

Centre for Action and Rural Education – CARE



Annual Report 2024 - 25



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
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.

Organisational Profile and Operational Areas:

CARE began its operations in Erode district in 1991 and subsequently extended its services to the neighbouring Namakkal district. Over the years, CARE has expanded its outreach to cater to the evolving needs of diverse communities, particularly those residing in industrial and agricultural zones.

Erode District is well known for its robust textile and garment industry, including dyeing units, fabrication services, and leather tanneries. The thriving cotton handloom sector has fostered the development of several ancillary industries supporting the textile mills. While agriculture and textiles have created numerous employment opportunities, many of these roles fall within the informal sector, leading to increased vulnerability—especially for women and adolescent girls engaged in mill work and related trades.

Tiruppur District, often referred to as the "Banian City," is a major hub for knitted readymade garments. It has emerged as a magnet for migrant labourers from across Tamil Nadu and other states, with a steadily increasing floating population. The garment sector in Tiruppur is estimated to provide direct and indirect employment to nearly one million individuals. Due to the geographical proximity between Tiruppur and Erode, a significant portion of the migrant workforce is employed interchangeably across mills and garment factories in both districts.

Namakkal District, part of the Kongu Nadu region, is notable for its thriving poultry industry, egg production, and the lorry body-building sector, earning it the titles "Egg City" and "Transport Hub of South India." The district also houses spinning mills, power looms, sago factories, borewell drilling units, and other industrial units. Similar to Erode and Tiruppur, Namakkal supports a large population of both native and migrant workers engaged in various formal and informal sectors.

Across these three districts, CARE implements its programmes in locations characterised by a high density of industrial and agricultural activity. These areas are home to a significant number of industrial and agricultural workers, with many micro and family-run units that function informally and rely on larger mills for business. Consequently, the population's socio-economic profiles are diverse, and their challenges are multifaceted.

Target Communities:

CARE focuses its development efforts on poor, marginalised, and vulnerable populations, with special attention given to women, children, the elderly, and people with special needs. Given the nature of the economy and migration trends in the region, the following groups are among the primary beneficiaries of CARE's interventions:

- Rural women, including members of Self-Help Groups (SHGs) and women employed in mills
- Children in distress, including those experiencing abuse
- Adolescent girls and boys, particularly school dropouts and working youth
- Industrial and informal sector workers, both native and migrant
- Individuals affected or infected by HIV/AIDS
- Elderly individuals in need of care
- People with alcohol and substance use disorders

- High-risk groups, including migrant workers vulnerable to exploitation or unsafe practices
- Commercial sex workers, transgender individuals, and truck drivers

CARE reaches these communities through a wide range of development programmes, welfare initiatives, and care-based services, with a commitment to improving quality of life and fostering inclusive development.

Programmes and Projects:

CARE implements a diverse range of programmes aimed at community development and individual empowerment. These initiatives encompass community mobilisation, the formation and strengthening of community-based organisations, and the establishment of support structures. Key focus areas include livelihood enhancement through income generation activities, awareness and skill development, and overall improvement in the quality of life of the target groups.

Additionally, CARE provides direct care services for the elderly, as well as treatment and rehabilitation support for individuals struggling with addiction. These objectives are pursued through a series of well-structured programmes and projects designed to meet the specific needs of the communities served.

1) Targeted Intervention among Migrant Workers:

This programme is supported by the “Tamil Nadu State AIDS Control Society (TANSACS)” and is implemented in the Erode district, with a primary focus on the Perundurai area. The region hosts a significant migrant population from various parts of India, including truck drivers and other mobile or moving populations, who are employed in industries such as textiles, hosiery, spinning, dyeing, power looms, and other commercial establishments. Approximately 50–60% of these migrants live alone, separated from their families—an isolation that increases their vulnerability to high-risk behaviours.

The project aims to promote safe sexual practices and reduce instances of multiple sexual partnerships among migrant workers. This is achieved through a range of targeted activities, including:

- Awareness generation campaigns
- Promotion of healthy lifestyle habits
- Individual and group counselling sessions
- Health camps and medical check-ups
- Street theatre and interactive education
- Stakeholder meetings
- Identification and support for high-risk individuals

Overall, the programme has contributed to increased awareness about safe sex, improved general health among the migrant population, and efforts to curb the spread of HIV/AIDS in the District.

NO	ACTIVITIES	NUMBERS
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1	Industries interacted	325
2	Persons Participated in mapping	48015
3	Identified as Risk persons	12245
4	Awareness Programmes	2073
5	Health Camps	193
6	Medical camps	193
7	TB Verbal Screening	12245
8	TB Tested	34
9	HIV Tested	4437
10	HIV Positive	7
11	STI Screening	5046
12	STI Symptoms	48
13	STI Treated	48
14	Syphilis Tested	778
15	Syphilis Re-Active	3
16	Condom Distribution outlets	102
17	New site Identified	55
18	Stakeholders Meeting	25
19	Advocacy Activity	24
20	IEC Activity	20
21	Congregation Events	8
22	Demand Events	24
23	Mid-Media Activities	24

2) Link Worker Scheme:

The Link Worker Scheme, supported by the Tamil Nadu State AIDS Control Society (TANSACS), is designed with a core objective:

“To reduce the spread of HIV in rural communities and eliminate stigma and discrimination towards people living with HIV/AIDS through early intervention, awareness, and inclusive support systems.”

To achieve this, the project implements a wide range of community-driven and healthcare-focused activities aimed at prevention, early identification, treatment linkage, and social support.

Key activities under the programme include:

a) Promoting early diagnosis and health screening:

The scheme actively facilitates Rapid Plasma Reagin (RPR) testing, STI and TB testing, and linkage to ICTC (Integrated Counselling and Testing Centres) for early detection and case identification.

b) Community nutrition and health development:

Nutritional packages are provided to HIV-infected individuals as part of village-level

health and nutrition initiatives. The project also coordinates with Village Health Centres to ensure access to essential services.

c) Strengthening local support systems:

The programme works closely with Self-Help Groups (SHGs)—both existing and those newly promoted by the project team—to build a network of informed and supportive community members.

d) Medical outreach and healthcare access:

Periodic medical camps are conducted to offer direct medical assistance to infected individuals and the broader community.

e) Targeted interventions:

Special focus is placed on truck drivers and high-risk mobile populations, who are more vulnerable to HIV transmission due to the nature of their work and lifestyle. Awareness campaigns are tailored to address their specific health and behavioural needs.

f) Community engagement and stakeholder collaboration:

The project organizes community awareness sessions, support meetings, and collaborative activities involving village volunteers and key stakeholders. These efforts are crucial in reducing stigma, spreading awareness, and encouraging early testing and treatment.

Through a combination of medical support, preventive education, and community mobilisation, the Link Worker Scheme plays a vital role in reducing the spread of HIV/AIDS and building inclusive, health-conscious rural communities.

Category	HRG	Trucker	Migrants	Vulnerable Population	ANC	TB patients	PLHA	CLHA	Total
New ID	5	828	2052	1700	2276	442	23	0	7326
Line Listed	372	9857	16184	20511	3277	555	188	3	50947
ICTC Tested+CBS	366	1665	3316	3192	-	-	-	-	8539
ICTC Tested+CBS FW	134	0	0	0			-	-	134
Tested at ICTC	335	1156	2362	2279	-	-	-	-	6132
Postive	0	1	8	1	-	-	-	-	10
ON ART	2	0	6	1	-	-	169	3	181
Tested By CBS	165	509	954	913	-	-	-	-	2541
Postive By CBS	1	0	2	0	-	-	-	-	3
ON ART	1	0	2	0	-	-	-	-	3
STI Tested	279	272	841	794	-	-	-	-	2186

Treated	2	2	30	20	-	-	-	-	54
RPR Tested	283	335	916	856	-	-	-	-	2390
TB Tested	47	122	404	355	-	-	-	-	928
TB Treated	0	0	10	13	-	-	-	-	23
Condom Distribution	21525	0	-	-	-	-	2050	-	23575
SMC Condon Distribution	912	144	-	-	-	-	-	-	1176

No. Of.Meetings	Persons	
Advocacy	20	386
Local Village Meeting	40	672
Health Camp	16	266
VHND	438	2924
VHC	82	779
RRC	198	1058
SHG	294	2492
Volunteers	410	2441
Stigma Reduction	10	253
PLHA Co-Ordination	6	48
Mid Media	18	2700

3. Integrated Rehabilitation Centre for Addicts (IRCA):

The Integrated Rehabilitation Centre for Addicts (IRCA), supported by the Ministry of Social Justice and Empowerment, provides comprehensive and integrated services for the rehabilitation of individuals struggling with addiction. This programme, implemented by CARE in Erode and Namakkal districts, focuses on both preventive education and the rehabilitation of addicted individuals, helping them overcome substance abuse and reintegrate into society. The goal is to assist individuals in their total recovery through a combination of individual counseling, family therapy, and group rehabilitation measures.

- **Key Activities:**

The key activities under the IRCA programme include widespread awareness campaigns conducted throughout the districts, aimed at educating the public—especially high-risk groups—about the harmful effects of drug consumption. These campaigns target various community groups, such as auto drivers, truckers, working-class laborers, women’s SHGs, youth club members, school and college students, farmers, porters, street dwellers, and MGNREGS workers. These efforts are designed to mobilize treatment seekers and raise awareness about addiction and its associated health risks among the community, stakeholders, and voluntary social activists.

- **Rehabilitation Services:**

The IRCA programme provides a 15-bedded treatment centre in both Erode and Namakkal, fully equipped with necessary facilities and staffed by qualified professionals. The treatment process includes a minimum stay of 30 days, which encompasses detoxification, individual and family counseling, group therapy, nutritious food, and various physical activities aimed at detoxifying the body and promoting overall well-being. The treatment process is designed to help individuals overcome their addiction and manage cravings, even in situations where they might previously have been tempted to relapse.

- **Follow-up and Recovery Support:**

Following treatment, follow-up visits are conducted, including house visits, to monitor the recovery progress and evaluate lifestyle changes. These visits ensure that individuals maintain their sobriety and continue on the path of recovery. This long-term support plays a crucial role in helping individuals reintegrate into society and sustain their recovery over time.

- **Staff Training and Capacity Building:**

Staff members working with the IRCA programme are regularly trained in ‘Management and prevention of substance abuse’. These training sessions ensure that the team is equipped with up-to-date knowledge and skills to effectively manage addiction treatment, offer counseling, and provide the best possible support to recovering individuals.

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

4. 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.

Registered cases 2024-25				
No	Categories of cases	Cases	Solved	Pending
1	Marital Mal adjustment	49	40	9
2	Depression	3	3	-
3	Dowry	8	8	-
4	Alcohol addiction problems	33	30	3
5	Family & Property issues	-	-	-
6	Extra Marital affairs	20	17	3
7	Economic crisis	10	10	-
8	Domestic Violence	13	12	1
9	Mental Physical Torture	4	3	1
10	Others	2	2	-
Total		142	125	17

5. Mobile Medicare Unit:

The Mobile Medicare Unit programme, supported by the Ministry of Social Justice and Empowerment, aims to deliver essential healthcare services to senior citizens in remote and underserved areas. This initiative primarily focuses on reaching elderly individuals in eight selected rural locations within Erode District who are unable to access healthcare facilities due to distance, mobility issues, or lack of transportation. The programme ensures that these elderly individuals receive necessary medical attention directly at their villages, offering much-needed relief to those who otherwise would have difficulty traveling to a hospital.

The Mobile Medicare Unit visits these rural locations on a monthly basis, providing health services to a minimum of 400 elderly individuals. By delivering services directly to their places, the programme addresses the challenges faced by elderly people in remote areas, ensuring that their health needs are met without requiring them to travel long distances.

- **Team Composition and Services Provided**

The team for this initiative is composed of qualified medical professionals, including a Medical Doctor, Nurse, Pharmacist, Social Worker, and a Part-Time Driver. Together, they ensure that all elderly individuals receive comprehensive healthcare services. The team visits the selected villages regularly, offering a range of medical services tailored to the needs of the elderly population.

The common health issues addressed by the team include joint pain, respiratory problems, skin conditions, minor wounds, and other typical ailments that elderly individuals often face. In addition to treating these common conditions, the team also focuses on the needs of pregnant women, lactating mothers, and children in the community, ensuring that their health concerns are addressed as well.

- **Referral and Follow-up Care**

For cases requiring more intensive medical attention or hospitalization, the team provides referrals to nearby healthcare facilities, ensuring that elderly individuals receive the appropriate care if their condition goes beyond what can be treated on-site. This referral system is crucial in cases where specialized care is necessary.

- **Free Medication and Reporting**

During the Mobile Medicare Unit visits, all general medicine is provided free of cost to the elderly individuals, making healthcare more accessible to those who might not have the financial means to afford medical treatment. Additionally, a detailed patient case sheet is maintained for each individual treated, ensuring that there is proper documentation of the care provided and allowing for regular reporting on the programme's impact and effectiveness.

- **Impact and Benefits**

Through the Mobile Medicare Unit, many elderly individuals in the selected rural villages have benefitted from receiving timely and essential medical care. The programme plays a vital role in improving their overall health and quality of life, reducing the burden of preventable health issues, and enhancing their well-being.

By bringing healthcare directly to their villages, the programme not only addresses immediate health concerns but also fosters a sense of security and support within these rural communities, ensuring that elderly individuals are not left behind when it comes to accessing essential health services. With the support of the Ministry, this programme has significantly benefitted elderly individuals—not only by addressing their physical health needs but also by offering meaningful interaction, emotional support, and quality time, which greatly contributes to their overall mental well-being.

6. Home for the Elderly:

This project, supported by the Ministry of Social Justice and Empowerment, is implemented as an Integrated Programme to provide not just shelter, but also comprehensive care and support services for 25 senior citizens. The initiative aims to offer elderly individuals a safe, secure, and compassionate living environment that addresses both their physical and emotional needs.

The facility is well-equipped with the essential infrastructure to ensure comfort and safety. It includes a well-ventilated building with proper lighting, toilets, bathrooms, power backup, and medical support systems. There is also a dedicated tie-up with nearby hospitals to manage any medical emergencies swiftly. In addition to basic amenities, the home offers recreational facilities to promote active aging and improve quality of life.

Trained caregivers are available round-the-clock to assist the residents, delivering services with empathy and a humanitarian approach. The home also maintains a “First Aid” facilities, stocked with essential medicines, to provide immediate care when necessary.

A nutritious, well-balanced, and easily digestible geriatric-friendly menu is followed to meet the dietary needs of the elderly residents. To promote mental well-being, the home includes a counseling facility where residents can receive emotional support, helping them cope with age-related stress, loneliness, and sorrow.

Regular health monitoring is part of the care process—blood pressure and blood glucose levels are routinely checked. When additional treatment is required, residents are referred to appropriate government or private hospitals for further care.

7. AZIM PREMJI PHILANTHROPIC INITIATIVE (APPI) PROJECT:

CARE has been implementing the APPI-supported project in Erode District with the overarching aim of empowering adolescent boys and girls, as well as women, to lead safer, healthier, and more self-reliant lives. The project focuses on building awareness, facilitating education, improving livelihood opportunities, and ensuring community engagement through structured interventions. It also actively engages with industrial sectors to promote better legal safeguards for women employees.

Key Objectives

- Promote quality education for girls up to 18 years of age
- Prevent school dropouts and early marriages among adolescents
- Enhance sustainable livelihood options for rural and migrant communities
- Empower women and youth through skill-building, awareness, and entrepreneurship
- Promote health and well-being through regular camps and services
- **Industrial Engagement and Legal Safeguards**

The project team has successfully established dialogue with mill managements to form and strengthen Internal Committees, in accordance with statutory requirements, to ensure the

protection and legal rights of women workers. This effort aims to create safer work environments and improve grievance redressal mechanisms for female employees.

- **Health Camps**

To safeguard the health of the target communities, especially adolescents and women, CARE organized multiple medical camps across various villages. These camps offered free consultations, basic medicines, and health checkups not only for adolescents but also for their family members and elderly residents. Special attention was given to women workers and young girls to promote preventive healthcare awareness.

- **Community Resource Centres**

A network of 35 Community Resource Centres and 5 Migrant Resource Centres has been set up across key blocks including Anthiyur, Bhavani, Gobichettipalayam, Perundurai, and Erode. These centres serve as learning and support hubs, where facilitators engage adolescents in sessions on academics, general knowledge, communication, soft skills, and storytelling. These efforts aim to develop critical thinking and self-confidence among youth.

- **Adolescent Groups and Peer Learning**

Adolescent boys and girls participate in regular group meetings based on the "Call Me Priya" curriculum. These sessions focus on age-appropriate discussions around education, emotional well-being, gender sensitivity, and social changes. The groups offer a safe space for adolescents to share personal experiences and collectively resolve issues through peer support.

- **Federation Formation**

A children's rights federation titled **Erode District Child Development Federation** was formed with elected representatives from 35 villages. The federation aims to advocate for child-related issues and acts as a community-led forum to enhance child protection, promote education, and raise awareness on developmental concerns.

- **Micro-Entrepreneur Development**

With the support of the community support groups, 33 young women were identified and guided to launch small-scale businesses in their home areas. They were provided the necessary financial assistance and mentoring to help them improve their economic status and become independent earners.

- **Skill Development Initiatives**

Skill development training programs were conducted in collaboration with institutions like Canara Bank in Bommanaikanpalayam and Brammadesam panchayats. 70 Women underwent 10 days training in incense stick making, soap production, and other home-based enterprises.

Many of the trained women have since started their own ventures, contributing to local livelihoods.

- **Cultural Programs**

Students from all 35 Community Resource Centres were invited to participate in a vibrant cultural program held in Kavindapadi. This platform encouraged children and youth to express themselves through dance, music, and storytelling. Every participant was appreciated and encouraged with small mementos, boosting their morale and confidence.

- **Educational Support**

The project facilitated educational support for 335 college-going students, especially from economically weaker backgrounds. Applications were screened by the community support groups, and selected students received tuition assistance through formal channels.

- **Linkages to Government Schemes and Documentation**

Efforts were made to connect community members to essential government schemes and services. This included organizing camps for Aadhaar registration, E-Seva services, and bank account creation in collaboration with post offices and banks. A large number of 2780 people were supported in obtaining ID documents such as voter IDs and PAN cards, and many new bank accounts were opened.

- **Welfare Cards and Social Security**

Several community members were linked to the **Tamil Nadu Unorganised Labour Welfare Board**, enabling them to avail benefits such as scholarships for children, old age pensions, and accident insurance. Special drives were held to organize sanitary workers and help them obtain welfare cards through the respective government departments.

- **Self Help Group (SHG) Linkages**

CARE supported the formation of 35 Self Help Groups in the target villages. These groups were later linked with banking institutions to enable access to credit for income generation and self-sufficiency.

- **Public Welfare and Employment Scheme Awareness**

Block-level awareness and application camps were organized in partnership with departments like District Industries Centre (DIC), Tamil Nadu Adi Dravidar Housing and Development Corporation (THADCO), and the Vazhndhu Kattuvom scheme. These programs helped villagers gain knowledge and access to schemes that support livelihoods and entrepreneurship.

Through its diverse and targeted interventions, CARE successfully reached a wide range of beneficiaries, delivering tangible benefits across areas such as capacity building, income generation, health care, education, and social awareness. These efforts have contributed significantly to enhancing the well-being of individuals and communities. The organization's collaboration with various resource partners further strengthened knowledge sharing, financial access, and community-level development initiatives. The impact of these programs has brought meaningful change to many families, empowering them to lead better lives. CARE remains committed to continuing its mission and expanding its efforts in the years ahead to further promote inclusive and sustainable social development.

Segregated by Sex and children						
No	Programme	Children	Women	Men	Transgender	Total
1	IRCA	-	-	340	-	340
2	Home for Elderly People	-	19	6	-	25
3	FCC	-	101	41	-	142
4	Mobile Medicare Unit	-	203	197	-	400
5	Azim Premji Philanthropic Initiative (Appi) Project	950	450	550	-	1950
6	Link workers		4940	3586	13	8539
7	Migrants	-	3873	564	-	4437
Total		950	9586	5284	13	15833

Acknowledgement and Way Forward:

CARE extends its heartfelt gratitude to all the partner organizations and supporters who have contributed to our efforts throughout the year. The continued collaboration, guidance, and encouragement from our partners have played a vital role in the successful implementation and impact of each project. Their support has enabled us to achieve key milestones and create meaningful change in the lives of the communities we serve.

Looking ahead, the CARE team reaffirms its commitment to working for the upliftment and well-being of the poor, marginalized, and vulnerable populations. We are hopeful and confident of your continued partnership and support as we move forward into another year of purposeful service and community development.