

Live to Serve



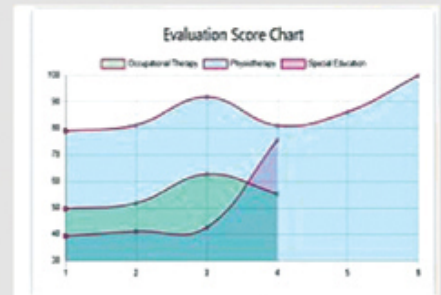
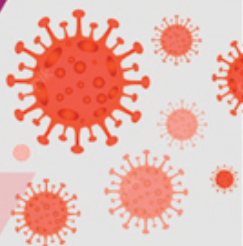
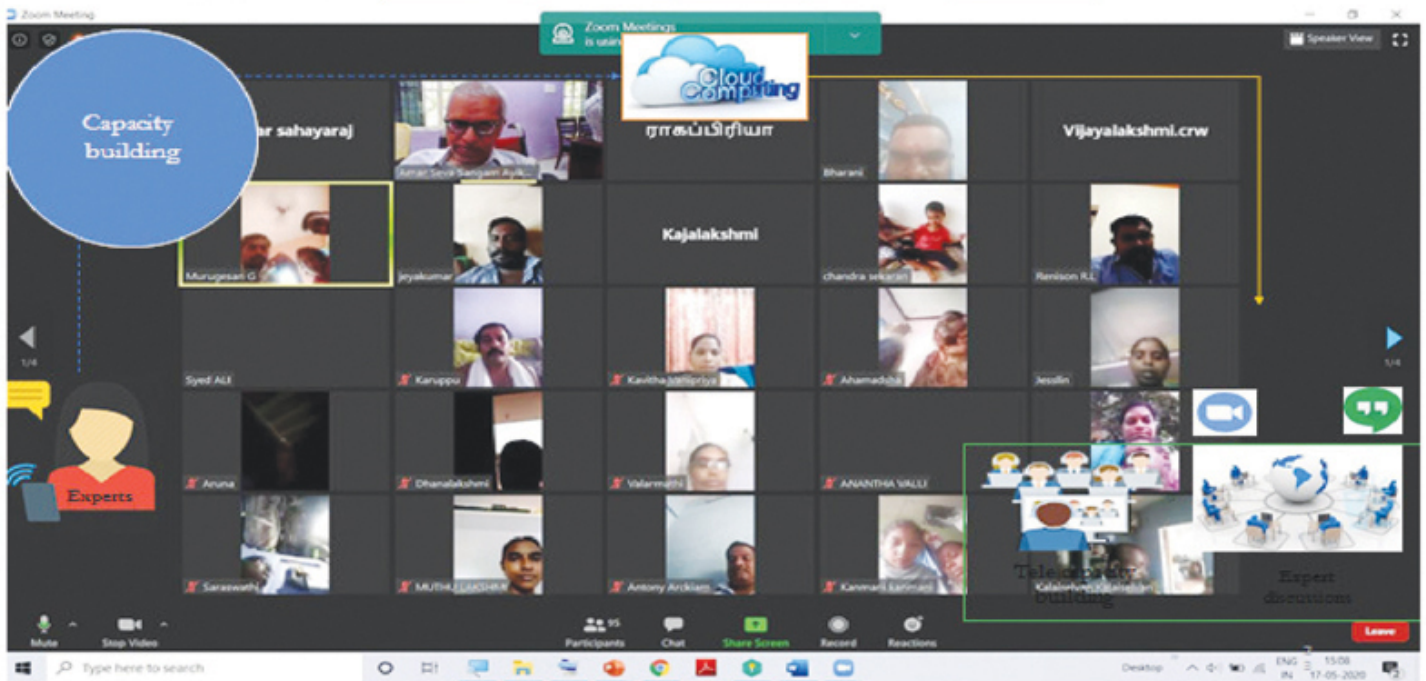
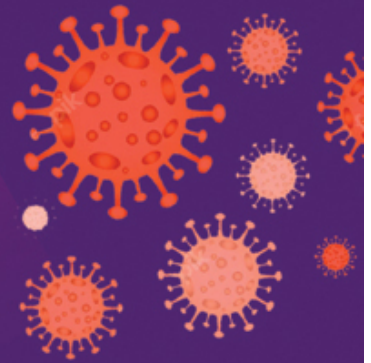
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AMAR SEVA SANGAM

ANNUAL REPORT 2020 - 21

40th ANNIVERSARY
AMAR SEVA SANGAM
LIVE TO SERVE

OVERCOMING THE CHALLENGES OF THE WUHAN VIRUS



www.amarseva.org



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AWARDS

Amar Seva Sangam has been regularly receiving Awards and Recognitions from the State and Central Governments and other leading Organizations.



BHATIA AWARD



**BEST ORGANIZATION AWARD BY
NATIONAL TRUST**



PADMA SHRI AWARD TO PRESIDENT



AMAZING INDIAN AWARD TO PRESIDENT



DR.AMBEDKAR AWARD



BEST SOCIAL SERVICES AWARD

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Amar Seva Sangam

First Patron-in-Chief - Bharat Ratna Late Shri C. Subramaniam
Patron-in-Chief - **Dr. M.S. Swaminathan**, Patron - **Shri N. Vaghul**

<p>ADVISORY BOARD:</p> <p>Dr.G.S.Sameeran, I.A.S. District Collector, Tenkasi, Ex-Officio Chairperson – Amar Seve Sangam</p> <p>S. Sivasankari, Chennai Sulochana Srinivasan, Mumbai S.S. Rajasekar, Chennai Sulochana Krishnamurthy, Canada Admiral L. Ramdoss M. Gopalakrishnan, Chennai T.A.P. Varadakutty, Chennai S. Raman, Shencottah Kamala Iyer, Chennai. M.P. Vasimalai, Madurai. Dr. M.S. Ravi, Chennai. Dr. K.S. Subramanian, Chennai. Dr. S. Sundar, Chennai R.P. Krishnamachari, Chennai Er. V. Ramachandran, Chennai Rajeev Mecheri, Chennai</p> <p>PAST EX-OFFICIO CHAIRMEN:</p> <p>R. Velu, I.A.S. Dr. R. Jeyaraman, I.A.S. Dr. Niranjani Mardi, I.A.S. V.K. Jeyakodi, I.A.S. K. Dhanavel, I.A.S. Sunil Paliwal, I.A.S. Atul Anand, I.A.S. G. Prakash, I.A.S. R. Palaniyandi, I.A.S. Dr.R.Selvaraj, I.A.S. C. Samayamoorthy, I.A.S. M. Karunakaran, I.A.S. Sandeep Nanduri, I.A.S Shilpa Prabhakar Satish, I.A.S</p>	<p>STATUTORY AUDITORS: M/s. M. Srinivasan & Associates Chartered Accountants, Chennai.</p> <p>INTERNAL AUDITORS G. Parthiban Chartered Accountant, Madurai M/s. Fathima & Associates Chartered Accountants, Tenkasi</p> <p>LEGAL ADVISORS: T.S.R. Venkataramana, Advocate, Madurai Mariappan, Advocate, Tenkasi</p> <p>ARCHITECTS: C.R. Narayana Rao (Consultant) Pvt. Ltd., Chennai</p> <p>CONSULTING ENGINEERS: Jayam Consultants Pvt. Ltd., Chennai.</p> <p>VISITING DOCTOR: Dr. Sayenna A Uduman MD, FAAP, Kadayanallur</p> <p>EXECUTIVE COMMITTEE: S. Ramakrishnan, President Dr. K. Murugiah, Vice-President S. Sankara Raman, Honorary Secretary V. Ganesan, Joint Secretary S. Pattammal, Treasurer K. Chidambaram, Member T. Prakash, Member S. Padmavathi, Member P.S. Kasthuri Rangan, Member T.V.Subramanian, Member S R S Ayyar, Member S. Anbu Ramesh, Member S.S.Kandaswamy, Member</p>
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ABOUT US



I would like to share with you a rare experience provided by a "HUMAN WONDER" who, despite total paralysis of his whole body, has remained undaunted for the last ten years and more, and had striven to help the active, inspiring social service.

In 1981, When he was only 27 years and a desperate cripple of six years, who had to be helped by others around him for every little movement of any of his limbs, He had the courage of conviction, injected and inspired by his mentor Dr. Amar Singh, and dared to establish a service organization and christened it as "AMAR SEVA SANGAM" by way of paying his humble but sincere gratitude and tribute to the Doctor who has helped him out of the jaws of death.....

I could well see for myself how this Ramakrishnan, even as he is progressing with faith and determination in his endeavors, is ever more dedicating himself to the upliftment of the poor and the persons with disabilities so that they may lead their lives without being a burden on others!

Interestingly, another crippled young man, Sankara Raman, Chartered Accountant with a sizeable practice of his own in Madras who happened to visit Ayikudy in January 1992, out of curiosity to see for himself what Ramakrishnan was doing there, lost no time in bidding good-bye to his lucrative auditing practice and settled down in Ayikudy to help and work with Ramakrishnan. Together they are striving to build Amar Seva Sangam in the true spirit of service to humanity.

May I also hope that Ramakrishnan and Sankara Raman will go on and on undaunted with the good and noble task of inspiring us with their own dedication and selfless service!

**- A benediction from Bharat Ratna
Late Shri C.Subramaniam, our first Patron-in-Chief –
Published in Bhavan's Journal, Sep.'93.**



Our Mission, Vision, Belief and Quality Policy

MISSION

AMAR SEVA SANGAM's mission is to empower the persons with disabilities citizens by establishing a 'Valley for the Persons with disabilities' as a Rehabilitation and Development Center for the region and developing models for self-help initiatives by integrating the persons with disabilities individuals with the society for improved living conditions in the villages.

OUR VISION

It is our vision to establish a Valley for the Persons with disabilities, whereby physically/ mentally challenged persons live in a pro-active society where equality prevails irrespective of physical, mental or other challenged with the rest of the society. It is a futuristic vision whereby Amar Seva Sangam plays the role of an enabling agent to get the physically/mentally challenged "equality of status, equality in opportunities and equality in access". It is a society where people are identified as differentially abled.

OUR BELIEF

Amar Seva Sangam believes that the persons with disabilities can contribute to society and the impression that they are to be sympathized and pitied, is a misconception. Amar Seva Sangam feels that if they are enabled and given a level playing ground, they can be as productive as anybody else in the society. The Sangam's ultimate aim is to empower the persons with disabilities and it is a process that will start from different entry level rehabilitation plans, depending upon their age, socio economic background and the nature and extent of disability. They are

discharged from rehabilitation intervention to integrate them with society and their families. Amar Seva Sangam believes that this area can become a valley of the persons with disabilities where, everyone is treated with dignity and the disability is only a part of human diversity in nature's creation. Equality should prevail and everybody should be given equal opportunity.

QUALITY POLICY

Amar Seva Sangam is committed to help physically and mentally challenged service users by empowering them to have an equal participation in the society. This is achieved by providing them appropriate rehabilitation services of excellent Quality and continuously improving the same.

Focus area to achieve the above are:

1. Work closely with society, various NGOs and funders local and International and Government organizations.
 - a. To enhance awareness in the community.
 - b. To enhance the service facilities in the organization for rehabilitation to cope up with various challenges of all disabilities.
2. Make the organization as a "System driven one" by ensuring effective implementation and maintenance of Quality Management System and continuously improving the same.
3. Improving the quality of rehabilitation services by enhancing the competence of the human resource personnel in the organization.

OVERCOMING THE CHALLENGES OF THE WUHAN VIRUS

Story of COVID-19 successful management

Part 1

Introduction

This is a long story about how we dealt with the corona virus in Amar Seva Sangam. We want to use it to share our experiences that others might learn from, and we also want to get feedback on how we could have done things better.

When the news of the Wuhan Virus (Corona Virus) broke around the world in the first week of January 2020, none of us took it seriously and thought it might be just another virus that had happened in the past, like Nipah. However, when we learned about the damages it was causing in Wuhan City by the 3rd week of January, I could see that this was serious. At the end of January, there were cases reported in Kerala which made us worry about the impending International Conference that we had to conduct between the 13th and 15th of February in Chennai. We were preparing alternative plans to find out if the virus spreads and the conference is affected and to have a Plan B for postponing the conference. Fortunately, till the middle of February, nothing had happened, and the conference went off well.

The COVID-19 in Tamil Nadu

There was not much unfavorable news in India in February about the virus. However, it started by the end of February, and by the first week of March, we learned that the virus was Spreading its tentacles in India and had begun to enter Tamil Nadu. Kancheepuram reported the first case on 5th March when I was on tour in Chennai. We had a teleconference with Amar Seva Sangam staff on 8th March when we decided to conduct a Full-fledged training program for all the Amar Seva Sangam staff and prepare ourselves with sanitizing materials and other precautionary steps to prevent the Coronavirus from entering our organization.

Training and Awareness among Amar Seva Sangam staff

All workers received training in six batches per day for three days, totaling approximately 420 people. The training includes basic information about the Coronavirus, how it behaves and spreads, and how it differs from other viruses in this area. The second portion of the instruction focused on protecting ourselves and those around us by often washing our hands and keeping a safe distance from others.

Hand washing was particularly emphasized, and numerous demonstrations, including practical sessions, were held. The need to wear face masks was also stressed to the workers, and it was made clear that wearing face masks would not protect them but that it is simply one component of protective measures. People usually feel more confident when they wear face masks and disregard other preventive measures. We also stressed the need to only touch their faces after sanitizing their hands.

It became known how the virus moves through people's fingers and hands to their bodies. They were also told how long the virus particles would be active on various surfaces such as the human body, metals, textiles, plastic materials, money notes, and furthermore.

Framing of protocols

During the three-day training program, we had a parallel session with the department heads in which we developed specific protocols for restricting outsiders' access to the organization. We set up a booth at the gate where a nursing assistant checked the temperature of people entering and made them wash their hands and legs with soap before entering the facility. After March 15, the procedure was further tightened, and all arriving guests/outsideers were given face masks after washing their hands. It was also decided to categorize visitors as coming from high-risk states and territories or having contacts with people who had visited such states/territories. We restricted their entry, but after March 17, there were virtually no such visitors.

We also introduced the system of social distancing and selective home visits by the field workers who go to the individual homes of children and service users to conduct therapies and other developmental activities. We categorized the locations as 'high risk,' 'medium risk,' and 'no risk,' with any home where someone had travelled to one of the affected areas in the past categorized as high risk, and staff were advised not to make home visits. Field staff were advised not to go to the streets where high-risk patients were staying. We classified the families with whom they had kinship contacts or other persons visiting the affected areas as medium risk. We advised our staff not to touch anything in their homes or with service users, but to observe therapy or discuss development work with them while maintaining a safe distance. The others were able to carry out their duties as usual.

Part II

Countering the Lockdown period

Within a few days, on March 17, 2020, things became very scary, with reports of heavy casualties Reported in Italy and shock waves from events in the UK and the US that were totally unexpected. We decided to take further strict measures as the number of cases in India had risen to more than 50 at that point. We held an internal conference call, as I was in Chennai that day. The following important decisions were made:

1. It was decided that all field staff should not go to field activities and should stay at home until we are able to map all service users and their backgrounds, and also the area they are going to is completely safe from coronavirus. Therefore, the field staff were asked to go on leave, and initially the leave was said to be unpaid. This caused some problems as people took the risk and went to the field areas to make sure they got their pay. Secondly, we suggested that all Amar Seva Sangam employees should stop coming to Amar Seva Sangam, except for the most important employees. We told those who were on forced leave that they would not receive their wages, but this also caused problems because people did not want to stay at home and come to the Sangam. Therefore, the critical decision was made that Amar Seva Sangam will pay all employees even if they do not have a job because of their forced stay at home. We have also decided that such home stays will not be considered as vacations, but as 'work from home'
2. For our purposes, we distinguished between essential and other staff. Thus, child care workers in our residential programme, nursing aides, custodians, the special group of people who support the essential administrative staff, the on-campus conservatory staff, and the on-campus cleaning staff, security, and drivers were considered essential staff. Some grounds maintenance staff were also considered essential. These employees were told that they must remain on the Amar Seva Sangam campus from March 21, that they must make arrangements with their families until then, and that they will not be allowed to return home until the situation improves. To give people an incentive to come and stay at the Amar Seva Sangam, staff were told that they would receive extra compensation if they stayed the whole day. The idea was to encourage staff attendance and compensate them for being at Amar Seva

Sangam around the clock and on call during these emergency days. It was decided to buy and stock important medicines for the next three months, sanitizing materials including hand sanitizers and hand wash and also stock enough campus maintenance materials like electrical and plumbing maintenance materials.

3. It was decided that all construction activities to be immediately stopped and all the construction laborers who are staying in Amar Seva Sangam were asked to vacate immediately.
4. Our Prime Minister, Shri Narendra Modi, announced through the media the decision of the Janata Curfew and various measures that people have to take to protect themselves. As such I decided to return to Ayikudy on 20th March itself, cutting short all my programs in Chennai.

These decisions were implemented from 20th March morning itself. On arrival to Amar Seva Sangam on 20th March night, from 21st March onwards I quarantined myself completely and did not move out of upstairs of my place of stay. There were several important follow up guidelines needed to be given on 21st March, where several Section Heads came up through telephone or WhatsApp to clarify the rules. Most of the Section Heads and many important staff were attending on 21st March because one could not suddenly leave all the responsibilities and go back home. Also, there was a need to clarify the aspects of movement of people for emergency purchases and also for emergency service providers coming from outside.

Strict Rules enforced

Therefore, the following rules were discussed and framed:

On the 22nd March we had the Janata Curfew where the whole day we experienced total lockdown conditions and also participated in the clapping of hands in the evening. This prompted To further refine the rules. Therefore, on the 23rd March, even before the Tamil Nadu Government announced Sec. 144 restrictions throughout the state, we had a Section Heads meeting and the following rules were discussed and finalized:

1. **Rules for home-based work:** Here, all staff except the essential staff were asked to compulsorily not to come to Amar Seva Sangam and wherever possible work from their homes.
2. **Finalizing the staff who have to be residents.** Here again, we identified the essential staff who were again called upon and told to bring their belongings for another 2 weeks' time. But at that time we did not know that the Prime Minister is going to announce the total lockdown. They were also given an option of coming with their families and stay, because they may not be able to interact with their families other than through phones and internet.

Some of the people who accepted for residential stay earlier in the last week informed us that they will not be able to do so and hence a couple of other staff were roped in and overall there were about 41 staff who needed to be within the premises other than the regular residential staff.

One or two staff opted for joining with the family for whom we offered a separate school room, but it was decided that ladies will stay in the Ladies Hostel and the gents will stay in the Gents Hostel. If they bring their children, they will also stay with their mothers in the Ladies Hostel. Any grown up boys of above 12 years of age will stay with their fathers in the Gents Hostel.

We arranged for their place of stay suitably sanitized and sanitized all their belongings when they entered the organization.

3. **Rules for non-essential staff entering Amar Seva Sangam:** Initially it was thought that all people can work from home, but some of the administrative staff needed to come particularly with respect to Accounts and HR. it was therefore decided that they need to get prior permission from the Secretary and the reasons for coming. They can come to the organization after following a detailed procedure of sanitizing themselves at the gate. They must bring a set of fresh clothes when they first come for work, which they will initially wash and wait till it is dried, and take a bath, wash the clothes they were wearing and change to the dried clothes. The washed clothes after drying will be kept in a secured place in the security area for their use when they come next for the work. Every time they come here, they have to follow this procedure.
4. **For items to be purchased,** it was decided that when things are coming to the organization, the vendor should wait outside at the gate. The person placing the order should come to the gate and measure the quantity as well as quality and give acceptance report in the prescribed format. Once this is done at the gate, the things will be wiped with the sanitizer. The interior parts of the package will be opened and according to the contents, if they are non-vegetable, will be subject to external sanitization once again. If they are vegetables, then they have to be washed in turmeric and salt based solution, dried in the sun for 10 min and taken inside.

Safety Measures undertaken

We constantly updated the protocols according to the current experiences . The original plan was to clean the rooms, doors, doorknobs, etc. with Lyzol solution regularly during the day, but it was soon brought to our attention that in the Intervening times, unwanted viruses might be nestled in the doorknobs, doorknobs, or faucets as people were constantly using them. Although the likelihood was very low, since all our people stayed inside and those who came were sterilized, there was concern that some people might be asymptomatic carriers who carried the risk of spreading.

Therefore, we instructed everyone to put disinfectant on their hands, soak them with paper towels and use them when touching objects such as control panels, doorknobs, faucets, etc., and then throw the paper towels in the trash can. We have equipped each trash can with disposable paper bags in which all discarded paper tissues are regularly collected, taken to the backyard and burned in front of the supervisors.

The second safety measure was to provide sodium hypochlorite solution, which is normally used in hospitals. Our organization's physician suggested that this solution be used in large open areas such as pathways, wall surfaces, grab bars where people with disabilities hold on to and walk, etc. Therefore, we purchased the solution concentrate, which was extremely difficult to obtain, and then diluted it to the prescribed amount. We distributed large hand spray pumps to our cleaning staff. We already had one of the hand spray pumps for agricultural purposes, and we rented another one from the surrounding area because it was not available for purchase.

The third additional precaution we took was to provide small hand sprayers to the cleaners, who entered the offices first thing in the early morning and mopped the floors with the usual cleaning solutions, and then used the hand sprayer to spray the tables, control panels, handlebars, doors, window frames, chairs, and other frequently used furniture. After spraying, they wipe them with a paper towel. The Lizol spray given to the employees in the office was to be used to wipe down the computer monitors, keyboards, mice, mouse pads, etc. They were also told that the offices, almirahs, and files would be treated the same way before use.

The next additional security measure was the receipt of monetary donations from some individuals. We advised these donors to hand over the cash directly at the gate. The cash notes were wiped with disinfectant, placed in a disinfected envelope, and turned in at the cashier's desk.

Another measure was taken for those who served as attendants to the president, secretary, and spinal cord injury patients. They were given a clear shield made from a simple plastic folder that could be used with the usual headbands that women wear on their foreheads. We made about a dozen shields and distributed them to the caregivers. We then gave them to the cleaning staff as well.

Another safety measure we took was for housekeeping and cleaning staff. They were instructed to wear an apron before they started cleaning work, to put on their normal face masks, and to also wear the face shield and headgear. They were also asked to wear washable gloves and slippers on their legs. After finishing the cleaning work, they were asked to wash all these safety materials and reuse them after drying.

Part III

The challenges faced

The main challenge that came up was some of the staff wanted to attend family ceremonies like marriages, deaths etc. After this, to bring them back into the organization would be a risk and there was a need to assess them and Establish norms before they are allowed to come inside. Therefore, questions were framed about the nature of the function, the location, whether people were quarantined, any positive identified cases or lockdown areas due to hotspots. Marks were given as per table applicable in line with the seriousness of the issue like death, marriage, no of people in the congregations and places which were considered as detailed below.

Another major challenge was some people who work from home need to come to office at least once or twice during the lockdown period to discharge their official responsibilities, particularly when the records and documents have to be physically verified. There was an option of sending these records and documents to their homes or allow them to attend the work at office with certain strict screening. First, it was decided that sending documents to their house would pose more risks as the returned documents may not be sterile. Secondly, the confidentiality would be compromised. Therefore, the same protocol of the questions given for people attending functions were used with modifications for such staff as to their travel history In the intervening period, the places they went and other similar parameters and assessed based on the answers and allowed to come to office if the score was satisfactory. Also, the same entry protocols were followed while coming to the organization. About a dozen staff attended the office on need basis in the last month and a few more daily.



Distribution of relief materials to distressed People with Disabilities

The next big challenge came when we were asked to distribute relief supplies to people with disabilities. This request came from the field and some donor organizations willing to fund these relief supplies. This resulted in two requirements. First, we needed to distribute hand wash, hand sanitizer, and face masks to many people with disabilities. We could either procure this from outside or manufacture it ourselves. The second main requirement for the distribution was rice, provisions, and some vegetables. These two requirements took a lot of planning and logistics.



Regarding the first one, where face masks and other protective safety materials were to be distributed, the option of buying them from the market was ruled out as they were mostly not available, and even if they were available, they were costly because of heavy demand and most of the shops were not open. To get the materials from the shops, one needs to get permission from the local authorities. Most of them were taken away by the hospitals and local authorities. Therefore, we could

produce them ourselves by buying the raw materials.

There were two challenges in that. One was the availability of raw materials and how to allow the staff to come inside to produce them. Therefore, we decided to use the same protocol applicable for office work for the proposed production staff. The raw materials were procured by contacting several vendors and traders who are well-wishers of Amar Seva Sangam. We asked some of our regular team working in the production of garments to report to the Tailoring center and produce the face masks. We made the resident nursing staff of the organization produce the hand sanitizers and hand wash. We bought the



required raw materials and 200- & 500-ml container bottles to fill them in and distribute. Once this is done, the support of the local authorities is required for distribution. According to the Tamil Nadu Government's rule, we should get the prior permission of the local district administration to get a pass, and the local Village Officers should accompany our staff while distributing the materials. We should also inform the local police for transporting the materials.

The District Collector's permission was obtained after great difficulty, and we identified the field staff distributing them and connected them with the respective Village Officers. Finally, we got the local police permission through the district administration to deliver the bulk of production to each village area through our vehicles.

Enabling Inclusion ® App

An old saying is, “Necessity is the mother of Invention.” One of the most positive offshoots of the Corona Virus Pandemic is the idea of “Tele-Rehab,” and the adoption of technology in our community rehab work, which has now become the buzzword among our global network, is acknowledged as yet another successful innovation of Amar Seva Sangam.

The innovative idea of Tele -Rehab is the use of a combination of the accessible technology already available through social media and Teleconference applications and our existing mVBR-EI mobile app to make the Community Rehab Workers work from home and engage mothers and caregivers to perform therapies for the children without disruption despite Covid interruptions.

The major challenge was managing the field activities in the ongoing Corona crisis. During the first few days between March 20th & 23rd, none of the field workers were doing any job. However, the Coordinators and the Field Team Leaders were busy preparing reports and gearing up themselves to handle the missed milestones that may result because of this inactivity. Based on the conditions and thinking out of the box, a new idea came: why not make the community rehab workers work from home and execute the daily plans for the children remotely using our mVBR-EI App? The parents can perform the rehab functions even though the rehab worker is not with them physically since they can connect remotely with the workers on their mobile phones. We had Google Hangouts meetings, and on 24th March, we started teletherapy for the children undergoing home-based therapy on a trial basis. Each worker can use our existing application to create a daily work schedule for 4 – 5 children daily. Workers will make the work schedule in the application in consultation with the parents. They will track and follow up on the activities and randomly, get the therapy video done.

Workers and parents also formed a WhatsApp group before the Coronavirus broke out, and the workers converted this group into a therapy management team. The Field Team Leaders coordinated the workers and the parents daily from their homes. They also coordinated the WhatsApp messages and streamlined them to provide cohesive documentation of the work done. We found this experiment carried out till 31st May 2020, very useful and decided to make it one of the standard rehabilitation protocol options. There were teleconference calls from the funders closely monitoring Amar Seva Sangam’s response to the Coronavirus outbreak. We shared our idea with them, and the funders very much appreciated it, and we soon realized that adopting this tele-rehab model could be a mainstream option in the future. The workers also got engaged in the process.



Tele-Rehab was extended to over six programs and village development activities by March 26, 2020. After the initial success, we further improved it by creating folders in Google Drive for each worker and child under the worker. The child subfolders will consist of videos and other WhatsApp interactions, with their files being named with the dates of the work that happened. These child sub-folders will be under the 'Community Worker' folder. The community worker will also upload the screenshots of the telephonic conversations, the time the conversation started and ended, and other supporting materials for the work done. They regularly check in and out in their mobile app when they go to the field. The activities of travel, lunch, etc., will not be checked because such actions are redundant for the Work from Home Tele-rehab approach. Therefore, in the last nearly eight weeks till today (as of June 1, 2020), the recordings in the app are only the therapy sessions and no other sessions. Managing the workers during this kind of pandemic innovatively gives every child a reasonable work schedule. Also, every worker and the overall data available for their salary payment and the therapy data compliances will be from the system as before.

The balancing act of utilizing the services of workers

The extension of the lockdown **from June 15, 2020**, posed the next major challenge. The problem of idling people at home needed urgent attention. For the initial 21 days, we announced that everyone would get paid irrespective of whether they were working from home. But this was not equitable because some people come to the office and work from home. Therefore, we made the following decisions.

A circular was issued whereby every Section Head should give details about their staff, whether they will be working at home or coming to the office for the next three weeks up to **July 7**. In this listing, they should spell out the daily work by coming to the office or at home and the number of days until the lockdown ends. Based on this, the people with no work will be given leave 'without pay,' but we will not count this leave for their annual leave privileges.

To ensure equity, from **April 15, 2020**, all the Section Heads will upload in an Excel sheet the work done by their staff and the number of hours they worked daily, which help us to monitor the performance and productivity. They should also provide evidence by screenshots about the hours they have worked.

But this also needed to be balanced. So, for example, it should not result in some people enjoying the benefit of working from home while others Do not get paid. To manage this, the Section Heads were advised to rotate the staff between working from home or coming to the office with a team with no work.



Part IV

Going forward Post Lockdown

The earlier parts were completed on June 18, 2020. This is the concluding part that I am writing today, **on July 1, 2020**. The lockdown, now in force, has strengthened the organization with innovative thinking and team efforts. *TeleRehab* has been a grand success. We have learned the real power of technology in almost eliminating the distance between the Workplace and home and insights into human adaptability in trying circumstances and an evolving new work culture.

The lockdown is bound to be lifted in the near future. However, a lockdown cannot exist forever, nor is it a sustainable solution, and we in Amar Seva Sangam should prepare ourselves for the post-lockdown scenarios. One has to reconcile with the fact that the virus is here to stay for at least some more time and train our minds to live with it until we achieve herd immunity or a vaccine that may soon come in place. We need to prioritize with health and the economy in mind.

The various scenario projections say the virus will end by the middle or end of July with the current strict lockdown conditions. However, the challenges would remain with disruptions in supplies, restrictions in travel, conditions on movements, and enforcing safety procedures on a day to day activities. In addition, recent studies indicate that fine and medicine would not eliminate the virus even in the best scenario.

From now on, the following are the challenges at our hands:

1. Engagement of staff.
2. Organizing the Workplace suitable for social distancing and prevention.
3. Entry restrictions to office places, working areas, critical rehab places, key managerial personnel, and to those high-risk persons on the campus.
4. Cleaning and maintenance practices.
5. Monitoring the staff's movements and behavior.
6. Preparing ourselves for the likelihood of any infection, not necessarily Covid, affecting the residents, particularly the highly vulnerable people and the key managerial personnel.
7. Effective workforce control, productivity, and payment commensurate to their contribution under the prevailing circumstances.

Covid-19 Report Update (Challenges and Management)

The Corona disruption

More than 1600 children
are unable to get daily
therapy input

More than 300
community workers
unable to do home visits

More than 4000 persons
With disabilities are
vulnerable to Covid-19

Myths about
Coronavirus and
disinformation confusing
and causing anxiety to
persons with disabilities

Lack of access to
ration, food, sanitizers,
hand wash and face
mask

Desperate and
despondent parents and
children

The Covid 19 challenge and management Amar Seva Sangam

- When the news of Corona Virus broke around the world in the first week of January 2020, none of us took it seriously and thought it may be just another virus that had happened in the past like Nipah and so on.
- But we soon came to realise it's deadly implications and by mid March we knew that we're heading towards a major human crisis and Amar Seva Sangam needs to be prepared with adequate contingency plans for safety as well as for the imminent financial disaster.

3

The Covid 19 challenge and management Amar Seva Sangam

- We locked down the organization by 19th of march 2020 a few days before the regular lock down
- Introduced the work from home immediately
- Laid off several staff who cannot do work from home given the nature of responsibility but with relief pay for managing their livelihood
- Compulsory residential stay for essential staff at amar seva sangam with adequate additional wage compensation
- Graded salary structure depending upon the nature of work
- Output based structure instead of time based
- Re assignment of work for people working from home with opportunities to build their capacities in specialised areas and research study on the activities of Amar Seva Sangam
- Webinars and online classes for staff

4

The Covid 19 challenge and management Amar Seva Sangam

- Training the staff and all the service users on Covid 19 appropriate behavior
- Entry level screening with temperature checking and hands sanitisation
- Controlling the entry of staff with online Google sheet questionnaire for eligibility
- Sanitising all the premises at periodic intervals everyday
- Covid bubble rules for all the staying staff and visiting staff
- Compulsory quarantine of 14 days for all essential staff coming after visiting their home and covid negative test before joining duty

5

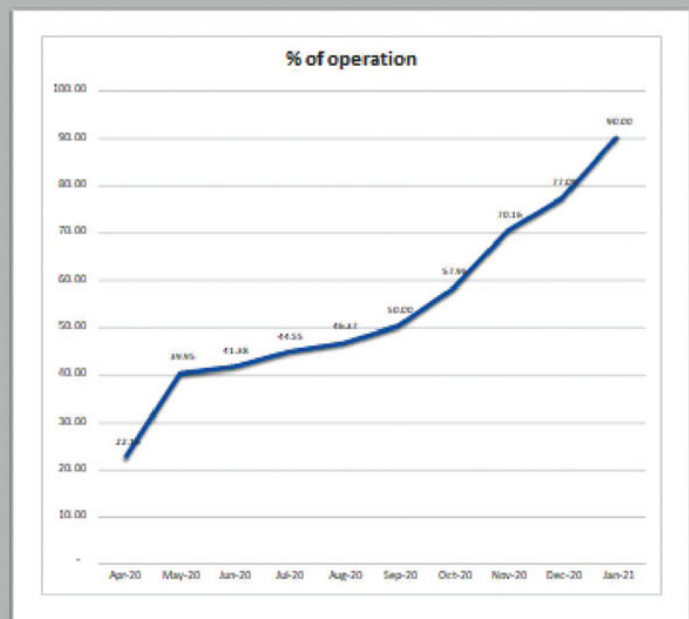
The Covid 19 challenge and management Amar Seva Sangam

- Tele rehabilitation to maintain the service to the service users
- Online classes for school students
- renegotiated with funders for revising deadlines and targets
- Covid 19 relief campaign first during 6 months of lock down
- Covid 19 revive and rebuild campaign from August 2020
- Focused on CSR and individual contributions for raising the funds For the above

6

The Covid challenge

•With all your blessings, Amar Seva Sangam is able to manage under the challenging and testing times of the COVID pandemic. Our operations are now near normal.



7

The Covid challenge

- Covid management
- Standard operating procedures were laid down and reviewed whenever required
- Front desk management application has been developed for Regulating, monitoring and controlling the entry, and movement of people and materials.
- It is now operational for staff and OPs
- It will be extended to students, guests and visitors in the coming month.

8



**Covid 19 precautionary measures
at Amar Seva Sangam**

10



**Light to support Corona
Warriors**

1 11
0



Relief Material distribution



Relief Material distribution





Relief Material distribution



Relief Material
distribution



Tele-Rehab approach under the Covid-19 circumstances

1/5



Objectives

01

Identify access and inclusion challenges of people with disabilities and their families during the Covid-19 crisis

02

Propose a novel Tele-Rehab practice used in a rural Early Intervention Program

03

Describe a successful model for a multi-faceted service provision of Tele-Rehab, Dry Ration Supply, Help-Line and Awareness program.



OUR IDEA IS *TELE REHAB*



COMBINING TECHNOLOGY:

- Free technology already available through social media (WhatsApp) and Teleconference applications, and
- Our existing mVBR-EI mobile app.

PROCESS :

- ✓ Connect the workers and mothers and the community
- ✓ Demystify Coronavirus and create awareness
- ✓ Provide relief materials and Protective kits
- ✓ Tele awareness campaigns
- ✓ Helpline services for emergency support



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7



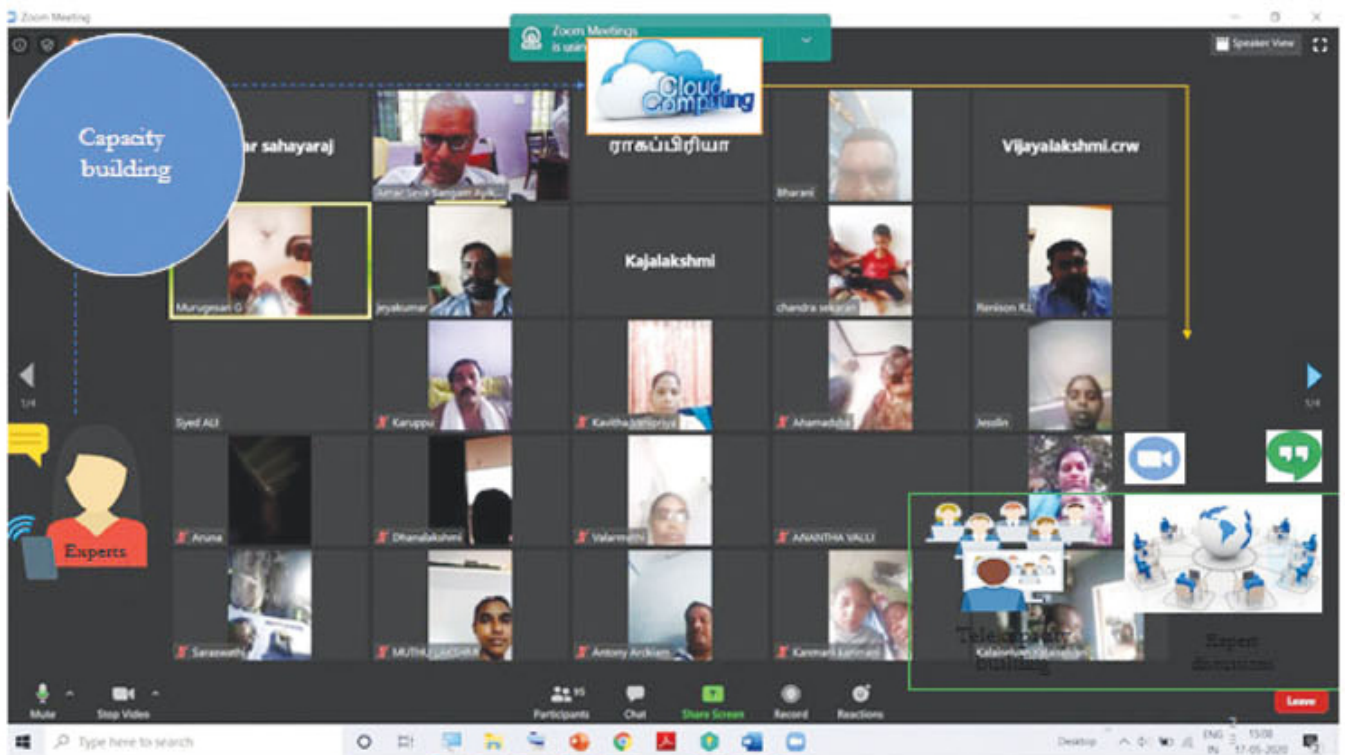
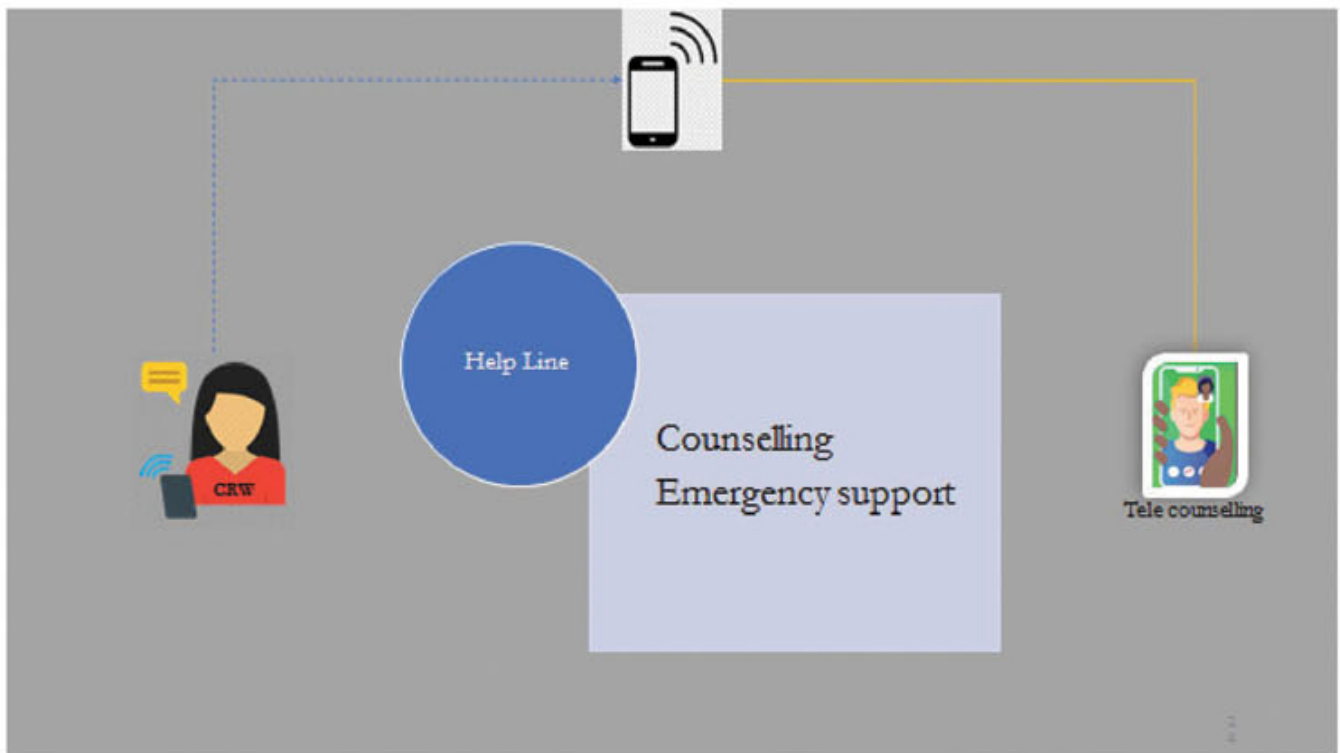
OUR IDEA IS *TELE REHAB*

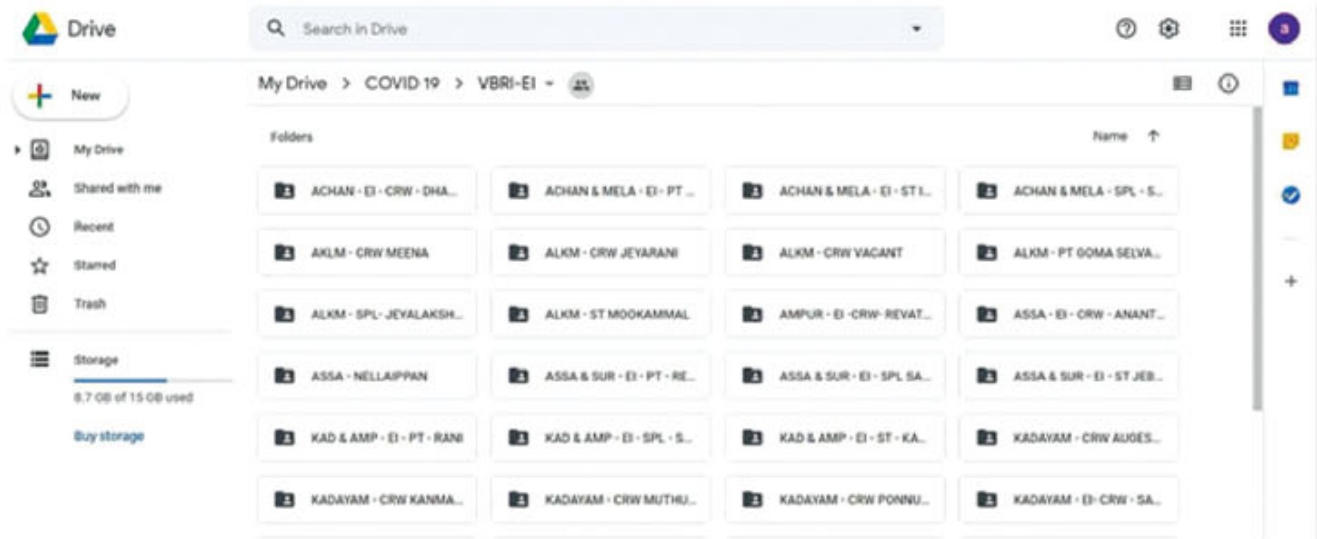
OUTCOMES

- Children receiving daily early intervention programming
- Progression of milestones is followed
- Parents are kept engaged and provided feedback
- Workers do not idle and continue with job
- Persons with disabilities and family get educated about Coronavirus and hence less vulnerable
- Opportunity for capacity building



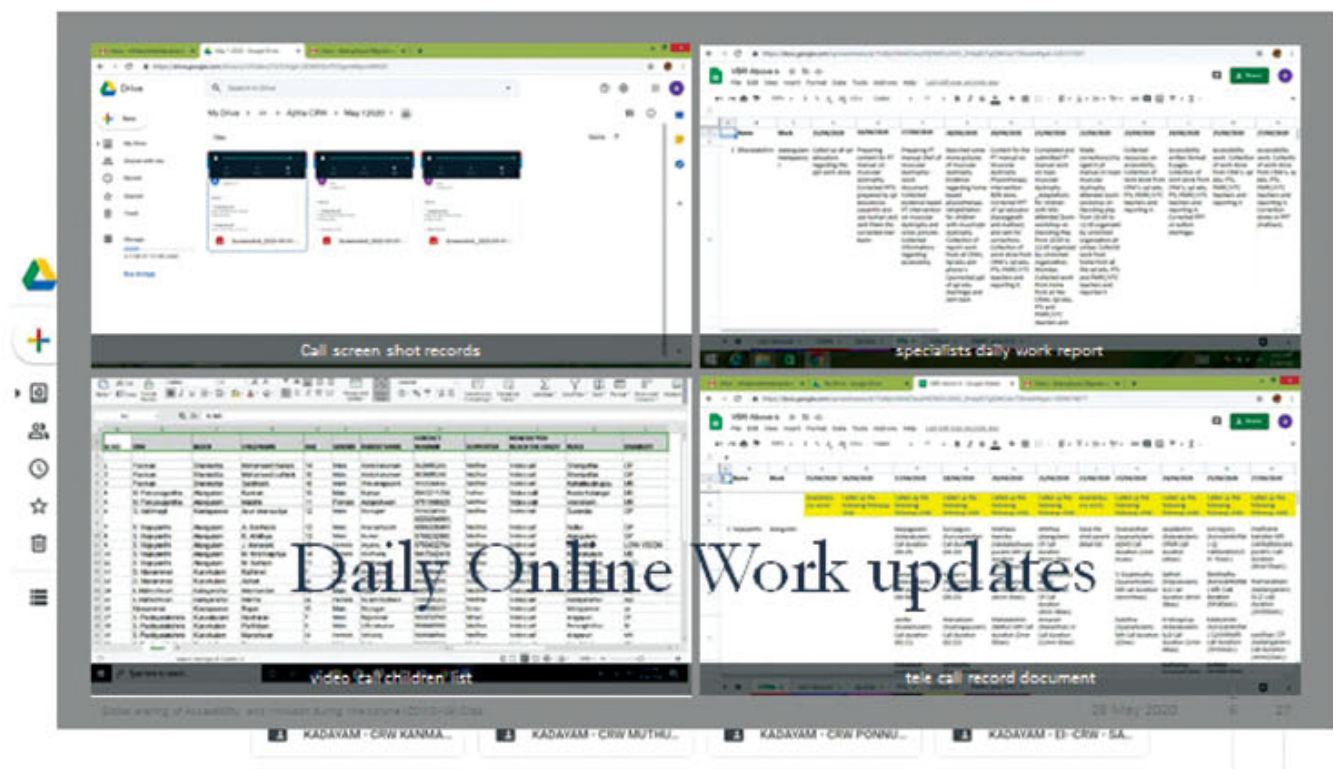






Google Drive Folders

28
5



Google Drive Folders

28
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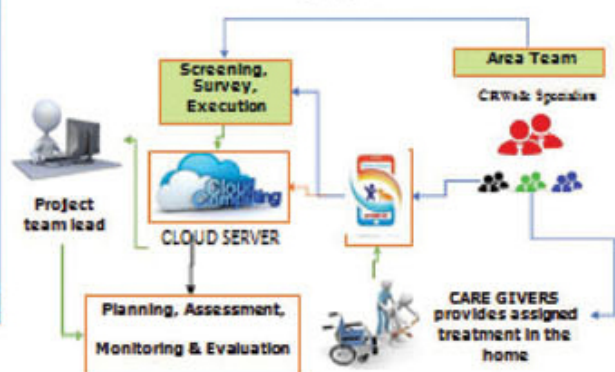


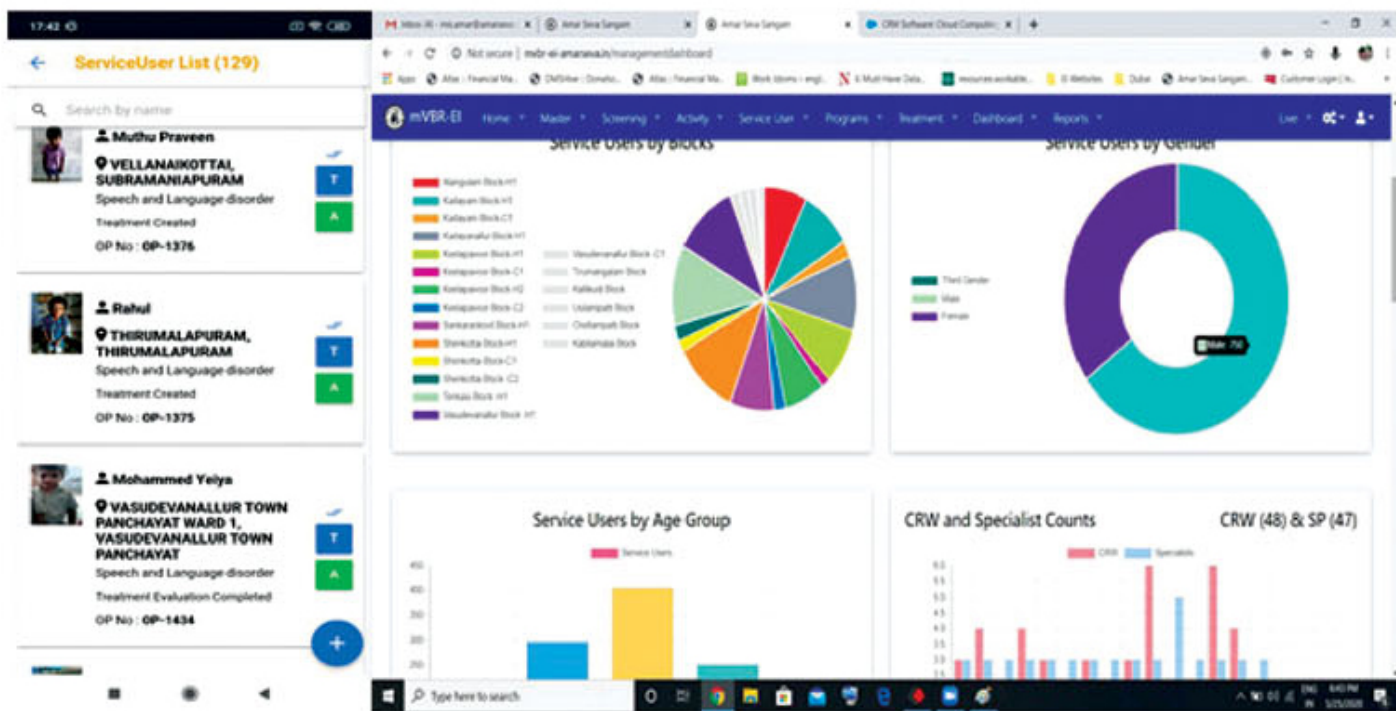
Supply of Dry Ration



mVBR-EI App

- GPS based Internet technology





Progress so far

Tele Rehab Services

- 1461 children with developmental disabilities are getting regular early intervention therapy services. Daily.

Supply of Dry Ration

- 1603 families of persons with disabilities were supplied with dry rations and protective kits

Help Line Centre

- Set-up a Help Line to support persons with disabilities and their families Avg three calls a day

Awareness campaigns

- More than 15,000 persons with disabilities reached through Internet and several sessions for creating awareness



Category	Apr	May	Jun	July	Aug	Sep	Oct
Target	801	801	802	802	802	802	802
Actual	792	792	793	788	788	788	792
%	98.8	98.8	98.8	98.00	98%	98%	98.7
PHONE CALL	775	775	776	781	781	781	781
VIDEO CALLS	17	17	17	131	131	221	160
Home visits	0	0	0	0	0	226	736
NO PHONE/visit	9	9	9	23	23	23	10

Tele Rehab. Results

3
1

Child Engagement							
Category	Apr	May	Jun	July	Aug	Sep	Oct
Total visit compliance target	9372	8259	7872	7035	6250	5480	3776
Total visit compliance achieved	8678	7330	6943	6890	5423	4841	3716
Visit Compliance Percentage	93%	89%	89%	91%	86.75	88%	85%

Tele Rehab Results

Tele Rehab. Findings

- 97 % of the families received Tele rehab
- Average duration of the session: 15 to 20 min
- Frequency: Regular as therapy visit compliance (Once in a week in home based services and alternative day in centre based services)
- Parents feedback about Tele rehab: Tele rehab is not as effective as regular home visits, because children may not be cooperative in tel rehab; but it helps us to continue the therapy for our children.
- 33 % of the parents have shown interest for a combination of home visits as well as tele rehab provided Tele Rehab as an additional support
- 63 % of the parents expressed they would be very unhappy if the home visits are converted to Tele Rehab and 37 % of the parents expressed they would be unhappy if the Tele Rehab are converted into Home visits.
- Parents were not accepting the idea of the majority of therapy sessions occurring over the phone.

38
3

Tele Rehab. - Way forward:

- Parents can be trained at their convenient time in future
- Parents meeting from anywhere
- Fathers involvement is appreciated in lockdown period.
- Successful reach of unreached people.

Home based rehab started partially from October 2020 is now fully in force from January 2021 for both Early Intervention and Above 6 programs.

The concept of Tele Rehab will be brought back in stages during the year 2021-22 in Above 6 program by strengthening the parents groups and community participation. The same concept will be used for Early Intervention in extension areas outside Tenkasi, Tirunelveli and Thoothukudi Districts.



Activities update – Attendance and occupancy

Month	Home Student	DYTS	Spinal injured	RPSNC	Sl. No.	Dept	Avg. Attendance per day	Students Strength	% Attendance
April	29	14	19	20					
May	14	6	16	0	1	Hand Work	5.00	5	100%
June	2	4	14	0	2	Tailoring	7.00	9	78%
July	0	5	14	0	3	Tailoring ITI	7.00	10	70%
August	0	5	14	0	4	RCI	8.00	11	73%
September	7	7	5	0	5	Computer	4.00	7	57%
October	10	9	5	0	6	Typing	25.00	41	61%
November	10	25	5	0	7	Sangamam VTC	8.00	21	38%
December	19	35	6	0	8	ITI DTP	7.00	8	88%
Jan-2021	25	39	7	10	9	ITI COPA	7.00	7	100%
Feb-2021	29	37	11	15			78.00	119	74%

Webinars

Row Labels	Count of Topic of Webinar	Sum of No. of Staff	Row Labels	Count of Topic of Webinar	Sum of No. of Staff
Covid 19	30	347	Amar Institute	10	124
Disability Rights	17	57	Fund Raising	13	29
Early Intervention	33	79	HRD	5	7
Fundraising	17	35	Kanchi Block	1	5
Human Resource Management	5	19	MTU	32	69
Legal	1	1	SSV. Hr.Sec.Schl.	24	206
Management	4	43	SSV.Primary.Schl.	6	61
Rehabilitation	46	190	Saradambal ITI	8	109
Skill Development	29	266	Secy. Off	3	7
Tele Rehab	2	4	VBRI Above 6	12	39
Grand Total	184	1041	VBRI Below 6	68	380
			VBRI-D	2	5
			Grand Total	184	1041

PWD /NPWD / INVOLVED PARENTS	COUNTA of Vaccinated 1st dose	COUNTA of 2nd Dose date	COUNTA of Total
INVOLVED HUSBAND	2	1	2
INVOLVED PARENTS	9	8	10
NPWD	210	109	227
PWD	41	26	46
Grand Total	262	144	285

The COVID 19 pandemic has shattered everyone. The lockdown due to the pandemic is a double whammy for the Persons with Disabilities for the following reasons. Besides the trauma of not knowing what is in store for us with no clue about the end of the pandemic; social distancing though an important measure to be followed, but gives us a feeling of an inexplicable alienation from one another, coupled with the sense of insecurity of work and life. While this is the case with every normal person world over, but in the case of Persons with Disabilities it is all the more complex since they cannot access the relief measures on their own and social distancing is not possible for all of them as they need the support of caretakers and other service providers. It is in this context, that the persons with disabilities are more vulnerable to the situation.

Amar Seva Sangam, therefore, prioritized its activities by providing the relief material kits consisting of sanitizers, hand wash and facemasks, besides supply of dry rations, distributing awareness materials and counselling wherever necessary, to over 1600 families of PwDs in our region. This apart, we are also carrying out our programs through our novel initiative called "Tele-Rehab" by way of telephony and video conferencing wherein our field workers and therapists guide the caretakers and parents on the course of therapy to be given to the PwDs under the watchful supervision of our experts. By this way, we ensure the health and safety of the PwDs.

We fear that coming days might be even more critical and we have to be very careful and watchful of the pandemic till it eventually gets over. This means need of lot of money and calls for funding support from our philanthropic minded donors – the individuals, Corporate, Societies and Trusts both inland and overseas. Therefore, we appeal to generously support us with your mite.

<https://www.eventavenue.com/attReglogin.do?eventId=EVT8375>

#helpPeoplewithdisablity

#amarsevasangam

Conclusion

Our efforts to manage Amar Seva Sangam in tight pandemic conditions is not only challenging but also a test on our resilience. This is an opportunity to discover our own unknown potential and stay ahead.

S. SANKARA RAMAN

Hon. Secretary.

31 Mar 2021

Management Report

Amar Seva Sangam (ASSA) has successfully completed 40 years of distinguished service for the cause of the differently abled by providing residential, rehabilitation services, medical help, vocational training, new avenues of employment and more particularly Early Intervention in children with developmental delays, besides supplying necessary mobility appliances.

Started in 1981 in a humble way with a few students, the Sangam had flourished and reached new heights. **Today, Amar Seva Sangam is a much sought-after premier institution in the field of Disability Management in the country.** This was and is possible only because of the support and patronage of well-wishers who stood by our side during times of crises. We are all indebted to them for their support.

Effective cost control measures, strict surveillance and constant monitoring have resulted in producing much better results. More efforts have been put into all the departments to ensure continued improvement in the financial performance for continued and sustained development. This is definitely not an easy task in view of ever-increasing inflation in all fields of the Sangam's activities.

The impact of the organization's activities is far and wide. We have raised our performance to a level to prove at large that **disability is not a constraint but only a condition** that is to be understood and lived with. The total number of services received by persons with disabilities who have got direct rehabilitation since the inception of Amar Seva Sangam is 64238.

The social impact of our rehabilitation and training program had resulted in growth of number of persons benefitted by our services. We have discharged 1017 people as on March 31, 2021, after rehabilitation and they are at their respective places. Brief details are as under:

Score card of beneficiaries as on 31.03.2021:

Particulars	No. of Persons
Area Covered:	
Districts covered	4
Villages adopted by the Sangam	900+
Villagers benefitted through the Sangam	16000+

Rehabilitation:	
Children in the Home	39
Orthotics Center with Manufacture/ service of callipers and assistive devices	449
Children who attended the Special School	56
Patients treated in the Medical Testing Unit	215
Persons received post-acute care for Spinal Injured	10
Children who attended Early Intervention Center	179
Children under Home rehabilitation through Early Intervention	1061
Students with Disabilities (DYTS) at hostel	40
Goshala with cows and calves	60

Education:	
Children who attended the integrated school inclusive education*	20
Children in Nursery, Primary and Hr. Sec. School	679

Skill Development:	
Students with disabilities who undergo skill trainings in vocational training center	191
Students in Alagappa and Rehabilitation Council of India	122
Amar Seva Saradambal ITI for Computer, Tailoring, Mobile repairing under skill India program	28

Our employment score, after completion of our program:

• No of persons working in software company - 7	• Self Employed – 174
• B.P.O / Call center – 32	• Government Job – 34
• Professional (Lawyers) – 3	• Employed in Amar Seva Sangam – 35
• Private companies – 171	• Domestically employed in the family trade - 214

S. Ramakrishnan
Founder Chairman & President

S. Sankara Raman
Promoter Co-Chairman & Secretary

FLASH BACK

Amar Seva Sangam was founded in Ayikudy in 1981 – the International Year for the Persons with disabilities, by **Shri S. Ramakrishnan** with only a few students. His ambition was to become a Naval Officer. He cleared many of the physical fitness tests during SSB at Bangalore; but unfortunately, in the last round of the test held on 10th January 1975, he fell down and broke his spine. He became a quadriplegic and after intense treatment both at Bangalore and Pune (in Defence Hospitals), he returned to Ayikudy. He decided to start a school for the Rehabilitation of the children with disabilities. He christened the Organization as Amar Seva Sangam as a respect to his Doctor/mentor Amarjit Singh Chahal. Bharat Ratna Late Shri C. Subramaniam was the first Chief Patron and Dr. M.S. Swaminathan is the current Patron-in-Chief, while Shri N. Vaghul, Former Chairman of ICICI is the present patron. What was started as a small school with few children has grown over the years and after thirty-eight years today, Amar Seva Sangam is a premier institution in the field of disability management in the country. The school which had only a handful of children to start with in 1981 has now grown up as a good Higher Secondary School, guided and taught by dedicated teachers. The Nursery School has a good strength of children with trained teachers and Helpers. Smt. Sivasankari, the famous Tamil writer and Novelist, who made known almost to the whole world the good work done by Shri S. Ramakrishnan and her write-up in the famous and very widely circulated Tamil Weekly Magazine 'Ananda Vikatan' touched the hearts of millions of people in India and abroad who generously contributed in cash and kind to the growth of the organization appreciating the undaunted spirit of the persons with disabilities person, Shri Ramakrishnan in wheelchair, who is working for the cause of not only the children with disabilities but also for the downtrodden as a whole.

In 1992, **Shri S. Sankara Raman**, a practicing Chartered Accountant at Chennai and wheelchair user, due to Muscular Dystrophy, relinquished his lucrative practice and joined Shri S. Ramakrishnan and today he is the Honorary Secretary of the Sangam. Both are visionaries with missionary zeal and have been meticulous in the planning and execution of various projects.

The Structure:

- * Our organization is founded and run by physically challenged persons.
- * Built a good team and infrastructure.
- * Delivering quality and value-added services.
- * Operating at local, regional and national spectra.
- * Professionally run organization.
- * Conforming to ISO 9001 – 2015 standards.
- * Process oriented organization with latest technology adoption for financial and operational areas.

Our achievement in 40 years

- * We have developed a globally recognized and highly impacting scalable model for Early Intervention for children with developmental delays, called **ENABLING INCLUSION®**
- * We have got recognition by receiving several State, National and International awards. * Campus located in a 33-acre land.
- * We have successfully conducted an international conference on Early Intervention for children with developmental delays which evoked great response and potentials for building up partnerships for scale up of our program.

Our goal for 2022-23

- * Scaling up of our Early Intervention to more villages, other NGOs, State Govt and international organizations with aim to cover 100000 children by 2030.
- * Enhance tele-rehab and remote rehabilitation services.

Our current plans:

- * Securing protection to the Intellectual Property Rights assets arising out of Sangam's innovations.
- * Enable digital based payment gateways for fund mobilization.
- * Infrastructure development in the campus for compound wall, renovation of existing buildings like, Medical Testing Unit, Home
- * Enabling Inclusion – Center of Excellence.

They are aware that like corporate bodies, the Sangam should have perpetual life and have been working towards a **tomorrow** when, even in their absence, the good work started by them can go on continuously.

Amar Seva Sangam believes that the **persons with disabilities** can contribute to society and the impression that they are to be **sympathized** and pitied is a **misconception**. Amar Seva Sangam feels that if the differently able are given a level playing ground, they can be as productive as anybody else in society. The Sangam's ultimate aim is to empower the persons with disabilities to make them equal citizens.

Today, we have a Home for the Children with disabilities, a school for Children with Special needs, an inclusive and an inclusive Higher Secondary School for both the students with disabilities and others, a Medical Evaluation Unit for the persons with disabilities, a center for Spinal Cord Injured persons, a center for Early intervention for children with developmental delays, separate hostels for boys and girls, Vocational Training Center for making Note Books, a Typing Center, a Tailoring Center, Handicrafts making center and an Advanced Computer Training Center. ASSA believes that mere rehabilitation without proper education is empty. Hence, we stress importance for formal education and it is in this context that we have opened a Special Study Center of Indira Gandhi National Open University (IGNOU) and also of Alagappa University in the campus.

All these were possible only because of the support of kind-hearted people like you and support of the corporate. With your continued support we are confident of realizing our dream of establishing "The Valley for the Persons with disabilities" as a Rehabilitation and Development Center for the region and developing models for self-help initiatives by integrating the persons with disabilities individuals with the society for improved living conditions in the village.

We solicit the continued patronage from all our well-wishers.

ANNUAL REPORT 2020 – 2021

Amar Seva Sangam has completed 40 years of rehabilitation services to the differently able with diligence and earnestness after a humble start in 1981. It gives us immense pleasure to put on record our activities for the year 2020-21 and share our sweet memories.

We are proud to say that we are now one of the leading institutions in the field of Disability Management in India.

MAJOR HIGHLIGHTS

MIDI Award (15.09.2020): The Spindle, the innovation platform of Partos, has awarded Amar Seva Sangam for the Early Intervention project, “The 2020 Most Inspiring Digital Innovation” Award. The digital expert selected our mVBR-EI app among more than 100 applications.



PMI, one of the world's largest not-for-profit membership associations for the project management profession has been administering these awards in India since 2009 to honour excellence in the project management profession.

The project of the year –NGO:

This award recognizes and honours a project team that has achieved superior results through exemplary application of project management principles for projects, programs or similar initiatives implemented by Non-Governmental Organizations (NGOs). This category excludes the efforts undertaken by corporate bodies or organizations as part of their Corporate Social Responsibility activities. Award Dt.21st November 2020.



Appreciation Award to Amar Seva Sangam - A honour from Cognizant for being key partner with them was conferred 23rd September 2020



Tata Mumbai Marathon 2020 Award 27.10.2020. Our Secretary, Sri S. Sankara Raman, had raised about Rs.74 lakhs in the Tata Mumbai Marathon 2020, which was held on 19th January 2020. The award was presented at the Raj Bhavan, Mumbai by the Honourable Governor of Maharashtra, Sri Bhagat Singh Koshyari, on 27.10.2020. The award was received by our Mumbai Associate, Smt. Bhuvaneswari on behalf of Amar Seva Sangam.

Other Events



The District Collector Dr.S. Sameeran, I.A.S. Tenkasi District visited the Sangam on 12.12.20 and had discussions with President and Secretary.



MTU Block expansion Inauguration (Virtual mode) on 21-Dec-2020



We participated in the India Generosity Run 2020 organized by Guide Star India. The IG Run was inaugurated by the Secretary, Shri. S.Sankara Raman along with his wife Smt. Ramani Sankararaman, Inmates of Amar Seva Sangam on 2nd October 2020. The event was conducted from 02.10.2020 to 11.10.2020



	Nos.	Kms.
Batches	506	7358
PWD	1258	2748
Others	2111	4610
Total	3369	7358



The staff of Amar Seva Sangam were inoculated (Covishield vaccine) as a part of nationwide vaccination program started from February 2020.

Our Activities

1. Institution Based Rehabilitation

1.1. REHABILITATION

1.1.1. Home (Residential care)

The Home provides housing, food, clothing, transportation, Medical Aid & Appliances and Education in the Sangam's Play/Nursery/Primary/Higher Secondary Schools to Children who are in the age group of Five to Eighteen. Higher Education is provided outside the Campus. They are also given Special Coaching.

S.No.	Stages	Cumulative up to 31.03.2020	2020-21	Total up to 31-03-2021
A	Residential Care Students		At the beginning of the year 45	
B	Children discharged and promoted to Village Based Rehabilitation*	223	During the year 6	229
C	New Entrants*		During the year 0	
			Total At the end of the year A-B+C=39	

* Due to Covid-19 pandemic new admissions were not encouraged.

Success Story

P.Ulaganathan, affected by locomotor disability (Genu Recurvatum - Bilateral) is hailing from Ayikudy village who was admitted in Home on 10.06.2009. At that time, his mobility was with the support assistive device (Caliper-AFO) and after prescribed physiotherapy, he is now walking independently. He continued his school from LKG to school final in our Siva Saraswathi Vidyalaya Higher Secondary School. He was provided with proper and regular physiotherapy. He was advised to concentrate in his studies with special attention and now he has completed his 12th Std. with 476/600 and pursuing his higher studies by joining B.Com in Sathiyabama University Chennai and his ambition is to be a Chartered Accountant.



1.1.2. Sangamam School for Special Children

SANGAMAM School for Special Children is a Day Care Center which was started in 1997 with only nine children. Handi-Care Intl, Canada - one of our major donors, raised funds for the construction of the building and a full-fledged school was inaugurated in 2009. Special children who need individual and particular care residing at various places in and around Ayikudy are brought to the School by Sangam's vehicles sponsored by ASHA for Education, Seattle USA – (Berkley Chapter). While at Special School, they are trained in daily living activities, life skills, self-care, reading, writing and speech apart from vocational skills. Besides physiotherapy and additional health care requirements, the children are also provided with free nutritious lunch, biscuits and milk.

Children with developmental disabilities would include children requiring an array of different interventions. This helps them to get needed services by setting appropriate goals, and therapy plans. Due to Covid-19 pandemic the classes were held through virtual mode.

Type of Care	Cumulative till 31-03-2020	Children at the beginning of the year (2020-21)	Admissions in 2020-21	Discharged in 2020-21	Children at the end of the year 2020-21 (B+C-D)	Cumulative till 31-03-2021
	A	B	C	D	E	F
Residential Program for RPSNC (Transferred from a discontinued program by the Govt.)	45	18	0	4	14	41
Day Care (attending Sangamam school)	222	56	0	1	55	221

MASTERS OF THE YEAR:

Muppudathi, a child with special needs was admitted in Sangamam School for Special Children in May 2008 at the age of five. On the time of admission, his concept level in money, number, reading and writing were very poor. He was very shy, very poor in communication and socialization skills. He could identify only pictures. He was trained in various areas like reading, writing, money and time concepts. Behaviour modification was also given to change his behaviour problems. Now he can do simple mathematical calculations using calculator, read simple paragraphs and explain it to his peers. He can sell things in a shop with support. His communication skill is improved and he can explain his work. He has successfully completed Pre-vocational training and moved to our Sangamam VTC for the Data Entry Training.



V. Ishanika admitted in Sangamam School in August 2008. She is 12-year-old girl with Autism disorder. During her admission she was very dependent in her Activities of Daily Living (ADLs). She had Sensory problem and behaviour issues. Her eye contact is very poor and screamed often. She was given training in Special Education, Occupational therapy, Sensory Integration and Behaviour modification. Now her eye contact is very good and her receptive language is good. She is very co-operative in doing her daily activities. She is doing simple exercise and she is able to follow one word commands.



1.1.2. Sangamam-Vocational Training Center

Sangamam VTC was inaugurated on 30.01.2017 with 28 Students with Intellectual Disability. The main objective is to make such students to socially and economically independent. The training for the work is given based on the student's interest and ability. The vocational trainings given are Data Entry, chalk piece making, Phenyl making, soap oil making and computer sambirani making. We have tie-up with the AMBA (Professional Data Entry and Livelihood programme using AMBA Curriculum), Bangalore for the data entry training whose Vision is to change paradigms and mind-sets about adults with moderate to severe intellectual disability while discovering infinite possibilities for a life of dignity for them through economic empowerment. The course has been divided into four phases like non-computer activity, computer activity, simulation work training and job placement.



This program provides trainings for a period of two years and so far 58 students have successfully completed the vocational trainings from 2017 and discharged. Out of the students discharged,



- Four Students are helping their parents in their own shops
- Two are doing jobs in super market in the nearby places
- Three are working in Hosiery job work unit section at Amar Seva Sangam
- Four are working in nearby companies
- Ten children are doing Data entry work for AMBA.

Particulars	cumulative up to March 2020	2020-21	Cumulative up to 2021
No. of admission	58	20	78
No. students trained (or) undergoing training	58	20	78
No. of students discharged	58	--	58

1.1.3 Orthotics Center

The Orthotics Section was established in 1993 which is functioning inside the campus manufacturing, repairing and servicing calipers and other appliances both for the residents of the Sangam and for people in the villages. The entire Services are provided at Free of Cost. Initially, we had an assembling and repair correction facility based on the minimum requirement. Year after year requirements of appliances and repair correction increased by the extension of the service areas in our Village & Institution-based Rehabilitation Services through the Awareness.

We started assembling different types of appliances including assembling of wheelchair & Repair correction based on the Service User's Disabilities with help of Indian & Foreign Physiotherapists and Occupational Therapists and year by year wise steadily increased the numbers of assembling appliances and repair corrections.

For the period, 2020-2021:

- Consultation offered - 160
- Calipers / Crutches / Shoe & Sandals / Artificial Limbs Manufactured -111
- Other appliances manufactured - 49
- Calipers / Crutches / Shoe & Sandals / Artificial Limbs repaired - 289
- Other appliances repaired (Wheelchairs / Tricycles) - 83
- Commercially made Wheelchair Assembled - 60

The volume of such services provided during the year is given below:

S.No.	Particulars	2019-20	2020-21	Cumulative till 31.03.2021
Manufacturing				
1.	PVC Calipers	215	70	2025
2.	Alimco & Metal Calipers	24	4	431
3.	Crutches & walking aids	61	36	789
4.	Shoes & Chappals	11	1	588
5.	Artificial Limbs	0	0	4
6.	Others	134	49	3144
	Total	445	160	6981
Repairing				
7.	PVC Calipers	229	55	5358
8.	Alimco & Metal Calipers	19	0	3057
9.	Crutches	365	115	5698
10.	Shoes & Chappals	115	19	3510
11.	Artificial Limbs	21	7	577
12.	Others	241	93	5248
	Grand Total	990	289	23448



Without assistive device

Baby. **Sai Pavi**, aged 4 years, is affected by Cerebral Palsy. Her father works for daily wages as coolie and mother is a homemaker. She suffers from muscle weakness and could not use her limbs for daily activities. Now, with the help of arm gaiters, walker and other supportive devices, she is moving around independently.



With assistive device

1.1.4. Medical Testing Unit for Persons with disabilities (MTU)

The Medical Evaluation Unit, also known as Medical Testing Unit (MTU) was set up in 1998 with the support of Government of Japan. As a nerve center, MTU is extensively used by the families of the challenged individuals. This unit is quite popular, and we have a separate section for newborn babies who may need physiotherapy attention right from the early stages. The center's approach is modern and uses items like soft mattresses, mirrors, specific play materials for the children apart from new rehabilitation techniques. All these facilities are extended to the service users at a very nominal cost.

Apart from treating patients, many physiotherapy students from various colleges in Tamil Nadu and from Foreign Universities are placed in this unit for Rehabilitation Training as part of their Academic Schedule.

MTU conducts awareness training for the Parents and Caretakers of Children with Cerebral Palsy. It also conducts awareness training for the Medical and Non-Medical people about the Disability.

Daily about 130 service users benefit from this unit. The unit has well equipped Electro Therapy Appliances which contains various advanced features for treating pain conditions of the Back, Neck, Knee etc. We deliver Special care for the people who have had a Stroke (one half of the body paralyzed) through new Neuro Handling Approaches.

We arrange Corrective Surgery for the needy service users with the Philanthropic Support of Dr. K. Murugiah, who has a well-equipped Hospital in Surandai which is a nearby town and the Philanthropic Surgery done by Dr. Arivasan, an Ortho Surgeon in Madurai and Dr.Aram, a Plastic Surgeon in Madurai. No words of thanks will be adequate to express our gratitude to these doctors.

The results are highly encouraging which is evident from the following table which shows the number of patients visiting the Center and the Number of Services attended to by the Center.

Services of Medical Evaluation Unit for Persons with disabilities – Year-wise

Year	No. of Patients	No. of Service attended
2018-19	350	30451
2019-20	680	31131
2020-21	215	6576

Due to the Covid-19 pandemic, the number of patients attended seems to be low.

1.1.5 Spinal Cord Injured Post-Acute Care Center (PAC)

The Spinal Cord Injured Post-Acute Care Center was started in 2007. The patients are from all over India and so far, 203 service users were rehabilitated and discharged and out of these 113 are actively engaged in pursuing their livelihood. The Center has become very popular and we have a long waiting list of nearly 80 spinal injured people from different parts of India for admission in the center.

This unit provides both Medical and Vocational Rehabilitation to the Service Users. It mainly focuses on developing independent daily living skills.

It provides good nursing care, manages complication and gives suitable vocational training and psychological counselling to meet the challenges which one may have to face during the rest of their life.

We conduct annual get -together programs of the Discharged Spinal Injured Patients living in various places for them to interact. These programs include Free Medical Camp, follow up visits and Vocational Counselling. This center keeps in touch with all Discharged Patients by regular house visits.

We also advise the Service Users, as regards changes required in their house structure so that it becomes user friendly for them.

Physiotherapists, Occupational Therapists and SLP Students from 11 different Canadian universities are visiting PAC center for their clinical placements each year. They are involved in rehabilitation activities & research activities.

Year	Discharged during the period (A)	No. of PAC patients at the end of the year (B)	No of PAC served during the year (A+B)
Till 2013	10		
2013-2014	14	12	26
2014-2015	14	15	29
2015-2016	13	16	29
2016-2017	17	16	33
2017-2018	18	17	35
2018-2019	27	17	44
2019-2020	19	21	40
2020-2021	11	10	21
Total	143		153

*PAC: Post-Acute Care Center

1.1.6 Hostel for Youth Trainee Students with Disabilities

Amar Seva Sangam has Hostel Facilities for Physically Challenged Boys and Girls to pursue their higher education and Vocational Training.

Hostel Occupancy

The boys & girls staying in the hostel pursue higher studies, undergo training at our various vocational centers e.g., Tailoring, Typing, Computer etc. under Vocational Training program or through Amar Seva Saradambal ITI, such that when they move out of Amar Seva Sangam, they are fully equipped and ready to take up new assignments and employment.

S.No.	Details	Cumulative till 31.03.2020	Current Year 2020-21	Cumulative till to 31.03.2021
1	Strength at the beginning		56	
2	New Admissions		--	
3	Discharged	269	16	285
4	Strength at the end		40	

The Successful Trainees

Sakthivel, S/o Kamaraj and Esakkiammal couple, born on 08.12.2002. His father is working as a load man in the Alangulam market and his mother is a labor of Beedi Company and she is a cancer patient. He is the younger student in his family. Due to congenital deformity his both Knees were affected. He has finished his schooling (XII standard) on 2020. For a year he was in home with lot of stress on feeling the condition of his family and he was in a situation to support his family financially.



He was brought to Amar Seva Sangam through a Screening camp conducted by the Village Based Rehabilitation Team. After necessary assessments, he was selected for the ITI trade Computer Operator and Programing Assistant, in the free time he got trained in typewriting also. He was provided with free food, accommodation, and course fee, study materials. Then he was recommended to participate in the Apprentice job mela for ITI's conducted at Tenkasi Government ITI and was directly recruited by AUTO TEX Private Limited, Coimbatore with a decent salary and free accommodation. He helped his mother to undergo an operation for breast cancer and who has recovered know. The entire family is out of stress and are thanking all persons, who directly and indirectly supported them.

1.1.7 Rehabilitation Services (RHC)

The Rehabilitation services, offered through the RHC office, provides number of support services like Scholarship, Free Bus/ Train Passes, Vocational training, Artificial limbs, School Fees, Notebooks, Wheelchairs, Job Placements and other services to needy Physically Challenged Children and Adults. The scope of services covers four districts of southern Tamil Nadu viz., Tenkasi, Tirunelveli, Thoothukudi and Virudunagar. The objective behind this is to reach out to people with Direct Delivery of Services where Village Based Rehabilitation Services have not reached yet. The total number of Service Users during the year was 10405. Under the Guidance of the Institution Based Rehabilitation Activities various Community Support Services were offered as mentioned below:

S No	Particulars	Total beneficiaries from the beginning up to 31 st March 2020	2020-21	Total Beneficiaries as on 31.03.2021
1	Identity Cards Issued	12638	137	12775
2	Scholarship to students with disabilities	1626	-	1626
3	Free Bus Pass Facility	1306	15	1321
4	Train Concession Pass Facility	1166	25	1191
5	Persons who got (MR) Maintenance Grant	3271	41	3312
6	Students who received vocational training	1264	222	1486
7	Students who received Artificial Limbs	308	-	308
8	No. of persons who received FFE scholarship	101	-	101
9	Tricycle-cycles and wheelchairs issued	1443	25	1468
10	Persons who got Bank loan with subsidy	573	30	603
11	Persons who Participated in State, District level sports	719	-	719
12	Camps conducted (Polio, CP and MR, Eye care)	62	-	62
13	Caliper and crutches and other appliances issued	6593	160	6753
14	Students with disabilities who got free notebooks	918	-	918
15	Students with disabilities received school fees	442	-	442
16	Patients who attended the polio and other Camps	3748	-	3748
17	Surgeries done	70	-	70
18	Persons who received medicines and tablets	7106	-	7106
19	Persons who received physiotherapy	9454	215	9669
20	Persons treated at Govt. Hospitals	62	-	62
21	Tuition Students	121	-	121
22	Persons given counselling	3119	224	3343
23	Children with disabilities received prizes in sports	1051	-	1051
24	Students with disabilities received school uniforms	407	-	407
25	Tricycle /Wheelchair Maintenance	2017	83	2100
27	Job placement given	833	-	833
	Total	60418	1177	61595

1.2. Vocational Training

Apart from rehabilitation activities, Amar Seva Sangam also provides Vocational Training in Tailoring, Handicrafts, toy making, Note-book making and book binding, Typewriting and Advanced Computer Training for the youth trainee students with disabilities. Many trained youth have been selected and employed by leading software and other manufacturing companies and are getting good salaries.

1.2.1. Tailoring / Handicrafts/ Notebook making and Binding

The Tailoring section was started in 1999 with only four physically challenged students. Till 2006 this section was only a tailoring training center.

The handicraft center makes toys, artificial jewellery, and painting on fabrics, ceramics, sarees, glasses, stoneware and other items. The center is always upgrading its quality and bringing out innovative designs which are always in good demand.

This center prepares all the mementos that the Sangam presents to various visitors besides meeting orders of the visitors who are impressed by our work. It may be mentioned here that staff well versed in handicrafts are very few in number. We intend taking aggressive marketing steps to boost up our sales of handicrafts/ toys.

DETAILS OF TRAINEES

S. No.	Particulars	2019-20		2020-21		Cumulative till 31.03.2021
		Students with disabilities	Other Students	Students with disabilities	Other Students	
1.	Tailoring	50	26	4	19	963
2.	Handwork	16	2	2	0	364
Total		66	28	6	19	1327

1.2.2. Typewriting Center

Typewriting center provides training to rural poor and physically challenged students to get employable skills. The Tamil Nadu Government conducts the examinations twice a year. The Government of Tamil Nadu had made it obligatory that passing the senior grade typing examination is necessary for data entry jobs both in Government and private sectors. Due to this Government regulation, many data entry aspirants nowadays join the typing classes. It has been observed that the students approaching the typing center are keen to learn typing both in English and Tamil.

Details	Students appeared for Exam 2020-2021		Cumulative till March 2021		
	Students with disabilities	Other students	Students with disabilities	Other students	Total
Junior (English & Tamil)	5	17	287	240	527
Senior (English & Tamil)	12	8	151	156	307
Total	23	47	438	396	834

1.2.3. Computer / Information Technology

The Sri Sathya Sai Institute of Computer Education & Training was established on December-1995 and providing training to the students with disabilities under inclusive atmosphere. Many donors like Microsoft, Infosys, Cognizant Technologies etc. helped us with their funding to set up a Computer Lab in our campus where courses of P.A.C. Ramasamy Raja Polytechnic College, Rajapalayam, State project co-ordination unit, Chennai and Canada-India Institutional Co-operation Project, under Directorate of Technical Education, Chennai and a few other Certificate courses are conducted.

The following table shows the various courses offered and students enrolled for the new courses during the year.

S.No	Courses	1996 to 2020 Cumulative	2020-21	Cumulative till 31.03.2020
1	MS Office	604	13	604
2	DTP	328	-	328
3	Tally	110	4	110
4	Hardware & Networking	5	-	5
5	Short Term Course	80	3	80
6	CCA-6 Months (DCA/DBA/DEO/ Office Automation/Auto CA / BCP/ FoxPro/C' Programming Till 2012)	406	1	406
7	CCA-1 Year (PGDCA Till 2012)	26	-	26
8	Summer Course	1162	-	1162
	Total	2721	21	2742

Note: All 21 are students with disabilities.

1.2.4. Other Training Programs

We also conduct vocational training with a view to empower our residents and other differently able persons from in and around areas of Amar Seva Sangam, making them independent and enabling them to be self-employed.

- Domestic Appliance Service and Motor Coil Rewinding Training
- Cell Phone Servicing
- Gold Appraisal Training
- Two-wheeler training
- Screen Printing Technology Training

In the case of Cell Phone Servicing and Gold Appraisal Training, our charges are recovered from the respective department of the Government, which issues the recommendation letter to the trainees who undergo training at Sangam.

S. No	Course Name	2013 to 2020 (Cumulative)	2020-21	Cumulative till 31.03.2021
1	Gold Appraiser	164	-	164
2	Cell Phone Service	314	11	325
	Total	478	11	489

1.2.5. Amar Seva Saradambal ITI (Industrial Training Institute)

To promote the skill development programs for Persons with Disabilities and Women to achieve the high level quality in skill training with National Standards, with valuable accreditation, to ensure continuity in education and possible employment thereof, Amar Seva Sangam inaugurated Amar Seva Saradambal ITI on 08.10.2019, approved after due diligence and compliance by the National Skill Development Corporation (NSDC) and Ministry of Skill Development and Entrepreneurship (MSDE). The ITI imparts 6 months to one year skill development program on Smart phone technician cum App Tester, Cutting and Sewing, Computer Operator and Programming Assistant – COPA (IT &ITES) and Desktop Publishing Operator (IT & ITES) – DTPO. The students are trained in various trades at free of cost. They are provided with free Study materials, coaching, Transport, food & accommodation.

18 of our students have got direct placement in AOTO TEX, Coimbatore and VALLI MILLS SATTUR through the Apprentice Mela conducted by National Skill Development Corporation.

During 2020-21, 17 students were admitted in the ITI to pursue the skill trainings.

Courses	No. of students admitted in 2019-20	No. of students admitted during the year 2020-21	Cumulative
Smart phone technician cum App Tester	12	-	12
Cutting and Sewing	12	5	17
Computer Operator and Programming Assistant – COPA (IT &ITES)	7	7	14
Desktop Publishing Operator (IT &ITES) – DTP	8	5	13
Total	39	17	56

1.3. Education

Education empowers people and makes them lead a quality life and many of the rural children in and around ASSA were made to get the benefit of education by our initiative of starting schools in our premises. Unlike the urban schools, the normal children pay a nominal annual school fees while it is free education for the students with disabilities. The integration of these children in our school helps them to understand each other's needs in a better way.

1.3.1. Nursery, Primary and Higher Sec. Schools

The nursery school set up in 1981 and upgraded to middle school in 1991 was elevated to the status of a high school in 2009 and the eighth batch of 10th standard students appeared for the public SSLC examination in March 2020.

Due to the prevailing Covid-19 situation at that time the State Government had declared all pass of the students without appearing for the public examination who were to attend the SSLC public examination in March 2021.

Also, the fifth batch of 12th Standard students did not write the examination. Their marks had been calculated by the Government. We have secured cent percent success during March 2021. The first three toppers scored 546.83/600, 536.63/600 and 531.19/600 respectively. The results of SSLC and Plus Two are very encouraging to all, especially to the students. We are proud to mention that our Home student, P.Ulaganathan, a physically handicapped has scored 476.02/600.

- ❖ Siva Saraswathi Vidyalaya School has spacious and well ventilated classrooms; playground, computer lab and library. The existing Play school is very much enjoyed by Nursery students. Our school classrooms let students show interest and make them motivated to come to school. Children use the playground to play games like cricket, football, khokho, volleyball, throw ball, kabadi, etc. which help them to be fit & healthy. We provide quality education with qualified teachers. Primary school teachers underwent much training like Shraddha, Katha on Ratha, etc. We have a library with more than 5000 books. Students can use books from the library for reference to score more marks in public examinations. Our Students have the capacity to select their subjects for pursuing their higher studies. Inclusion in education brings all students together in one classroom regardless of their psychological & physical strengths. Qualified teachers are appointed for teaching special children. Many special children scored good marks in X and XII standards. Centum result is achieved in 10th, 11th and 12th standard annual examination conducted by Tamil Nadu Government. Extracurricular activities like Yoga, karate, meditation, bharatanatyam, school band are also provided to our students. Every year we are getting district level prizes in sports. Some of our students are also participating in national level yoga & chess competitions.
- ❖ We are conducting online classes from LKG to XII from June-2020. It has reduced stress for both students and teachers to concentrate on regular education irrespective of changing situations. Standard chartered bank sponsored 174 mobiles to our students. It is very useful to improve their academic side as well as their potential. They are very much interested in studying the lessons online.
- ❖ 20 Special children 14 Home children and 140 Main stream children were benefited through the SCP Project.
- ❖ Our students are also involved in Scout & Guide activities and won “Rajya Puraskar” award by the Governor of Tamil Nadu right from the year 2014. We also have club activities like Eco club, scout, etc. Our students take active participation in various competitions organized by other schools and win many prizes.

1.3.2. Siva Saraswathi Vidyalaya Nursery School

S. No.	Particulars	2019-20	2020-2021
1.	Strength at the beginning	180	152
2.	New Admission	78	63
3.	Withdrawals	106	87
Total strength at the end		152	128

1.3.3. Siva Saraswathi Vidyalaya Higher Secondary School

S. No.	Particulars	2019-20	2020-2021
1.	Strength at the beginning	563	561
2.	New Admission	144	124
3.	Withdrawals	146	133
Total strength at the end		561	552

Strength of differently able Students out of the above

S. No.	Particulars	2019-2020	2020-2021
1.	Higher Sec. School	35	35
2.	Primary School	27	18
3.	Nursery School	0	0
Total		62	53

Given below are our Top Performers in the Plus Two Public Examinations 2021

			
FIRST A.Usha 546.83/600	SECOND M.Muthulakshmi 536.63/600	THIRD S.Srivarsha 531.19/600	DIFFERENTLY ABLED Ulaganathan 476.02/600

1.3.4. Sivasankari Public Library

We have a Library with good collection of books for the children and elders in our campus.

S.No.	Particulars	2019-20	2020-21
1.	Books in the library	466	121
2.	Membership	119	156
3.	No. of persons utilized our library	3132	830

1.3.5. Education for Empowerment

As part of our educational initiatives we have,

1. Special Study Center for IGNOU and Alagappa University for distance education.
2. Tie up with Rehabilitation Council of India for the rehabilitation of the persons with disabilities.

The purposes of the above programs are:

- To educationally empower the persons with disabilities in an integrated environment.
- To offer skill development opportunities.
- To identify and develop persons with entrepreneurial aptitudes and social orientations with capacity building inputs.
- To build capacities in persons already engaged in social sectors and to bring out educated and empowered people – both persons with disabilities and non-persons with disabilities for the benefit of society.

1.3.5.1. Indira Gandhi National Open University (IGNOU) Special Study Center

The IGNOU Special Study Center started in the year 2000 continues to attract many students. Through this Center students are able to pursue their higher studies while they undergo their vocational trainings. Since the syllabus is standard and in simple English students would like to join this center.

IGNOU Annual Report Students Strength 2020-2021

S.No	Stages	2019-20	2020-21
1	Number of students at the beginning of the year	51	34
2	Additions during the year	25	0
3	Course completed student	36	15
4	Discontinued Student	6	6
5	Number of students at the end of the year	34	13

1.3.5.2. Alagappa University Study Center

We have started the Alagappa University Study Center in 2008. Since the courses are in Tamil language students who have undergone their school studies in Tamil medium would show interest in join Alagappa Study Center and pursue their higher studies.

This university provides special offers to the Students with Disabilities to pursue their graduation at free of cost. They can do multiple courses as they wish after completing each course. This is highly appreciated and the service users of Amar Seva Sangam are using this facility.

The enrolment position for the year 2019–20 is given below.

S.No	Stages	2019-20	2020-21
1	Number of students at the beginning Year	98	77
2	Additions during the year	48	61
3	Course completed students	45	24
4	Discontinued students	24	6
Number of students at the end of the year		77	108

* Note: When the university prescribes a time period for completion of a course and if a student does not take up the examination in a particular year; but may appear for the same in the subsequent years (within the time period) we categorize those students under discontinued.

1.3.5.3. Amar Institute of Rehabilitation Science:

On identifying the needs for Rehabilitation programs, Amar Seva Sangam established Amar Institute of Rehabilitation Science, with due approval from Rehabilitation Council of India (RCI), New Delhi, under the aegis of which, we are conducting the following Courses on rehabilitation from September 2012 aimed at developing skilled personnel to work at the community level. After completing the courses, young men and women can start rehabilitation services, especially in the rural, tribal areas and also in urban impoverished areas. Furthermore, this service oriented theoretical and practical courses will provide career opportunities to the needy persons. We have got approval from RCI for running the following 2 Diploma courses.

1. DECSE (MR) - Diploma in Early Childhood Special Education (MR)
2. CCCG – Certificate Course in Care Giving

Courses covered

DECSE (MR) – Diploma in Early Childhood Special Education for Mental Retardation - 1 Year

S.No.	Stages	2019-20	2020-21	Cumulative
1	Admission during the year	11	7	18
2	Completed during the year	-	11	-

2. Village Based Rehabilitation Initiatives (VBRI)

2.1 Early Intervention Program – Rehabilitation

Enabling Access to Early Intervention Services in India's Rural Communities

It is one the most innovative and efficient community-based Early Intervention programs for children with developmental delays and disabilities from birth to 6 years.

Global Challenges of childhood disabilities: **240 million** Children with Disabilities Globally (UNICEF 2021)

In India:

- 90% have no access to Early Intervention
- 93% have no access to assistive technology

"If children with developmental delays are not provided with appropriate Early Intervention, their difficulties can lead to lifetime consequences, increased poverty and profound exclusion." -WHO 2012.

Considering the above situation and need, in 2014, we started providing EI services to Children with Developmental Disabilities (CwDDs) in Tenkasi District by hiring and training local women as Community Rehabilitation Workers (CRWs) to provide EI services to families with CwDDs **in their own homes**. In addition, our team developed a mobile app, "Enabling Inclusion" which links CRWs and parents with rehab professionals. This app guarantees that CwDD receive top-notch EI services, and their progress can be closely tracked. This app has multiple uses, such as screening preschool children for developmental delays, setting family-centered goals, and monitoring individual EI therapy plans. It also provides weekly support visits, tracks children's developmental progress, and measures parents' empowerment and satisfaction in real time.

Our innovation is technology-leveraged change shifting the ownership to the parents and providing win-win opportunities to the community and the family.

Components of Enabling Inclusion Program:

2.1.1 Therapy and Rehab Services

2.1.2 Assistive Devices

2.1.3 Training for Mothers and Caregivers and awareness program

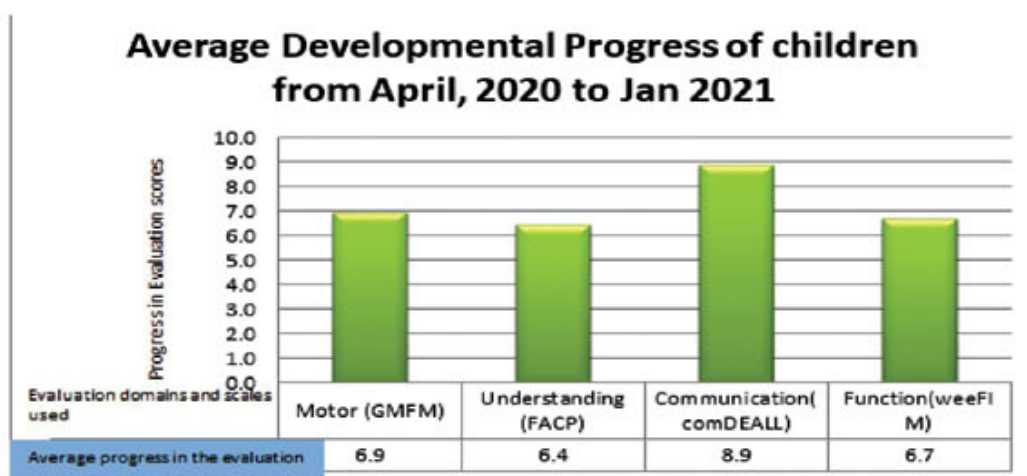
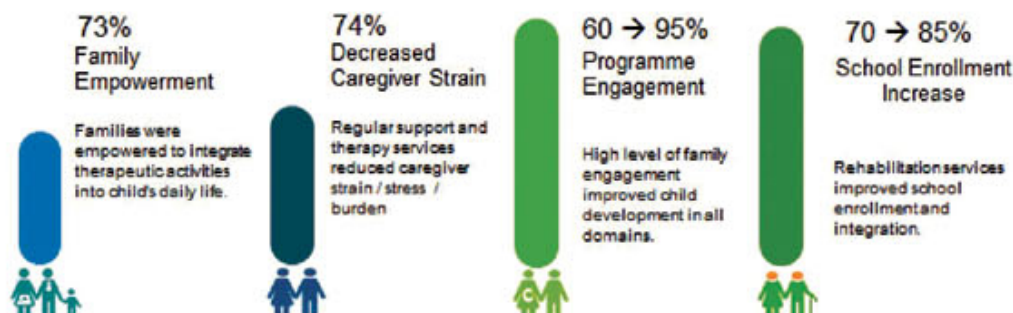
2.1.1 Therapy and Rehab Services

When children are identified with developmental delays, Rehab professionals such as physiotherapists, special educators, and speech trainers assess them. Together with the families, they create intervention goals. They teach the therapies to families, and community rehab workers follow up. Children are evaluated every six months, and their progress is monitored.

This year we have **served 803 children** (actively receiving services) in 8 blocks of Tenkasi district.

Outcomes: Enabling Inclusion® program (2017-2020)

Outcomes: Enabling Inclusion® program (2017-2020)



COVID pandemic:

During the COVID pandemic lock, we have explored many possibilities for reaching our services and continuing our work.

Some of our initiatives are

1. Tele rehab:

We provided weekly therapeutic services through tele-rehabilitation, which involved routine or video calls. Despite the COVID lockdown, we reached 96% of our service users through this method and have completed 15080 tele-rehab sessions.

1. Telemedicine:

We organized virtual medical consultations with leading physicians to address our service users' health checkups and hospital visit needs. Last year, six sessions were organized, and 30 children with disabilities received consultations.

1. Parents' WhatsApp Group:

We formed a parents' WhatsApp group. Parents with smartphones stay connected through WhatsApp groups, where they share information about different training programs available for their children.

2.1.2 Assistive Devices

• Assistive Technology

Assistive technology can be an excellent support for individuals with disabilities. These devices and too maximize the functional skills of children and adults with disabilities. It reduces dependency and caregiving support.

Promoting early independence not only reduces the caregiving effort but also improves self-esteem. Assistive technology encourages participation and inclusion in family, school, work, community, and other socialization. In children with disabilities, these assistive devices also promote development, for ex: standing frame, Augmentative, Alternative Communication, etc. Various assistive devices are available to support the different types of impairments. For example, there are multiple widgets available that can enhance mobility, communication, hearing, learning, and Braille, as well as DAISY for those with visual impairments. Some devices help to maintain existing capacity and skills. Assistive devices also give people psychological support when they start learning or relearning the skills. For example: walking after the fractures.

The use of assistive devices is uncommon in rural communities in India. Lack of knowledge on the availability of assistive devices, stigma in using assistive devices, poverty, and lack of suppliers limit the use of assistive devices.

With these challenges, Amar Seva Sangam has committed to promoting assistive technology for service users. To help children in rural areas achieve independence, we must educate parents on modified independence and the benefits of Early Intervention. It's also essential to provide assistive devices suitable for each child's need and offer fundraising support for families who cannot afford the technology. We should also provide training on the proper use of assistive devices and perform necessary maintenance work.

We performed the following tasks.:

1. Survey on the use of assistive devices:

This research project involved conducting an environmental scan of the assistive technology and devices used by clients of all ages and diagnoses at Amar Seva Sangam (ASSA) in Tamil Nadu, India.

1. Provision of Assistive Devices:

We conducted training programs for rehab professionals to prescribe assistive devices. As a result, 105 children were identified as needing assistive devices urgently. In addition, we organized assessment camps at four locations and provided the necessary equipment to help these children. Thanks to Handi Car International's full sponsorship, we provided 201 children with assistive devices this year. Additionally, we equipped the EI centers with the necessary devices.

AT Assessment Camps across Tamil Nadu

- 20 camps conducted in 2021
- **2021 Campaign**
 - Nov 2020 – Oct 2021
 - \$62,000 raised
 - 752 AT devices prescribed and distributed.


NAME OF EQUIPMENT	NUMBER OF ITEMS distributed IN 2021
Hearing Aid	28
Wheelchair (power and manual)	18
Mobility Devices - Walker/ Rollator	62
Postural Devices (CP / Corner Chair, Standing Frame)	98
Orthotics - AFO / KAFO / Other	546
TOTAL NUMBER OF EQUIPMENT DONATED	752

- Total Children Assessed From Sep 2020 till March 2021: 201
- Total Devices Required: 578
- Total Cost of the devices for children: Rs. 11,86,771
- EI Centers Equipment Cost = Rs. 2,90,552
- Total Cost: Rs. 14,77,323.



This entire program was initiated by Handi-Care Intl. in 2019 and completely supported by them.

Success Stories

Ayisha Naseema

INITIAL ASSESSMENT - 2018	LAST ASSESSMENT – DEC.2021	
Receptive language: Score: 1.42 / 4.0 Expressive language: Score: 1.66 / 4.0	Receptive Language: score: 3.75 /4.0 Expressive language: score: 3.69 /4.0	
Intervention provided: Custom fitted hearing aid Extensive speech therapy	Able to hear spoken words. Able to speak fluently with some errors.	

Sai Pavi

WITHOUT ROLLATOR, BILATERAL GAITERS	WITH ROLLATOR, BILATERAL GAITERS		
Could not stand without support or crawl.	She can stand straight and take steps to initiate walking with the support of rollator. She crawls with gaiters.		

2.1.3 Training for Mothers and Caregivers and awareness program

1. As a result of the COVID pandemic, training sessions for parents and caregivers were held online. These sessions included various trainings specifically designed for caregivers of children with disabilities.
2. Professional Manuals: In this year, we have prepared the following manuals for our rehab professionals and service users.
3. Play therapy manual.
4. Hand function manual.

a) Awareness program:

In our program, we regularly conduct three types of awareness programs:

1. Women's awareness program – about healthy pregnancy and identifying developmental delays.
2. School awareness – sensitization of students about disability
3. Community awareness – about disability inclusion

But to the COVID-19 pandemic, we conducted regular programs only in Feb and March 2022. Our Early Intervention team educated 3473 individuals on developmental delays and rehabilitation services in this reporting year.

1. Medical camps: After the first wave of the COVID lockdown, we organized medical camps in small groups. We conducted eight medical camps, and 297 children received consultations from various Rehab professionals and benefited from them.

Other activities:

We conducted the following studies with the support of OT student volunteers from Various Canadian universities:

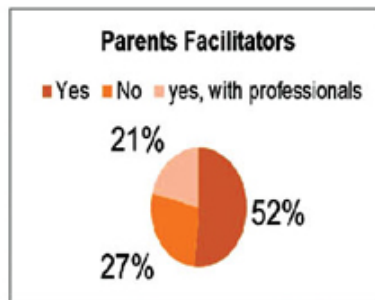
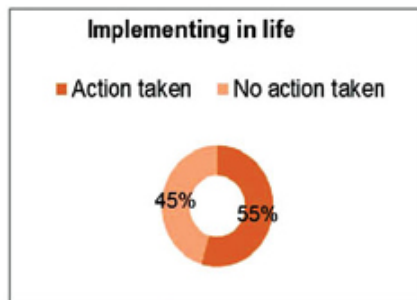
Parents WhatsApp group study:

A feasibility study on "the use of social media to improve knowledge of the ICF (International Classification of Function) model to parents and sharing between parents on child function" is being conducted. We created parents WhatsApp group with the consent of parents.

Two parent groups were formed - Group A - Parents of Children with motor impairments and Group B- Parents of Children with Cognitive and Communication impairments.

The study was conducted for six weeks, with a theme related to ICF and FCS (Family Centred Services) shared weekly in the parents' group. Provocative questions were posted to encourage participation in the discussions.

- Only 21 % of the mothers have a smartphone and can see the postings with notifications. Despite that, mothers are the most common parent to participate.
- 55 % of parents have said they take necessary action to implement the suggestions given in the parents' WhatsApp group.
- 52 % agreed to have parents as facilitators in the WhatsApp group, and 21 % agreed to have parent facilitators along with professionals.



Community Awareness Program



Physiotherapy training at Achanputhur EI center

2.2 Early Intervention Tamilnadu Government Partnership

Home-based Early Intervention for Children with Delayed Development under the age of 6 in rural Tamil Nadu by using Enabling Inclusion ® App & model Application in 23 blocks – 2021

Enabling Access in India's Rural Communities

The Early Intervention (EI) Village-Based Rehabilitation (VBR) program is to provide rehabilitation services to children with developmental delays to increase access to Early Identification and Early Intervention Therapy to enhance their physical, cognitive, language, social, and emotional development; to reduce the burden and empower families; and to increase inclusion and participation of Children with Developmental Delays and Disabilities (CwDD) within their families, schools, and communities.

EI is intervening in CwDD as early as possible and minimizing disability so the child can reach the highest potential. Research has revealed that the period from birth to 6 years is critical for all children, especially CwDD. The growth and development of a child are most significant in the first two to three years. During this cognitive development phase, intelligence and behaviour foundations begin to evolve. Therefore, the main objective of the Village Based Early Intervention program is to obtain primary education right, which include newborn screening, early identification of issues, holistic assessment, diagnosis, and interventions through appropriate therapies with a unique mobile application called **Enabling Inclusion® app (EI® app)**

This application consists of modules for recording the child's growth, rehabilitation, and therapy plans, data analysis and comprehensive training materials, etc.

The intervention is accompanied in the home by the child, parents, other primary caregivers, and other family members. A child receives visits weekly from the CRWs and once a month by the Rehab professionals with the prescribed time scheduled. Apart from the home-based rehabilitation, we also provide a Center-based Early Intervention program in the blocks. CRWs care for the children, and Rehab professionals train the children and mothers on alternative days.

STAFF REQUIREMENTS AND ONBOARDING

Hiring new staff was a major priority of this Project. We were able to onboard the recruited staff through online and in-person methods into the program and recruit more staff. We worked closely with ASSA's Human Resources Dept. and advertised positions through our website, social media, newspapers, and journals. We began onboarding the new staff once the Government of Tamil Nadu signed off on the official notification of the MoU.



The recruited and onboarded staff includes 1 Co-ordinator, 1 Scale-up Executive, 4 Field Team Leaders, two office admins, 1 IT admin, 1 IT admin assistant, 1 Finance officer, 1 Data / Research consultant, 105 CRWs and 69 Rehab professionals including 23 physiotherapists, 23 Special educators, and 23 speech trainers. Due to the COVID-19 pandemic, staff interviews were conducted online via Zoom and google meet.

Over the first two weeks of Oct, new staff was onboarded with the policies and procedures of ASSA and personal protective equipment, hand sanitizer kits, masks, and face shields. Also, android tablets loaded with the EI app were distributed to all new staff. After recruitment, some teams left the job due to personal circumstances and/or recognizing the risks of the work more clearly (i.e., traveling into rural villages and people's homes). Currently, 98 CRWs, 23 Physiotherapists, 22 Special educators, and 20 speech trainers work in the field.

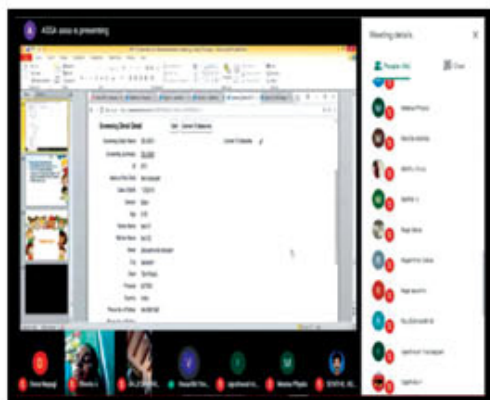
TRAINING

After being onboarded, the training program for newly recruited staff occurred between October 15th, 2020, to November 12th, 2020, for both CRWs and Specialists, including Physiotherapists, Special Educators, and Speech Trainers. Most of the training was conducted online, either through google meet or Zoom, due to COVID-19 restrictions around gatherings. We also held in-person training to align with easing restrictions on group gatherings. The training sessions were mixed in with staff working in the field conducting screening programs to identify children with delayed development and onboarding them into the program.

All training sessions were recorded and uploaded to YouTube for trainees to access. Following the sessions, we made the videos accessible for review and sharing with recruits for efficient training. We also provided resource manuals that we had prepared beforehand for this training. You can find them by clicking on this web link: <https://earlyintervention.amarseva.org/resources/>.

KNOWLEDGE CAPACITY BUILDING:

CRW TRAINING PROGRAMME



The Village-Based Rehabilitation program at Amar Seva Sangam Ayikudi (ASSA) uses Community Based Rehabilitation (CBR). It employs Community Rehabilitation Workers (CRW) trained by rehabilitation professionals ('specialists') at ASSA and external experts. As part of the Project, CRWs, and Rehab professionals aim to rehabilitate more than 2,100 children with disabilities and their families. The training for CRWs includes different teaching approaches and subjects.

CRW training included areas beyond physical rehabilitation and provided education about social domains of disability to better empower people with disability. The primary area focused on the curriculum for the CRW training program was:

Hands-on skill training, modeling, small group and case-based discussions, Communication skills training, and increased education around psychosocial support for CRWs, including how to engage reluctant parents, providing peer mentorship with other families, how to help parents see their children's success early in treatment, how to engage less cooperative children and educating families about disability disclosure

Support CRWs as agents of Social Change - CRW training that educates workers about the social aspects of disability.

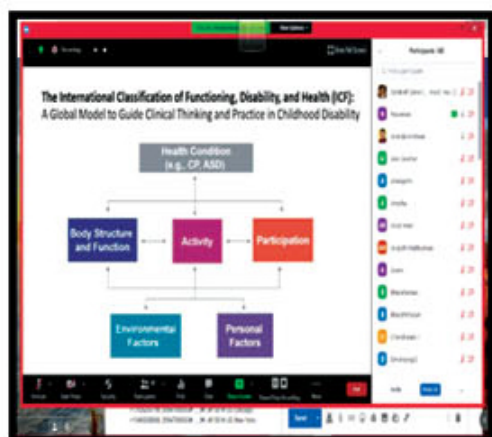
Encourage collaboration among Rehab professionals and promote the open sharing of teaching ideas and methodologies.



CRW online training was conducted between October 15th, 2020, to October 30th, 2020, through google meet and Zoom.

From October 31st to November 12th, 2020, the in-person training occurred at Madhuras Hall in Palayamkottai. All participants followed safety guidelines by wearing masks and maintaining social distancing throughout the workout.

SPECIALIST TRAINING



Physiotherapists, special educators, and speech trainers identify and treat children with developmental delays to maximize children's mobility, physical independence, speech, and communication. In addition to providing direct therapy to children with developmental delays, they educate the CRWs, monitor the treatment provided to children by CRWs and assist with teaching parents. All rehabilitation Rehab professionals participated in our online training program through Google Meet or Zoom from October 15th, 2020, to November 5th, 2020.

The in-person training was conducted from November 6th, 2020, to November 12th, 2020, at Madhuras Hall at Palayamkottai. The participants used face masks and maintained

social distancing during the in-person training.

INAUGURATION

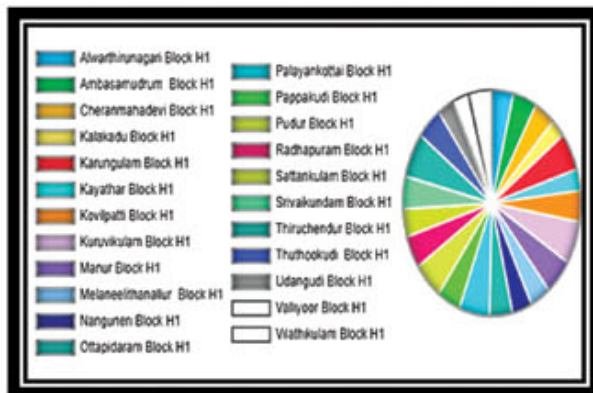
On November 12th, 2020, the Project was officially inaugurated by Mr. Arun Sundar Dhayalan, I.A.S District Collector of Tenkasi District, and Mr. Sandeep Nandhuri, I.A.S District Collector of Thoothukodi District.

Mr. Rabindranath Singh, Joint Director, Directorate for the Welfare of Differently, Abled, participated in the inauguration on behalf of Mr. John Tommy Varghese, Director for the Differently Abled Welfare Department, Chennai. Mr. Bramhanayagam, DDAWO, Thoothukodi, Mrs. Santhi Glory Emerald, DDAWO, Tirunelveli, Mrs. Jaya Soorya, DPO ICDS, Tirunelveli and Mrs. Dhanalakshmi, DPO, ICDS, Thoothukodi participated in the inaugural program along with our well-wishers.

IDENTIFICATION PROCESS:

CASE IDENTIFICATION / SCREENING

The target was identifying 2100 children with developmental delays in this reporting period.



ASSA team identified 1933 children. ASSA team includes 3 – 6 CRWs (depending upon the block size) and a physiotherapist, Special educator, and Speech trainer. Case identification/screening involved the ASSA team working with local Village Health Nurses (VHNs) and Anganwadi workers to get a list of children in their working areas with potential developmental delay and then go door-to-door to assess children to identify children with any likely developmental delay. Since Anganwadi centers/preschools and schools were closed and primary health centers had restrictions due to COVID-19, we could not do screening at these usual spots and had to do screening in children's homes with a more focused approach. The goal is still to reach all

preschool children in a block.

However, we relied more on the expertise of the VHNs and Anganwadi workers, whom we had previously already trained in identifying delayed development. Everyday Camp involves 23 different blocks and 23 different locations with a team of CRWs and Specialists. The EI app now includes two screening tools: the Trivandrum Developmental Screening Chart and the UNICEF/Washington Group Module. Service providers use these tools in their programs. After completing 42 days of screening (mixed with training sessions), 1,686 children were identified with delayed development, enrolled in the program at the initial schedule, and assessed for their basic demographic details. 681 were girls, and 1005 were boys. The team recorded the baseline information of all the children in the EI application. Currently, there are 1933 identified children.

THERAPEUTIC INTERVENTION

After creating a baseline in the application, the child's General assessment is to be performed by the CRW. The General Assessment has been updated in the EI app to follow the WHO's International Classification of Disability and Function model. The General Assessment brings the history of the developmental delay and identifies the child's primary impairment and all other impairments through parental interviews.

There are various physical, intellectual, visual, speech, hearing, and cognitive impairments. Depending on the child's specific needs, Rehab professionals will conduct assessments, set family-centered goals, evaluate progress, and develop a personalized therapy program using a step-by-step approach. The individualized therapy program is then assigned to CRWs and supported by the rehab specialists. Each child in the program receives, at a minimum



weekly therapy session from CRWs and joint visits from rehabilitation Rehab professionals with either a physiotherapist, special educator, or Speech trainer once per month or once in 6 weeks, depending on the CRWs in the blocks. In addition, the team of Rehab professionals and CRWs provides training to the parents/caregivers of the children in the program. Such pieces of training give confidence to parents/ caregivers to provide regular therapy to their children and learn to manage and work with them. These initial evaluations have been started and will be completed by **February 2021**. The Rehab professionals did the evaluation directly into the EI application. The evaluations now have a

smoother process, as CRWs and Rehab professionals can enter data directly into the tablet using the software. Using a digital interface ensures precise data entry, eliminating the need for paper.



AWARENESS PROGRAMS

ASSA conducts awareness programs for the community. Raising awareness of child development will help families look for and observe milestones, help identify delays as early as possible, and improve the support available to help children succeed in school and thrive alongside their peers. In addition, it helps reduce developmental disability through education about risk factors such as low birth weight and malnutrition that can affect child development. The awareness also minimizes the extent of manifested childhood disability and prevents or reduces complications of disability (physical and behavioral) that lead to a need for institutionalization. We conduct awareness programs on three levels: women, students, and general community awareness.



COMMUNITY AWARENESS PROGRAMMES

We conducted an 8-community awareness program, reaching 3,347 people through community awareness. The awareness program for the community consists of early identification, preventive measures, Early Intervention therapy, and an inclusive society.

WOMEN'S AWARENESS PROGRAMMES

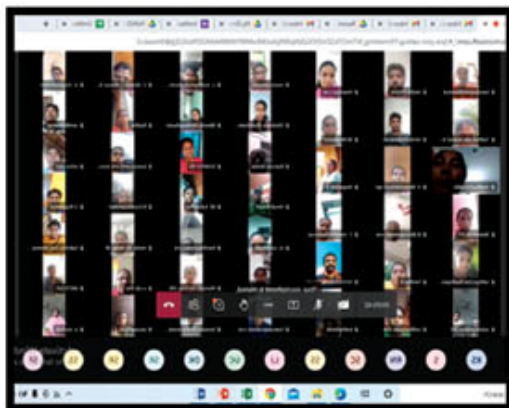
The Women's Awareness Programme consists of an educational session for young women. This resource emphasizes the importance of caring for both mother and child throughout the pregnancy, including proper procedures during conception and delivery. It also highlights crucial factors to consider during birth and the postnatal period and promotes gender equality and rights. In addition, such awareness programs would lead to the prevention of disabilities and assist with the early identification of developmental delays. We conducted eight women's awareness, reaching 3,935 women during the year.



Therapeutic Intervention – Tele Rehabilitation

The second wave of Covid19 was very severe in Tamil Nadu. The State Government announced intensive lockdowns and in-person therapy and home visits were impossible for most of the last reporting period due to government-instituted restrictions. We rapidly pivoted to tele-rehabilitation and were able to continue Early Intervention and support services, which children in our program and their families were in great need of. Based on lessons learned, we created a plan to have higher uptake by families and provide high-yield services and impact. CRWs and one rehab specialist did joint tele-rehab sessions with families for eight children each day, with each visit scheduled for 30 min. This time frame we found was appropriate to keep the attention of children and their families while still giving enough time to provide support and instructions to families and model therapeutic interventions. During the calls, the CRW, Specialist, and the parent(s) were on a conference group phone or video call. From April to June 2021, there were 30,842 interactions between parents and therapists. The conferences included 4,823 video calls and 26,019 phone calls. The therapists provided guidance based on the therapy plans during these interactions. Tele-rehab sessions occurred from 9:30 AM – 2:30 PM from Monday to Saturday.





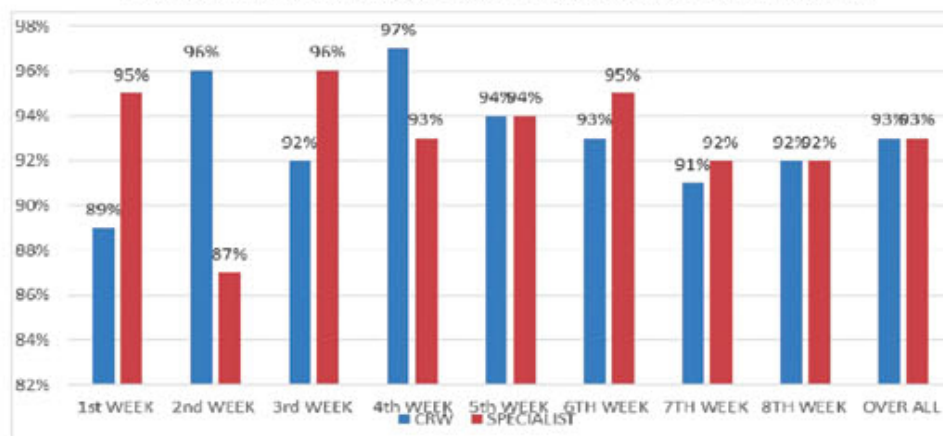
Milestone: Enhancement Workshop for CRWs and Specialists. Completion of enhancement workshops for new CRWs (n=105) and Rehab Rehab professionals (n=69) We completed enhancement training for CRWs and Rehab professionals through tele-education seminars. From 2:30 – 5:30 PM, we provided enhancement training for CRWs and rehab Rehab professionals during working days. The CRWs were provided with lectures, reading materials, and assignments related to various rehabilitation topics. The Field Team Leaders (FTLs) shared the topics and assignments with their team members. Each team member was responsible for completing the assignments, scanning them, and sending them back to their respective FTLs. The FTLs then answered the questions with

the CRWs during online teaching sessions. In addition, the specialist had online peer teaching. There were three types of peer-teaching: § Journal Presentations § Topic Based Seminars § Case Study Presentations. Every day, three Rehab professionals presented in one of the formats listed above. Afterward, there were group discussions. From April - June 2021, 124 topics were presented and discussed during these online peer-teaching sessions. These online teaching sessions helped the staff to improve their clinical skills and also enhance their communication skills. Both CRWs and Rehab professionals participated in the online seminars. Daily Schedule of Tele-Rehab and Tele-Education during COVID-19 Lockdown.

	CRW	SPECIALISTS	OFFICE ADMIN	IT ADMIN	FTLS
9.30 AM – 10.00 AM	CHILD 1 (TR*)	CHILD 1 (TR*)	CHILD 1 VERIFICATION	SUPPORT & VERIFICATION IN EI APP	ACTIVITIES DOCUMENTATION IN GOOGLE DRIVE FOR ALL THE STAFF
10.00 AM – 10.30 AM	CHILD 2 (TR*)	CHILD 2 (TR*)	CHILD 2 VERIFICATION		
10.30 AM – 11.00 AM	CHILD 3 (TR*)	CHILD 3 (TR*)	CHILD 3 VERIFICATION		
11.00 AM – 11.30 AM	CHILD 4 (TR*)	CHILD 4 (TR*)	CHILD 4 VERIFICATION		
11.30 AM – 12.00 PM	CHILD 5 (TR*)	CHILD 5 (TR*)	CHILD 5 VERIFICATION		
12.00 PM – 12.30 PM	CHILD 6 (TR*)	CHILD 6 (TR*)	CHILD 6 VERIFICATION		
12.30 PM – 1.00 PM	CHILD 7 (TR*)	CHILD 7 (TR*)	CHILD 7 VERIFICATION		
1.00 PM – 1.30 PM	CHILD 8 (TR*)	CHILD 8 (TR*)	CHILD 8 VERIFICATION		
1.30 PM – 2.30 PM	LUNCH BREAK				
2.30 PM – 3.30 PM	ASSIGNMENT WORK	ONLINE CLASS PREPARATION	COMPILING ASSIGNMENT WORK	SUPPORTING IN PREPARING PRESENTING AND DOCUMENTING THE PRESENTATIONS	SUPPORTING IN PREPARATION FOR THE PRESENTATION
3.30 PM – 5.00 PM	ONLINE CLASS	SPECIALISTS WILL PRESENT	ATTENDANCE MONITORING IN ONLINE CLASS		ORGANIZING THE ONLINE PRESENTATION
5.00 PM – 5.30 PM	REPORTING WORK	REPORTING WORK	ATTENDANCE REPORTING WORK		ASSIGNMENT CORRECTION

Outcomes of Tele Rehabilitation 1. Continuity of rehab and child development services without interruption. 2. Strengthening of therapeutic relationships between service providers, children & family. 3. Reaching isolated families during the lockdowns. 4. Providing regular therapy support in addition to COVID-19 advice and support. 5. Improved child interaction with caregivers. 6. Increased number of therapy visits.

DURING TELE REHAB CRW& SPECIALIST VISIT %



2.3 Village Based Rehabilitation – Rehabilitation and Inclusion of Children with Disabilities of School Going Age (Formerly known as VBRI-Above 6 years program):

The rationale for this program

- By rehabilitation support, we can improve the functioning of Children with Disabilities.
- Implementing this can reduce the stress of parental care and encourage independence among children with disabilities.
- Parents of children with disabilities need continuous support in bringing up their children and maintaining their emotional stability.
- Affordability and Accessibility of rehab services for children with disability in rural areas are limited.

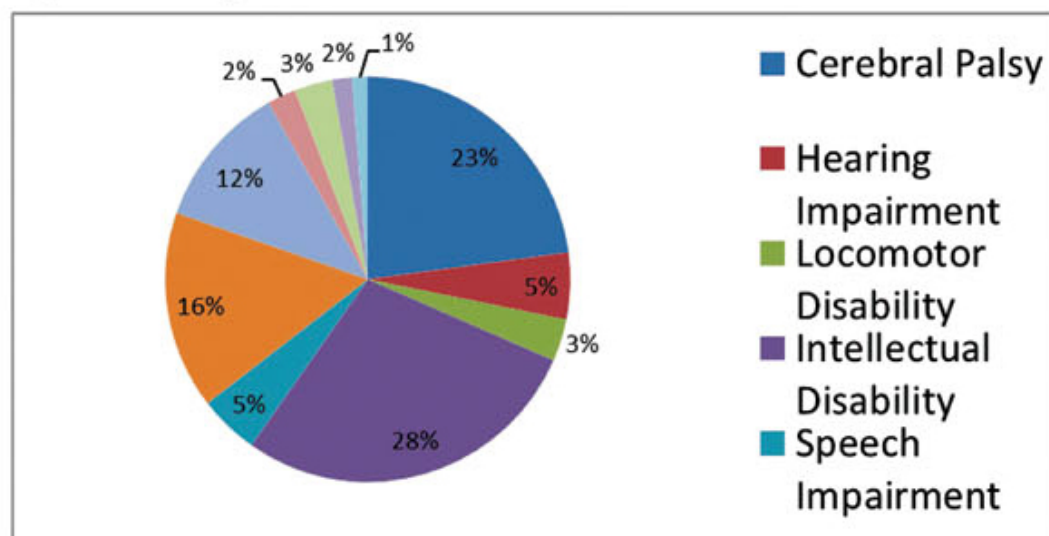
This program has four types of services

- Home/school-based services: For Children with disabilities in the school going age (7 to 18 years)
- Parents Managed Respite Centres. For children with disabilities (7 to 16 years)
- Vocational training centers: For Adults with intellectual disabilities (Ages: 17 to 30 years)
- Mental Health Program: Adults with Mental Illness (Age: 18 and above)

Reach in a Glance:

Area	Types of services
Tenkasi Dist. - 8 blocks	Home/School Visits by CRWs and Rehab Professionals: 554
❖ Alangulum	School: 409
❖ Keelapavur.	Home: 155
❖ Kadayanallur.	Day Centers: 164
❖ Sengottai.	PMRC – 79
❖ Tenkasi.	VTC-85
❖ Kuruvikulum.	Mental Health : 120
❖ Vasudevanallur.	
❖ Sankarankovil	

Types of disability:



Activities and Output –Target Vs Achievement

#	Description	Target	Achievement
1.	Home visits/Tele rehab	19168	9848
2.	No of children	599	554
3.	Conduct assessment and evaluation	2	1
4.	No of children benefitted	599	554
5.	No of Niramaya registration processed	40	6
6.	Parents meeting	2	1
7.	No of parents participated	50	18
8.	Conduct home visits/Telerehab or centre visits	11515	8758
9.	No of students in centre based services	170	164
10.	Assistive devices facilitated	118	28
11.	Staff capacity building training	10	8
12.	Total number of staff involved in capacity building training	28	23
13.	No of Persons with Mental Illness supported	160	120
14.	No of children received medicine support	60	45

2.4 Village Based Rehabilitation – Development program

Under our community-based rehabilitation programs, we involve Persons with Disabilities (PwD) and the community in the rehabilitation process and develop a model whereby they own the responsibilities of rehabilitation, economic development, and caregiving and take forward the initiatives of the facilitating organization. Groups for proactive and vibrant individuals with disabilities have been established, along with associations for parents. To ensure lifelong care for individuals with severe and permanent disabilities, seven Respite Centers have been established so far.

The main objectives of the community-based rehabilitation services are:

- Sensitizing the community, families, and persons with disabilities about disabilities.
- Promoting the Self-Help Groups for development and forming Federations – wider level networking.
- Organizing People with Disabilities into Self-Help Groups.
- Initiating comprehensive rehabilitation measures.
- Enabling the PWDs to access various government schemes.
- Promoting advocacy work and campaigning for the protection of rights and equal opportunities for PWDs.
- Strengthening the human resource for the effective implementation of the process.

We manage the entire activity through regular coordination meetings, planning, budgeting, and our internal reporting systems. Our rehabilitation programs are monitored through a computerized managerial information system, which tracks their impact and activity levels. Our programs have several databases dedicated to them, and we have a team of Rehab professionals who work on custom rehabilitation plans and make any needed changes. We have also formed proactive groups for people with disabilities and parents' associations. Additionally, we have established eight respite centers for the lifelong care of children with high support needs and 785 Self Help Groups (SHGs) in operation. Our VBRI serves the needs of people with disabilities in eight blocks of the Thirunelveli/Tenkasi districts, covering almost 900 villages with a population of 8 lakhs.

SUCCESS STORIES:

Case history:

Mr. Murugan s/o Madasamy, He is 33 years old and affected by polio. He was married Ms. Chithra at his 25 years of old. They are having three children. Earlier stage he was worked as electrical labour but his income was not sufficient to manage the family so he shifted to work in a brick kiln. His lungs were affected due to brick kiln smoke. He hospitalized and undergone a surgery on one month under the treatment. His family affected economically without incomes.



Enrolled by Field staff:

He started to work in a tea shop and his income was very low. He is identified by VBRI-D field executive Ms. Ambika during on field visits. Murugan interested to join Vetrikaranga differently abled Self Help Group to develop his income sustainability. He benefited the pensions, ID cards and tailoring machines being a member of SHGs.

Impact:

He is active member of the SHGs one year. Bank offered loans for the SHGs for start the own business. Mr. Murugan applied loans Rs.50000 through SHGs for start the business and he is doing a Mike set and speaker's rental shop. Earning income Rs.10000 Per month depends on movement of functions times. He planning to extend the business for develops the equipment. SHGS brings good future to his life and he is role model among the SHGs members.

- No. of Dry Ration distributed in the Field: 1,903
- No. of Dry Ration supported by local service organization/Donors and Volunteers: 422
- No. of food supply: 1,015
- No. of Safety Kit distributed: 1,603
- No. of Medicine support during on covid 19 lockdown period: 43

S.No.	Key indicators	Methodology	2019-2020		This Year 2020-21	
Key Indicators for Group						
1	Membership	Numbers of Members in SHGs/No of face sheets	5196/8730	59.50%	5004/8730	57%
2	Members in SHGs	No of members/Number of SHGs	5196/785	6 average	5004/752	6.5 average
3	Meeting per year	No of Meetings/Number of SHGs	7540/785	9 average	7522/752	10 average
4	Attendance	Total Attendance/No. of Members	31074/5196	7 average	37600/5004	7.5 average
5	Leaders in Groups	No of Leaders/No. of SHGs	1138/785	3 average	1127/752	1 average
6	Leaders in Members	No of Leaders/No. of Members	1138/5196	22%	1127/5004	23%
Key Indicators for Women Participation.						
7	Women Membership	No of Women members/No. of members	2121/5196	41%	2012/5004	40%
8	Women members in Leadership	No of Women Leaders/No. of Leaders	420/1138	37%	409/1127	36%
Economic Indicators						
9	Savings and credits among SHGs	No of SHGs in credits and savings/Total No. of SHGs.	559/785	71%	698/752	93%
10	Bank Linkages	No of SHGs with Bank Account/Total No. of SHGs.	527/785	67%	643/752	86%
11	Loans Availed	No of SHGs availed bank loan/ Total No. of SHGs.	387/785	49%	45/752	6%
12	MF loan	No of SHGs received MF loan/Total No. of SHGs.	0	0	0	0
13	MF loan	Total amount of MF loan given	0	0	0	0
		Total amount repaid with interest				
		Pending Due amount.				
14	Savings per membership	Total amount of savings /Total No. of Members.	3024234/2795	Rs.1082	3074234/3490	Rs.880
				Average		Average

Major Activities for the Village Based Rehabilitation - Development

S. No.	Indicators	Cumulative till 31/03/2020	Cumulative till 31/03/2021
SHG activities			
1	Total Number of SHGs functioning	588	614
2	Formation of New SHGs – New	9	0
3	Linking all newly formed SHGs into banks	29	0
4	Linking SHGs into Federation	0	55
5	No. group have regular meetings without staff/ Federation Leaders	4186	432
6	No. group have regular meetings with the support of project staff/ Federation Leaders	3354	4080
Awareness Program			
7	No of Community Awareness Programs	106	0
8	Number of Doctors interacted by Awareness Programs	140	0
9	No of College conducted the Awareness Program	32	0
10	COVID 19 awareness through Concall / Video calls / Zoom meet	0	1300
11	COVID 19 vaccine awareness through Concall / Video calls/ Zoom meet for PWDS and care givers	0	500
Capacity Building Training			
10	Leadership Training-SHG leaders-No of days	1	0
11	Leadership training- SHG leaders- No of SHG Leaders	676	0
12	Leadership training-Block level federation-No of days	1	0
13	Leadership training- Block level federation-no of leaders	62	0
14	Skill training - No of Candidates referred	105	16
15	Job placement - No of service users placed in jobs	25	10
16	Self-Employment - No of service users facilitated for self-employment	44	145
17	No of families received dry rations	0	2671
18	No of PWD received COVID kit	0	998
Advocacy			
19	No. issues addressed by Panchayat level	87	1
20	No. issues addressed by the community leaders and judicial system where solution are achieved	54	0
21	No. buildings have reasonable accommodation for PWDs at panchayat level.(one per panchayat)	323	0
22	No. of Schemes referred.	1154	831
23	No. of Govt. schemes were achieved.	554	752
24	No of PWD received essential medication	0	43

3. Managerial Information Systems

3.1. Managerial Information Systems

MIS aims at providing information that Sangam requires to manage various day to day operations efficiently and effectively, and supports short, medium-and long-term strategic decision makings.

Amar Seva Sangam has procured an online ERP developed by “Symmetry Infotech” Bangalore particularly for Donations, Sponsorships, Inventory, Fixed Asset Management, Accounts and Finance, and used to analyze and facilitate strategic and operational activities. We have also developed mVBRI a web-mobile based cloud application in the “Salesforce” platform with the technical support from “Durvah IT Consulting Pvt. Ltd” Bangalore for our Early Intervention and Village Based Rehabilitation and Development activities. Our MIS team provides Design, Development, Implementation, Maintenance and Support Services to ensure Information System Securities and Optimum Utilization of Information Technology Resources.

With the successful implementation of ERP system covering donor management and financial management through successful implementation of DolFin, the following areas are working efficiently with structured process and inbuilt controls with appropriate delegation of authority matrix.

Main areas covered:

- Donations and Sponsorships Management
- Inventory and Fixed Asset Management
- Accounts and Finance Management
- E-Mail Marketing
- Website management
- Data Base Management
- OP system for Medical Testing Unit
- Inward and Outward
- Vehicles Movements, Gate Pass and Security
- Time Keeping and Payroll
- Early Intervention and Village Based Rehabilitation and Development activities
- Computer Hardware, Networking and System Administration

4. Human Resource Development

4.1. HR Policies:

Amar Seva Sangam believes in the appointment of the physically challenged to the maximum extent possible. We provide ample opportunities to the physically challenged trainees who show keen interest, devotion, commitment and dedication in our endeavour and absorb them as staff of the Sangam.

4.1.1 Staff Composition (Total staff strength – 495)

Entry Level		Associate Level		Section / Department Heads		Others		Total	
PwDs	Others	PwDs	Others	PwDs	Others	PwDs	Others	PwDs	Others
3	176	18	156	0	28	24	90	45	450

- During the year it has been found necessary to onboard new staff, to maintain the current state of efficient functioning. The need arises due to the fact that while some staff (mostly women) leave due to marriage, others leave for better job opportunities in Government organizations as a consequent of our training and empowerment.

	Male		Female		Total
	PwDs	Others	PwDs	Others	
No. of staff as on 01.04.2020	22	113	20	225	380
No. of staff newly recruited	0	22	3	146	171
Total	22	135	23	371	551
No. of staff who left the organization	1	11	1	43	56
Total as on 31-03-2021	21	124	22	328	495

4.1.2 Internal staff meetings

- Section Meetings : 0
- Section Heads and Dept. Head meetings : 6
- Central Team meetings : 12
- All staff meetings : 0
- ISO MRM Meetings : 3
- BSI External meetings : 1

4.1.3 Social Security

Employees' welfare is our prime concern and we take all necessary steps to provide them adequate social security

- PROVIDENT FUND (PF)
- GRATUTITY
- GSLI (Group Savings Life Insurance)
- ESI (Employees State Insurance)
- GROUP INSURANCE
- EDLI (Employees Deposit Linked Insurance)
- PERSONAL ACCIDENT POLICY

4.1.4. Performance Appraisal

ASSA has a three-tier module of Performance appraisal in vogue. Every employee is given targets of deliverables at the beginning of the year with a timeline and at the end of the year same is assessed. After Self appraisal by the employees and reviewed by the section heads, the main appraisal as an interview with the concerned employee by a Committee of Executive Committee members headed by Secretary is completed and the result is given to the employee. Based on the result, annual increments are decided on a scale. This appraisal system helps the employees to interact well with the senior Management and understand their strengths and weaknesses. Necessary counselling and training are organized for the employees during the next year.

5. Exchange Program

Handi-Care Intl.'s Clinical Placement Program:

Handi-Care Intl., (HCI) a registered Canadian charitable organization, started Clinical Placements program for Canadian graduate students studying rehab sciences in 2006. HCI coordinates such placements for Canadian Physiotherapy, Occupational therapy and Speech language pathology students in their final year of masters program. Additionally, professional volunteers from abroad render their services to supervise the students, evaluate student performance and also participate in capacity building for ASSA staff.

In the 2020 – 2021, period 9 professional volunteers rendered their services for online virtual placements. Apart from supervising, the volunteers provided training to our rehab staff and assisted with our research initiatives in the Early Intervention and other Rehab projects. They shared advanced technical knowledge with us that are being implemented. We have developed virtual placement for the students due to covid pandemic situation.

6. Networking of NGO

1. M/s. Krishnamachari Yoga Mandiram, Chennai continue to impart YOGA lessons/techniques to special children, physically challenged Home children and youth trainees.
2. Dr. R. Sundar, Managing Trustee of Freedom Trust and our visiting Doctor from Chennai, continues to extend all help to our Sangam by donating wheelchairs, Tricycles and other appliances to the needy who are covered under our various rehabilitation schemes.
3. Gandhigram Trust, Dindigul, is a conglomeration of several benevolent and service units which extends its help and cooperation to us in many ways for our betterment. They hold meeting with us, organize visits and give valuable inputs which have all helped us to carry out our service in a more satisfying and rewarding manner.
4. Redington Foundation, Chennai & Unnati Organization for Development Education, Bangalore are collaborating with us to impart skill development programs viz., soft skill, computer education and spoken English and help the students' job placements as well.

7. Donation and Fund Raising

7.1 Handi-Care Intl., Canada

Handi-Care Intl, Canada, headed by Smt. Sulochana Krishnamoorthy has been a pillar of strength. The funds collected by them are used for a wide variety of activities of the Sangam. Starting from a donation of Rs.6 lakhs in 1992, it has been gradually increasing year by year and during the year 2020-21 they have raised an amount of Rs.103.86 lakhs for ASSA. The total contribution up to March 31, 2021 was Rs.113.08 Crores. This includes yearly sponsorships of children/students and clinical placements from Canada.

We thank Mrs. Sulochana Krishnamurthy, President, Handicare Int'l, Canada, and her family and all the members and patrons of Handi-Care Intl., for their untiring efforts in mobilizing funds for Amar Seva Sangam over the past 28 years that has resulted 2,548 children actively enrolled in these programs and 688 children have been successfully discharged since 2017. The majority of these children are now enrolled in regular or special schools, allowing their families to work and earn a living.

7.2 Mr. Kalraman, USA

He is one of the big supporters of Amar Seva Sangam. The fund is utilized for the VBRI-Rehab Above 6 years program in 8 blocks of Tirunelveli District. This program reaches about 771 children and adults with Disabilities between 7yrs to 25 years directly and by sensitization program and capacity building training we are reaching about 3,000 PwD, their family members and other stake holders in the community. Through this funding we are able to organize all the needful services for this age group. They are,

- Vocational training for adults with intellectual disabilities.
- Teaching Learning Materials, calipers and other assistive devices required for the children that are covered under this program.
- Leisure activities for children with disabilities.
- Exposure visits for children with disabilities and their parents.
- Development of assessment tools and monitoring system of the program.
- Formation of Parents' Association towards advocacy.
- Staff training and capacity building for human resource development in the field of disability.

7.3 Oracle, USA

They are supporting Amar Seva Sangam through Charities Aid Foundation, New Delhi for our Project: Skill Development, Vocational Training and Rehabilitation for persons with Acute Spinal Injury and Physical and Mental disabilities. This has benefited more than 298 service users to get training and empower themselves.

7.4 Grants

Amar Seva Sangam received grants and donations from Grand Challenges Canada, Om Charity Foundation, Give Foundation, Azim Premji philanthropic initiatives, Asha for Education Berkley Chapter, Shree Holdings, Chennai, Standard Chartered Bank, Mumbai, Sridhar K, Hyderabad, Charities Aid Foundation, New Delhi, Logix Health Solutions PVT. Ltd., Bangalore, H T Parekh Foundation ,Mumbai, Entrust Software & Services Private Ltd., Chennai, K.V.Ramaswamy Memorial Trust, Chennai, HCL Foundation, Noida, Seshasayee Paper Boards Ltd, Tirunelveli, P & D City Union Bank, Kumbakonam, The State Commissioner for Persons With Disabilities and Directorate for the Welfare of Differently Abled, Chennai and from others towards village based rehabilitation programs and campus based rehabilitation initiatives.

7.5 Mumbai Marathon 2021

The participation in the Mumbai Marathon 2020 was our 16th consecutive year and due to spread of Covid-19, various protocols like curfew were imposed by the State and Central Governments to prevent the spreading of the virus, the event did not take place. We give below funds (Rupees in Lakhs) raised by participation in the Mumbai Marathon from 2013.

Year	2013	2014	2015	2016	2017	2018	2019	2020
Rupees in lakhs	40	47.23	80.33	124.00	126.71	142	113	71.43

7.6 Bangalore TCS World 10K Run 2020 (Virtual)

We had been participated in the TCS World 10k Run since 2013. Due to spread of Covid-19, various protocols like curfew were imposed by the State and Central Governments to prevent the spreading of the virus the even did not take place.

7.7 Chennai Marathon

The year 2013 was our maiden year of participation in the Wipro Chennai Marathon conducted by United Way Chennai. Due to spread of Covid-19, various protocols like curfew were imposed by the State and Central Governments to prevent the spreading of the virus the even did not take place.

7.8 Diary Project

As a source of funding our activities, in 2001-02, we started manufacturing diaries as per the needs of customers and also printed souvenir diaries where we had advertisements from our well-wishers. We achieved Rs.1.42 lakhs as turnover in this activity for the year ended 2020-21. With the view to arrest any decline in the surplus, we intend to garner more advertisement in the diary so that minimum level of fundraising is always achieved.

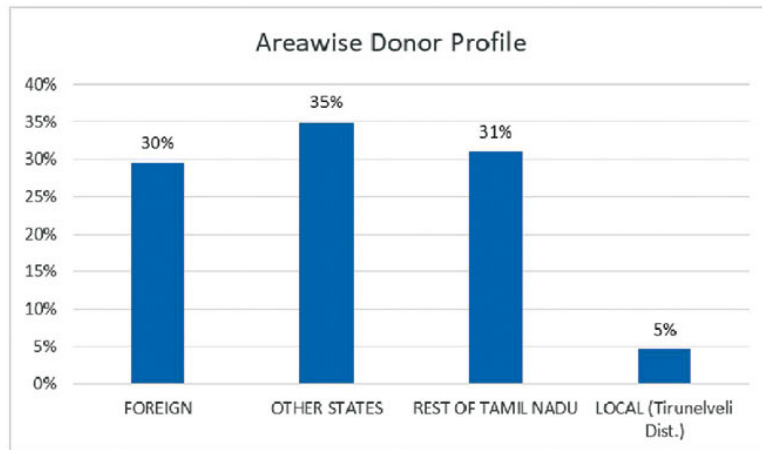
7.9 Source of Fund Raising 2020-2021

S.No.	Types of Donations	Rs.in Lakhs
1	Diary Advertisement	1.42
2	Trusts and Funding Agencies	182.75
3	Bangalore TCS World 10k Run (Virtual)	19.26
4	Festival Donations	31.88
5	New Year Contributions	81.28
6	Amar Seva Sangam Web Page	123.84
7	Give India	19.66
8	CSR Funding	228.15
9	Routine Fundraising (through referrals, mailers and visitors)	994.98
	Total	1683.22

7.10 Area wise donation received

REGION	2019-20		2020-21				
	Total No. of Donors	Rs. in Lakhs	Total No. of Donors	No. of Donors in %	Rs. in Lakhs	Donation Amount in %	Per capita donation Rs.in Lakhs
Foreign	51	409.18	93	2%	497.73	30%	5.35
Other states	654	521.43	803	20%	587.51	35%	0.73
Rest of Tamil Nadu	2063	528.15	2289	58%	520.96	31%	0.23
Local	900	86.29	790	20%	77.02	5%	0.10
Total	3,668	1545.05	3,975	100%	1683.22	100%	0.42

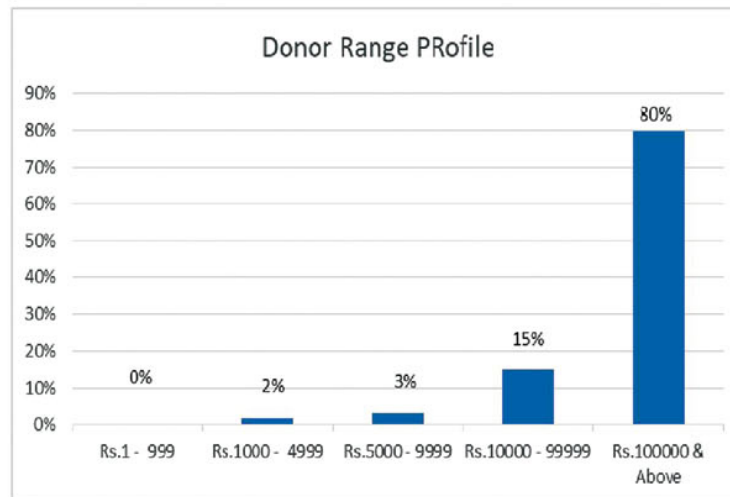
The number of donors as well as the value of the donation has increased very significantly in the year 2020-21. The number of donors have risen from 3668 to 3975, an increase of 8.37 %; while the value of donation has risen from Rs.1545.05 lakhs to Rs.1683.22 lakhs, showing an impressive growth of 8.9%. 58% of our donors are from Tamil Nadu contributing 31% of our donations. The per capita donation from foreign donors is very high as they constitute 2% in terms of numbers but contribute 30% of our donations. The local district participation is also strong in terms of numbers. They constitute 20% of our donor base and contribute 5% of our total donations. Participation by other states is also satisfactory.



7.11 Donor Profile

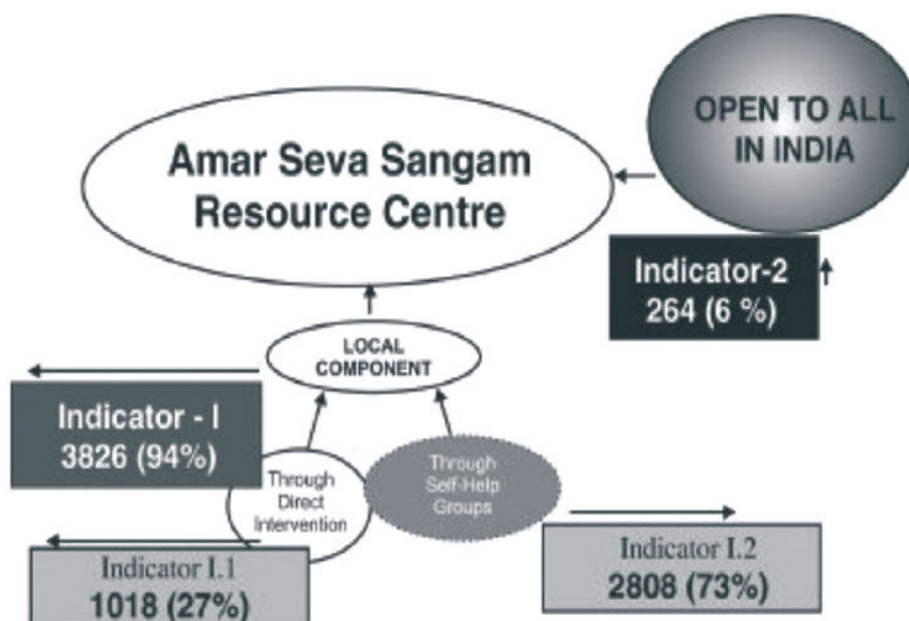
Donation Range	2019-20		2020-21			
	Total No. of Donors	Rs. In Lakhs	Total No. of Donors	No. of Donors in %	Rs. In Lakhs	Donation Amount in %
Rs.1 - 999	498	1.67	378	10%	1.41	0.08%
Rs.1000 - 4999	1363	28.67	1350	34%	28.41	2%
Rs.5000 - 9999	784	47.01	892	22%	54.46	3%
Rs.10000 - 99999	903	210.35	1185	30%	255.87	15%
Rs.100000 & Above	120	1257.35	170	4%	1343.07	80%
TOTAL	3668	1545.05	3975	100%	1683.22	100%

Majority of our donors are in below Rs.5000/- range. While they constitute 44% of our donor base they contributed 2% of our total donations. 52% of our donors are between Rs.5000/- to Rs.1 lakh. They contributed 18% of our donations. 82% of our donations had come from High Value Donors of above Rs.1 lakh who constitute 4% of our donors. The per capita donation is as high as Rs.5.35 lakhs in this High Value Donors (HVD) category. Both Area-wise and Range-wise analysis indicate that the foreign donor have contributed the maximum per capita donation while they are only 2% of total donors. Very strong local and State level support also exists

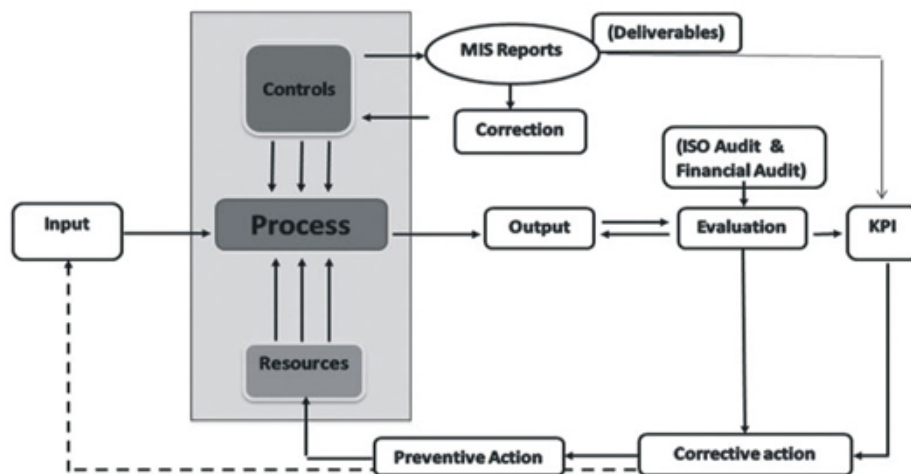


8. Management and Governance

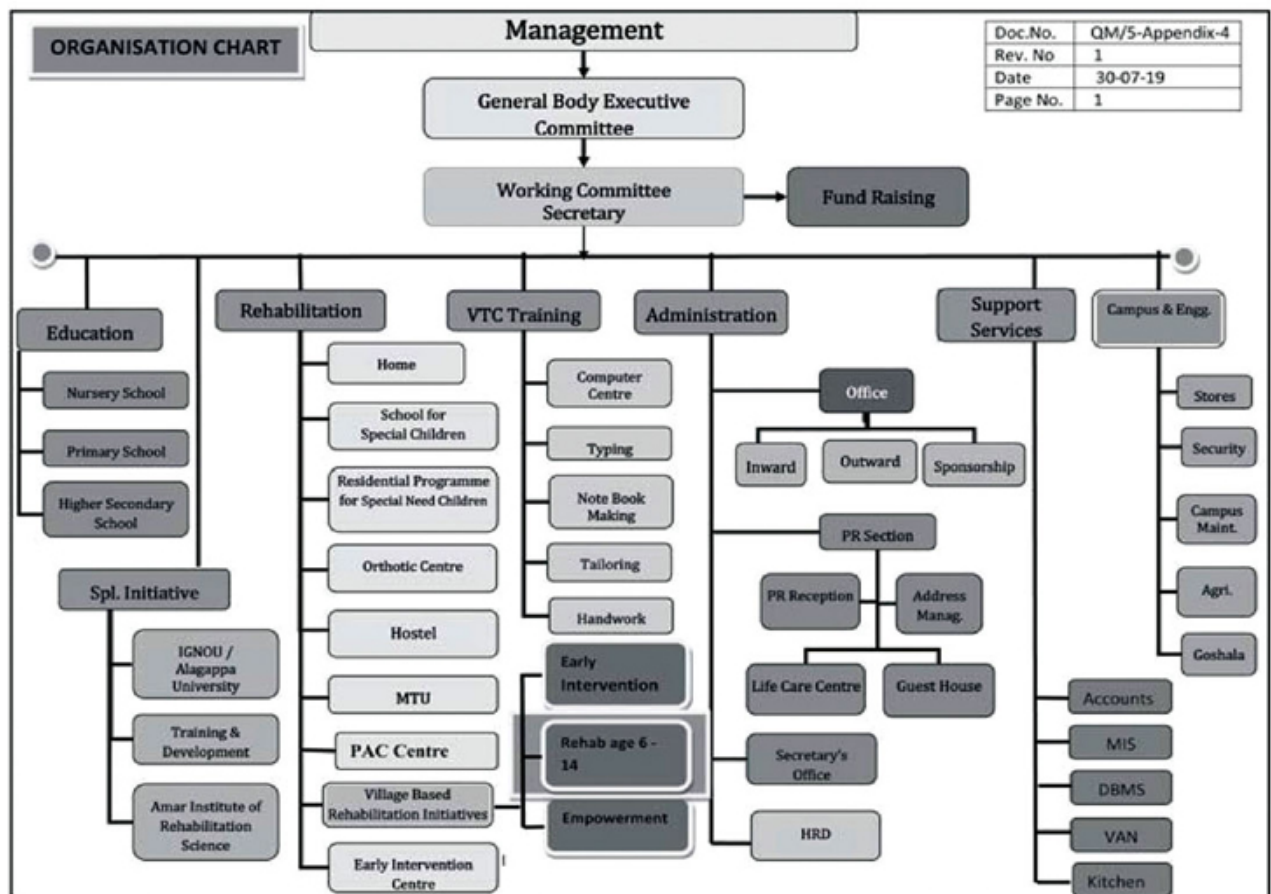
8.1. Concept



8.2. Control Process Chart



8.3 Organizational Chart

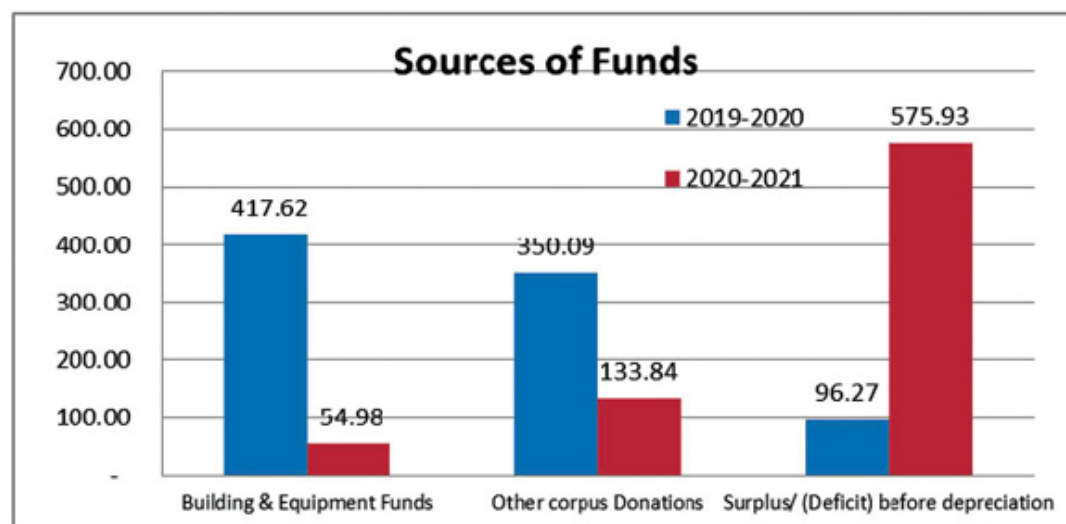


9. Finance

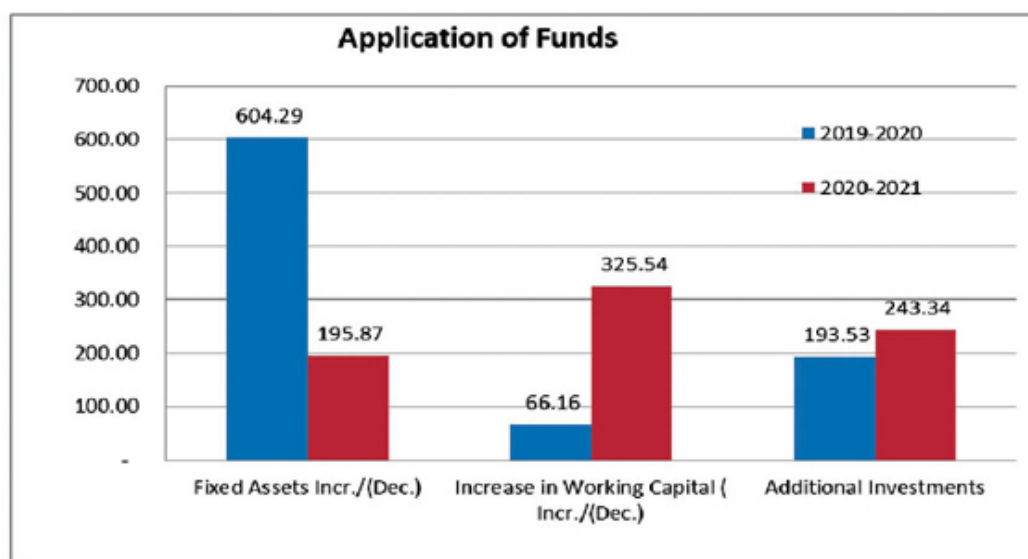
9.1. Statutory Disclosures

9.1.1. Financial Performance Summary

	Rs.In Lakhs		Variance in %
Sources	2019-2020	2020-2021	
Building & Equipment donation	417.62	54.98	-87%
Other corpus Donations	350.09	133.84	-62%
Surplus/ (Deficit) before depreciation	96.27	575.93	498%
	863.98	764.75	-11%



<u>Application</u>	2019-2020	2020-2021	Variance in %
Fixed Assets Incr./ (Dec.)	604.29	195.87	-68%
Increase in Working Capital (Incr./ (Dec.)	66.16	325.54	392%
Additional Investments	193.53	243.34	26%
	863.98	764.75	-11%



9.1.2. Financial Statements

ABRIDGED BALANCE SHEET AS ON 31.03.2021

FUNDS & LIABILITIES	As At 31-03-2021 Rs. In Lakhs	As At 31-03-2020 Rs. In Lakhs
Liabilities		
<i>Corpus Funds</i>		
Corpus	1,605.31	1,471.47
Building and equipment Corpus		
Bldg. and equipment Corpus funds	1,602.34	1,547.37
Government Grant	6.20	6.20
Private Grants	224.58	224.58
GCC Project	706.74	835.29
Reserves and Surplus		
Reserves and Surplus Class	325.00	125.00
Income and expenditure surplus/deficit	179.30	-50.22
Longterm Liability		
Bank CCD Account*	-	198.18
Current Liability and Provisions		
Sundry Creditors	12.88	8.85
Provisions	137.34	42.63
Sundry Creditors - Supplies and Services	36.79	54.66
Sundry Creditors Statutory	(3.31)	-2.35
Sundry Creditors Others	-	0.55
Sundry Creditors Deposit	0.10	0.10
Sundry Creditors Retention	22.90	17.63
Employee Payable PF	2.04	0.52
Employee Staff Welfare	0.05	0.13
Employee Security Deposit	11.64	12.20
	4,869.90	4,492.77
PROPERTY & ASSETS	As At 31-03-2021 Rs. In Lakhs	As At 31-03-2020 Rs. In Lakhs
Assets		
Fixed Assets		
Gross Block of Fixed Assets	3,282.68	2,425.00
Accumulated Depreciation	(1,184.36)	(909.41)
Capital Work in Progress	92.97	754.78
Long Term Investments	1,672.79	1,429.44
Current Assets, Loans and Advances		
Loans and Advances Assets	29.29	28.17
Sundry Debtors	8.14	15.24
Cash Accounts	0.05	0.08
Other Receivables	54.52	73.48
Staff Expenses Advances	0.00	0.17
Prepaid expenses	2.96	4.04
Short Term Investments	752.87	543.98
Stock	12.48	10.99
Other Current Assets	44.65	47.48
Bank Accounts	79.11	49.70
Employee Payable Control Account	0.03	0.02
Sundry Creditors - Supplies and Services	21.71	19.61
	4,869.90	4,492.77

ABRIDGED INCOME & EXPENDITURE FOR 01 APRIL 2020 TO 31 MARCH 2021

INCOME	As At 31-03-2021	As At 31-03-2020
Donation Income	1,494.40	777.35
Interest Income	103.12	101.28
Other Income	0.01	0.01
Product Income	14.78	4.74
Services Income	12.20	74.73
	1624.51	958.11

EXPENDITURE	As At 31-03-2021	As At 31-03-2020
Developmental Rehabilitation		
<i>Extension Services</i>	44.66	48.47
<i>Networking Expenses</i>	45.53	66.78
<i>Economic Rehabilitation</i>	6.94	8.25
<i>Rehabilitation Delivery of Services</i>	52.07	78.09
Early Intervention	447.31	13.46
Home	15.14	31.60
Sangamam School for Special Children	8.20	28.39
Medical Testing Unit	12.63	40.88
Spinal Care	33.33	47.05
Caliper Expenses	4.87	13.50
Village based development	71.67	69.24
School Expenses	67.63	96.53
Vocational Training Expenses	8.17	14.46
Delivery of Services and Infrastructure	74.11	72.18
Public Communication and Administration Group		
<i>Office Expenses Cost Centre</i>	43.85	31.16
<i>Public Relation Cost Centre</i>	25.18	36.97
Training IG Projects	23.12	40.96
Government Program Expenses CC	-	2.41
VBRI Core Rehabilitation above 6	64.17	121.44
Depreciation	146.41	115.42
Reserve for Master Infrastructure development plan for Disability Management	200.00	-
Surplus/Deficit Carried to Balance Sheet- General Fund	229.52	-19.14
	1624.51	958.11

**ABRIDGED RECEIPTS & PAYMENTS FOR THE PERIOD 01 APRIL 2020 TO
31 MARCH 2021**

Receipts	2020-21 (Rs. In lakhs)	2019-20 (Rs. In lakhs)
Opening cash & Cash equivalent (including short-term Investment)	593.76	552.56
Corpus	133.84	107.87
Building & Equipment Corpus	54.98	417.62
Private Grants	-	(24.47)
GCC Project Grant	-	266.69
Donation	1,494.40	777.35
Other Income	26.98	79.48
Interest Income	103.12	101.28
Decrease in working capital	-	-
TOTAL RECEIPTS	2,407.09	2,278.37

Payments	2020-21 (Rs. In lakhs)	2019-20 (Rs. In lakhs)
Fixed Assets	857.67	330.90
Capital Work in Progress	(661.80)	273.39
Investment	243.35	193.53
Developmental Rehabilitation	149.19	204.01
Early Intervention Centre	447.31	13.46
Home Expenses	15.14	31.60
Sangamam School for Special Children	8.20	28.39
Medical Testing Unit	12.63	40.88
Spinal cord injury post-acute care centre exps.	33.33	47.05
Caliper Expenses	4.87	13.50
Village Based Rehabilitation	135.85	190.68
School	67.63	96.53
Vocational Training Expenses	8.17	14.46
Delivery of Services & Infrastructure	74.11	72.18
Public Communication & Administration	69.03	68.13
Training IG Project	23.12	40.96
Increase in Working Capital	87.26	24.94
Closing cash & Cash equivalent (including shortterm Investment)	832.03	593.76
TOTAL PAYMENTS	2,407.09	2,278.37

9.1.3 Auditor's Report

AUDITOR'S REPORT

We have audited the attached Balance Sheet of **AMAR SEVA SANGAM, SULOCHANA GARDENS, 10-2-163B, TENKASI ROAD, AYIKUDY – 627 852 (herein after called Trust)** as at **31st March 2021** and also the attached Income and Expenditure Account for the year ended on that date annexed thereto. These financial statements are the responsibility of the Trust committee. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in India. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit included examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

- We have obtained all the information and explanations, which to the best of our knowledge and belief were necessary for the purposes of the audit.
- In our opinion, proper books of accounts as required by Trust Act and Rules there under and Bye Law of the Trust have been kept by the Trust which give all information required by the Act and in the manner so required.
- The Balance Sheet and the Income & Expenditure Account dealt with by this report are in agreement with the books of accounts of the Trust.
- In our opinion and to the best of our information and according to explanation given to us, the said accounts give all the information required by the Trust Act, and Rules therein in the manner so required and give a true and fair view.

- i. In the case of Balance Sheet of the state of affairs of the Trust as at **31st March 2021**
- ii. In the case of Income and Expenditure Account of the excess of expenditure over income (Deficit) of the Trust for the year ended on the date.

Place: Chennai
Date : 26/09/2021

for **M. SRINIVASAN & ASSOCIATES**
Chartered Accountants
S.Santhosh
Partner
M.No. 230839

Notes to Accounts

1. Significant Accounting policies

a) Trust Overview:

Amar Seva Sangam was established in the year 1981 as a Charitable Trust registered under Tamilnadu Societies Registration Act, 1975 vide certificate no TSI 16/1981 a model center catering to all the needs of the differently abled.

b) Basis of preparation of financial statements:

The financial statements have been prepared and presented under the historical cost convention on the accrual basis of accounting and comply with the Accounting Standards issued by the Institute of Chartered Accountants of India to the extent applicable. The financial statements are presented in Indian rupees.

c) Use of estimates :

The preparation of financial statements in conformity with generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent liabilities on the date of the financial statements. Actual results could differ from those estimates. Any revision to accounting estimates is recognised prospectively in current and future periods.

d) Fixed assets and depreciation

Fixed assets are carried at cost of acquisition less accumulated depreciation. The cost of fixed assets includes freight, duties, taxes and other incidental expenses relating to acquisition. Depreciation is provided on the written down method as per the provisions of Income tax Act 1961.

e) Inventories

Inventories are carried at the lower of cost and net realisable value.

Cost comprises purchase price and all incidental expenses incurred in bringing the inventory to its present location and condition. The method of determination of cost is as follows:

- Finished goods - at cost of production based on direct costing /landed cost on a first in first out method
- Stores and spares - at landed cost on a first in first out method

f) Retirement benefits:

Contributions payable to the recognized provident fund, which is a defined contribution scheme, are charged to the profit and loss account. Employee benefits on account of Gratuity with defined contribution plan covered under group gratuity policy with Life Insurance Corporation of India . Based on the quotation given by LIC, liability is created in the books. For leave encashment costs, which are not under defined benefit schemes, no provision accrued in the books and the same is discharged on cash basis.

g) Revenue recognition:

Donations are accounted on cash basis. Earmarked and specific donations are accounted appropriately in the books and the same is utilised for the purpose for which it is received. The funds received on account of non-earmarked/general will be used as per the discretion of the Trustees.

Donation amount received for a specific projects are recognized on time basis.

Interest on deployment of surplus funds is recognized using the time proportionate method based on underlying interest rates and the same is taken to specific earmarked funds wherever mandated by the donor. In all other cases it is taken to revenue.

Interest Income recognized in the books separately and disclosed as Income separately for non-earmarked funds.

20% of Interest earned on corpus deposit (Other than projects) is added to corpus fund.

h) Foreign exchange transactions

Foreign currency transactions are recorded at the rates of exchange prevailing on the dates of the respective transaction.

i) Provisions and contingent liabilities

The Company recognizes a provision when there is a present obligation as a result of a past event that probably requires an outflow of resources and a reliable estimate can be made of the amount of the obligation. A disclosure for a contingent liability is made when there is a possible obligation or a present obligation that may, but probably will not, require an outflow of resources. Where there is a possible obligation or a present obligation that the likelihood of outflow of resources is remote, no provision or disclosure is made.

Provisions for onerous contracts, i.e. contracts where the expected unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it, are recognized when it is probable that an outflow of resources embodying economic benefits will be required to settle a present obligation as a result of an obligating event, based on a reliable estimate of such obligation.

j) Investment

The Investments are recorded in the books at cost. Interest accrued but not due upto the date of balance sheet on deposit made under reinvestment plan are added with the deposits.

2. Capital commitments and contingent liabilities:

		31 March 2021 In Rs	31 March 2020 In Rs
I.	Estimated amount of contracts remaining to be executed on capital account (net of advances) and not provided for	43,16,852	58,32,852
II.	Contingent liabilities:	Nil	Nil
	a) Bank Guarantee given		

Date: 26/9/2021

For AMAR SEVA SANGAM

**S. Sankara Raman
Secretary**

Update for the year 2020-21

1. Management of ASSA Activities during Covid pandemic

Since the last General Body, Amar Seva Sangam has been passing through a period of challenges and opportunities. The detrimental impact of Covid 19's second wave on the country's health emergency negatively influenced Amar Seva Sangam regarding health, money generation, and contribution flow.

The Sangam could not shut down as it did last year to provide a reasonable livelihood for the people working in Amar Seva Sangam and continue at least partially through tele-rehabilitation and other online means; the education and rehabilitation support for the children under various programs.

The organization's activity level stayed below 60% till July 2021. It was lowest in June 2020 but picked up, and as of the end of August, we are about 85% of the average operational level. In the process, Amar Seva Sangam lost opportunities to manufacture garments for the Tiruppur export requirements and the various productions, which could have given some supporting revenues. The contributions from the general public also had come down drastically, and the challenges to overcome them are to be faced so that the year ending March 2023 ends with a positive financial result.

2. Enabling Inclusion:

a) Partnering with Govt. and NGOs:

The opportunities that we had were inspiring as we were able to get the Government partnership on the vital area of district Early Intervention and also the progress towards reaching Early Intervention at the State level being made significant headway with the help of Amar Seva Sangam's aggressive lobbying which has resulted in the Government announcing a substantial portion of their World Bank supported project towards Early Intervention for the coming years. Amar Seva Sangam hopes that this opportunity that has opened up will result in our organization getting a direct implementation partnership with the Government in various other districts and the four current districts in which we are operating with the Government of Tamil Nadu.

However, the discussions with the National Health Mission regarding the scale-up in other parts are also going on even at a slower pace.

b) Partnership in India

We have also partnered with four NGOs in different States in India including Uttar Pradesh, West Bengal, and Assam, where we have started scaling up our Early Intervention model through them.

c) Worldwide partnership:

The negotiation with the World Bank in Ethiopia is in a very advanced stage and will begin implementation in another couple of months. In addition, other World Vision supported negotiations in Albania and the state of Andhra Pradesh are in the steps of getting finalized.

3. Program for School Going Children (Above 6):

The school-going children model is also getting good support from the Government of Tamil Nadu in its Samagra Shiksha Abhiyan program. Amar Seva Sangam hopes to be a full-fledged knowledge partner with them to help them develop a separate application similar to our Enabling Inclusion which Amar Seva Sangam can use for our other partnership or scale-up purposes. As a result, Amar Seva Sangam's brand and image will benefit significantly, and the Centre of Excellence will begin to move forward with good vigor.

4. Discussion with NHM – Muscular Dystrophy:

The progress on support systems for Muscular Dystrophy persons in Tamil Nadu has also made some progress. A meeting was held with the Health Secretary and other Dept. officials to improve the service delivery and provide the environment to create opportunities for persons with Muscular Dystrophy.

5. Placement and job creation for PwDs.

When the new Secretary took over a few months ago, the expert group on placement and job creation asked us to give a list of employable avenues for people with impairments, which we did. Creating an employable list for different kinds of disabilities will hopefully expand the scope of existing job postings made for persons with disabilities in the State of Tamil Nadu.

6. Update about the completion of infrastructures:

This year also we completed some key infrastructure development projects like the Compound Wall contributed by the Hon'ble Governor of Tamil Nadu (now Governor of Punjab) and the toilet project for the residential care children.

We have also successfully utilized solar energy, which has mitigated the electricity cost by more than 40%.

We have established a separate social enterprise Amar Seva Global Association which is looking into developing partnerships with NGOs and supporting them with the help of the Enabling Inclusion App.

The Post-Acute Care Center's refurbishment is also finished, with the terrace's tiles set and the restrooms upgraded.

7. Formation of new social enterprise - ASGA

We have established a separate social enterprise Amar Seva Global Association which is looking into developing partnerships with NGOs and supporting them with the help of the Enabling Inclusion App.

8. Fundraising:

The efforts to establish a fundraising mechanism are also taking shape, with a consultant hired to provide us with standard operating systems and standardize the audio-visual and stationery for the organization, including the donors' presentations and a mechanism for promotion through social media.

10. Outlook for 2021-22

We need to spend the unspent money under the Income Tax Act to the tune of more than INR 2 Crores which is earmarked for spending on infrastructure development for the organization. The compound wall, check dam and building for Centre of Excellence in rehabilitation and development of the Children with Disabilities in the upstairs of the existing Admin Block are some of the planned projects out of this amount.

The training hall for the various initiatives towards our own workers and other NGOs and Govt. staff and also the parents and other stakeholders is under construction with the support of Sanmina Group of Companies under CSR, from Chennai.

The extension of the 23 blocks with the support from the Tamil Nadu Govt. till 2023 is also on the anvil. The partnership with the Samagra Shiksha Abhiyan with Education Department of Tamil Nadu Govt. in implementing the inclusive education strategies through our own Enabling Inclusion technology in a modified form is also under way.

Amar Seva Sangam's 40th year Anniversary celebrations have to be performed in a big way during 2022, in the cities like Mumbai, Bengaluru, Chennai for which the President of India, Prime Minister, Chief Ministers and Governors of the concerned States and Tamil Nadu will be invited as Chief Guests.

The sustainable fundraising and revenue generation for the organization will be the topmost priority in the coming year in formulating the system and structure for the same.

Pitching Amar Seva Sangam's reach to other States in a partnership approach will be the key area of focus that will be pursued.

Rehab Orchard, a revolutionary concept is being initiated, which is bound to give new niches for Amar Seva Sangam in the coming years for the Early Childhood Development and Rehabilitation.

Strategic purchase of land for future purposes of the organization are also on the cards.

11. Words of Encouragement from our Visitors

It gives me immense pleasure in appreciating the devotional work dedicated to differently abled person, identifying their skills, rehabilitation and giving socioeconomic support to these marginalised groups. All the units are well maintained, giving all opportunities to the children during their early development and in their adolescent age, as they grow very happy and fulfilled that the world exists because of the service minded people like you. Thanks for your efforts and best wishes for future endeavours.

D.H.Mythili
ASO

State Commissionerate for Differently Abled Department
Chennai

The Naval Team from HQTNP/ INS Adyar brings in best wishes to Amar Seva Sangam. Deeply humbled by your service. Heartiest thanks for the warm welcome accorded to the motorcycle expedition team from INS Adyar. Best wishes and look forward to meet you all soon.

Cdr. Ramani
SO (P&A)
Team Leader

அற்புதமான குழல்.. இறையணர்வு.. மனித நேயம்... தன்னம்பிக்கை.. அனைத்தையும் அமர் சேவா சங்கத்தில் ஒருசேர உணர்ந்தேன். பாதுகாப்பையும், ஆரோக்யத்தையும், முன்னேற்றத்தையும் எனறென்றும் ஸ்ரீஅன்னை, ஸ்ரீஅரவிந்தர் வழங்கிட பிரார்த்திக்கின்றேன்.

V.T.M.Charle
Actor



Press Review

2021

[illegible]

அமர் சேவா சங்கத்துக்கு

ஜி.சி.ரீடி ஜுவல்லார்ஸ் ரூ.1 கோடி நன்கிராட

பெண்மை: ஈழமக்களாங்கிலும் தலையிடுதல் பெற்ற ஜிகாடி
தூய்மைதல் திறமையம் தனது பெரு திறமையம் பெற்றுப் திடத்தின் ஒரு
பகுதியாக அது சேர சமயம் தனதுபெரு பெரு 2020 அக்டோபர்
மாதம் ௮.1 கோடி தனதுபெரு பெருத்திடு.

[illegible]

அந்நேரம் போலீஸ்கள் திடீராகத் திடீர் தாக்கீதத்தைக் கூறியபோது, "மக்கள் சேகரிக்கிறார்கள் என்பதைத் தெரிவிக்க வேண்டும். மக்கள் முன்பு கட்டியிருந்த, ரெவனுவாகியது இது தொடர்பு பெயரிட்டு" என்று அரசு அரசு மையப்படுத்தி வேலை செய்து கொண்டிருப்பது தெரிவித்து விட்டார்கள். அந்தத் தீர்மானம், அதையும் குற்றமாகக் கருதினார்கள். அந்தத் தீர்மானம் மத்தியத்திற்குக் கூடாமல் வேலைகளைத் தொடங்கப்பட்டது.

3/16/2020

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return 1 & messagePartId == 1
```

ஆய்க்குடி அயர்சேவா சங்கத்தில்
கொடோனா வைரஸ் பற்றிய விழிப்புணர்வு

தென்காசி, மார்ச் 15
ஆய்க்குடி அமர்ச்சேவா
சங்கத்தில் கொரோனா
வைரஸ் பற்றிப் விழிப்புணர்வு
நிகழ்ச்சி நடைபெற்று
இந்தியச் சர்க்குடி அமர்ச்சேவா
சங்கத்தின் பொன்வர்ள் சங்கராமை
தலைமைதாங்கினார்கள்.
ஆய்க்குடி அமர்ச்சேவா
பள்ளி மாணவ, மாணவிகள்
கலந்து கொண்ட இந்த
விழிப்புணர்வு முகாமில்
கரணை மாலைகூடும்
மருத்துவமனையுடாடும்
முருகையா சங்கதவிதலைவர்
ராமகிருஷ்ணன், மிறுமர்
முத்துலக்ம், டாக்டர்
வேததூர் ஆகியோர்
கலந்துகொண்டு கொரோனா
வைரஸ் பற்றி விரியாகவுள்
யிக்கையாள் பின்புலர்
மேலும் பொதுவாக மக்கள்
அறிதகூடும் இதுதலை
தவிர்ப்பது ஒருதலை ஒருதலை
லகதருக்குவது மிறுமர்
இருமர் போதுபகத்தல்
இருபதை தவிர்ப்பு

முதல்பாகைகளைக் கழுவும் போது முன்பு படி சொப்ப பூட்டுநீர்ப்பிடித்துக்கொள்வோம். இதனால் தயைப் பாதிப்பு வராமல் தம்மைப் பாதுகாத்து கொள்ளலாம் என்று அறிவுரை கூறினார்கள். இத்தீர்த்துச் சிவக் கூங்குடி அமர்சேவா சங்கத்தின் பொருளாளர் பட்டம்மலை கொடோரை வரலும் பற்றிய விழிப்புணர்வுகூட்டுதல்களை எடுத்துக் கூறினார்கள். அப்போது பழமையான தமிழ்ச் சிவபாட்டு முறைப்படி அனைவரையும் கைகாட்டி வணங்குவது, கைகாட்க்கை தத்தம் செல்வ சாபப்பட்ட சிறந்தது என்றும் கூறினார். இந்நிகழ்ச்சியின் பின்னர்தான் மகாபெரிய மனையின் இராமகுருதிரம் மலையாற்று குழுவின் விழிப்புணர்வு ஏற்படுத்தினார். முடிவில் ஆங்குது அமர்சேவா சங்கத்தின் செவ்வாயர் என்.சங்கிராம அனைவருக்கும் நன்றி கூறினார்.

2020

2020
அமர் சேவா சங்கத்திற்கு அரசு நிதி உதவி

மதுரை, டி.சு. 5—

நெல்லை, தென்காசி, தூத்துக்குடியில் 23 ஒன்றியங்களில் வளர்ச்சி படி நிலை குறைபாடுள்ள மாற்றுத்திறனாளி குழந்தைகளுக்கு மறுவாழ்வு சேவை வழங்க ஆய்்க்குடி அம்ர் சேவா சங்கத்திற்கு தமிழக அரசு நிதி உதவி செய்துள்ளது.

திட்ட இயக்குனர்
தினேஷ் கிருஷ்ணா,
சங்க செயலாளர் சங்
கரராமன் சீனிவாசன்,
ஊடக தொடர்பாளர் அர
விந்த் பரத்வாஜ் கூறிய

தாவது:தொழில் நுட்பம் மூலம் சங்கம் வழங்கிய மறுவாழ்வு சேவையில் பலன் கிடைத்துள்ளது. 2017-ல் நெல்லை, தென் காசியில் 8 கிராம குழந்தைகளுக்கு வழங்கிய சேவையில் உளவியல், உணர்ச்சி, உடல் நிலையில் முன்னேற்றம் ஏற்பட்டுள்ளது. இக்குழந்தைகளுக்கு செலவாகும் நிதி குறைந்துள்ளது என 76 சதவீத பெற்றோர் தெரிவித்துள்ளனர்.

பணியாளர்கள் 'என
பளிங் இன்க்லுஷன்'

அலைபேசி செயலி வழி பெற்றோர், தன்னார்வலர் களை தொடர்பு கொண்டு ஆய்வு செய்வர். இதனால் குழந்தைகள் வீட்டில் இருக்கும் நிலையிலேயே உதவி, பயிற்சி, சிகிச்சை கிடைக்கும்.

நம் நாட்டில் 6 வயதிற்கு கீழ் உள்ள 23 லட்சம் குழந்தைகளுக்கு இக்குறைபாடு உள்ளது. 1 லட்சம் குழந்தைகள் தமிழகத்தில் உள்ளனர்.

ஆரம்ப பயிற்சி, மறு
வாழ்வு சேவையால்
உடல், அறிவாற்றல்,

தகவல் பரிமாற்றம் சமூகப் பங்கேற்பு, உணர்வு வெளிப்பாட்டில் முன்னேற்றம் ஏற்படும். ஆமர் சோவா சங்க செயலியார் கிடைத்த பலன்களை கண்ட தமிழக அரசின் மாற்றுத்திறனாளிகள் நலத்துறை நெல்லை, தென்காசி, தூத்துக்குடியில் 23 ஒன்றியங்களில் இத்திட்டம் துவங்கி நிதி உதவி செய்துள்ளது.

2021 இறுதியில் தட்டத்தின் கீழ் 3 ஆயிரம் குழந்தைகள் கொண்டு வரப்படுவர் என்றனர்.



கரண்டையில் மாற்றுத் திறனாளிகளுக்கான மினி மாத்தான் போட்டியை தி.மு.க., நகர் செயலாளர் ஜெயபாலன் துவக்கி வைத்தார்.

A word of Thanks



Our achievements during the year 2020-21 were very much satisfying. Our activities have increased and the number of beneficiaries has grown multifold. We have completed 40 years of dedicated service to the differently able and rural poor with diligence and earnestness. But still there is a long way to go. All our achievements would not have been possible without the contributions, guidance and involvement of well-wishers and volunteers. We record our thanks to Dr. M.S. Swaminathan, our Patron-in-Chief, for his guidance and also to the other patrons Shri N. Vaghul and Shri S.V. Mony. We also thank our Executive Committee members, Advisory Board members and General Body members. Words are inadequate to express our thanks to all the Volunteers who are helping the Sangam from behind the curtain and adding glory to our Sangam. Our special thanks to Smt. Sulochana Krishnamoorthy of Handicare International, Canada for her constant endeavor to raise funds for our continued developmental activities.

Messrs. Kumar, U. Shekhar, Adarsh Nayyar and G. Ramakrishnan of Galaxy Surfactants (all from Mumbai), Hema Ganesh of Delhi, Nalini Ramachandra, Shri Rajan Babu of Pune, Bhuvanewari of Mumbai, Shanthi Balasubramanian and R.P.Krishnamachari (both from Chennai), R. Balasubramanian, Chennai, R. Seshasayee of Ashok Leyland, Chennai, S. Raman, Shencottai, R.P. Ragavan, A.Balasubramaniam, Rajalakshmi Balasubramaniam, N.Vijayalakshmi, Sudha Natarajan, (All from Chennai), and Rajeev Mecheri, Chennai for their financial and other support rendered throughout the year. We shall be failing in our duty, if we do not thank Handi-Care Int'l, Canada, Grand Challenges Canada, Sir Dorabji Tata Trust, Azim Premji Philanthropic Initiatives, Various Universities of Canada and USA, Vodafone, Dr. S. Yegnasubramanian and Mr. Kalraman for their support. Our thanks are also due to our Statutory Auditors, Internal Auditors, Legal Advisors, Consultants & Doctors. Our special thanks to Messrs. G.R.Thangamaligai Jewellers, Chennai, who have been consistently supporting us in bringing out the Annual Report and for supporting us for the expansion of our MTU building. Last but not the least, our thanks are due to our hard-working staff who continue to put their heart and soul in discharging their duties towards achieving our goal, viz. establishment of the "Valley for the Persons with Disabilities". It is with pride we record here that our staff has given superb cooperation in our endeavor to implement various HRD programs and also closely follow the norms set by ISO.

AMAR SEVA SANGAM, Ayikudy

Sl. No.	REGULAR DONATION SCHEMES	Amount (Rs.)	
	FEEDING SCHEMES	Regular	Special
1.	One day Lunch feeding for Home children	1,500	2,000
2.	One day Lunch feeding for Mentally challenged children	2,500	3,000
3.	Kamadhenu feeding Endowment (One time payment for lunch feeding to 10 children in a year)	5,000	NA
4.	One day Lunch feeding for all children and disabled Youth	6,000	8,000
5.	One day Full feeding for all children and disabled Youth	15,000	NA
6.	Campus Lunch feeding for all Disabled children, Disabled Youth and All Staff	25,000	NA
7.	Annapoorna feeding Endowment	1,00,000	NA
	EDUCATION SCHEMES		
8.	Sponsorship to train a disabled youth for Six months *		18,000
9.	Sponsorship of one child's Education for one year		12,000
10.	Sponsorship for Higher/Professional Education of a disabled student for one year		50,000
11.	Sri Vidhya Education Endowment		1,00,000
	SPINAL INJURED SPONSORSHIP SCHEME		
12.	Part-sponsorship of spinal injured's rehabilitation or Medical or Nursing Care		6,000
13.	Sponsorship of Spinal Injured undergoing Post-Acute Care for one month *		18,000
14.	Sushrutha Spinal Injured Care Endowment		1,00,000
	REHABILITATION SCHEMES		
15.	Sponsorship of Medicines for a Mentally Challenged child for a month *		1,000
16.	Sponsorship of Day Care rehabilitation of a Mentally challenged child for a month *		3,000
17.	Sponsorship of a child in Home care for a month*		5,000
18.	Sponsorship of a mobility appliances**		8,000
19.	Dhanvanthri Medical Endowment		1,00,000
20.	Rehabilitation--General		Any amount
	CHILD EARLY INTERVENTION SCHEMES		
21.	Sponsor a Child for Early intervention per month *		3,000
22.	Sishu suraksha Endowment		1,00,000
	GOSHALA SCHEMES		
23.	One month upkeep of one cow *		3,000
24.	One day feeding for all cows and calves *		4,000
25.	Nandini Goshala Endowment		1,00,000
	PATRON SCHEMES		
26.	Annual Individual Patron		1,000
27.	Life time individual Patron		10,000
28.	Individual Endowment Patron		1,00,000
	CORPORATE SCHEMES		
29.	Annual Corporate Patron		1,00,000
30.	Life Time Corporate Patron		10,00,000
	VILLAGE BASED REHABILITATION ADOPTION SCHEMES		
31.	Adopt 25 Villages per annum		1,50,000
32.	Adopt 100 Villages per annum		6,00,000
33.	Adopt 600 Villages per annum		36,00,000
	GENERAL DONATIONS		
34.	General Donations-Feeding		Any amount
35.	General Donations-Education		Any amount
36.	General Donations-Non corpus Fund		Any amount
37.	General Donation-Corpus Fund		5,000
38.	Land / Building / Infrastructure donations		50,000

* Sponsorships can be donated for multiple periods also

** Sponsorships can be done for individual appliances ranging from Rs.1500 to Rs.75000 on a case to case basis

All Donations Exempted u/s 80G

To facilitate remittance, coupon is printed handy

DONATION SCHEME COUPON

Amar Seva Sangam, Ayikudy - 627 852

Name.....

Address.....

E-mail..... Mobile / Phone.....

I Herewith enclose a Cheque / DD for Rs..... bearing no.....

Dated.....On.....(Name of the Bank.) Towards Scheme Serial No.

together with date & occasion, wherever applicable

Signature

AMAR SEVA SANGAM

IMPORTANT EVENTS AND VIP VISIT



ACTOR – DIRECTOR, VISU, CONDUCTED ARATTAI AGANGAM FOR A FEW TIMES AND RAISED FUNDS FOR AMAR SEVA SANGAM. HE WAS A GREAT PILLAR OF SUPPORT.



STATE LEVEL SPORTS EVENTS – AMAR SEVA SANGAM PARTICIPATED IN THIS EVENT AND OUR CHILDREN WON THE TROPHY ON 22.2.2014



JUSTICE D. MURUGESAN VISITED SANGAM AND WENT AROUND THE CAMPUS TO SEE OUR ACTIVITIES ON 22.8.2015



SRI S.SANKARA RAMAN WITH OUR BASKET BALL PLAYERS AFTER THEY WON SOUTH INDIA BASKETBALL TOURNAMENT FOR WHEELCHAIR USERS TROPHY ON 23RD SEPTEMBER 2017



SAARAL VIZHA – SANGAM PARTICIPATED IN THIS EVENT ORGANIZED BY THE LOCAL ADMINISTRATION EVERY YEAR, IN WHICH OUR CHILDREN EXHIBITED THEIR SKILLS



INTERNATIONAL CONFERENCE ON THE HIGHLY SUCCESSFUL MODEL OF EARLY INTERVENTION FOR CHILDREN WITH DEVELOPMENTAL DELAYS HELD IN CHENNAI FROM 13TH TO 15TH FEBRUARY 2020

GRT

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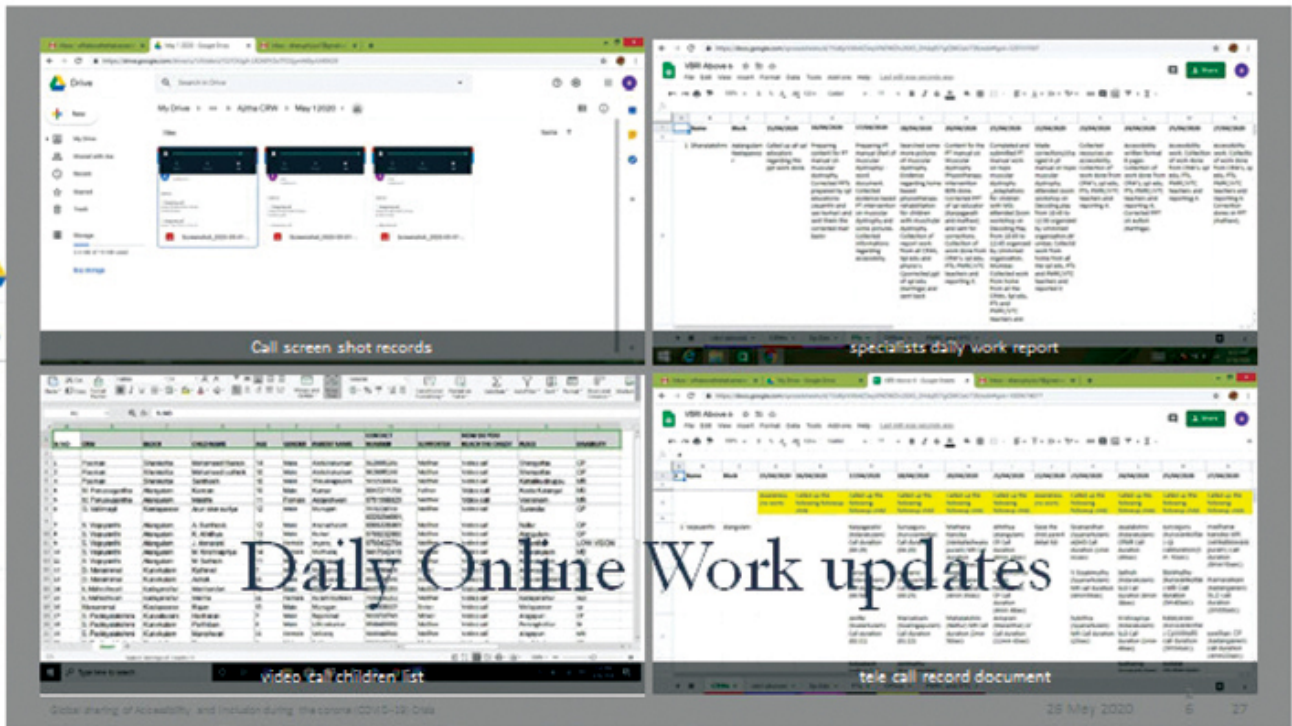
*Conditions apply.

No making charges*
Lowest Wastage*

₹50*
Less per gram
on
Gold

Date: 19th, 20th & 21st February, 2016, Time: 10 am to 8 pm

Venue: GRT Regency Sameera, Sameera Hall, 145, Green Circle, New Bypass Road, Vellore.



Google Drive Folders



You can reach us by Train / Air as Under

TRAINS:

CHENNAI TO TIRUNELVELI

Nellai, Kanyakumari, Ananthapuri & Guruvayur Express

CHENNAI TO TENKASI

Pothigai, Kollam Express - Daily
Silambu SF Express - on Wednesday, Friday & Saturday.

DAILY PASSENGER TRAIN FROM MADURAI

Connecting Chennai

DISTANCE

Tirunelveli to Ayikudy 60 kms by road
Tenkasi to Ayikudy 6 kms by road

AIRLINK

Madurai / Thoothukudi / Tiruvananthapuram. Ayikudy is about 3½ hours drive from Tiruvananthapuram & Madurai and 2½ hours from Thoothukudi Airport.

AMAR SEVA SANGAM

Sulochana Gardens, 12-1-163, Tenkasi Road, Ayikudy - 627852.
Tenkasi District, Tamilnadu, South India



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