

Centre for Action and Rural Education – CARE



Annual Report 2022 - 23



Centre for Action and Rural Education – CARE

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CARE Profile

Centre for Action and Rural Education (CARE) is a non-governmental and non-profit development organization founded in 1991 with the intention of working for the development of the poor and marginalized communities. CARE works with a vision of "Holistic development of disadvantaged communities leading to enhanced quality of life through sustainable people managed processes". The mission is, "Creating awareness among the vulnerable groups of the society through moral and value-oriented education and promoting family welfare".

CARE works for the empowerment of marginal people without any caste, creed, religious, gender, and economical discriminations and social inequalities. CARE strives to create awareness among the vulnerable people by organizing them into micro level self-supportive groups; mobilize the needed and available resources from local, Government and International agencies to address social, economical, educational, health, political and human rights issues; address social inequalities; and ensure their welfare and self-reliance by empowering them as responsible members of the society.

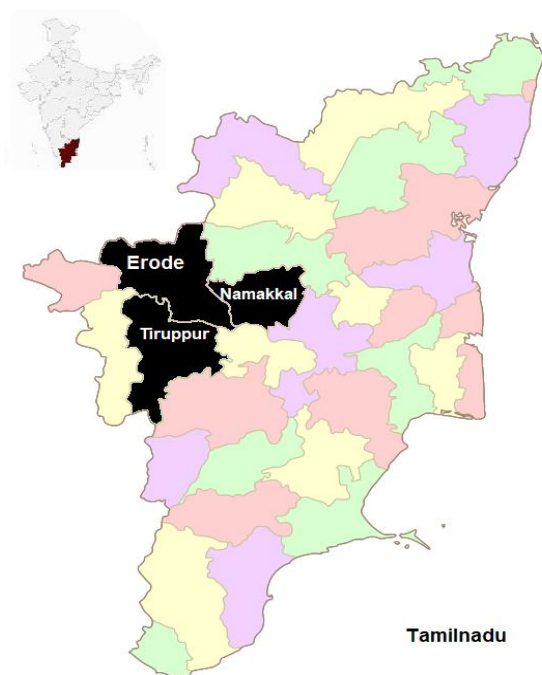
CARE Organisational Details	
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Registration	Tamil Nadu Societies Registration Act – 124/91
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CARE from its inception implemented many developments programs and projects, and managed community care services for people in need for the benefits of the vulnerable and marginalized communities. CARE has presence and infrastructure facilities in the project locations; experience in addressing emerging social issues with a competent and experienced staff team. CARE collaborates with various government departments such as police, women welfare, Child welfare and other mainstream organisations and supported by Government of India, Tamilnadu Government and International Development donor agencies. Currently, CARE works in more than 500 villages in Erode and Namakkal districts.

Target area

CARE started working in Erode district from 1991 and later expanded to Namakkal District.

Erode district is popular for its textiles, readymade garments, dyeing industries, fabrication, and leather tanneries. The cotton handloom industry in Erode district encouraged the growth of various ancillary industries to meet the needs of the mills. The agriculture sector and the textile industry have created many employment opportunities in the district, but most of them are functioning as informal sector trades increasing vulnerability to workers, especially for women and young girls.



The apparel and textile industry occupy a unique and important place in Tiruppur district. Tiruppur city is popularly referred to as “Banian City” for the knitted ready-made garments. Tiruppur attracts a large number of migrant populations from various parts of Tamil Nadu and other states. The floating population in Tiruppur is becoming more and more for each year, which migrates to the region as daily labourers and employed in and around Tiruppur. An estimate projects that Tiruppur garment sector overall provides employment, direct and indirect work including Tiruppur and other places, for close to

one million. Since Tirupur and Erode are nearby districts we see people migrant people work often in both the districts of mills and in garment companies.

Namakkal District is geographically affiliated to Kongu Nadu region. The district is famous for its large poultry industry, egg production and lorry body-building industry, for which it is often referred to as "Egg City" and "Transport Hub of South India". Namakkal is also popular for spinning mills and power looms there are also many Sago factories and borewell drilling units and a few other mills in this district.

The project locations of these districts are known for various kinds of industries and agriculture. Due to this, a large number industrial and agriculture workers live in these locations including a considerable number of migrant workers. There are also many support units and small family level units depending on the large mills, most of them function as informal businesses. The people, their profiles, and problems also vary in this context.

Communities

CARE works among the poor, marginalised and people with special needs in the these districts. The focus is on women, children, elderly, and the vulnerable communities. In this kind of an industrial and agricultural economy, a mixed population lives due to the existing type of jobs and migration. The dominant occupational communities include industrial workers both natives and migrants, informal labourers, agricultural workers, marginal farmers, and tribal population,

- Women, especially rural women in SHGs, women working in mills, and elderly women.
- Children in distress or abused
- Adolescent girls and boys especially school dropouts and working in mills
- Industrial workers
- People affected and infected by HIV/AIDS
- Elderly People
- People addicted to alcohol and substance use
- High Risk Communities, specifically migrant workers and those are vulnerable for addiction or people with unsafe sexual practices
- Commercial Sex Workers, Transgender, and Truck drivers

A range of development programmes, welfare activities and care services reach these communities through the initiative of CARE.

Programme and Projects

The various programmes cover community mobilisation, Community organisation, building community support structures, income generation, awareness generation, upgrading skills, and improving quality of life. The direct care for elderly and treatment

and rehabilitation services for the addicted people also form part of the activities. These are achieved through the following programmes and projects.

1) Targeted Intervention among Migrants

The Programme is supported by the “Tamil Nadu State AIDS Control Society” – TANSACS. The project covers Erode district, especially in Perundurai area a large number of migrant populations from North India live working in Textile, Hosiery, Spinning, Dyeing, Power loom and other commercial establishments. Nearly 50 to 60% of them live alone, away from their families. This makes these migrants vulnerable. The project aims to promote safe sex practices among this groups. A set of activities were implemented to achieve this objective.

The programme in general helped to impart safe sex practices among this population and also improved their general health.

S.No	Activities	Numbers
1	Industries Interacted	210
2	Persons participated in mapping	24579
3	Identified as risk persons	6452
4	Awareness programmes	2266
5	Health Camps	163
6	Medical camps	163
7	TB Verbal screening	6452
8	HIV Tested participated	3718
9	STI Tested	3701
10	STI Treated	50
11	STI Reactive identified	0
12	TB Tested	10
13	Condom distribution outlets	94
14	Hotspot identified	37
15	Stakeholders meetings conducted	18
16	Advocacy activity enhanced	11
17	IEC activity enhanced	18
18	Congregative events conducted	12
19	M – Demand generation events	24
20	Med – Media activities	24
21	FSW's Interacted	83
22	MSM's Interacted	45
23	Transgender Interacted	8

2. Link Workers Scheme

This programme is supported by the “Tamilnadu State AIDS Control Society” – TANSACS. The main objective of this project is to ensure “No new HIV infected villages and no stigma and discrimination towards the HIV Infected”.

In addition, this programme promotes “Rapid Plasma Region Test, STI, TB Testing and village Health Nutrition development by providing nutritional Package to the infected people, coordinating the Village Health Centre services, and village level SHG's which are already functioning and newly promoted by the project team. Periodical medical camps were conducted to provide medical assistance.

Category	HRG	Trucker	Migrants	Vulnerable Population	ANC	TB patients	PLHA	CLHA	Total
New ID	162	6013	6397	10573	3727	420	66	1	27359
Line Listed	319	6896	11448	15299	4380	460	106	3	38911
ICTC Tested+CBS	314	2041	4297	4796	-	-	-	-	11448

ICTC Tested+CBS FW	163								163
Tested at ICTC	387	1403	2949	3156	-	-	-	-	7895
Postive	2	1	9	3	-	-	-	-	15
ON ART	2	1	9	3	-	-	91	3	109
Tested By CBS	18	638	1348	1640	-	-	-	-	3644
Postive By CBS	2	1	3	2	-	-	-	-	8
ON ART	2	1	3	2	-	-	-	-	8
STI Tested	409	434	894	899	-	-	-	-	2636
Treated	10	0	13	18	-	-	-	-	41
RPR Tested	377	521	1010	1129	-	-	-	-	3037
TB Tested	60	54	130	137	-	-	-	-	381
Condom Distribution	27935	-	-	-	-	-	1540	-	29475
SMC Condon Distribution	1176	-	-	-	-	-	-	-	1176

No. Of.Meetings		Persons
Advocacy	20	528
Local Village Meeting	40	703
Health Camp	4	240
VHND	497	3017
VHC	132	1179
RRC	237	1319
SHG	295	2505
Volunteers	337	1990
Stigma Reduction	10	750
Mid Media Activity	18	4050
PLHA Co Ordination	6	60
Wall Painting	38	
Blood Donation		50 Units

3. Childline – 1098 Project

CARE operates Childline – 1098 Project in Erode District. The Childline Project is supported by the “Ministry of Women and Child Development, Government of India, through the “Childline India Foundation (CIF), the nodal agency of the Union Ministry of Women and Child Development. This agency acts as the parent organisation for setting up, managing and monitoring the CHILDLINE 1098 service all over the country. CIF is the sole agency responsible for establishing the CHILDLINE service across the country, monitoring of service delivery and finance, training, research and documentation, creating awareness, advocacy as well as resource generation for the service.

The objective of this project is to rescue the children in distress and need of help and enhance rehabilitation services along with the core and line departments of the

Government. The rescue process would be carried out with the support of the public participants and Government departments. CHILDLINE follows an action process which starts at the first call for rescue and continues till the child is safely rehabilitated by attending to all the needs.

The process starts with a **Call to 1098** – Any child or a concerned adult can dial the CHILDLINE 1098 helpline, which operates 24X7. The call is received by the CHILDLINE centre where details about the situation are taken and CHILDLINE units are mobilised. CHILDLINE team rushes to help children within 60 minutes to bring children out of the emergency situation. The **Intervention** includes working with multiple stakeholders such as police, child protection boards, social workers and counsellors. Children’s consent and participation is an important component of this process from response to intervention. The **Rehabilitation process follows** to ensure the child’s continued safety.

The key issues children face are child labour, abuse and violence, sexual abuse, child trafficking, missing and runaway children, child health, addiction, education, child marriage, homelessness, and children facing conflicts with law. During this year CARE improved various interventions and rescued more than 98% of the distressed children from various problems and provided needed support services and rehabilitation measures.

April 2022 – March 2023			
Medical	4	CSA	38
Shelter	35	Child Marriage	166
ESG	31	Child Labour	33
Restoration	5	Physical Abuse	76
Missing children	22	Child Begging	33
Runaway children	41	Other cases and unclassified	260
Total cases from 1098 - 719			
Total cases from outreach - 22			
Total case interventions - 623			

4. Integrated Rehabilitation Centre for Addicts – IRCA

The Integrated Rehabilitation Centre for Addicts (IRCA), supported by the Ministry of Social Justice and Empowerment, provides composite and integrated services for the rehabilitation of addicted people. This includes preventive education and awareness generation for vulnerable and high-risk groups and rehabilitation of addicted people. CARE implements this programme in Erode and Namakkal districts. IRCA works for the total recovery of the addicted person through a combination of individual family counseling & group therapy rehabilitation measures. Further, the addict would be

helped to overcome the desire to use drugs even when in a situation which were once tempting.

The key activities include awareness creation campaigns all over the districts, educating the ill effects of drugs consumption and mobilizing the treatment seekers and patients, among the general public, especially among the high risk group, affected people, multi-level stake holders and voluntary social activists and referral sources such as the Auto Drivers, Truckers, Working Class labourers, Women SHG's, Youth Club Members, School and College Students, Farmers, Porters, Street Dwellers, and MGNREGS Workers. The infrastructure includes a 15 bedded treatment center at Erode and Namakkal with needed equipment and qualified staff. The treatment includes a minimum of 30 days including detoxification, counseling of affected persons and the family members, nutritious food, and other physical activities. After recovery, follow up visits are organized including house visits, to assess the recovery and changed life style.

Staff attended training programmes in Detoxification and Dealing with emergencies and Addiction Management

S.No	Activities	Achievements
1	Persons enquired	101
2	In patients treated	180
3	Referrals	37
4	Follow-up	510
5	Awareness Programmes conducted	48
6	Patients retained (Drop Outs)	11
7	Programme for Support Persons	48
8	Lecture Classes	2310
9	Family Counseling	793
10	Individual Counseling	1243
11	Group Counseling	2310

5. Family Counseling Centre

The scheme of Family Counselling Centre is supported by Central Social Welfare Board (CSWB). The Family Counselling Centre provides counselling, referral and rehabilitative services to women and children who face family crisis. The Centre also creates awareness and mobilizes public opinion on social issues affecting women. The FCC works in close collaboration with the local administration, police, courts, free legal aid cells, medical and psychiatric institutions, vocational training centers, and other allied departments and institutions. To educate and mobilize public opinion against social problems.

The main objectives are:

- To provide professional services like crisis intervention in home and workplace, independent inquiry in dowry death cases and counseling in family maladjustment and make efforts for reconciliation in the cases of separation and out of the court settlements.
- To provide referral services like free legal aids, police assistance and arrange rehabilitation services for the victims and their dependents
- To make counseling services available for remand homes, orphanages, drug de-addiction centers, old age homes, shelter homes, prisons, and special schools
- To educate and impart information regarding social welfare activities aided and undertaken by various governmental and non-governmental agencies

The FCC, Programme functions from a separate office at Erode town with trained professional counsellors to attend the clients and coordinate the follow up measures. During this year a total of 177 cases were registered and in which 163 cases were resolved. Free legal aid services were arranged for two clients to solve their issues. In addition, 12 awareness meetings were conducted for the public to introduce the FCC and explain the objectives of the FCC. The FCC functioning is reviewed and monitored by a Sub Committee that meets quarterly.

Registered cases 2022-23				
No	Categories of cases	Cases	Solved	Pending
1	Marital Mal adjustment	30	23	7
2	Depression	8	8	-
3	Dowry	18	14	4
4	Alcohol addiction problems	71	55	16
5	Suspicion and misbehavior	16	11	5
6	Extra Marital affairs	15	11	4
7	Economic crisis	11	11	-
8	Domestic Violence	1	1	-
9	Mental Physical Torture	19	17	2
10	Others	10	8	2
Total		199	159	40

6. Mobile Medicare Unit

This programme is supported by the Ministry of Social Justice and Empowerment, to provide health services to the Senior Citizens in selected eight rural locations in highly remote areas in Erode Taluk. The health services are provided to the registered elder persons at their door steps, as they are not able to reach the hospitals.

The team consists of a qualified Medical Doctor, a Nurse, a Pharmacist, a Social Worker, and a Part Time Driver. The team visits on a regular basis to the selected locations and provide health services. The normal cases attended are joint pain, respiratory problems, skin problems, minor wounds, and other common ailments. The team also attend to the needs of pregnant women, lactating mothers, and children.

Cases requiring hospitalization were referred to the nearby health care facilities. Currently, the programme serves 400 elderly persons on a regular basis.

7. Home for the Elderly people

This project, supported by the Ministry of Social Justice and Empowerment, provides safe and secured shelter, care and support services to the elderly residents. This is implemented as an Integrated programme for senior citizens, rather than providing shelter alone.

The home is established with required infrastructure consisting ventilated building for air circulation, lighting, toilets, bathrooms, and recreational facilities. The home has trained care givers rendering the needed services to the inmates with a humanitarian approach. To provide emergency medical care services the home has established with a "FIRST AID" center with needed medicines.

A nutritious well balanced, easily digestible, geriatric menu is followed. In addition, a well-equipped counseling facility is available for the residents to ensure their mental wellbeing and manage age related stress and sorrows. The BP and Glucose level in blood were tested regularly. If needed they are referred to the Government or private hospitals for treatment. This year six elderly persons were admitted.

8.APPI

This project is implemented with the support by AZIM PREMJI PHILANTHROPIC INITIATIVE, BANGALORE. This major aim of this project to rescue and rehabilitate and or to prevent the working young women workers in the cotton textile Industries in Erode District. This is achieved by the staff team by establishing contacts with the mill management and negotiate on the basis of existing laws that protect mill workers and especially women workers and to uphold the rights of mill workers.

The objectives of the project is, to facilitate all girl children to get quality education up to their 18th year of age; Releasing the adolescent girls and young women mill workers from the hazardous and harmful working conditions of the textile industries; Eradicating child Labour and abolishing child marriage among girl children; Ensuring sustainable livelihood sources to survivors who were released from the mill; and Protection and preservation of adolescent girls' and young mill workers' rights.

Rescue of Bonded Child Labour: During this reporting period CARE rescued adolescent child workers from various textile and cotton industries through discussions with the industrial management as well as with the parents. The rescued children are provided skill training later to be placed in employment at various private commercial centers with assured earnings. Through giving awareness programs and training from concern Departments and resource persons we try to stop the bonded child labour.

Health Camps: To ensure the health status of the target group of adolescent children, both boys and girls, CARE organized medical camps in the target villages for providing needed medical assistance not only for the children but also for their parents, relatives and the neighborhood community especially Elder people. The program assisted 1475 people from among the target community during this reporting period.

Government Support Service Schemes Linked: During this period, the program assisted 4250 and more people to access various Government schemes like Insurance, Income and Community Certificates, Aadhar Cards, Old Age Pension, Widow's Monthly Pension, Disabled Person's ID Cards, Bus / Train pass, PAN card, Ration Card, Individual Bank Account Opening etc., to enhance their access to government schemes.

Community Resource Centre Services: The Community Resource Centers promoted in 40 villages helped 1232 children for supportive education on child rights, human rights, importance of school education, school dropout issue, child marriage etc. Further, the children rescued from the slavery are given leadership skill development education to manage their life better. The children are helped to form "Children's Parliament" to improve their leadership skills and participate in development issues.

The community Resource Centre really made their students to imbibe their knowledge and talents and acted to be a knowledge sharing centre.

Educational Support: During this reporting period educational support was extended for 400 vulnerable children to continue their studies. We identified the vulnerable students from our targeted villages and distributed Educational Material, which helped to continue their studies.

Skill Training: Rescue children are provided various skill trainings according to their education and interest to access a better socially respectable employment and good standard of living. In this connection during this reporting period to improve their employability 30 children were given skill training in tailoring, beautician, ornamental jewel making, catering, two-wheeler mechanics, computer job typing, tally accounts etc., Not only trained but they have got job and they made as an entrepreneur.

Children Groups: Children Groups are formed in 40 villages with 650 adolescent girls and 600 boys in the age group of 14 to 18 years. Weekly meetings are conducted to discuss about their problems and other local issues. We recruit special resource persons and give training to discuss their issues and solve among themselves.

Community based Support Groups: Village level Child Protection Committees are formed as a community-based support group in the villages. Currently 35 such groups,

meeting twice in a month, support child issues. Moreover 35 women Self-help groups were also promoted that operate a saving scheme and access loans from banks.

Children’s Parliament: The 40 Children Parliament with 633 members with children in the age group of 10 to 13 years meet twice a month. This provides them an opportunity to inculcate leadership and decision-making skills among children and to acquire knowledge on their rights and entitlements.

Mobile library: we created mobile libraries in all our targeted villages and collected 900 books for the community resource Centre usage. This will create big impact among students to share their knowledge among peer groups.

Out reached Activities: CARE had conducted female helmet rally at Gobichettipalayam. Nearly 120 female participants participated in the rally with the theme of Save the Adolescent Girl children.

We had a rally on the special occasion of women’s Day with the theme of “saving young women workers “Nearly 300 female workers participated in the Event.

Beneficiary Details		
S.No	Category of Benefits	Number
1	Adolescent Girls	650
2	Adolescent Boys	598
3	Support Group Members	697
4	SHG Members	490
5	Child parliament	633
6	Dropout children support	34
7	Rescued workers	36
8	Legal assistance	0
9	Compensation availed	28

As part of this programme CARE observed and celebrated 14 important days related to children, women issues, and workers day to sensitise the target population on these issues.

Reach

Through the various interventions, CARE reached a large number of beneficiaries through a range of benefits such as capacity building, income generation, awareness, linkages, care, and treatment services. During the reporting period, a total of 25007 were directly benefitted with minimum one benefit. By segregating this is total of 12188 women, 8586 men, 2103 children, and 12 transgenders. Considering an average family size of four this would have directly and indirectly benefitted more than 100,000 people.

Number of beneficiaries (April 2022 – March 2023)		
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S. No	Programme	Children	Migrants	Drug Addicts	Textile workers	Public	Students	Total
1	Childline	719	-	-	-	-	-	719
2	IRCA	-	-	180	-	-	-	180
3	Home for Elderly People	-	-	-	-	25	-	25
4	FCC	-	-	-	-	199	-	199
5	Mobile Medicare	-	-	-	-	400	-	400
6	Empowerment of Women & Migrant People	-	-	-	32	8500	3527	12059
7	Link workers	3	4297	-	-	7151	-	11451
8	Migrants	-	6452	-	-	-	-	6452
Total		923	6149	310	32	14066	3527	25007

Segregated by Sex and children						
No	Programme	Children	Women	Men	Transgender	Total
1	Childline	719	-	-		719
2	IRCA	-	-	180		180
3	Home for Elderly People	-	18	7		25
4	FCC	-	170	29		177
5	Mobile Medicare	-	298	102		400
6	Empowerment of Women & Migrant People	1180	8641	-		9821
7	Link workers		6341	5092	15	11448
8	Migrants		198	6254		6452
9	PLHA	3	47	59		109
Total		2103	12188	8586	12	22889

Resources

CARE mobilised resources from foreign grant, Government, local contributions, and loan from a few sources to meet the project expenses.

Resources: 2021-22		
Category	Income	Expenses
Foreign Grants	83,63,497	86,40,064
Government Grants	1,33,56,203	1,55,75,260
Local Contribution	13,01,429	13,01,429
Loan from others	23,53,435	-
Excess of expenditure over income	1,42,189	-
Total	2,55,16,753	2,55,16,753

Acknowledgement and way forward

CARE would like to acknowledge and thank all the organisations who supported during this year. CARE Team feels happy that they could achieve this during the difficult year due to the health threat caused by COVID 19 and also the threat to livelihood for many families due to the impact of lockdown and income loss. Specifically, CARE acknowledges the support and guidance of Freedom Fund, United Methodist Women, Ministry of Social Justice and Empowerment, Social Welfare Board, State Government Departments and local organisations who cooperated with CARE.

CARE team once again commits to the work for the wellbeing of the poor and marginalised people and look forward to the continuous support and guidance in the coming year also.