of Head of Orthopaedics at Indira Gandhi Hospital.

Collaboration and connect with ACRE:

2020-21

- 2 colony visits by ACRE team - the personal touch and knowing on-ground reality goes a long way to build unparalleled connect to the cause and beneficiaries
- Photo / story / video assets created to amplify message to collaborate and support. ACRE (Shariq's) quote was carried in Healthwire (reach - 5000), Only My Health (reach - 327,750) & Punjab Kesari (reach - 12.23 million). The Facebook post of ACRE's quote and all social creatives had a wide reach.
- Photo feature with Stuti's quote was carried in Logical Indian and had a reach of 1mn.
- Stuti's interaction with Mahadev brought to light in Lepra view, Rotary Newsletter and social channels had a wide reach.

- Big FM Radio interaction with MS Shariq reached 5mn and additional 1.8mn through Facebook. Overall listenership around 7mn.
- Stuti's video at RK Leprosy colony talking reached 11K+ with much higher impressions.

2021-22

- All press releases, media stories, interviews, podcasts have ACRE's quote or mention.
- The press statement of Lok Sabha Speaker, Sh. Om Birla Ji applauding the work under the project in ACRE
- All project material across all areas carries ACRE Logo and branding
- The FB post of ACRE's quote, films and all social creatives with ACRE branding had a wide reach.
- MS Shariq video on FB gained a lot of traction.
- Panel discussion with Voice of Healthcare with MS Shariq as ACRE spokesperson
- The walking aids distributed have ACRE branding
- Mega relief work in Mother Teresa Home attended by MS Shariq and Pawan. The visit left them moved to see the plight of those with leprosy and the humanitarian work done under the project.

With the great beginning and impact the project was awarded Rotary Global Grant of INR 77 lakhs in 2021-22.

Our world has been acknowledged and applauded by Lok Sabha Speaker Shri Om Birla and Minister of Health Mansukh Mandaviya.

2022-23

- All press releases, media stories, interviews, podcasts have ACRE's quote or mention.
- The collective visit of ACRE, Shariq and Pawan, with the Rotary Club of Singapore team to the RK Puram Leprosy Colony for a Physiotherapy and disability camp and subsequent interaction of ACRE with senior District level Rotarians from Singapore and India - gave a large scale exposure to the CSR activities of ACRE.
- The Solar Panel inauguration at Mother Theresa Leprosy Mission at Tahirpur by Member of Parliament Manoj Tiwari gave ACRE the required exposure and recognition. The foundation plate has ACRE branding.
- MS Shariq's video during the event gained a lot of traction on FB.
- The tricycles distributed have ACRE branding.

OUR PROPOSAL

1. Reconstructive and Ulcer Management Surgeries - Our focus this year will be to enhance efforts in Reconstructive / Ulcer Management surgeries. The Leprosy Mission Trust India (TLMTI) is proposing to perform about 150 Reconstructive surgeries and about 300 Ulcer Management surgeries from 15th December 2023 to 31st March 2024. We plan to support 20 of these surgeries this year. A detailed brief on Reconstructive Surgeries and Ulcer management Surgeries is attached as Annexure I.

2. Equipment for our Comprehensive Leprosy Control Centre at Indira Gandhi Hospital – We want to strengthen this centre with advanced equipment (Traction Machine), which will provide corrective physiotherapy for Leprosy affected patients.

3. Health Care & rehabilitation - We will also carry out ACRE–Rotary Leprosy van operation to send it to various Leprosy colonies giving succor to leprosy patients by treating them with physiotherapy, dressing, making custom-made shoes and distribution of self-care kits.

Largely our activities will be around these pillars:

- Reconstructive and Ulcer management Surgeries for 20 patients
- Equipment (Traction Machine) for our Comprehensive Leprosy Control Centre at Indira Gandhi Hospital
- Healthcare and rehabilitation
 - Active case finding in colonies.
 - Dressing, Physiotherapy, footwear, bandaging with the mobile ulcer clinic.
 - At various Leprosy Colonies, distribution of
 - Aids like Walking Sticks, Tricycles
 - Outreach to patients for healthcare

Project activity and cost break down: April 2023 to March 2024

S. No.	Pillar	Category	Description	Budget INR	Branding Opportunity	Measures of success
1.	Reconstructive and Ulcer Management Surgeries	Reconstructive Surgeries	Reconstructive surgeries/ Advanced Ulcer management (20 patients)	8,00,000	Yes	No. of reconstructive surgeries and ulcer management surgeries carried out
2.	Healthcare and Rehabilitation	Enhancing facilities for CLCC at IGH, Dwarka to make it a center of excellence.	Purchase of Traction Machine	6,00,000	Yes	No. of people reached, no. of shoes, first aid kits, walking sticks and tricycles distributed, no. of physiotherapy camps and beneficiaries for nutrients and other support.
		Active Case Identification, palliative care treatment and support, rehabilitation in various Leprosy Colonies	Palliative care ancillary support, dressing and bandaging, physiotherapy, distribution of shoes, first aid kits, walking sticks and tricycles and maintenance of ACRE-Rotary LCP Van	1,00,000	Yes	
			Total	15,00,000		

**The above is an indicative list. Costs vary depending on cost negotiated, level of activity in present times of social distancing.*

**Of the grant allocated, plan of activities and associated costs will be shared with ACRE for active involvement in project implementation.*

While we guarantee achieving agreed program goals and measurable outcomes, our commitments are not restricted to the activities listed above and are dictated by evolving needs to achieve the outcomes. It is our constant endeavor to maximize impact on awareness, treatment, support and rehabilitation of as many leprosy patients as possible utilizing available funds.

The entire project cost will only comprise of direct costs associated with the program and no part of the project cost will be utilized for any overheads or salaries of Rotary. 100% of funds raised are used towards the cause and there is no overhead allocation.

Grant disbursement

Grant allocated to be disbursed in two instalments of 50% each. The second instalment to be disbursed after report submission of 80% utilization of the first tranche disbursement.

How we work

Operations: The Project core group of 4 experienced professionals (herein called 'core group') will be collectively responsible to ensure program goals are met and grant is utilised as per design and grantor's approval, with proper due diligence for most effective outcomes. Key operating guidelines:

- a) Detailed plans outlining activity and budgets will be prepared, discussed and approved. These plans will be shared with the grantor organization for participation, if desired and convenient.
- b) Vendor selection: Three quotes for items / services with a value over Rs. 1 lakh, which will be evaluated with at least 3 members of the core group. The core group may decide to waive this off in case of working with the same partner for whom this competitive analysis was done in the previous year.
- c) We lay a lot of emphasis on scrutiny of paperwork and approval process. All expenditure and reports will go through two level of checks of the documents by core group approval authorities along with the documents. Once approved, the same will be shared as part of the plan.
- d) Rotary Leprosy Social Mobilisation Office and Lepra Staff will be integrally involved in project monitoring and evaluation.
- e) For active case finding we will work with SLO / DLOs and the medical community i.e. doctors and medical social workers at various hospitals, ASHA and ANM workers, leprosy colonies, Rotarians and primary healthcare centers.
- f) Adequate due diligence process will be followed to identify and work with vendors, partners, co-collaborators and other institutions.

We put a lot of stress on each aspect of the project, on meeting the patients, medical practitioners, social workers, front line workers and others, to get firsthand experience of the impact of the project.

Payment

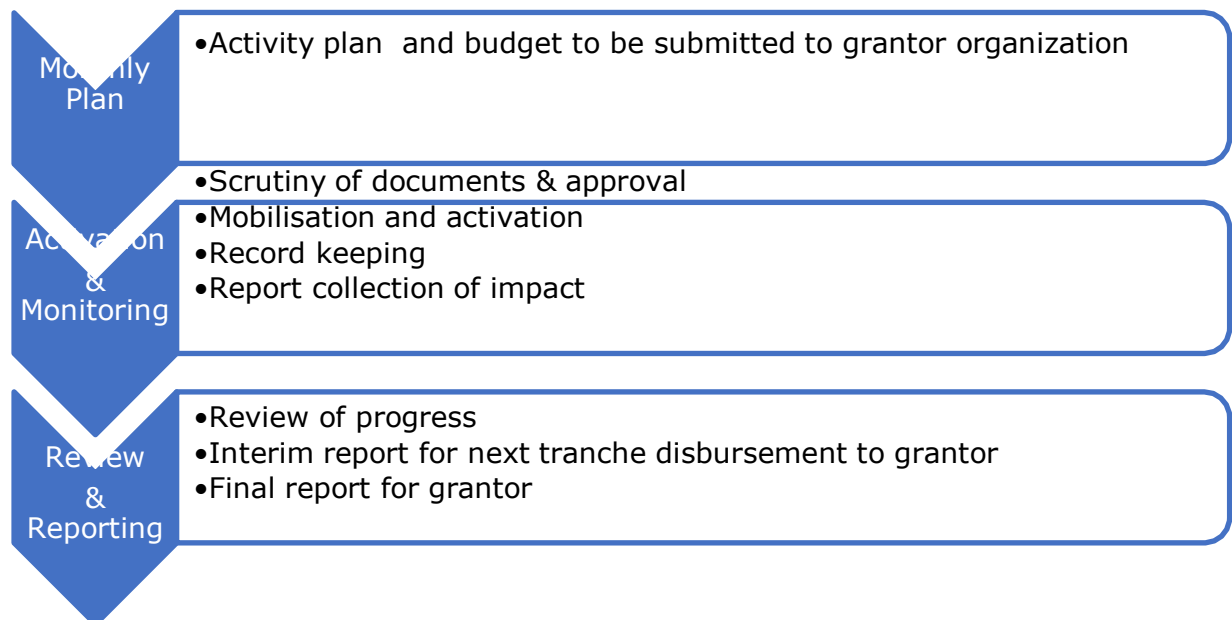
Funds will be disbursed directly to hospital, vendors and partners through valid banking channels. No funds will be disbursed to patients or any intermediaries to prevent any leakage of funds.

Record keeping and reporting

Activity and expense wise record of each expenditure will be maintained, and detailed report of funds utilized with all details and supporting documents, together with impact assessment reports will be shared with the funding organization at the end of the grant period.

The periodicity and the format of reports can be customized to meet ACRE's requirement.

Project Implementation: Process



Project Monitoring & Deliverables

To ensure that the project objectives are met, we will undertake a progress review as mutually agreed. Rotary will submit a report at the end of the project to ACRE that will contain the documents below:

- i. Details of all activities undertaken broken by sub-activity
- ii. Details of utilization of funds: Cost associated with each activity and sub-activity. All supporting documents, bills and other supports as may be requested
- iii. Outcome reporting - reach and measures
- iv. Rehabilitation status on leprosy patient supported



DELHI SOUTH ROTARY SERVICE FOUNDATION

We would encourage ACRE to visit the cases at the hospitals or leprosy colonies or in their homes.

Please note: *The monitoring, reporting and evaluation designs can be customized as per your corporate guidelines.*

Should you need any further information, please do let us know.

We are grateful for your support.

Pradeep Bahri
for Delhi South Rotary Service Foundation

ULCER MANAGEMENT AT THE LEPROSY MISSION TRUST HOSPITALS

Ulcers and Leprosy: The Threefold Trap

Ulcers do not just impact the physiology of the person affected but also leads to economic loss, social stigma, and psychological distress. Other hospitals provide only one part of the Ulcer Care treatment – debridement surgery. At The Leprosy Mission Trust India hospitals, the focus is to ensure complete healing of the affected part to prevent recurrence of ulcers. This involves – debridement surgery, daily dressings, skin grafting, antibiotics, psychological counselling for de-stigmatisation, self-care training (to prevent recurrence).

It is essential to ensure that the ulcer is healed completely before the patient starts work again; because unhealed ulcers can result in more damage, leading to amputation. At TLMTI, we classify Ulcer Care Treatment as a disability prevention treatment as the patient is only released after complete healing of the ulcer and provided through self-care training. This results in low possibility of recurrency. TLMTI hospitals are listed as referral centres by state governments and National Leprosy Eradication Programme for providing tertiary care rehabilitative treatment. Patients for Ulcer Care Treatment are referred to TLMTI hospitals for complete rehabilitative treatment.

Solution Proposed

At TLMTI, Ulcer Care Treatment takes an innovative approach by integrating all aspects of a patient's problem to ensure complete rehabilitation through this treatment:

- **Medical need-** Patient is assessed, provided debridement surgery, and complete ulcer care for an average of 35 days. They are discharged after they complete healing of the ulcer to prevent the recurrence of the ulcer and thereby prevent disabilities.
- **Sustainable impact-** Throughout their treatment, patients are provided self-care training and practice to inculcate the habit and the correct way of daily care of anaesthetised parts. This also helps in lowering the rates of recurrence.
- **Psychological counselling-** Leprosy is a highly stigmatised disease. Ulcers make it more so. Complicated ulcers result in bad smell which results in further isolation for the affected person, including heavy self-stigma. At TLMTI hospitals, patients are provided counselling to help them deal with this fallout.
- **Occupational counselling-** With anaesthetised limbs, an affected person needs proper training to adopt new ways of working to avoid repeated wounding. At TLMTI hospitals, patients are given thorough training on how to go about their daily living without wounding their anaesthetised limbs
- **Rights-based empowerment:** Patients are provided information on government schemes they are eligible for and how to access them.

Implementation Model/ Plan

ULCER CARE PATHWAY

Out-Patient Department	Registration
	Assessment by Para Medical Worker
	VMTST by Physiotherapist
	Laboratory Investigations
	Examination and Diagnosis by Doctors
	Counselling
	X Ray
In Patients	Admission of Patients
	Daily Dressings x 2 x 3 (depending on ulcers)
	Administration of Medicines
	Daily Dressings, Soaking, Scrapping and Oiling
	Debridement/ Minor Surgery
	X ray SOS
	Daily Nursing Rounds and Care
	Daily Doctors Rounds and Care
Operation Theatre	Repeat Laboratory Investigations
	Curette or Major Surgery
	Skin Grafting
	Amputation (for those required)
Post Operative Care	Dressings
	Daily Nursing Rounds and Care
	Daily Doctors Rounds and Care
	Daily Dressings
	Laboratory Investigation
	Daily Medication
	Provision of Footwear
	Provision of Artificial Limbs for amputated patients

Reconstructive Surgery

All 16 hospitals of TLMTI are recognised by the International Federation of AntiLeprosy Associations (ILEP) and are listed by the National Leprosy Eradication Programme as referral centres for tertiary leprosy care.

Reconstructive surgery consists mainly of a corrective surgery in which functional nerve tendons are transferred to the affected fingers, feet, and eyelids.

Surgeon: Constant monitoring of patients is done by a surgeon who performs surgery, recommends pre-operative and post-operative physiotherapy.

Physiotherapy unit: All the in-patients admitted for surgery undergo physiotherapy treatment (pre-operative and post-operative) for 6-8 hours per day. This is crucial for the successful outcome of the reconstructive surgery. TLMTI hospitals have very strong and efficient physiotherapy units. This is where comes the difference when you compare with other hospitals.

Example: RCS of a claw hand is a procedure where a normal tendon is transferred, to do the work of the paralysed tendon. But before the surgery, the patient will have to be admitted for a week or more, to undergo intensive physiotherapy, to make his fingers and joints supple, which often requires daily plaster applications and special splints. The patient will be taught the isolation exercises of the donor tendon and finally will be operated, when the therapists say he is ready. A couple of days after surgery he will go home with a plaster cast and return after 3 weeks to be re-admitted for post-op therapy. These 3 to 4 weeks of post-operative physiotherapy are essential to get his hand to be functional and look as close to "Normal" to the untrained eye. This is the period

when the fingers are gradually mobilised, the patient learns to use the new muscle-tendon, joints are stretched, grip and fist attained and function restored.

A rehabilitation plan is made for each individual patient who undergoes corrective surgery. The plan takes into consideration their occupation before admittance for surgery and what they intend to do after surgery. Based on their academic, technical qualification, previous experience, interests, disabilities and needs of the community they are also referred for TLMTI's community programme

	Average Cost per patient
RCS	40,943
Ulcer Care	40,462

A traction machine, also known as a traction device, is a medical apparatus designed to apply a pulling force to a specific part of the body. It is commonly used in physiotherapy and rehabilitation settings to address various musculoskeletal conditions.

What are the uses of traction machine ?

1. **Spinal Decompression:** Traction is often used to relieve pressure on the spine, reducing compression on spinal discs and nerves.
2. **Pain Management:** It can help alleviate pain associated with conditions such as herniated discs, sciatica, and degenerative disc disease.
3. **Improved Joint Mobility:** Traction can enhance the range of motion in joints, particularly in the spine and extremities.
4. **Muscle Relaxation:** It aids in muscle relaxation by reducing muscle spasms and tightness.
5. **Treatment of Disc Disorders:** Traction is beneficial for treating disc-related issues by creating space between vertebrae, reducing pressure on discs.
6. **Enhanced Blood Flow:** Traction may improve blood circulation to the affected area, promoting healing and reducing inflammation.
7. **Management of Nerve Impingement:** By relieving pressure on nerves, traction can be effective in managing conditions where nerve impingement is a concern.
8. **Prevention of Surgery:** In some cases, traction may be used as a conservative approach to avoid surgical intervention for certain musculoskeletal issues.
9. **Postural Correction:** It can contribute to correcting postural abnormalities by addressing imbalances and promoting proper alignment.
10. **Rehabilitation after Injury:** Traction is often incorporated into rehabilitation programs to aid in the recovery process following musculoskeletal injuries.

How traction machine is useful for leprosy patients:

1. **Nerve Damage Relief:** Traction can help alleviate nerve compression and damage that leprosy patients may experience.
2. **Improved Limb Function:** By addressing musculoskeletal issues, traction may contribute to improved limb function for leprosy-affected extremities.
3. **Pain Reduction:** Leprosy can cause chronic pain, and traction may be used to reduce pain associated with musculoskeletal complications.
4. **Prevention of Contractures:** Traction can assist in preventing or managing joint contractures, a common issue in leprosy patients.

5. Enhanced Circulation: Improving blood flow through traction can be especially beneficial for leprosy patients to support overall tissue health.
6. Combating Muscle Atrophy: Traction's muscle-relaxing effects may help combat muscle atrophy, a concern for individuals with leprosy.
7. Assistance in Physical Therapy: Traction can complement physical therapy programs designed to enhance mobility and function in leprosy patients.
8. Promotion of Self-Sufficiency: By addressing musculoskeletal challenges, traction may contribute to increased independence in daily activities for leprosy patients.
9. Reduced Disability: Traction's role in pain management and improving function can contribute to a reduction in disability for leprosy patients.
10. Enhanced Quality of Life: Ultimately, the use of traction in physiotherapy aims to improve the overall quality of life for individuals affected by leprosy through targeted musculoskeletal care.



Sri Sathya Sai Sanjeevani Centres For Child Heart Care

An initiative of Sri Sathya Sai Health & Education Trust



Chhattisgarh | Haryana | Maharashtra | Telangana

Proposal for supporting
Child Heart Surgeries

SUBMITTED TO

**Assets Care & Reconstruction
Enterprise Ltd. (ACRE)**



Need:

In India, it is estimated around 2 - 2.5 Lakhs children are born every year with Congenital Heart Disease (CHD). CHD is the largest cause of child mortality viz: lack of timely diagnosis, lack of access to quality healthcare and lack of affordability.

Sri Sathya Sai Sanjeevani Holistic Eco System to address CHD



Child Heart
Care

Four Paediatric
Cardiac
Hospitals



Mother & Child
Health

Rural Community
Wellness
Programmes



Education

Training &
Capacity Building
in Paediatric
Cardiac Sciences



Research

Basic Scientific
and Clinical
Research
in CHDs

SaiSure

Nutrition

Improving
Maternal & Child
Nutrition

What is unique about Sanjeevani:

- 4 World Class Pediatric Cardiac Hospitals in Raipur, Chhattisgarh; NCR of Delhi - Palwal, Haryana; Kharghar, Maharashtra; Kondapaka, Telangana providing all services **totally free of cost to all** irrespective of caste, creed, religion, nationality or financial status.
- Quality Healthcare is provided with compassion under the tenet of Love All Serve All.

- ❖ 9 Dedicated Pediatric Cardiac Operation Theaters
- ❖ 3 Pediatric Cardiac Cath Labs
- ❖ 350 dedicated beds to Pediatric Cardiac Care
- ❖ 125 Bed Pediatric Intensive Care Unit capacity
- ❖ 40+ Pediatric Cardiac Specialists
- ❖ 750 Manpower: Medical, Para Medical, Support Service.



Lives Touched - Nov 2012 till September 2023

230,000+
Consultations

27,000+
Paediatric Cardiac
Surgeries & Interventions

225,000+
Mother & Child
Outreach

Beneficiaries from 30
States & UT in India and
17 developing countries

Proposal to Assets Care & Reconstruction Enterprise Ltd.

Proposal- Supporting Child Heart Surgeries

We propose Assets Care & Reconstruction Enterprise Ltd. to support surgeries of the children between 0-18 years with Congenital Heart Disease at Sai Sanjeevani hospital in NCR of Delhi and Maharashtra where we will provide all services viz. diagnostics, open heart surgery, post operative care, diet; completely free of cost to all the patients. As these children come from poor families, to support their stay during treatment, we will also provide free accommodation & food to the patient attendant. We do over 450 surgeries every month while we have over 5000 children on our waiting list with a daily new OPD of over 150 children.

Cost of Treatment: The cost of the treatment varies based on the complexity of the case, intensive care and post operative care required for the child to recover. The cost of treatment at Sanjeevani is estimated to be in the range of Rs 1,00,000 to Rs 4,00,000.

Based on our calculation, the average cost of open heart surgery is estimated to be Rs 1,50,000 per child. Cost breakup in annexure A.

Project Details :

Project Cost: INR 30 Lakhs for FY 2023-2024

No. of procedures: 20 Child Heart Surgeries

Beneficiary Income Group: Children from families who have monthly income of Rs 20,000 or less

Beneficiary Demographics: Needy Children suffering from Congenital Heart Disease from all parts of India treated at Sai Sanjeevani Centres at NCR of Delhi and Maharashtra

Period: November 2023 – March 2024

Modus Operandi

- **Assets Care & Reconstruction Enterprise Ltd.** is requested to make payment upon submission of bills/cost details by Sri Sathya Sai Health & Education Trust which runs Sri Sathya Sai Sanjeevani Hospitals. 20 children will be operated before 31st March 2024.
- Sai Sanjeevani shall provide complete details of the child operated with the family background including Income details. **Assets Care & Reconstruction Enterprise Ltd.** team can visit Sai Sanjeevani Hospital to give a Gift of Life certificate to these children at the time of discharge.
- Sai Sanjeevani shall also provide the following:
 1. Estimate cost letter before surgery
 2. Discharge Summary along with bill after surgery for payment

Proposal and Cost of Treatment

Proposal- Supporting Child Heart Surgeries

We propose to support surgeries of the children with Congenital Heart Disease at Sai Sanjeevani hospital in NCR of Delhi and Maharashtra where we will provide all services viz. diagnostics, open heart surgery, post operative care, diet; completely free of cost to all the patients. As these children come from poor families, to support their stay during treatment, we will also provide free accommodation & food to the patient attendant. We do over 500 surgeries every month while we have over 5000 children on our waiting list with a daily new OPD of over 200 children.

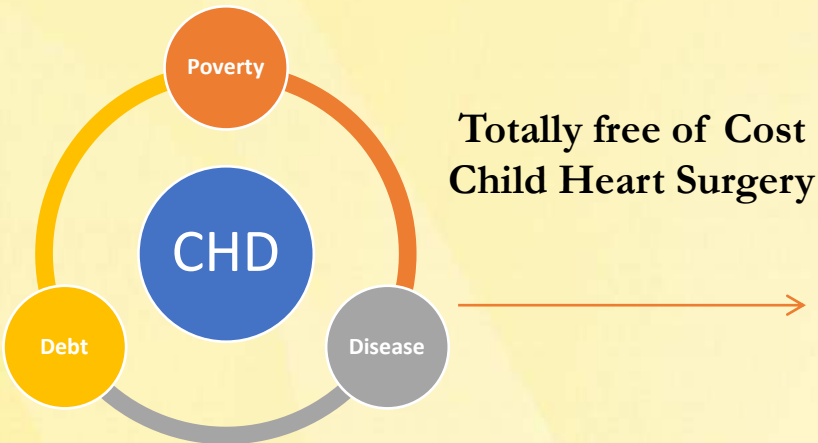
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Based on our calculation, the average cost of open heart surgery is estimated to be Rs 1,50,000 per child. Cost breakup in annexure A.

Annexure A

Sr No.	Category	Total Amt (Rupees)
1	Consultant Cost (Surgeon, Anesthesiologist, Cardiologist)	27,000
2	OT & Wards Cost (ICU, Pre & Post Op)	46,500
3	Drug & Consumables	60,500
4	Diagnostics & Support Services Imaging (2D Echo, ECG, X Ray), Lab Investigation, Blood Products, Diet for Patient, Medical Gases, Accommodation and Food for Attendants	16,000
	Total	1,50,000

The Hospital does not have any billing counter and all services are provided totally free of cost to the patients irrespective of caste, class, religion or nationality.



- New Healthy Second Life for the Child of nearly 80 years
- Nil financial burden for the Family & income can be used for Education of the child and siblings and family's upliftment.
- Child grows as a Productive citizen for the Family, Society & World.

Social Return on Investment -16.2

As per Impact assessment done by Social Audit Network, each operation conducted on a child at Sai Sanjeevani generates a social value of **16.2** times more than what was invested.

About Sri Sathya Sai Health & Education Trust

- Established in 1970
- Registered in Bangalore Karnataka, India
- Has 80G, 12 A, CSR1, FCRA Certification by Govt of India
- Established various Health projects since 1970 and started Sri Sathya Sai Sanjeevani Hospitals in 2012.
- The Trust undergoes regular Audits from Income Department, CAG, Corporate CSR Audits.
- The Trustees work pro bono and cost of Trust administration is borne by the Trustees.

About Trustees:



C Sreenivas: Mr Sreenivas has been associated with various service projects in Healthcare, Education, Drinking Water Supply and Rural Service Initiatives for over 40 years. A selfless worker, he has built and run several institutions of service most notably in recent years the Sri Sathya Sai Sanjeevani Hospitals. He is presently the Chairman of the Trust.



Mr Sunil Gavaskar: Mr Sunil M. Gavaskar is a renowned cricket commentator and former Captain of the Indian Cricket Team. With various world records and achievements to his credit in Cricket, Mr Gavaskar is a recipient of the prestigious Padma Bhushan Award and as Trustee has now made supporting the cause of Congenital Heart Disease his new innings in Life.



Mr Vivek Gour: Mr Vivek N. Gour is an independent director with around 15 years of experience as a Board member of large operating companies in India, USA and the Middle East in diverse industries such as e-commerce, ITES, and aviation.

List of Esteemed Supporters of our Cause

Sri Sathya Sai Health & Education Trust receives support from Corporate CSR, Foundation in India and Abroad, Rotary clubs, Government Programs (Ayushman Bharat), Individuals. Below is the list of few of our esteemed partners supporting the cause.

Sl.no.	Donor Name	Country
1	Tata Trusts	India
2	ICICI Foundation, ICICI Bank	India
3	IndusInd Bank Ltd	India
4	BPCL	India
5	NMDC	India
6	SBI Group (SBI Cards, SBI Life, SBI Mutual Fund, SBI Bank)	India
7	Indian Oil Corporation Ltd	India
8	BILD HILFT EV-EIN HERZ FUR KINDER	Germany
9	Cholamandalam Investment & Finance Company Ltd	India
10	Rotary Clubs in India (along with Rotary International)	India
11	Heart to Heart Foundation	USA
12	Axis Bank Limited	India
13	Profitex Shares & Securities Pvt Ltd	India
14	ICICI Securities Primary Dealership Ltd	India
15	National Mineral Development Corporation Ltd	India
16	Vital Solutions Pte Ltd	Singapore
17	Mastercard	India
18	Makemytrip	India
19	Mckinsey	India
20	Maxlife	India



PRIME MINISTER, SHRI NARENDRA MODI

Dedicates Sri Sathya Sai Sanjeevani Hospital,
Nava Raipur, Chhattisgarh to the Service of
Humanity
21 February 2016



Narendra Modi
@narendramodi

Follow

Sri Sathya Sai Sowbhagyam & Sri Sathya Sai Sanjeevani Centre for Child Health Care are great efforts to improve lives of youth & children.

12:10 AM - 21 Feb 2016



“Sri Sathya Sai Sanjeevani Hospital in Palwal is not just for Haryana but will become a blessing to children from across India. This will emerge as a Centre for new Faith, Energy and Transformation”

PRIME MINISTER, SHRI NARENDRA MODI

Inaugurates the Sri Sathya Sai Sanjeevani International Centre for Child Heart Care & Research
Baghola, Palwal, Haryana
26 November 2016



Letter from Hon. **Prime Minister, Shri Narendra Modi** during Mumbai Hospital
Ground breaking ceremony

22nd November 2017



Reaching the Unreached

Serving the Unserved

Creating a Healthy World!

FINANCIAL YEAR 2022-23



PARIVAAR EDUCATION SOCIETY



Bonogram, Bakhrahat Road,

Kolkata-700104

West Bengal, India

**PROPOSAL TO ACRE FOR PARIVAAR SEVA KUTIR
PROJECT IN MADHYA PRADESH**



1 ABOUT PARIVAAR

Parivaar (www.parivaar.org) is a humanitarian organization inspired by the spiritual and humanistic ideals of Sri Ramakrishna and Swami Vivekananda, with its chief institutions and projects in West Bengal and in Madhya Pradesh. For the last 19 years, Parivaar has worked towards the total care and overall development of children who are highly vulnerable to exploitation, victimization and trafficking, including orphans, street children, abandoned children, and extremely impoverished children from tribal areas. It also conducts many more humanitarian activities for the destitute and uncared, including elderly and shelterless.

In Bengal Parivaar has two residential educational institutions – Parivaar Vivekananda Sevashrama for Boys and Parivaar Sarada Teertha for girls. With over 1600 resident children, these are West Bengal’s largest free residential institutions for children from deprived and destitute backgrounds. We provide residential living, education, and overall child development through sports, cultural and recreational activities etc in a loving and caring atmosphere for boys and girls from early age of 5 till their higher education (university level graduation or employability programs).

Parivaar’s Residential Institutions are seen as a model institution in the field of caretaking and overall development of vulnerable children. **We have been the recipient of the 2011 National Award for Child Welfare from the President of India, the highest recognition by the Government of India.**

In the year 2016 Parivaar began to expand to a new geography of Madhya Pradesh purchasing 17 acres of land at village Sandalpur in District Dewas along with a plot of land on banks of Narmada at village Navada. **From 2017 onwards it has started 661 Day Boarding (Meal cum Education centres) for children in selected impoverished tribal and rural pockets called ‘Sri Ramakrishna Vivekananda Seva Kutir’ in Sheopur, Dewas, Sehore, Mandla, Chhindwara, Khandwa, Vidisha, Dindori, Anuppur, Betul, Sidhi, Ratlam, Harda and Shivpuri districts. At these Kutirs more than 60,000 children are getting nutritious meals (breakfast and dinner) along with strong Supplementary education and Life-Skills over morning and evening shifts.**



The residential institution at village Sandalpur has also started from the Academic session 2021-22 with around 500 resident children. A smaller residential institution for around 150 tribal girls has also started in Sehore district from July 2022. Parivaar is also running a hostel in Mandla for around 200 children (both girls and boys). Eventually one residential educational institution in each of the districts of MP where Seva Kutirs are under operation, will be set up. We have also started several health related initiatives recently in Madhya Pradesh, on a large scale, such as:

- (i) 24*7 Ambulance Services
- (ii) Vision Restoration Programme
- (iii) Mobile Health Clinics

1.1 History

Parivaar was started by Vinayak Lohani (an alumnus of IIT Kharagpur and IIM Calcutta), who, inspired by spiritual and humanistic ideals of Swami Vivekananda, decided to devote his entire life for serving 'Divine in Man' as taught by Swami Vivekananda. Vinayak Lohani gave up the prospect of highly lucrative corporate career by not taking any placement from IIM. Immediately after passing out of IIM in 2003, with just 3 children in a small rented building with almost no financial resources, Vinayak started Parivaar. Till the level of 15 children at Parivaar, he used to take some lectures for students appearing for Management entrance examinations and through that could meet the expenses. Gradually people began to be inspired by this dedicated service and started to support the initiative and the number of children at Parivaar grew. At the end of 2004, Parivaar could purchase its own land to develop its permanent campus called Parivaar Ashram. Parivaar's mission and theme began to attract dedicated youth, many of whom joined Parivaar Ashram as resident workers and began to become bearers of this mission.

Starting from scratch and thereafter developed brick by brick, Parivaar is being continuously developed and molded into a unique institution transforming the lives of each of its residential members (children and adults) and acting as a training ground of highly dedicated life-committed grassroots workers.



1.2 Some Weblinks on Parivaar

1. **A short 95- second video introducing Parivaar's work**
https://www.youtube.com/watch?v=GXRpwqjv8dY&feature=emb_logo
2. **A 16-minute video on whole of Parivaar's work.**
https://www.youtube.com/watch?v=iMrYmXwShL4&feature=emb_logo
3. **A 21 minute video on Seva Kutir Project**
<https://youtu.be/mW8EUkiriqI>
4. **Bharat Ratna Shri Sachin Tendulkar visits Parivaar**
<https://www.youtube.com/watch?v=od3WVurE2II>
5. **Parivaar's brochure**
<https://parivaar.org/wp-content/uploads/2022/03/ParivaarBrochure-2022-1.pdf>
6. **List and details of all our Seva Kutirs in each of these 14 districts –**
<https://parivaar.org/institutions-projects/parivaar-mp/>

1.3 Awards and Honors

- National Award for Child Welfare 2011 presented by the Hon. President of India at the Rashtrapati Bhavan.
- Sanskriti Award 2011, country's premier award for young achievers in 2011 from the Former President of India Dr APJ Abdul Kalam.
- 'Sri Sathya Sai Award' presented by the Vice President of India, Dr Venkaiya Naidu, in November 2018.
- 'Swami Rama Humanitarian Award 2015' presented by Hon. Chief Minister of Uttarakhand.
- Nivedita Samman 2019 presented by West Bengal Governor Shri Jagdeep Dhankar.
- CNN-IBN's 'Young Indian Leader of the Year Award' for 2012.
- IIM Calcutta's 'Distinguished Alumnus Award' (one of the 9 recipients selected out of 8000 alumni of the institute in last 50 years) awarded in 2011 on occasion of Institute's Golden Jubilee.
- IIT Kharagpur's 'Distinguished Alumnus Award' awarded in 2014- Youngest recipient in the history of the award.



- Swami Ranganathananda Memorial Humanitarian Award 2014 presented at the Ramakrishna Mission Institute of Culture Calcutta.
- Bhaorao Deoras Sewa Samman' 2015 presented at Lucknow by Hon Governor, Uttar Pradesh.
- Vivekananda Seva Samman 2016 presented by Hon. Governor, West Bengal.
- Telegraph 'Special Honour' conferred by Telegraph Education Foundation Calcutta in 2014.
- 'True Legends Award' presented by 'The Telegraph' in association with '100 Pipers' in April 2015.
- 'Spirit of Mastek Award' conferred by IT Company Mastek Corporation
- 'Karmaveer Puraskar' 2011 presented by International Confederation of NGOs
- 'Transforming India through Transforming Indians' felicitation from Chinmaya Mission Kolkata.
- Rotary Club of Calcutta Megacity Vocational Excellence Award 2012.
- Rotary Club of Calcutta Metropolitan Vocational Excellence Award 2014.

1.4 Roles with Government of India

- Induction into Central Advisory Board of Education (CABE) (2015 onwards), the apex consultational forum in Ministry of Human Resources Development, Government of India.
- Induction into the National Committee for Promotion of Social and Economic Welfare constituted by the Ministry of Finance, Government of India (2014-2017).
- Inducted into the Management Committee and Governing Board of Childline India Foundation (2014 onwards), constituted by the Ministry of Women and Child Development which manages 24 hour child helpline services across nearly 500 districts in India.
- Inducted as a Member of Bharat Rural Livelihood Foundation (BRLF) (2015 onwards), set up by the Ministry of Rural Development, Government of India, as a funding and capacity-building institution towards accelerating sustainable action in the domain of rural livelihoods.
- Member, Advisory Board, Kendriya Vidyalaya Sangathan (KVS) which runs more than 1000 KV Schools in India.



2 ORGANIZATIONAL GOVERNANCE

Parivaar is registered under the West Bengal Societies Registration Act as ‘PARIVAAR EDUCATION SOCIETY’.

2.1 Governing Body

Mr Sumit Bose

President

(Former Finance Secretary, Government of India)

Mr Vinayak Lohani

Secretary

(Founder and Chief of the Organization and has led and steered the Organization for last 19 years)

Mr Ramesh Kacholia

(An eminent philanthropist and convener of Caring Friends Network, a large platform of donors and NGOs)

Prof Sougata Ray

(Professor and member Board of Directors at IIM Calcutta)

Mr Saurabh Mittal

(Entrepreneur)

Ms Sreedevi Menon

(Management professional)

Mr Deepak Ahuja

(Senior Technology Professional, Amazon)



Mr Pranjal Dubey

(IT entrepreneur and founder, Sant Singaji Institute of Management)

Mr Shyamsundar Agarwal

(Industrialist based in Kolkata)

Mr. Kapil Bharadwaj

(Chief of Operations, Parivaar)

Mr. Siddharth Parmar

CEO, Parivaar

Mr. Raju Ram

State Coordinator, Parivaar Bengal

Mr. Shekhar Patidar

State Coordinator, Parivaar MP

Mr. Rahul Sisodiya

State Coordinator, Parivaar MP

2.2 Advisory Board

Mr Shyam Maheshwari

(Founder, SSG Advisors, Singapore)

Mr Akash Mohapatra

(Legal Co-head (Asia), Deutsche Bank, Singapore)

Mr KK Jhunjhunwala



(Senior Chartered Accountant)

Mr. Atul Satija

(Founder & CEO, The/Nudge Foundation &CEO, Give India)

Mr. Manav Yagnik

Entrepreneur

Ms. Shobha Punukollu

Philanthropist

Registered Address:

Parivaar, Bonogram, Bakhrahat Road, Kolkata, West Bengal PIN 700104

Contact Address (for Bengal)

Parivaar, Village Barkalikapur, P.O. Bakhrahat District 24 Parganas(South) West Bengal

Contact Person : Pratik Dutta (Chief Coordinator)

Mail id : pratik@parivaar.org

Contact No : 83370-31393.

Contact Address (for Madhya Pradesh)

Parivaar, NH 59-A, Village Sandalpur, Tehsil Khategaon,

District Dewas, Madhya Pradesh - 455339

Contact Person : Siddharth Parmar (CEO, Parivaar)

Mail id : siddharth@parivaar.org



Brief Overview of Parivaar's Work in Madhya Pradesh

1. Seva Kutirs : More than 60,000 poor tribal children being provided with high quality supplementary education along with 2 nutritious meals in the Seva Kutir program. As on date there are 661 Seva Kutirs in operation in as many villages across 14 districts.

2. 24*7 Ambulance Services: Parivaar is operating 123 Ambulances in tribal areas of 24 districts. These ambulances run 24*7 and provide critical service to patients who need emergency medical care, such as in cases of deliveries, accidents, serious illnesses etc. In the last 12 months, these have served more than 80,000 cases. Each ambulance gets 3-4 cases daily. It takes the patient to the nearby Block-level government hospital, and also to District Hospitals if the case is referred to there.

3. Vision Restoration Program – Parivaar has collaborated with some highly reputed and big hospitals in Madhya Pradesh. Parivaar organizes eye camps in tribal and other rural areas, where all those who have eye ailments come and get examined by the Hospital's team of technicians. All the people are examined, given medication / glasses and those who need surgeries are identified. After that, Parivaar takes them to the hospital where they stay for 2-3 days, and are operated and then Parivaar's team brings them back to their homes.

The work carried out in the last 1 year has been given below:

Total Camps Organized	1515
Total Patients Served with Medication, Glasses and General Examination	2,51,766
Total Patients Operated (Cataract & Retina Surgeries)	31,538
Total Districts Covered	29

4. Mobile Health Clinics: Parivaar is running 15 Daily Mobile Health Clinics with doctors in 10 districts, which have treated and provided free medicines to more than 3.5 lakh persons in the last 12 months. We employ a doctor who goes to 3-4 villages daily and provides medical consultation to all persons who suffer from regular ailments such as fever, cold, skin problems etc. Patients with severity are also taken to higher medical centres as far as AIIMS Delhi, Jaipur, Bhopal, Indore, Jabalpur, Nagpur, Gwalior.

5. Residential Institutions: Parivaar is currently running 3 residential institutions in Madhya Pradesh (Dewas, Sehore and Mandla districts) for around 800 students. The children in these residential institutions are generally taken from the Seva Kutir villages.



3 PARIVAAR SEVA KUTIR PROJECT IN MADHYA PRADESH: CONCEPT & STRUCTURE

3.1 The Problem

In January 2018, The Economist had a cover article on India titled “India’s missing middle class” which had a chilling statistic- Poor diets mean that 38% of children under the age of five are so underfed as to damage their physical and mental capacity irreversibly, according the Global Nutrition Report. The comparable number for Sub-Saharan Africa is apparently lower at 35%. India has the largest number of stunted children in the world, at 48.2 million. In the state of Madhya Pradesh more than 60% children are malnourished. In some impoverished tribal areas of Madhya Pradesh it is as high as 90%.

While the enrolment rate in government schools across the country in the age-group of 4 to 14 has increased to more than 97%, the learning outcomes in the specially deprived tribal pockets which are marked by first-generation learners have remained dismal as shown by many reports like the ASER. While the ‘No Detention Clause’ in the ‘Right to Education Act’ coupled with the Mid-Day-Meal Program in Government Schools has ensured that children continue to be enrolled in the Schooling system till age of 14 (Grade 8), there is no effective continuous measurement of learning outcomes. Moreover with government schools running for not more than 200 days, there is need for alternate supplementing spaces for ensuring better learning, socialization, development of world-view, and civic virtues coupled with value education to the children as they grow up.

The reason for selecting Madhya Pradesh and these tribal pockets is that here the problems of malnourishment and poor education levels among tribal children are very acute. This is well established by various Government reports and also studies conducted by other reputed organizations such as Pratham’s ASER (Annual Status of Education Report).

The Government of India’s Comprehensive National Nutrition Survey (CNNS) 2018 and National Family Health Survey-4 show severe health indicators in Madhya Pradesh and our Seva Kutir Districts. These are mentioned below :



- Madhya Pradesh has the highest Infant Mortality Rate of 47 per 1000 live births, in India. Overall India IMR is 33.
- Madhya Pradesh has the highest % of anaemic kids (0-5 years). 54 % children are anaemic against National Average of 41 %.
- Anaemia in MP is highest among tribals, chief reason being poor diet.
- In MP, % of thin adolescents (10-19 years) is 32 %, against National average of 24 %. This is indicated by low BMI & shows undernutrition.
- In Stunting (low height-for-age) MP is 3rd worst in India.
- In Wasting (low-weight-for-height) MP is 4th worst in India

Educationally, the ASER report brings out the very low learning levels in rural Madhya Pradesh. Even in the state of Madhya Pradesh, the areas where we have Seva Kutirs are the worst areas in terms of education and also other developmental parameters.

- Only 41% of Grade V students in rural Madhya Pradesh can read a Grade II level text. In Seva Kutir villages, this number goes down to less than 15%
- 29 % of Grade II students cannot even read letters in Hindi (local language). In the areas where we have our Seva Kutirs, this number goes down to more than 40%
- In Mathematics, only 20% of Grade V students can perform ‘division’ operation. In Seva Kutir areas, this number goes to even less than 10%
- 28% of children of Grade V cannot even recognize numbers between 10-99. In the areas where we have our Seva Kutirs, this number goes up to more than 50%

(Source: Annual Status of Education Report (ASER), 2018, conducted by Pratham, available at <http://www.asercentre.org/Young/Children/p/369.html> . The Seva Kutir Figures are through our own baseline surveys)

3.2 Salient Design Features

Seva Kutirs combines two key themes most crucial for children in interior rural areas in the country - malnutrition and education.



The Seva Kutirs have the following design features:

1. Village Community Provided Venue :

The village community has to invite us and offer a venue free. Usually it is somebody's house, Panchayat building, community hall, school in its non-functioning hours, or even a shed / godown. Thus we do not incur any infrastructure costs for this.

2. Morning (Breakfast) and Evening (Dinner) Shifts :

All Kutirs follow a 2-shift engagement with the children (from morning 7 to 10:30 and from 4 to 7:30 in the evening). In the morning shift breakfast, with seasonal fruits and milk are given, and dinner (roti, sabzi, rice and dal) is served in the evening shift. During day-time the children are sent to the local Government school so that a continued engagement is established with them. The Seva-Kutirs are aimed at complementing the government schooling and not act as a substitute. But it has much more emphasis and inputs both nutritionally as well educationally.

3. Local Human Resources :

To the extent possible we engage all local workforce (cooks, helpers are from the same village) and teachers from the same or nearby area.

4. The Kutirs in the same area are organised under one cluster.

5. Central Resource Team: Resource persons experienced in pedagogy, teacher training, and curriculum design ensure planning and uniform implementation across Kutirs. They also perform a continuous Impact Assessment of Kutirs to encourage constant improvement of the programs. Sports, Value Education, and Civic Virtues are also components of the Kutirs.

6. Community 'buy-in' in the program:



The program is designed carefully to involve people not just as beneficiaries but as stake holders. Institutions like Panchayats and non Government bodies like self- help groups, women- led federations which have seen a growth in tribal areas are being reached out to and will be involved in the processes of the program like:

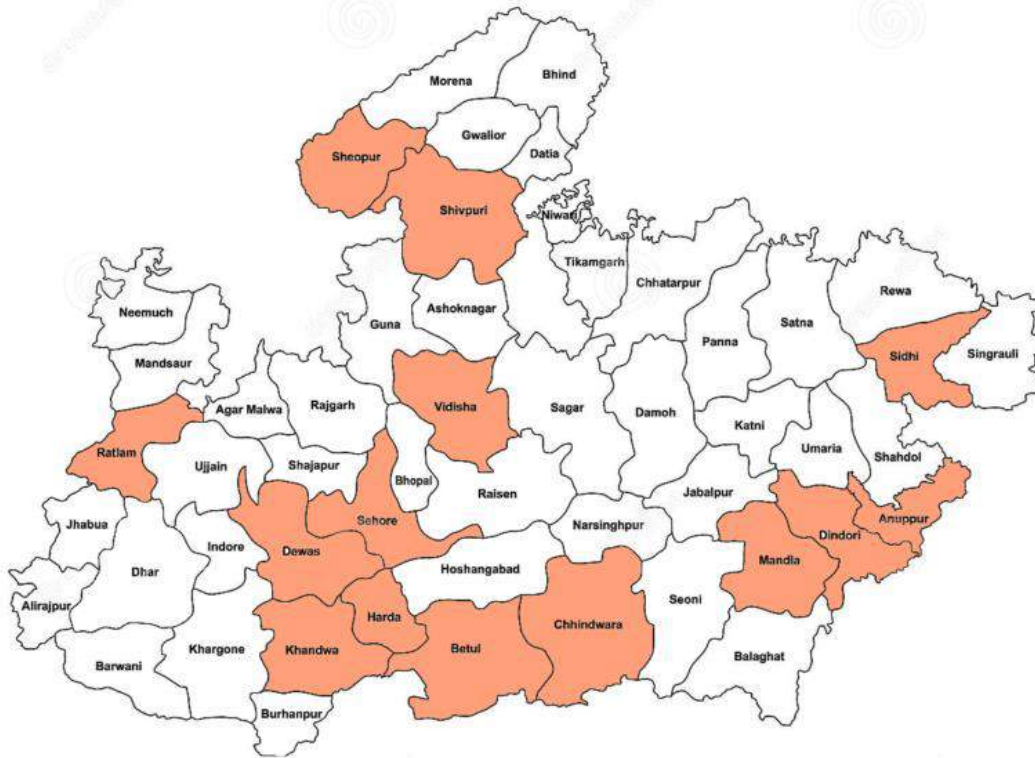
- Mobilizing children in villages for the Seva Kutir
- Volunteering for the Seva Kutir
- Regular sharing of data on the children of their villages on health and education
- Mobilizing action to achieve success in convergence with government programs.

7. Stress on Local Supply :

To the extent possible, we are procuring vegetables, milk etc from local suppliers.

3.3 Synopsis of Scenario in Districts under Operation

S.No.	District	No. of Seva Kutirs
1	Sheopur	143
2	Chhindwara	100
3	Betul	68
4	Dindori	60
5	Khandwa	55
6	Dewas	45
7	Sehore	41
8	Anuppur	38
9	Mandla	30
10	Shivpuri	28
11	Sidhi	18
12	Ratlam	14
13	Harda	14
14	Vidisha	7
TOTAL		661



Sheopur District

We opened our first Seva Kutir in Karahal block of Sheopur district in July 2019. At present, we have 143 Seva Kutirs in as many villages in this block, serving more than 15,000 children. Karahal block has one of the lowest life-expectancy in the whole country, and the malnourishment among tribal children here is the worst in whole of Madhya Pradesh.

All the Seva Kutir villages are predominantly inhabited by Sehariya tribals, who are one of the most deprived and poor communities in all over India. This is proved by government statistics as well as our field experience. Sehariya tribals fall under the 'poorest of the poor tribal communities' and is classified as a PVTG (Particularly Vulnerable Tribal Group), which is a government classification. They severely lack in terms of health, education and income parameters. In terms of health, the chief reason for their bad condition is because of incapability to eat adequate and nutritious food.



As per the Government's National Family Health Survey- 4(NFHS -4), and Comprehensive National Nutrition Survey, following are the key health statistics for Sheopur district:

- Sheopur district has the highest Stunting rate (low height –to-age ratio, showing chronic under nutrition) for children in MP.
- It has the highest underweight rate for women in Madhya Pradesh.
- It is one of the worst in MP in terms of women with more than 10 years of education, which, as per the government statistics, is a key factor influencing children's health.
- Taking into account health, educational and other developmental parameters, it has the lowest ranking among 53 districts of MP as per the government surveys, and on an India level survey of around 600 districts, it is among the worst 5 districts.

Sehariya Tribals – Occupation and Food Availability & Intake

Sehariya tribals are engaged in farm or sometimes non-farm labour work. They were traditionally entirely dependent on forests and also lived quite close to the forests. But for the past several decades, with forests getting depleted their dependence on forest has hugely reduced.

Quantity and quality of Daily Food Intake:

In a Sahriya household in these villages, there is no concept of breakfast. If anyone – be it a child or an adult is hungry, then they would eat previous night's stale *rotis* with black tea (as milk is not available) or just the *rotis* itself. Milk and hence milk products like curd, ghee etc is totally unavailable in all Sahariya households. They do not have the capacity to rear cattle because of their small farms. They have meals two times a day, in the afternoon and at night. This meal consists of rotis (of wheat or bajra). Apart from rotis, pulses and vegetables are not available all the time. One thing to note is that any meal would consist of only roti with either pulses or vegetables or at many times, when both these are not available, they use chutney of chillies or they eat the rotis with fried onions. For vegetables in the rainy season, they depend on the forest and use certain naturally growing plants as vegetables which are generally not used by other communities such as *Pamar*, *sag*, *sareta*, *baasi*.

In other seasons, around 60-70 per cent families have no ability to buy vegetables from the local



market. At most, they would have vegetables in their meals once in a week or 10 days. Rest of the families do get to eat it for 2-3 days in a week, that too, once in a day. So, their staple diet is rotis and pulses. They get wheat at subsidized rates from the government (around 35 Kgs for a family) and also some amount of rice, sugar and salt. In their own farms, they would grow bajra or in some cases wheat. Thus the children severely lack in terms of protein, vitamins and minerals which is indicated in the health parameters.

The Sehariyas marry at an early age. It is not uncommon to find girls and boys married at the age of 14 or 15. In a large number of villages there is no single graduate ever, and very less number of Higher Secondary pass-outs. After the opening of Seva Kutirs in these villages, we emphasize in community meetings on not getting children married at such ages, and the whole village should pledge for that. We also ask the villagers to have a goal that all boys and girls should study till Higher Secondary at least.

Sheopur being a district close to many parts of Rajasthan, the young people between 20 and 40 form a big chunk of migrant labour to those areas of Rajasthan. Sehariyas migrate to towns like Sawai Madhopur, Bundi, Kota, or even Jaipur as migrant labour. There are many months when there is no income at all for those who do not migrate (who are typically in the bracket of 45 plus).

Chhindwara District

We have also expanded in Tamia, Parasia and Harrai blocks of Chhindwara district, where also we are serving some of the most deprived tribal communities like Bharia and Gond. We started the first Seva Kutir here in August 2019 and at present, we have 100 Seva Kutirs. Here also, we have selected tribal villages where problems of malnourishment and poor learning outcomes are rampant, and most deprived tribal populations live. Bharia tribe, which is one of the main tribes in all these Seva Kutir villages, is a PVTG (Particularly Vulnerable Tribal Group), that means within tribals, these are one of the most deprived and vulnerable.

Though Chhindwara town in itself is quite modern, yet the interior tribal villages suffer from a hilly terrain denying easy access to various modern amenities, chronic malnourishment of children, poor education outcomes and very low income.



Mandla District

Mandla is home to a large tribal population. Large parts of the district are covered with forests, and villages are relatively smaller. People are engaged mostly in farm work, and seasonal migration to nearby towns such as Jabalpur and Nagpur is also quite common.

We started our first Seva Kutir here in April 2018 and at present we have 30 Seva Kutirs. All these Seva Kutirs are in Mohgaon block. Main tribes in these villages are Gond & Baiga, the latter being a PVTG.

Sehore District

Sehore district, though neighbouring the state capital Bhopal has many interior tribal villages, which have the same conditions of backwardness and problems of malnourishment and poor learning outcomes, which exist in other tribal areas in Madhya Pradesh. We started our first Seva Kutir here in February 2018 in Ichhawar tehsil. At present, we have 41 Seva Kutirs in 4 tehsils of this district – Ichhawar, Rehti, Nasrullaganj and Sehore.

The main tribes inhabiting these villages are Bhil, Bhilala, Gond and Korku.

Dewas District

Dewas town is an industrial town, and is near to Indore. However, the district has some pockets of interior tribal villages quite far from the town and often in jungles, which fare very poorly on nutritional and educational indices. We started our first Seva Kutir in this district in April 2017, though we really started expanding the number of Seva Kutirs here from March 2018. At present, we have 45 Seva Kutirs in this district, serving around 5000 children.

Khandwa District

We have started our first Seva Kutir in Khalwa block of this district in October 2020. This borders Amravati district, Maharashtra. This block has 147 villages which are mostly inhabited by Korku and Gond tribals. It has one of the worst health statistics in the entire country.

Thus, we believe that Seva Kutirs will be extremely beneficial for poor tribals of Khalwa block. We sent a team headed by one of our District Anchors to survey the area, meet village community, Sarpanchs and the government officials. Our team identified and finalized the



venues for starting Seva, all of which have been given free of cost by the villagers, as they are very keen for having Seva Kutirs in their villages. We have 55 Seva Kutirs as of now.

Vidisha District

We started Seva Kutirs in this district very recently. We have 7 Seva Kutirs at present.

Dindori District

We started Seva Kutirs in this district in March 2021. We have 60 Seva Kutirs in this district at present.

Anuppur District

We started Seva Kutirs in this district in July 2021, and have 38 Seva Kutirs at present.

Betul District

We started Seva Kutirs in this district in August 2021, and have 68 Seva Kutirs at present.

Sidhi District

We started Seva Kutirs in this district in October 2021, and have 18 Seva Kutirs at present.

Ratlam District

We started our first Seva Kutir in this district in October 2021. We have 14 Seva Kutirs in this district.

Harda District

We started Seva Kutirs in this district in November 2021, and have 14 Seva Kutirs at present.

Shivpuri District

We started Seva Kutirs in this district in December 2021, and have 28 Seva Kutirs at present.



4 OBJECTIVES

The Seva Kutir Project has the following key objectives:

- To improve the learning outcomes of children so that they achieve their Grade-level educational knowledge and skills.
- To eliminate or substantially reduce undernourishment of children, thus helping to develop their physical and mental abilities
- To make a meaningful impact on the overall socio-economic conditions of these extremely poor and deprived villages – enhancing their incomes, facilitating access to social security benefits through awareness and empowerment.
- Promoting equality across genders, castes, and classes
- Enabling use of technology for the economic and social well-being for all these extremely poor families.

Our Seva Kutir objectives also address several Sustainable Development Goals (SDGs)

Directly Address

Goal 2: Zero Hunger

Goal 4: Quality Education

Indirectly Address

Goal 1: No Poverty

Goal 3: Good Health & Wellbeing

Goal 5: Gender Equality

Goal 10: Reduced Inequality

These also address the key objectives of the CSR provisions of the Companies Act. Parivaar's work is directly covered in Clauses (i) & (ii) of Schedule VII of the Companies Act, which deals with CSR. Clause (i) eradicating hunger, poverty and malnutrition and Clause (ii) promoting education, including special education and employment enhancing vocation skills especially among children, women, elderly and the differently abled and livelihood enhancement projects.

5 OPERATIONS

5.1 Opening a new Kutir

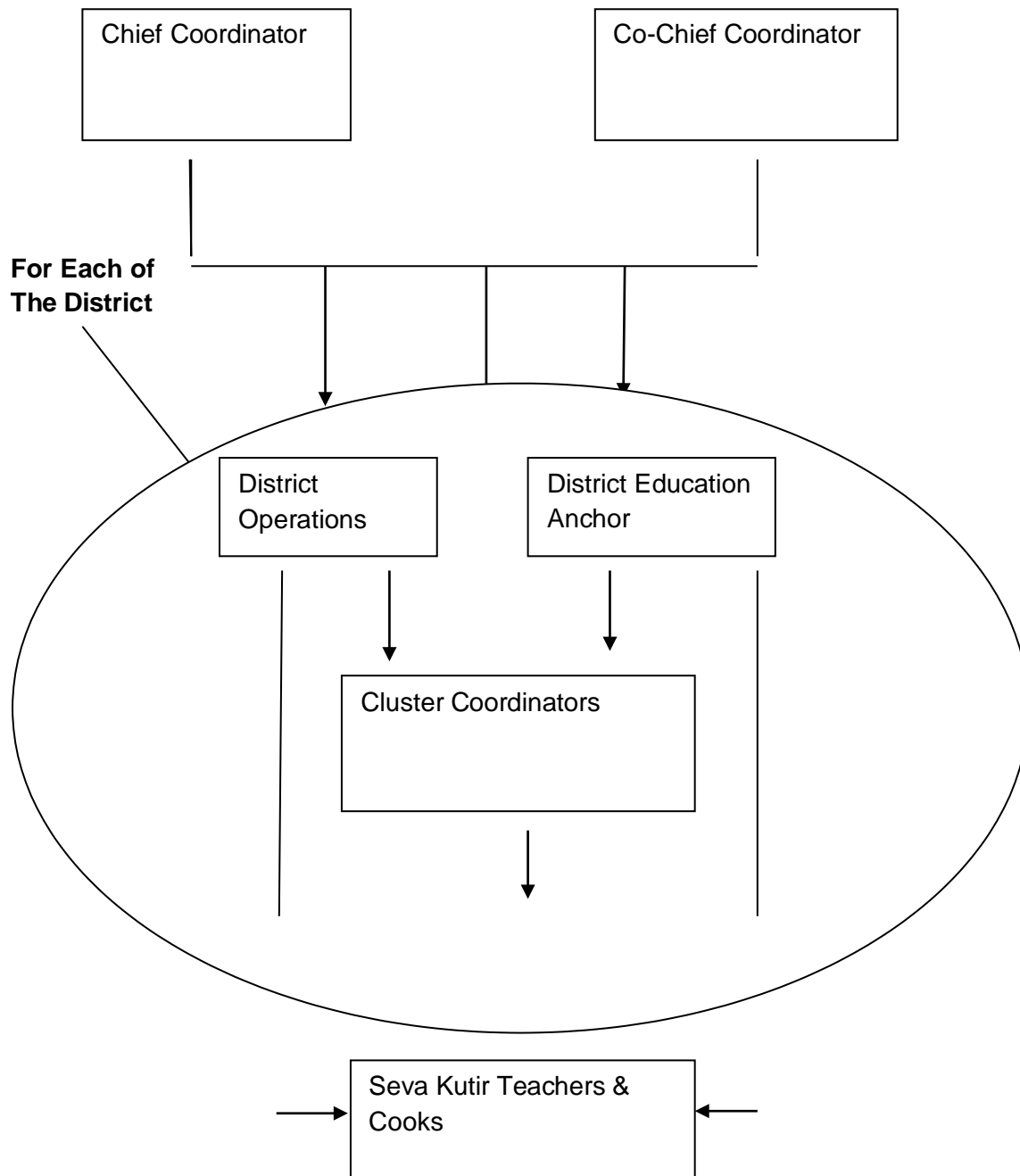


Before opening a new Kutir, our team visits the village. Once this is done, the Panchayat sends a letter, inviting the Parivaar team to set up the Kutir. The village community has to invite us and offer a venue free. Usually it is somebody's house (often a newly built cottage under the PM Awas Yojana), Panchayat building, community hall, school in its non-functioning hours, or even a shed / godown. Thus we do not incur any infrastructure costs for this. A person is appointed to conduct a survey and register all eligible children. Typically, there are 80-150 registered children in every Kutir. Following this, the set-up material is sent to the village and the Kutir begins functioning.





5.2 Seva Kutir Project – Organogram



The Seva Kutir Project is a very unique and effective project to deliver high quality nutritional and educational services to children. The project is run, monitored and evaluated closely and on a daily basis.



At the starting, there are teachers and cooks at every Seva Kutir. They have the daily interaction with children, whether in teaching them, feeding them, bringing them to the Seva Kutir from their houses, etc.

Above them are Cluster Coordinators. Every 5 to 6 Seva Kutirs in a nearby area are grouped into 1 cluster and each cluster has 2 cluster coordinators. These cluster coordinators visit the Seva Kutirs daily on bikes given by Parivaar. They ensure that the meals, education and other activities are being carried out effectively and thus do a daily hands-on supervision and monitoring. All Cluster Coordinators in a district are guided by the District Operations and Education Anchors. They provide the leadership for the Seva Kutirs in that particular district, and work with the cluster coordinators to maintain smooth operations and delivery of education in our Seva Kutirs. All these people live in the remote areas far from towns.

The District Operations and Education Anchors and Cluster Coordinators are guided by the Chief and Co-chief Coordinator who jointly look after the operations of all Seva Kutirs in Madhya Pradesh, under the guidance of CEO and Founder/Head of Parivaar.

5.3 EDUCATION

Children between ages 3 and 14 years attend our Kutirs. Since the aim of the project is to enhance the learning outcomes of children and make them grade ready, a baseline test is conducted to understand their present learning levels. On this basis, a 3-level categorization is done: children who are generally between ages 3-6 and who do not know even alphabets, counting numbers etc. These children are grouped in what we call Pre-primary group. The second group of children are those who are generally in the age-group of 6 to 10 years, studying in grades II-V. They have the knowledge of alphabets, numbers etc. but cannot read simple texts, or cannot do basic operations in Mathematics such as addition, subtraction, multiplication, and division. Their group is called Primary. The third group comprises of children who are studying in Grades VI –VIII, and know the skills as mentioned earlier, but do not know much beyond that, and are far behind their grade level expectations. Once these three groups are formed, year-long curriculum and syllabus is designed for each group, considering their present learning levels, and their textbooks.



The curriculum and daily schedule focus on the following:

- **Core Academics:** This will help children get the foundational skills in various subjects, especially focusing on languages and mathematics. It also includes subjects such as social sciences and science.
- **Sports and body fitness:** This includes yoga sessions, games and sports. Since these children do not have access to any sports equipment in their homes or schools, so we provide a sports-kit in each Kutir which has carrom, cricket, football, volleyball, skipping rope etc. Children have started knowing and playing many of these games only after Seva Kutirs got established in their villages.

We keep organizing events (songs, dance, quizzing, sports, elocution etc.) to maintain a vibrant atmosphere in the Kutirs.

Hygiene and Other Practices: There is a major problem of basic hygiene and sanitation in these villages. Our teachers and other staff ensure that all children brush their teeth daily, do hand wash before and after meals, and after attending nature's call, and maintain cleanliness in homes and Seva Kutirs. This practice contributes to the tackling of undernourishment since not maintaining personal hygiene is the main reason for various diseases in children like worms etc., which adversely affect a child's health.

Regular Trainings and Handholding of the Teachers: As our teachers are from the same villages and nearby villages, and had suffered the same problems, their capacities need to be developed. For this purpose, we have appointed Education Coordinators in each District, who are experts in education, and who regularly train the teachers as well as handhold them on a regular basis. There is a WhatsApp group for each district, where teachers are constantly in touch with the education coordinators and get their help and guidance frequently.

Engagement with Parents: Community and parents' meetings are regularly held in Seva Kutirs, where children's participation, learning and other relevant matters are discussed, and parents are counseled towards education of their children.

We ensure that the basic hygiene practices learnt by children in Seva Kutirs are also followed by them in their homes and their parents also follow these practices. Some of the key points in this regard are:

- Performance of kids is shared with the parents. Children who are not able to perform



well, their parents are counselled.

- Our teachers and other staff visit children's homes regularly to maintain a personal rapport with the parents.
- We counsel parents to give equal focus on girl children.
- Parents are counselled to allow their children to finish school education. Special efforts are made to ensure that there is no drop-out. If any child leaves school in the middle, her parents are counselled, and the child is brought back in the system.

5.4.1 Program progress

The following table will give you an overview of all the educational inputs that go into running a single Kutir.



Stage of intervention	Intervention outline	Outcomes	Documentation	Who will do it?
Months 1-4	<ol style="list-style-type: none">1. Baseline to check for existing learning levels in English, Math and Hindi.2. Cluster level training focusing on introduction of time-table, rhythm and structuring the day3. Introduction of tinkering activities and hands-on science among the older age group4. Ensure that all registered children attend the Kutir5. Training with yoga, song recital, playtime & engaging classes6. Visits to the Kutir to ensure teachers are implementing the content	<p>By the fourth month, we should see the following outcomes among the children with >80% attendance in the Kutir:</p> <p>Children are able to listen and retain what is discussed. Younger children are able to sing songs taught.</p> <p>They are able to greet each other & the teacher</p> <p>They reach the Kutir on time</p> <p>They adopt and practise the set Kutir routine</p> <p>They show up at the Kutir in clean clothes with washed hands and faces</p> <p>They are able to initiate games and follow instructions related to the game</p> <p>Practising yoga on a daily basis</p> <p>Reciting shlokas with correct pronunciation</p> <p>Receive and follow instructions</p> <p>Overall, the Kutir should see 70-80% of registered strength turn up</p>	<ol style="list-style-type: none">1. Baseline formats prepared and implemented2. Training manual for each of the trainings are prepared3. Visit registers4. Teacher manual that focuses on festivals of India, GK questions, great personalities.5. Weekly syllabuses and tests	Teachers, education team.



Stage of intervention	Intervention outline	Outcomes	Documentation	Who will do it?
Months 5-12	1. Introduction of academic engagement that will cause a shift in the learning level of the child by a single level initially 2. Structured modules in tinkering and sports	By twelfth month, we should see the following outcomes among the children with >80% attendance in the Kutir: Able to recollect as a group Read and write their name and their parents' name Display interest in at least 1 activity in the Kutir: Sports/Tinkering/indoor games All children exhibit a shift in learning level by 1 level. Example: children at L1 in English move to L2	Teacher manual that outlines the engagement is prepared and continuously updated.	Teachers, Education team.

5.4 NUTRITION

There is a deep and vital linkage between proper nutrition and education.

Undernourishment impairs mental growth and contributes adversely to academic growth.

As the children in these poor and remote tribal villages suffer chronic hunger and undernourishment (ranging from moderate to severe), it is essential to bring nutrition within any education program. Keeping this crucial fact in view, the Indian government introduced free lunches (officially called the Mid-Day Meal program) in all government schools. However, this does not solve the problem in its entirety, especially for such extremely poor and remote areas where we have our Seva Kutirs. Because in these areas, children do not even get breakfast or sufficient and nutritious dinner. Further, with government schools running for only around 150 days in a year, around half of the time, the free lunch facility is not available. The Global Hunger Index, various national and multinational reports (<https://in.one.un.org/page/sustainable-development-goals/sdg-2/>)



point out that the conditions of children have not improved in India in the last decade. Therefore, meals are a very crucial component in our Seva Kutir Project.

There are numerous examples of how better nutrition is associated with improvements in children's school performance. From China to Tanzania, from Guatemala to the United States, multiple studies have shown how better nutrition improved rates of school enrolment, attendance, and performance in areas like mathematics and reading.

Good food and nutrition are not only the foundation of children's health and the development of society at large, they are also a child's basic human right.

Malnutrition can cause permanent, widespread damage to a child's growth, development and well-being. Hidden hunger can cause blindness (vitamin A deficiency), impair learning (iodine deficiency) and increase the risk of a mother dying in childbirth (iron deficiency).

And this disruption to children's physical and cognitive development stays with them into adulthood, compromising their economic prospects and putting their futures at risk.

Collectively, the loss of potential and productivity has huge implications for the broader socio-economic development of societies and nations. It undermines countries' ability to develop 'human capital', or the overall levels of education, training, skills, and health in a population. And the loss is significant.

(UNICEF, *"The Changing Face of Malnutrition – The State of the World's Children 2019*, at <https://features.unicef.org/state-of-the-worlds-children-2019-nutrition/>)

In breakfast, milk, fruits, and a nutritious dish is given. In dinner, rice, roti, pulses, and vegetables is provided to the children. This is as per a scientifically designed menu taking help from nutrition experts, and the menu keep changing after every 3-4 months depending upon seasons. Our basic strategy for this component of the program hinges on timely identification of malnourished children. This helps us to correct the problem by



providing a well-balanced diet and in case of very severe malnourishment; we also refer cases to the Government's Nutrition Rehabilitation Centers, which are set up to tackle such cases.

S.No.	Day	Breakfast	Dinner
1	Monday	Milk, seasonal fruits, and beetroot halwa	Rice, roti, pulses and Soyabean vegetables
2	Tuesday	Milk, seasonal fruits, and Porridge	Rice, roti, pulses, and bitter gourd vegetables
3	Wednesday	milk, seasonal fruits, grams & sprouted kidney bean	Rice, roti, pulses, and bottle gourd + soyabean vegetables
4	Thursday	Milk & carrot halwa	Rice, roti, pulses, Cucumber vegetables
5	Friday	Milk, Seasonal fruits and poha (fried beaten rice with groundnuts)	Rice, roti, pulses, potato, and grams vegetables.
6	Saturday	Milk, seasonal fruits and fried beans	Rice, roti, pulses, green vegetables

6 MONITORING AND EVALUATION

	INDICATOR	DEFINITION How is it calculated?	BASELINE What is the current value?	TARGET What is the target value?	DATA SOURCE How will it be measured?	FREQUENCY How often will it be measured?	RESPONSIBLE Who will measure it?	TIMELINE By when will this be achieved?
Goal	Percentage of students who are grade ready. For example: Assisting a Class 7 student read, write and do Math at the Class 7 level	Number of students who have cleared a learning level, testing students' knowledge in the previous grade divided by total number	0	100%	Tests administered to measure learning outcomes, school records	Every 6 months	Education team	By the time children reach 14 years of age (age at which they leave the



		of students						Kutir)
	Percentage of children with normal BMI	Number of children with normal BMI/ MUAC divided by total number of children	Less than 25 %	100 %	Monitoring the BMI for children > 5 years and MUAC for children < 5 years	Every 6 months	Nutrition team	
Outcomes	Better learning outcomes among all primary and middle school children enrolled at the Kutir	Number of children who have shown a shift in learning level from L3 to L2 or L2 to L1 divided by total number of children	0%	70%	Assessment tool developed by the education team	Every 6 months	Teachers and education team	1 year from the start of the intervention
	Percentage of students who can sing songs and are able to recollect and re-tell stories	Number of students who can sing songs, are able to recollect and re-tell stories divided by total number of students	0%	90%	Kutir review process	Every 6 months	Education team	1 year from the start of the intervention
	Percentage of children in the MAM category moving to normal	Number of children who have moved to normal from MAM divided by total number of children	0%	80%	Monitoring the BMI for children > 5 years and MUAC for children < 5 years	Every 6 months	Nutrition team	2 years from the start of the intervention
	Percentage of children in the SAM category who show a weight gain by 50%	Number of children in SAM who have gained weight by 50% divided by total number of SAM children	0%	60%	Monitoring the weight and BMI for children > 5 years and MUAC for children < 5 years	Every 6 months	Nutrition team	2 years from the start of the intervention



	Percentage of children in the SAM category who will be normal	Number of children in the SAM category divided by total number of children	0%	80%	BMI for SAM category children	Every 6 months	Nutrition anchors, team	3 years from the start of the intervention
	Percentage of children observing basic hygiene practices: Washing hands Combing hair Cutting nails	Number of children observing basic hygiene practices divided by total number of children	-	90%	Monitoring the children	Every day	Teachers	1 year from the start of the intervention
Outputs	Number of registered children who attend the Kutir	Number of registered children who were present for at least 80% of total days for which the Kutir was held divided by total number of students registered at the Kutir	60%	90%	Kutir attendance records	End of every month	Cluster coordinator	1 year from the start of the intervention

7. Complementing and partnering with Government system

The whole concept of Seva Kutir is built on the premise of complementing the existing government systems and schemes. The nutrition aspect that the Seva Kutirs have undertaken is to complement the mid day meal scheme by providing nutritious food for the remaining two meals, i.e. breakfast and dinner. Educationally the Kutirs by holding sessions with government school children in the morning and evening slots (after and before school) aim to assist the children in their school curriculum by making children over 7 years grade ready and under 7 years school ready.



Education:

- Sharing data: Sharing of baseline and progress data with local schools and also district authorities in regular intervals of 3 months.
- Mutually designed curriculum: We involve government teachers and other education officers in designing curriculum for the Seva Kutir teaching.
- Upgrading teaching methodologies: We hold trainings for our Kutir teachers every month; we propose to district education authorities to send their teachers from the villages (where Kutirs are) for these trainings.
- Kutir space and collaborative social action by children: Many of our Kutirs are right now in personal homes or community / government spaces given by the villages. We hold visioning exercises with our children regarding Kutir and village as a whole on how they would like their village & Kutir to look like and then these children will present it to Gram Sabhas. Also to enhance their agency of social action and civic responsibility we make them regular participants in Gram Sabhas.

Nutrition:

- Sharing data: Sharing of baseline and progress data with anganwadis, hospitals and child and health department and collaboration for appropriate action like taking a child to NRC etc.
- Collaborating with anganwadi workers and Asha workers in ensuring proper medical attention to the needy children and mothers.



8. SEVA KUTIRS: IMPACT ASSESSMENT

Though the Seva Kutir Project is very recent and most of the Seva Kutirs are only 2 to 3 years old, yet within this short period, tremendous impact has been seen in children as well as the entire village community. These salient impact features have been listed below:

I. Educational Impact on Children

- (i) Children have now gained basic foundational knowledge in Maths, Hindi and English.
- (ii) Children's attendance in government schools where they are enrolled has improved significantly.
- (iii) Drop out students have restarted their education at Kutirs and schools.

II. Nutritional Impact on Children

- (i) Knowledge of a nutritious diet among children and their parents has been built
- (ii) 100% children get 3 course meals daily as against less than 5% earlier.
- (iii) 100% children get access to milk as against only 10% earlier.
- (iv) Incidence of sickness has fallen drastically with adequate and nutritious meals.

III. Overall Developmental Impact on Children

- (i) Children are now confident to talk to strangers.
- (ii) Participation in co-curricular activities such as drawing, singing, dancing, games and sports, quiz etc has contributed towards the personality development of children.
- (iii) Knowledge of civic virtues, national history and geography, with its heritage and culture has given a wider worldview to these children.
- (iv) 100% children now practice hygienic practices such as brushing teeth, hand wash with soap etc, as against less than 10% earlier.
- (v) Seva Kutirs act as a space of gender equity and social integration which has a huge positive psychological impact over children. They learn the values of equality and fraternity right from the starting.



IV. Impact at the Level of Tribal Village Community

- (i) Parents have started taking active interest in their children's education.
- (ii) Awareness about the various schemes and programs of the Government has increased.
- (iii) Our Seva Kutirs have contributed significantly to children's education and care even when parents migrate to other areas for livelihood opportunities in certain seasons. They leave their children with their grandparents, and their food, education are taken care of by the Seva Kutirs. This helps children continue with their education, as otherwise, they would have dropped out of the schooling system.



9. Proposal to ACRE for Supporting the Seva Kutir Project

We are very grateful to ACRE for supporting the Seva Kutir Project in tribal areas of Madhya Pradesh for the past few years. Since April 2021, we have tremendously increased the number of Seva Kutirs to cater to the large population of underfed and poorly educated tribal children in Madhya Pradesh. We added around 400 Seva Kutirs in the last FY 2021-22, taking the total to 661 Seva Kutirs, serving more than 60,000 children with 2 adequate and nutritious meals daily along with good quality education.

To sustain this large scale work in remote and poor areas, we request ACRE to support 4 Seva Kutirs in FY 2022-23. Around 400 children will be benefitted by this support in these 4 Seva Kutirs.

Annual budget break-up for 1 Seva Kutir is given below:

S.No.	Budget Head	Items	Amount (in Rs)
1	Fooding Costs	Groceries	2,75,000
		Vegetables & Milk	1,20,000
		Kitchen Expenses (Gas Cylinders)	85,000
		TOTAL	4,80,000
2	Remuneration Costs	Teachers	1,80,000
		Cooks	1,10,000
		Cluster Coordinators & Other Central Staff	80,000
		TOTAL	3,70,000
3	Staionaries & Other Goods	Stationaries	10,000
		Other Miscellaneous Items (clothes, sports items, medicines etc)	20,000
		TOTAL	30,000
	GRAND TOTAL		8,80,000

Total Budget for 1 Seva Kutir for 1 Year: Rs 8,80,000

Thus, total budget for 4 Seva Kutirs for 1 year will be Rs 35,20,000 (Rupees Thirty Five Lakhs Twenty Thousand).

We request support of Rs 35,20,000 (Rupees Thirty Five Lakhs Twenty Thousand).



Annexure 1 : List of Seva Kutirs

List of 4 Seva Kutirs is given below. All these are in Tamia tehsil of Chhindwara district

1. Pachadhana Seva Kutir

This Seva Kutir has been started on 29th September 2020 and has 101 children attending from Bhariya and Gond tribes, and other deprived communities.



2. Dongra Seva Kutir

This Seva Kutir has been started on 11th January 2021 and has 103 children attending from Gond tribe, and other deprived communities.



3. Rajdhana Seva Kutir

This Seva Kutir has been started on 3rd February 2021 and has 106 children attending from Bhariya and Gond tribes, and other deprived communities.





4. Dhobiwada Seva Kutir

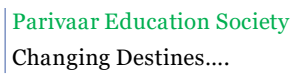
This Seva Kutir has been started on 21st February 2021 and has 104 children attending from Gond tribal community.





Annexure 2 : Photos Showing Working of Seva Kutirs











SAMPARC

SOCIAL ACTION FOR MANPOWER CREATION

Varad Apartment, 292, Yashwant Nagar
Talegaon-Dabhade, Pune-410507, Maharashtra, India

Tel: 02114-227335/231472, M: 9766343456

Email: samparc6@gmail.com,

Website: <https://samparc.org>

PROPOSAL WITH REQUEST TO SUPPORT 120 CHILDREN OF SAMPARC BALGRAM, BHAJE FOR 2022-23

Social Action for Manpower Creation - SAMPARC is non-profit making Public Charitable Society and Trust in India established in 1990 working for Care, Protection and Educational Development of Orphan Children, Children of Sex-workers and all other Needy & Disadvantaged Children.

Since 2019, Assets Care & Reconstruction Enterprise Limited - ACRE is a Partner of SAMPARC helping Girl Children of SAMPARC Children's Home, Bhaje for Care, Protection and Education

BACKGROUND:

Intervention of ACRE to support SAMPARC Girl Children started with the purpose to overcome the financial difficulties faced by the Organization at the beginning of Pandemic Period. ACRE took responsibility to look into the Gap of running Girls Children's Home where Children can get proper Support for their Education, Care and for Development uninterruptedly.

SAMPARC requests Assets Care & Reconstruction Enterprise Limited - ACRE to consider support for 120 Orphan & needy Girls from SAMPARC Children's Home, Bhaje for the period 2022-23.

SAMPARC BALGRAM, BHAJE

SAMPARC Balgram, Bhaje started in the year 1990 and runs under Founder of the Organization Mr. Amitkumar Banerjee and Mrs. Ratna Banerjee. Mrs. Banerjee mostly looks after the Management of the Children and the Centre. The Children's Home is known as a Model Children's Home of Maharashtra – working in Exemplary Way for Care of Orphan, Needy and Children of Commercial Sex-workers. The Centre is a Licensed Children's Home under the Department of Women & Child Welfare, Government of Maharashtra.

Each child receives proper attention & care for Physical & Mental Health, Nutritious Food, Counseling, Helping for Right Way of doing studies, Discipline, Sports and other Curricular Activities in a family environment.

The Government of India appreciated sincere efforts and dedication by felicitating SAMPARC with the prestigious “**National Award for Child Welfare**” in 1997.

On 6th June 2022 SAMPARC completed 32 years of its service to Orphan, Poor, Needy and Children of Socially Victim Women.

Till date, more than 450 Senior Children of SAMPARC are well now settled, 122 Girls are married.

PROPOSED PROJECT – REQUEST TO SANCTION FINANCIAL ASSISTANCE FOR 120 CHILDREN OF SAMPARC BALGRAM - BHAJE FOR THEIR CARE, PROTECTION AND EDUCATIONAL DEVELOPMENT FOR THE PERIOD 2022-23:

The Help from ACRE for children of SAMPARC Balgram Bhaje has provided an immense support to SAMPARC during this Pandemic period. SAMPARC requests to extend the same support to children of SAMPARC Balgram, Bhaje for the period 2022-23.

In SAMPARC Balgram, Bhaje Children upbringing is in a family environment and in each House there are 10 Children who are taken care by House Mother. The House Mother looks after the Basic Food, Cloth, Toiletry, Education Stationary and Psychological Needs. They talk with the Counsellor and housemother also visits School to discuss with Teachers about the Progress of the Education of the Child.

ADMISSION OF THE CHILDREN

Children are admitted in the SAMPARC Children's Home, Bhaje with the recommendation of Child Welfare Committee, Pune.

BACK GROUND, ADMISSION & PROGRESS OF THE CHILDREN:

The Children's Home has children of the age group 5 to 18 years. Mostly the children come from very difficult situations / backgrounds, being neglected, abandoned and unwanted.

All working members of the Children's Home regularly do detail discussion about the need of the children, role of staff based on the approach of capacity building. Emphasis is given on how staff can improve confidence of the children. Resource persons are regularly invited to the centre for developing Art of Living, life skill, value education of the children.

DAILY SCHEDULE:

The daily schedule of the children starts from getting up from bed at 5:00am, then following with PT exercise, self & premises cleanliness, breakfast, getting ready for school, after coming from school they have evening snacks, children go for sports activities, after returning from play they organize themselves for evening prayer, and then they keep busy with their study hour, after dinner they go for bed early. The children who have morning school receive tutoring in the afternoon after coming back from school and children who have school in the afternoon attend tutoring class in the centre in the morning. Library time is also fixed and after evening prayers children read newspapers and 1 moral story is told.

ACADEMICS AND TUTORING:

At SAMPARC Blagram, Bhaje the primary children attend the Zilla Parishad School, Bhaje the secondary and the high school students attend the VPS School, Bhaje; some children also attend the Abhinav English Medium schools at Patan and Senior children attend Lily Jr. College, Malavli for 11th and 12th std.

After attending School children receive tutoring in the Children's Home with personal attention. Tutors teach the children in the children's home after attending school. Children appearing for SSC & HSC Board exam receive special coaching in the centre.

Every month tutors conduct internal test and the children receive guidance accordingly. Each child is given personal attention and tutors ensure that the children understand the concepts

clearly. Also children who are weak in studies receive special attention and guidance from the tutors.

All the Children are also encouraged for Computer Literacy in the Balgram with well-equipped Computer Lab.

Education file of each child is maintained and the progress report and academic performance of the child is updated regularly.

SPECIAL EDUCATION SUPPORT:

Regular training programs, workshops and sessions on various topics are arranged for the children in the Children's Homes along with exposure visits for overall development of the children. Children are encouraged to read books in Library, Reading Newspapers daily to help them update themselves regarding day to day happenings and to enhance their General Knowledge. Children take the benefit of Library and the library setup has been done according to the interest of the children.

HEALTH AND NUTRITION:

Overall health of all the children is good. Weight and Height of each child is measured on 30th of every month which is updated in the Medical file of the child. Quarterly general health checkup and Hemoglobin checkup of all the children is conducted. Eye, ENT and Dental checkup are conducted yearly and de-worming medicine and TT is given to all children once in 6 months. Also if any child requires special medical attention the same is provided.

Also all children are vaccinated as per the guidelines of the doctor. All the children practice yoga regularly, which has contributed a lot to the overall wellbeing of the children.

All the health related aspects of the children of SAMPARC Children's Home, Bhaje are taken care by doctor from SAMPARC Medical Centre, Malavli which is very nearby to the Children's Home

Health file of each child is maintained separately, monthly weight and height and all health related aspects of the child is updated regularly.

Children receive balanced food which includes right proportion of pulses, grains, vegetables, dairy, sprouts, leafy vegetables, fruits as their daily intake. Food is prepared by the Kitchen staff in clean kitchen and the quality of food is tested every day by the Project In-charge. The Menu prepared is as per the recommendation of the doctor. Along with healthy breakfast, lunch & dinner children receive milk every day in the evening along with seasonal fruit. Also children have special Menu every Sunday and on Festivals & special occasions. Children are served food in a clean environment in the dining hall. All the children enjoy their breakfast and meals together in the dining hall. Also housemother gives attention whether the children especially younger ones are having their meals properly. The kitchen & dining area is sanitized and is always clean and the store room is also kept clean.

The Children's Home Bhaje is equipped with Water purifier and children are provided with clean and safe drinking water. Regular maintenance of Purifier and water testing is done and it is ensured that children have clean drinking water.

TRAINING IN SPORTS & EXTRACURRICULAR ACTIVITIES:

At children's home the main focus is on education, but since each child has unique talent and to explore their hidden talents children receive training in music and dance as per their interest in the Centre. Children during vacation learn to make various crafts, Aakash Kandil/paper lanterns, making clay pots, paper bags along with drawing and painting.

Also children are given training in Sports - outdoor and indoor along with extracurricular activities. They do P.T. and also practice Wrestling, Football, Basket Ball, Badminton, Kho-Kho, Kabbadi, Running, Skipping and Netball. Children from both the Centers are exceptionally good in Sports and extracurricular activities.

MONITORING & EVALUATION:

SAMPARC Children's Home Bhaje are licensed under the Department of Women & Child Welfare, Government of Maharashtra. The officers from the concerned department visit the Children's home quarterly and monitor and evaluate all child care aspects right from hygiene, food, health of the children environment provided to the children. As per the Government norms 40 registers covering various aspects of Child Care & Development are maintained in the children's home and the officers check these registers.

SAMPARC Head Office working under the guidance of Mr. Amitkumar Banerjee - Founder Director / Secretary and SAMPARC Governing Council conducts regular evaluation on aspects like - children's Performance at school, Performance on home, special coaching, evaluation of interest, sincerity and confidence level of the children, Ability Test - both reading and writing presentation, Physical fitness of children, Participation in different activities - all these parameters are drawn with the help of Project In-charge and Counselor of the centre.

INDICATOR OF CHILD DEVELOPMENT:

Sr. No.	Activity	Desired Outcome	Indicators to measure Outcomes
1	Accommodation, Protection and Care along with Psychological Support & Counselling	The Beneficiaries will live in clean - healthy shelter obtaining proper bed, toiletries, sanitation along with care of House Mother and Psychological support of skilled counselor & Project In-charge.	<ul style="list-style-type: none">➤ Number of Beneficiaries residing in the Centre.➤ Facilities and Materials they are obtaining from the Centre.➤ Attendance of Staff & Children.➤ List of Activities for Psychological Support.➤ Case Study
2	Nutrition and Health	All the Beneficiaries will get regular healthy and nutritious food, will be Healthy and Fit. There will be no problem of mal-nutrition.	<ul style="list-style-type: none">➤ Growth of the Children.➤ Increase in height & Weight as per age➤ Energy level and Performance of the Beneficiaries.
3	Education, Sports and Extracurricular Activities	All the Beneficiaries will receive Education; they will learn some extracurricular skills as per their interest and capability.	<ul style="list-style-type: none">➤ Exam results➤ Participation of the Children in Competitions / Programs➤ Achievements of the Children - Prize, Recognition

4	Higher Education / Vocational Training	After completing school education, the children will continue their education as per their interest and capability to sustain in mainstream society.	<ul style="list-style-type: none"> ➤ Number of Children attending Higher Education ➤ Number of Children obtaining Vocational Training ➤ Number of Children pass-out from this centre.
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STAFF:

SAMPARC Children's Home, Bhaje is working under the guidance of Mrs. Ratna Banerjee, Trustee and coordinator of the Project along with Project In-charge and Counsellor, housemothers, regular tutors, part time tutors and sports instructor who work for the children.

REQUEST TO SUPPORT 120 GIRL CHILDREN of SAMPARC BALGRAM, BHAJE, 2022-23:

1. Fooding for 120 girl children Rs. 1100/- PM = Rs. 15,84,000/- PA
2. Education expenses for 120 girl children Rs. 8000/- PA Per child = Rs. 9,60,000/- PA
3. Supervision and other expenses for 120 girl children Rs. 1000/- Per month per Child = Rs. 14,40,000/- per annum.

Total Rs. 39,84,000/- Proposed Budget for 120 Orphan and Needy children.

SAMPARC will submit Quarterly progress report of the Children's Homes and Fund Utilization Certificate.

We look forward towards Your kind association with the Projects in favor to supporting 120 children of SAMPARC Orphanage and for a long-term partnership for a Better Future of the Children.

With Warm Regards,
Yours Sincerely,

Amitkumar Banerjee
Founder Director / Secretary
SAMPARC – Social Action for Manpower Creation



Friday, 11th November 2022

Assets Care & Reconstruction Enterprise Limited
2nd Floor, Mohandev Building
13, Tolstoy Marg
New Delhi – 110 001

Attention: Mr Mohd Shariq Malik

Dear Mr Shariq,

We look forward to establishing a partnership with **Asset Care & Reconstruction Enterprise Limited (ACRE)** to financially support critically-ill children with Congenital Heart Defects in the FY 2022-2023 through **Project Save Little Hearts**.

A. About Us: We Save Little Hearts

Genesis Foundation (GF) is a not-for-profit Trust which was founded with a simple thought that no child should die due to lack of funds for treatment.

GF facilitates medical treatment for critically ill under-privileged children suffering from Congenital Heart Defects or CHD. The support required includes specific surgeries (including neonatal), Cath Lab Interventions, recovery, and recuperation post-surgery. The children supported by the Foundation belong to families with an income not exceeding **Rs 20,000** per month.

B. Experience & Track Record

- So far, we have supported over 3800 critically ill children.
- We have been able to maintain a 98% success rate in CHD related interventions.
- In FY2018-19 we supported the lives of **600 children** with CHD; FY2019-20 this grew to **608 children**; FY2020-21 we supported **458 children** (due to prevailing COVID Pandemic); FY 2021-22 we supported **431 children** (due to prevailing COVID Pandemic)
- We have many *firsts* to our credit including – in recent years - treatment of the lightest pre-mature baby (900 grams) in India; One surgery which involved 3D printing of heart to plan the surgery; and then the world's first heart surgery of a young girl called Mythili whose heart valve was reconstructed with her own tissue, a rare procedure called an Ozaki procedure. Recently we supported the surgery of a 42-day old baby in Kerala who did not have a sternum and the heart was outside chest cavity. This was the youngest baby in Kerala to undergo such a repair.

C. Registrations & Compliance

GF is a not-for-profit trust. It has a tax-exempt status in India. Donors' residing in India are entitled to a tax break on 50% of the donation made. GF also has a registration under the Foreign Contributions Regulation Act (FCRA) which entitles it to receive contributions from overseas. Statutory registrations and audited accounts can be submitted on request.

We are compliant with the new CSR Form-1 vide registration no CSR00001713

D. Need

C/o K&S Partners, 2nd Floor, Chimes 61, Sector 44, Gurugram – Haryana, India 122003

Tel: +91 (124) 408-1528

Registered Address: 924-A, The Magnolias DLF Golf Links,
Golf Course Road, Phase 5, Gurugram, Haryana – 122009

Website: www.genesis-foundation.net

Email: contactus@genesis-foundation.net



India has the world's largest number of children with Congenital Heart Defects (CHD). The incidence of CHD world-wide is 9 per 1000 live births. In India, with over 25 million babies born annually, between 200,000-250,000 are diagnosed with CHD.

Over 70,000 of these children are critically ill and to survive would require medical intervention within the first year. There are about 60 hospitals in India which have the pediatric cardiology expertise and infrastructure to deal with this specific medical problem in children. Around 27,000 open heart surgeries are performed every year. There remain a large number of children who require treatment and many unfortunately pass away due to a lack of it.

With the current COVID-19 pandemic situation, the poor are getting poorer, and children born with CHD are still being born. If anything, the need to support the surgeries of these children is more now than ever.

E. Our Process

1. Identification of children

- Application for support from hospitals or other referrals such as word-of-mouth, our website and Search Engine Optimisation
- Referral from district hospitals and screening camps

2. Screening and due diligence

- GF will provide to the Hospital with the "Genesis Foundation Application Form" in soft copy format (the "Application Form"). GF may change the format from time to time and the Hospital will be provided the revised Application Form. This Application Form must be filled in with all particulars with no blanks and duly signed by the guardian of the intended child beneficiary.
- The Hospital will submit the duly filled and signed Application Form to the GF HOPE team in soft copy along with soft copies of the following:
 - Identity proof of parents (Aadhar Number/Voter ID) – however only Aliases will be shared with the donor.
 - Birth certificate of beneficiary/Aadhar number of child (mandatory for children over the age of one year)
 - If no child proof is available for babies who have not yet been named (for e.g., Baby of XYZ), the mother's ID proof would be required.
 - Income proof of the primary wage earner (Digital income proof/declaration from the panchayat head/ration card/salary certificate)
 - Medical Record and Estimate for the prescribed procedure on Hospital's letter head, signed off by the designated heart care team lead/doctor
 - Details (with documentation) of any pre-existing medical condition/history
 - Colour photograph of the child (Clear photo – damaged and blurred photos will not be accepted)
- Upon receiving the Application Form with the accompanying documents described above, GF will consider the case as per its internal processes and if GF decides to support the case, a written confirmation (through email) will be sent to the hospital. It is upon completion of this step that GF will have the commitment to cover the approved costs of intervention

C/o K & S Partners, 2nd Floor, Chimes 61, Sector 44, Gurugram – Haryana, India 122003

Tel: +91 (124) 408-1528



- The Doctor and HOPE Team (Senior Manager – Projects & Partnerships, R Srivatsan and Project Manager, Arti Barwa) discuss each case in detail
- The child is treated at the partner hospital
- Bills & Payment
- Kids stories for record-keeping/Reporting and Impact Measurement

F. Project Deliverables

Project Save Little Hearts will facilitate the medical treatment of **lesser privileged children** in the age group of 0-18 years suffering from CHD and requiring life-saving intervention. Children under this project will be identified across our partner hospitals in India.

The support is estimated at **Rs. 30,00,000** and expected to treat **10-15 children** at an average cost ranging from **Rs 1,50,000-Rs 3,00,000** per child depending on the type of CHD involved and the mix of cases handled.

Film requirement: In case ACRE requires a film covering the admission and recovery at the hospital of a child supported under this grant, GF will be happy to work with an external team and provide a proposal for the same.

Partner Hospitals

Genesis Foundation is currently working in association with **34 hospitals** across India to ensure best in class treatment for these children. However, our partnership with **ACRE** will ensure that treatment is provided in **6 hospitals located in NCR**.

The list of hospitals is as follows:

S.No.	Partnered Hospital Name	Location
1.	Artemis Hospital	Gurugram
2.	Paras Hospital	Gurugram
3.	Narayana Health	Gurugram
4.	Max Super Specialty Hospital	Delhi
5.	Apollo Hospital	Delhi
6.	Fortis Escorts Heart Institute	Delhi

Since we deal in critical illnesses our choice of the above hospitals is dictated only by availability of facilities for specific intervention and availability of pediatric cardiac specialists and surgeons in Tier I/Tier II cities.

We are constantly working towards expanding our network of hospitals. We will inform you of any changes that may occur during the project duration by addition of any other hospital or disruption of working of any hospital due to current pandemic.

G. Average Cost

The average cost of medical intervention conducted at hospitals that GF works with:

Type of Intervention for Congenital Heart Defects	Average Cost



Patent Ductus Arteriosus	Rs. 100K to Rs. 130K
PDA Stenting	Rs. 100K to Rs. 150K
Atrial Septal Defect	Rs. 130K to Rs. 150K
Ventricular Septal Defect	Rs. 200K to Rs. 250K
Tetralogy of Fallot (including surgeries where conduits are required)	Rs. 170K to Rs. 300K
Total Anomalous Pulmonary Venous Connection	Rs. 250K to Rs. 300K
Transposition of Great Arteries	Rs. 300K to Rs. 400K
Ebstein Anomaly (Cone Repair)	Rs. 250K to Rs. 300K
Ballooning of Heart Valves	Rs. 100K to Rs. 150K
Aortic Arch Repair & Coarctation	Rs. 200K to Rs. 250K
Truncus Arteriosus	Rs. 200K to Rs. 300K
Radio Frequency Ablations	Rs. 150K to Rs. 200K
Permanent Pacemaker Insertion	Rs. 100K to Rs. 150K
AV Canal Defect	Rs. 200K to Rs. 250K
AP Window	Rs. 150K to Rs. 200K
Double Outlet Right Ventricle	Rs. 200K to Rs. 250K
Ross Procedure	Rs. 350K to Rs. 400K
Hemitruncus	Rs. 200K to Rs. 250K
Taussig-Bing Anomaly	Rs. 200K to Rs. 250K

**The above is an indicative list. Costs vary depending on diagnosis, level of complication, type of surgery and discount provided by treating hospitals which vary. This above estimate comprises only of the medical cost of treating each case.*

For each of the medical surgeries the components comprise of charges for medical consumables, diagnostics, hospital package, equipment charge, investigations, and other similar costs. Certain kind of surgeries may require heart valves to be changed or conduits to be placed. Cost of these valves, prosthesis and conduits are additional and charged on actual basis.

While GF guarantees achieving agreed targets, our commitments are not restricted to the number and instead dictated by funds available. It is our constant endeavor to treat as many children as possible utilizing available funds.

H. Project Monitoring

To ensure that the project objective of supporting **10-15 children** is met, GF will undertake a progress review. GF will submit an electronic report at the end which will contain the documents below:

- I. *Background of the child and the family (only aliases will be used due to data privacy). If required, the GF team will help in connecting the beneficiaries with HDFC Sales for a telephonic conversation*
- II. *Cost of Treatment*
- III. *Nature of medical treatment undertaken*

C/o K & S Partners, 2nd Floor, Chimes 61, Sector 44, Gurugram – Haryana, India 122003

Tel: +91 (124) 408-1528



GENESIS FOUNDATION
SAVE LITTLE HEARTS

- IV. *Condition of the child pre- and post-surgery*
- V. *Details of utilization of funds*
- VI. *Copy of bill and payment receipt for all completed cases (masked version)*
- VII. *Impact Assessment for previous FY's if applicable for up to three years from date of surgery*

Post the surgery, wherever needed and advised by the doctor, the child may have to return for a medical check-up. GF would counsel the parents to be regular for any follow-up visit and will measure impact going forward concerning the children supported by you.

Please note: The reporting structure suggested above is as per GF's standard processes. However, monitoring, reporting and evaluation designs can be customized as per your requirements.

I. Sustainability

Over the years GF has had an impressive track record of implementation. The CSR donors are satisfied and have reiterated their support to GF. We are constantly on the lookout to foster partnerships with likeminded philanthropic organizations.

J. Alignment with Sustainable Development Goals

The projects executed by GF are closely aligned with SDG Clause 3 and 5. SDG Clause 3 aims to ensure healthy lives and promote well-being for all ages. In India 10% of infant mortality is due to CHD. For FY 2021-2022 close to 36% children supported were neonates / infants. SDG Clause 5 aims to achieve gender equality in all spheres of life – GF strives to maintain equal gender ratio.

K. Indemnification

ACRE shall have no liability to the Implementing Partner. The Implementing Partner will indemnify ACRE from and against all liabilities (including statutory liability), penalties, demands and costs, awards, damages, losses, expenses and / or legal costs (including legal costs in relation to defending actions, proceedings, and/or claims) arising directly or indirectly because of any misuse or misappropriation of funds provided by ACRE in relation to the Program, any misrepresentation, breach or non-performance by the Implementing Partner of any of their warranties, undertakings or obligations.

L. Data Privacy

The parties agree to comply with existing Data Privacy regulation. The regulations currently in force in India are: The Information Technology Act 2000 (IT Act) and The Information Technology (Reasonable Security Practices and Procedures & Sensitive Personal Data or Information Rules 2011) (SPDI Rules)

We thank you for reading through this document and look forward to the honor and privilege of this partnership which aims to Save Little Hearts.

We will be happy to answer any questions and provide any further information you require.

Warm regards & Gratitude,

Simran Sagar
Operations Director
Genesis Foundation

C/o K & S Partners, 2nd Floor, Chimes 61, Sector 44, Gurugram – Haryana, India 122003

Tel: +91 (124) 408-1528

Registered Address: 924-A, The Magnolias DLF Golf Links,
Golf Course Road, Phase 5, Gurugram, Haryana – 122009

Website: www.genesis-foundation.net

Email: contactus@genesis-foundation.net



CSR PROPOSAL FOR TREATMENT OF CHILDREN WITH CONGENITAL HEART DISEASES FROM UNDERPRIVILEGED FAMILIES

IMPLEMENTATION ORGANISATION:

CHILD HEART FOUNDATION

130 Uday Park, New Delhi -110049|

www.childheartfoundation.com

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IMPLEMENTING ORGANIZATION DETAILS

In India, the Child Heart Foundation (CHF) is one among very few Non-Government Organizations which are fighting the war against heart diseases in children. It has almost ten years of experience in delivering pediatric cardiac support to children belonging to underprivileged families.

Story behind the initiative: With a vision of helping every child with heart disease, CHF was founded in 2013 by Dr. Vikas Kohli, a leading pediatric cardiologist along with six parents who had gone through similar congenital heart journeys with their children and had experienced financial and emotional challenges as a family. Each one of the trustees has the commitment and passion for reaching out to families who due to financial constraints fail to save their child.

As an organisation, the objective is to create an environment where ‘pediatric cardiac treatment’ would be within a reach of every child, irrespective of financial status or educational background of their parents, gender, caste, religion.

ACCREDITATIONS:

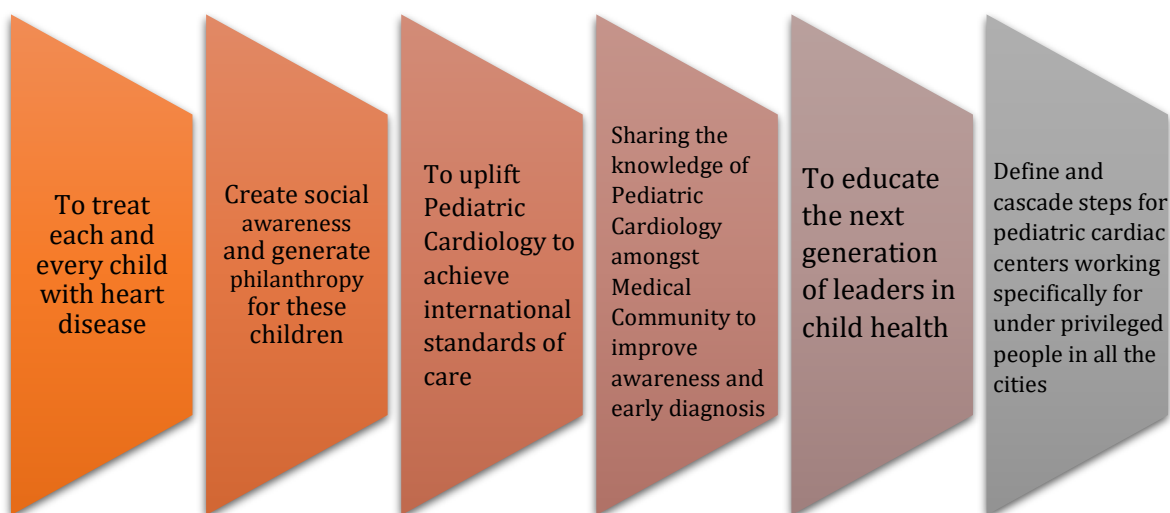
Registration number	18, Book No 4, Vol No 17.
Place of registration	New Delhi
PAN Number	AABTC3985D
12AA	ABTC3985DE20214
80G	AABTC3985DF20214
FCRA registration number	231661866
Empaneled with	BSE Samman, TISS
NITI AYOOG Darpan number	DL/2017/0158818
Guide Star Number	8537 (GOLD CERTIFICATION)
CSR Number	CSR 00001384

MAJOR CSR AND FUNDING PARTNERS

- Convergys services India Private Ltd
- RITES Ltd
- IRFC
- SBI Foundation
- SBI Ventures
- SBI Cap

- Frick India Ltd
- Sita Ram Jindal Foundation
- India Cares Foundation
- Rotary International
- Patym
- Genpact
- Muthoot group
- Shipping India Corporation
- Delhi South Rotary Foundation
- Smile of Hope UK
- Love without Boundaries US
- Cipla Ltd

ORGANISATIONAL GOALS



OBJECTIVES:

1. Early diagnosis of child heart disease (CHD), appropriate treatment of CHD with Internationally acceptable mortality and morbidity
2. Pediatric cardiac treatment should be within reach of every child irrespective of their financial status or their educational status of parents, gender, caste, religion, or social and economic background
3. To provide financial assistance to children from underprivileged families who cannot afford treatment/ surgeries. Thus, they can't approach private hospitals since the cost is exorbitant and in govt. hospitals, they have to wait for months, years for their turns and treatment which could be fatal for a child's health.
4. To have regional Pediatric Cardiac Centers in all states where economically challenged

patients can seek best of treatment and free of cost

ONGOING PROJECTS:



PraDAAN - Echocardiography screening > 15,000 children



CHF HRIDAAN-Treatment for diagnosed disease
184 treatments done



JEEVANSH- Fetal echocardiography
>7000 women screened



Hridya Saksham- Echocardiography training
258 + doctors trained



SUGYAAN- Community awareness
>200,000



PraDAAN Outreach program
14 camps done, 5 children identified



PH Life care sponsor medicines
22 children getting free medicines

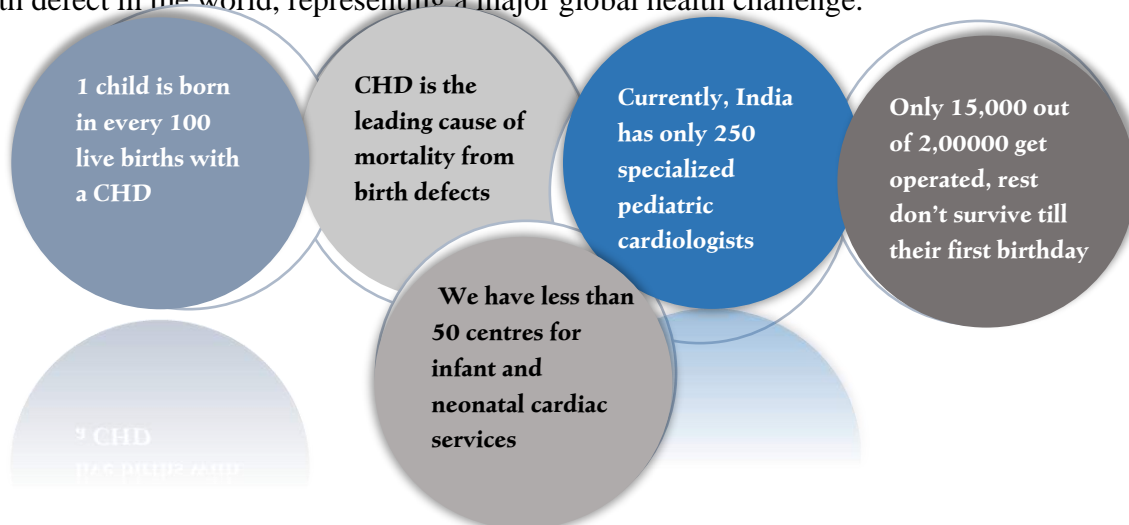


Government partnerships for training and donation
of echo machines
6 echo machines

EXECUTIVE SUMMARY OF THE PROJECT

Problem Statement

There is 1 child born with heart disease in every 100 live births and 30% of children need treatment in the first year of their birth. Congenital Heart Diseases (CHDs) are the most common birth defect in the world, representing a major global health challenge.



CHALLENGES WITH THE DISEASE

LACK OF AWARENESS

Most cases of CHD go undiagnosed or are diagnosed too late for treatment.

HIGH COST OF TREATMENT

Pediatric cardiac care is expensive for an average Indian family with the cost of treatment being around 2-3 Lacs on an avg.

NO INSURANCE COVER

Insurance companies do not provide medical cover for children with heart diseases, categorizing it as "PRE-EXISTING" disease

LACK OF PEDIATRIC CARDIOLOGISTS & PEDIATRIC CARDIAC SURGEONS

LACK OF INFRASTRUCTURE

PROJECT GOAL

1. To facilitate and handhold the treatment of children diagnosed with heart diseases.
2. Providing free post treatment follow up till 18 years of age

PROJECT OBJECTIVES

The objectives of the project are outlined below:

- Treatment of ten children who are diagnosed with heart diseases through our pediatric echocardiography screening program
- Hand-holding families, guardians through the hospital admission, surgery, and discharge process
- Documenting the whole process, accessing the impact

PROJECT DURATION

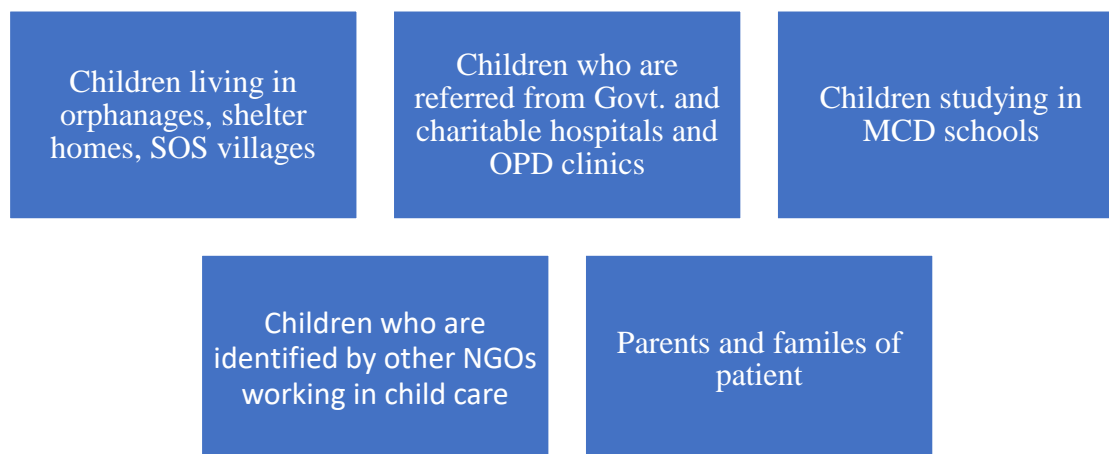
This project is to be completed by 31st March 2023

PROJECT GEOGRAPHY

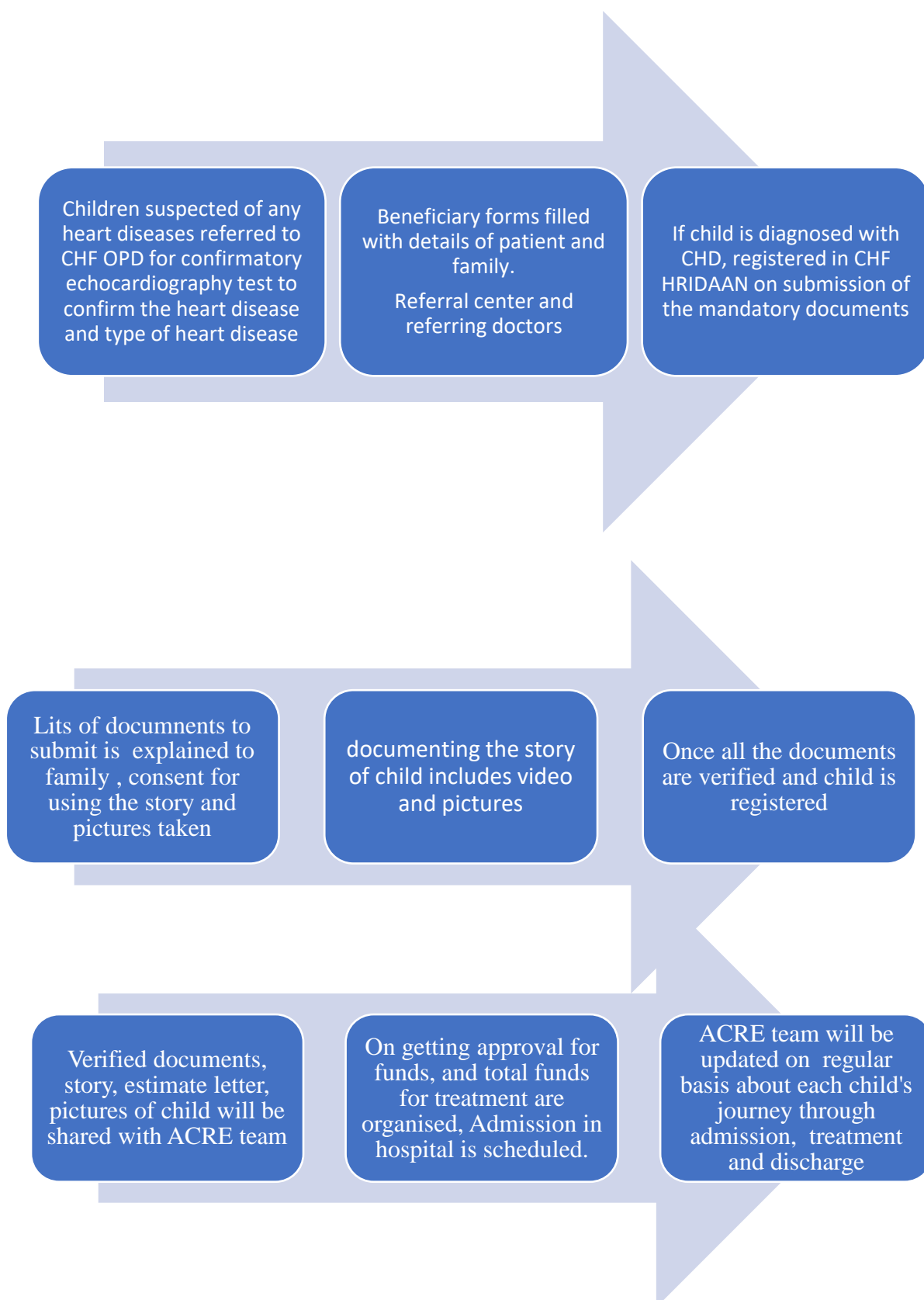
This project will save lives of ten children from underprivileged families belonging to Delhi, NCR and neighboring states. All the treatments will be done in Delhi NCR hospitals

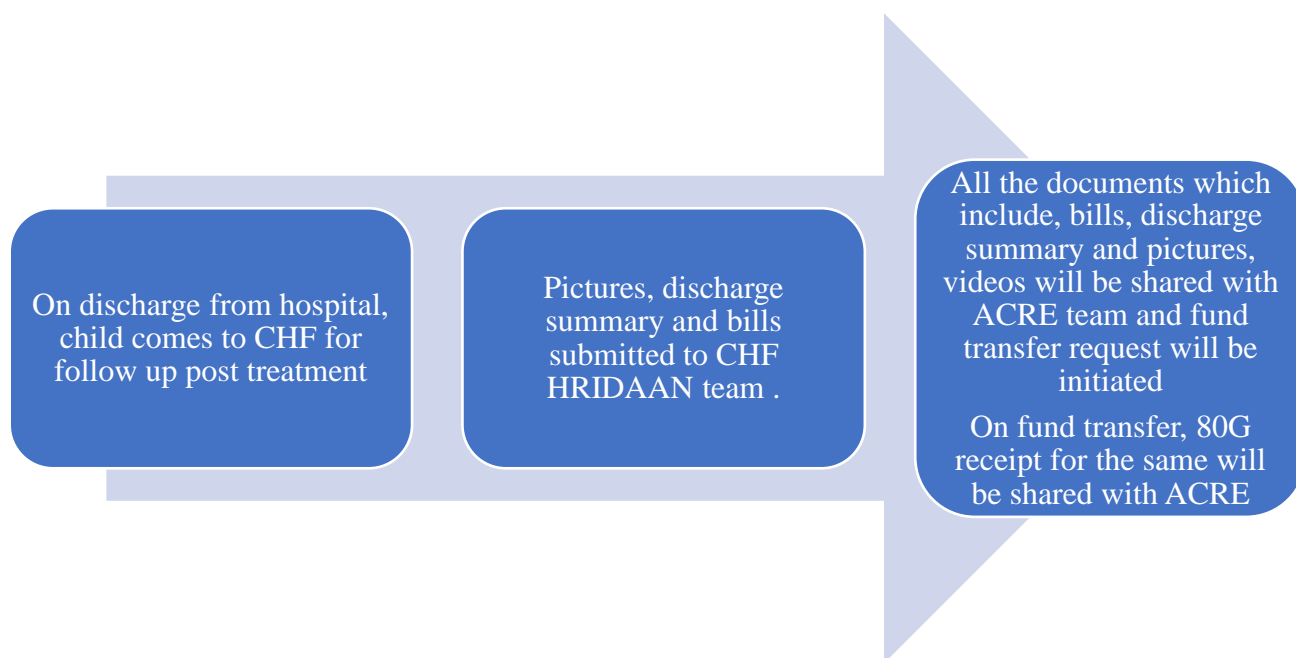
PROJECT BENEFICIARIES

Children from economically weaker sections of society between the age group of 0-18 years.



PROJECT IMPLEMENTATION PLAN

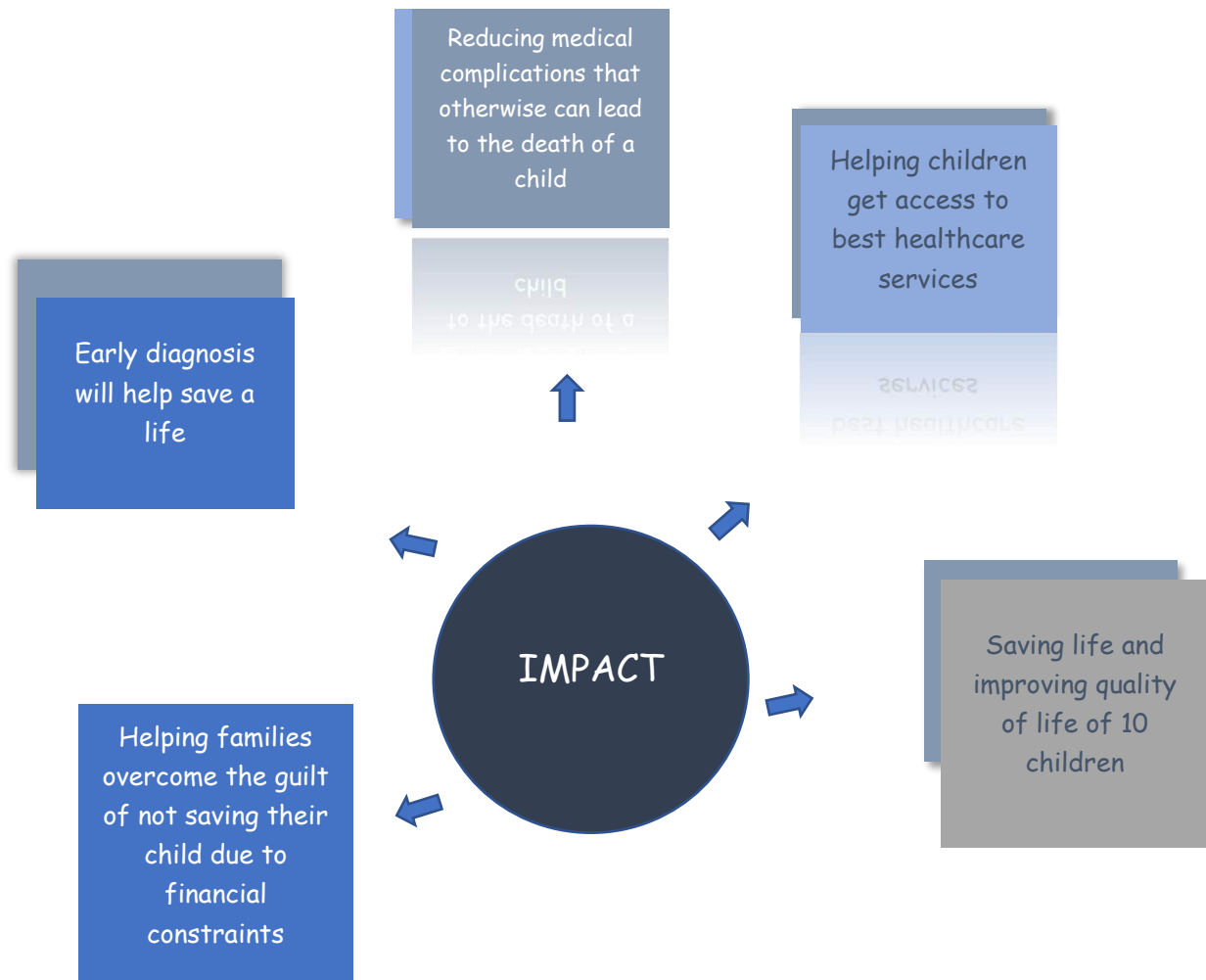




LIST OF ACTIVITIES

Activities	Sub-activities	Output Indicators	Means of Verification	
Registration process into CHF HRIDAAN Program for treatment of the child for congenital heart diseases	Completing the compliance. Coordination for funding and pre-treatment tests with the treating hospital	Treatment done in the hospital	Discharge papers from hospital and bills Beneficiary video, testimonials, pictures	
INPUTS:	Aadhaar cards, diagnostic reports, Hospital registration forms, income certificate of parents, CHF Poverty index, pictures and videos, discharge summary and hospital bills.			
INPUTS: Pictures, videos, documents, medical reports, registration forms of community members and health care workers				

PROJECT IMPACT



PROJECT BUDGET

Total budget – Rs 15,00,000

In words- Rupees Fifteen lakhs only

PROJECT NAME- SCREENING AND TREATMENT OF CHILDREN FOR HEART DISEASES				
PROPOSED YEAR – 2022-23				
1	TREATMENT COSTS			
	Description	Number of children	Average cost per child	Total cost
	Treatment of diagnosed children	10	150000	1500000
	Sub total			1500000
	TOTAL PROJECT BUDGET			15,00,000
	In words- Rupees- Fifteen Lakh only			

OVERALL PROJECT DELIVERABLES

- Treatment of 10 children till 31st March 2023 with a fund contribution of Rs. 150,000 per treatment. If the contribution required is anywhere beyond Rs. 150,000, a case based special request will be made for contribution
- Documents and bills shared with ACRE team on case basis
- Facilitate meeting patient and family post treatment at the hospital and at CHF office as requested by ACRE team.
- Provide Fund Utilization certificate attested by our auditor

MONITORING MECHANISM FOR PROJECT ACTIVITIES AND BENEFITS TO THE BENEFICIARIES CONCERNED

The monitoring mechanism of all the proposed activities shall happen through the documents collected and utilized throughout the process. Details of documentation are mentioned below:

Documents confirming background details: The CHF team as mentioned above, does not register the child till all the documents submitted by guardians/parents are satisfactory. The documents will also be shared with the funding partner.

- Hospital bills and Discharge summary: The team also maintains a record of hospital bills, total expenditure, discharge summary, etc. that are shared with a donor agency as proof of surgery and timely hospital admission & discharge.
- Photos and success stories: The videos of all the success stories recorded on the day a child visits the CHF centre for follow-ups shall be shared with the funding organization. The testimonials in videos and case studies for fundraising are documented for our own records and are also shared with the funding partner. Hospital pictures during their admission are also recorded and maintained by Child Heart Foundation.
- CHF is open to any third-party inspections and audit.

BENEFITS TO FUNDING PARTNER FROM THE PROPOSED PROJECT COLLABORATION

- Display of CSR partner logo on our website
- Social media visibility on posts and videos of the project and success stories
- In the post-surgery videos, beneficiaries and their guardians/ parents can thank ACRE for helping them with funding
- Sharing details and pictures of this project in our monthly newsletter, annual reports, and activity reports.

Project “Leprosy Control” in India



**A CSR Initiative by Asset Care and Reconstruction Enterprise Ltd
for Leprosy Control in India**

Proposal by



DELHI SOUTH ROTARY SERVICE FOUNDATION

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Leprosy in India

Leprosy, also known as Hansen's disease, is one of the oldest known diseases, a chronic infectious disease, if not treated timely, leads to deformity and disabilities. Globally, there were 1,27,558 new leprosy cases detected in 2020-21, according to official figures from 139 countries from the 6 WHO Regions, out of which approximately 60 per cent of cases account from India. Many infected with the disease are left neglected, suffering with the long-term disability, while many more go undetected due to a lack of awareness and a weak medical and support infrastructure.

On average, the disease incubation period is 5 years but symptoms may occur within 1 year. It can also take as long as 20 years or even more to occur. Leprosy, almost exclusively a disease of the developing world, is subject to many myths and stigma. The biggest myth being, that leprosy is not curable. **Leprosy is curable and become non-communicable with just 2 doses of MDT.** Only if, untreated, it can cause progressive and permanent damage to the skin, nerves, limbs, and eyes.

Ignorance around leprosy has been the biggest challenge in systemic reduction of this disease to insignificant levels. The taboos and myths around the spread and perceived incurability of the disease exacerbates the situation making the plight of the leprosy patients deplorable. Leprosy patients today are not just battling with diagnosis and treatment but fighting for their right to dignified living. Most are living as outcasts in isolation in approximately 750 leprosy colonies in India, where they become a no-name and their existence too is not acknowledged.

India currently runs one of the largest leprosy eradication programs in the world, the National Leprosy Eradication Program (NLEP). Despite this, 120,000 to 130,000 new cases of leprosy are reported every year in India and we need to lower the prevalence rate in order for the world to make progress.

There is a renewed emphasis from GOI and organizations like WHO and Rotary to fast-track efforts for early and active detection of leprosy cases to ensure complete treatment, prevention of physical disabilities and to stop the community transmission.

The WHO Global Leprosy Strategy 2021-2030, '*Towards Zero Leprosy*', puts leprosy in the roadmap for elimination of neglected tropical diseases, increasing both visibility of and attention for leprosy. Rotary Club of Delhi South via DSRSF, picked this hardest battle for the most neglected in our society and started the "Leprosy Control Project in India" in 2019. We were joined in our mission by partner Rotary Clubs, Lepra & ACRE to build momentum for leprosy elimination across India- zero infection and disease, zero disability and zero stigma and discrimination and this project came to life in 2019.

Background

Delhi South Rotary Service Foundation (DSRSF), a not for profit, focused on serving humanity to impact change, started the 'Leprosy Control Project' in 2019. The project is spread over 12-14 years to cover entire India with the first concentration being Delhi NCR. The project focus is around 4 pillars – battling ignorance, training people, active case finding, and healthcare and rehabilitation.

Understanding the need, ACRE became a key partner with Rotary DSRSF on Dec 11, 2021, to undertake CSR activity on behalf of ACRE in supporting awareness, skill building and healthcare in the area of leprosy with a grant of Rs. 34,00,000/- for FY 2020-21. The support granted was principally for a long-term duration and the project in FY 2021-22 was given a grant of **INR 25 Lakhs**.

Significant progress has been made in both years and many lives have been touched. The detailed reports on spends and impact have been shared in line with the MOU.

DSRSF Leprosy Control Project in India:

Project belief: We believe that there is big need of awareness around leprosy and leprosy patients need detection, right treatment, care, rehabilitation and a life of dignity.

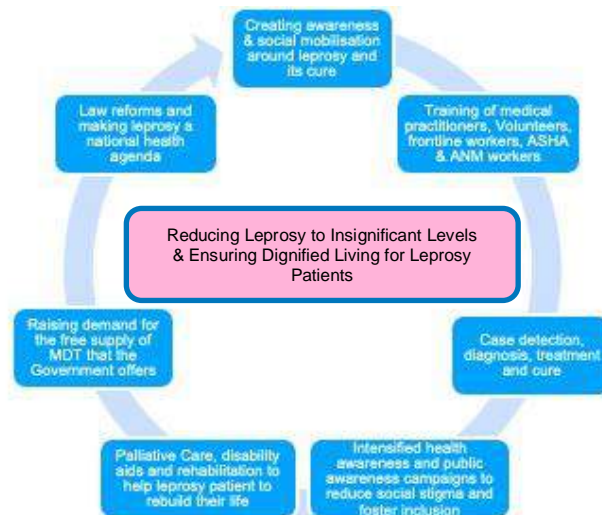
The intervention for leprosy needs right treatment and structured palliative care. The project would be considered successfully commissioned as soon as we reduce the **transmission of leprosy to zero**.

Human life and living with dignity precede everything else and no matter what the specific vision or area of work that an organization supports, raising awareness to end discrimination, skilling people to save lives, supporting treatment to saving lives, rehabilitation and palliative care for upliftment of those in need fits integrally into humanity agenda and should be the first priority for government, all citizens and corporate citizens.

Project Vision: **Zero leprosy: zero infection and disease, zero disability, zero stigma and discrimination**. This humanitarian project addresses the need to control leprosy to produce sustainable and measurable outcome pan India over a 10-year initiative with a total outlay of Rs. 12-14 crores. Our vision is to achieve leprosy control in India by reducing transmission and making leprosy a disease of little consequence by enhancing morbidity management, disability care and inclusion.

Goal: **Elimination of leprosy (defined as interruption of transmission)**. Our goal is to control leprosy and reduce it to insignificant levels with focus on awareness, prevention, treatment, and rehabilitation of leprosy patients to enable dignified living like any other citizen. The objective of the project is to create a robust system to address the imminent need to control leprosy from awareness to rehabilitation and to put it on the healthcare map of our country.

Our approach: We will follow a phased approach, and we will work in the following key areas:



About Us: Rotary Club of Delhi South (RCDS) & Delhi South Rotary Service Foundation (DSRSF)

RCDS is one of the premier Rotary Clubs in North India and is a part of Rotary International, an international service organization. Delhi South Rotary Service Foundation (DSRSF) was established by the members of Rotary Club of Delhi South in 1978 to create a Registered Society under the Societies Registration Act, 1860, to serve the community in the fields of literacy, education, skill development, women empowerment, health, environment, child, youth and elderly welfare and to enable the underprivileged lead a better life. DSRSF does not charge any administrative costs to projects as these are mainly borne by its members.

DSRSF is tax exempt under section 12 (A) of the Income Tax Act and all donations and contributions to DSRSF are eligible for tax deduction under section 80G of the Act. DSRSF is also registered with Ministry of Corporate Affairs for undertaking CSR activities and the Registration number is CSR00001723.

Under schedule VII (i) (ii) & (iii) of the Companies Act 2013, promoting healthcare, skilling, setting homes and other facilities for the socially and economically backward groups are areas eligible to receive CSR support. Our project 'Leprosy Control' fulfills all criteria to be the CSR implementation partner for a corporate.

Our Purpose: To bring together business and professional leaders in order to provide humanitarian service and to advance goodwill and peace around the world.

Our Mission: To provide service to others, promote integrity, and advance world understanding, goodwill, and peace through its fellowship of business, professional, and community leaders.

RCDS draws its membership from leaders in business, medicine, consulting and legal professions and is in its **53rd year of service**, having been formed in 1969. RCDS and its members have dedicated themselves in serving the less fortunate who need our help. RCDS has also undertaken and delivered successful projects in the areas of education, environment, healthcare and other sustainable development goals (SDGs).

Our Partner in the Project: Rotary Club of Delhi South, Delhi South End, Delhi Regency Next and New Delhi, with LEPRO, a UK-based international charity working to beat leprosy and will be one of our key collaborating partners with us for this project in India. Lepro's patron is Her Royal Highness Queen Elizabeth II and Lepro's Vice President is His Royal Highness the Duke of Gloucester.

Key Milestones & Achievement

With ACRE's support, the much-needed awareness & advocacy campaign, across all channels - digital, print, electronic and radio kickstarted and was the primary focus of the projects in 2020-21. The aim was to stop ignorance about leprosy and break the chain of stigma, myths & taboos; influence change of archaic laws; bring focus of active case finding, treatment and rehabilitation of leprosy patients and their families. Media reach of **17 mn+** with print, radio and leprosy view article in Rotary new letter. Features, opinion articles and releases in leading publications like Logical India, India Today and more with overall readership of **18mn**. The jingle with Usha Uthup was launched with radio interactions (hugely subsidised) with DSRSF and ACRE spokesperson. It reached **5mn** through on-air interaction and additional **1.8mn** through Facebook. Overall listenership was around **7mn**.

In 2021-22, a sustained, multistakeholder/ multi-channel/ on-line and offline **awareness and advocacy** engagement is the need of the campaign. This year our approach is to do sustained project related social media advocacy and a big activation campaign around the World Leprosy day on Jan 30 and Mass mobilisation of relief work in March with sustenance all through. The campaign '**BhedNahinBahvSe**' was started in January to mobilize minds to stop ignorance and break the chain of stigma, myths & taboos; influence change of archaic laws; bring focus of active case finding, treatment and rehabilitation of leprosy patients and their families.

Our awareness campaign generated interest and participation from media, influencers, corporates, medical fraternity, other institutions, leprosy patients and volunteers reinforcing that with continued effort, things will change and leprosy detection, timely treatments and rehabilitation. We have reached **50mn+** and the footprint of poster campaign and a fortnight of awareness drive is close to **25K people**. Further, our campaign and collaboration further influenced changes in laws. With our structured approach, we not only met our communication objective but over-achieved them in quality and quantity.

Skilling of frontline workers for active case finding, were delayed due to COVID restrictions on travel and physical meetings gatherings in FY 2020-21. Considerable ground-work however to implement the training programme was accomplished.

In 2021- 22, with restriction relaxed by mid-year, training in collaboration with NLEP and SLO, for ANMs & Asha worker was started in full force. We have done 6 structured training program in which we have trained 207 people to detect leprosy, physiotherapy and palliative care. Each of the training programmes have customised training material. Also, and many more leprosy patients, family and front-line workers were trained on self-care & physiotherapy through our 40 palliative care camps done so far.

Our **healthcare focus** and on ground connect with leprosy patients to understand their needs has been strong all through. Our well-rounded approach ensured that the leprosy patients in the colonies that we worked in were not only met and heard but most importantly they get the nutrients, treatment, physiotherapy, self-aid kits, care for healing.

Key highlights:

- Fructifying partnerships with Government, Corporate grantors, Rotary Clubs and Other NGO partners
- Access and connect with Leprosy Patients- Identifying and cooperating with leprosy warriors and family members and community Pradhans
- Awareness about leprosy, treatment and care was paramount. Initiated a multimedia, multi awareness campaign in colonies and public at large.
- Commissioned a mobile ulcer management clinic to serve leprosy patient across Delhi NCR
- Undertook integrated Disability care and awareness camps to capacitate families by providing, self-care training and kits, dressing training and conducting active case finding
- Provided relief material in the form of physiotherapy, protective footwear walkers' and tricycles and solar panel
- Mobile ulcer clinic providing physiotherapy, ulcer care, physio training, distribution of shoe and self-aid kits.
- Ensured regular dressing and physiotherapy at our center in Guru Teg Bahadur Hospital

Result:

- Mobile ulcer clinic providing physiotherapy, ulcer care, physio training, distribution of shoe and self-aid kits launched in FY 2020-21.
- 40 physiotherapy and disability care camps done in FY 2021-22
- Distributed 611 self care kits, 37 readymade shoes, 293 custom made shoes, 53 gutter splints, 14 finger loops in just FY 2021-22
- **600 Blanket** distribution in January to leprosy patients across 2 years
- Initiated first active case finding camp at Munirka slums Vasant Vihar with District leprosy officer where 115 children screened
- The 100 tricycles and 30 four-legged walkers given to leprosy patients with mobility issue at Mother Teresa home
- Food and nutrient support to 2 colonies and supplied 2500 meals in FY 2021-22 & in FY 202-21
- Solar panels installed in 2 colonies 3 Barracks of the Mother Teresa Leprosy home

Discussion on **rehabilitation and skilling programme** focusing on livelihood for leprosy cured people and their families, which was part of our year 2 agenda, has been initiated and will be implemented in 2023-24.

Our work so far has created significant impact. This is a great start to a long journey, one that will be accomplished with ACRE's support.

Collaboration and connect with ACRE:

2020-21

- 2 colony visits by ACRE team- the personal touch and knowing on-ground reality goes a long way to build unparalleled connect to the cause and beneficiary
- Photo/ story/ video assets created to amplify message to collaborate and support. ACRE (Shariq's) quote was carried in Healthwire (reach-5000), Only My Health (reach-327,750) & Punjab Kesari (reach-12.23 million). The FB post of ACRE's quote and all social creatives had a wide reach.
- Photo feature with Stuti's quote was carried in Logical Indian and had a reach of 1mn.
- Stuti's interaction with Mahadev brought to light in Lepra view, Rotary NL and social channels had a wide reach.
- Big FM Radio interaction with Shariq reached 5mn and additional 1.8mn through Facebook. Overall listenership around 7mn.
- Stuti's video at RK Leprosy colony talking reached 11K+ with much higher impressions.

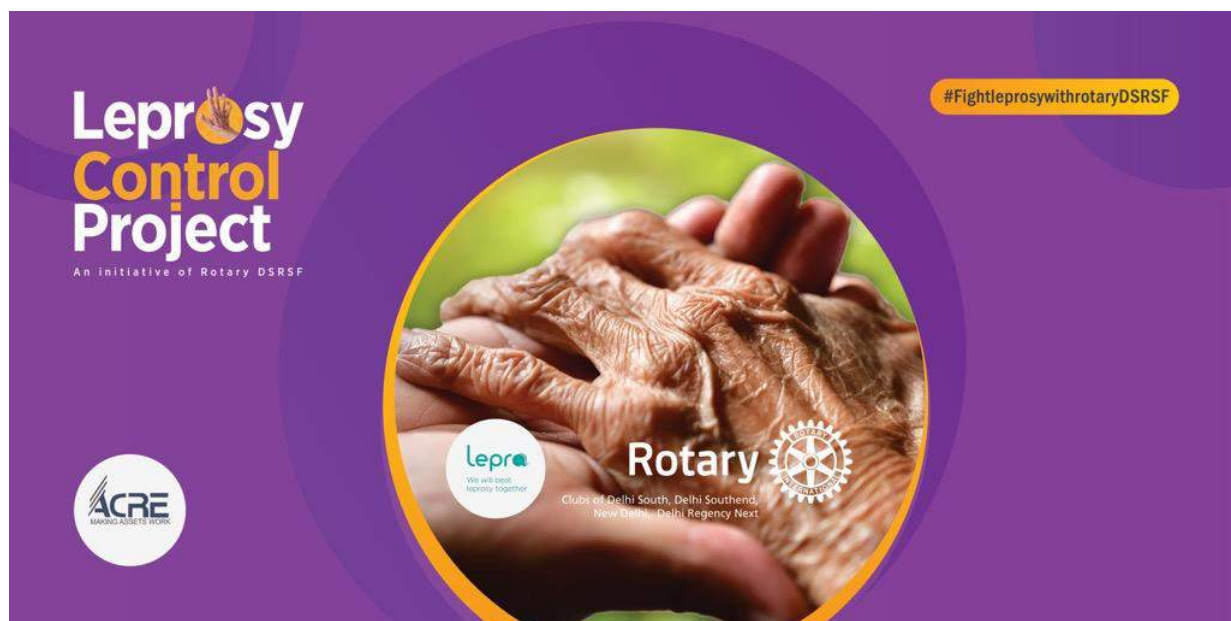
2021-22

- All press releases, media stories, interviews, podcasts have ACRE's quote or mention.
- The press statement of Sh. Om Birla Ji applauding the work under the project in ACRE
- All project material across all areas carries ACRE Logo and branding
- The FB post of ACRE's quote, films and all social creatives with ACRE branding had a wide reach.
- Shariq video on FB gained a lot of traction.
- Panel discussion with Voice of Healthcare with MS Shariq as ACRE spokesperson
- The walking aids distributed have ACRE branding
- Mega relief work in Mother Teresa home attended by MS Shariq and Pawan. The visit left them moved to see the plight of those with leprosy and the humanitarian work done under the project.

With the great beginning and impact the project was awarded Rotary Global Grant of 77 lakhs in 2021-22.

Our world has been acknowledged and applauded by Lok Sabha Speaker Shri Om Birla and MOH Mansukh Mandaviya.

2022-23: OUR PROPOSAL FOR EXTENDED AND ENHANCED COLLABORATION



In view of the successful implementation of the Project and for a more enhanced collaboration with ACRE, we propose to deepen and enhance our scope of implementation. Our core focus this year will be to sustain the momentum on awareness with strategic focus on building more supports and influencers, enhance efforts on skilling, active case finding and take the next leap on healthcare with reconstructive surgeries. We also want to sow the seed and do an in-depth understanding into the area of skilling, entrepreneurship and rehabilitation of leprosy patients and their families to enable sustained income and dignified living. The project now has the blessing of the Health Ministry and the Joint Secretary Leprosy, who is focused to make Delhi a '**Zero leprosy**' area in the next 5 years. Largely our activities will be around these pillars:

- Sustained awareness and advocacy campaign leveraging the assets created.
 - Strategic media round table event around world leprosy day moderated by a leading journalist
 - Continued focus on print, social and electronic media to influence minds, mobilize support and impact change.
 - Patient advocates and influencers will be another focus area.
 - Broadcasting of the film and jingle
 - World leprosy day activation and news around mega relief activities
- Skilling:
 - 3-4 training programs to enable active case finding and treatment.
 - Training film/s and other material will be created.
- Healthcare
 - Active case finding camps to make Delhi Zero Leprosy zone.
 - Outreach to all 38 colonies for healthcare- Food and nutrients, and aids, footwear, physiotherapy, bandaging with the mobile ulcer clinic.
 - Complete Solar Electricity on Mother Teresa Leprosy Home feeding the Grid
 - 25 Tricycles

- Reconstructive Surgeries for 3-5 patients. Patient consent and comfort a pre-requisite for the same.

This project which was envisaged as a 10 year project, now extended to 13-16 years has three phases consisting of 4 years, 5 years and 6 years respectively as described below. The project started with NCR of Delhi, an endemic area of leprosy patients and potential patients to create a ripple model of learning and success to then be taken pan India. For the coming year we actually want to tackle this project colony by colony and propose to ACRE to support us for a pilot on. 'model leprosy colony'. Will be happy to discuss this in details with ACRE for support. With successful implementation of the pilot in NCR, the model will become a simple 'lift and shift' for the rest of India.

Phase 1 (4 years) – Implement project in NCR of Delhi:

Raise awareness of leprosy among the public, health professionals and decisionmakers, social mobilisation for case detection, through health staff training, enhanced active case finding, treatment support, palliative care and confidence building support for leprosy patients in NCR of Delhi.

The outlay for this phase was originally estimated at Rs. 2 crores as below. This is expected to be in variance by 15% higher. Our grant proposal to ACRE is to support this phase of activation and mobilisation over the period from Nov 1, 2020 to March 31, 2024 as submitted in Nov 2020 and approved in principle. Following which we were allocated a grants in 2020-21 and 2021- 22 out of which we expended Rs. 59.4 lakhs. Further we have received a global grant of 77 lakhs, making the balance fund requirement at Rs. 95.2 lakhs. We request your generous support for Rs. 28 lakhs in FY 2022-23.

Pillar	Phase 1 Project Cost - Nov 20 to Mar 24	Additional 15%	Spend so far	Global Grant	Balance	Funds Required over 2 years	FY 2022-23	FY 2022-24	Branding opportunity
Awareness, Advocacy and Adoption	46.8	(10.0)	19.7		17.0	17.0	6.50	10.53	Yes
Skilling and upskilling	34.5	17.1	0.8	35.0	50.7	15.7		15.7	Yes
Healthcare	119.5	23.9	38.9	42.0	104.5	62.5	21.50	41.04	Yes
Total Budget	200.8	31.0	59.4	77.0	172.3	95.3	28.0	67.3	

****the above does not include costs to create a model colony***

Project activity and cost break down: April 2022 to March 2023

S. No	Pillar	Category	Description	Budget FY 2021-22	Branding opportunity	Measure of success
1	Awareness, Advocacy and Adoption	General & Patient Awareness (April to March)	Digital & Media sustained advocacy	1,50,000	Yes	Reach & Impressions
		World Leprosy day (Jan to March)	Media round table and activations; leprosy Fortnight; Event film/s; radio partnership	5,00,000	Yes	
	Sub-total A			6,50,000		
2	Healthcare & Rehabilitation	Case Identification, nutrients, palliative treatment and support; rehabilitation	Operations and maintenance of the Palliative Care Van sponsored by ACRE	1,50,000	No	No of people reached. No of shoes and aid distributed; No of Physiotherapy Camps and beneficiaries for nutrients and other support and nos of reconstructive surgeries done
			Palliative care. Ancillary support bandaging, physiotherapy camps	1,50,000	Yes	
			25 tricycles	2,50,000	Yes	
			Complete Solar Electricity on Mother Teresa Leprosy Home feeding the Grid	15,00,000	Yes	
			Reconstructive surgeries (min 5)	1,00,000	Yes	
	Sub-total B			21,50,000		
	Total Budget			28,00,000		

**The above is an indicative list. Costs vary depending on cost negotiated, level of activity in present times of social distancing.*

**Of the grant allocated, plan of activities and associated costs will be shared with ACRE for active involvement in project implementation.*

While we guarantee achieving agreed program goals and measurable outcomes, our commitments are not restricted to the activities listed above and is dictated by evolving needs to achieve the outcomes. It is our constant endeavor to maximize impact on awareness, treatment, support and rehabilitation of as many leprosy patients as possible utilizing available funds.

The entire project cost will only comprise of direct costs associated with the program and no part of the project cost will be utilized for any overheads or salaries of Rotary. 100% of funds raised are used towards the cause and there is no overhead allocation.

Grant disbursement

Grant allocated to be disbursed in two instalments of 50% and 50% respectively. The second instalments to be disbursed after report submission of 80% utilization of the first tranche disbursement.

Project Duration Period 2 of PHASE 1

The utilisation of grant and committed measurable outcomes for April 2022 to March 2023, is expected to be completed on or before March 31, 2023. Impact assessment report at the behest of the grantor and at cost provided additionally, will be done at the end of March 2024

How we work

Operations: The Project core group of 6 experienced professional (herein called 'core group') will be collectively responsible to ensure program goals are met and grant is utilised as per design and grantor's approval, with proper due diligence for most effective outcomes. Key operating guidelines:

- a) Detailed plans outlining activity and budgets will be prepared, discussed and approved. These plans will be shared with the grantor organization for participation, if desired and convenient.
- b) Vendor selection: Three quotes for items / services with a value over Rs. 1 lakh, which will be evaluated with at least 3 members of the core group. The core group may decide to waive this off in case of working with the same partner for whom this competitive analysis was done in previous year
- c) We lay a lot of emphasis on scrutiny of paperwork and approval process. All expenditure and reports will go through two level of checks of the documents by core group approval authorities along with the documents. Once approved, the same will be shared as part of the plan to the authorized personnel of ACRE.
- d) Rotary Leprosy Social Mobilisation Office and Lepra Staff will be integrally involved in project monitoring and evaluation.
- e) For active case finding we will work with SLOs/ DLOs and the medical community i.e. doctors and medical social workers at various hospitals, ASHA, ANM workers, leprosy colonies, Rotarians and primary healthcare centers.
- f) Adequate due diligence process will be followed to identify and work with vendors, partners, co-collaborators and other institutions.

We put a lot of stress being actively involved in each aspect of the project, on meeting the patients, medical practitioners, social workers, front line workers and others to get firsthand experience of the impact of the project.

Payment

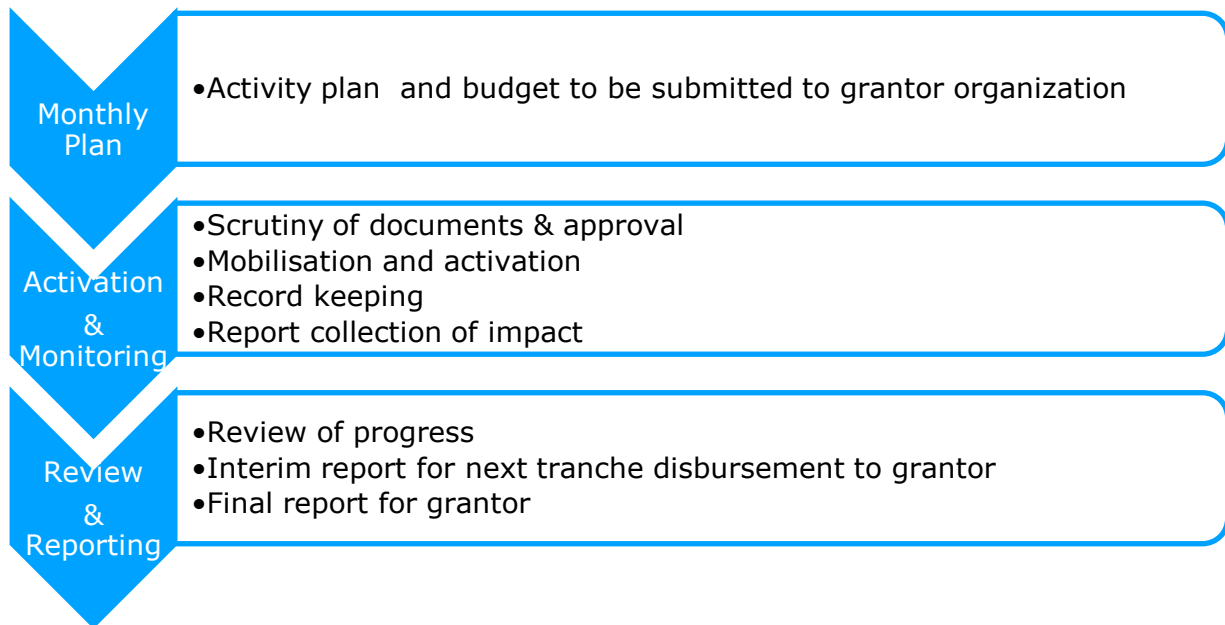
Funds will be disbursed directly to hospital, vendors and partners through valid banking channels. No funds will be disbursed to patients or any intermediaries to prevent any leakage of funds.

Record keeping and reporting

Activity and expense wise record of each expenditure will be maintained, and detailed report of funds utilized with all details and supporting documents, together with impact assessment reports will be shared with the funding organization at the end of the grant period.

The periodicity and the format of reports can be customized to meet ACRE's requirement.

Project Implementation: Process



Project Monitoring & Deliverables

To ensure that the project objectives are met, we will undertake a progress review as mutually agreed. Rotary will submit a report at the end of the project to ACRE that will contain the documents below:

- i. Details of all activities undertaken broken by sub activity
- ii. Details of utilization of funds: Cost associated with each activity and sub activity. All supporting documents- bills and other supports as may be requested
- iii. Outcome reporting- reach and measures
- iv. Rehabilitation status on leprosy patient supported

We would encourage the corporate to visit the cases at the hospitals or leprosy colonies or in their homes.

Please note: The monitoring, reporting and evaluation designs can be customized as per your corporate guidelines.

Core Team of the Project: Same as period 1 in phase 1

Should you need any further information, please do let us know.

We are grateful for your support.



Pradeep Bahri
Member GB, Delhi South Rotary Service Foundation

eyebetes Foundation

305 Om Chambers, Kemps Corner, Mumbai 400036

www.eyebetes.com

25 July 2022

Mrs Neeta Mukerji
ACRE India

Eyebetes – A Movement Against Preventable Blindness & Diabetes
Funding Proposal 2022-23

Background:

It is well established that poor vision is linked to poor quality of life, increased mental health issues, reduced earning ability, increased financial dependence, increased need for care from family, increased neglect from family and amongst younger people leads to reduced intellect, increased school dropout and limits the potential of the individual.

Diabetes and lipid (cholesterol) disorders are the leading causes of pre-mature death, increased morbidity and diabetes is the commonest cause of blindness not just in India but also across the world.

Published data and results from our work the slums in Mumbai and with junior frontline workers like the Police, has shown that more than 80% of people have never had an eye test or been seen by an eye doctor, 70-80% have an uncorrected refractive error and don't wear glasses, causing their distance and / or near vision which will cause significant difficulties in daily activities. Undiagnosed and untreated causes of preventable blindness like diabetes related eye disease, glaucoma, cataract, age related macular degeneration, ocular surface disease, lid margin disease, asthenopia and eye fatigue have a prevalence of between 10-70%.

Undiagnosed diabetes, pre-diabetes and lipid disorders (cholesterol) is as common problem in adults in the slums and amongst frontline workers with a prevalence between 40-65%

A simple intervention like prescribing the correct glasses can have a transformative effect on someone's life. It is an inexpensive way to truly change someone's life.

Early diagnosis and treatment of causes of preventable blindness like glaucoma, diabetes, aging, cataract and ocular surface and lid margin disease helps prevent blindness and eye discomfort and pain. With today's technology and medical advancements no one should go blind from causes of preventable blindness. Unfortunately for most causes of preventable blindness, unless diagnosed and treated early, the diseases cause irrecoverable loss of vision.

Since inception of Eyebetes Foundation in 2016 more than 1,40,000 people have benefitted from our charitable work.

In 2021-2022 alone more than 8,000 frontline personnel and people in the slums have benefitted from the Eyebetes events with more than 6,000 prescription glasses dispensed.

Thanks to the contribution by ACRE in 2021-22 more than 800 people in the slums benefitted from Eyebetes events

About Eyebetes Foundation (www.eyebetes.com)

Eyebetes foundation is a registered charitable foundation with CSR-1, 12A and 80G certification. The Eyebetes movement started by Eyebetes Foundation and its work through Bhajandas Bajaj Foundation (another registered charitable foundation with all certifications and presence for more than 20 years), has become one of India's largest charitable initiatives and movements against Diabetes and Preventable Blindness.

Founders and Trustees:

- Dr S Kumar – Chief of Diabetes at Bombay Hospital is one of India's leading and most respected diabetes specialists in the country. Most of our Prime Ministers and Chief Ministers have been his patients.
- Dr Nishant Kumar – Lead Eye Services, Hinduja Hospital, Khar is a Fulbright Scholar and completed his eye training and then lived in the UK and USA for 15 years. He was a consultant ophthalmologist at the world-renowned Moorfields Eye Hospital, London prior to returning to India in late 2014. Diabetes related eye disease is his clinical, surgical and research area of interest and he is considered one of the global thought leaders in the management of diabetes related eye disease. (www.DrNishantKumar.com)

Eyebetes Foundation has following certifications:

- Registered charitable foundation with the Charities Commission
- 80G registration – renewed in 2021
- 12A registration – renewed in 2021
- CSR-1 registration – 2021
- Income Tax returns of more than 4 years

Significant achievements of Eyebetes Foundation:

- Examined more than 1,40,000 people for free for diabetes and blinding eye diseases
- Distributed more than 1.4 million educational leaflets regarding Diabetes and Preventable Blindness
- Multiple Guinness World Records for our Charitable work
 - Guinness World Record - 'Most diabetic eye screening in 8 hours' - 2016
 - Guinness World Record - 'Most diabetic kidney screening in 8 hours' - 2019
 - Guinness World Record - 'Most diabetic eye screening in 8 hours' – 2019
- Celebrity endorsements: personalities like Sachin Tendulkar (Bharat Ratna and legendary cricketer), Sunil Gavaskar (cricket legend), Sunil Shetty (Bollywood actor) Ritesh Deshmukh (Bollywood and marathi actor), Farook Abdullah, (Ex-Union Minister and Ex-Chief Minister of Jammu & Kashmir), Sharad Pawar (Former Chief Minister Maharashtra and Union Minister) and numerous other sports personalities, politicians, actors, singers and entertainers are our supporters and ambassadors.
- More than 50 newspaper articles in leading national and regional newspapers about our work.
- Collaborated with leading scientists in India and abroad and have published multiple peer-reviewed articles in leading medical journals.

Details of an Eyebetes event:

All participants in the Eyebetes event undergo the following tests for free:

1. Random blood sugar using finger prick method
2. Diabetes screening using an HbA1c blood test
3. Complete Lipid screening – using a complete lipid and cholesterol profile (9 blood tests)

eyebetes - Because Diabetes Blinds

Tel: 8080259955 / 9820559955

4. Vision assessment for near and distance (habitual vision)
5. Complete refraction for near and distance
6. Best corrected visual acuity assessment for near and distance
7. Glaucoma screening by optic disc assessment using fundus photograph
8. Retinal screening for aging, diabetes, infection, inflammation using fundus photograph
9. Cataract screening
10. Review of all eye images and vision by an eye surgeon
11. Reports of the eye surgeon sent by courier, whatsapp and email
12. Reports of all blood tests sent by courier and whatsapp
13. Reports of the refraction (glasses prescription) sent by courier and whatsapp
14. Dispensing prescription glasses – bifocal glasses / distance glasses / near glasses
15. Dispensing UV protection sunglasses

Dedicated teams of specialists deliver state of the art technology and best in class care for our Eyebetes events.

- Blood tests are conducted by Thyrocare and NM Medical, both accredited and renown laboratories which are trusted by most leading doctors.
- Vision tests are all conducted by trained and accredited opticians and optometrists.
- Eye imaging for glaucoma, retina and cataract screening is done using multiple non-mydratic fundus cameras with artificial intelligence (AI) capabilities made by Forus Healthcare, one of the leading ocular imaging manufacturers.
- Vitreous Retina Macula (VRM) India provides the technicians, ocular imaging specialists and specialist eye surgeons for performing the eye tests and eye imaging and reviewing the images.
- Eye surgeons review all the eye images and the vision data remotely and send the reports of the eye tests by whatsapp and as a hard copy by courier.
- Prescription glasses are made by Carl Zeiss, Hoya, Essilor, Nidek - the world's leading manufacturers for prescription glasses.
- Sunglasses are given to protect the eyes from harmful ultraviolet lights.

Beneficiaries of Eyebetes Events using the ACRE contribution

- **Slums dwellers in Greater Mumbai**

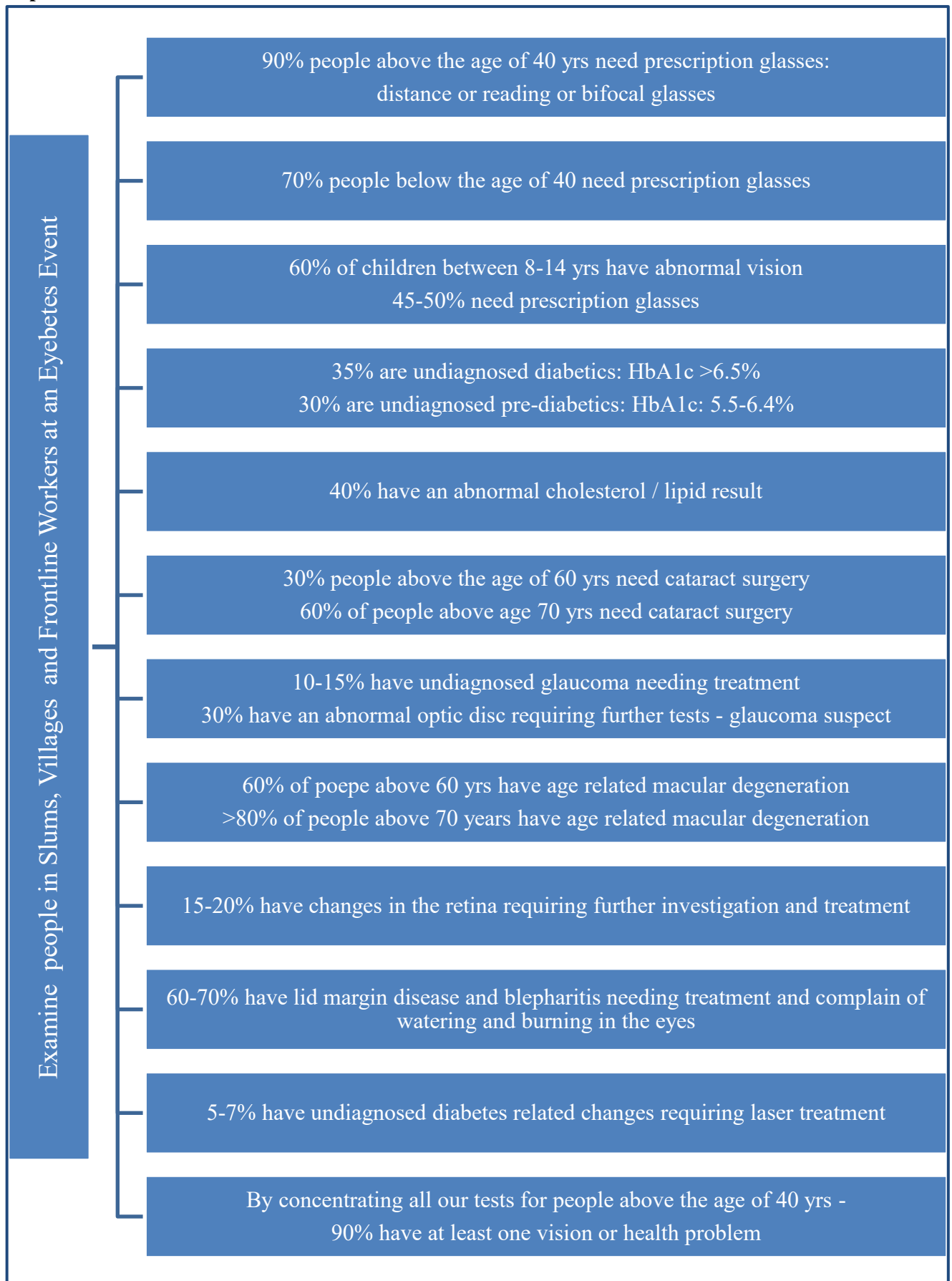
We conduct large Eyebetes events in the community, identifying slums and local NGOs and social workers who help us conduct the Eyebetes event in a suitable area where all the equipment is set up and the tests are conducted.

We have the capacity to examine upto 500 people a day and this can be scaled up depending on the demand and the funding.

Eyebetes Centre:

In 2022-23 we will have established an Eyebetes Centre where frontline workers from Mumbai and Slum dwellers living in South Mumbai can be seen at a dedicated Centre which has state of the art technology, all the diagnostic and treatment modalities required for a complete and comprehensive examination for all eye diseases, treatment modalities including laser and specialized staff like expert nurses, opticians and eye surgeons.

Impact Assessment:



*All the above data is based on our previous Eyebetes events and published literature

Estimated cost per person (All the Blood tests + Eye tests + Review + Prescription Glasses + Sunglasses):

- Eyebetes event in the Community within Mumbai: Rs 3000 per beneficiary
- Beneficiary seen at the Eyebetes Center: Rs 3000-3500 per beneficiary (any treatment can be started at the Center and drops given at the same visit; additional tests needed can also be performed)
- Eyebetes event outside Mumbai: Rs 4000 per beneficiary (costs will vary depending on the number of people seen, the duration of event, the travel and accommodation costs and the logistic costs). If additional tests are performed the cost per beneficiary will increase.

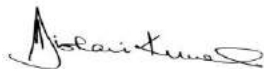
Estimated funding needed in 2022-23 by ACRE:

- All the funding from ACRE will be used for serving Slum dwellers in Mumbai
- 700 people in Mumbai will be reviewed through your CSR contribution of Rs 21,00,000
- I am hopeful that during the course of this year there will be a possibility of increasing the funding to Rs 30,00,000 so that 1,000 slum dwellers can benefit.
- At the events in the slums, we will acknowledge the support of ACRE by having the logo at the event.

All the donations to Eyebetes are eligible for the relevant tax benefits as we have all the necessary accreditations.

We are very grateful for all your help and support, and I am hopeful that you will be able to visit us during the Eyebetes events and see the work that's done on the ground. I am confident you will be delighted to see the work that is done and the number of lives we impact in a very significant manner.

If there is any chance of increasing the funding or if additional funds become available, please do remember us.



DR. NISHANT KUMAR

Founder and Trustee – Eyebetes Foundation

Tel: +91 9820559955; Email: Contact@DrNishantKumar.com

B-ABLE FOUNDATION

Off.: 382, 3rd Floor, 100 Feet Road, Ghitorni, New Delhi-110030
Ph: +91 9205182662 E-Mail: info@b-ablefoundation.org
Reg. Off: F-5, Ground Floor, Kailash Colony, New Delhi-110048
CIN-U80903DL2020NPL359665



Date: 20th January 2023

To,

The Board of Directors
Assets Care & Reconstruction Enterprise Limited
2nd Floor, Mohan Dev Building 13, Tolstoy Marg,
New Delhi New Delhi – 110001

Subject: Proposal for Technician Training Program Under CSR Initiative.

Respected Board Members,

At the outset, we would like to express our sincere gratitude to your management for expressing interest to participate in our Backhoe Loader Technician Training Program aimed towards enhancing the technical skills and creating employability of the underprivileged youths of our country.

In the above regard, we would also like to put forward a brief introduction of B-ABLE Foundation and Operator and Technician Training Program which are being imparted since 2018.

B-ABLE FOUNDATION, a Non-Profit Organization registered under Section 8 of the Companies Act, 2013, bearing CIN: U80903DL2020NPL359665 and having its registered office at F-5, Ground Floor, Kailash Colony, New Delhi-110048 (herein referred to as "**B-ABLE**") which expression shall mean and include its successors and permitted assigns) of the **SECOND PART**.

It is dedicated to develop socio economic status of the under privileged youth of the community by providing the requisite knowledge and skill in operating earth moving machines so as to support them to become self-reliant and build a better tomorrow for themselves.

To train and develop technical capabilities of the underprivileged, unemployed, unskilled / semi-skilled youth of the society by imparting technical training in a state of art facility equipped with modern training aids and infrastructure so as to improve upon their employability in the market.

About Technician training program


The Backhoe Loader Operator and Technician training program are being operated since 2018. The project is aimed at providing a decent livelihood to the youth of the society who are below poverty level by developing them as efficient Technicians of earthmoving machines. Generally, these youth are the part of the underprivileged members of society who are deprived of higher education mainly due to poverty. Over and above these youths are often a victim of exploitation in shape of underpay by their recruiters since they don't have any official recognition of their capability. By imparting Technician training to the targeted youth of the society, the Trust, in a way, is bringing up their skill level in line with the market demand. Armed with the skill of efficiently operating and servicing earthmoving equipment, the employability of these youth increases manifold clubbed with appropriate compensation level. Since 2018, we have been able to complete 12 batches of the two programs, taken together, Covering around



142 youths with over 90% employment outcome. B-ABLE Foundation is engaged with ACRE as its implementing agency for the above programs.

In light of the above, we request ACRE to kindly support through your CSR program to our Backhoe Loader Technician Training Program being organized by B-ABLE Foundation with a batch size of 20 participants and at a total cost of Rs. 13 Lakh. to commence from 23rd January '23.

Thanking You


Vedparkash Sharma
Chief Operating Officer
B-ABLE Foundation



FINANCIAL YEAR 2021-22



PARIVAAR EDUCATION SOCIETY



Bonogram, Bakhrahat Road,

Kolkata-700104

West Bengal, India

PROPOSAL TO ACRE FOR PARIVAAR SEVA KUTIR PROJECT IN MADHYA PRADESH



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1 ABOUT PARIVAAR

Parivaar (www.parivaar.org) is a humanitarian organization inspired by the spiritual and humanistic ideals of Sri Ramakrishna and Swami Vivekananda, with its chief institutions based in West Bengal, and a recent second branch in Madhya Pradesh. For the last 18 years, Parivaar has worked towards the total care and overall development of children who are highly vulnerable to exploitation, victimization and trafficking, including orphans, street children, abandoned children, and extremely impoverished children from tribal areas. It also conducts many more humanitarian activities for the destitute and uncared, including elderly and shelterless.

In Bengal Parivaar has two residential educational institutions – Parivaar Vivekananda Sevashrama for Boys and Parivaar Sarada Teertha for girls. With over 2000 resident children, these are West Bengal’s largest free residential institutions for children from deprived and destitute backgrounds. We provide residential living, education, and overall child development through sports, cultural and recreational activities etc in a loving and caring atmosphere for boys and girls from early age of 5 till their higher education (university level graduation or employability programs).

Parivaar’s Residential Institutions are seen as a model institution in the field of caretaking and overall development of vulnerable children. **We have been the recipient of the 2011 National Award for Child Welfare from the President of India, the highest recognition by the Government of India.**

In the year 2016 Parivaar began to expand to a new geography of Madhya Pradesh purchasing 17 acres of land at village Sandalpur in District Dewas along with a plot of land on banks of Narmada at village Navada. **From 2017 onwards it has started 271 Day Boarding (Meal cum Education centres) for children in selected impoverished tribal and rural pockets called ‘Sri Ramakrishna Vivekananda Seva Kutir’ in Sheopur, Dewas, Sehore, Mandla, Chhindwara, Khandwa, Vidisha and Dindori districts. At these Kutirs more than 26,000 children are getting nutritious meals (breakfast and dinner) along with strong Supplementary education and Life-Skills over morning and evening shifts. Also, a**



residential educational institution, modeled on lines of our Bengal institutions, is right now under construction at Sandalpur village in Dewas district which will house 500 resident children initially, and will be gradually scaled up to a capacity of more than 2000 resident children. Eventually one residential educational institution in each of the districts of MP where Seva Kutirs are under operation, will be set up. In the interim Parivaar has also started 2 hostels in Mandla for 160 children (both girls and boys). The girls hostel is our own building, while the boys hostel is on rented premises.

1.1 History

Parivaar was started by Vinayak Lohani (an alumnus of IIT Kharagpur and IIM Calcutta), who, inspired by spiritual and humanistic ideals of Swami Vivekananda, decided to devote his entire life for serving ‘Divine in Man’ as taught by Swami Vivekananda. Vinayak Lohani gave up the prospect of highly lucrative corporate career by not taking any placement from IIM. Immediately after passing out of IIM in 2003, with just 3 children in a small rented building with almost no financial resources, Vinayak started Parivaar. Till the level of 15 children at Parivaar, he used to take some lectures for students appearing for Management entrance examinations and through that could meet the expenses. Gradually people began to be inspired by this dedicated service and started to support the initiative and the number of children at Parivaar grew. At the end of 2004, Parivaar could purchase its own land to develop its permanent campus called Parivaar Ashram. Parivaar’s mission and theme began to attract dedicated youth, many of whom joined Parivaar Ashram as resident workers and began to become bearers of this mission.

Starting from scratch and thereafter developed brick by brick, Parivaar is being continuously developed and molded into a unique institution transforming the lives of each of its residential members (children and adults) and acting as a training ground of highly dedicated life-committed grassroots workers.

PARIVAAR TIMELINE



2003 Dec	•Vinayak Lohani starts a shelter home in rented building near Kolkata by name of “Parivaar”.
2004 Dec	•69 resident children at the rented building
2005 Jan	•Small Tract of Land purchased at village Barkalikapur (near Kolkata) and campus started with 28 children. Campus Construction begins and expansion continues till date
2005 Dec	•145 resident children
2006 Dec	•192 resident children
2015 Dec	•1430 resident children
2016 Dec	•1600 resident children in Bengal Institutions and land purchased in Dewas district in Madhya Pradesh (MP) for Residential Institution
2017 Dec	•1690 resident children in Bengal institutions and 2 Seva Kutirs running in Madhya Pradesh serving 200 children.
2018 Dec	•2040 children in Bengal institutions and 90 Seva Kutirs running in MP serving 7200 children
2019 Dec	•2100 children in Bengal Institutions and 143 Seva Kutirs running in MP serving 13,000 children
2021 Mar	•2160 children in Bengal Institutions and 259 Seva Kutirs running in MP serving 25,000 children.

1.2 Some Weblinks on Parivaar

1. A short 95- second video introducing Parivaar's work

https://www.youtube.com/watch?v=GXRpwqjv8dY&feature=emb_logo

2. A 16-minute video on whole of Parivaar’s work.

https://www.youtube.com/watch?v=iMrYmXwShL4&feature=emb_logo

3. A 21 minute video on Seva Kutir Project

<https://youtu.be/mW8EUkiriqI>

4. Parivaar’s brochure

<http://parivaar.org/wp-content/uploads/2021/01/Parivaar-Brochure-1.pdf>

5. List and details of all our Seva Kutirs in each of these 8 districts --

http://parivaar.org/parivaar_mp/



1.3 Awards and Honors

- National Award for Child Welfare 2011 presented by the Hon. President of India at the Rashtrapati Bhavan.
- Sanskriti Award 2011, country's premier award for young achievers in 2011 from the Former President of India Dr APJ Abdul Kalam.
- 'Sri Sathya Sai Award' presented by the Vice President of India, Dr Venkaiya Naidu, in November 2018.
- 'Swami Rama Humanitarian Award 2015' presented by Hon. Chief Minister of Uttarakhand.
- Nivedita Samman 2019 presented by West Bengal Governor Shri Jagdeep Dhankar.
- CNN-IBN's 'Young Indian Leader of the Year Award' for 2012.
- IIM Calcutta's 'Distinguished Alumnus Award' (one of the 9 recipients selected out of 8000 alumni of the institute in last 50 years) awarded in 2011 on occasion of Institute's Golden Jubilee.
- IIT Kharagpur's 'Distinguished Alumnus Award' awarded in 2014- Youngest recipient in the history of the award.
- Swami Ranganathananda Memorial Humanitarian Award 2014 presented at the Ramakrishna Mission Institute of Culture Calcutta.
- Bhaorao Deoras Sewa Samman' 2015 presented at Lucknow by Hon Governor, Uttar Pradesh.
- Vivekananda Seva Samman 2016 presented by Hon. Governor, West Bengal.
- Telegraph 'Special Honour' conferred by Telegraph Education Foundation Calcutta in 2014.
- 'True Legends Award' presented by 'The Telegraph' in association with '100 Pipers' in April 2015.
- 'Spirit of Mastek Award' conferred by IT Company Mastek Corporation
- 'Karmaveer Puraskar' 2011 presented by International Confederation of NGOs
- 'Transforming India through Transforming Indians' felicitation from Chinmaya Mission Kolkata



- Rotary Club of Calcutta Megacity Vocational Excellence Award 2012.
- Rotary Club of Calcutta Metropolitan Vocational Excellence Award 2014.

1.4 Roles with Government of India

- Induction into Central Advisory Board of Education (CABE) (2015 onwards), the apex consultational forum in Ministry of Human Resources Development, Government of India.
- Induction into the National Committee for Promotion of Social and Economic Welfare constituted by the Ministry of Finance, Government of India (2014-2017).
- Inducted into the Management Committee and Governing Board of Childline India Foundation (2014 onwards), constituted by the Ministry of Women and Child Development which manages 24 hour child helpline services across nearly 500 districts in India.
- Inducted as a Member of Bharat Rural Livelihood Foundation (BRLF) (2015 onwards), set up by the Ministry of Rural Development, Government of India, as a funding and capacity-building institution towards accelerating sustainable action in the domain of rural livelihoods.
- Member, Advisory Board, Kendriya Vidyalaya Sangathan (KVS) which runs more than 1000 KV Schools in India.

2 ORGANIZATIONAL GOVERNANCE

Parivaar is registered under the West Bengal Societies Registration Act as 'PARIVAAR EDUCATION SOCIETY'.

2.1 Governing Body

Mr Sumit Bose

President

(Former Finance Secretary, Government of India)



Mr Vinayak Lohani

Secretary

(Founder and Chief of the Organization and has led and steered the Organization for last 18 years)

Mr Ramesh Kacholia

(An eminent philanthropist and convener of Caring Friends Network, a large platform of donors and NGOs)

Prof Sougata Ray

(Professor and member Board of Directors at IIM Calcutta)

Mr Saurabh Mittal

(Entrepreneur)

Ms Megha Modi

(Entrepreneur and Philanthropist)

Ms Sreedevi Menon

(Management professional)

Mr Deepak Ahuja

(Senior Technology Professional, Amazon)

Mr Pranjal Dubey

(IT entrepreneur and founder, Sant Singaji Institute of Management)

Mr Shyamsundar Agarwal

(Industrialist based in Kolkata)



Mr. Kapil Bharadwaj

(Chief of Operations, Parivaar)

2.2 Advisory Board

Mr Nilesh Shah

(MD, Kotak Asset Management)

Mr Rajesh Raman

(Managing Director, Dymon Asia, Singapore)

Mr Shyam Maheshwari

(Founder, SSG Advisors, Singapore)

Mr Akash Mohapatra

(Legal Co-head (Asia), Deutsche Bank, Singapore)

Mr Aniruddha Dutta

(Former Head of Research, CLSA)

Mr KK Jhunhunwala

(Senior Chartered Accountant)

Mr. Atul Satija

(Founder & CEO, The/Nudge Foundation &CEO, Give India)

Mr. Manav Yagnik

Entrepreneur



Registered Address:

Parivaar,
Bonogram, Bakhrahat Road,
Kolkata
West Bengal
PIN 700104

Contact Address (for Bengal)

Parivaar,
Village Barkalikapur, P.O. Bakhrahat
District 24 Parganas(South)
West Bengal

Contact Person : Pratik Dutta (Chief Coordinator)

Mail id : pratik@parivaar.org

Contact No : 83370-31393.

Contact Address (for Madhya Pradesh)

Parivaar, NH 59-A, Village Sandalpur, Tehsil Khategaon,
District Dewas, Madhya Pradesh - 455339

Contact Person : Siddharth Parmar (Chief Coordinator)

Mail id : siddharth@parivaar.org

Contact No : 99818-17756.

Founder and Chief : Vinayak Lohani

Mail id : vinayak@parivaar.org

Contact No : 98312-36496.



3 PARIVAAR SEVA KUTIR PROJECT IN MADHYA PRADESH: CONCEPT & STRUCTURE

3.1 The Problem

In January 2018, The Economist had a cover article on India titled “India’s missing middle class” which had a chilling statistic- Poor diets mean that 38% of children under the age of five are so underfed as to damage their physical and mental capacity irreversibly, according the Global Nutrition Report. The comparable number for Sub-Saharan Africa is apparently lower at 35%. India has the largest number of stunted children in the world, at 48.2 million. In the state of Madhya Pradesh more than 60% children are malnourished. In some impoverished tribal areas of Madhya Pradesh it is as high as 90%.

While the enrolment rate in government schools across the country in the age-group of 4 to 14 has increased to more than 97%, the learning outcomes in the specially deprived tribal pockets which are marked by first-generation learners have remained dismal as shown by many reports like the ASER. While the ‘No Detention Clause’ in the ‘Right to Education Act’ coupled with the Mid-Day-Meal Program in Government Schools has ensured that children continue to be enrolled in the Schooling system till age of 14 (Grade 8), there is no effective continuous measurement of learning outcomes. Moreover with government schools running for not more than 200 days, there is need for alternate supplementing spaces for ensuring better learning, socialization, development of world-view, and civic virtues coupled with value education to the children as they grow up.

The reason for selecting Madhya Pradesh and these tribal pockets is that here the problems of malnourishment and poor education levels among tribal children are very acute. This is well established by various Government reports and also studies conducted by other reputed organizations such as Pratham’s ASER (Annual Status of Education Report).



The Government of India's Comprehensive National Nutrition Survey (CNNS) 2018 and National Family Health Survey-4 show severe health indicators in Madhya Pradesh and our Seva Kutir Districts. These are mentioned below :

- Madhya Pradesh has the highest Infant Mortality Rate of 47 per 1000 live births, in India. Overall India IMR is 33.
- Madhya Pradesh has the highest % of anaemic kids (0-5 years). 54 % children are anaemic against National Average of 41 %.
- Anaemia in MP is highest among tribals, chief reason being poor diet.
- In MP, % of thin adolescents (10-19 years) is 32 %, against National average of 24 %. This is indicated by low BMI & shows undernutrition.
- In Stunting (low height-for-age) MP is 3rd worst in India.
- In Wasting (low-weight-for-height) MP is 4th worst in India

Educationally, the ASER report brings out the very low learning levels in rural Madhya Pradesh. Even in the state of Madhya Pradesh, the areas where we have Seva Kutirs are the worst areas in terms of education and also other developmental parameters.

- Only 41% of Grade V students in rural Madhya Pradesh can read a Grade II level text. In Seva Kutir villages, this number goes down to less than 15%
- 29 % of Grade II students cannot even read letters in Hindi (local language). In the areas where we have our Seva Kutirs, this number goes down to more than 40%
- In Mathematics, only 20% of Grade V students can perform 'division' operation. In Seva Kutir areas, this number goes to even less than 10%
- 28% of children of Grade V cannot even recognize numbers between 10-99. In the areas where we have our Seva Kutirs, this number goes up to more than 50%

(Source: Annual Status of Education Report (ASER), 2018, conducted by Pratham, available at <http://www.asercentre.org/Young/Children/p/369.html> . The Seva Kutir Figures are through our own baseline surveys)



3.2 Salient Design Features

Seva Kutirs combines two key themes most crucial for children in interior rural areas in the country - malnutrition and education.

The Seva Kutirs have the following design features:

1. Village Community Provided Venue :

The village community has to invite us and offer a venue free. Usually it is somebody's house, Panchayat building, community hall, school in its non-functioning hours, or even a shed / godown. Thus we do not incur any infrastructure costs for this.

2. Morning (Breakfast) and Evening (Dinner) Shifts :

All Kutirs follow a 2-shift engagement with the children (from morning 7 to 10:30 and from 4 to 7:30 in the evening). In the morning shift breakfast, with seasonal fruits and milk are given, and dinner (roti, sabzi, rice and dal) is served in the evening shift. During day-time the children are sent to the local Government school so that a continued engagement is established with them. The Seva-Kutirs are aimed at complementing the government schooling and not act as a substitute. But it has much more emphasis and inputs both nutritionally as well educationally.

3. Local Human Resources :

To the extent possible we engage all local workforce (cooks, helpers are from the same village) and teachers from the same or nearby area.

4. The Kutirs in the same area are organised under one cluster.

5. Central Resource Team: Resource persons experienced in pedagogy, teacher training, and curriculum design ensure planning and uniform implementation across Kutirs. They also perform a continuous Impact Assessment of Kutirs to encourage constant improvement of the programs. Sports, Value Education, and Civic Virtues are also components of the Kutirs.



6. Community ‘buy-in’ in the program:

The program is designed carefully to involve people not just as beneficiaries but as stake holders. Institutions like Panchayats and non Government bodies like self- help groups, women- led federations which have seen a growth in tribal areas are being reached out to and will be involved in the processes of the program like:

- Mobilizing children in villages for the Seva Kutir
- Volunteering for the Seva Kutir
- Regular sharing of data on the children of their villages on health and education
- Mobilizing action to achieve success in convergence with government programs.

7. Stress on Local Supply :

To the extent possible, we are procuring vegetables, milk etc from local suppliers. We are encouraging the poor village communities to produce whatever is necessary for the Seva Kutirs locally. Towards this we will, with help of external agencies, also help and facilitate the local communities to organize themselves into producer groups / organizations.

8. Collaborative Approach with Government System

The whole concept of Seva Kutir was built on the premise of complementing the existing government systems and schemes, in education, nutrition, child health, and other aspects of local village development. We are particularly working closely with Anganwadis, government schools (in which our Seva Kutir children are formally enrolled), and other entities like Nutrition Resource Centres in government hospitals in these areas. We are trying to both share insights, offering as well as seeking help so that the overall impact can be made much more magnified.



3.3 Seva Kutirs During Present COVID-19 Crisis

To address the challenges created by the children and the community as a result of the COVID-19 crisis, we have enhanced our Seva Kutir services as described below:

- **Lunch & Dinner:** As government schools are closed and the service of free Mid Day Meal at schools is not available, we are serving 2 full cooked meals daily: lunch as well as dinner. All our children belong to extremely poor tribal families, who were already malnourished, and this situation has become worse in the present times.
- **Safety Measures:** We are taking all the necessary safety measures and precautions necessary during the present times. Some of these are :
 - Children sit at specially marked spots to ensure proper physical distancing.
 - Children wash their hands frequently with soaps provided at the Seva Kutirs (this was in fact a usual practice for them).
 - Children and staff use masks or suitable face covers.
 - Those children who show COVID symptoms or if anyone from their family is showing that, then they are advised to remain quarantined in their homes for at least 14 days. Similarly, children from families where anyone has come from outside are advised to stay quarantined for 14 days.
 - As far as possible, children bring their own water bottles.
- **Serving the Sick & Elderly:** The COVID crisis has brought to light the problems faced by the sick and elderly people in the villages who have no adult members to take care of them. We are now serving them as well. If someone is sick and not able to come to the Kutir, we serve them food in their house as well.
- **Keeping Track of Implementation of Government Schemes :** Government has announced various schemes and benefits for people as a response to the COVID crisis. Our team is actively coordinating with the government officials and the villagers and making sure that all the help (in cash and in kind) as decided by the Central & State Governments reaches the villagers.



- We are providing medical relief to sick persons in terms of facilitating teleconsultation and providing them medicines.
- Depending on the local situation, and after discussions with the community and the government authorities, we also temporarily suspend Seva Kutirs for a few weeks if there are COVID cases in the villages.

3.4 Synopsis of Scenario in Districts under Operation

District	Number of Seva Kutirs
Sheopur	77
Dewas	45
Sehore	42
Mandla	30
Chhindwara	32
Khandwa	30
Vidisha	07
Dindori	08
Total	271

Sheopur District

We opened our first Seva Kutir in Karahal block of Sheopur district in July 2019. At present, we have 77 Seva Kutirs in as many villages in this block, serving more than 9,000 children. Karahal block has one of the lowest life-expectancy in the whole country, and the malnourishment among tribal children here is the worst in whole of Madhya Pradesh. We plan to take the number of Seva Kutirs here to 100 in the next 6 months and thus serve more than 10,000 children and provide them nutritious food and good quality education.

All the Seva Kutir villages are predominantly inhabited by Sehariya tribals, who are one of the most deprived and poor communities in all over India. This is proved by government statistics as well as our field experience. Sehariya tribals fall under the 'poorest of the poor tribal communities' and is classified as a PVTG (Particularly Vulnerable Tribal Group), which is a government classification. They severely lack in terms of health, education and income



parameters. In terms of health, the chief reason for their bad condition is because of incapability to eat adequate and nutritious food.

As per the Government's National Family Health Survey- 4(NFHS -4), and Comprehensive National Nutrition Survey, following are the key health statistics for Sheopur district:

- Sheopur district has the highest Stunting rate (low height –to-age ratio, showing chronic under nutrition) for children in MP.
- It has the highest underweight rate for women in Madhya Pradesh.
- It is one of the worst in MP in terms of women with more than 10 years of education, which, as per the government statistics, is a key factor influencing children's health.
- Taking into account health, educational and other developmental parameters, it has the lowest ranking among 53 districts of MP as per the government surveys, and on an India level survey of around 600 districts, it is among the worst 5 districts.

Sehariya Tribals – Occupation and Food Availability & Intake

Sehariya tribals are engaged in farm or sometimes non-farm labour work. They were traditionally entirely dependent on forests and also lived quite close to the forests. But for the past several decades, with forests getting depleted their dependence on forest has hugely reduced.

Quantity and quality of Daily Food Intake:

In a Sahriya household in these villages, there is no concept of breakfast. If anyone – be it a child or an adult is hungry, then they would eat previous night's stale *rotis* with black tea (as milk is not available) or just the *rotis* itself. Milk and hence milk products like curd, ghee etc is totally unavailable in all Sahariya households. They do not have the capacity to rear cattle because of their small farms. They have meals two times a day, in the afternoon and at night. This meal consists of rotis (of wheat or bajra). Apart from rotis, pulses and vegetables are not available all the time. One thing to note is that any meal would consist of only roti with either pulses or vegetables or at many times, when both these are not available, they use chutney of chillies or



they eat the rotis with fried onions. For vegetables in the rainy season, they depend on the forest and use certain naturally growing plants as vegetables which are generally not used by other communities such as *Pamar*, *sag*, *sareta*, *baasi*.

In other seasons, around 60-70 per cent families have no ability to buy vegetables from the local market. At most, they would have vegetables in their meals once in a week or 10 days. Rest of the families do get to eat it for 2-3 days in a week, that too, once in a day. So, their staple diet is rotis and pulses. They get wheat at subsidized rates from the government (around 35 Kgs for a family) and also some amount of rice, sugar and salt. In their own farms, they would grow bajra or in some cases wheat. Thus the children severely lack in terms of protein, vitamins and minerals which is indicated in the health parameters.

The Sehariyas marry at an early age. It is not uncommon to find girls and boys married at the age of 14 or 15. In a large number of villages there is no single graduate ever, and very less number of Higher Secondary pass-outs. After the opening of Seva Kutirs in these villages, we emphasize in community meetings on not getting children married at such ages, and the whole village should pledge for that. We also ask the villagers to have a goal that all boys and girls should study till Higher Secondary at least.

Sheopur being a district close to many parts of Rajasthan, the young people between 20 and 40 form a big chunk of migrant labour to those areas of Rajasthan. Sehariyas migrate to towns like Sawai Madhopur, Bundi, Kota, or even Jaipur as migrant labour. There are many months when there is no income at all for those who do not migrate (who are typically in the bracket of 45 plus).

Chhindwara District

We have also expanded in Tamia and Parasia blocks of Chhindwara district, where also we are serving some of the most deprived tribal communities like Bharia and Gond. We started the first Seva Kutir here in August 2019 and at present, we have 30 Seva Kutirs. Here also, we have selected tribal villages where problems of malnourishment and poor learning outcomes are rampant, and most deprived tribal populations live. Bharia tribe, which is one of the main



tribes in all these Seva Kutir villages, is a PVTG (Particularly Vulnerable Tribal Group), that means within tribals, these are one of the most deprived and vulnerable.

Though Chhindwara town in itself is quite modern, yet the interior tribal villages suffer from a hilly terrain denying easy access to various modern amenities, chronic malnourishment of children, poor education outcomes and very low income.

Mandla District

Mandla is home to a large tribal population. Large parts of the district are covered with forests, and villages are relatively smaller. People are engaged mostly in farm work, and seasonal migration to nearby towns such as Jabalpur and Nagpur is also quite common.

We started our first Seva Kutir here in April 2018 and at present we have 30 Seva Kutirs. All these Seva Kutirs are in Mohgaon block. Main tribes in these villages are Gond & Baiga, the latter being a PVTG.

Sehore District

Sehore district, though neighbouring the state capital Bhopal has many interior tribal villages, which have the same conditions of backwardness and problems of malnourishment and poor learning outcomes, which exist in other tribal areas in Madhya Pradesh. We started our first Seva Kutir here in February 2018 in Ichhawar tehsil. At present, we have 42 Seva Kutirs in 4 tehsils of this district – Ichhawar, Rehti, Nasrullaganj and Sehore.

The main tribes inhabiting these villages are Bhil, Bhilala, Gond and Korku.

Dewas District

Dewas town is an industrial town, and is near to Indore. However, the district has some pockets of interior tribal villages quite far from the town and often in jungles, which fare very poorly on nutritional and educational indices.

We started our first Seva Kutir in this district in April 2017, though we really started expanding the number of Seva Kutirs here from March 2018. At present, we have 45 Seva Kutirs in this district, serving around 5000 children.



Khandwa District

We have started our first Seva Kutir in Khalwa block of this district in October 2020. This borders Amravati district, Maharashtra. This block has 147 villages which are mostly inhabited by Korku and Gond tribals. It has one of the worst health statistics in the entire country.

Thus, we believe that Seva Kutirs will be extremely beneficial for poor tribals of Khalwa block. We sent a team headed by one of our District Anchors to survey the area, meet village community, Sarpanchs and the government officials. Our team identified and finalized the venues for starting Seva, all of which have been given free of cost by the villagers, as they are very keen for having Seva Kutirs in their villages. We have 30 Seva Kutirs as of now and we plan to set up at least 50 Seva Kutirs here in next one year.

Vidisha District

We started Seva Kutirs in this district very recently. We have 7 Seva Kutirs at present.

Dindori District

We started Seva Kutirs in this district in March 2021. We have 8 Seva Kutirs in this district at present.

4 OBJECTIVES

The Seva Kutir Project has the following key objectives:

- To improve the learning outcomes of children so that they achieve their Grade-level educational knowledge and skills.
- To eliminate or substantially reduce undernourishment of children, thus helping to develop their physical and mental abilities



- To make a meaningful impact on the overall socio-economic conditions of these extremely poor and deprived villages – enhancing their incomes, facilitating access to social security benefits through awareness and empowerment.
- Promoting equality across genders, castes, and classes
- Enabling use of technology for the economic and social well-being for all these extremely poor families.

Our Seva Kutir objectives also address several Sustainable Development Goals (SDGs)

Directly Address

Goal 2: Zero Hunger

Goal 4: Quality Education

Indirectly Address

Goal 1: No Poverty

Goal 3: Good Health & Wellbeing

Goal 5: Gender Equality

Goal 10: Reduced Inequality

These also address the key objectives of the CSR provisions of the Companies Act. Parivaar's work is directly covered in Clauses (i) & (ii) of Schedule VII of the Companies Act, which deals with CSR. Clause (i) eradicating hunger, poverty and malnutrition and Clause (ii) promoting education, including special education and employment enhancing vocation skills especially among children, women, elderly and the differently abled and livelihood enhancement projects.

5 OPERATIONS

5.1 Opening a new Kutir

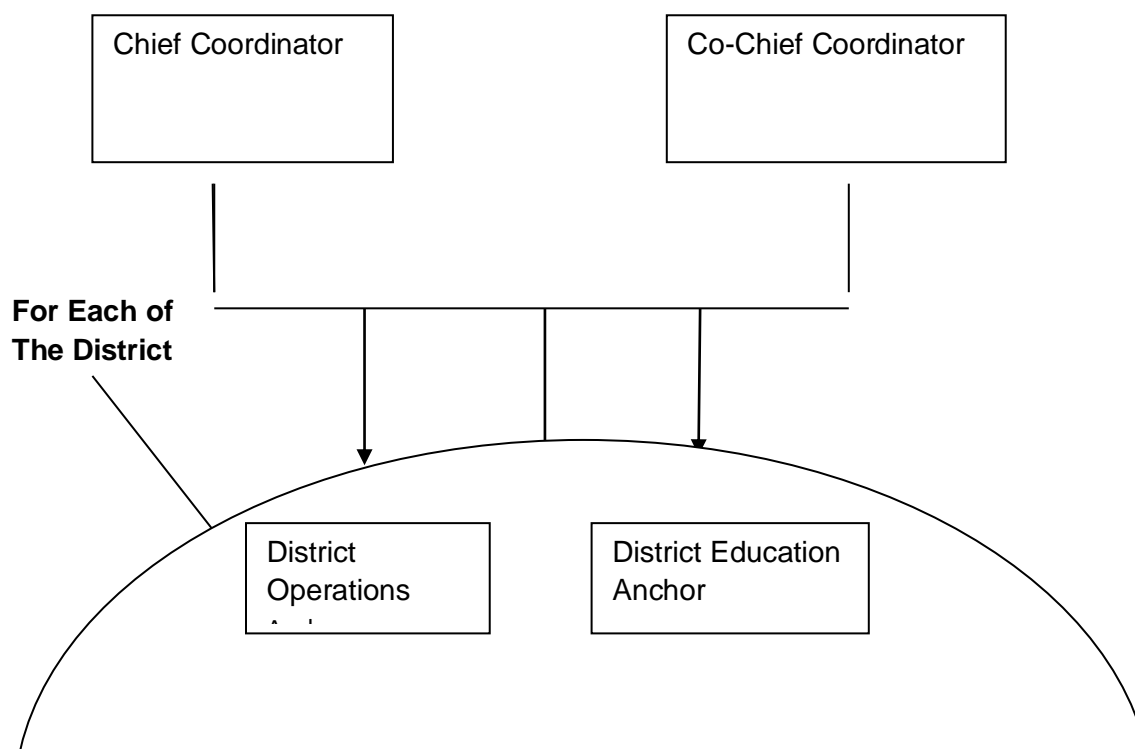
Before opening a new Kutir, our team visits the village. Once this is done, the Panchayat sends a letter, inviting the Parivaar team to set up the Kutir. The village community has to invite us and

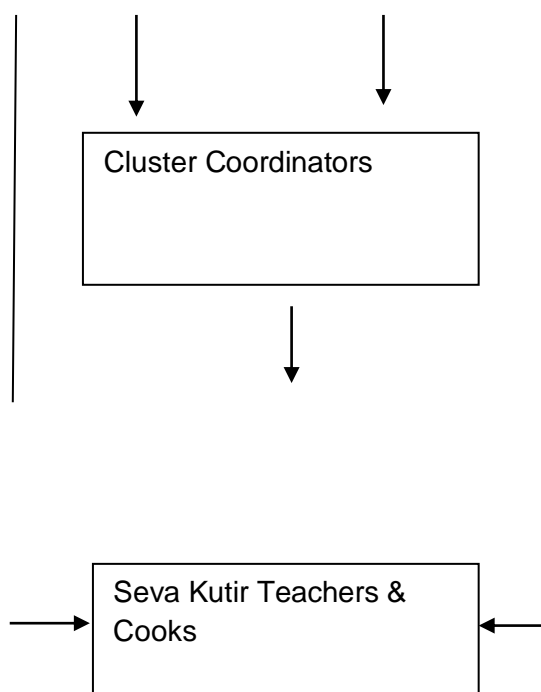


offer a venue free. Usually it is somebody's house (often a newly built cottage under the PM Awas Yojana), Panchayat building, community hall, school in its non-functioning hours, or even a shed / godown. Thus we do not incur any infrastructure costs for this. A person is appointed to conduct a survey and register all eligible children. Typically, there are 80-150 registered children in every Kutir. Following this, the set-up material is sent to the village and the Kutir begins functioning.



5.2 Seva Kutir Project – Organogram





The Seva Kutir Project is a very unique and effective project to deliver high quality nutritional and educational services to children. The project is run, monitored and evaluated closely and on a daily basis.

At the starting, there are teachers and cooks at every Seva Kutir. They have the daily interaction with children, whether in teaching them, feeding them, bringing them to the Seva Kutir from their houses, etc.

Above them are Cluster Coordinators. Every 5 to 6 Seva Kutirs in a nearby area are grouped into 1 cluster and each cluster has 2 cluster coordinators. These cluster coordinators visit the Seva Kutirs daily on bikes given by Parivaar. They ensure that the meals, education and other activities are being carried out effectively and thus do a daily hands-on supervision and monitoring. All Cluster Coordinators in a district are guided by the District Operations and Education Anchors. They provide the leadership for the Seva Kutirs in that particular district,



and work with the cluster coordinators to maintain smooth operations and delivery of education in our Seva Kutirs. All these people live in the remote areas far from towns.

The District Operations and Education Anchors and Cluster Coordinators are guided by the Chief and Co-chief Coordinator who jointly look after the operations of all Seva Kutirs in Madhya Pradesh, under the guidance of Founder/Head of Parivaar.

5.3 Key functionaries:

1. Siddharth Parmar, Chief Coordinator, B.A LLB from National University Of Juridical Sciences Kolkata and MA (Sociology) from the Delhi School of Economics
2. Kapil Bharadwaj, Coordinator (Operations), BE Computer Science
3. Digvijay Singh, Process Lead and Field Anchor (Mandla district), MBA from Xavier Institute of Management Bhubaneswar
4. Shekhar Patidar, Field Anchor (Sehore district), B.E and former software professional from Tata Consultancy Services and Cognizant Technology Services
5. Rinkesh Karochi, Sheopur District Anchor, Graduate from Barkatullah University, Bhopal
6. Golu Singh Skel, Khandwa District Anchor, Post Graduate from DAVV, Indore
7. Rahul Sisodiya, Field Engagement Anchor, Masters from Vikram University, Ujjain
8. Vikas Kumar, Academic Lead, Masters from Azim Premji University.

5.4 EDUCATION

Children between ages 3 and 14 years attend our Kutirs. Since the aim of the project is to enhance the learning outcomes of children and make them grade ready, a baseline test is conducted to understand their present learning levels. On this basis, a 3-level categorization is done: children who are generally between ages 3-6 and who do not know even alphabets, counting numbers etc. These children are grouped in what we call Pre-primary group. The second group of children are those who are generally in the age-group of 6 to 10 years, studying in grades II-V. They have the knowledge of alphabets, numbers etc. but cannot read simple texts, or cannot do basic operations in Mathematics such as



addition, subtraction, multiplication, and division. Their group is called Primary. The third group comprises of children who are studying in Grades VI –VIII, and know the skills as mentioned earlier, but do not know much beyond that, and are far behind their grade level expectations. Once these three groups are formed, year-long curriculum and syllabus is designed for each group, considering their present learning levels, and their textbooks.

The curriculum and daily schedule focus on the following:

- **Core Academics:** This will help children get the foundational skills in various subjects, especially focusing on languages and mathematics. It also includes subjects such as social sciences and science.
- **Sports and body fitness:** This includes yoga sessions, games and sports. Since these children do not have access to any sports equipment in their homes or schools, so we provide a sports-kit in each Kutir which has carrom, cricket, football, volleyball, skipping rope etc. Children have started knowing and playing many of these games only after Seva Kutirs got established in their villages.

We keep organizing events (songs, dance, quizzing, sports, elocution etc.) to maintain a vibrant atmosphere in the Kutirs.

Hygiene and Other Practices: There is a major problem of basic hygiene and sanitation in these villages. Our teachers and other staff ensure that all children brush their teeth daily, do hand wash before and after meals, and after attending nature's call, and maintain cleanliness in homes and Seva Kutirs. This practice contributes to the tackling of undernourishment since not maintaining personal hygiene is the main reason for various diseases in children like worms etc., which adversely affect a child's health.

Regular Trainings and Handholding of the Teachers: As our teachers are from the same villages and nearby villages, and had suffered the same problems, their capacities need to be developed. For this purpose, we have appointed Education Coordinators in each District, who are experts in education, and who regularly train the teachers as well as handhold them on a regular basis. There is a WhatsApp group for each district, where teachers are constantly in touch with the education coordinators and get their help and guidance frequently.



Engagement with Parents: Community and parents’ meetings are regularly held in Seva Kutirs, where children’s participation, learning and other relevant matters are discussed, and parents are counseled towards education of their children.

We ensure that the basic hygiene practices learnt by children in Seva Kutirs are also followed by them in their homes and their parents also follow these practices. Some of the key points in this regard are:

- Performance of kids is shared with the parents. Children who are not able to perform well, their parents are counselled.
- Our teachers and other staff visit children’s homes regularly to maintain a personal rapport with the parents.
- We counsel parents to give equal focus on girl children.
- Parents are counselled to allow their children to finish school education. Special efforts are made to ensure that there is no drop-out. If any child leaves school in the middle, her parents are counselled, and the child is brought back in the system.

5.4.1 Program progress

The following table will give you an overview of all the educational inputs that go into running a single Kutir.

Stage of intervention	Intervention outline	Outcomes	Documentation	Who will do it?
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Stage of intervention	Intervention outline	Outcomes	Documentation	Who will do it?
Months 1-4	<p>1. Baseline to check for existing learning levels in English, Math and Hindi.</p> <p>2. Cluster level training focusing on introduction of time-table, rhythm and structuring the day</p> <p>3. Introduction of tinkering activities and hands-on science among the older age group</p> <p>4. Ensure that all registered children attend the Kutir</p> <p>5. Training with yoga, song recital, playtime & engaging classes</p> <p>6. Visits to the Kutir to ensure teachers are implementing the content</p>	<p>By the fourth month, we should see the following outcomes among the children with >80% attendance in the Kutir:</p> <p>Children are able to listen and retain what is discussed. Younger children are able to sing songs taught.</p> <p>They are able to greet each other & the teacher</p> <p>They reach the Kutir on time</p> <p>They adopt and practise the set Kutir routine</p> <p>They show up at the Kutir in clean clothes with washed hands and faces</p> <p>They are able to initiate games and follow instructions related to the game</p> <p>Practising yoga on a daily basis</p> <p>Reciting shlokas with correct pronunciation</p> <p>Receive and follow instructions</p> <p>Overall, the Kutir should see 70-80% of registered strength turn up</p>	<p>1. Baseline formats prepared and implemented</p> <p>2. Training manual for each of the trainings are prepared</p> <p>3. Visit registers</p> <p>4. Teacher manual that focuses on festivals of India, GK questions, great personalities.</p> <p>5. Weekly syllabuses and tests</p>	Teachers, education team.



Stage of intervention	Intervention outline	Outcomes	Documentation	Who will do it?
Months 5-12	1. Introduction of academic engagement that will cause a shift in the learning level of the child by a single level initially 2. Structured modules in tinkering and sports	By twelfth month, we should see the following outcomes among the children with >80% attendance in the Kutir: Able to recollect as a group Read and write their name and their parents' name Display interest in at least 1 activity in the Kutir: Sports/Tinkering/indoor games All children exhibit a shift in learning level by 1 level. Example: children at L1 in English move to L2	Teacher manual that outlines the engagement is prepared and continuously updated.	Teachers, Education team.

5.5 NUTRITION

There is a deep and vital linkage between proper nutrition and education.

Undernourishment impairs mental growth and contributes adversely to academic growth.

As the children in these poor and remote tribal villages suffer chronic hunger and undernourishment (ranging from moderate to severe), it is essential to bring nutrition within any education program. Keeping this crucial fact in view, the Indian government introduced free lunches (officially called the Mid-Day Meal program) in all government schools. However, this does not solve the problem in its entirety, especially for such extremely poor and remote areas where we have our Seva Kutirs. Because in these areas, children do not even get breakfast or sufficient and nutritious dinner. Further, with government schools running for only around 150 days in a year, around half of the time, the free lunch facility is not available. The Global Hunger Index, various national and multinational reports (<https://in.one.un.org/page/sustainable-development-goals/sdg-2/>)



point out that the conditions of children have not improved in India in the last decade. Therefore, meals are a very crucial component in our Seva Kutir Project.

There are numerous examples of how better nutrition is associated with improvements in children's school performance. From China to Tanzania, from Guatemala to the United States, multiple studies have shown how better nutrition improved rates of school enrolment, attendance, and performance in areas like mathematics and reading.

Good food and nutrition are not only the foundation of children's health and the development of society at large, they are also a child's basic human right.

Malnutrition can cause permanent, widespread damage to a child's growth, development and well-being. Hidden hunger can cause blindness (vitamin A deficiency), impair learning (iodine deficiency) and increase the risk of a mother dying in childbirth (iron deficiency).

And this disruption to children's physical and cognitive development stays with them into adulthood, compromising their economic prospects and putting their futures at risk.

Collectively, the loss of potential and productivity has huge implications for the broader socio-economic development of societies and nations. It undermines countries' ability to develop 'human capital', or the overall levels of education, training, skills, and health in a population. And the loss is significant.

(UNICEF, *"The Changing Face of Malnutrition – The State of the World's Children 2019*, at <https://features.unicef.org/state-of-the-worlds-children-2019-nutrition/>)

In breakfast, milk, fruits, and a nutritious dish is given. In dinner, rice, roti, pulses, and vegetables is provided to the children. This is as per a scientifically designed menu taking help from nutrition experts, and the menu keep changing after every 3-4 months depending upon seasons. Our basic strategy for this component of the program hinges on timely identification of malnourished children. This helps us to correct the problem by



providing a well-balanced diet and in case of very severe malnourishment; we also refer cases to the Government's Nutrition Rehabilitation Centers, which are set up to tackle such cases.

S.No.	Day	Breakfast	Dinner
1	Monday	Milk, seasonal fruits, and beetroot halwa	Rice, roti, pulses and Soyabean vegetables
2	Tuesday	Milk, seasonal fruits, and Porridge	Rice, roti, pulses, and bitter gourd vegetables
3	Wednesday	milk, seasonal fruits, grams & sprouted kidney bean	Rice, roti, pulses, and bottle gourd + soyabean vegetables
4	Thursday	Milk & carrot halwa	Rice, roti, pulses, Cucumber vegetables
5	Friday	Milk, Seasonal fruits and poha (fried beaten rice with groundnuts)	Rice, roti, pulses, potato, and grams vegetables.
6	Saturday	Milk, seasonal fruits and fried beans	Rice, roti, pulses, green vegetables

6 MONITORING AND EVALUATION

	INDICATOR	DEFINITION How is it calculated?	BASELINE What is the current value?	TARGET What is the target value?	DATA SOURCE How will it be measured?	FREQUENCY How often will it be measured?	RESPONSIBLE Who will measure it?	TIMELINE By when will this be achieved?
Goal	Percentage of students who are grade ready. For example: Assisting a Class 7 student read, write and do Math at the Class 7 level	Number of students who have cleared a learning level, testing students' knowledge in the previous grade divided by total number	0	100%	Tests administered to measure learning outcomes, school records	Every 6 months	Education team	By the time children reach 14 years of age (age at which they leave the



		of students						Kutir)
	Percentage of children with normal BMI	Number of children with normal BMI/ MUAC divided by total number of children	Less than 25 %	100 %	Monitoring the BMI for children > 5 years and MUAC for children < 5 years	Every 6 months	Nutrition team	
Outcomes	Better learning outcomes among all primary and middle school children enrolled at the Kutir	Number of children who have shown a shift in learning level from L3 to L2 or L2 to L1 divided by total number of children	0%	70%	Assessment tool developed by the education team	Every 6 months	Teachers and education team	1 year from the start of the intervention
	Percentage of students who can sing songs and are able to recollect and re-tell stories	Number of students who can sing songs, are able to recollect and re-tell stories divided by total number of students	0%	90%	Kutir review process	Every 6 months	Education team	1 year from the start of the intervention
	Percentage of children in the MAM category moving to normal	Number of children who have moved to normal from MAM divided by total number of children	0%	80%	Monitoring the BMI for children > 5 years and MUAC for children < 5 years	Every 6 months	Nutrition team	2 years from the start of the intervention
	Percentage of children in the SAM category who show a weight gain by 50%	Number of children in SAM who have gained weight by 50% divided by total number of SAM children	0%	60%	Monitoring the weight and BMI for children > 5 years and MUAC for children < 5 years	Every 6 months	Nutrition team	2 years from the start of the intervention



	Percentage of children in the SAM category who will be normal	Number of children in the SAM category divided by total number of children	0%	80%	BMI for SAM category children	Every 6 months	Nutrition anchors, team	3 years from the start of the intervention
	Percentage of children observing basic hygiene practices: Washing hands Combing hair Cutting nails	Number of children observing basic hygiene practices divided by total number of children	-	90%	Monitoring the children	Every day	Teachers	1 year from the start of the intervention
Outputs	Number of registered children who attend the Kutir	Number of registered children who were present for at least 80% of total days for which the Kutir was held divided by total number of students registered at the Kutir	60%	90%	Kutir attendance records	End of every month	Cluster coordinator	1 year from the start of the intervention

7. Backward and Forward Linkages

Seva Kutirs cater to children in the age-group of 3-14 years. This is because the core objective is to ensure basic primary education to children. However, we believe that it is important to build systems to cater to children in 0-3 years and 14-18 years brackets. Proper nourishment in 0-3 years is critical in ensuring a malnourishment-free childhood. Therefore, we are planning to provide dietary supplements to children in this age-group.

In 14-18 years bracket, i.e., after children complete Grade VIII, it is important to keep them within the school education system and ensure that there is no drop-out. One of the key objectives of our work in all the poor tribal villages is that each child at least finishes school



education. At present, more than 50% children are not able to do that, because of heavy dropouts from Grade IX onwards. So, every year, at the time of admissions, our grassroot workers (around 1100 of them) counsel the parents and ensure that all children take admission in Grade 9th. Students who are not aware of the process for taking admissions, or because of other reasons, are not keen on taking admissions, are counselled. Some of these students are also admitted in the government hostels, depending on the seat availability. A total of 2529 students across more than 200 tribal villages in 5 Seva Kutir districts took admissions after our counselling in the last two years, break-up of which is given below:

S.No.	District	Admitted in Nearby Govt. Schools in Grade IX	Admitted in Govt. Hostels
1	Dewas	781	38
2	Sehore	549	43
3	Sheopur	344	57
4	Mandla	290	52
5	Chhindwara	352	23
		2316	213

8. ADDING NEW DIMENSIONS TO THE SEVA KUTIR PROJECT

In addition to the two core objectives of removal of malnourishment and improvement in learning outcomes of children, Parivaar is also working for the overall development of all Seva Kutir village. Seva Kutirs are acting as a platform for launching these new initiatives:

- 1. 5 lakhs Fruit Tree Plantation Campaign :** In the last week of October 2020, we have launched a major campaign of planting fruit trees with support from Sustainable Green Initiative (www.greening.in). We will be planting over 5 lakhs Fruit Trees by 50 thousand families in 6 districts of Madhya Pradesh in next 1 year. 30,000 trees have been planted as a



pilot, and the next planting will be done in February 2021 after the end of winter. Following fruit trees have been planted:

- (i) Anaar (Pomegranate)
- (ii) Amrood (Guava)
- (iii) Sitaphal (Custard-apple)
- (iv) Aanwla (Indian Goseberry)
- (v) Lemon
- (vi) Moringa

2. **Facilitating Access to Government Schemes in Seva Kutir Villages :** We try to ensure that the benefits of various government schemes reach to the tribal beneficiaries in our Seva Kutir villages. As part of this activity, we regularly help villagers get access to the schemes. To do this in a more structured manner, we have launched a pilot in 10 Seva Kutirs in Mandla district. We are using the Haqdarshak app (a Tech platform that connects citizens with their eligible welfare schemes) (haqdarshak.com). Once the pilot is run for 6 months-1 year, we will launch it with priority in all Seva Kutirs of all our Seva Kutir districts.
3. **De-Addiction Campaigns:** Many of our Seva Kutir villages have a major problem of addiction to tobacco and alcohol, even among children as young as 5 years old. This is prevalent among both boys and girls. This is a shocking and sad fact, though it also proves the need to have a space in all these villages, where conversations among children can be made, and they are counseled to leave such harmful habits. We have launched a massive campaign around this in all these villages, and even some positive results have started showing recently. Children and their parents are convinced and counseled to leave such habits, by showing their harmful effects. We intend to use the technological infrastructure to make our de-addiction counseling sessions more effective, by showing the harmful effects of addiction more vividly, thus disincentivising its consumption.
4. **Logistical Support for Health Care:** We have witnessed that people in these remote villages face a lot of difficulty in accessing hospitals/health centres, government or private, as these are far from the district/tehsil/block headquarters. So, we have started ambulance



services in 6 districts for helping people get emergency and even non-emergency health services. We have also collaborated with Hospitals and other health institutions for treatment of diseases such as cataract etc, and are getting children and other villagers treated there.

9. Complementing and partnering with Government system

The whole concept of Seva Kutir is built on the premise of complementing the existing government systems and schemes. The nutrition aspect that the Seva Kutirs have undertaken is to complement the mid day meal scheme by providing nutritious food for the remaining two meals, i.e. breakfast and dinner. Educationally the Kutirs by holding sessions with government school children in the morning and evening slots (after and before school) aim to assist the children in their school curriculum by making children over 7 years grade ready and under 7 years school ready.

Education:

- Sharing data: Sharing of baseline and progress data with local schools and also district authorities in regular intervals of 3 months.
- Mutually designed curriculum: We involve government teachers and other education officers in designing curriculum for the Seva Kutir teaching.
- Upgrading teaching methodologies: We hold trainings for our Kutir teachers every month; we propose to district education authorities to send their teachers from the villages (where Kutirs are) for these trainings.
- Kutir space and collaborative social action by children: Many of our Kutirs are right now in personal homes or community / government spaces given by the villages. We hold visioning exercises with our children regarding Kutir and village as a whole on how they would like their village & Kutir to look like and then these children will present it to Gram Sabhas. Also to enhance their agency of social action and civic responsibility we make them regular participants in Gram Sabhas.

Nutrition:

- Sharing data: Sharing of baseline and progress data with anganwadis, hospitals and child and health department and collaboration for appropriate action like taking a child to NRC etc.



- Collaborating with anganwadi workers and Asha workers in ensuring proper medical attention to the needy children and mothers.

Local Agriculture and Horticulture:

- We promote local cultivation by assuring villagers to buy from the village itself which will help such areas in moving from sustenance farming to commercial farming. We are sharing such plans with agriculture department and are seeking their support on technical and input side. Some of the saplings of Munga or Moringa that we are growing in Kutirs have been given by the agriculture department. We are also in discussion with external agencies in developing kitchen gardens (including green vegetables, peas etc) and plantation of fruit trees (which will be impactful in the long-run for the local villages).

10. SEVA KUTIRS: IMPACT ASSESSMENT

Though the Seva Kutir Project is very recent and most of the Seva Kutirs are only 1 to 2 years old, yet within this short period, tremendous impact has been seen in children as well as the entire village community. These salient impact features have been listed below:

I. Educational Impact on Children

- (i) Children have now gained basic foundational knowledge in Maths, Hindi and English.
- (ii) Children's attendance in government schools where they are enrolled has improved significantly.
- (iii) Drop out students have restarted their education at Kutirs and schools.
- (iv) We have arranged the admission of 2115 students in Government secondary schools at class 9 level. Out of this, 167 children have been admitted into government hostels. These children are from remote areas and would have dropped out of school education if we had not got them admitted into these schools and hostels.

II. Nutritional Impact on Children



- (i) 80% children have shown positive movements in their BMI (Body Mass Index) levels.
- (ii) 100% children get 3 course meals daily as against less than 5% earlier.
- (iii) 100% children get access to milk as against only 10% earlier.
- (iv) Incidence of sickness has fallen drastically with adequate and nutritious meals.

III. Overall Developmental Impact on Children

- (i) Children are now confident to talk to strangers.
- (ii) Participation in co-curricular activities such as drawing, singing, dancing, games and sports, quiz etc has contributed towards the personality development of children.
- (iii) Knowledge of civic virtues, national history and geography, with its heritage and culture has given a wider worldview to these children.
- (iv) 100% children now practice hygienic practices such as brushing teeth, hand wash with soap etc, as against less than 10% earlier.
- (v) Seva Kutirs act as a space of gender equity and social integration which has a huge positive psychological impact over children. They learn the values of equality and fraternity right from the starting.

IV. Impact at the Level of Tribal Village Community

- (i) Parents have started taking active interest in their children's education.
- (ii) Awareness about the various schemes and programs of the Government has increased.
- (iii) Our Seva Kutirs have contributed significantly to children's education and care even when parents migrate to other areas for livelihood opportunities in certain seasons. They leave their children with their grandparents, and their food, education are taken care of by the Seva Kutirs. This helps children continue with their education, as otherwise, they would have dropped out of the schooling system.



- (iv) Fruit tree plantation has been adopted by the village community as a major environment and health friendly exercise.

a. Internal Impact Assessment

Though the Seva Kutir Project is very recent and most of the Seva Kutirs are only 2 to 3 years old, yet within this short period, tremendous impact has been seen in children as well as the entire village community. These salient impact features have been listed below:

Interim Internal Impact Assessment

Educational Impact Assessment

We have produced below a brief report on the educational and nutritional improvements in our 100 Seva Kutirs, which we have seen over a period of 1 year. This assessment was conducted internally. **We have produced below the results of these assessments for the 100 Seva Kutirs.**

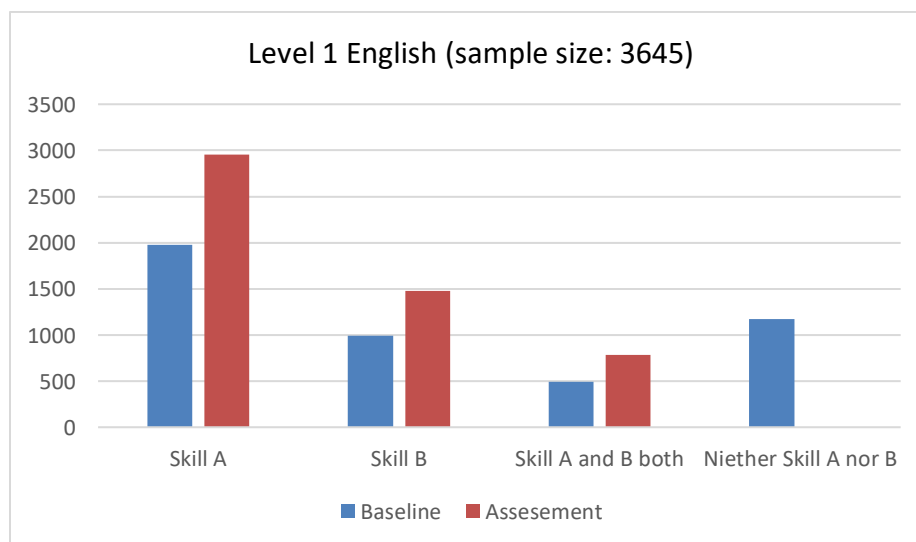
Total No. of Children in these 100 Seva Kutirs: 8100, Level wise distribution is given below:

	English	Maths	Hindi
Level 1	3645	3052	3837
Level 2	2834	3095	2658
Level 3	1621	1953	1605

Level 1bb English : (Sample Size-3645)

Skill A: Able to identify alphabets A,a

Skill B: Able to identify objects

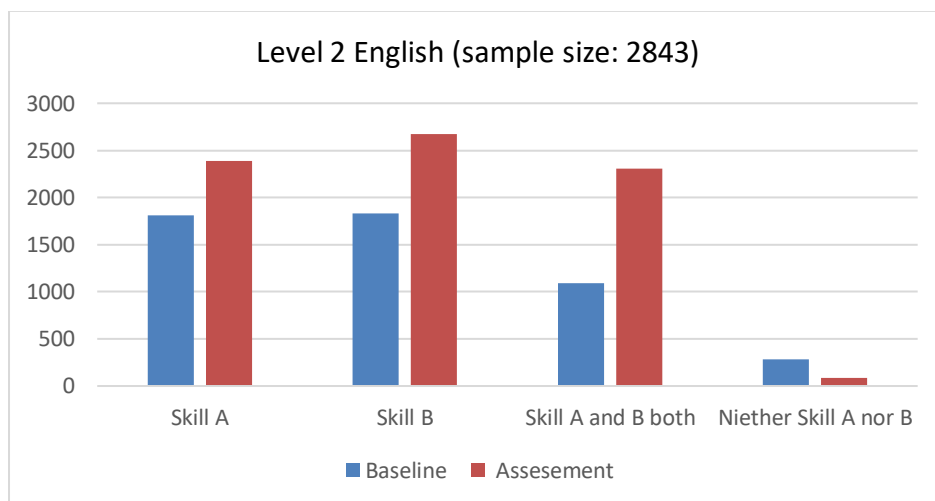




Level 2 English : (Sample Size-3645)

Skill A: Able to read simple sentences

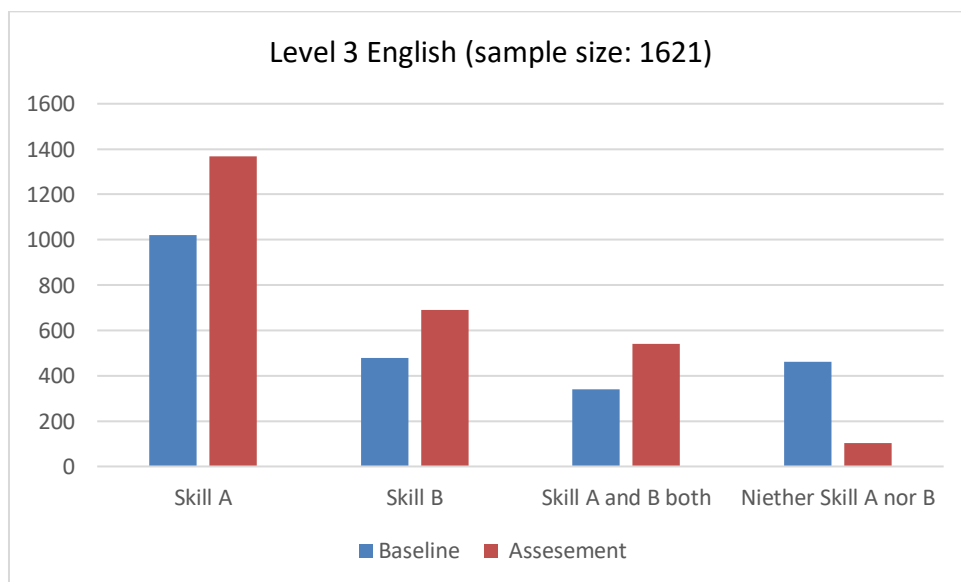
Skill B: Able to recite simple poems.



Level 3: English (Sample Size-1621)

Skill A: Showing basic knowledge of English grammar (like identifying nouns, pronouns, adjectives etc)

Skill B: Able to read and comprehend long sentences and paragraphs

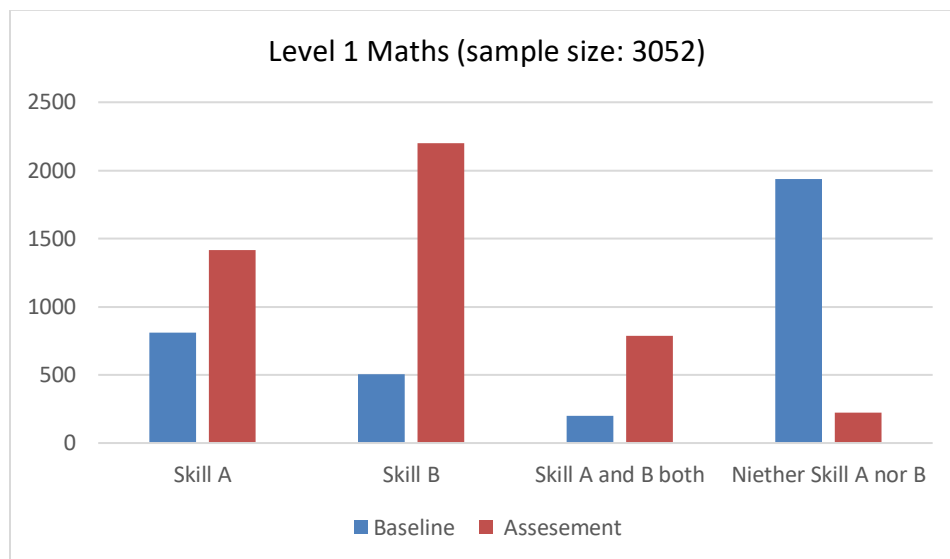


Level 1: Maths (sample size-3052)



Skill A: Able to read numbers 1,2,3,4,5,6

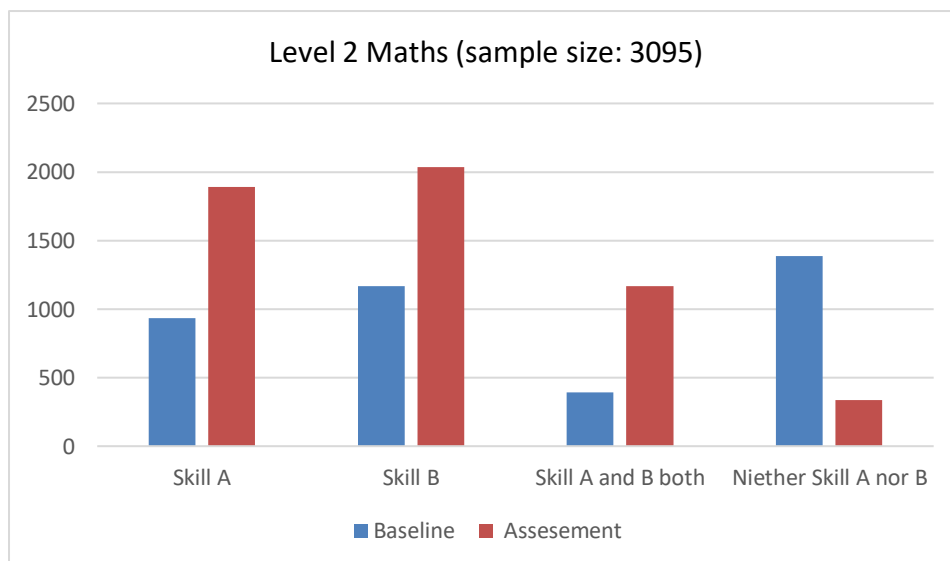
Skill B: Able to count objects[1-10]



Level 2: Maths (sample size-3095)

Skill A: Addition Subtraction without carry, Simple multiplication

Skill B: Multiplication Tables up to 10

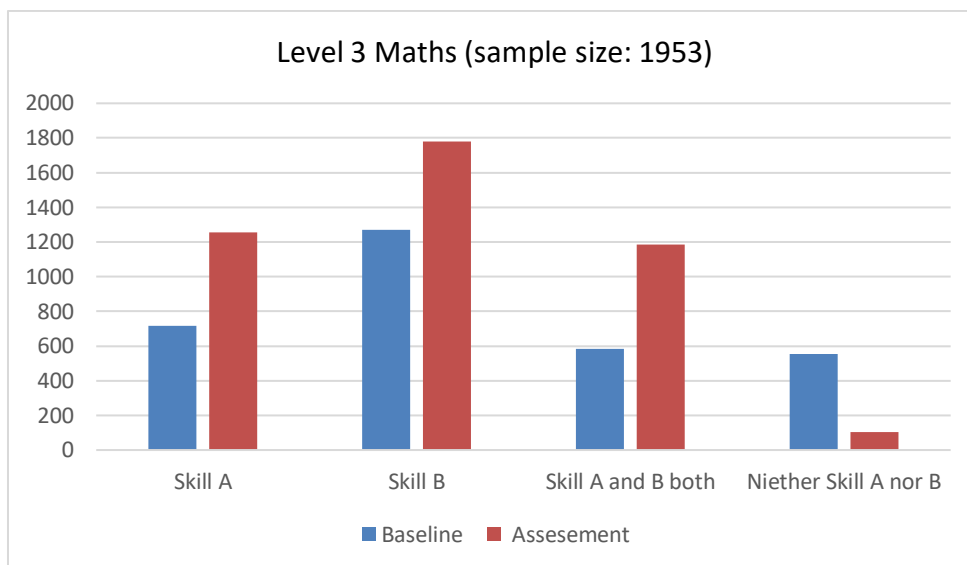


Level 3: Maths (sample size-1953)

Skill A: 3-digit multiplication and division



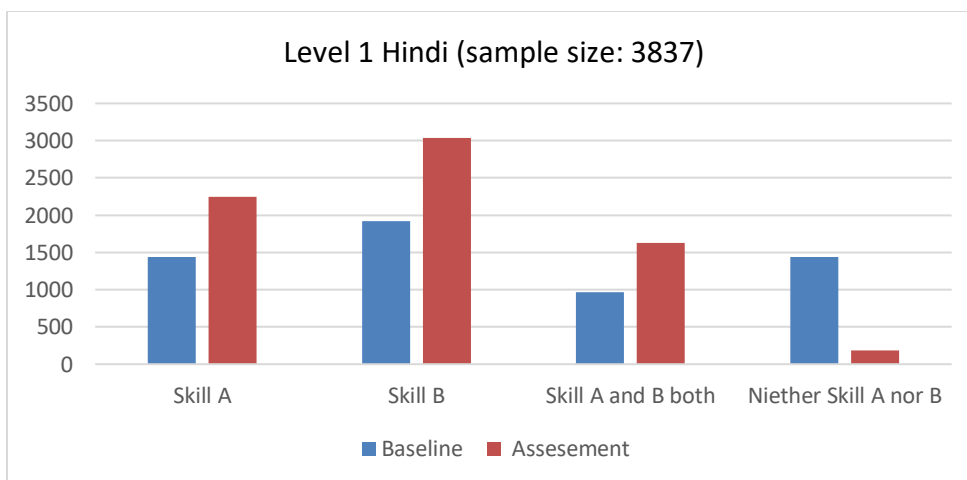
Skill B: Identify 3-digit numbers



Level 1: Hindi (sample size-837)

Skill A: Able to read and write alphabets

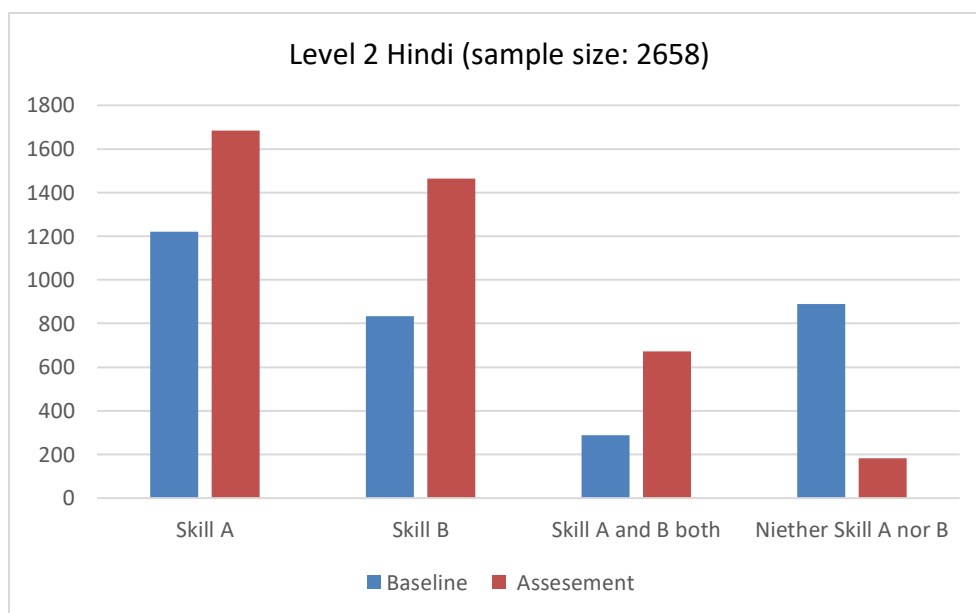
Skill B: Reciting varnamala



Level 2: Hindi (sample size- 2658)

Skill A: Able to read and make Simple words as नर, तल, सर

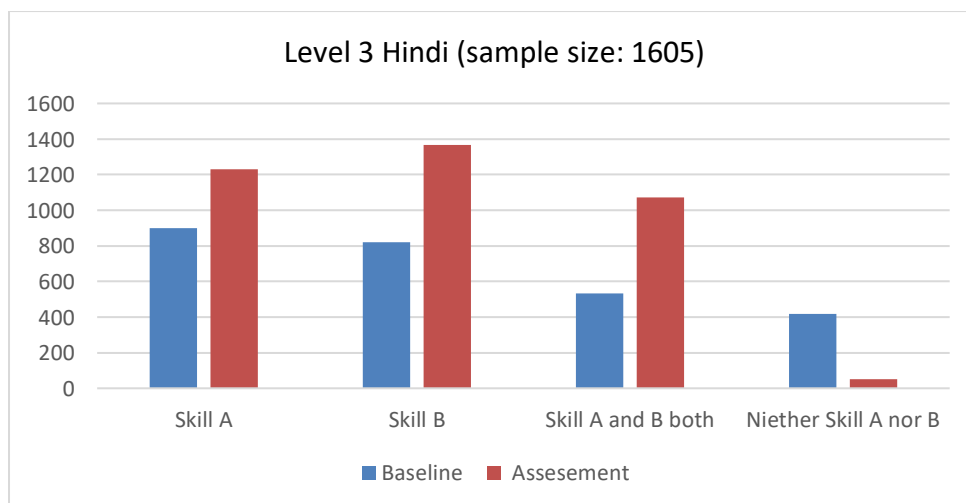
Skill B: Use of matra's नारी, तिल, सूरत



Level 3: Hindi (sample size- 1605)

Skill A: Able to make sentences, antonyms, and synonyms

Skill B: Able to read a paragraph



Conclusion

- Overall, we saw significant improvements in all these subjects across all levels.
- Children have learnt basic manners and etiquettes, like wishing good morning/hello to other people.



- Staying in remote tribal villages, they were very shy to speak to strangers. But now they are showing willingness to speak and interact with people from outside.
- Children have learnt basic hygiene practices for instance, washing hands, brushing their teeth etc.
- Younger children (between ages 4 to 6) have learnt Hindi and English alphabets, numbers from 1 to 100. They are taught in a playful manner, involving them in various group games. Children have learnt poems in Hindi and also Shlokas in Sanskrit, which they chant daily.
- Children in the age group of 7-10 (class 3-5) did not know basic language and mathematical skills expected at their grade level. But now most of them have learnt to do simple additions, subtractions, multiplication, and division. Similarly, in languages such as Hindi and English, the children have improved their reading skills and also vocabulary.
- Children have also learnt certain basic general awareness things such as names of months in Hindi and English, names of seasonal fruits, vegetables and crops in Hindi and English.
- Children in the age group of 10-13 (class 6-8) have shown improvement in their academic knowledge and skills. For instance, neither they know about geographical maps and nor they can locate state, city, and country on maps. But now, they have slowly but firmly started to gain this knowledge and can proudly tell names of states, capitals and names of some major countries. They can also locate their district on the map. Similarly, in maths, they are catching up to their respective grade levels learning because of the Kutir teachers' efforts. They have learnt decimal, percentage etc.
- Children are also taught about great personalities and their great works. Children have been told stories about Swami Vivekanand, Sri Ramakrishna Paramahansa, Mahatma Gandhi, APJ Abdul Kalam etc.



b. Seva Kutirs: Impact on Nutritional Outcomes

In the Seva Kutirs, children get breakfast, with seasonal fruits and milk in the morning and dinner (roti, sabzi, rice and dal) is served in the evening. In the afternoon, children get lunch in the government schools/anganwaadis. So, the aim is to ensure 3 course meals to children so that they stay well nourished.

Food habit

The age group below 4 years and the children above this age group (6-11) are under the Aanganwaadi program and mid-day meal respectively. But the other two diets are still home fed which is still not nutrient rich in their food habits in such areas. The major source of staple food production is *maize and wheat* in the area (Rich in Carbohydrates, poor in proteins and vitamins). The food production last for three/four months on an average the rest is acquired through PDS. It plays an important role in food security.

Three times meal is still a dream for many families from their own production. In some families due to inadequacy of food, women tend to skip meal or get insufficient quantity. Eating hot cooked meal is considered to be a status symbol in the community. Vegetable consumption is very less.

Approaches:

a) **Direct Service:** Providing nutritionally high enriched diets for children in such areas in mornings and evenings. It will complement the mid-day meal program of the government. This diet plan (**Menu**) will be closely monitored and executed keeping an individual child's need in focus :

b) **Convergence :** This is also a very good opportunity to continuously map the status of the children in such areas in terms of their health and converge with other agencies both government and non-government looking at solving health issues of children like anaemia which is predominant in such areas. We have also liaison with Tehsil Government hospital, Khategaon, Dewas District for First Aid box.



c) **Impacting Agriculture and access to nutrient rich food** : The back end of the mission which requires to supply nutrient rich raw material in these villages through the Kutirs will try to achieve supply locally in due course of time. That is the supply side will try to give an impetus to local agriculture to produce high nutrient rich and the demand which will be initially met from outside suppliers will eventually be at a large scale met by the families of the children through improved agriculture practices. This will be done through executing a convergence with government (agriculture department) and non-government organization (farmer producer companies) whose focus is on agriculture improvement. Thus the habit of growing and eating nutrient rich diet will slowly see a movement from institution (Kutir) level to family level.

We conduct baseline assessment and then further assessments after 6 months. Below is the result of these assessments for the 100 Seva Kutirs :

Total No. of Children: 8100

c. Methodology

Anthropometric tools used-

1. Calculation of Height and Weight for children above 5 years (BMI)
2. Mid Under Arm Circumference (MUAC) tape for children below 5 year.

i. Baseline Report

Baseline result:

Status		Total
No. of severely malnourished children		5689
No. of children with moderate BMI		748
No. of children with healthy BMI		1660
No. of obese children		3

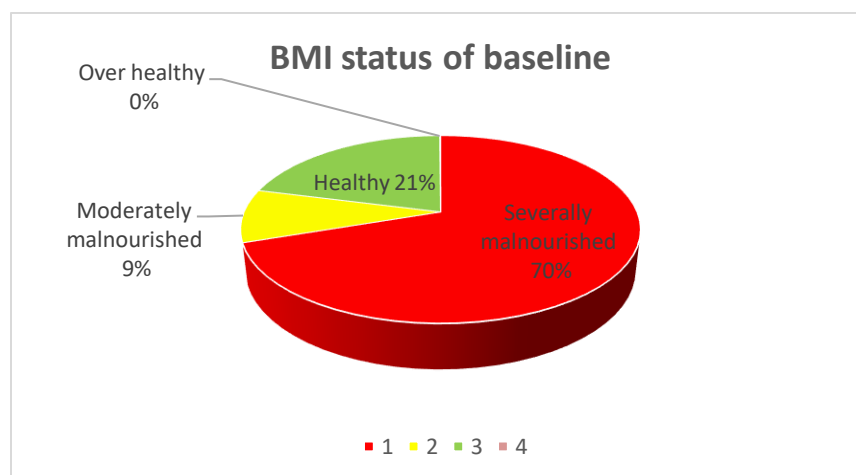


Fig- 1 Represent the BMI status of baseline. Out of the total population 70% children were severely malnourished whereas only 20% of children were healthy.

ii. Assessment Report

In the Nutrition Baseline we found that 70% of children were severely malnourished and only 20% children were healthy. In the assessment held, we witnessed a marked improvement in BMI levels, though it was not enough for all the children to move from category of malnourished to normal.

Status		Total	
No. of severely malnourished children		4566	
No. of children with moderate BMI		1073	
No. of children with healthy BMI		2458	
No. of obese children		3	
		Number of Children	
Positive Movement in BMI		7613	
No Movement in BMI		487	



d. Conclusion

In the assessments, we found that there has been improvement of BMI for a large number of children (around 94%).



12. Proposal to ACRE for Funding Support

We have 271 Seva Kutirs at present in 8 districts in MP. The Seva Kutirs cannot have a fixed predictable number of children due to varying sizes of the villages. But the range is usually between 80 children to 150 children.

We request support towards 4 Seva Kutirs serving around 400 children. The support will be very helpful in giving quality education to the children in these villages as well as providing them proper nutrition.

Annual budget break-up for a Seva Kutir of around 100 children is given below:

S.No.	Budget Head	Items	Amount (in Rs)
1	Fooding Costs	Groceries	2,75,000
		Vegetables & Milk	1,20,000
		Kitchen Expenses (Gas Cylinders)	85,000
		TOTAL	4,80,000
2	Remuneration Costs	Teachers	1,80,000
		Cooks	1,10,000
		Cluster Coordinators & Other Central Staff	80,000
		TOTAL	3,70,000
3	Staionaries & Other Goods	Stationaries	10,000
		Other Miscellaneous Items (clothes, sports items, etc)	20,000
		TOTAL	30,000
	GRAND TOTAL		8,80,000

Total Budget for 1 Seva Kutir for 1 Year: Rs 8,80,000

Thus, total budget for 4 Seva Kutirs for 1 year will be Rs 35,20,000 (Rupees Thirty Five Lakhs Twenty Thousand).



List of 4 Seva Kutirs is given below. All these are in Tamia tehsil of Chhindwara district

1. Pachadhana Seva Kutir

This Seva Kutir has been started on 29th September 2020 and has 101 children attending from Bhariya and Gond tribes, and other deprived communities.



2. Dongra Seva Kutir

This Seva Kutir has been started on 11th January 2021 and has 103 children attending from Gond tribe, and other deprived communities.





3. Rajdhana Seva Kutir

This Seva Kutir has been started on 3rd February 2021 and has 106 children attending from Bhariya and Gond tribes, and other deprived communities.



4. Dhobiwada Seva Kutir

This Seva Kutir has been started on 21st February 2021 and has 104 children attending from Gond tribal community.





GENESIS FOUNDATION
SAVE LITTLE HEARTS

Friday, 16 July 2021

Assets Care & Reconstruction Enterprise Limited
2nd Floor, Mohandev Building
13, Tolstoy Marg
New Delhi – 110 001

Attention: Mr Mohd Shariq Malik

Dear Mr Malik,

We are grateful to Asset Care & Reconstruction Enterprise Limited (ACRE) for supporting the cause of treating critically ill children with Congenital Heart Defects and look forward to continuing our partnership with ACRE in the FY 2021-2022 through Project Save Little Hearts.

About Us: We Save Little Hearts

Genesis Foundation (GF) is a not-for-profit organization which was founded with a simple thought that no child should die due to lack of funds for treatment.

GF facilitates medical treatment for critically ill under-privileged children suffering from Congenital Heart Defects or CHD. The support required includes specific surgeries (including neonatal), Cath Lab Interventions, recovery and recuperation post-surgery. The children supported by the Foundation belong to families with an income not exceeding **Rs 15,000** per month.

Experience & Track Record

- So far, we have supported over 3200 critically ill children.
- We have been able to maintain a 98% success rate in CHD related interventions.
- In FY2018-19 we supported the lives of **600 children** with CHD; FY2019-20 this grew to **608 children**; FY2020-21 we supported **458 children** (due to prevailing COVID Pandemic)
- We have many *firsts* to our credit including – in recent years - treatment of the lightest pre-mature baby (900 grams) in India; One surgery which involved 3D printing of heart to plan the surgery; and then the world's first heart surgery of a young girl called Mythili whose heart valve was reconstructed with her own tissue, a rare procedure called an Ozaki procedure. Recently we supported the surgery of a 42 day old baby in Kerala who did not have a sternum and heart was outside chest cavity. Youngest baby in Kerala to undergo such a repair.

Registrations & Compliance

GF is a not-for-profit trust. It has a tax-exempt status in India. Donors' residing in India are entitled to a tax break on 50% of the donation made. GF also has a registration under the Foreign Contributions Regulation Act (FCRA)



which entitles it to receive contributions from overseas. Statutory registrations and audited accounts can be submitted on request.

Need

India has world's largest number of children with Congenital Heart Defects (CHD). The incidence of CHD world-wide is 9 per 1000 live births. In India, with over 25 million babies born annually, between 200,000-250,000 are diagnosed with CHD.

Over 70,000 of these children are critically ill and to survive would require medical intervention within the first year. There are about 60 hospitals in India which have the pediatric cardiology expertise and infrastructure to deal with this specific medical problem in children. Around 27,000 open heart surgeries are performed every year. There remain a large number of children who require treatment and many unfortunately pass away due to lack of it.

Project Deliverables

Project Save Little Hearts will facilitate the medical treatment of 19 lesser privileged children in the age group of 0-18 years suffering from CHD and requiring life-saving intervention.

Children under this project will be identified across India. The support is estimated at **Rs. 30,00,000** with the following approximate breakdown: **19** children to be treated at an average cost of Rs **1.50** Lakhs per child; and 5% i.e., Rs **150,000** towards administrative charges.

We would request that the project grant be disbursed to us in two instalments of Rs 15 Lakhs each at the commencement of the project.

Partner Hospitals

Genesis Foundation is currently working in association with 23 hospitals across India to ensure best in class treatment for these children.

The list of hospitals is as follows:

S.No.	Partnered Hospital Name	Location
1.	Artemis Hospital	Gurugram
2.	Max Super Specialty Hospital	Delhi
3.	Apollo Hospital	Delhi
4.	Fortis Escorts Heart Institute	Delhi
5.	Narayana Health	Jaipur
6.	Santokba Durlabhji Memorial (SDM) Hospital	Jaipur
7.	SRCC Children's Hospital	Mumbai
8.	KD Ambani Hospital & Medical Research Institute	Mumbai
9.	Jupiter Lifeline Hospital Ltd	Thane
10.	Jupiter Lifeline Hospital Ltd	Pune
11.	Krishna Institute of Medical Sciences	Hyderabad
12.	Unimed Healthcare Pvt. Ltd. (Star Hospital)	Hyderabad
13.	Rainbow Children's Hospital	Hyderabad



14.	Care Hospitals	Hyderabad
15.	Narayana Health	Bengaluru
16.	Columbia Asia Hospital Pvt. Ltd.	Bengaluru
17.	G Kuppuswamy Naidu Memorial Hospital	Coimbatore
18.	MIOT Hospital	Chennai
19.	Sooriya Hospital	Chennai
20.	Madras Medical Mission	Chennai
21.	Amrita Institute of Medical Science & Research Centre	Kochi
22.	Narayana Health	Kolkata
23.	Narayana Health	Raipur

Included in the above list are two new partnerships:

Care Hospital, Hyderabad

SDM Hospital, Jaipur

Since we deal in critical illnesses our choice of the above hospitals is dictated only by availability of facilities for specific intervention and availability of pediatric cardiac specialists and surgeons in Tier I/Tier II cities.

We are constantly working towards expanding our network of hospitals. We will inform you of any changes that may occur during the project duration by addition of any other hospital or disruption of working of any hospital due to current pandemic.

Average Cost

The average cost of medical intervention conducted at hospitals that GF works with:

Type of Intervention for Congenital Heart Defects	Average Cost
Patent Ductus Arteriosus	Rs. 100K to Rs. 130K
PDA Stenting	Rs. 100K to Rs. 150K
Atrial Septal Defect	Rs. 130K to Rs. 150K
Ventricular Septal Defect	Rs. 200K to Rs. 250K
Tetralogy of Fallot (including surgeries where conduits are required)	Rs. 170K to Rs. 300K
Total Anomalous Pulmonary Venous Connection	Rs. 250K to Rs. 300K
Transposition of Great Arteries	Rs. 300K to Rs. 400K
Ebstein Anomaly (Cone)	Rs. 250K to Rs. 300K



Repair)	
Ballooning of Heart Valves	Rs. 100K to Rs. 150K
Aortic Arch Repair & Coarctation	Rs. 200K to Rs. 250K
Truncus Arteriosus	Rs. 200K to Rs. 300K
Radio Frequency Ablations	Rs. 150K to Rs. 200K
Permanent Pacemaker Insertion	Rs. 100K to Rs. 150K
AV Canal Defect	Rs. 200K to Rs. 250K
AP Window	Rs. 150K to Rs. 200K
Double Outlet Right Ventricle	Rs. 200K to Rs. 250K
Ross Procedure	Rs. 350K to Rs. 400K
Hemitruncus	Rs. 200K to Rs. 250K
Taussig-Bing Anomaly	Rs. 200K to Rs. 250K

**The above is an indicative list. Costs vary depending on diagnosis, level of complication, type of surgery and discount provided by treating hospitals which vary. This above estimate comprises only of the medical cost of treating each case.*

Based on this Indicative list and our expenses, the average per case cost for FY 2020-21 is calculated at Rs 1.50 Lakhs.

For each of the medical surgeries the components comprise of charges for medical consumables, diagnostics, hospital package, equipment charge, investigations, and other similar costs. Certain kind of surgeries may require heart valves to be changed or conduits to be placed. Cost of these valves, prosthesis and conduits are additional and charged on actual basis.

While GF guarantees achieving agreed targets, our commitments are not restricted to the number and instead dictated by funds available. It is our constant endeavor to treat as many children as possible utilizing available funds.

Project Monitoring & Deliverables

To ensure that the project objective of supporting **19 children** is met, GF will undertake a progress review. GF will submit an electronic report at the end which will contain the documents below:

- I. Background of the child, family and contact details*
- II. Cost of Treatment*
- III. Nature of medical treatment undertaken*
- IV. Supporting medical documents*
- V. Condition of the child pre- and post-surgery*
- VI. Details of utilization of funds*
- VII. Copy of bill and payment receipt for the completed cases*



Post the surgery, wherever needed and advised by the doctor, the child may have to return for a medical check-up. GF would counsel the parents to be regular for any follow-up visit.

Please note: The reporting structure suggested above is as per GF's standard processes. However, monitoring, reporting and evaluation designs can be customized as per your requirements.

5% of the project cost will be allocated towards general and administrative costs and the rest will be utilised towards the treatment of children.

Sustainability

Over the years GF has had an impressive track record of implementation. The CSR donors are satisfied and have reiterated their support to GF. We are constantly on the look out to foster partnerships with likeminded philanthropic organizations.

Alignment with Sustainable Development Goals

The projects executed by GF are closely aligned with SDG Clause 3 and 5. SDG Clause 3 aims to ensure healthy lives and promote well-being for all ages. In India 10% of infant mortality is due to CHD. For FY 2020-2021 close to 60% children supported were neonates / infants. SDG Clause 5 aims to achieve gender equality in all spheres of life – GF strives to maintain equal gender ratio.

Indemnification

Assets Care & Reconstruction Enterprise Limited shall have no liability to the Implementing Partner. The Implementing Partner will indemnify Assets Care & Reconstruction Enterprise Limited from and against all liabilities (including statutory liability), penalties, demands and costs, awards, damages, losses, expenses and / or legal costs (including legal costs in relation to defending actions, proceedings, and/or claims) arising directly or indirectly because of any misuse or misappropriation of funds provided by Assets Care & Reconstruction Enterprise Limited in relation to the Program, any misrepresentation, breach or non-performance by the Implementing Partner of any of their warranties, undertakings or obligations.

We thank you for reading through this document and look forward to the honour and privilege of this partnership which aims to Save Little Hearts.

We will be happy to answer any questions and provide any further information you require.

Yours sincerely,
For Genesis Foundation

Simran Sagar
Operations Director
Genesis Foundation



SAMPARC

SOCIAL ACTION FOR MANPOWER CREATION

Varad Apartment, 292, Yashwant Nagar
Talegaon-Dabhade, Pune-410507, Maharashtra, India

Tel: 02114-227335/231472, M: 9766343456

Email: samparc6@gmail.com,

Website: <https://samparc.org>

PROPOSAL WITH REQUEST TO SUPPORT 100 GIRL CHILDREN OF SAMPARC BALGRAM, BHAJE

Social Action for Manpower Creation - SAMPARC is non-profit making Public Charitable Society and Trust in India established in 1990 working for Care, Protection and Educational Development of Orphan Children, Children of Sex-workers.

Assets Care & Reconstruction Enterprise Limited - ACRE is a Partner of SAMPARC – helping 100 Girls for their Care, Protection and Education for SAMPARC Children's Home Centre called Balgram at village Bhaje, Tal. Maval, Dist. Pune, Maharashtra.

BACKGROUND:

Intervention of ACRE to support SAMPARC 100 Girl Children started with the purpose to overcome the Financial difficulties faced by the Organization. ACRE took responsibility to look into the Gap of running Girls Children's Home where Children can get proper Support for their Education, Care and for Development. Now we propose ACRE to consider continuing support for 100 Orphan Girls for the year 2021-22.

SAMPARC Balgram – Bhaje – known as a Model Children's Home of Maharashtra – working in Exemplary Way for Care of Orphan and Children of Commercial Sex-workers. Its success is based on its proper attention for Physical & Mental Health, Counseling, Proper Care, Helping for Right Way of doing studies, Discipline, Sports and other Curricular Activities. The Centre runs under Founder of the Organization Mr. Amitkumar Banerjee and Mrs. Ratna Banerjee. Mrs. Banerjee mostly looks after the Management of the Children and Centre.

The Government of India appreciated sincere efforts and dedication by felicitating SAMPARC with the prestigious “National Award for Child Welfare” in 1997.

On 6th June 2021 SAMPARC completed 31 years of its service to Orphan, Poor, Needy and Children of Socially Victim Women.

More than 400 Senior Children of SAMPARC are well settled, 122 Girls are married.

PROPOSED PROJECT – REQUEST TO SANCTION ASSISTANCE FOR 100 GIRLS OF SAMPARC BALAGRAM, BHAJE FOR THEIR CARE, PROTECTION AND EDUCATIONAL DEVELOPMENT FOR THE PERIOD 2020-21:

With the Help from ACRE, SAMPARC Balgram really enabled to show Good Performance by the Children in the Field of Education, Sports, Discipline, Cultural Activities. The Special Efforts with

the Children carried for Developing their General Knowledge, Maths, Reasoning, Spoken English and Sports. It has helped the working people to work properly with the Children in a adequate manner.

The Children live with other Children and each House there are 10 Children taken care by House Mother. The House Mother look after their Basic Food, Cloth, Toiletry, Education Stationary and Psychological Needs. They talk with the Counsellor and also visit School to discuss with Teachers about the Progress of the Education of the Child.

Children now attend regular Computer and also learn Handling of Basic of Computer. The most important aspect followed in the Centre is Sanitation, Hygiene, Cleanliness and to maintain basic standard of Nutrition and Safe Drinking Water. As a result, Children are healthy.

The Special Care about Personality Development and Leadership Quality, Activities provided to the Children time to time. Outsider Speakers visit the Centre and Guide the Children. Discipline and Self-responsibility is taught to each Child. Overall, success of Development of Child is almost 98-99%.

Therefore we request You please help us by supporting 100 Girls for their overall Care, Education and Development.

ADMISSION OF THE CHILDREN

Children are admitted in the SAMPARC Children's Home, Bhaje with the recommendation of Child Welfare Committee, Pune.

BACK GROUND & PROGRESS OF THE CHILDREN:

The Children's Home has children of the age group 5 to 18 years. Mostly the children come from very difficult situations / backgrounds, being neglected, abandoned and unwanted.

All working members of the Children's Home regularly do detail discussion about the need of the children, role of staff based on the approach of capacity building. Emphasis is given on how staff can improve confidence of the children. Resource persons are regularly invited to the centre for developing Art of Living, life skill, value education of the children.

DAILY SCHEDULE:

The daily schedule of the children follows from getting up from bed at 5:00am, then following with PT exercise, self & premises cleanliness, breakfast, getting ready for school, after coming from school they have evening snacks, children go for sports activities, after returning from play they organize themselves for evening prayer, and then they keep busy with their study hour, after dinner they go for bed early. The children who have morning school receive tutoring in the afternoon after coming back from school and children who have school in the afternoon attend tutoring class in the centre in the morning. Library time is also fixed and after evening prayers children read newspapers and 1 moral story is told.

ACADEMICS AND TUTORING:

The primary children attend the Zilla Parishad School, Bhaje the secondary and the high school students attend the VPS School, Bhaje some children also attend the Abhinav English medium

schools at Patan and Senior children attend Lily Jr. College, Malavli for 11th and 12th std and Graduation students attend Walvan College, Lonavla.

After attending School children receive tutoring in the Children's Home with personal attention. 4 tutors teach the children in the children's home after attending school. Children appearing for SSC Board exam are receiving special coaching in the centre.

Every month tutors conduct internal test and the children receive guidance accordingly. Each child is given personal attention and tutors ensure that the children understand the concepts clearly. Also children who are weak in studies receive special attention and guidance from the tutors.

Education file of each child is maintained and the progress report and academic performance of the child is updated regularly.

SPECIAL EDUCATION SUPPORT:

Apart from school education children receive special education support in the center in Spoken English, Computers, Maths, General Knowledge and Reasoning. Regular training programs, workshops and sessions on various topics are arranged for the children in the Children's Homes along with exposure visits for overall development of the children.

Children are encouraged to read books in Library, Reading Newspapers daily to help them update themselves regarding day to day happenings and to enhance their General Knowledge. Children take the benefit of Library which has 5000 books. And the library setup has been done according to the interest of the children.

HEALTH AND NUTRITION:

Overall health of all the children is good. Weight and Height of each child is measured on 30th of every month which is updated in the Medical file of the child. Quarterly general health checkup and Hemoglobin checkup of all the children is conducted. Eye, ENT and Dental checkup is conducted yearly and de worming medicine and TT is given to all children once in 6 months. Also if any child requires special medical attention the same is provided.

Also all children are vaccinated as per the guidelines of the doctor. All the children practice yoga regularly, which has contributed a lot for the overall wellbeing of the children.

All the health related aspects of the children are taken care by doctor from SAMPARC Medical Centre, Malavli which is very nearby to the Children's Home and the doctor from the centre visits the children's home every day in the evening.

Health file of each child is maintained separately, monthly weight and height and all health related aspects of the child is updated regularly.

Children receive balanced food which includes right proportion of pulses, grains, vegetables, dairy, sprouts, leafy vegetables, fruits as their daily intake. Food is prepared by the Kitchen staff in clean kitchen and the quality of food is tested every day by the Project In-charge. The Menu prepared is as per the recommendation of the doctor. Along with healthy breakfast, lunch & dinner children receive milk every day in the evening along with seasonal fruit. Also children

have special Menu every Sunday. Children are served food in a clean environment in the dining hall. All the children enjoy their breakfast and meals together in the dining hall. Also housemother gives attention whether the children especially younger ones if they are having their meals properly. The kitchen & dining area is sanitized and is always clean and the store room is also kept clean.

The children's Home is equipped with Water purifier and children are provided with clean and safe drinking water. Regular maintenance of Purifier and water testing is done and it is ensured that children have clean drinking water.

TRAINING IN SPORTS & EXTRACURRICULAR ACTIVITIES:

At children's home the main focus is on education, but since each child has unique talent and to explore their hidden talents children receive training in music and dance as per their interest in the Centre. Children during vacation learn to make various crafts, Aakash Kandil/paper lanterns, making clay pots, paper bags along with drawing and painting.

Also children are given training in Sports -outdoor and indoor along with extracurricular activities. They do march past, P.T. and also receive training in Wrestling, Football, Basket Ball, Badminton, Kho-Kho, Kabbadi, Running, Skipping and Netball. Children from the centre are exceptionally good in Sports and extracurricular activities.

MONITORING & EVALUATION:

The Children's Home is licensed under the Department of Women & Child Welfare, Government of Maharashtra. The officers from the department visit the Children's home quarterly and monitor and evaluate all child care aspects right from hygiene, food, health of the children environment provided to the children. As per the Government norms 40 registers covering various aspects are maintained in the children's home and the officers check these registers.

SAMPARC Head Office working under the guidance of Mr. Amitkumar Banerjee - Founder Director / Secretary and SAMPARC Governing Council conducts regular evaluation on aspects like- children's Performance at school, Performance on home, special coaching, evaluation of interest, sincerity and confidence level of the children, Ability Test –both reading and writing presentation, Physical fitness of children-all these parameters are drawn with the help of Project In-charge and Counselor of the centre.

INDICATOR OF CHILD DEVELOPMENT:

Sr. No.	Activity	Desired Outcome	Indicators to measure Outcomes
1	Accommodation, Protection and Care along with Psychological Support & Counselling	The Beneficiaries will live in clean – healthy shelter obtaining proper bed, toiletries, sanitation along with care of House Mother and Psychological support of skilled counselor and Project In-charge.	<ul style="list-style-type: none"> ➤ Number of Beneficiaries residing in the Centre. ➤ Facilities and Materials they are obtaining from the Centre. ➤ Attendance of Staff and Children. ➤ List of Activities for Psychological Support. ➤ Case Study

2	Nutrition and Health	All the Beneficiaries will get regular healthy and nutritious food, will be Healthy and Fit. There will be no problem of mal-nutrition.	<ul style="list-style-type: none"> ➤ Growth of the Children. ➤ Increase in height & Weight as per age ➤ Energy level and Performance of the Beneficiaries.
3	Education, Sports and Extracurricular Activities	All the Beneficiaries will receive Education; they will learn some extracurricular skills as per their interest and capability.	<ul style="list-style-type: none"> ➤ Exam results ➤ Participation of the Children in Competitions / Programs ➤ Achievements of the Children - Prize, Recognition
4	Higher Education / Vocational Training	After completing school education, the children will continue their education as per their interest and capability to sustain in mainstream society.	<ul style="list-style-type: none"> ➤ Number of Children attending Higher Education ➤ Number of Children obtaining Vocational Training ➤ Number of Children pass-out from this centre.

STAFF:

The Children's Home is working under the guidance of Mrs. Ratna Banerjee, Trustee and coordinator of the Project along with Project In-charge, Counsellor, housemothers, regular tutors, part time tutors and sports instructor who work for the children. Total 25 full time and part time are working in the children's home for care and upbringing of 113 Girl Children.

REQUEST TO SUPPORT 100 GIRL CHILDREN of SAMPARC BALGRAM, BHAJE, 2021-22:

1. Fooding for 100 girl children Rs. 1100/- PM = Rs. 13,20,000/- PA
2. Education expenses for 100 girl children Rs. 8000/- PA Per child = Rs. 8,00,000/- PA
3. Supervision and other expenses for 100 girl children Rs. 1000/- PM Per Child = Rs. 12,00,000/- per annum.

Total Annual Requirement for 100 Girls Rs. 33,20,000/-

SAMPARC will submit Quarterly progress report of the Children's Home and Utilization Certificate.

Donation to SAMPARC is exempted under 50% Tax Exemption under 80G.

We look forward towards supporting the Project in favor to support 100 Girls of SAMPARC Orphanage and for a long-term partnership for a Better Future of the Children.

With warm regards,
Yours sincerely,

Amitkumar Banerjee
Founder Director / Secretary - SAMPARC

Project “Leprosy Control” in India



**A CSR Initiative by Asset Care and Reconstruction Enterprise Ltd
for Leprosy Control in India**

Proposal by



DELHI SOUTH ROTARY SERVICE FOUNDATION

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Introduction

Many believe that leprosy is a thing of the past but, the truth is, leprosy never went away!! In 2020-21, 2.14 lakh people contracted Leprosy, which is more than 600 people each day, with over 50 of these being children. Talking about India, 63% of the new reported cases, which is almost 1.5 lakh are from India. This makes India the Leprosy capital of the world. Due to fear and lack of knowledge that the disease is curable, there are still over 30 lakh people across the world living undiagnosed and every day the disease causes further damage to their being, health, livelihoods and futures.

The awareness around leprosy is poor and hence diagnosis capabilities are under-represented, and treatment is not widely known. On average, the disease incubation period is 5 years but symptoms may occur within 1 year. It can also take as long as 20 years or even more to occur. The taboos and myths around the spread and perceived incurability of the disease exacerbates the situation making the plight of the leprosy patients deplorable. Ignorance around leprosy has been the biggest challenge in systemic reduction of this disease to insignificant levels. However the truth is that Leprosy is curable, with zero transmission risk, if diagnosed in its early stages and supported with the right treatment.

Leprosy in India

Even though India officially declared that leprosy was eliminated in 2005 by reducing its prevalence rate to 0.72 per 10,000 people at national level, lack of vigilance paved the way for its return with high intensity creating a risk of very high magnitude if left unaddressed.

Unsurprisingly, India claims the majority at 63% of leprosy cases globally. Due to lack of awareness and poor medical and support infrastructure many infected with the disease are left unattended, living with the long-term effects and many more go undiagnosed. Ignorance further leads to either people not coming forward to get the right diagnosis and treatment, before it is too late, and they lose digits or a lifetime of ostracization and living in leprosy colonies.

The Stigma, taboos, myths around leprosy and have plagued our world for the longest time. Leprosy patients today are not just battling with diagnosis and treatment but fighting for their right to dignified living. Most are living as outcasts in isolation in the 750 leprosy colonies in India, where they become a no-name and their existence too is not acknowledged. The worst is that the 2 lakh plus leprosy patients and their families residing the 750 leprosy colonies in India are also the victims of discrimination due to taboos, myths and appalling prevalent laws.

Another violent impact of our ignore is that Leprosy for ages has always been believed to be non-treatable and a disease for life and leads to ostracization and other social perils. But these are myths and not true. Leprosy is curable and become non-communicable with just 2 doses of MDT. Only if, untreated, it can cause progressive and permanent damage to the skin, nerves, limbs, and eyes.

Background

Delhi South Rotary Service Foundation (DSRSF), a not for profit, focused on serving humanity to impact change, picked this hardest battle for the most neglected in our society and started the “Leprosy Control Project in India” in 2021 to make Leprosy a disease of no consequence in India. The project is spread over 12-14 years to cover entire India with the first concentration being Delhi NCR. The project focus is around 4 pillars – battling ignorance, training people, active case finding, and healthcare and rehabilitation.

Understanding the need, ACRE became a key partner to Fight Leprosy with Rotary DSRSF. An MOU was signed on Dec 11, 2021 between ACRE & DSRSF to undertake CSR activity on behalf of ACRE in supporting awareness, skill building and healthcare in the area of leprosy with a grant of Rs. 39,75,000/- for FY 2020-21. Owing to COVID restrictions, the skilling programme could not be commissioned and hence, in March 2021, the grant was reduced by Rs. 5,75,000 making the overall grant for FY 2020-21 Rs. 34,00,000. Following table is a summary of the spend and in 2020-21:

Pillar	Budget	Committed as at June 30	Mix of Spend	Disbursed as at June 30
Awareness, Advocacy and Adoption	14,50,000	14,17,565	41%	14,10,485
Skilling and upskilling	1,00,000	84,583	2%	84,583
Healthcare	18,50,000	18,87,120	56%	18,87,120
Total	34,00,000	33,89,268	100%	33,82,189
Excess/ (shortfall) over Budget		(10,732)		(17,811)

With ACRE’s support, the much-needed awareness & advocacy campaign, across all channels - digital, print, electronic and radio kickstarted and was the primary focus of the projects in 2020-21. The aim was to stop ignorance about leprosy and break the chain of stigma, myths & taboos; influence change of archaic laws; bring focus of active case finding, treatment and rehabilitation of leprosy patients and their families. Our awareness campaign generated interest and participation from media, influencers, corporates, medical fraternity, other institutions, leprosy patients and volunteers reinforcing that with continued effort, things will change and leprosy detection, timely treatments and rehabilitation.

Skilling of frontline workers for active case finding, were delayed due to COVID restrictions on travel and physical meetings gatherings. Considerable ground-work however to implement the training programme in 2021-22 accomplished.

Our healthcare focus and on ground connect with leprosy patients to understand their needs was strong. Our well-rounded approach ensured that the leprosy patients in the colonies that we worked in were not only met and heard but most importantly they get the nutrients, treatment, physiotherapy, self-aid kits, care for healing. Discussion on rehabilitation and skilling programme focusing on livelihood for leprosy cured people and their families, which was part of our year 2 agenda, has been initiated and will be implemented in 2021-22.

Our work in 2020-21 has created significant impact in creating awareness and address the healthcare needs of the leprosy patients. This is a great start to a long journey, one that will be accomplished with ACRE’s support.

DSRSF Leprosy Control Project in India:

Project belief: We believe that there is big need of awareness around leprosy and leprosy patients need detection, right treatment, care, rehabilitation and a life of dignity. We have picked the hardest battle to fight with our deep sense of service, best in class skill, huge network, mass mobilisation and multi-stakeholder engagement capabilities, huge bank of volunteers, credible partners and learning from previous success stories.

The intervention for leprosy needs right treatment and structured palliative care and does not need prolonged medical treatment. The project would be considered successfully commissioned as soon as we reduce the transmission of leprosy to zero.

Human life and living with dignity precede everything else and no matter what the specific vision or area of work that an organization supports, raising awareness to end discrimination, skilling people to save lives, supporting treatment to saving lives, rehabilitation and palliative care for upliftment of those in need fits integrally into humanity agenda and should be the first priority for government, all citizens and corporate citizens.

Project Vision: *Zero leprosy: zero infection and disease, zero disability, zero stigma and discrimination.* This humanitarian project addresses the need to control leprosy to produce sustainable and measurable outcome pan India over a 10-year initiative with a total outlay of Rs. 12-14 crores. Our vision is to achieve leprosy control in India by reducing transmission and making leprosy a disease of little consequence by enhancing morbidity management, disability care and inclusion.

Goal: *Elimination of leprosy (defined as interruption of transmission).* Our goal is to control leprosy and reduce it to insignificant levels with focus on awareness, prevention, treatment, and rehabilitation of leprosy patients to enable dignified living like any other citizen. The objective of the project is to create a robust system to address the imminent need to control leprosy from awareness to rehabilitation in put in on the healthcare map of our country.

Our approach: We will follow a phased approach, and we will work in the following key areas:





DELHI SOUTH ROTARY SERVICE FOUNDATION

About Us: Rotary Club of Delhi South (RCDS) & Delhi South Rotary Service Foundation (DSRSF)

RCDS is one of the premier Rotary Clubs in North India and is a part of Rotary International, an international service organization. Delhi South Rotary Service Foundation (DSRSF) was established by the members of Rotary Club of Delhi South in 1978 to create a Registered Society under the Societies Registration Act, 1860, to serve the community in the fields of literacy, education, skill development, women empowerment, health, environment, child, youth and elderly welfare and to enable the underprivileged lead a better life. DSRSF does not charge any administrative costs to projects as these are mainly borne by its members.

DSRSF is tax exempt under section 12 (A) of the Income Tax Act and all donations and contributions to DSRSF are eligible for tax deduction under section 80G of the Act. DSRSF is also registered with Ministry of Corporate Affairs for undertaking CSR activities and the Registration number is CSR00001723.

Under schedule VII (i) (ii) & (iii) of the Companies Act 2013, promoting healthcare, skilling, setting homes and other facilities for the socially and economically backward groups are areas eligible to receive CSR support. Our project 'Leprosy Control' fulfills all criteria to be the CSR implementation partner for a corporate.

Our Purpose: To bring together business and professional leaders in order to provide humanitarian service and to advance goodwill and peace around the world.

Our Mission: To provide service to others, promote integrity, and advance world understanding, goodwill, and peace through its fellowship of business, professional, and community leaders.

RCDS draws its membership from leaders in business, medicine, consulting and legal professions and is in its **53rd year of service**, having been formed in 1969. RCDS and its members have dedicated themselves in serving the less fortunate who need our help. RCDS has also undertaken and delivered successful projects in the areas of education, environment, healthcare and other sustainable development goals (SDGs).

Our Partner in the Project: Rotary Club of Delhi South, Delhi South End and Delhi Regency, with LEPROA, a UK-based international charity working to beat leprosy and will be one of our key collaborating partners with us for this project in India. Lepara's patron is Her Royal Highness Queen Elizabeth II and Lepara's Vice President is His Royal Highness the Duke of Gloucester.

Progress and Milestone 2020-21 starting Nov 2020

Awareness: Editorial Media (Probono): Strategic media advocacy campaign across social, print and radio with extensive reach.

- Media reach of **17 mn+** with print, radio and leprosy view article in Rotary new letter. Features, opinion articles and releases in leading publications like Logical India, India Today and more with overall readership of **18mn**.

Paid Media: The jingle with Usha Uthup was launched with radio interactions (hugely subsidised) with DSRSF and ACRE spokesperson. It reached **5mn** through on-air interaction and additional **1.8mn** through Facebook. Overall listenership was around **7mn**.

Social Media: Project channels launched in Feb mid reached **reach out to 312K+** people on **Facebook** and **garner 37.7K impressions** on **Twitter**.

- Innovative social media campaigns and engagement- Did you know series, international happiness day (March 20), doodle poster done pro-bono by an artist who reached us thorough social media. Mentions and shares by many influencers
- Our leading campaigns:
 - **#FightLeprosyWithRotaryDSRSF** had an **engagement of 469, reach 151K** and **impressions 17.1K**.
 - **Sing your own version of the project jingle** had an **engagement of 2,427, reach 13K** and **impressions 14K**.
 - Launch of mobile ulcer management clinic and short films campaign had an **engagement of 47.3K, reach 48.1K** and **impressions 50.2K**.
 - Our **#EndDiscriminationEndLeprosy**, awareness film launched on June 17 has till date garnered **engagement of 35.6K, reach 59.8K** and **impressions 64K**. The film has been shared by Aaj tak and Newstrumpet too organically. **Aaj Tak is among top 10 of the leading news media platforms in India shared on FB. Their followers are 300K**

Skilling: The pandemic stalled our efforts on skilling as it compromised ability to hold training. However, training material finalised with the partners is printed and ready. The trainers too have been identified and trained. With all planning and material groundwork done, we are ready to take this important element of the project in 2021-22.

Basic training & awareness camps in Timarpur colony, which is the largest concentration of leprosy patients were undertaken. Leprosy patients were taught self-care practice (SOS); physiotherapy training was imparted to non-leprosy members of the colony to aid those effected.

Healthcare:

- Lunch in 3 leprosy colonies for 2 months. Dinner support included starting March 1.
- Physiotherapy and awareness camps; protective footwear; self-care kits distributed in Timarpur colony in partnership with LEpra
- Mobile ulcer clinic providing physiotherapy, ulcer care, physio training, distribution of shoe and self-aid kits. The mobile clinic makes it possible to serve leprosy patients across 38 leprosy colonies in NCR.
- 500 footwear, 500 self-aid kits and training kits purchased and being distributed need basis.
- 55 solar panels in RK Puram colony housing 52 families resulting in aiding healthcare and healing of leprosy patients as extreme heat can deteriorate the sores and delay recovery. Also saving of approximately Rs 1.25- 1.50 lakhs monthly on electricity bill brining a huge respite to these families anyways battling with livelihood.
- Engagement with leprosy patients and their family at RK Puram and Lajpat Nagar leprosy colony with ACRE team, Rotary, Lepa.

Collaboration and connect with ACRE:

- 2 colony visits by ACRE team- the personal touch and knowing on-ground reality goes a long way to build unparalleled connect to the cause and beneficiary
- Photo/ story/ video assets created to amplify message to collaborate and support. ACRE (Shariq's) quote was carried in Healthwire (reach-5000), Only My Health (reach-327,750) & Punjab Kesari (reach-12.23 million). The FB post of ACRE's quote and all social creatives had a wide reach.
- Photo feature with Stuti's quote was carried in Logical Indian and had a reach of 1mn.
- Stuti's interaction with Mahadev brought to light in Lepra view, Rotary NL and social channels had a wide reach.
- Big FM Radio interaction with Shariq reached 5mn and additional 1.8mn through Facebook. Overall listenership around 7mn.
- Stuti's video at RK Leprosy colony talking reached 11K+ with much higher impressions

With the great beginning and impact the project has been awarded Rotary Global Grant of 77 lakhs.

2021-22: OUR PROPOSAL FOR EXTENDED AND ENHANCED COLLABORATION



In view of the successful implementation of the Project in 2021-22 and for a more enhanced collaboration with ACRE, we propose to deepen and enhance our scope of implementation. Our core focus this year will be to sustain the moments on awareness but enhance efforts on skilling, active case finding and healthcare. We also want to expand into the area of skilling, entrepreneurship and rehabilitation of leprosy patients and their families to enable sustained income and dignified living. The project now has the blessing of the Health Ministry and the Joint Secretary Leprosy, who is focused to make Delhi a '**Zero leprosy**' area in the next 5 years. Largely our activities will be around these pillars:

- Sustained awareness and advocacy campaign leveraging the assets created.

- Continued focus on print, social and electronic media to influence minds, mobilize support and impact change.
- Patient advocates and influencers will be another focus area.
- Broadcasting of the film and jingle will be key.
- Skilling of frontline workers will be a key focus to enable active case finding and treatment.
- Training film/s and other material will be created.
- Active case finding initiatives to make Delhi Zero Leprosy zone.
- Expanding to more colonies for healthcare- Food and nutrients, and aids, footwear, physiotherapy with the mobile ulcer clinic. COVID vaccination will also be kept in all leprosy colonies. Vocational skilling for inhabitants will be a key focus. While we started with 2 colonies last year, we have already expanded our reach to 4 colonies by July 2021 and our plan is to expand to other colonies in the second half of FY 2021-22.

This 10-year project has three phases consisting of 2 years, 3 years and 5 years respectively as described below. The project started with NCR of Delhi, an endemic area of leprosy patients and potential patients to create a ripple model of learning and success to then be taken pan India. With successful implementation of the pilot in NCR, the model will become a simple 'lift and shift' for the rest of India.

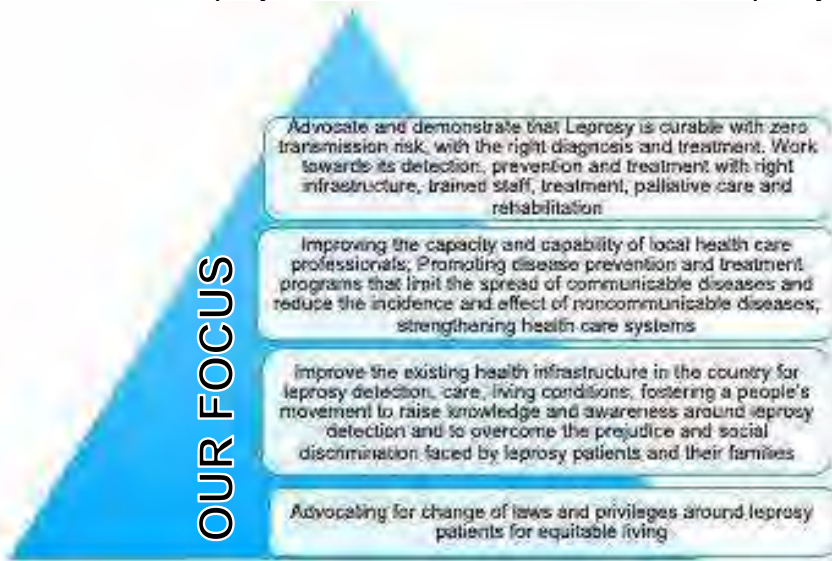
Phase 1 (Two Years and 5 months) – Implement project in NCR of Delhi:

Raise awareness of leprosy among the public, health professionals and decisionmakers, social mobilisation for case detection, through health staff training, enhanced active case finding, treatment support, palliative care and confidence building support for leprosy patients in NCR of Delhi.

The outlay for this phase was estimated at Rs. 2 crores as below. This is expected to be in variance by 15% higher. Our grant proposal to ACRE is to support this phase of activation and mobilisation over the period from Nov 1, 2020 to March 31, 2023 as submitted in Nov 2020 and approved in principle. Following which we were allocated a grant in 2020-21 out of which we expended Rs. 33.9 lakhs.

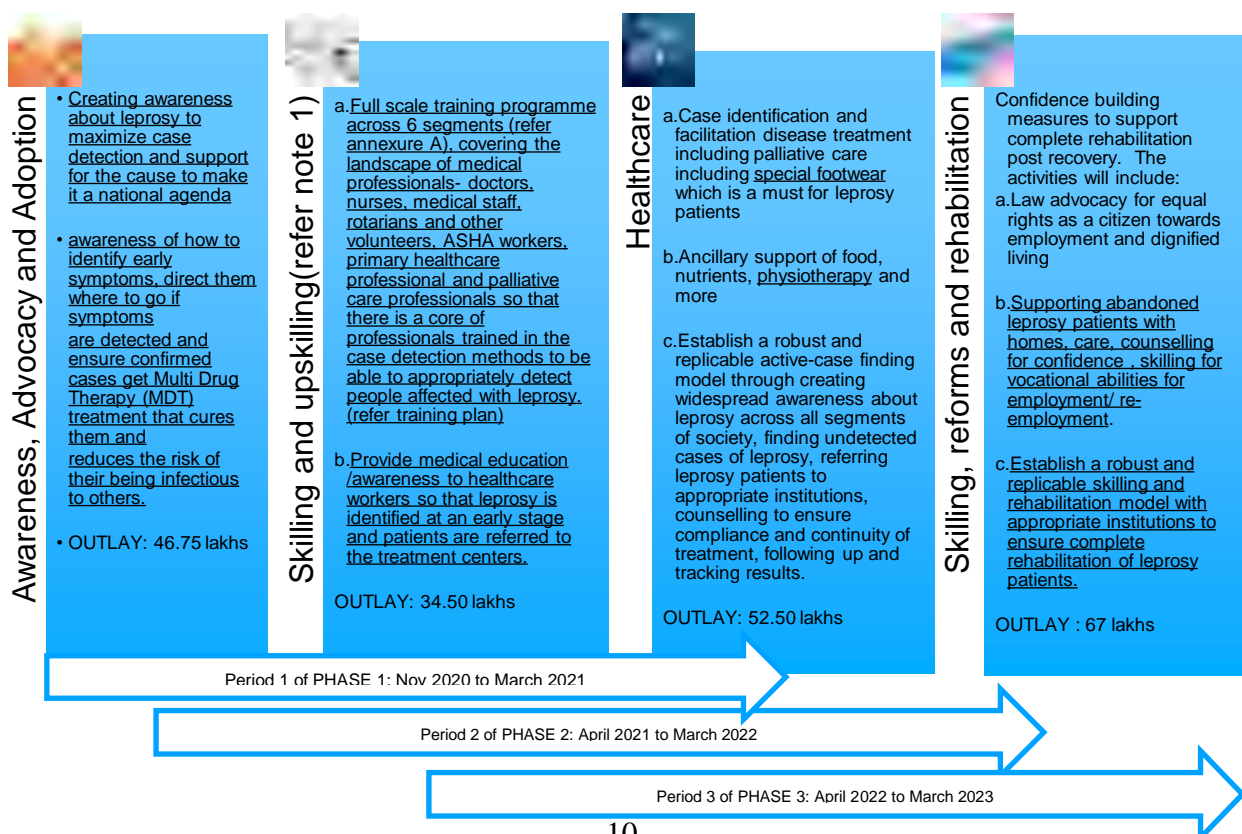
Pillar	Phase 1 Project Cost - Nov 20 to Mar 23	Spend In 2020-21	Balance	Branding opportunity
Awareness, Advocacy and Adoption	46.75	14.18	32.57	Yes
Skilling and upskilling	34.50	0.85	33.65	Yes
Healthcare	119.50	18.87	100.63	No
Total Budget	200.8	33.9	166.9	

Core focus area of the project is to reduce the incidence of leprosy to insignificant levels:



Areas of work – The project work will be in 4 broad categories, spanning over several activities to control and make leprosy of little consequence. Phase 1 of the project spanning over 2+ years, starting Nov 2020 to March 31, 2023, will be exclusively focussed on leprosy control in NCR of Delhi and will requires a grant mobilization of 2 crores over the project period for the below listed activities. We request your generous support for the successful implementation of Phase 1 of this project in NCR. The goals of the joint efforts will be to:

ACRE branding opportunities for all activities in underlined text below



Project cost: Period 2 of Phase 1, April 2021 to March 2022

Having expended 34 lakhs in period 1 of phase 1, the total balance spend in the next 2 years with changes in budget is estimated at 2.3 crores (earlier budget was 2 Crores). This is an increase of Rs. 30 lakhs due to the revised focus to make Delhi 'Zero Leprosy' which means deeper engagement and enhanced work for accelerating reduction of disease burden.

The total estimated outlay for period 2 of phase 1 the Project from Nov 2020 to March 2023 is estimated at Rs. 102 crores. Of this, 77 lakhs, is covered by the Rotary International Global Grant and we request for the balance Rs. 25 Lakhs for FY 2021-22 as per details as below:

S. No	Pillar	Category	Description	Budget FY 2021-22	Branding opportunity	Measure of success
1	Awareness, Advocacy and Adoption	General & Patient Awareness	Digital & Media advocacy	5,50,000	Yes	Reach & Impressions
2	Healthcare & Rehabilitation	Case Identification, nutrients, palliative treatment and support; rehabilitation	Operations and maintenance of the Palliative Care Van sponsored by ACRE	2,50,000	No	No of people reached. No of meals; Physiotherapy Camps and beneficiaries for nutrients and other support.
			Palliative care (special footwear and custom made foot wear) which is a must for leprosy patients. Ancillary support of food, nutrients, physiotherapy camps, Solar Panel support in one colony, rehabilitation and more	17,00,000	Yes	
	Total Budget			25.00.000		

**The above is an indicative list. Costs vary depending on cost negotiated, level of activity in present times of social distancing.*

**Of the grant allocated, monthly plan of activities and associated costs will be shared with ACRE for active involvement in project implementation.*

While we guarantee achieving agreed program goals and measurable outcomes, our commitments are not restricted to the activities listed above and is dictated by evolving needs to achieve the outcomes. It is our constant endeavor to maximize impact on awareness, treatment, support and rehabilitation of as many leprosy patients as possible utilizing available funds.

The entire project cost will only comprise of direct costs associated with the program and no part of the project cost will be utilized for any overheads or salaries of Rotary. 100% of funds raised are used towards the cause and there is no overhead allocation.

Grant disbursement

Grant allocated to be disbursed in two instalments of 60% and 40% respectively. The second instalments to be disbursed after report submission of 80% utilization of the first tranche disbursement.

Project Duration Period 2 of PHASE 1

The utilisation of grant and committed measurable outcomes for April 2021 to March 2022, is expected to be completed on or before March 31, 2022.

How we work

Operations: The Project core group of 6 experienced professional (herein called 'core group') will be collectively responsible to ensure program goals are met and grant is utilised as per design and grantor's approval, with proper due diligence for most effective outcomes. Key operating guidelines:

- a) Monthly detailed plans outlining activity and budgets will be prepared, discussed and approved. These plans will be shared with the grantor organization for participation, if desired and convenient.
- b) Vendor selection: Three quotes for items / services with a value over Rs.15,000. Competitive tender for items / services with a value over Rs. 2.5 lakh, which will be evaluated with at least 3 members of the core group.
- c) We lay a lot of emphasis on scrutiny of paperwork and approval process. All expenditure and reports will go through two level of checks of the documents by core group approval authorities along with the documents. Once approved, the same will be shared as part of monthly plan to the authorized personnel of ACRE.
- d) Rotary Leprosy Social Mobilisation Office and Lepra Staff will be integrally involved in project monitoring and evaluation.
- e) For active case finding we will work with the medical community i.e. doctors and medical social workers at various hospitals, ASHA, ANM workers, leprosy colonies, Rotarians and primary healthcare centers.
- f) Adequate due diligence process will be followed to identify and work with vendors, partners, co-collaborators and other institutions.

We put a lot of stress being actively involved in each aspect of the project, on meeting the patients, medical practitioners, social workers, front line workers and others to get firsthand experience of the impact of the project.

Payment

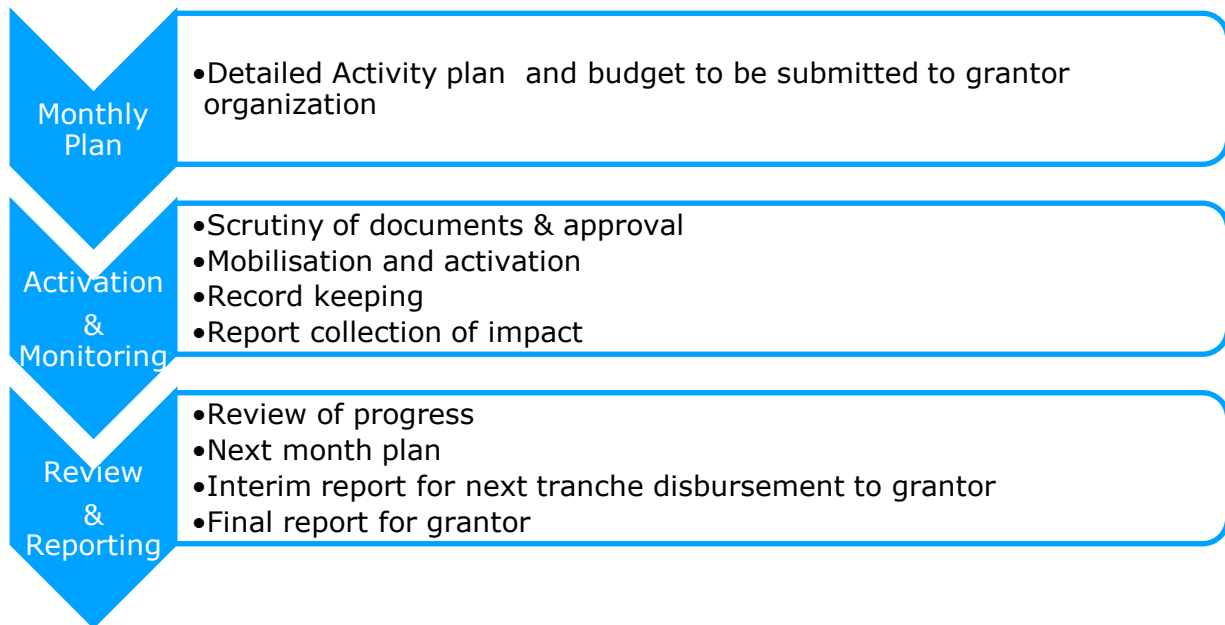
Funds will be disbursed directly to hospital, vendors and partners through valid banking channels. No funds will be disbursed to patients or any intermediaries to prevent any leakage of funds.

Record keeping and reporting

Activity and expense wise record of each expenditure will be maintained, and detailed report of funds utilized with all details and supporting documents, together with impact assessment reports will be shared with the funding organization at the end of the grant period.

The periodicity and the format of reports can be customized to meet ACRE's requirement.

Project Implementation: Process



Project Monitoring & Deliverables

To ensure that the project objectives are met, we will undertake a progress review as mutually agreed. Rotary will submit a report at the end of the project to ACRE that will contain the documents below:

- i. Details of all activities undertaken broken by sub activity
- ii. Details of utilization of funds: Cost of associated with each activity and sub activity. All supporting documents- bills and other supports
- iii. Impact assessment- reach and impact report
- iv. Rehabilitation status on leprosy patient supported

We would encourage the corporate to visit the cases at the hospitals or leprosy colonies or in their homes.

Please note: The monitoring, reporting and evaluation designs can be customized as per your corporate guidelines.

Core Team of the Project: Same as period 1 in phase 1

Should you need any further information, please do let us know.

We are grateful for your support.

Tridibes Basu
Chariman, Delhi South Rotary Service Foundation

eyebetes Foundation

305 Om Chambers, Kemps Corner, Mumbai 400036

www.eyebetes.com

11 Oct 2021

Ms Neeta Mukerji
ACRE India

Eyebetes Foundation - Project Proposal - 2021-2022

Background:

It is well established that poor vision is linked to poor quality of life, increased mental health issues, reduced earning ability, increased financial dependence, increased need for care from family, increased neglect from family and amongst younger people leads to reduced intellect, increased school dropout and limits the potential of the individual.

Diabetes and lipid (cholesterol) disorders are the leading causes of pre-mature death, increased morbidity and diabetes is the commonest cause of blindness not just in India but also across the world.

Published data and results from our work the slums in Mumbai and with junior frontline workers like the Police, has shown that more than 80% of people have never had an eye test or been seen by an eye doctor, 70-80% have an uncorrected refractive error and don't wear glasses, causing their distance and / or near vision which will cause significant difficulties in daily activities. Undiagnosed and untreated causes of preventable blindness like diabetes related eye disease, glaucoma, cataract, age related macular degeneration, ocular surface disease, lid margin disease, asthenopia and eye fatigue have a prevalence of between 10-70%.

Undiagnosed diabetes, pre-diabetes and lipid disorders (cholesterol) is as common problem in adults in the slums and amongst frontline workers with a prevalence between 40-65%

A simple intervention like prescribing the correct glasses can have a transformative effect on someone's life. It is an inexpensive way to truly change someone's life.

Early diagnosis and treatment of causes of preventable blindness like glaucoma, diabetes, aging, cataract and ocular surface and lid margin disease helps prevent blindness. With today's technology and medical advancements no one should go blind from causes of preventable blindness, especially in a city like Mumbai. Unfortunately for most causes of preventable blindness, unless diagnosed and treated early, the diseases cause irrecoverable loss of vision.

Preventative health is in its infancy even amongst the affluent and in the slums and amongst frontline workers it is non-existent. Getting tests done when one is 'perceived well' is an alien concept and yet all healthcare models and all treatments are moving towards treating before there are symptoms and prevent any long term damage. This is most true for diseases of the eyes and in the management of diabetes.

About Eyebetes Foundation (www.eyebetes.com)

Eyebetes foundation is a registered charitable foundation with CSR-1,12A and 80G certification. Started in 2016, Eyebetes Foundation and its work through Bhajandas Bajaj Foundation (another registered charitable foundation with all certifications and presence for more than 20 years), we are one of India's largest charitable initiatives against Diabetes and Preventable Blindness.

Trustees:

- ∞ Dr S Kumar – Chief of Diabetes at Bombay Hospital is one of India's leading diabetologists and one of the most respected diabetes specialists in the country.
- ∞ Dr Nishant Kumar – Lead Eye Services, Hinduja Hospital, Khar is a Fulbright Scholar and completed his eye training and then lived in the UK and USA for 15 years. He was a consultant ophthalmologist at the world-renowned Moorfields Eye Hospital, London prior to returning to India. Diabetes related eye disease is his clinical, surgical and research area of interest and he is considered one of the global thought leaders in the management of diabetes related eye disease. (www.DrNishantKumar.com)

Significant achievements of Eyebetes Foundation:

- ∞ Examined more than 1,10,000 people for free for diabetes and blinding eye diseases
- ∞ Distributed more than 1.4 million educational leaflets regarding Diabetes and Blindness
- ∞ Multiple Guinness World Records for our Charitable work
 - Guinness World Record - 'Most diabetic eye screening in 8 hours' - 2016
 - Guinness World Record - 'Most diabetic kidney screening in 8 hours' - 2019
 - Guinness World Record - 'Most diabetic eye screening in 8 hours' - 2019
- ∞ Distinguished personalities like Sachin Tendulkar (Bharat Ratna and legendary cricketer), Sunil Gavaskar (cricket legend), Sunil Shetty (Bollywood actor) Ritesh Deshmukh (Bollywood and marathi actor), Farook Abdullah, (Ex-Union Minister and Ex-Chief Minister of Jammu & Kashmir), Sharad Pawar (Former Chief Minister Maharashtra and Union Minister) and numerous other sports personalities, politicians, actors, singers and entertainers are supporters and ambassadors of the work Eyebetes Foundation does.

Work done by Eyebetes Foundation:

Eyebetes Foundation works in the slums of Mumbai, in tribal areas particularly in Thane District with the Government of Maharashtra and with frontline workers, junior Police personnel and healthcare workers.

Eyebetes Foundation also conducts screening for diabetes and preventable causes of blindness in areas of mass congregation where thousands are screened for free and we create awareness regarding diabetes and blindness by distributing educational leaflets and showing educational videos.

Eyebetes Center:

We have a charitable, state of art eye center with the latest technology for examining, diagnosing and treating complex eye disorders with expert nurses, opticians, ocular technicians and eye doctors.

Eyebetes Center has a current capacity to examine, diagnose and treat 10,000 patients.

With some additional funding our capacity is scalable to 25,000+ patients a year.

Tests provided at Eyebetes Center:

1. Vision assessment + refraction
2. Glasses prescription by a trained qualified optician
3. Essential retinal imaging (OCT) and glaucoma imaging (RNFL analysis)
4. Expert review by a specialist eye surgeon
5. Dispensing of prescription glasses
6. Initiation of medical treatment as needed
7. Diabetes testing (HbA1c blood test – this is a definitive diagnostic test)
8. Cholesterol testing (8 lipid parameters – blood test)

Beneficiaries at Eyebetes Center:

Ideally all adults above the age of 40 need an annual eye examination and testing for diabetes and cholesterol.

The foundations activities are concentrated on people living in the Mumbai slums and frontline workers like the junior Police personnel (havaladar level and junior). We concentrate our work with people above the age of

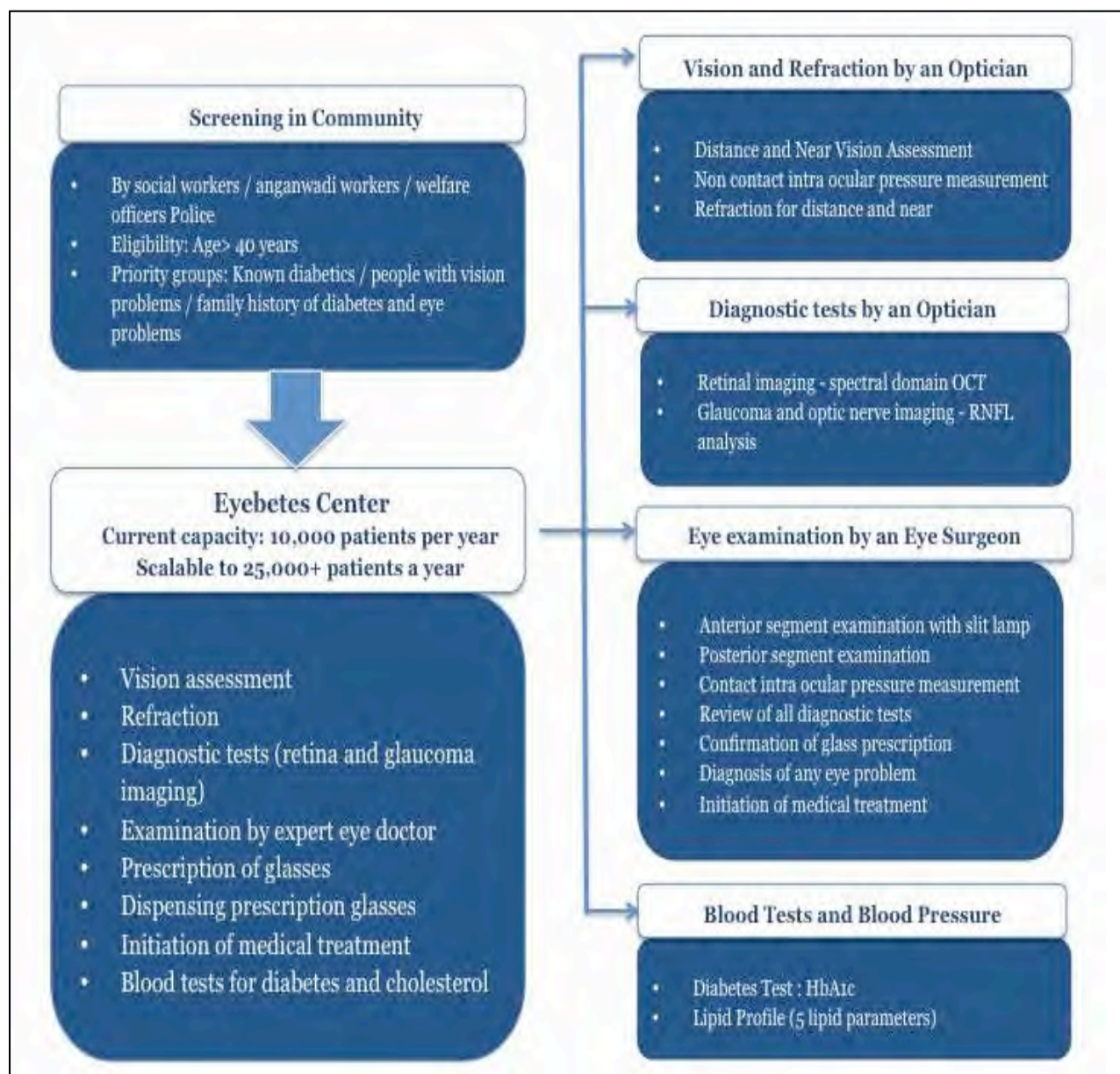
40 years, ensuring that the tests and examination reaches those who will most benefit from early intervention, examination, glasses and treatment.

Police personnel for examination are identified from across the city by the police welfare team. The total junior Police personnel in Mumbai are more than 38,000 with more than 20,000 being above the age of 40. It is estimated that 20-30 Police personnel a day will be examined on a pre-arranged appointment basis.

The population of the Mumbai slums is estimated to exceed 9 million people. Through the local slum social workers, anganwadi workers and other NGOs we identify and prioritize those who have vision problems, are known diabetic and have strong family history of diabetes and eye problems and arrange for their appointments at the center. It is estimated that 20-30 people from the slums will be seen a day.

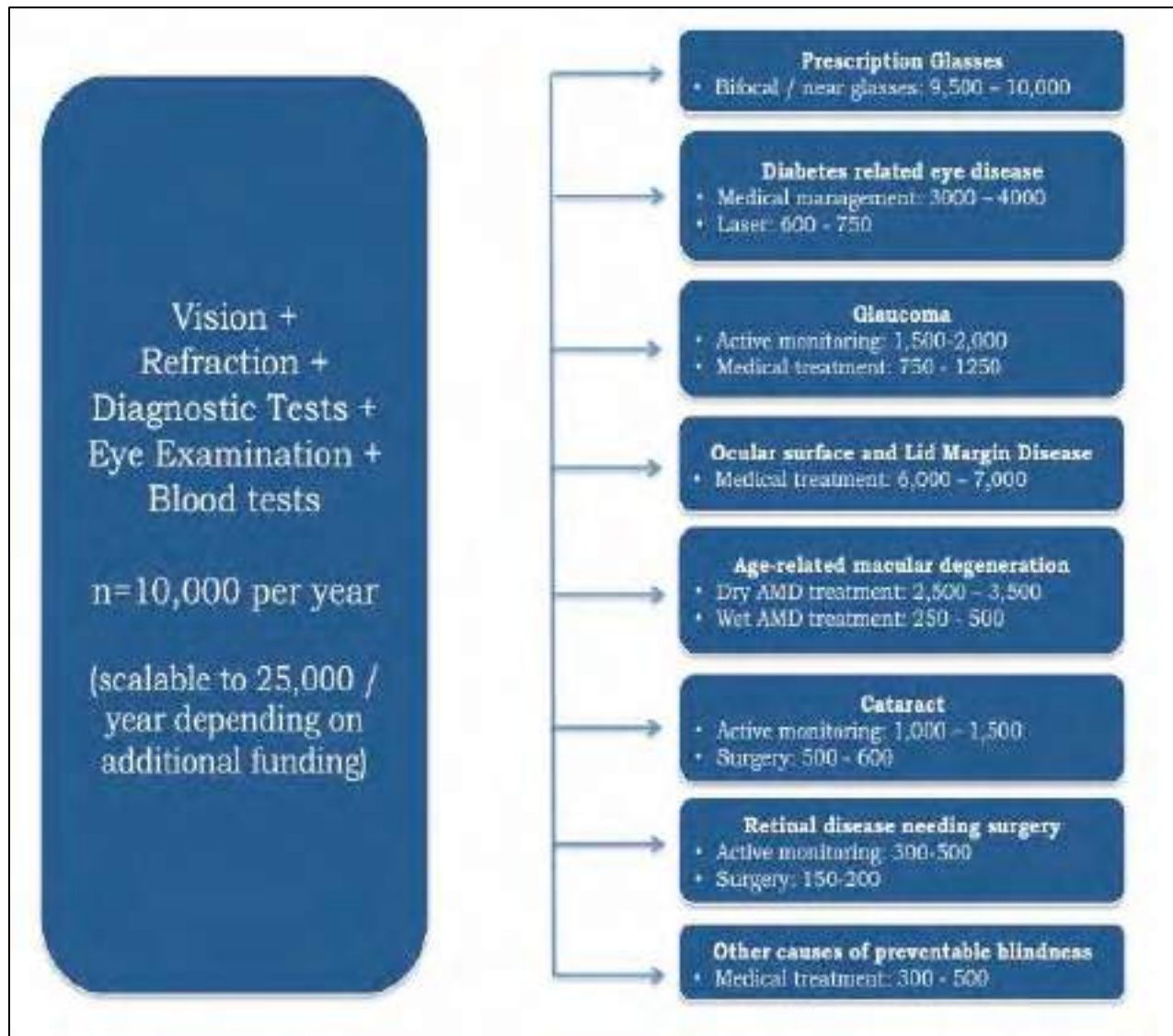
Eyebetes Center has the current capacity to examine, diagnose, treat and dispense glasses to 40-50 people a day; 20-25 frontline workers and 20-25 people from the slums.

Project Structure:



Proposed outcomes and treatments:

Numbers are based on examination and diagnostic tests for 10,000 patients above the age of 40 years a year. Disease estimates based on published literature and results from our previous work.



Budget:

Phase 1:

Vision Assessment + Diagnostic tests + Examination + Blood tests + Prescription glasses + Medical treatment

- ∞ Budget for 10,000 people a year: Rs 2.5 crores
 - Cost per beneficiary: Rs 2,500
- ∞ Budget for 5000 people a year: Rs 1.6 crores
 - Cost per beneficiary: Rs 3,100

The cost of all the sophisticated equipment needed for the eye examination, diagnostic tests has been donated by the Trustees and other donors so there is no cost of equipment in the above budget.

The cost of the equipment at the Eyebetes Center is more than Rs 2.5 crores.

Once COVID settles and it is possible to conduct Eyebetes screening and awareness events in areas of mass congregation, we will request additional budget and finances for those events. Due to COVID, it does not seem

probable that in the foreseeable future we will get the permissions needed to screen thousands of people a day in the community.

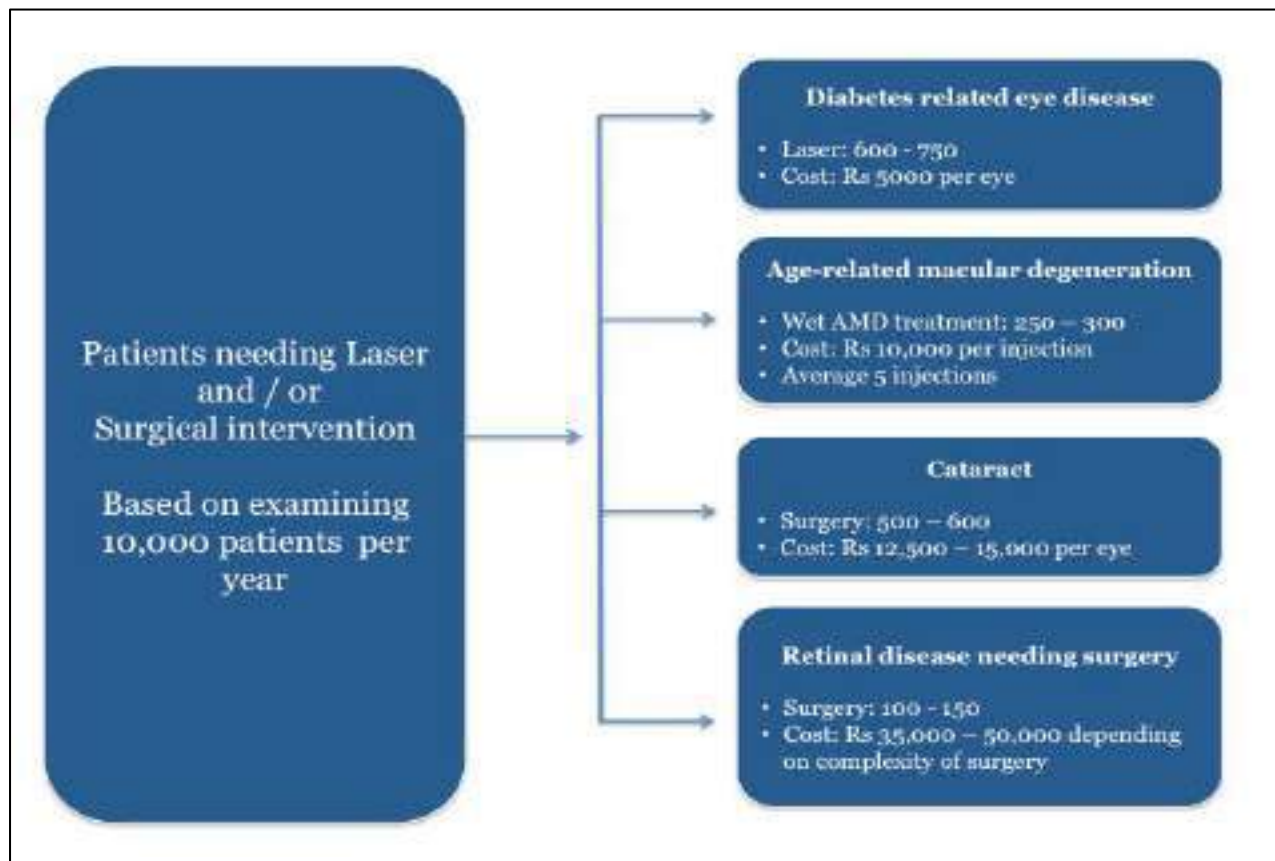
Phase 2: Laser + Surgical interventions (non-medical treatments)

Additional budget will be needed for those patients needing laser and / or surgical treatments.

At present patients will be referred to the local government and charitable hospitals for further management.

This is not ideal, as the government and charitable institutions do not have the technology needed to adequately treat these patients.

We are hopeful that next year (2022-23) we will be able to raise the budget needed for Phase 2.



I would be very grateful if ACRE could support us in examining and treating 670 people at the Eyebetes Center with a CSR grant of Rs 20,77,000.

We will be providing you with a live dashboard to monitor and review the work we are doing in real time. My team and I are always available to help with any regulatory and compliance requirements you may have.

In the coming years we hope to scale our work so we can help thousands more and provide prescription glasses + medical treatment + laser + surgery to those who most need it.

DR. NISHANT KUMAR

Founder and Trustee – Eyebetes Foundation

Tel: +91 9820559955; Email: Contact@DrNishantKumar.com



PROPOSAL WITH REQUEST TO SUPPORT ADDITIONAL 47 CHILDREN OF SAMPARC BALGRAM, BHAJE & POYNAD

Social Action for Manpower Creation - SAMPARC is non-profit making Public Charitable Society and Trust in India established in 1990 working for Care, Protection and Educational Development of Orphan Children, Children of Sex-workers and all other Needy & Disadvantaged Children.

Assets Care & Reconstruction Enterprise Limited - ACRE is a Partner of SAMPARC – helping 100 Girls for their Care, Protection and Education for SAMPARC Children's Home called Balgram at village Bhaje, Tal. Maval, Dist. Pune, Maharashtra.

BACKGROUND:

Intervention of ACRE to support SAMPARC 100 Girl Children started with the purpose to overcome the financial difficulties faced by the Organization at the beginning of Pandemic Period. ACRE took responsibility to look into the Gap of running Girls Children's Home where Children can get proper Support for their Education, Care and for Development uninterruptedly.

We are Thankful to ACRE for being with us in this Challenging Pandemic Period by extending Financial Support for Education, Overall Care and Development of 100 Girl Children at SAMPARC Balgram – Bhaje.

SAMPARC requests ACRE to consider support for additional 47 orphan and needy Children- 19 Girls from SAMPARC Children's Home, Bhaje and 20 Girls & 8 Boys from SAMPARC Children's Home, Poynad who are under Residential care for their Rehabilitation towards a Secured and Better Future.

At SAMPARC Children's Home, Bhaje we have total 120 girl children we request support for additional 19 girl children along with 100 girl children who are being supported by ACRE. (1 girl child received new admission but due to medical condition she will be transferred to another institute soon).

At SAMPARC Children's Home, Poynad we have total 42 children- 29 girls and 13 boys. Out of these 29 girls -20 girl children are attending regular school, 2 children have received temporary shelter under POCSO Act, 1 child is under Psychiatric care, 3 children who have received new admission will join School in next academic year and remaining 3 children are under temporary shelter. Also out of 13 boys who are under care in the Poynad home 12 boys are attending school & 1 newly admitted boy will receive admission in School in June.

SAMPARC BALGRAM, BHAJE

SAMPARC Balgram, Bhaje started in the year 1990 and runs under Founder of the Organization Mr. Amitkumar Banerjee and Mrs. Ratna Banerjee. Mrs. Banerjee mostly looks after the Management of the Children and the Centre. The Children's Home is known as a Model Children's Home of Maharashtra – working in Exemplary Way for Care of Orphan, Needy and Children of Commercial Sex-workers. The Centre is a Licensed Children's Home under the Department of Women & Child Welfare, Government of Maharashtra.

Each child receives proper attention & care for Physical & Mental Health, Nutritious Food, Counseling, Helping for Right Way of doing studies, Discipline, Sports and other Curricular Activities in a family environment.

The Government of India appreciated sincere efforts and dedication by felicitating SAMPARC with the prestigious “**National Award for Child Welfare**” in 1997.

On 6th June 2022 SAMPARC will complete 32 years of its service to Orphan, Poor, Needy and Children of Socially Victim Women.

Till date, more than 450 Senior Children of SAMPARC are well now settled, 122 Girls are married.

SAMPARC BALGRAM, POYNAD

After working for about 9 years at Bhaje, near Lonavala, SAMPARC realized that it is essential to replicate the residential child care program in other parts of the State with a broad view to reach maximum disadvantaged children. The Bandhan-Poynad Balgram (Children's Home) was started in the year 1999 which is located in the heart of Bandhan village, 15 km from Alibag & 124 km from Mumbai.

Dr. Kiran Mhatre from Poynad proposed to start SAMPARC Children's Home to support the disadvantaged children of Raigad District in Maharashtra. In the first year the house was provided by his father in the same village. In the following year, SAMPARC shifted in one of the independent house where 30 children could easily get accommodated. Later, SAMPARC procured a piece of plot, on which four houses have been constructed with a view to accommodate 50 children.

SAMPARC Balgram-Poynad is a Licensed Children's Home under the Department of Women & Child Welfare, Government of Maharashtra.

Under the leadership of Mr. Vaibhav Kumbhar - Project in charge, Counselor, social worker, housemothers, computer instructor, coaching teachers, part time doctor, part time accountant, and part time helper are working in the Children's Home for care of the 42 children- 29 girls and 13 boys.

The Children's Home is known for its good educational and quality standard with community values and discipline among children which is very essential for the Children growth and academic progress. This center was awarded with Samajik Seva Puraskar for the year 2002 as the best Balgram in Raigad District.

The girls and boys stay in separate accommodation for care, education, overall development

and rehabilitation.

PROPOSED PROJECT – REQUEST TO SANCTION FINANCIAL ASSISTANCE FOR ADDITIONAL 47 CHILDREN OF SAMPARC BALGRAM – BHAJE (19 GIRLS) & SAMPARC BALGRAM – POYNAD (20 GIRLS and 8 Boys) FOR THEIR CARE, PROTECTION AND EDUCATIONAL DEVELOPMENT FOR THE PERIOD 2021-22:

The Help from ACRE for children of SAMPARC Balgram Bhaje has provided an immense support to SAMPARC during this Pandemic period. SAMPARC requests to extend the same support to girl children of SAMPARC Balgram, Poynad.

In SAMPARC Balgram, Bhaje & Poynad the Children upbringing is in a family environment and in each House there are 10 Children who are taken care by House Mother. The House Mother looks after the Basic Food, Cloth, Toiletry, Education Stationary and Psychological Needs. They talk with the Counsellor and housemother also visits School to discuss with Teachers about the Progress of the Education of the Child.

ADMISSION OF THE CHILDREN

Children are admitted in the SAMPARC Children's Home, Bhaje with the recommendation of Child Welfare Committee, Pune and in SAMPARC Children's Home, Poynad children receive admission with the recommendation of Child Welfare Committee, Raigad.

BACK GROUND, ADMISSION & PROGRESS OF THE CHILDREN:

The Children's Home has children of the age group 5 to 18 years. Mostly the children come from very difficult situations / backgrounds, being neglected, abandoned and unwanted.

All working members of the Children's Home regularly do detail discussion about the need of the children, role of staff based on the approach of capacity building. Emphasis is given on how staff can improve confidence of the children. Resource persons are regularly invited to the centre for developing Art of Living, life skill, value education of the children.

DAILY SCHEDULE:

The daily schedule of the children starts from getting up from bed at 5:00am, then following with PT exercise, self & premises cleanliness, breakfast, getting ready for school, after coming from school they have evening snacks, children go for sports activities, after returning from play they organize themselves for evening prayer, and then they keep busy with their study hour, after dinner they go for bed early. The children who have morning school receive tutoring in the afternoon after coming back from school and children who have school in the afternoon attend tutoring class in the centre in the morning. Library time is also fixed and after evening prayers children read newspapers and 1 moral story is told.

ACADEMICS AND TUTORING:

At SAMPARC Balgram, Bhaje the primary children attend the Zilla Parishad School, Bhaje the secondary and the high school students attend the VPS School, Bhaje; some children also attend the Abhinav English Medium schools at Patan and Senior children attend Lily Jr. College, Malavli for 11th and 12th std and Graduation students attend Walvan College, Lonavla.

At SAMPARC Balgram, Poynad the primary children attend Pirozbai Primary school, at Pezari, Poynad Secondary and High school students attend N.N.Patil High School, at Poynad, Jr. College children attend N.N. Patil Junior College at Poynad.

After attending School children receive tutoring in the Children's Home with personal attention. Tutors teach the children in the children's home after attending school. Children appearing for SSC & HSC Board exam receive special coaching in the centre.

Every month tutors conduct internal test and the children receive guidance accordingly. Each child is given personal attention and tutors ensure that the children understand the concepts clearly. Also children who are weak in studies receive special attention and guidance from the tutors.

All the Children are also encouraged for Computer Literacy in the Balgram with well-equipped Computer Lab.

Education file of each child is maintained and the progress report and academic performance of the child is updated regularly.

SPECIAL EDUCATION SUPPORT:

Apart from school education children receive special education support in the center in Spoken English, Computers, Maths, General Knowledge and Reasoning. Regular training programs, workshops and sessions on various topics are arranged for the children in the Children's Homes along with exposure visits for overall development of the children. Children are encouraged to read books in Library, Reading Newspapers daily to help them update themselves regarding day to day happenings and to enhance their General Knowledge. Children take the benefit of Library which has 5000 books. And the library setup has been done according to the interest of the children.

HEALTH AND NUTRITION:

Overall health of all the children is good. Weight and Height of each child is measured on 30th of every month which is updated in the Medical file of the child. Quarterly general health checkup and Hemoglobin checkup of all the children is conducted. Eye, ENT and Dental checkup are conducted yearly and de-worming medicine and TT is given to all children once in 6 months. Also if any child requires special medical attention the same is provided.

Also all children are vaccinated as per the guidelines of the doctor. All the children practice yoga regularly, which has contributed a lot to the overall wellbeing of the children.

All the health related aspects of the children of SAMPARC Children's Home, Bhaje are taken care by doctor from SAMPARC Medical Centre, Malavli which is very nearby to the Children's Home

At SAMPARC Children's Home, Poynad a part time doctor takes care of all health aspects & as per the need Primary Health Centre, Poynad & Civil Hospital Alibagh doctors also provide Health support to Children.

Health file of each child is maintained separately, monthly weight and height and all health related aspects of the child is updated regularly.

Children receive balanced food which includes right proportion of pulses, grains, vegetables, dairy, sprouts, leafy vegetables, fruits as their daily intake. Food is prepared by the Kitchen staff in clean kitchen and the quality of food is tested every day by the Project In-charge. The Menu prepared is as per the recommendation of the doctor. Along with healthy breakfast, lunch & dinner children receive milk every day in the evening along with seasonal fruit. Also children have special Menu every Sunday and on Festivals & special occasions. Children are served food in a clean environment in the dining hall. All the children enjoy their breakfast and meals together in the dining hall. Also housemother gives attention whether the children especially younger ones are having their meals properly. The kitchen & dining area is sanitized and is always clean and the store room is also kept clean.

The Children's Home Bhaje & Poynad is equipped with Water purifier and children are provided with clean and safe drinking water. Regular maintenance of Purifier and water testing is done and it is ensured that children have clean drinking water.

TRAINING IN SPORTS & EXTRACURRICULAR ACTIVITIES:

At children's home the main focus is on education, but since each child has unique talent and to explore their hidden talents children receive training in music and dance as per their interest in the Centre. Children during vacation learn to make various crafts, Aakash Kandil/paper lanterns, making clay pots, paper bags along with drawing and painting.

Also children are given training in Sports - outdoor and indoor along with extracurricular activities. They do P.T. and also practice Wrestling, Football, Basket Ball, Badminton, Kho-Kho, Kabbadi, Running, Skipping and Netball. Children from both the Centers are exceptionally good in Sports and extracurricular activities.

MONITORING & EVALUATION:

SAMPARC Children's Home Bhaje & Poynad are licensed under the Department of Women & Child Welfare, Government of Maharashtra. The officers from the concerned department visit the Children's home quarterly and monitor and evaluate all child care aspects right from hygiene, food, health of the children environment provided to the children. As per the Government norms 40 registers covering various aspects of Child Care & Development are maintained in the children's home and the officers check these registers.

SAMPARC Head Office working under the guidance of Mr. Amitkumar Banerjee - Founder Director / Secretary and SAMPARC Governing Council conducts regular evaluation on aspects like - children's Performance at school, Performance on home, special coaching, evaluation of interest, sincerity and confidence level of the children, Ability Test – both reading and writing presentation, Physical fitness of children, Participation in different activities - all these parameters are drawn with the help of Project In-charge and Counselor of the centre.

INDICATOR OF CHILD DEVELOPMENT:

Sr. No.	Activity	Desired Outcome	Indicators to measure Outcomes
1	Accommodation, Protection and Care along with Psychological Support & Counselling	The Beneficiaries will live in clean – healthy shelter obtaining proper bed, toiletries, sanitation along with care of House Mother	<ul style="list-style-type: none"> ➤ Number of Beneficiaries residing in the Centre. ➤ Facilities and Materials they are obtaining from the Centre. ➤ Attendance of Staff & Children.

		and Psychological support of skilled counselor & Project In-charge.	➤ List of Activities for Psychological Support. ➤ Case Study
2	Nutrition and Health	All the Beneficiaries will get regular healthy and nutritious food, will be Healthy and Fit. There will be no problem of mal-nutrition.	➤ Growth of the Children. ➤ Increase in height & Weight as per age ➤ Energy level and Performance of the Beneficiaries.
3	Education, Sports and Extracurricular Activities	All the Beneficiaries will receive Education; they will learn some extracurricular skills as per their interest and capability.	➤ Exam results ➤ Participation of the Children in Competitions / Programs ➤ Achievements of the Children - Prize, Recognition
4	Higher Education / Vocational Training	After completing school education, the children will continue their education as per their interest and capability to sustain in mainstream society.	➤ Number of Children attending Higher Education ➤ Number of Children obtaining Vocational Training ➤ Number of Children pass-out from this centre.

STAFF:

SAMPARC Children's Home, Bhaje is working under the guidance of Mrs. Ratna Banerjee, Trustee and coordinator of the Project along with Project In-charge and SAMPARC Children's Home, Poynad is working under guidance of Project Incharge Mr.Vaibhav Kumbhar and Counsellor, housemothers, regular tutors, part time tutors and sports instructor who work for the children.

REQUEST TO SUPPORT 19 GIRL CHILDREN of SAMPARC BALGRAM, BHAJE, 2021-22:

1. Fooding for 19 girl children Rs. 1100/- PM = Rs. 2,50,800/- PA
2. Education expenses for 19 girl children Rs. 8000/- PA Per child = Rs. 1,52,000/- PA
3. Supervision and other expenses for 19 girl children Rs. 1000/- Per month per Child = Rs. 2,28,000 /- per annum.

Total Rs. 6,30,800/- Proposed Budget for 19 Orphan and Needy girl children of Bhaje.

REQUEST TO SUPPORT 20 GIRL CHILDREN OF SAMPARC BALGRAM, POYNAD, 2021-22:

1. Fooding for 20 girl children Rs. 1100/- PM = Rs. 2,64,000/- PA
2. Education expenses for 20 girl children Rs. 8000/- PA Per child = Rs. 1,60,000/- PA
3. Supervision and other expenses for 20 girl children Rs. 1000/- PM Per Child = Rs. 2,40,000/- per annum.

Total Rs. 6,64,000/- Proposed Budget for 20 Orphan and Needy girl children of Poynad.

REQUEST TO SUPPORT 8 BOY CHILDREN OF SAMPARC BALGRAM, POYNAD, 2021-22:

1. Fooding for 8 boy children Rs. 1100/- PM = Rs. 1,05,600/- PA
2. Education expenses for 8 boy children Rs. 8000/- PA Per child = Rs. 64,000/- PA

3. Supervision and other expenses for 8 boy children Rs. 1000/- PM Per Child = Rs. 96,000/- per annum.

Total Rs2,65,600/- Proposed Budget for 8 Orphan and Needy boy children of Poynad.

Grand Total Rs. 15,60,400/- for the Education and Overall Care of Total 47 –Orphan & Needy Children at SAMPARC Children’s Home, Bhaje & Poynad.

SAMPARC will submit Quarterly progress report of the Children’s Homes and Fund Utilization Certificate.

We look forward towards Your kind association with the Projects in favor to supporting 145 Girls of SAMPARC Orphanage and for a long-term partnership for a Better Future of the Children.

With Warm Regards,
Yours Sincerely,

Amitkumar Banerjee
Founder Director / Secretary
SAMPARC – Social Action for Manpower Creation

FINANCIAL YEAR 2020-21

Parivaar Education Society



**Bonogram,
Bakhrahat Road,
Kolkata-700104
West Bengal, India**

Proposal to ACRE

(for Parivaar Residential Institution Bengal)

About Parivaar

Parivaar(www.parivaar.org) is a humanitarian organization inspired by the spiritual and humanistic ideals of Sri Ramakrishna and Swami Vivekananda, with its chief institutions based in West Bengal, and a recent second branch in Madhya Pradesh. For last 17 years, Parivaar has worked towards the total care and overall development of children who are highly vulnerable to exploitation, victimization and trafficking, including orphans, street children, abandoned children, and extremely impoverished children from tribal areas. It also conducts many more humanitarian activities for the destitute and uncared, including elderly and shelterless.

In Bengal Parivaar has two residential educational institutions – Parivaar Vivekananda Sevashrama for Boys and Parivaar Sarada Teertha for girls. With over 2200 resident children (with more than 900 resident girls), these are West Bengal's largest free residential institutions for children from deprived and destitute backgrounds. We provide residential living, education, and overall child development through sports, cultural and recreational activities etc in a loving and caring atmosphere for boys and girls from early age of 5 till their higher education (university level graduation or employability programs).

Parivaar's Residential Institutions are seen as a model institution in the field of caretaking and overall development of vulnerable children. We have been the recipient of the 2011 National Award for Child Welfare from the President of India, the highest recognition by the Government of India.

In the year 2016 Parivaar began to expand to a new geography of Madhya Pradesh purchasing 17 acres of land at village Sandalpur in District Dewas along with a plot of land on banks of Narmada at village Navada. **From 2017 onwards it has started 169 Day Boarding (Meal cum Education centres) for children in selected impoverished tribal and rural pockets called 'Sri Ramakrishna Vivekananda SevaKutir' in Dewas, Sehore, Mandla, Sheopur and Chindwara districts. At these Kutirs more than 15000 children are getting nutritious meals (breakfast and dinner) along with strong Supplementary education and Life-Skills over morning and evening shifts.** We are endeavouring to set up 250 such Kutirs in MP by March 2021. Also, a residential educational institution, modeled on lines of our Bengal institutions, is right now under construction at Sandalpur village in Dewas district which will house 500 resident children initially, and will be gradually scaled up to a capacity of more than 2000 resident children. Eventually one residential educational institution in each of the districts of MP where SevaKutirs are under operation, will be set up. In the interim Parivaar has also started 2 hostels on rental premises in Mandla for 92 children, and one hostel in Sehore district in village Diwadiya for 20 girls.

History

Parivaar was started by Vinayak Lohani (an alumnus of IIT Kharagpur and IIM Calcutta), who, inspired by spiritual and humanistic ideals of Swami Vivekananda, decided to devote his entire life for serving 'Divine in Man' as taught by Swami Vivekananda. Vinayak Lohani gave up the prospect of highly lucrative corporate career by not taking any placement from IIM. Immediately after passing out of IIM in 2003, with just 3 children in a small rented building with almost no financial resources, Vinayak started Parivaar. Till the level of 15 children at Parivaar, he used to take some lectures for students appearing for Management entrance examinations and through that could meet the expenses. Gradually people began to be inspired by this dedicated service and started to support the initiative and the number of children at Parivaar grew. At the end of 2004, Parivaar could purchase its own land to develop its permanent campus called Parivaar Ashram. Parivaar's mission and theme began to attract dedicated youth, many of whom joined Parivaar Ashram as resident workers and began to become bearers of this mission.

Starting from scratch and thereafter developed brick by brick, Parivaar is being continuously developed and molded into a unique institution transforming the lives of each of its residential members (children and adults) and acting as a training ground of highly dedicated life-committed grassroots workers.

As on 1st April '20 there are more than 2200 resident children (both boys and girls) at Parivaar Bengal, making it the largest and high-quality residential program for children from impoverished strata in West Bengal.

Awards and Honours

- National Award for Child Welfare 2011 presented by the Hon. President of India at the Rashtrapati Bhavan.
- Sanskriti Award 2011, country's premier award for young achievers in 2011 from the Former President of India Dr APJ Abdul Kalam.
- CNN-IBN's 'Young Indian Leader of the Year Award' for 2012.
- IIM Calcutta's 'Distinguished Alumnus Award' (one of the 9 recipients selected out of 8000 alumni of the institute in last 50 years) awarded in 2011 on occasion of Institute's Golden Jubilee.
- IIT Kharagpur's 'Distinguished Alumnus Award' awarded in 2014- Youngest recipient in the history of the award.

- Swami Ranganathananda Memorial Humanitarian Award 2014 presented at the Ramakrishna Mission Institute of Culture Calcutta.
- BhaoraoDeorasSewaSamman' 2015 presented at Lucknow by Hon Governor, Uttar Pradesh.
- Telegraph 'Special Honour' conferred by Telegraph Education Foundation Calcutta in 2014.
- 'True Legends Award' presented by 'The Telegraph' in association with '100 Pipers' in April 2015.
- 'Spirit of Mastek Award' conferred by IT Company Mastek Corporation
- 'KarmaveerPuraskar' 2011 presented by International Confederation of NGOs
- 'Transforming India through Transforming Indians' felicitation from Chinmaya Mission Kolkata
- Rotary Club of Calcutta Megacity Vocational Excellence Award 2012.
- Rotary Club of Calcutta Metropolitan Vocational Excellence Award 2014.

Roles with Government of India

- Induction into Government of India's Ministry of Women and Child's Working Group for the Twelfth Five Year Plan (2011).
This role is now over as the Working Group's term has ended..
- Induction into the National Committee for Promotion of Social and Economic Welfare constituted by the Ministry of Finance, Government of India (2014-2017). The mandate of this Committee is to select the NGOs which should be given 100% tax exemption status. This is the highest decision-making body for this purpose.
http://dor.gov.in/sites/upload_files/revenue/files/joined_document.pdf
- Inducted into the Governing Board of Childline India Foundation, constituted by the Ministry of Women and Child which manages 24 hour child helpline services across nearly 300 towns in India.
<http://www.childlineindia.org.in/governingboard.htm>

Organizational Governance

Parivaar is registered under the West Bengal Societies Registration Act as 'PARIVAAR EDUCATION SOCIETY'.

Its Governing Body is as follows :

Mr Sumit Bose
President
(Mr Bose is former Finance Secretary, Government of India)

Mr Vinayak Lohani

Secretary

(Mr Lohani is the founder and Chief of the Organization and has led and steered the Organization for last 17 years)

Mr Ramesh Kacholia

(Mr Kacholia is an eminent philanthropist and convener of Caring Friends Network, a large platform of donors and NGOs)

Prof Sougata Ray

(Professor and member Board of Directors at IIM Calcutta)

Mr Saurabh Mittal

(Entrepreneur)

Ms Megha Modi

Entrepreneur and Philanthropist

Ms Sreedevi Menon

Management professional

Mr Deepak Ahuja

Amazon

Mr Pranjal Dubey

IT entrepreneur and founder Sant Singaji Institute of Management

Mr Shyamsundar Agarwal

Industrialist based in Kolkata

Mr Kapil Bharadwaj

Coordinator, Operations, Parivaar MP

Advisory Board

Mr Nilesh Shah

MD, Kotak Asset Management

Mr Nimesh Sumati Shah

Philanthropist and Co-Convener, Caring Friends Network

Mr Rajesh Raman

Managing Director

Dymon Asia, Singapore

Mr Shyam Maheshwari

Founder, SSG Advisors, Singapore

Mr Akash Mohapatra

Legal Co-head (Asia), Deutsche Bank, Singapore

Mr Aniruddha Dutta

Former Head of Research, CLSA

Mr KK Jhunjhunwala

Chartered Accountant

Mr. Atul Satija,
CEO, Give India & The/Nudge Foundation

Registered Address :

**Parivaar,
Bonogram, Bakhrahat Road,
Kolkata
West Bengal
PIN 700104**

Contact Address (for Bengal)

**Parivaar,
Village Barkalikapur, P.O. Bakhrahat
District 24 Parganas(South)
West Bengal**

Contact Person : Pratik Dutta (Chief Coordinator)

Mail id : pratik@parivaar.org

Contact No : 83370-31393.

Contact Address (for Madhya Pradesh)

**Parivaar
NH 59-A, Village Sandalpur, Tehsil Khategaon,
District Dewas - 455339
Madhya Pradesh**

Contact Person : Siddharth Parmar (Chief Coordinator)

Mail id : siddharth@parivaar.org

Contact No : 99818-17756.

Founder and Chief : Vinayak Lohani

Mail id : vinayak@parivaar.org

Contact No : 98312-36496.

Parivaar Residential Institution Bengal : Institutional Units

1. ParivaarVivekanandaSevashram

This is the boys' residential campus of Parivaar, home to resident boys and 80 male Sevavratees. It has all facilities like Kitchens, Dining halls, general purpose halls with projectors, prayer halls, computer labs, library, and a huge playground having 2 football fields, a volleyball court, and a cricket field. It is also the venue of Parivaar's 7-Day Athletic Track and Field Week.

2. ParivaarSaradaTeertha

This is the girls' residential campus of Parivaar, home to girls and about 40 plus female sevavratees. It has all facilities like Kitchens, Dining halls, general purpose halls with projectors, prayer halls, toy rooms, computer labs, library, and a playground.

3. Parivaar Nivedita House

This is an annexe block of the Boys campus and houses about 50 resident boys.

4. Parivaar Bonogram Centre

This is the place where Parivaar started in 2003. It also acts as a reserve block where from time to time about 50 resident boys can be accommodated.

5. Parivaar Amar Bharat Vidyapeeth

This is Parivaar's formal school and is a West Bengal Board affiliated High School. Its main building is adjacent to the Parivaar Vivekananda Sevashrama and has a subsidiary unit at ParivaarSaradaTeertha.It has 40 teachers on roll.

6. Parivaar Administrative and Village Welfare Block

This is the unit handling various local area welfare programs. Some administrative functions are also handled from here.

Key Operational Ingredients

1. Admission Process & Parameters

- ☐ 2000 cases of such children come to our notice annually.
- ☐ Neediness assessment by filtering Prima facie information, Site visit, detailed investigation.
- ☐ Special Enquiry team visits the child's existing location and collects detailed profile, facts and information.

2. Bridging (Fast-Learning) and Tutorship Programs

- ☐ Youngest admitted children (aged 4, 5, and 6) are taken into most initial classes.
- ☐ Children who have age of 8 to 12 and no exposure to education trained 'Fast-Learning Bridge Course' and the admitted into a grade suitable for their age.
- ☐ Along with the formal schooling a strong after school tutorship (2 to 4 hour daily) ensures continuous good academic performance.

3. Amar Bharat Vidyapeeth (ABV)

- ☐ Parivaar's own High Quality Formal School having medium of instruction English as well as Bengali.
- ☐ Currently from Class 1 to Class 10.

After Class 10, children continue to stay at Parivaar and under Parivaar's care, and attend outside institutions for higher secondary and colleges / university.

4. Handholding through entire Growth Path (Kindergarten to Higher Education/ Placement)

- ☐ Each resident child once admitted into Parivaar is under the care and custody of Parivaar till higher education and subsequent job placement and settlement into the future phase of life.

- ❑ For example, children showing aptitude for meritorious professional lines is trained and fully supported (just as parents do for their own children) till completion of that higher education and subsequent placement.
- ❑ Our earliest set of children is in career-paths like nursing, accountancy and many other professional lines etc.

5. SkillPrograms

Over last 2 years the senior batches (post-Higher Secondary and University level Under-Graduation) underwent a number of Skill and Employability Programs. Many of these programs were in collaboration with National Skill Development Corporation affiliate partners. In past our kids have undergone Skill Programs in areas like Aviation, Hospitality, Nursing, IT and BPO, Paramedical, Beauty & Wellness, Electronics a& Home Appliances, Computer Hardware & Networking etc. Some went multiple Skill Programs and also multiple job offers. All the candidates after this get jobs. More than 200 boys and girls have been gainfully employed from amongst our earliest batches into organised sector.

6. Fooding&Nutrition

- ❑ Daily 4 cooked meals (Breakfast, lunch, Evening snacks, dinner) along with an early morning starter
- ❑ Same food partaken by all Sevavratees as well as children at the same venue
- ❑ Cooking done with high standards of hygiene.

7. Health, Diet, Hygiene and MedicalSystem

- ❑ Scientifically planned healthy and balanced diet.
- ❑ Water-purifiers in each residential block.
- ❑ Additional dietary supplements given to children as per their needs.
- ❑ 24-hour medical care by a team of 7 medical personnel.
- ❑ Parivaar Ambulances to meet any exigencies.
- ❑ Separate Medical File for each child to maintain continuous health and medical history.

Key Milestones:

- 10 batches of Grade 10 children pass with 98% doing on their first attempt despite being very late started in education.
- 8 batches of Grade 12 children pass with 97% doing on their first attempt despite being very late starter in education.
- More than 200 children getting employable after skill programs with NSDC affiliates after their graduation / higher secondary in respectable firms.
- Some children also working with Parivaar as interns in important roles along with doing their graduation and being developed for frontline leadership in future years.

Stories of Transformation

i. Kalpana Majumdar

An orphan girl child then living on Sealdah station platform with her grandmother and doing ragpicking and begging was admitted into Parivaar in March 2004 . She was, after a bridging course, admitted in Grade 2. She completed Higher Secondary in 2015, and university-graduation in 2018. She is now a manager with RPG Spencer.

A boy from Kolkata's infamous redlight area admitted into Parivaar at the age of 8. Completed graduation in science and after training now working in an IT company in Kolkata.



ii. PurnimaDas

Among the Parivaar kids transitioning into 'adulthood' is Purnima Das. She was one of the first girls in Parivaar when Parivaar started in a small, rented building at Bonogram near Kolkata 15 years back. Now after doing skill programs with NSDC she has got job with Keventer, and along with that also doing university degree.

iii. Suman Kumar Dutta



He was admitted to Parivaar in 2005 as a 8 year old kid having lost his father and mother and in extreme penury. After a bridging phase he was admitted in Grade 4 and now has completed his graduation in Commerce. He has now joined Parivaar as fulltime Sevavratee where he has been working in Accounts as well as Child Admissions and Documentation side. He also takes computer classes at Amar BharatVidyapeeth.

Puja Dutta :



2005



2019

Puja Dutta was admitted in Parivaar in the year 2005 at the age of 8. She lost her father at a very early age of 1. Both she and her elder brother Suman were admitted to Parivaar. Suman works in Parivaar's accounts. Puja has pursued her school education from Parivaar and also completed graduation in the year while living at Parivaar in the year 2017. She also pursued Air Hostess and hospitality training from the eminent institution named Frankfinn. Presently she is working in a private sector company.

SubrataChakraborty :



2005



2019

Subrata Chakraborty was admitted in Parivaar in the year 2005. His father and mother were separated when he was at a very early age, and father was no more in touch with them. His mother used to survive by selling various products door to door. Both he and his younger brother – Sudipto - were admitted to Parivaar. He has pursued his education from Parivaar and completed his graduation in the year 2016. He is presently working in the media giant Ananda Bazar Patrika (ABP Group).

Wonderful Accomplishment of SurajmaniTudu

In a mixed football tournament was organised in Kolkata in which 48 teams from North-eastern states and Bengal (comprising of 5 each comprising 3 girls and 2 boys) contested. We hosted all teams from outside Kolkata (some 175 players and coaches stayed at Parivaar). Our team came as runner-up out of these 48 teams, but the extraordinary achievement was that the highest goal-scorer and 'Player of the Tournament' was Parivaar girl SurajmaniTudu who scored 14 goals - more than what any boy could do. When the tournament began it was widely believed that it would be very difficult for the girls to score. Surajmani's achievement was so unprecedented that the leading Bengali daily AnandabazarPatrika brought out an article on her.



Field Initiatives in Tribal Areas in Bengal

Parivaar being the hub of training of Seva-vratees, is also the base for many other projects serving the rural areas in 24 Parganas district as well as far-off tribal areas in districts of Midnapore (West), Bankura, Purulia, Birbhum in West Bengal and Singhbhum (East) in Jharkhand. These areas are home to some of the most impoverished tribes of the country. The whole population suffers from malnutrition and generation after generation. People in this belt live a life totally unlit by the lamp of education and in thoroughly sub-human conditions.

Through rigorous field-work Parivaar has developed its field-network over more than 100 such villages in tribal areas, with a contact person from the local community in each of these villages. We have been able to develop this network through Jana-Sabhas (community meetings), engaging with the community, and winning their trust and confidence. The guardians/relatives of the children already admitted into Parivaar from these areas act as field volunteers, and help in expanding the outreach, due-diligence during admissions of more children, and maintaining continuous relationship with these areas.

Two main tribes, Sabar and Birhore, are the main beneficiaries of Parivaar's tribal service programs.

Proposal to ACRE:

Supporting the Operational Expenditure of 100 resident girls at Parivaar.

Average Costs per Resident Child at Parivaar's Residential Institutions

It is to be understood that the below-mentioned table gives the average costs per resident child at Parivaar. All donations are pooled together and spent on the whole Parivaar family. Thus each donation actually benefits all the children. So it is not that a particular donation is spent exclusively on a particular identified child or children. Thus, we do not have a child sponsorship scheme in sense of individual donors sponsoring specified children).

Sr. No.	Annual Expenditure per Resident Child	Amount in INR
1	Fooding Costs	17000
2	Educational Costs	5500
3	Clothing and Accessories Costs	3000
4	Health and Medical Costs	1500
5	Sports, Cultural, and Recreational Costs	750
6	Hygiene and Toiletries Costs	500
7	Costs of Caregivers, teachers	3750
8	Electricity and other Establishment costs	3000
	Grand Total in INR	35000

Expenditure involved in supporting 100 resident children

Rs 35000*100 = **Rs35,00,000**

(Rs Thirty Five Lakhs Only)

The Project is ongoing in nature as the Residential Institution is an ongoing entity. But for the purpose of the proposed grant the period can be taken to be a 12 month period of April 2020 to March 2021.

Impact of Parivaar Residential Education Institutions for Destitute children:

Parivaar has been working for total care and overall development of children from West Bengal, Jharkhand and Bihar. These children are from extremely impoverished and underprivileged background who hardly have any exposure to education, at the time of their admission into Parivaar.

Each resident child once admitted into Parivaar is under the care and custody of Parivaar till

higher education (graduation / post-graduation) and subsequent job placement and settlement into the future phase of life.

For example, children showing aptitude for meritorious professional lines are trained and fully supported (just as parents do for their own children) till completion of that higher education and subsequent placement.

Our earliest set of children is in career-paths like IT/BPO, nursing, accountancy, aviation, and many other professional lines etc.

Contact for all correspondence:

Mr. Vinayak Lohani (Founder and Head)

vinayak@parivaar.org

ph : 98312-36496

Mr. PratikDutta (ParivaarBengal)

pratik@parivaar.org

ph: 83370-31393

Volunteering Opportunities:

Volunteers can work in any functional area of Parivaar. They can be short duration workshops to longer engagements (upto a few months). Various Workshops can be organized where volunteers can contribute their knowledge, skills or any otherperspective.

Parivaar Education Society



**Bonogram,
Bakhrahat Road,
Kolkata-700104
West Bengal, India**

**Proposal to ACRE
(For COVID-19 Relief Measures in Madhya Pradesh)**

About Parivaar

Parivaar (www.parivaar.org) is a humanitarian organization inspired by the spiritual and humanistic ideals of Sri Ramakrishna and Swami Vivekananda, with its chief institutions based in West Bengal, and a recent second branch in Madhya Pradesh. For the last 17 years, Parivaar has worked towards the total care and overall development of children who are highly vulnerable to exploitation, victimization and trafficking, including orphans, street children, abandoned children, and extremely impoverished children from tribal areas. It also conducts many more humanitarian activities for the destitute and uncared, including elderly and shelterless.

In Bengal Parivaar has two residential educational institutions – Parivaar Vivekananda Sevashrama for Boys and Parivaar Sarada Teertha for girls. With over 2200 resident children, these are West Bengal's largest free residential institutions for children from deprived and destitute backgrounds. We provide residential living, education, and overall child development through sports, cultural and recreational activities etc in a loving and caring atmosphere for boys and girls from early age of 5 till their higher education (university level graduation or employability programs).

Parivaar's Residential Institutions are seen as a model institution in the field of caretaking and overall development of vulnerable children. We have been the recipient of the 2011 National Award for Child Welfare from the President of India, the highest recognition by the Government of India.

In the year 2016 Parivaar began to expand to a new geography of Madhya Pradesh purchasing 17 acres of land at village Sandalpur in District Dewas along with a plot of land on banks of Narmada at village Navada. **From 2017 onwards it has started 169 Day Boarding (Meal cum Education centres) for children in selected impoverished tribal and rural pockets called 'Sri Ramakrishna Vivekananda Seva Kutir' in Dewas, Sehore, Mandla, Sheopur and Chhindwara districts. At these Kutirs more than 16,000 children are getting nutritious meals (breakfast and dinner) along with strong Supplementary education and Life-Skills over morning and evening shifts.** We are endeavouring to set up 225 such Seva Kutirs in MP by March 2021. Also, a residential educational institution, modeled on lines of our Bengal institutions, is right now under construction at Sandalpur village in Dewas district which will house 500 resident children initially, and will be gradually scaled up to a capacity of more than 2000 resident children. Eventually one residential educational institution in each of the districts of MP where Seva Kutirs are under operation, will be set up. In the interim Parivaar has also started 2 hostels in Mandla for 160 children (both girls and boys). The girls hostel is our own building, while the boys hostel is on rented premises. Similarly, we have started one hostel in Sehore district in village Diwadiya for 20 girls. They are called Parivaar Vivekananda Vidyarthi Sadan (boys' hostel) and Parivaar Bhagini Nivedita Sadan (girls' hostel)

COVID-19 Relief Measures - Project Rationale

Due to COVID-19 and the subsequent lockdown measures announced by the Government, poor people in remote, tribal villages are facing a lot of challenges, including food shortages. However, our team is present in the remote tribal villages where we have our Seva Kutirs in 169 villages in 5 districts, and we have been trying our best to help the people who are in severe distress. The tribal villages in 5 districts of MP, where Parivaar operates its Seva Kutirs, are one of the most backward, remote and poor areas in the entire country. The mostly tribal population in these areas lives hand to mouth existence, and generally there are no savings to fall back to in case their economic activities stop, which is what has happened now. Further, in many families, there are only elderly people with young adults stuck in other districts and states, and it is very difficult for them to sustain themselves during this period without any external support.

The problem of chronic hunger and malnourishment is quite rampant in all these areas, even before the COVID-19 crisis. The present crisis has made the situation worse. Though the government is distributing some food stock to each family free of cost, yet it is not sufficient for many families and also it does not cover all the food items. To address this problem, we are serving 2 cooked fresh meals (lunch and dinner) to children as well as to the sick, specially abled, elderly persons and other such persons who are not able to get adequate food in their homes. With the help of our team of teachers, cooks and Cluster coordinators, who live in the villages and nearby areas, we have identified the most vulnerable people and started providing them support.

This initiative is aimed at providing 2 full cooked meals daily (lunch and dinner) to malnourished tribal children and sick and the elderly. Meals are being provided to 225 such persons (200 children and 25 elderly people) for a period of 180 days.

Project Location

The meals programs are being carried out in 2 villages (Dhagadia and Amadhana) of Tamia block of Chhindwara district in Madhya Pradesh.

Project Activities

Lunch & Dinner: As government schools are closed and the service of free Mid Day Meal at schools is not available, we are serving 2 full cooked meals daily: lunch as well as dinner. We have fixed the weekly menu, which is followed uniformly.

Menu Chart

S.No.	Day	Lunch	Dinner
1	Monday	Rice, , chapati, <i>moong</i> pulses and grams+potato + tomato <i>sabji</i>	Rice, chapatti, grams pulses and soyabean <i>sabji</i>
2	Tuesday	Rice, , chapati, <i>tuar</i> pulses, and cabbage + potato <i>sabji</i>	rice, , chapatti, mix pulses(<i>tuar</i> + gram + <i>moong</i>) and bitter gourd <i>sabji</i>

3	Wednesday	Rice, chapati , gram pulses and <i>chavla</i> + potato <i>sabji</i>	rice, chapati, <i>tuar pulses</i> and bottle gourd + soyabean <i>sabji</i>
4	Thursday	Rice, chapati, mix pulses and lady finger <i>sabji</i>	Rice, chapati, <i>moong</i> pulses, cucumber <i>sabji</i>
5	Friday	Rice, roti, tuar pulses, sponge gourd + soyabean <i>sabji</i>	Rice, roti, mix pulses and potato + grams <i>sabji</i>
6	Saturday	Rice, chapati, grams pulses and brinjal <i>sabji</i>	rice, chapati, tuar pulses, <i>chavla</i> + potato <i>sabji</i>
7	Sunday	Rice, chapati, <i>tuar</i> pulses and bottle gourd <i>sabji</i>	Rice, chapati, <i>tuar</i> pulses and brinjal <i>sabji</i>

Safety Measures: We are taking all the necessary safety measures and precautions necessary during the present times. Some of these are:

- People are grouped into small groups of 20-25 and they come as per their allotted time slots so that there is no congestion.
- They sit at specially marked spots to ensure proper physical distancing.
- They wash their hands frequently with soaps provided to them.
- Everyone, including our staff, use masks or suitable face covers.
- Those persons who show COVID symptoms or if anyone from their family is showing that, then they are advised to remain quarantined in their homes for at least 14 days. Similarly, if anyone has come from outside, they are advised to stay quarantined for 14 days.
- As far as possible, they bring their own water bottles.

Catering to Migrants' Families:

Hundreds of migrant families from cities and different states have come back to these villages. We are providing meals to their children as well.

Serving the Sick & Elderly:

The COVID-19 crisis has brought to light the problems faced by the sick and elderly people in the villages who have no adult members to take care of them. We are serving them as well. If someone is sick and not able to come to the venue, we serve them food in their house as well.

Coordinating Health Checkups by the Government Officials:

Our team also keeps a watch on all cases of sickness, and informs health officials about any cases which require medical attention. Information about all such persons are given to the health officials and they do a routine checkup. If any person shows symptoms of fever, cold etc then he/she is quarantined.

Keeping Track of Implementation of Government Schemes:

Government has announced various schemes and benefits for people as a response to the COVID crisis. Our team is actively coordinating with the government officials and the villagers and making sure that all the help (in cash and in kind) as decided by the Central & State Governments reaches the villagers.

Project Budget

We request ACRE to sponsor 2 meals daily for 225 persons (200 children and 25 elderly persons) for a period of 180 days. This will mean serving 81,000 meals in total.

Expenses break-up is provided below:

Cost of 1 meal for 1 person: Rs 18.50

Cost of 2 meals for 225 persons for 180 days: Rs 14, 98,500 ($18.50 \times 2 \times 225 \times 180$).

So, we request support of Rs 14,98,500 (Rupees Fourteen Lakhs Ninety Eight Thousand and Five Hundred).



GENESIS FOUNDATION

SAVE LITTLE HEARTS 



Project "Little Hearts"

**A CSR Initiative by Asset Care and Reconstruction Enterprise Ltd
to Support Under-Privileged Children with Congenital Heart Defect**

(Proposal 2020-21)

ABOUT US

Genesis Foundation (GF) is a not for profit organization set up in 2001 by Founder Trustees, Prema Sagar and Jyoti Sagar with a very simple thought that no child should die due to lack of funds for treatment.

GF facilitates medical treatment for critically ill under-privileged children suffering with Congenital Heart Defects. The support required in the said critical illness varies from specific surgeries (including neonatal), Cath Lab Interventions, along with recovery and recuperation post-surgery.

We Save Little Hearts

GF, so far, has supported medical treatment of over 2900 critically ill children. The children supported by the Foundation belong to families with an income of less than **Rs 15,000 per month** and the parents and caregivers are unable to afford treatment of these children suffering from a serious life-threatening ailment.

GF is a not for profit trust. It has a tax-exempt status in India. Donors resident in India are entitled to a tax break on 50% of the donation made. GF also has a registration under the Foreign Contributions Regulation Act (FCRA) which entitles it to receive contributions from overseas.

Under schedule VII (i) of the Companies Act 2013, promoting healthcare is an area eligible to receive CSR support. According to the Ministry of Corporate Affairs this would encompass the entire health care area including the treatment of diseases. GF fulfills all criteria to be the CSR implementation partner for a corporate.

GF's model is to create awareness through supporting individual cases of underprivileged children and conducting screening camps across the country (which have currently been suspended due to COVID-19). For CSR proposals, a targeted number of cases are committed, for a specific corporate to fund.

BACKGROUND

2017-18: An MOU was signed in Nov 17, 2017 between Assets Care & Reconstruction Enterprise Ltd., (ACRE) and Genesis Foundation (GF) to implement the CSR program ("Project") as agreed for 2017-18 ("the Project Period").



GENESIS FOUNDATION

SAVE LITTLE HEARTS 

In FY 2017-18, 2018-19 and 2019-20, we have been able to support **35 children** suffering from CHD who could ill afford treatment and would have lost a chance to live, if not for the timely support from ACRE.

NEED OF THE HOUR: SAVING LITTLE HEARTS

Research suggests congenital heart disorders are the most common birth defects that affect children. It is estimated that one in every 120 children is born with a heart defect. Given India's population base and a relatively high birth rate of 19.3/1000, the estimates are that nearly 220,000 children are born annually in India with CHD. This translates into the sobering fact that India has the largest burden of congenital heart defects in the world. It is also estimated that over 90% of the children born with heart defects in India do not receive timely attention, resulting in premature death or lifelong disability. The maximum number of deaths from CHD occur within the first year and a substantial proportion in first month of life (<http://theinvisiblechild.childrensheartlink.org/>).

Indian Academy of Pediatrics has identified birth defects of the heart as a major contributor to infant deaths in the state of Kerala. A similar situation exists in other southern states, Maharashtra, Metros, Punjab and Himachal Pradesh.

Caring for children with heart disease is challenging and expensive because it requires sophisticated equipment and infrastructure. It also requires a cohesive team of highly qualified health professionals that include pediatric heart surgeons, pediatric cardiologists, intensive care experts and, specially trained nurses. The most vulnerable group, newborns and infants, require the maximum resources and expertise. Not unexpectedly the number of truly comprehensive pediatric heart programs in the country is insufficient to take care of the massive national burden. Most of these programs are in the private sector, which has a limited capacity to subsidize costs of care.

There are only about 50 hospitals (that have pediatric cardiology as a specialization) and a little over 130 trained pediatric cardiologists in the country. The need is for 1000 specialized centres. Further, most of such specialized tertiary care hospitals are in the private sector and all are in Tier 1 cities. It is thus no surprise that over 90% of the children born with heart defects in India do not receive timely attention, resulting in premature death or lifelong disability.

What makes the situation even more grim is that there are hardly any NGOs in India that focus entirely on supporting pediatric cardiology.

Consequently there is an ever-increasing burden of pediatric heart diseases, especially amongst the underprivileged, who are left without an option or recourse. This is, even though with timely intervention there is over 95% chance of survival in cases of pediatric heart diseases (at GF, we have experienced success rate of as high as 98%).

Given the size of the problem and positive outcomes through life-saving intervention, this area needs concentrated effort. Genesis Foundation is exclusively focused on supporting critically ill underprivileged children with Congenital Heart Defects. We support them financially for their surgeries and handhold them through the process as guardians and also track full rehabilitation back into normal lives. This exclusive focus taken together with our experience, and closer connect with hospitals, doctors, and health workers, our capacity to take on pediatric cardiac disorder cases has grown tremendously.

EXPERIENCE & TRACK RECORD

- So far, we have supported over 2900 children
- We have been able to maintain an over 98% success rate in CHD related interventions
- In FY 2019-20 we supported 608 children
- We have many firsts to our credit including – in recent years - treatment of the lightest pre-mature baby (900 grams) in India; One surgery which involved 3D printing of heart to plan the surgery; surgical intervention for youngest child – 7 hours old girl child and then the world’s first heart surgery of a young girl called Mythili whose heart valve was reconstructed with her own tissue, a rare procedure called an Ozaki procedure
- Continuously working a robust network of 24 super specialty/tertiary care hospitals pan India

OUR PARTNERING HOSPITALS

It is our constant endeavor to expand the footprint of hospitals that we collaborate to undertake the surgeries. The hospitals that we partner with go through a due diligence to ensure that they have the required infrastructure, competent doctors and also a sense of service to work with the underprivileged group that we are committed to. Click the link to view our current network of hospitals: <https://www.genesis-foundation.net/hospitals.aspx>

REGISTRATION & COMPLIANCE

The following are the statutory registrations and compliance that the foundation follows. These can be submitted on request:

Constitution	Registered Trust
Year of Registration	2001
Audited Financials	Available till 2015-16
12A	Available



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80G	Available
FCRA	Available
PAN Card	Available

2020-21: OUR PROPOSAL FOR EXTENDED AND ENHANCED COLLABORATION



In view of the successful implementation of the Project since 2017 and for a more enhanced collaboration with ACRE, we propose to deepen and enhance GF's scope of implementation work in 2020-21 and request for a Grant of Rs. 30 lakhs to support a projected number of to support surgeries for a projected number of 15 children surgeries, at an average budgeted cost of a revised 2 Lakhs per child, till March 31, 2021 (FY 2020-21).

As stated above, while the proposal is for treatment of 15 children, if the costs actually incurred are lower than our estimation, we will treat additional children such that the funds allocated for treatment are fully utilised. For e.g. in the FY 2019-20 we were able to treat 20 children at a total cost of Rs 29,93,180 from the sanctioned grant amount of Rs 30 Lakhs.

We humbly request the support of GF beneficiaries to be extended pan-India during the COVID-19 pandemic as we are seeing more emergency cases rather than elective surgeries. Therefore, the need is across geographies. We would appreciate the permission until further notice.

Project objective, average cost per beneficiary child and proposed grant

To identify and facilitate the medical treatment of children underprivileged background belonging to the age group of 0-18 years and suffering from congenital heart defect/s (CHD). The estimated cost per beneficiary child is estimated at INR 1.80 Lakhs.



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Now in consideration of the foregoing we request that, a grant of Rs. 30 lakhs for support of CHD surgeries of a minimum committed number of 15 beneficiary kids from underprivileged homes be allocated to GF towards implementation of the Program in 2020-21.

Socio-Economic Background of our beneficiary children

GF supports children ailing from Congenital Heart Diseases who are from extremely needy backgrounds - parents are engaged in manual labor or other low paying marginal occupations such as farm labourer, vegetable sellers, rickshaw pullers or working as a peon in a small company. The family income barely covers absolute necessities of life with no scope to afford treatment of a critically ill child. We come across several cases where families end up selling land or other family assets to raise funds for treatment.

We are one of the very few NGOs that are specifically seeking to assist families of children born with heart defects. We provide much-needed support to growing number of families in the country. Because heart surgery must be sometimes undertaken on an emergency basis, the assistance needs to be provided at very short notice. This is especially true for newborns with certain critical heart defects that must undergo open-heart surgery in a matter of few hours.

Through our established screening and due diligence processes we ensure that funds reach only those who are truly constrained for resources. Thus, GF's intervention is not only life-saving and life changing for the child but also brings back a sense of hope.

How we work

This will be aligned to the agreed process in 2018-19, re-stating the same again for clarity.

- **Identification and Screening**

Genesis Foundation follows the following criterion for screening cases:

- I. The child is from a family where the monthly income does not exceed Rs 15,000.
- II. Should be below 18 years of age

The medical community i.e. doctors and medical social workers at various hospitals and primary healthcare centers are critical referral sources for GF.

- III. Direct referrals from Tier II hospitals lacking requisite specialized treatment facilities
- IV. Sometimes families approach us directly having heard about our work or having seen our website.

- **Due Diligence**



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GF follows its own due diligence process before supporting a case- even those which are pre-screened by the hospitals based on the criteria provided by us. The due diligence process involves obtaining the relevant documentation that includes:

- i. Signed application form from the parents seeking financial help. This form also includes a declaration signed by the parent/ guardian containing a specific indemnity in favour of the Foundation
- ii. Photograph of the child
- iii. Medical diagnosis from the hospital
- iv. Cost estimate from the hospital on hospital letterhead
- v. Income proof of the chief wage earner of the family (BPL card/Ration card/Affidavit)
- vi. Proof of identity of the parent (Aadhar card/Voter ID)
- vii. Birth certificate of the child (where available)

- **Face to face meeting**

We put a lot of stress on meeting the child and the family to ascertain their social-economic position. The concerned doctors and medical social workers are consulted to find out more details of the health of the child before a decision is made on supporting the case.

- **Approval**

We lay a lot of emphasis on scrutiny of paperwork and approval process. Post two level of checks of the documents, the cases that meet the criteria for support are sent to the GF approval authorities along with the documents. Once approved by any one of the approval committee members the case is then taken up for support and recommended to the authorized personnel of ACRE. Once approved by ACRE, the confirmation of the support is given to the hospital and the beneficiary child's family. However, we deal with critical cases and the timelines of approvals is pivotal.

- **Payment**

GF funds the hospital directly for the treatment to prevent any leakage of funds. On receipt of the final bill, the same is forwarded to the grantor organization, and the same to be disbursed to GF within 2-3 working days, who in turn will pay the hospital. Once the funding is completed the Foundation obtains receipt from the hospital in favour of GF.

- **Record Keeping**

GF maintains an ailment wise record of each child it supports under each project and submits quarterly report of funds utilized with all details and supporting documents to the funding organization. The reports can be customized to meet the organizations requirements.

- **Project cost**

The project cost will be at the rate of Rs.2 Lakhs per beneficiary child supported basis the number of children agreed to be supported by ACRE. The average cost for medical intervention per child per type of for surgeries conducted at private hospitals that we work with is as below.

Type of Intervention	Cost
Patent Ductus Arteriosus	Rs.100K to Rs.130K
Atrial Septal Defect	Rs.130K to Rs. 150K
Ventricular Septal Defect	Rs.200K to Rs.250K
Tetralogy of Fallot	Rs.170 K to 300K
Total Anomalous Pulmonary Venous Connections	Rs. 250K to 300K
Transposition of Great Arteries	Rs.300K to 400K

**The above is an indicative list. Costs vary depending on diagnosis, level of complication, type of surgery and treating hospitals (public vs. private).*

**This above estimate comprises only of the medical cost of treating each case.*

** Bulk of intervention will be restricted to low to moderate risk cases in the first four areas for which average cost would be Rs. 2 lakhs. The incidence of high-risk cases involving higher cost and more critical surgeries such as TAPVC and TGA are limited in number.*

1. Patent Ductus Arteriosus - A condition in which abnormal blood flow occurs between two major arteries connected to the heart.
2. Atrial Septal Defect - A hole between the two upper chambers of the heart.
3. Ventricular Septal Defect - A hole in the wall that separates the right and left ventricles of the heart.
4. Tetralogy of Fallot – A cardiac anomaly involving a combination of four related heart defects that commonly occur together.
5. Total Anomalous Pulmonary Venous Connection - A condition in which pulmonary veins from lungs are terminated in the right side of heart instead of left side of the heart.
6. Transposition of Great Arteries - A condition in which the two main arteries going out of the heart are switched in position.

While we guarantee achieving agreed targets, our commitments are not restricted to the number and instead dictated by funds available. It is our constant endeavor to treat as many children as possible utilizing available funds.

For each of the medical surgeries the components comprise of charges for medical consumables, diagnostics, hospital package, equipment charge, investigations and other similar costs. Certain kind of surgeries may require heart valves to be changed or conduits to be placed. Cost of these valves, prosthesis and conduits are additional and charged on actual basis



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The entire project cost will only comprise of the medical cost of treating each case. Since GF's trustees bear the overhead costs, no part of the project cost will be utilized for any Foundation overheads.

Project Duration

The utilization of grant and the treatment of the committed number of children is expected to be completed on or before March 31, 2021. This will include the time from receiving the case, to doing the due diligence and finally surgery being completed at the hospital and the child getting discharged.

Project Implementation: Process

GF to receive the supporting documents i.e. a signed application form from parents/guardian seeking financial support for their child, photograph of the child, Medical diagnosis on hospital letterhead, Cost estimate provided by hospital on letter head, Income Proof of the main wage earner of the family along with identity proof.



Scrutiny of documents by Genesis Foundation



GF team member discusses with the doctor to understand medical condition of the child



Submission of case for approval to ACRE (Internally)



If approved, GF gives go ahead to hospital to conduct surgery.



Surgery takes place. Final bill raised by the hospital and sent to GF, which is in turn submitted to ACRE for disbursement within 2-3 working days. GF pays the hospital & receives receipt and discharge summary of the child.



At the end of every quarter, GF shares with the corporate a report on each case funded and details of utilization of funds.

Project Monitoring & Deliverables

To ensure that the project objective of supporting committed number of children is met, GF will undertake a progress review on duration as mutually agreed. GF will submit a report at the end of the project to ACRE that will contain the documents below.

- i. Background of the child, family and contact details
- ii. Cost of Treatment
- iii. Nature of medical treatment undertaken
- iv. Supporting medical documents
- v. Condition of the child pre and post-surgery
- vi. Details of utilization of funds
- vii. Copy of bill, payment receipt and discharge summary for the completed cases.

Post the surgery, wherever needed and advised by the doctor, the child may have to return for a medical check-up. GF would counsel the parents to be regular for any follow-up visit. We would encourage the corporate to visit the cases at the hospitals.

Please note: The reporting structure suggested above is as per GF's previous MOU with ACRE. However, monitoring, reporting and evaluation designs can be customized as per your corporate guidelines

Should you need any further information, please do let us know.

Rest all other terms and conditions as per the MOU signed in 2018-19.

We are grateful for your support and strengthening our collaboration further to give many more children with CHD a chance at life.

We are grateful for your support

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Director Operations



GENESIS FOUNDATION

SAVE LITTLE HEARTS 

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PROPOSAL WITH REQUEST TO CONTINUE SUPPORT OF 45 GIRL CHILDREN OF SAMPARC BALGRAM, BHAJE

Social Action for Manpower Creation - SAMPARC is non-profit making Public Charitable Society and Trust in India established in 1990 working for Care, Protection and Educational Development of Orphan Children, Children of Sex-workers.

Assets Care & Reconstruction Enterprise Limited - ACRE is a Partner of SAMPARC - helped 35 Girls for their Care, Protection and Education from last Year 2019-20 for SAMPARC Children's Home Centre called Balgram at village Bhaje, Tal. Maval, Dist. Pune, Maharashtra.

BACKGROUND:

Intervention of ACRE to support SAMPARC 35 Girl Children started with the purpose to overcome the Financial Difficulties faced by the Organization. ACRE took responsibility to look into the Gap of running Girls Children's Home where Children can get proper Support for their Education, Care and for Development. This Year we propose You to consider support for 45 Orphan Girls.

SAMPARC Balgram – Bhaje – known as a Model Children's Home of Maharashtra – working in Exemplary Way for Care of Orphan and Children of Commercial Sex-workers. Its success is based on its proper attention for Physical & Mental Health, Counseling, Proper Care, Helping for Right Way of doing studies, Discipline, Sports and other Curricular Activities. The Centre runs under Founder of the Organization Mr. Amitkumar Banerjee and Mrs. Ratna Banerjee. Mrs. Banerjee mostly looks after the Management of the Children and Centre.

The Government of India appreciated sincere efforts and dedication by felicitating SAMPARC with the prestigious "National Award for Child Welfare" in 1997.

On 6th June 2020 SAMPARC will be completing 30 years of its service to Orphan, Poor, Needy and Children of Socially Victim Women.

More than 400 Senior Children of SAMPARC are well settled, 122 Girls are married.

PROPOSED PROJECT - REQUEST TO SANCTION ASSISTANCE FOR 45 GIRLS OF SAMPARC BALAGRAM, BHAJE FOR THEIR CARE, PROTECTION AND EDUCATIONAL DEVELOPMENT FOR THE PERIOD 2020-21:

Last Year the 35 Girls who have been supported are really fortunate enough to get assistance from ACRE. With this Help, SAMPARC Balgram really enabled to show Good Performance by the Children in the Field of Education, Sports, Discipline, Cultural Activities. The Special Efforts with the Children carried for Developing their General Knowledge, Maths, Reasoning, Spoken English and Sports. It has helped the working people to work properly with the Children in a adequate manner.

The Children live with other Children and each House there are 10 Children taken care by House Mother. The House Mother look after their Basic Food, Cloth, Toiletry, Education Stationary and Psychological Needs. They talk with the Counsellor and also visit School to discuss with Teachers about the Progress of the Education of the Child.

Children now attend regular Computer and also learn Handling of Basic of Computer. The most important aspect followed in the Centre is Sanitation, Hygiene, Cleanliness and to maintain basic standard of Nutrition and Safe Drinking Water. As a result, Children are healthy.

The Special Care about Personality Development and Leadership Quality, Activities provided to the Children time to time. Outsider Speakers visit the Centre and Guide the Children. Discipline and Self-responsibility is taught to each Child. Overall, success of Development of Child is almost 98-99%.

Therefore we request You please help us by supporting 45 Girls for their overall Care, Education and Development.

ADMISSION OF THE CHILDREN

Children are admitted in the SAMPARC Children's Home, Bhaje with the recommendation of Child Welfare Committee, Pune.

All these proposed 45 girls have received admission in SAMPARC Balgram, Bhaje by Child Welfare Committee, Pune.

BACK GROUND & PROGRESS OF THE CHILDREN:

The Children's Home has children of the age group 5 to 18 years. Mostly the children come from very difficult situations / backgrounds, being neglected, abandoned and unwanted. Among them these 45 Children were proposed to ACRE for assistance.

All working members of the Children's Home regularly do detail discussion about the need of the children, role of staff based on the approach of capacity building. Emphasis is given on how staff can improve confidence of the children. Resource persons are regularly invited to the centre for developing Art of Living, life skill, value education of the children.

DAILY SCHEDULE:

The daily schedule of the children follows from getting up from bed at 5:00am, then following with PT exercise, self & premises cleanliness, breakfast, getting ready for school, after coming from school they have evening snacks, children go for sports activities, after returning from play they organize themselves for evening prayer, and then they keep busy with their study hour, after dinner they go for bed early. The children who have morning school receive tutoring in the afternoon after coming back from school and children who have school in the afternoon attend tutoring class in the centre in the morning. Library time is also fixed and after evening prayers children read newspapers and 1 moral story is told.

ACADEMICS AND TUTORING:

The primary children attend the Zilla Parishad School, Bhaje the secondary and the high school students attend the VPS School, Bhaje some children also attend the Abhinav English medium schools at Patan and Senior children attend Lily Jr. College, Malavli for 11th and 12th std and Graduation students attend Walvan College, Lonavla.

After attending School children receive tutoring in the Children's Home with personal attention. 4 tutors teach the children in the children's home after attending school. Children appearing for SSC Board exam are receiving special coaching in the centre.

Every month tutors conduct internal test and the children receive guidance accordingly. Each child is given personal attention and tutors ensure that the children understand the concepts clearly. Also children who are weak in studies receive special attention and guidance from the tutors.

Education file of each child is maintained and the progress report and academic performance of the child is updated regularly.

SPECIAL EDUCATION SUPPORT:

Apart from school education children receive special education support in the center in Spoken English, Computers, Maths, General Knowledge and Reasoning. Regular training programs, workshops and sessions on various topics are arranged for the children in the Children's Homes along with exposure visits for overall development of the children.

Children are encouraged to read books in Library, Reading Newspapers daily to help them update themselves regarding day to day happenings and to enhance their General Knowledge. Children take the benefit of Library which has 5000 books. And the library setup has been done according to the interest of the children.

HEALTH AND NUTRITION:

Overall health of all the children is good. Weight and Height of each child is measured on 30th of every month which is updated in the Medical file of the child. Quarterly general health checkup and Hemoglobin checkup of all the children is conducted. Eye, ENT and Dental checkup is conducted yearly and de worming medicine and TT is given to all children once in 6 months. Also if any child requires special medical attention the same is provided.

Also all children are vaccinated as per the guidelines of the doctor. All the children practice yoga regularly, which has contributed a lot for the overall wellbeing of the children.

All the health related aspects of the children are taken care by doctor from SAMPARC Medical Centre, Malavli which is very nearby to the Children's Home and the doctor from the centre visits the children's home every day in the evening.

Health file of each child is maintained separately, monthly weight and height and all health related aspects of the child is updated regularly.

Children receive balanced food which includes right proportion of pulses, grains, vegetables, dairy, sprouts, leafy vegetables, fruits as their daily intake. Food is prepared by the Kitchen staff in clean kitchen and the quality of food is tested every day by the Project In-charge. The Menu prepared is as per the recommendation of the doctor. Along with healthy breakfast, lunch & dinner children receive milk every day in the evening along with seasonal fruit. Also children have special Menu every Sunday. Children are served food in a clean environment in the dining hall. All the children enjoy their breakfast and meals together in the dining hall. Also housemother gives attention whether the children especially younger ones if they are having their meals properly. The kitchen & dining area is sanitized and is always clean and the store room is also kept clean.

The children's Home is equipped with Water purifier and children are provided with clean and safe drinking water. Regular maintenance of Purifier and water testing is done and it is ensured that children have clean drinking water.

TRAINING IN SPORTS & EXTRACURRICULAR ACTIVITIES:

At children's home the main focus is on education, but since each child has unique talent and to explore their hidden talents children receive training in music and dance as per their interest in the Centre. Children during vacation learn to make various crafts, Aakash Kandil/paper lanterns, making clay pots, paper bags along with drawing and painting.

Also children are given training in Sports -outdoor and indoor along with extracurricular activities. They do march past, P.T. and also receive training in Wrestling, Football, Basket Ball, Badminton, Kho-Kho, Kabbadi, Running, Skipping and Netball. Children from the centre are exceptionally good in Sports and extracurricular activities.

MONITORING & EVALUATION:

The Children's Home is licensed under the Department of Women & Child Welfare, Government of Maharashtra. The officers from the department visit the Children's home quarterly and monitor and evaluate all child care aspects right from hygiene, food, health of the children environment provided to the children. As per the Government norms 40 registers covering various aspects are maintained in the children's home and the officers check these registers.

SAMPARC Head Office working under the guidance of Mr. Amitkumar Banerjee - Founder Director / Secretary and SAMPARC Governing Council conducts regular evaluation on aspects like- children's Performance at school, Performance on home, special coaching, evaluation of interest, sincerity and confidence level of the children, Ability Test -both reading and writing presentation, Physical fitness of children-all these parameters are drawn with the help of Project In-charge and Counselor of the centre.

SAMPARC is working in collaboration with Miracle Foundation, Delhi to understand qualitative and quantitative growth of children at Four SAMPARC children's home in Maharashtra. As per UN convention regarding child protection and rights of the children they have developed 12 indicators and parameters to measure the progress of overall institution involved in child development.

To ensure the overall implementation of the mentioned indicators (Health Care and Hygiene, Nutritional Food, Care of Children, Education, Clean Water and Electric Power, Child participation, Dignity and Freedom, Citizenship, Child Protection, Spiritual Development, Finance and Governance, Human resource) Miracle Foundation supports for conducting Capacity building trainings for Care Takers, Counselors, Social workers, Project In charge, and Head of the organization. They have also conducted several sessions for the children on Behavior, Life skill education, career Counselling, Goal setting, educational development etc.

Miracle foundation also has conducted various trainings for House Mothers on how to help children express ones views, to develop interaction skills and techniques while dealing with children, Role and Responsibilities of Housemother, Healthy Relationship of the Housemother with the Children, to understand and learn problems of children and fulfill their demands and Motivation for the Care Takers. Housemothers also received training on how to prepare a time table for each and every child at the Balgram under them, Concept of Balance Diet, Basic hygiene and to develop hobbies of their children.

INDICATOR OF CHILD DEVELOPMENT:

Sr. No.	Activity	Desired Outcome	Indicators to measure Outcomes
1	Accommodation, Protection and Care along with Psychological Support & Counselling	The Beneficiaries will live in clean – healthy shelter obtaining proper bed, toiletries, sanitation along with care of House Mother and Psychological support of skilled counselor and Project In-charge.	<ul style="list-style-type: none"> ➤ Number of Beneficiaries residing in the Centre. ➤ Facilities and Materials they are obtaining from the Centre. ➤ Attendance of Staff and Children. ➤ List of Activities for Psychological Support. ➤ Case Study
2	Nutrition and Health	All the Beneficiaries will get regular healthy and nutritious food, will be Healthy and Fit. There will be no problem of mal-nutrition.	<ul style="list-style-type: none"> ➤ Growth of the Children. ➤ Increase in height & Weight as per age ➤ Energy level and Performance of the Beneficiaries.
3	Education, Sports and Extracurricular Activities	All the Beneficiaries will receive Education; they will learn some extracurricular skills as per their interest and capability.	<ul style="list-style-type: none"> ➤ Exam results ➤ Participation of the Children in Competitions / Programs ➤ Achievements of the Children - Prize, Recognition
4	Higher Education / Vocational Training	After completing school education, the children will continue their education as per their interest and capability to sustain in mainstream society.	<ul style="list-style-type: none"> ➤ Number of Children attending Higher Education ➤ Number of Children obtaining Vocational Training ➤ Number of Children pass-out from this centre.

STAFF:

The Children's Home is working under the guidance of Mrs. Ratna Banerjee, Trustee and coordinator of the Project along with Project In-charge, Counsellor, housemothers, regular tutors, part time tutors and sports instructor who work for the children. Total 25 full time and part time are working in the children's home for care and upbringing of 120 Girl Children.

REQUEST TO RENEW SUPPORT OF 45 GIRL CHILDREN:

- Fooding for 45 Girls Rs. 1100/- PM = Rs. 5,94,000/- PA
- Education expenses for 45 Girls Rs. 8000/- PA Per child = Rs. 3,60,000/- PA
- Supervision and other expenses for 45 Girls Rs. 1000/- PM Per Child = Rs. 5,40,000/- PA

Total Annual requirement for 45 Girls Rs.14,94,000/-

SAMPARC will submit Quarterly progress report of the Children's Home and Utilization Certificate.

Donation to SAMPARC is exempted under 50% Tax Exemption under 80G.

We look forward towards renewal of the Project in favour to support these 45 Girls of SAMPARC Orphanage and for a long-term partnership for a Better Future of the Children.

With warm regards,
Yours sincerely,

Amitkumar Banerjee
Founder Director / Secretary
SAMPARC – Social Action for Manpower Creation
<https://samparc.org>



SAMPARC

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PROPOSAL WITH REQUEST TO SUPPORT 55 GIRL CHILDREN OF SAMPARC BALGRAM, BHAJE

Social Action for Manpower Creation - SAMPARC is non-profit making Public Charitable Society and Trust in India established in 1990 working for Care, Protection and Educational Development of Orphan Children, Children of Sex-workers.

Assets Care & Reconstruction Enterprise Limited - ACRE is a Partner of SAMPARC – helping 45 Girls for their Care, Protection and Education for SAMPARC Children's Home Centre called Balgram at village Bhaje, Tal. Maval, Dist. Pune, Maharashtra.

BACKGROUND:

Intervention of ACRE to support SAMPARC 45 Girl Children started with the purpose to overcome the Financial Difficulties faced by the Organization. ACRE took responsibility to look into the Gap of running Girls Children's Home where Children can get proper Support for their Education, Care and for Development. Now we propose You to consider support for more 55 Orphan Girls.

SAMPARC Balgram – Bhaje – known as a Model Children's Home of Maharashtra – working in Exemplary Way for Care of Orphan and Children of Commercial Sex-workers. Its success is based on its proper attention for Physical & Mental Health, Counseling, Proper Care, Helping for Right Way of doing studies, Discipline, Sports and other Curricular Activities. The Centre runs under Founder of the Organization Mr. Amitkumar Banerjee and Mrs. Ratna Banerjee. Mrs. Banerjee mostly looks after the Management of the Children and Centre.

The Government of India appreciated sincere efforts and dedication by felicitating SAMPARC with the prestigious "National Award for Child Welfare" in 1997.

On 6th June 2020 SAMPARC completed 30 years of its service to Orphan, Poor, Needy and Children of Socially Victim Women.

More than 400 Senior Children of SAMPARC are well settled, 122 Girls are married.

PROPOSED PROJECT – REQUEST TO SANCTION ASSISTANCE FOR MORE 55 GIRLS OF SAMPARC BALGRAM, BHAJE FOR THEIR CARE, PROTECTION AND EDUCATIONAL DEVELOPMENT FOR THE PERIOD 2020-21:

With the Help from ACRE, SAMPARC Balgram really enabled to show Good Performance by the Children in the Field of Education, Sports, Discipline, Cultural Activities. The Special Efforts with the Children carried for Developing their General Knowledge, Maths, Reasoning, Spoken English and Sports. It has helped the working people to work properly with the Children in a adequate manner.

The Children live with other Children and each House there are 10 Children taken care by House Mother. The House Mother look after their Basic Food, Cloth, Toiletry, Education

Stationary and Psychological Needs. They talk with the Counsellor and also visit School to discuss with Teachers about the Progress of the Education of the Child.

Children now attend regular Computer and also learn Handling of Basic of Computer. The most important aspect followed in the Centre is Sanitation, Hygiene, Cleanliness and to maintain basic standard of Nutrition and Safe Drinking Water. As a result, Children are healthy.

The Special Care about Personality Development and Leadership Quality, Activities provided to the Children time to time. Outsider Speakers visit the Centre and Guide the Children. Discipline and Self-responsibility is taught to each Child. Overall, success of Development of Child is almost 98-99%.

Therefore we request You please help us by supporting more 55 Girls for their overall Care, Education and Development.

ADMISSION OF THE CHILDREN

Children are admitted in the SAMPARC Children's Home, Bhaje with the recommendation of Child Welfare Committee, Pune.

All these proposed 55 girls have received admission in SAMPARC Balgram, Bhaje by Child Welfare Committee, Pune.

BACK GROUND & PROGRESS OF THE CHILDREN:

The Children's Home has children of the age group 5 to 18 years. Mostly the children come from very difficult situations / backgrounds, being neglected, abandoned and unwanted. Among them these more 55 Children are proposed to ACRE for assistance.

All working members of the Children's Home regularly do detail discussion about the need of the children, role of staff based on the approach of capacity building. Emphasis is given on how staff can improve confidence of the children. Resource persons are regularly invited to the centre for developing Art of Living, life skill, value education of the children.

DAILY SCHEDULE:

The daily schedule of the children follows from getting up from bed at 5:00am, then following with PT exercise, self & premises cleanliness, breakfast, getting ready for school, after coming from school they have evening snacks, children go for sports activities, after returning from play they organize themselves for evening prayer, and then they keep busy with their study hour, after dinner they go for bed early. The children who have morning school receive tutoring in the afternoon after coming back from school and children who have school in the afternoon attend tutoring class in the centre in the morning. Library time is also fixed and after evening prayers children read newspapers and 1 moral story is told.

ACADEMICS AND TUTORING:

The primary children attend the Zilla Parishad School, Bhaje the secondary and the high school students attend the VPS School, Bhaje some children also attend the Abhinav English medium schools at Patan and Senior children attend Lily Jr. College, Malavli for 11th and 12th std and Graduation students attend Walvan College, Lonavla.

After attending School children receive tutoring in the Children's Home with personal attention. 4 tutors teach the children in the children's home after attending school. Children appearing for SSC Board exam are receiving special coaching in the centre.

Every month tutors conduct internal test and the children receive guidance accordingly. Each child is given personal attention and tutors ensure that the children understand the concepts clearly. Also children who are weak in studies receive special attention and guidance from the tutors.

Education file of each child is maintained and the progress report and academic performance of the child is updated regularly.

SPECIAL EDUCATION SUPPORT:

Apart from school education children receive special education support in the center in Spoken English, Computers, Maths, General Knowledge and Reasoning. Regular training programs, workshops and sessions on various topics are arranged for the children in the Children's Homes along with exposure visits for overall development of the children.

Children are encouraged to read books in Library, Reading Newspapers daily to help them update themselves regarding day to day happenings and to enhance their General Knowledge. Children take the benefit of Library which has 5000 books. And the library setup has been done according to the interest of the children.

HEALTH AND NUTRITION:

Overall health of all the children is good. Weight and Height of each child is measured on 30th of every month which is updated in the Medical file of the child. Quarterly general health checkup and Hemoglobin checkup of all the children is conducted. Eye, ENT and Dental checkup is conducted yearly and de worming medicine and TT is given to all children once in 6 months. Also if any child requires special medical attention the same is provided.

Also all children are vaccinated as per the guidelines of the doctor. All the children practice yoga regularly, which has contributed a lot for the overall wellbeing of the children.

All the health related aspects of the children are taken care by doctor from SAMPARC Medical Centre, Malavli which is very nearby to the Children's Home and the doctor from the centre visits the children's home every day in the evening.

Health file of each child is maintained separately, monthly weight and height and all health related aspects of the child is updated regularly.

Children receive balanced food which includes right proportion of pulses, grains, vegetables, dairy, sprouts, leafy vegetables, fruits as their daily intake. Food is prepared by the Kitchen staff in clean kitchen and the quality of food is tested every day by the Project In-charge. The Menu prepared is as per the recommendation of the doctor. Along with healthy breakfast, lunch & dinner children receive milk every day in the evening along with seasonal fruit. Also children have special Menu every Sunday. Children are served food in a clean environment in the dining hall. All the children enjoy their breakfast and meals together in the dining hall. Also housemother gives attention whether the children especially younger ones if they are having their meals properly. The kitchen & dining area is sanitized and is always clean and the store room is also kept clean.

The children's Home is equipped with Water purifier and children are provided with clean and safe drinking water. Regular maintenance of Purifier and water testing is done and it is ensured that children have clean drinking water.

TRAINING IN SPORTS & EXTRACURRICULAR ACTIVITIES:

At children's home the main focus is on education, but since each child has unique talent and to explore their hidden talents children receive training in music and dance as per their interest in the Centre. Children during vacation learn to make various crafts, Aakash Kandil/paper lanterns, making clay pots, paper bags along with drawing and painting.

Also children are given training in Sports -outdoor and indoor along with extracurricular activities. They do march past, P.T. and also receive training in Wrestling, Football, Basket Ball, Badminton, Kho-Kho, Kabbadi, Running, Skipping and Netball. Children from the centre are exceptionally good in Sports and extracurricular activities.

MONITORING & EVALUATION:

The Children's Home is licensed under the Department of Women & Child Welfare, Government of Maharashtra. The officers from the department visit the Children's home quarterly and monitor and evaluate all child care aspects right from hygiene, food, health of the children environment provided to the children. As per the Government norms 40 registers covering various aspects are maintained in the children's home and the officers check these registers.

SAMPARC Head Office working under the guidance of Mr. Amitkumar Banerjee - Founder Director / Secretary and SAMPARC Governing Council conducts regular evaluation on aspects like- children's Performance at school, Performance on home, special coaching, evaluation of interest, sincerity and confidence level of the children, Ability Test -both reading and writing presentation, Physical fitness of children-all these parameters are drawn with the help of Project In-charge and Counselor of the centre.

INDICATOR OF CHILD DEVELOPMENT:

Sr. No.	Activity	Desired Outcome	Indicators to measure Outcomes
1	Accommodation, Protection and Care along with Psychological Support & Counselling	The Beneficiaries will live in clean - healthy shelter obtaining proper bed, toiletries, sanitation along with care of House Mother and Psychological support of skilled counselor and Project In-charge.	<ul style="list-style-type: none">➤ Number of Beneficiaries residing in the Centre.➤ Facilities and Materials they are obtaining from the Centre.➤ Attendance of Staff and Children.➤ List of Activities for Psychological Support.➤ Case Study
2	Nutrition and Health	All the Beneficiaries will get regular healthy and nutritious food, will be Healthy and Fit. There will be no problem of mal-nutrition.	<ul style="list-style-type: none">➤ Growth of the Children.➤ Increase in height & Weight as per age➤ Energy level and Performance of the Beneficiaries.
3	Education, Sports and Extracurricular Activities	All the Beneficiaries will receive Education; they will learn some extracurricular skills as per their interest and capability.	<ul style="list-style-type: none">➤ Exam results➤ Participation of the Children in Competitions / Programs➤ Achievements of the Children - Prize, Recognition

4	Higher Education / Vocational Training	After completing school education, the children will continue their education as per their interest and capability to sustain in mainstream society.	➤ Number of Children attending Higher Education ➤ Number of Children obtaining Vocational Training ➤ Number of Children pass-out from this centre.
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STAFF:

The Children's Home is working under the guidance of Mrs. Ratna Banerjee, Trustee and coordinator of the Project along with Project In-charge, Counsellor, housemothers, regular tutors, part time tutors and sports instructor who work for the children. Total 25 full time and part time are working in the children's home for care and upbringing of 117 Girl Children.

REQUEST TO SUPPORT MORE 55 GIRL CHILDREN:

1. Fooding for 55 children Rs. 1100/- PM = Rs. 7,26,000/- PA
2. Education expenses for 55 children Rs. 8000/- PA Per child = Rs. 4,40,000/- PA
3. Supervision and other expenses for 55 children Rs. 1000/- PM Per Child = Rs. 6,60,000/- per annum.

Total Annual Requirement for 55 Girls Rs. 18,26,000/-

SAMPARC will submit Quarterly progress report of the Children's Home and Utilization Certificate.

Donation to SAMPARC is exempted under 50% Tax Exemption under 80G.

We look forward towards supporting the Project in favor to support more 55 Girls of SAMPARC Orphanage and for a long-term partnership for a Better Future of the Children.

With warm regards,
Yours sincerely,

Amitkumar Banerjee
Founder Director / Secretary
SAMPARC – Social Action for Manpower Creation
<https://samparc.org>

Project “Leprosy Control” in India



Proposal

**A CSR Initiative by Asset Care and Reconstruction Enterprise Ltd
for Leprosy Control in India**

By Delhi South Rotary Service Foundation

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Introduction

Many believe that leprosy is a thing of the past and have no idea of its continued prevalence, spread and the suffering it causes. The truth is, leprosy never went away!! Last year, 2.14 lakh people contracted Leprosy, which is more than 600 people each day, with over 50 of these being children. Talking about India, of the 2.14 lakhs reported last year, 63%, which is almost 1.5 lakh are from India. Due to fear and lack of knowledge that the disease is curable, there are still over 30 lakh people across the world living undiagnosed and every day the disease causes further damage to their being, health, livelihoods and futures.

The awareness around leprosy is poor and hence diagnosis capabilities are under-represented, and treatment is not widely known. The taboos and myths around the spread and perceived incurability of the disease exacerbates the situation making the plight of the leprosy patients deplorable. Ignorance around leprosy has been the biggest challenge in systemic reduction of this disease to insignificant levels. However the truth is that Leprosy is curable, with zero transmission risk, if diagnosed in its early stages and supported with the right treatment.

What is Leprosy

Leprosy, also known as Hansen's disease, is a mildly infectious disease caused by *Mycobacterium leprae*. The bacteria affect the skin, peripheral nerves, and the eyes and if left untreated can cause severe disabilities and blindness.

The transmission of Leprosy is widely thought to be passed on by breathing in infected respiratory droplets. If untreated, leprosy results in sores all over your body eroding your extremities – your toes, your hands, and your feet and the leprosy infected individual, without being aware, becomes a transmitter of the disease. The disease affects some of the most vulnerable people in the world, causing life-changing disabilities and most often a lifetime of abuse, and isolation but there is a cure.

Leprosy in India

Unsurprisingly, India claims the majority at 63% of leprosy cases globally. Due to lack of awareness and poor medical and support infrastructure many infected with the disease are left unattended, living with the long-term effects and many more go undiagnosed.

Even though India officially declared that leprosy was eliminated in 2005 by reducing its prevalence rate to 0.72 per 10,000 people at national level, lack of vigilance and unfriendly laws paved the way for its return with high intensity creating a risk of very high magnitude if left unaddressed.

State of Leprosy patients today

For those who have erased this horrific disease from their memory, leprosy patients today are not just battling with diagnosis and treatment but fighting for their right to dignified living. Most are living as outcasts in isolation, where they become a no-name and their

existence too is not acknowledged. The worst, they are also the victims of discrimination due to some appalling prevalent laws. For example:

- Till recently, if you had leprosy, you did not have the right to get on to a train run by the Indian Railways.
- Till recently, your spouse had the right to divorce you – no questions asked.

Due to lack of awareness of treatment and spread, more often than not, leprosy patients are forced out of their homes, to go and live in a Leprosy Colony, with other people suffering from this disease. The extent of stigma and discrimination is evident by the fact that there are 750 leprosy colonies in India with over 2 lakh people are residing in them.

The stigma, blind beliefs, misconceptions associated with leprosy and social isolation of those affected is widely prevalent, creating bigger obstacles towards their cure and rehabilitation. Today, encountering leprosy literally closes the door to living a normal life, educational and vocational opportunities and the persons existence in most cases!

So much suffering when leprosy is curable. Martin Luther King Jr, once said, “*nothing in the world is more dangerous than sincere ignorance and conscientious stupidity*”. In the case of leprosy, it is ignorance, the violent effect of it can be seen in our society, in our levels of awareness, state of infrastructure, sense of priority towards a systemic response to this disease and the plight of leprosy patients.

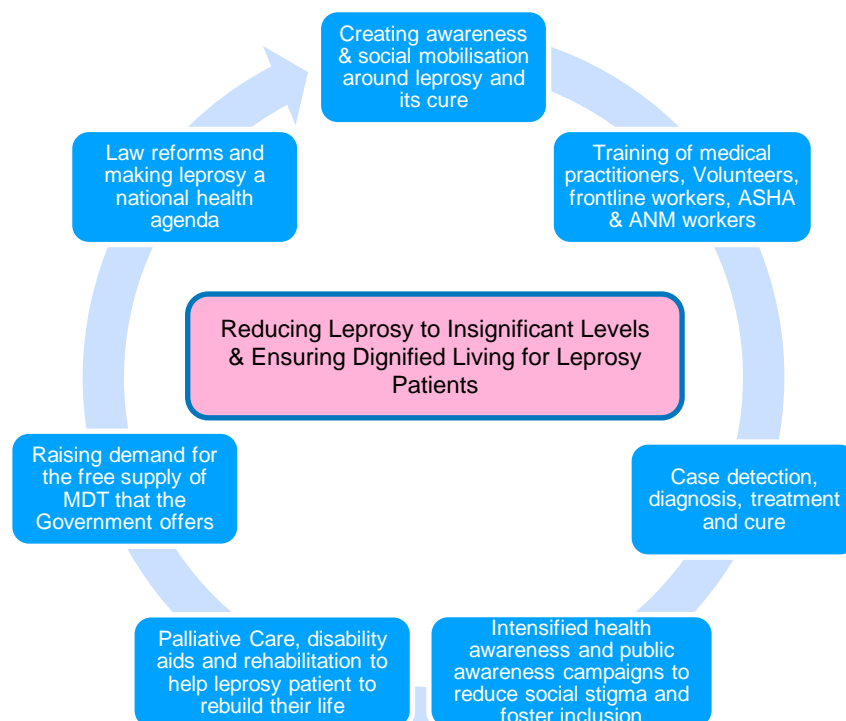
What Next – Project “Leprosy Control” in India (‘the Project’)

Leprosy can be cured, if detected early and treated with MDT (Multi Drug Therapy – a cocktail of 3 powerful antibiotics). If remaining undetected, the effect could be life altering and life threatening and the spread could be enormous. A person suffering from untreated leprosy can infect scores of people every day but, will not be a transmitter after a single dose of MDT.

Awareness is the bridge between knowledge and ignorance and this fight against leprosy is to create the bridge of awareness around the disease, its treatment, transmission, palliative care, to ensure cure and a life of dignity for leprosy patients while undergoing treatment and thereafter. It is said, tackle the mindset and half the battle is won. Therefore, together with awareness and health infrastructure, simultaneous work has to be undertaken to combat the stigma and misconceptions around leprosy through proper educational programs and awareness drives, both at the ground level and through help from the media and other agencies in countering such beliefs.

Objectives of the Project: Our goal is to control leprosy and reduce it to insignificant levels with focus on awareness, prevention, treatment, and rehabilitation of leprosy patients to enable dignified living like any other citizen. The objective of the project is to create a robust system to address the imminent need to control leprosy from awareness to rehabilitation in put in on the healthcare map of our country.

Our approach will be phased, and we will work in the following key areas:



About Us: Rotary Club of Delhi South (RCDS) & Delhi South Rotary Service Foundation (DSRSF)

RCDS is one of the premier Rotary Clubs in North India and is a part of Rotary International, an international service organization. Delhi South Rotary Service Foundation (DSRSF) was established by the members of Rotary Club of Delhi South in 1978 to create a Registered Society under the Societies Registration Act, 1860, to serve the community in the fields of literacy, education, skill development, women empowerment, health, environment, child, youth and elderly welfare and to enable the underprivileged lead a better life. DSRSF does not charge any administrative costs to projects as these are mainly borne by its members.

Major projects include provision of scholarships to bright girl students, holding debate for youth, donating equipment to clean up water bodies, bearing cost of running health vans, donating TB van, hearse van, equipment for charitable hospitals and schools, setting up a blood bank, vocational training centres, supporting clubfoot clinic, working towards providing training to health workers, raising awareness about diseases, controlling polio, leprosy, measles, supporting invalid children, holding health camps, breast cancer awareness programmes, tree plantation drives etc.



DSRSF is tax exempt under section 12 (A) of the Income Tax Act and all donations and contributions to DSRSF are eligible for tax deduction under section 80G of the Act.

Under schedule VII (i) (ii) & (iii) of the Companies Act 2013, promoting healthcare, skilling, setting homes and other facilities for the socially and economically backward groups are areas eligible to receive CSR support. Our project 'Leprosy Control' fulfills all criteria to be the CSR implementation partner for a corporate.

The Governing Body of DSRSF has 8 people:

- Tridibes Basu – Chairman
- Sunny Kochhar - Secretary
- Inderjeet Singh - Treasurer
- Other council members: Pradeep Kumar – RCDS Club President, Ganesh Katariya – RCDS Club Secretary, Deepak Kapoor, Hardeep Singh Anand, Pradeep Bahri.

Tridibes Basu, Deepak Kapoor and Pradeep Bahri are also part of the Core Committee of Project "Leprosy Control" in India (*Refer pages 17-20 for details of the core committee*)

Our Purpose: To bring together business and professional leaders in order to provide humanitarian service and to advance goodwill and peace around the world.

Our Mission: To provide service to others, promote integrity, and advance world understanding, goodwill, and peace through its fellowship of business, professional, and community leaders.

RCDS draws its membership from leaders in business, medicine, consulting and legal professions and is in its **52nd year of service**, having been formed in 1969. RCDS and its members have dedicated themselves in serving the less fortunate who need our help. RCDS has also undertaken and delivered successful projects in the areas of education, environment, healthcare and other sustainable development goals (SDGs). Of the various projects that RCDS has been involved in, a few past projects include:

- Setting up a modern Blood Bank, with blood component separator at Moolchand Hospital
- Breast Cancer Awareness programs to promote understanding of the disease, self-examination, help with treatment suggestions and encouraging breast cancer survivors to participate in spreading awareness
- Helping doctors of Bal Umang Drishya Sanstha (BUDS) to keep operating the BUDS Rotary Medical Van to help the young children in poor areas of Delhi NCR and the backward districts of Mewat/ Nuh in Haryana, by bearing the operating and maintenance cost of the van
- Tree plantation projects, partnering with Iamgurgaon, NDMC and other agencies. In August 2020, RCDS and its members helped in the planting of over 2500 trees, in Delhi and neighboring areas.
- Clean up the Lodhi Garden Lake with modern technology (dredger and filtration plant) in collaboration with NDMC.

- In progress is Beti Shikha and Samman project to provide ₹1,000 per month scholarship to girl students studying in NDMC schools in Delhi, with family income upto ₹25,000 p.a. and obtaining minimum marks of 65%. Presently RCDS Members are working collectively to generate maximum support for this project
- Clubfoot - In India, more than 50,000 children are born with a deformity called Clubfoot every year. This is only a deformity and not a disease and can easily be corrected non-surgically by Ponseti method. As there is very low public awareness on this deformity thousands of children grow up with this untreated deformity and live as physically challenged all their lives. After having facilitated the adoption of the Safdarjung Hospital Clubfoot Clinic, the aim of our Club has been to spread awareness and to motivate other Rotary Clubs in the Rotary District to follow our lead. To spread awareness, we have been organising Rotary District Seminars on "Our Fight Against the Disability caused by Clubfoot", year after year.
- Corona projects - The fight against COVID19 is a big one for all. RCDS, once again rose to the occasion and in its spirit of 'Service Above Self " did the following:
 - continues to provide food and meals to thousands of daily wagers/ migrant workers (30,000 meals provided till now through Akshay Patra)
 - raised contributions for the PM Care Fund (INR 2 Lakhs) and other service initiatives.
 - In partnership with HUL we provide a large quantity of Domex disinfectants, Lifebuoy soaps and sanitizers for use by Doctors and medical staff in Government hospitals, our superheroes the fight against Covid, whose lives are at higher risk owing to patient exposure. These supplies were almost 2 tons heavy and worth about Rs. 25 Lakhs and consisted of about 130 boxes.
 - We also distributed of 5 lakh masks for the poor during this period.

Disease control has been a core mandate for Rotary International since the organisation's formation in 1905. Rotary has been working to eradicate polio for more than 30 years. As a founding partner of the Global Polio Eradication Initiative, Rotary has reduced polio cases by 99.9 percent since the first project in 1979.

Deepak Kapur, a Past District Governor (PDG) of the Rotary District, and one of the senior most Rotarians in RCDS, has led the Rotary effort in immunization and eradication in India, as the face of the movement in India. He has been the Rotary India PolioPlus Committee Chairman, leading Rotary's effort in this area for the past two decades. PDG Deepak Kapur also leads our Leprosy effort in India.

Key highlights of the PolioPlus project:

- Rotary Clubs have helped immunise more than 2.5 billion children in 122 countries.
- Rotary has contributed more than \$1.8 billion toward eradicating the disease worldwide.
- Today, polio remains endemic only in Afghanistan and Pakistan.
- RCDS has been working for years in the Polio eradication program of Rotary International and Government of India.



Rotary's greatest strength is our reach, network and the commitment of service of our members who bring rich experiential knowledge to work on projects to impact change at national and global level through advocacy, mass mobilization and multi-stakeholder collaboration. Another key leverage for Rotary, through its network of clubs, is our ability to replicate successful project implementation in one area to entire India as a 'lift and shift' model creating ripples of change for the community.

Our Partner in the Project

Lepra is a UK-based international charity working to beat leprosy and will be one of our key collaborating partners with us for this project in India. Lepra's patron is Her Royal Highness Queen Elizabeth II and Lepra's Vice President is His Royal Highness the Duke of Gloucester.

Lepra has been working directly with communities in India, Bangladesh and Mozambique to find, diagnose and rehabilitate people affected by leprosy. As a non-governmental, charitable organisation, Lepra adheres to the principles of humanity, impartiality, neutrality and independence of action. It's founding values are being evidence-led, secular and specialised in leprosy.

In India, Lepra has worked with people affected by leprosy since 1924 and today supports activities through its Indian registered affiliate LEPRO Society. Lepra works by raising awareness, pushing for early detection and treatment, reducing prejudice and supporting people to transform their lives. Last year, Lepra reached more than 40,000 people in India, through diagnosis, treatment, support and disability care and reached many more through health education and awareness raising to reduce prejudice. In the absence of an able implementing partner with strong network across stakeholders and mass mobilization capabilities, despite good work by Lepra, the challenge of reducing incidence of leprosy, diagnostic, creating awareness and creating a systemic, sustainable solution for leprosy, continues. This is reflective in continued lack of awareness about leprosy, the increased numbers of leprosy patients in India and their continued sad plight. To address the imminent need to tackle leprosy and bring about a systemic, sustainable change in India, RCDS and Lepra have come together as partners to conceptualize, create, implement and mobilise the project, 'Control Leprosy', in India and work in collaboration towards a day when leprosy no longer destroys lives.

Partnership goals and vision: To control leprosy in India, by creating a leprosy awareness and case detection campaign.

Vision of the partnership: To achieve leprosy control in India by reducing transmission and making leprosy a disease of little consequence by enhancing morbidity management, disability care and inclusion.

Mission / Purpose of the partnership: To demonstrate that leprosy can be controlled and become a disease of little consequence through providing exemplar project implementation and advocacy. The goals are:

- Create awareness about leprosy in institutions and amongst the general public;
- Medical education through extensive training so that there is a core of professionals trained in the case detection methods who are able to appropriately detect people affected with leprosy and pass on the skills;
- Provide medical training / awareness to other healthcare workers at various levels so that leprosy is identified at an early stage and patients are referred to the appropriate treatment centres;
- Establish a sustainable quality assured programme with the necessary technical-managerial skills and availability of logistics;
- Establish a robust and replicable active-case finding model through creating widespread awareness about leprosy across all segments of society, finding hitherto undetected cases of leprosy, referring leprosy patients to appropriate institutions, counselling to ensure compliance and continuity of treatment, following up and tracking results, maintaining records and documentation;
- Increase awareness about leprosy and treatment available;
Continuous capacity building (technical, managerial, counselling).

Resource Deployment

Rotary is committed to replicate the Polio eradication movement and convert Leprosy Awareness and Control into a people's project. Rotary has at its disposal 1.5 lakh volunteer, their families and their extended network to join hands towards reducing Leprosy to an insignificant level in India. Our volunteer force will also include:

- Rotaractors – the youth wing of Rotary consisting of college students and young entrepreneurs
- Interactors – the Rotary wing consisting of school students
- Inner Wheel – community service organization
- Experienced staff of Lepira Society, who are trained and working in the field of leprosy consisting of Medical Doctors, Social workers, Physiotherapists and NLEP staff from State Leprosy Office
- Project staff includes Project Coordinators, physio technicians, field coordinators, counsellors, etc.
- Lepira UK and India volunteers
- Frontline health workers (Accredited Social Health Activist – ASHA, Community Volunteers)
- Healed Leprosy patients

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Project Leprosy Control ('the Project')



The magnitude of the problem that we are dealing with on leprosy is large considering lack of awareness, trained professionals, proper aid, living conditions and rehabilitation programmes. Mother Teresa started this movement decades ago – she embraced and cared for the leprosy patients as her own. But sadly, the movement still remains unfinished and it is upon us to pick this hardest battle of infrastructure, skill and mind to accomplish the goal to have India 'leprosy free' by creating a robust system of identification, support, treatment and rehabilitation of leprosy patients to live with respect, dignity and as equal citizens.

Leprosy is treatable and like any other ailment, all it needs is awareness, timely detection, intervention, rehabilitation support. The leprosy patients who were once embraced by Mother Teresa, today are shunned by their own loved ones and society to a life of pain, agony and no dignity– this needs mass awareness mobilisation so that India wakes up to the need of leprosy patients- to know that they exist, matter, can be treated and are equal. As humanity, we owe it to leprosy patients to embrace them, support them with the right treatment and rehabilitation to live a life of dignity.

With the debatable official data of approx 1.5 lakh leprosy cases every year in India and many remaining undiagnosed due to lack of awareness, trained medical practitioners, leprosy & leprosy patients needs attention and treatment support, failing which, in no time, the magnitude of the problem at hand will multiply and leprosy patients will continue to be shunned, forced to subsist in uninhabitable conditions to live a life of 'no dignity'. Leprosy is an ignored cause in India with minimal government support, negligible corporate CSR support and only a handful of NGOs exclusively working in this space. Furthermore, due to lack of awareness around this disease, there are very few trained medical, ASHA workers who can even spot a leprosy infection. Owing to this state of ignorance, India is the highest contributor to leprosy in the world.

Project belief: We believe that there is big need of awareness around leprosy and leprosy patients need detection, right treatment, care, rehabilitation and a life of dignity. The humanitarian battle started by Mother Teresa, years ago, needs completion and with this simple premise, we have picked the hardest battle to fight with our deep sense of service,

best in class skill, huge network, mass mobilisation and multi-stakeholder engagement capabilities, huge bank of volunteers, credible partners and learning from previous success stories.

The intervention for leprosy needs right treatment and structured palliative care and does not need prolonged medical treatment. If leprosy patients get the right treatment at the right time, they are cured for life and get rehabilitated in normal life. The project would be considered successfully commissioned as soon as we reduce the transmission of leprosy to zero.

Human life and living with dignity precedes everything else and no matter what the specific vision or area of work that an organization supports, skilling people to save lives, supporting treatment to saving lives, rehabilitation and palliative care for upliftment of those in need fits integrally into humanity agenda and should be the first priority for government, all citizens and corporate citizens.

Project Vision: This humanitarian project addresses the need to control leprosy to produce sustainable and measurable outcome pan India over a ten-years initiative with a total outlay of Rs. 12-14 crores. Our vision is to achieve leprosy control in India by reducing transmission and making leprosy a disease of little consequence by enhancing morbidity management, disability care and inclusion.

Our proposal for ACRE

This 10-year project will be carried out by DSRSF in three phases consisting of 2 years, 3 years and 5 years respectively as described below. The project is designed to start with NCR of Delhi, an endemic area of leprosy patients and potential patients to create a ripple model of learning and success to then be taken pan India. With successful implementation of the pilot in NCR, the model will become a simple 'lift and shift' for the rest of India. The three distinct phases of the project over the 10-year period are:

Phase 1 (Two Years and 5 months) – Implement project in NCR of Delhi:

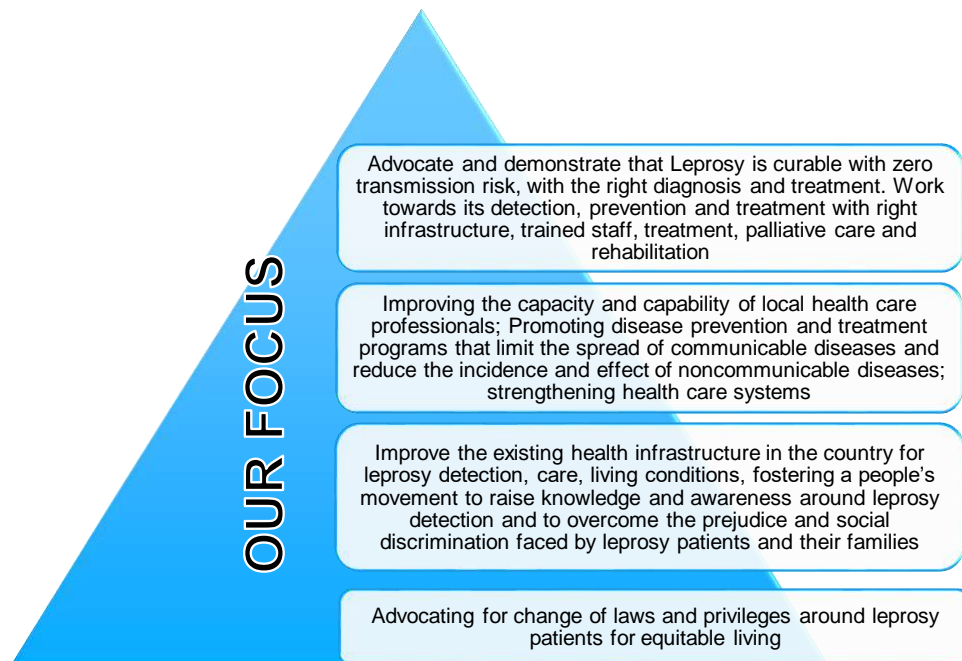
Raise awareness of leprosy among the general public, health professionals and decisionmakers, social mobilisation for case detection, through health staff training, enhanced active case finding, treatment support, palliative care and confidence building support for leprosy patients in NCR of Delhi. The outlay for this phase is Rs. 2 crores. Our grant proposal to ACRE is to support this phase of activation and mobilisation over a 2 years period from Nov 1, 2020 to March 31, 2023. The details of cash outlay for the two years is at Appendix 'A'.

Phase 2 (Next 3 years) – Implement the project to other Leprosy endemic areas of India like UP, Punjab, Haryana, Rajasthan, Telangana, Bihar, Jharkhand and Himachal Pradesh. The estimated outlay for this phase is Rs. 5-6 crores.

Phase 3 (Years 5-10) – Implement the project pan India to reduce the incidence of leprosy to insignificant levels. The estimated outlay for this phase is Rs. 6-7 crores plus government aid. Our aim is, with our efforts and success in first two phases, that the leprosy project will

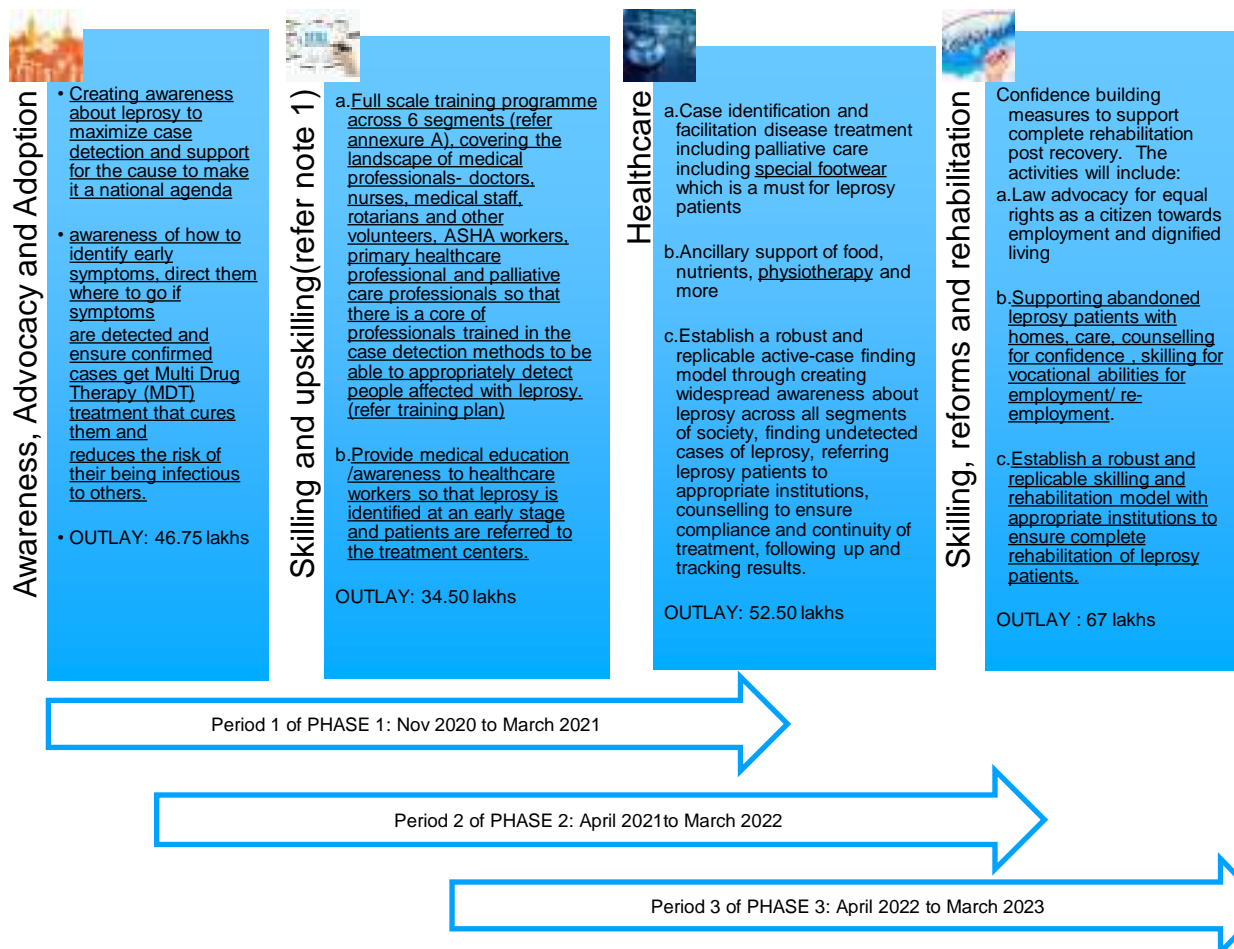
become a self-sustained, systemic lift and shift project for implementation pan India backed with government resources.

Core focus area of the project is to reduce the incidence of leprosy to insignificant levels:



Areas of work – The project work will be in 4 broad categories, spanning over several activities to control and make leprosy of little consequence. Phase 1 of the project spanning over 2+ years, starting Nov 2020 to March 31, 2023, will be exclusively focussed on leprosy control in NCR of Delhi and will requires a grant mobilization of 2 crores over the project period for the below listed activities. We request your generous support for the successful implementation of Phase 1 of this project in NCR. The goals of the joint efforts will be to:

ACRE branding opportunities for all activities in underlined text below



Project cost: Period 1 of Phase 1, Nov 2020 to March 2021

The total estimated outlay for phase 1 of the Project from Nov 2020 to March 2023 is estimated at 2 crores. Of this, 39.75 lakhs, is the estimated outlay for the first five months starting Nov 2020 to March 2021. Details as below on next page:

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S. No	Pillar	Category	Description	Cost (INR) Nov 2020 to Mar 2021	Cost (INR) Nov 2020 to March 2023	Branding opportunity
1	Awareness, Advocacy and Adoption	Awareness	Digital advocacy	3,75,000	21,75,000	Yes
			Printed material	1,00,000	3,00,000	Yes
			Short Film (Awareness)	2,00,000	2,00,000	Yes
			Radio spots, Supplies of Billboards, Booths at Fairs, Endemic areas & across NCR, Inflatables, Banners, Signage, Hot air balloons, Flashmobs/ street, plays, caps, aprons, comics, marketing material, ... Offers	4,00,000	20,00,000	Yes
		Operations Social Mobilisation	Refer training schedule in Annexure			Yes
2	Skilling and upskilling	6 Tier Training Programme	Training Personnel identified by Rotary & Lepira UK	5,00,000	20,00,000	
		Medical Practitioners				
		Train the trainer				
		Health workers				
		Rotarians				
		ASHAs, ANMs,				
		Anganwadis, Block				
		Medical Officers -Travel,				
		Memento				
		Printed material		1,00,000	2,00,000	Yes
3	Healthcare	Short Film (Training)		2,50,000	2,50,000	Yes
		Social Mobilisation for Skilling	Media Workshops	-	10,00,000	Yes
		Travel for Social Mobilisation	Rotractors, Interactors, Faculty, Health workers, volunteers	50,000	5,00,000	No
		Case Identification and treatment	Palliative care including special footwear which is a must for leprosy patients	10,00,000	45,00,000	Yes
			Short Film (Dos & Don't; Success)		2,50,000	
			Ancillary support of food, nutrients, physiotherapy and more	10,00,000	67,00,000	Yes in Leprosy colonies
	Total Budget			39,75,000	2,00,75,000	

**The above is an indicative list. Costs vary depending on cost negotiated, level of activity in present times of social distancing.*

**Of the grant allocated, monthly plan of activities and associated costs will be shared with ACRE for active involvement in project implementation.*

No part of the budget will be used for capital expenditure.

While we guarantee achieving agreed program goals and measurable outcomes, our commitments are not restricted to the activities listed above and is dictated by evolving needs to achieve the outcomes. It is our constant endeavor to maximize impact on awareness, treatment, support and rehabilitation of as many leprosy patients as possible utilizing available funds.

The entire project cost will only comprise of direct costs associated with the program and no part of the project cost will be utilized for any overheads or salaries of Rotary. 100% of funds raised are used towards the cause and there is no overhead allocation.

Measuring Project's Impact & Success

Measure Collection	Method	Frequency	Beneficiaries/ Reach
Other Number of individuals reached with leprosy awareness raising messages	Direct observation	Every month	2500+
Other Number of Medical Practitioners, Hospitals, Bureaucrats, Religious Leaders, NGOs reached	Grant records and reports	Every 4 months	1-19
Other Number of awareness drives conducted in schools and colleges	Grant records and reports	Every 4 months	1-19
Other Number of awareness drives and diagnostic camps	Grant records and reports	Every 4 months	2-3
Other Total number of additional leprosy cases confirmed and put to MDT treatment	Grant records and reports	Every 4 months	20- 30
Number of people covered by training- Medical Practitioners, nurses, Rtarrians, Volunteers, ASHa, ANM , Primary healthcare workers, front line workers	Grant records and reports	Every 4 months	50-75
Reach of Awareness Campaign	Digial reports	Every 4 months	2 lakh plus Digital & Physical reach
Digital			
Film			
Other publicity material			
Palliative care and footwear support	Grant records and reports	Every 4 months	100 +

- *Grant records and reports will be validated and certified by Rotary Leprosy Social Mobilisation Office and Lepra Staff working with the established West Delhi Referral Centre (WDRC). The Rotary Leprosy Social Mobilisation Office is being established for keeping records, organisation and distribution of marketing material, keeping records of number of government frontline workers trained in leprosy screening, number of government and medical providers trained in leprosy control, etc.*
- *The Referral Centre will maintain records of all patients being screened, examined for leprosy, number of additional leprosy cases confirmed, patients put to MDT, number of leprosy affected people in receipt of quality medical and non-medical support.*
- *Digital and reach reports will be certified by the digital agency working on the campaign or by an independent agency.*

Grant disbursement

Grant allocated to be disbursed in two equal instalments. The second instalments to be disbursed after report submission of 80% utilization of the first tranche disbursement. We can customise the schedule as per ACRE's requirements.

Project Duration Period 1 of PHASE 1

The utilisation of grant and committed measurable outcomes for Nov 2020 to March 2021, is expected to be completed on or before March 31, 2020.

How we work

Operations: The Project core group of 6 experienced professional (herein called 'core group') will be collectively responsible to ensure program goals are met and grant is utilised as per design and grantor's approval, with proper due diligence for most effective outcomes. Key operating guidelines:

- a) Monthly detailed plans outlining activity and budgets will be prepared, discussed and approved. These plans will be shared with the grantor organization for participation, if desired and convenient.
- b) Vendor selection: Three quotes for items / services with a value over Rs.15,000. Competitive tender for items / services with a value over Rs. 2.5 lakh, which will be evaluated with at least 3 members of the core group.
- c) We lay a lot of emphasis on scrutiny of paperwork and approval process. All expenditure and reports will go through two level of checks of the documents by core group approval authorities along with the documents. Once approved, the same will be shared as part of monthly plan to the authorized personnel of ACRE.
- d) Rotary Leprosy Social Mobilisation Office and Lepra Staff will be integrally involved in project monitoring and evaluation.
- e) For active case finding we will work with the medical community i.e. doctors and medical social workers at various hospitals, ASHA, ANM workers, leprosy colonies, Rotarians and primary healthcare centers.
- f) Adequate due diligence process will be followed to identify and work with vendors, partners, co-collaborators and other institutions.
- g) To ensure no liability on participating Rotary Clubs, DSRSF or grantor organization before supporting a case, the due diligence process involves obtaining the relevant documentation that includes:
 - i. Signed application form from the patient or guardian seeking support, which includes a declaration signed by the patient or guardian containing a specific indemnity in favour of DSRSF
 - ii. Photograph of the patient
 - iii. Medical diagnosis
 - iv. Cost estimate from the hospital on hospital letterhead

We put a lot of stress being actively involved in each aspect of the project, on meeting the patients, medical practitioners, social workers, front line workers and others to get firsthand experience of the impact of the project.

Payment

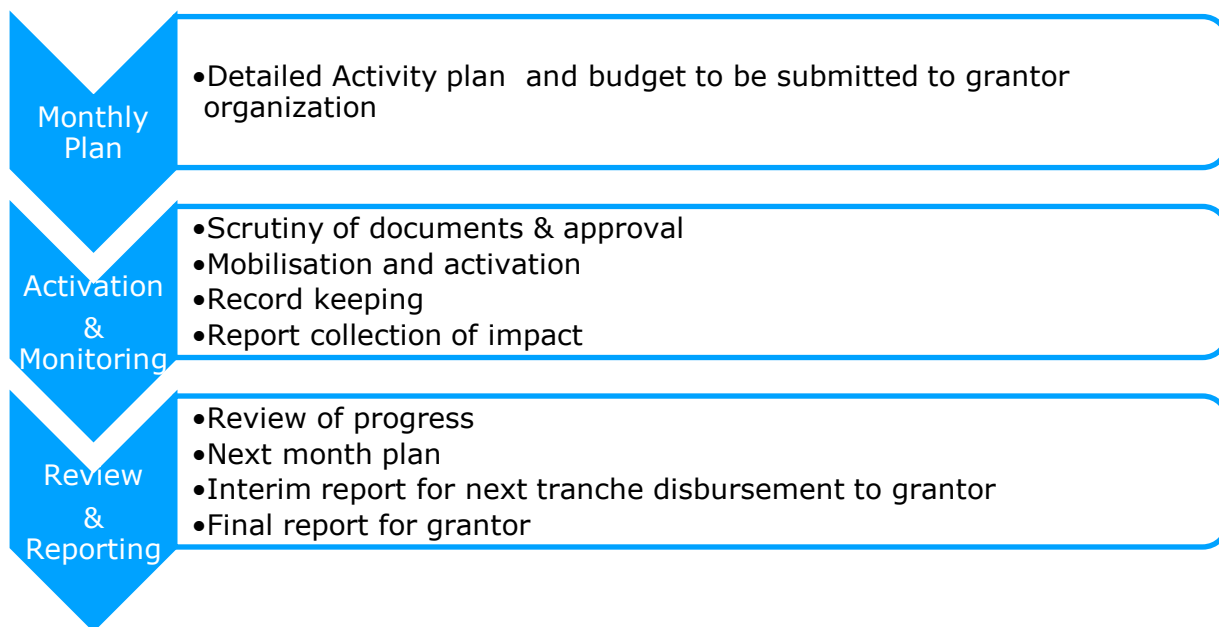
Funds will be disbursed directly to hospital, vendors and partners through valid banking channels. No funds will be disbursed to patients or any intermediaries to prevent any leakage of funds.

Record keeping and reporting

Activity and expense wise record of each expenditure will be maintained and detailed report of funds utilized with all details and supporting documents, together with impact assessment reports will be shared with the funding organization at the end of the grant period.

The periodicity and the format of reports can be customized to meet ACRE's requirement.

Project Implementation: Process



Project Monitoring & Deliverables

To ensure that the project objectives are met, we will undertake a progress review as mutually agreed. Rotary will submit a report at the end of the project to ACRE that will contain the documents below:

- i. Details of all activities undertaken broken by sub activity
- ii. Details of utilization of funds: Cost of associated with each activity and sub activity. All supporting documents- bills and other supports
- iii. Impact assessment- reach and impact report
- iv. Rehabilitation status on leprosy patient supported

We would encourage the corporate to visit the cases at the hospitals or leprosy colonies or in their homes.

Please note: The monitoring, reporting and evaluation designs can be customized as per your corporate guidelines.

Core Team of the Project

Deepak Kapur, a graduate with Honors in Economics from St. Stephen's College, Delhi University and is a Fellow Member of the Institute of Chartered Accountants of India. He heads his family business of Printing and Publishing, which was set up in Lahore in the year 1888. As a staunch Rotarian and with the whole family a Rotarian family for years, social good comes naturally to Deepak. He has a glorious track record of working

unconditionally for causes dear to him, with unmatched commitment and infectious energy. His long association with Rotary international and his experiences on the Polio project puts this team in a league unmatched by any other comparative association working along with Lepa.

Apart from his successful professional career, he has many accomplishments as a Rotarian.

- District Governor of Rotary Dist 3010 in 1993-94.
- Chairman of Rotary International's India National Polio Plus Committee in 2001, an honorary position which he holds till date. He is the longest serving Chairman of the National Polio Plus Committee in the World. In March 2014 India was declared Polio-free by WHO.
- He is a Member of the IEAG (India Expert Advisory Group) which advises the Govt. of India on its Polio Eradication Strategy and also on Measles-Rubella Elimination.
- In 2012, he was invited by the Center for Global Affairs, New York University at the United Nations to speak about Rotary's Efforts to Eradicate Polio throughout the world.
- He was recognized in 2014 as one of the 100 Leading Global Thinkers in the World (alongside Mr. Narendra Modi and Mr. Amit Shah from India) by the Foreign Policy magazine published from the U.S.
- He participated in and addressed the first ever Global Vaccine Summit in Abu Dhabi in 2013 at the invitation of Mr. Bill Gates

Deepak Kapoor, is a B Com – 3rd Rank in Delhi University, Chartered Accountant – FCA (India), Company Secretary – FCS (India) and also a Certified Fraud Examiner (USA). Partner with Price Waterhouse Coopers (PwC), Chartered Accountants, he retired after a successful stint as the Chairman and CEO of PwC India for more than 8 years. He is on the advisory board of the firm post his retirement. He serves as an Independent director on the Boards of a few large and reputed Corporate since 2017, including Tata Steel Limited, HCL Technologies, Nyara Energy Limited, Delhivery Private Limited and Vadinar Oil Terminal Limited. Deepak is a people's man and has extraordinary ability to connect with compassion at "one to one" level. This coupled with his illustrious organizational skills strengthens the team behind this very important project that Rotary Club of Delhi South has embarked upon.

Apart from his successful professional career, he has many accomplishments as a Rotarian.

- Deepak is Chairman of Save the Children in India.
- Chairman – CSR and Sustainability Committee Tata Steel Limited
- Vice President – Welham Girls School, Dehradun
- an active Rotarian for over 25 years
- President – ROTARY Club of Delhi South (2018-19)

Tridibes Basu, a Chartered Accountant and a Certified Public Accountant (USA), spent his professional life in leadership positions in global accounting and advisory firms in India and in the US. Advised BSE 100 and Fortune 500 companies covering various industry

sectors, in accounting, auditing, acquisitions, and other business advisory areas. Widely travelled across the world for various job engagements his awareness and understanding of cultures and behaviors is very deep. His professional experience of managing complex global projects, ability to appreciate cultures and behaviors, intense sense of everyone's well-being and perseverance are most worthy credentials for him to be associated with this project of leprosy eradication. He is already very actively involved.

Apart from his successful professional career, he has many accomplishments as a Rotarian.

- He is involved in a number of social and cultural organizations;
- Past President of the Rotary Club of Delhi South;
- Chairman of the Delhi South Rotary Service Foundation;
- Treasurer of the Indo-Hellenic Friendship League;
- Member of The International Council for Cultural Relations (ICCR); and
- Member of Aravali Centre for Art & Culture.

Commander Pradeep Bahri, is a senior-level executive with a broad base of business experience across a number of industries in marine, defence, engineering and government sectors with substantive global and regional roles. He is a Marine Engineer with specialization in Computer Science, has served for over 25 years in the Indian Navy. He is Fellow of the Institution of Engineers, Institute of Marine Engineers and a Member of the Indian Council of Arbitrators. He has also worked for Rolls-Royce India, where in he led and coordinated Naval Marine activities in the Region (India, Sri Lanka, Singapore, Thailand, Myanmar, Maldives, New Zealand) working in collaboration with corporate offices and organizations. His disciplined and focused approach allows him to set up processes and procedures which are necessary for projects to achieve set goals within the timelines so set.

Apart from his successful professional career, he has many accomplishments as a Rotarian.

- He is involved in a number of social and cultural organizations;
- Immediate Past President of the Rotary Club of Delhi South;
- He was the District Chair for Clubfoot eradication
- He is presently the Rotary District Chair for Leprosy Awareness and Control

Kriti Makhija, is the Chief Financial & Compliance Officer, Genesis BCW wherein she is responsible for strategic financial planning, managing and monitoring the financial health, mentoring and incubating new business units, managing the corporate CSR portfolio as well as overall corporate risk and governance. She is on the advisory board of NASSCOM Community and State Vice President for Haryana Coaching Council under WICCI. She is very passionate about working for social causes and has been a Volunteer for with Genesis Foundation for over a decade wherein she is keenly involved in fund raising, CSR project implementation, community awareness, operations and other activities for social impact and furtherance of the cause. She is also an active Rotary member.



DELHI SOUTH ROTARY SERVICE FOUNDATION

Meenakshi Chadha is a practicing chartered accountant and has varied experience on working in accounting, taxation and financial planning. She is a founding trustee of Sudarshan Foundation which works primarily for old age people, women and child development and care. She has traveled widely and worked with many small and midsize organizations over her long more than 25 years career. The projects she has been part of include training on finance, transaction advice, set up and dissolutions and content development for social and other start up entrepreneurs. She is an active Inner wheel and Rotary member and believes in giving her best working in the social sector.

Should you need any further information, please do let us know.

We are grateful for your support.

Tridibes Basu
Chariman, Delhi South Rotary Service Foundation

Enclosures:

Annexure A- Training Plan for the 6 segments of people
Annexure B- PolioPlus success in India

Pawan Tiwari

From: Kamlesh Kashyap <kamleshearthsaviours@gmail.com>
Sent: 18 January 2021 17:15
To: Pawan Tiwari
Subject: Request for your support
Attachments: image003.png



To,

The Company Secretary
M/s. Assets Care & Reconstruction Enterprise Ltd.,
13, Tolstoy Marg,
New Delhi.

Date:-18/01/2021

Subject: - Request for support for bed ridden senior citizens and disabled inmates living in The Earth Saviours Foundation shelter homes located at Bandhwari Village and Mandawar Village Distt. Gurugram, Haryana.

Dear Sir,

I am pleased to inform that since 2008 our NGO is running an old age home and a rescue center. Around 750 abandoned senior citizens and homeless mentally disabled people are living permanently in our both shelter homes located at Bandhwari Village and Mandawar Village Distt. Gurugram, Haryana.

Most of them are bed ridden or suffering from incurable diseases. We humbly request if you could consider to donate medical beds for these less privileged people to offer comfort.

S.No.	Description	Medical Beds with Wheel	Medical Beds without Wheel
1	Cost of Medical Bed	Rs. 9,900/-	Rs. 9,000/-
2	Cost of Mattress	Rs. 2,950/-	Rs. 2,950/-
	Total	Rs. 12,850/-	Rs. 11,950/-
	GST @ 18%	Rs. 2,313/-	Rs. 2,151/-
	Total Cost per Medical Bed	Rs. 15,163/-	Rs. 14,101/-

Please consider to donate any quantity of medical beds as per your wish to our NGO - The Earth Saviours Foundation. On receipt of your consideration we shall submit the acknowledgement and utilization report. We thank you once again and please feel free to ask for any further information, we shall be glad to answer.

Looking forward for your support.

Warm Regards

Kamlesh Kashyap
Director
The Earth Saviours Foundation
(Recognized and Registered NGO)
Mob. 09717588001