

# Centre for Action and Rural Education – CARE



## Annual Report 2023 - 24



## 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.

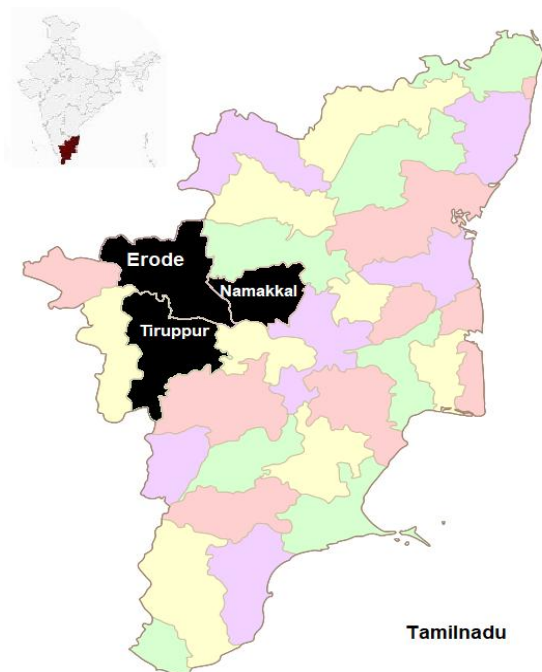
<b>CARE Organisational Details</b>	
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Registration	Tamil Nadu Societies Registration Act – 124/91
Income Tax 12 a	AAATC4904HE20219
Income Tax 80 G	AAATC4904HF20100
FCRA	076060031 - 2021
ISO Certification	ISO 9001:2015

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 Tiruppur 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 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 these 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.

<b>NO</b>	<b>ACTIVITIES</b>	<b>NUMBERS</b>
1	Industries interacted	270
2	Persons Participated in mapping	38524
3	Identified as Risk persons	13428
4	Awareness Programmes	2303
5	Health Camps	191
6	Medical camps	191
7	TB Verbal Screening	13428
8	TB Tested	1
9	HIV Tested	3635
10	STI Tested	4876
11	STI Treated	21
12	Syphilis Tested	290
13	Condom Distribution outlets	99
14	New site Identified	100
15	Stakeholders Meeting	26
16	Advocacy Activity	18
17	IEC Activity	14
18	Congregation Events	8

19	Demand Events	24
20	Mid-Media Activities	24

## **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	370	9029	14140	18829	4834	675	169	3	48049
ICTC Tested+CBS	368	1311	2244	2022	-	-	-	-	5945
ICTC Tested+CBS FW	121	0	0	0	-	-	-	-	121
Tested at ICTC	259	751	1175	1259	-	-	-	-	3444
Postive	2	0	6	1	-	-	-	-	9
ON ART	2	0	6	1	-	-	169	3	181
Tested By CBS	230	560	1069	763	-	-	-	-	2622
Postive By CBS	1	0	2	0	-	-	-	-	3
ON ART	1	0	2	0	-	-	-	-	3
STI Tested	248	312	488	526	-	-	-	-	1574
Treated	2	2	13	22	-	-	-	-	39
RPR Tested	248	382	541	631	-	-	-	-	1802
TB Tested	56	182	463	390	-	-	-	-	1091
TB Treated	0	0	10	13	-	-	-	-	23
Condom Distribution	24020	0	-	-	-	-	1130	-	25150
SMC Condon Distribution	912	144	-	-	-	-	-	-	1176

No. Of.Meetings	Persons	
Advocacy	20	367
Local Village Meeting	40	650
Health Camp	16	320
VHND	447	2802
VHC	125	1089
RRC	279	1483
SHG	278	2259
Volunteers	370	2167
Stigma Reduction	10	347
PLHA Co-Ordination	6	48
Mid Media	18	1875

### 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.

### 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	167
2	In patients treated	340
3	Referrals	71
4	Follow-up	958
5	Awareness Programmes conducted	96
6	Patients retained (Drop Outs)	9
7	Programme for Support Persons	96
8	Lecture Classes	4776
9	Family Counseling	1568
10	Individual Counseling	2516
11	Group Counseling	4776

## 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 240 cases were registered and in which 211 cases were resolved. Free legal aid services were arranged for two clients to solve their issues. In addition, many 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.

<b>Registered cases 2023-24</b>				
<b>No</b>	<b>Categories of cases</b>	<b>Cases</b>	<b>Solved</b>	<b>Pending</b>
1	Marital Mal adjustment	85	76	9
2	Depression	5	5	-
3	Dowry	12	8	4
4	Alcohol addiction problems	65	58	7
5	Family & Property issues	2	2	-
6	Extra Marital affairs	25	21	4
7	Economic crisis	22	20	2
8	Domestic Violence	3	3	-
9	Mental Physical Torture	19	16	3
10	Others	2	2	-
<b>Total</b>		<b>240</b>	<b>211</b>	<b>29</b>

## **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 400 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 25 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 18<sup>th</sup> 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 1900 people from among the target community during this reporting period.

**Government Support Service Schemes Linked:** During this period, the program assisted 6202 and more people to access various Government schemes like Insurance, Income and Community Certificates, Aadhar Cards, Old Age Pension, 2 cent free land, 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 368 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 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 many women Self-help groups were also promoted that operate a saving scheme and access loans from banks and other government schemes.

**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 1000+ books for the community resource Centre usage. This will create big impact among students to share their knowledge among peer groups.

### **Out reached Activities:**

#### **A) Career Guidance:**

We conducted career guidance programs at St. Sebastians higher secondary school, Nagalur , Government higher secondary school, Aalampalayam, Government higher secondary school ,Kanjikovil and Somasundaram memorial higher secondary school , Oodathurai. Nearly 750 students were benefitted out of this program. Heads of schools were extended their gratitude to our NGO.

Prof. PUZHALENTHI, HOD , Government college of Arts and science ,Modakurichi had been a resource person and presented and guided how to choose the proper colleges and what are the opportunities students could find to choose their right path in their career on 1-02-2024 and 2-02-2024 . he conducted career guidance program at Government higher secondary school,Aapakoodal and Government modern school, Mathur. There were 350 students were benefitted out of this program.

#### **B) NEWS PAPER- HINDU TAMIL THISAI:**

We distributed Hindu Tamil Thisai Newspapers to all our CRC centers. Since Tamil Thisai is known for school children newspaper. Children found stories, GK, language page. This increases student reading capacity and creativity. We send our students drawings and poems to publish in the newspaper in order to expose their talents.

As part of this programme CARE observed and celebrated the important days related to bonded 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, many people were benefitted from various programs and support from CARE. The awareness program from other resources helped the organization, community and the resource group in financial, knowledge sharing and other community development activities. The successful reach termed out to be changer maker in many families in a successful ways. We try to achieve more and promote the social development work in coming years too.

**Segregated by Sex and children**

No	Programme	Children	Women	Men	Transgender	Total
1	Childline	250	-	-	-	250
2	IRCA	-	-	340	-	340
3	Home for Elderly People	-	19	6	-	25
4	FCC	-	195	45	-	240
5	Mobile Medicare Unit	-	298	102	-	400
6	Empowerment of Women & Migrant People	950	450	550	-	1950
7	Link workers		2374	3554	17	5945
8	Migrants	-	3635	1241	-	4876
<b>Total</b>		<b>1200</b>	<b>6971</b>	<b>5838</b>	<b>17</b>	<b>14026</b>

## Acknowledgement and way forward

CARE would like to acknowledge and thank all the organizations who supported during this year. CARE Team feels happy that they could achieve the support and guidance from our working partners thus resulting in successful outcomes and achieving the benchmarks for each and every project.

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.