

2008

AMAR SEVA
SANGAM

S.Sankara Raman,
Hony. Secretary,

LIVE TO SERVE



Estd 1981

AMAR SEVA SANGAM

Sulochana Gardens
7-4-104B, Tenkasi Road
Ayikudy-627852
Tirunelveli District



Certificate No.523494
ISO 9001:2000

VILLAGE BASED REHABILITATION INITIATIVE

Amar Seva Sangam

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1. OBJECTIVE

1) Background

Amar Seva Sangam has so far rehabilitated more than 6000 PWDs by giving them medical care, mobility, education, creating self confidence for self substance. Many of the PWDs thus rehabilitated have not been able to bring out their talent, which is abundant in them, but not recognized by the public.

It is imperative that the society should encourage them by taking them in the mainstream and cultivate a feeling that the PWDs are second to none. The rehabilitated PWDs are to be seen and treated as equal partners in the development of the society and for their own betterment. There is vast areas of activities needing attention in which the PWDs and the local public can join hands putting their efforts such as making available water for drinking and domestic purposes, public health activities, producing vegetables and fruits, cultural activities etc. They can also produce handicraft items, home made food products which can generate funds. Apart from earning money, these will enhance the morale of the PWDs creating self confidence for bettering their lives. In addition, these will motivate them to bring out their hidden talents.

1. The community can participate by offering continuation of the rehabilitation services such as at Medical, Educational and Vocational Levels and for their Care Giving.
2. Establishing forums for advocating the problems and issues of the physically challenged and make them a recognizable constituent of the society they live in.
3. Creating a common platform on the basis of employment and self-employment of persons with disability

4. Creating assets with the communities' own initiatives for income generation and sustainability of the self-help Groups.
5. Establishing a Social Developmental Model for the empowerment of the physically challenged by focusing on their abilities and capacity to contribute to the society

The government on its part gives a very supportive assistance by way of granting loans at low interest to such self help groups, affording facilities for marketing their produce, granting concession for travel, education, employment etc. In these efforts the role of the parents / guardians / respite center is very important. They should form associations and mobilize support from the public for their wards.

2) Current Programme

Amar Seva Sangam in the last 4 years of its experience in Village Based Rehabilitation Initiatives (VBRI) has developed from the conceptual stage of involving the Persons with Disabilities and community in the rehabilitation to developing a model whereby they own the responsibilities of rehabilitation, economic development and care giving and take forward the initiatives of the facilitating organization. Vibrant and proactive disabled persons groups have been developed and Parents Associations have been formed. Respite Centers for lifelong care giving of the severely and permanently disabled persons can also be started and taking shape. The economic activities have grown in the form of increased savings and bank linkages. As a facilitating organization the programme is being implemented through a team of Coordinator, Team Leaders, Social Workers and Community Rehab Workers each being given specified responsibilities with earmarked areas and targets fixed. The entire activity is managed through periodical coordination meeting, planning, budgeting and internally developed reporting system. Key indicators are developed for impact and activity levels and monitored through a system of computerized managerial information. Databases have been created for various rehabilitation aspects and individualized rehabilitation programmes which are followed up by the central resource personnel of Amar Seva Sangam and course corrections done wherever required.

As a result complete records of the activities of the field level team and also the records of every individual Person with Disabilities with the intervention and follow-up given are available for evaluation, monitoring and analysis on real time basis. This has considerably improved the productivity of each worker in terms of range of

facilitation work done and intensity of attention given to each Person with Disabilities. Their human hours spending and expenses incurred are related with the indicators of achievements which has resulted in improving the quality of time spent and economic achievement of topic.

a) The programme consists of community level workers such as one team leader, one social worker and two community rehab workers staff each block. The team leader is responsible for execution of the program in his/her block and the social worker will ensure day to day execution as per the agreed work plan of every month. Team leader and social worker jointly prepare advanced monthly work plans for each and every day, for themselves and also the community rehab workers. They are jointly responsible for Sanga Development, advocacy and empowerment and economic developmental activities. They will also be responsible for awareness and community participation.

The community rehab workers are divided into two. CRW1 will concentrate on mental illness program and Direct Therapy interventions for locomotor disabled.

CRW2 will be responsible for CP and MR program and also for the community resource center program.

Each one of them will decide jointly the annual targets and work accordingly. All the four team leaders will report to the co-ordinator. The current three-year targets have been prepared jointly by the four teams from their respective blocks with the co-ordinator and Central Team.

a. Co-ordinator

The co-ordinator is full time incharge of the VBRI Program. He plans monitors and executes to achieve the immediate objectives of the program and also plans for the development and overall objective. He is supported by these central team.

b. Central Team

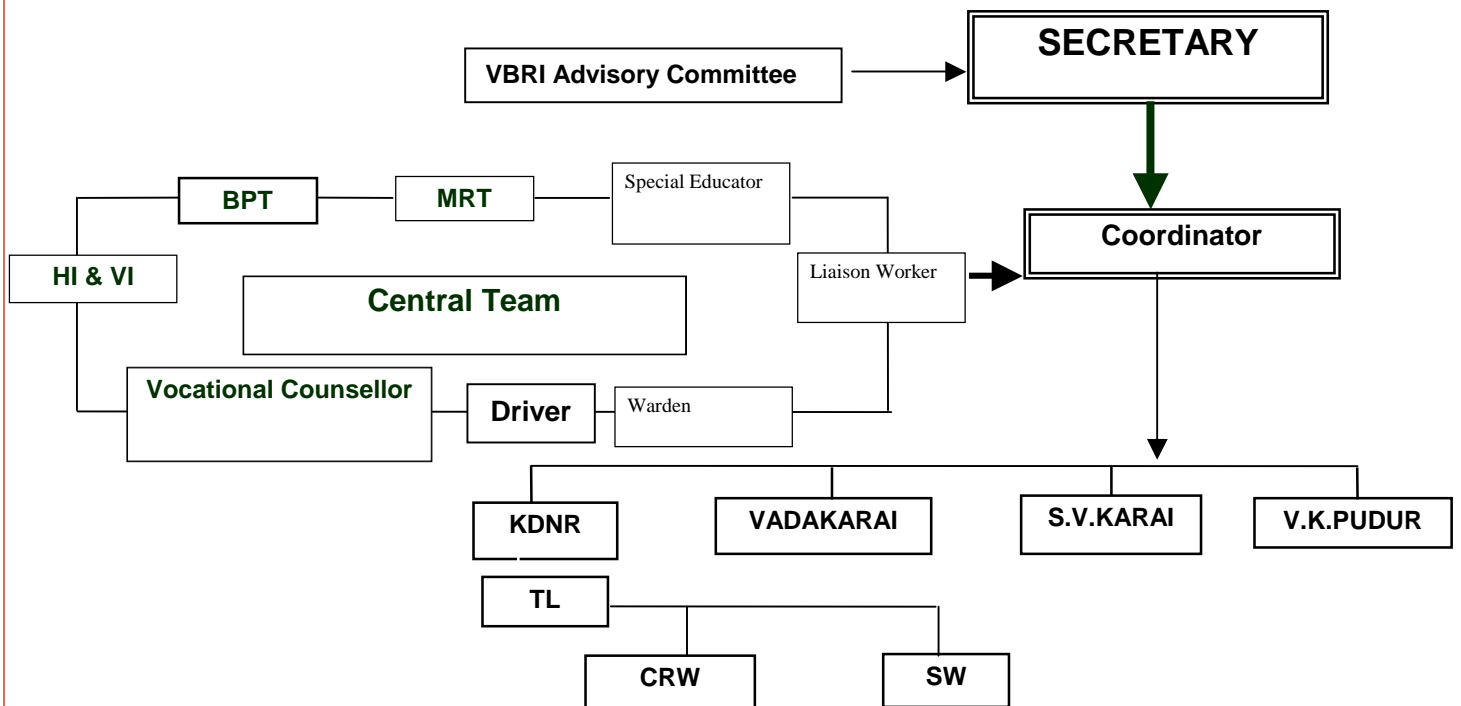
The central team is the resource team available at Amar Seva Sangam. The central team will consist of resource persons who are supporting both the campus based programs and also the community based village based rehabilitation programs. The central team consists of

1. Multipurpose rehabilitation technician.
2. Special educators
3. Physiotherapists
4. Resource person on hearing and visual impairments.

5. Hostel warden (for those from the field areas to undergo vocational trainee in the Sangam by staying in the hostel. Several persons have got similar trainings in the last two years as can be seen in the enclosures).
6. Liason worker (He interacts with the Government officials for reaching out the schemes).
7. Vocational and Placement Worker (He/She provides vocational counselling and job opportunities).

c. MONITORING, EVALUATION AND REPORTING

1. Advance Work Plan
2. Daily Activity Report
3. Monthly Narrative Report
4. Self-Help Groups (SHGs) Meeting Report
5. SHGs Credit and Savings
6. Monthly Actual
7. Quarterly Reports

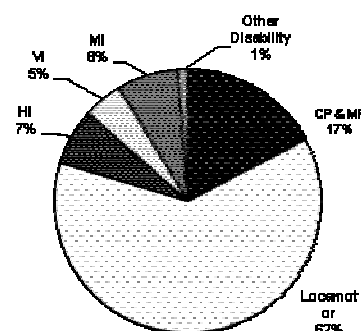


3) Expected Outcomes

1. Generating sustainable models for Community participatory Rehabilitation of the physically challenged at Medical, Educational and Vocational Levels and for their Care Giving
2. Establishing forums for advocating the problems and issues of the physically challenged and make them a recognisable constituent of the society they live in
3. Creating a common platform on the basis of employment and self-employment of persons with disability
4. Creating assets with the communities' own initiatives for income generation and sustainability of the self-help Groups.
5. Establishing a Social Developmental Model for the empowerment of the physically challenged by focusing on their abilities and capacity to contribute to the society

4) Census Data

Sl. No.	Disabilities	As on 31 st March 2007		
		Male	Female	Total
1.	Cerebral Palsy (CP) / Mentally Retarded (MR)	281	200	481
2.	Locomotor	954	557	1511
3.	Hearing Impairment (HI)	96	91	187
4.	Visual Impairment (VI)	76	56	132
5.	Mental Illness (MI)	101	62	163
6.	Other Disability	10	12	22
Total		1518	978	2496



5) Impact

When Amar Seva Sangam started giving free calipers to the disabled 10 years ago it was found that the kids were not using them. When we ventured to find out the cause it was learnt that as the child grows there was nobody to adjust the size of the caliper to keep pace with the growth of the child. The reasons were lack of attention by the parents who were busy with their own day-to-day wage earning activities.

When we tried to admit the children in the schools in Villages, we found that there were no schools ready to admit them. Social stigma, apathy towards the disabled and unfounded fears and doubts about disability made the disabled almost untouchables. The disability factor was magnified and the people did not know how to respond to it.

Now we have our school, which provides an integrated environment between the normal and the disabled. This integration which starts at very young ages, at the nursery school level itself helps the kids to learn each other, adjust, and adopt mutually without need for outside intervention. Now they are all friends and students in the same classroom and no more criteria of disability making any discrimination in the minds of the young kids.

Equality and Justice

The impact of this social change is already being felt in our area through the efforts of Amar Seva Sangam.

1. De-mystification of disability
2. Mobility - crawling and non moving kids are now walking or moving by wheel chairs or tricycles
3. Many disabled students come to our center through local vans or buses. They are even sent for training by other modes of transports to other cities.
4. Sensitization
 - The people and the authorities at the Government are now sensitive to the issues of the disabled.
5. Self Help Groups
 - The disabled are forming small groups to address to their own problems putting up a united front. There are already groups for the mutual money and finance and their requirements being met among the disabled persons themselves.
6. Social Acceptance
 - Marriages of disabled with normal persons, acceptance of disabled persons in social functions, family functions and allowing entry of disabled persons in places of worships are some of the high-lights that can be seen in our area.

6.

2. Our Future Plans for VBR

1. Increasing the no. of SHG to 150 in the next five years from present 75.
2. increasing the membership from the present 751 to 1500 in three years and 2000 in five years
3. No. of Parents Association from present 8 to 12 in three years.
4. No. of members in Parents Association from present 75 to 125 in three years.
5. No. of Respite Center from present 4 to 8 in three years.
6. No. of children in Respite Center from present 35 to 100 in three years.
7. No. of SHG under Savings and Credit from 56 to 100 in three years and 150 in five years.
8. Total value of internal lending from present 1.25 lakhs to 3 lakhs in five years.

3. RESOURCES

a) Estimated Expenditures

VBR Last Year Expenditure from DEEPA

b) Current Resources

Generated from various donations

c) Future funding

Tie-up with some corporate or funding agencies on a long term basis.

4. ORGANIZATIONAL CAPACITY

Amar Seva Sangam has sufficient resources to provide necessary expertise to ensure that funding is effectively used. The following organizational descriptions provide evidence of ASSA's competence and ability to implement this program successfully. For more detailed descriptions of the primary contact persons for this project, please refer to Appendix I.

AMAR SEVA SANGAM (ASSA)

Amar Seva Sangam has a strong history of providing services to integrate people with disabilities into society. The organization has experience in the identification and assessment of persons with disability, as well as the determination of appropriate educational, medical, social and financial supports needed for rehabilitation and integration. On-site primary and middle schools, vocational training and medical services are available to complement and support the program that will be offered at the centre for special education. ASSA has also developed a well-integrated network of community workers, who work in the assessment of children, on-going parent training and the provision of necessary supports to make community living possible. The organization has staff members who show great potential to implement the necessary changes. Most significantly, Amar Seva Sangam is currently the only organization providing services to people with disabilities in 60km radius.

APPENDIX I About Amar Seva Sangam

Focus:

Amar Seva Sangam's mission is to empower people with disabilities through its rehabilitation and development centre.

Skills and expertise:

Amar Seva Sangam has developed successful models for self-help initiatives. It has made great progress in integrating individuals with disabilities into society, thereby improving living conditions for disabled people in surrounding communities.

History:

Amar Seva Sangam first took shape as a charitable organization, offering shelter to individuals with physical disability. It was founded in 1981 by Mr. S. Ramakrishnan, himself a quadriplegic, and grew under the ongoing leadership of Mr. S. Sankara Raman, who is confined to a wheelchair due to Muscular Dystrophy. Subsequent years saw Amar Seva Sangam widen its vision to address disability in society through advocacy and policy reform, while expanding its initial programs and services. The institution has grown to occupy a 30-acre campus and now serves 330 villages in the surrounding area.

Previous accomplishments:

- Advocacy for barrier-free construction in surrounding communities
- Establishment of community self-help groups with over 800 members
- Lobbying of state and national governments and organization of a national seminar, leading to passage of the Indian National Disability Act in 1995 and the appointment of commissioners for disability in all Indian states

- Organization of demonstrations, street marches and community theatre to educate the public, while supporting their mandate to demystify disability.
- Government-appointed regional centre for the Sarva Sisya Abyan initiative to provide education for all.

Existing programs:

- Homes for physically challenged children and youth, housing over 100
- Four village respite centres for mentally challenged and severely disabled children
- Integrated nursery and middle schools, attended by over 600 students with and without physical disabilities
- Integrated vocational training for disabled youth, including computer skills, tailoring and handicrafts
- Indira Gandhi National Open University: study centre providing correspondence university degrees to over 100 students.
- Caliper Workshop, serving over 1000 patients at the centre and in the surrounding community
- Physiotherapy clinic, providing regular therapy to over 600 patients
- Community-based rehabilitation centre, offering services within a radius of 50km and providing mobility aids to over 250 individuals each year
- Financial support for corrective surgeries to over 70 patients.
- Pilot mental illness program providing comprehensive services to 10 individuals in the surrounding community

Primary Contact Person: S.Sankara Raman

About SRS.

APPENDIX II: BUDGET

a) Detailed Expenditure Estimate

(Last Year expenditure detailed breakup from Deepa)

APPENDIX IV: Activities and Indicators

a) Key Indicators

S. No	Key Indicators	Methodology	Upto March - 06		Current year (March - 07)	
Key Indicator for Group						
1	Membership	No. of Members in SHGs ¹ / No. of Face Sheets ²	901/ 2307	39%	990/2496	40%
2	Members in SHGs	No. of members / No. of SHGs	901 / 89	10 avg.	990/93	11 avg.
3	Meetings	No. of Meetings / No. of SHGs	876 / 89	10 avg.	1204/93	13 avg.
4	Attendance	Total Attendance / No. of Members	737 /901	82%	742/990	82%
5	Leadership in Groups	No. of Leaders / No. of SHGs	228 / 89	3 avg.	243/93	3 avg.

¹ Self Help Groups

² Face sheet is the first information of Identifying a person with Disability documented in a detailed format

S. No	Key Indicators	Methodology	Upto		Current year	
			March - 06		(March - 07)	
6	Leaders in members	No. of Leaders / No. of members	228 / 901	25%	243/990	25%
Key Indicator for Women Participation						
7	Women membership	No. of women members / No. of members	330 / 901	37%	359/990	36%
8	Women members in leadership	No. of Women leaders / No. of Leaders	76 / 228	33%	74/243	30%
9	Women Presidents in SHGs	No. of SHGs where Women are President / Total No. of SHGs	25 / 89	28%	25/93	27%
Key Indicator for Education						
10	Illiteracy	No. of illiterate children / No. of children age 6 -16	93 / 399	23%	66/314	21%
11	Illiteracy in PDs	No. of illiterate PDs ³ / No. of Face Sheet	662 / 2307	29%	639/2496	26%
12	School going girls	No. of School Going girls children / No. of girls children below age 16	126 / 161	78%	132/179	74%
Economic Indicator						
13	Savings and Credits among SHGs	No. of SHGs in credits and savings / Total No. of SHGs	76 / 89	85%	84/93	90%
14	Bank linkages	No. of SHG with Bank Account / Total No. of SHGs	48 / 89	54%	55/93	59%
15	Total money saved	Total Amount of Money saved	Rs.363700	-	553828	-
16	Loans availed	Total amount of Loan Outstanding	Rs,196190	-	304066	-

³ Persons with Disabilities

S. No	Key Indicators	Methodology	Upto		Current year	
			March - 06		(March - 07)	
17	Money rotation (It should be closure to 100%)	Total Amount of Loan outstanding / total amount of money saved and bank loan	Rs.196190 / 363700	54%	304066 / 553828	55%
18	Long overdue loans (preferably should be less than 25%)	Total amount of loan outstanding which is more than 3 months old (Exclude business loan) / Total amount of loan outstanding	Rs.163342 / 196190	83%	175996 / 304066	58%
19	Savings per membership	Total amount of savings / Total No. of members	Rs.363700 / 901	404 avg.	553828 / 990	559 avg.

b) Activity Indicators

ACTIVITIES REPORT				
S. No	Field Activities	Upto Last Year 2005-06	This Year 2006-07	Cumulative upto March 07
Awareness				
1.	No. of Awareness Materials Developed	50	8	57
2.	No. of Awareness Programmes Conducted	400	20	420
3.	Disabled Participatory Programme	38	09	47
Training				
4.	Leadership Training - First Level [♦]	02	-	09
5.	Leadership Training - Second Level [♦]	02	-	08
6.	Leadership Training - Advanced Level [♦]	11	05	36
7.	Parents Training - First Level [♦]	07	03	18

ACTIVITIES REPORT				
S. No	Field Activities	Upto Last Year 2005-06	This Year 2006-07	Cumulative upto March 07
8.	Parents Training - Second Level [♦]	04	08	19
9.	Parents Training –Advanced Level [♦]	60	46	175
Mobilizing the Physically Challenged Persons				
10.	Face sheet	2307	189	2496
11.	OP Card	1309	95	1404
12.	Community Analysis	84	03	87
13.	Case Studies	580	52	632
14.	No. of Parents Association formed	06	01	07
15.	No. of Members in Parents Association	63	10	73
16.	No. of Respite Centre formed	07	01	08
17.	No. of Children in Respite Centre	79	25	104
18.	Individual Counselling [♦]	4175	5160	36090
19.	Family Counselling [♦]	1664	1363	12730
Service Delivery				
20.	Appliances Identified [♦]	41	66	422
21.	Appliances Issued [♦]	21	59	329
22.	District Disabled Rehabilitation Office Schemes Beneficiaries Identified [♦]	412	657	2400
23.	District Disabled Rehabilitation Office Schemes Benefits Achieved [♦]	514	599	1932
24.	Persons under care by CRW I [♦]	96	75	NA
25.	Persons under care by CRW II [♦]	75	72	NA
26.	Surgeries done	26	01	27
27.	No. of Persons attended in Doctor	33	49	82

ACTIVITIES REPORT				
S. No	Field Activities	Upto Last Year 2005-06	This Year 2006-07	Cumulative upto March 07
	Camps			
28.	No. of disabled who got free Note-Books*	214	173	NA
29.	No. of the disabled who received School Fees & Uniforms*	13	07	NA
30.	No. of persons who received medicine and tablets*	23	45	78
31.	No. of persons who received physiotherapy*	132	107	NA
32.	No. of tuition students*	11	09	NA
33.	Marriage Grant*	0	01	01
34.	Polio affected who got caliper & crutches under ADIP Schemes*	01	2	03
35.	No. of Appliance Repaired*	16	27	76
36.	Providing Hearing Aids*	06	01	25
37.	Integrated / Inclusive Education in Primary Schools*	07	01	49
38.	Special Material*	83	08	91
39.	No. of Children introduced for early stimulation activities*	11	7	70
40.	Insurance benefit*	04	01	05
41.	Insurance Coverage*	884	0	884
Development				
42.	Activities of Daily Livings skills Development (ADLs) (Discharge of	28	12	189

* As on 31st March of every year

ACTIVITIES REPORT				
S. No	Field Activities	Upto Last Year 2005-06	This Year 2006-07	Cumulative upto March 07
	Persons with Disabilities from CRW-I, CRW-II Therapy care)♦			
43.	Persons with Disabilities discharged for non co-operation♦	10	04	55
44.	Development of productive skills	42	0	42
45.	Screening camp for newborn camp♦	09	08	57
46.	No of Newborn screened♦	172	125	708
47.	No of Newborn Baby Identified♦	09	20	74
48.	Resolving issues♦	03	03	14
Economic Development				
49.	No. of job placement given♦	03	02	19
50.	Income Generation Support♦	08	04	50