

AMAR SEVA SANGAM

AYIKUDY – 627 852

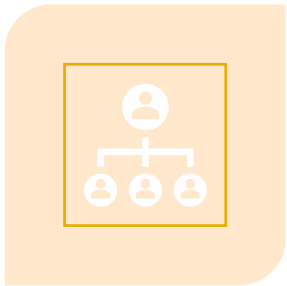
Welcomes you ALL !!

For the presentation of

ANNUAL REPORT 2021-22



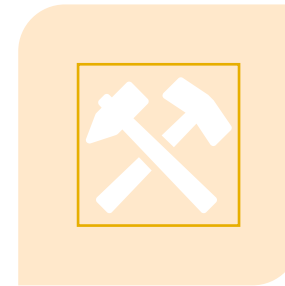
AMAR SEVA SANGAM



Activities



During the year



2021-22

INSTITUTION BASED REHABILITATION

Home for Children with Disabilities

- Children above five years are admitted in the Home and are given free shelter, food, clothing, Physiotherapy, Speech Therapy, medical aid, assistive devices and appliances.
- Total number of children in the home as on 31.03.2022 - 44



INSTITUTION BASED REHABILITATION

Sangamam School for Special Children

This school is a Day-Care Centre exclusively for Special Children.

The total number of students who got training through virtual sessions as on 31-03-2022 was 74.

No. of children integrated with inclusive school - 14



INSTITUTION BASED REHABILITATION

Orthotics Centre

During the year 2021-22 the following

services were rendered:

- Consultation Offered - 911
- Calipers/ Crutches/ Shoes & Sandals/ Artificial Limbs Manufactured -407
- Other Appliances Manufactured - 504
- Calipers/ Crutches/ Shoes & Sandals/ Artificial Limbs Repaired -609
- Other appliances repaired (Wheelchairs/Tricycle) – 215
- World Made Wheelchair Assembled - 22
- Total both manufactured & Repaired – 1735



INSTITUTION BASED REHABILITATION

Medical Testing Unit

After considering the reduce in covid-19 spread and the corona was under control in the district, the patients were permitted to come for in-person therapy.

Hence the virtual therapy sessions were closed and in-person therapy were started to inmates and outpatients as well.

Statistics for the year 2021-22 are:

- Number of persons treated: 476
- Number of services attended: 18300



24-Sep-2022



Annual General Body Meeting 2022

INSTITUTION BASED REHABILITATION

Post Acute Care Centre for Spinal Injured

This Centre provides medical assistance, physiotherapy, skills development, vocational training in various trades and rehabilitation for Person with Acute Spinal Injury and Physical and Mental Disabilities.

- The popularity of the post-acute care Centre for the Spinal injured patients has greatly increased.
- This is evident from the fact that we have a long waiting list from different parts of the country for admission to our Centre.
- **No. of patients under our care as on 31-03-2022 - 26**



INSTITUTION BASED REHABILITATION

Hostels

Two separate hostels for boys and girls for the Disabled Youth Trainees are functioning.

The trainee students are provided food, accommodation, clothing, physiotherapy, vocational trainings in various trades, higher studies through Distance Education Centres in the campus. Some occupancy statistics for 2021-22:

No. of Inmates:

- Discharged 6
- Strength as on 31-03-2022 34

INSTITUTION BASED REHABILITATION

Early Intervention Centre in the Campus

Started in 2013, the Early Intervention Centre's initiatives have been very successful. In the EI center we are providing a Holistic approach to Physiotherapy, Spl. Education , Speech Therapy and Occupational Therapy for the children who have developmental delays, congenital and early childhood disabilities. We are also giving the parents guidance about caregiving and rehabilitation strategies and training for the children's parents.

Total No. of children enrolled in the Centre during 2021-22 – 55

Total No. of services attended during the year – 1863

Total No. of children discharged/ transferred to centre therapy during the year - 25



INSTITUTION BASED REHABILITATION

Rehabilitation Centre

Guided by Institution Based Rehabilitation activities, various community support services like issue of Identity cards, arranging scholarship and maintenance grants to the disabled students, providing vocational training and artificial limbs, free note-books, etc. are being offered.

The total number of beneficiaries under the various schemes was as **1273 in 2021-22** against 1177 during the year 2020-21, 10405 during the year 2019-20 and 3,018 during 2018-19. Due to Covid-19 pandemic situation and lock down from March 2020, the statistics for the year 2020-21 has come down and it is expected to improve this year onwards.

INSTITUTION BASED REHABILITATION

Rehabilitation Centre



Apart from rehabilitation activities, Amar Seva Sangam provides Vocational Training in note-book binding, typewriting, tailoring, toy making and advanced computer training for the disabled youths. It is gratifying to report that out of the total number **1656** trained by ASSA, **13 persons are working in software industry** in various metro cities and getting good salaries. The number of **self-employed** is **418**. The number of people **doing higher education** is **47**.



VOCATIONAL TRAINING

INSTITUTION BASED REHABILITATION

Alagappa University Study Centre

Alagappa University Study Centre			
Students Strength 2021-2022			
#	Stages	2020-21	2021-22
1	Number of students at the beginning Year	77	108
2	Additions during the year	61	112
3	Course completed student	24	33
4	Discontinued student	6	5
5	Number of students at the end of the year	108	182

A total of 33 students completed their studies in the study centre during 2021-22

INSTITUTION BASED REHABILITATION

Training and Development Computer Training Centre

Details of the students successfully completed Courses				
S.No	Particulars	1996 To 2021 Cumulative From	2021-22	Cumulative as on 31.03.2022
1	MS Office	617	38	655
2	DTP	328	7	335
3	Tally	114	5	119
4	Hardware & Networking	5	0	5
5	Short Term Course	83	3	86
6	CCA-6 Months Till Date (DCA/DBA/DEO/ Office Automation/AutoCAD/ BCP/FoxPro/'C' Programming Till 2012)	407	2	409
7	CCA-1 Year (PGDCA Till 2012)	26	6	32
8	Summer Course	1162	0	1162
Total		2742	61	2803

INSTITUTION BASED REHABILITATION

Tailoring & Handwork and Typewriting

#	Particulars	2020-21		2021-22		Cumulative up to 31.03.2022 (PC & Others)
		Physically Challenged Students	Other Students	Physically Challenged Students	Other Students	
1	Tailoring	4	19	6	10	979
2	Hand work	2	0	2	0	366
Total		6	19	8	10	1345

Typing Section 2021 - 2022				
Particulars	Students appeared for Exam		Cumulative up to March 2022	
	PwDs	Others	PC	NPC
Junior (English & Tamil)	11	25	298	265
Senior (English & Tamil)	18	21	169	177
Total	29	46	467	442

INSTITUTION BASED REHABILITATION

Amar Seva Saradambal ITI

Objectives:

- To promote the skill training to adult person with disabilities living in the rural area.
- To promote opportunities of employment to adult person with disabilities
- To support the PWDs family members living under economically poor conditions.
- To promote the awareness of skill development education.

We have got approval from **National Council of Training in Vocational Trades (NCVT)**. The Trades offered are:

1. COPA (VI/OD) (Computer operator and programming assistant) - One year.
2. DTPO (VI/OD) (Desktop Publishing Operator) - One year.
3. Cutting & Sewing (VI/OD) - One year.
4. SPAT (Smart Phone Technician cum App Tester) - Six Months

Particulars	COPA	DTPO	C&S	SPAT
Admission during 2020-21	7	4	5	-
Completed 2020-21	7	4	5	-
Admission during 2021-22	7	7	9	5
On-going 2021-22	7	7	9	5

INSTITUTION BASED REHABILITATION

Amar Institute of Rehabilitation Science (Affiliated with RCI)

We have got approval from RCI for running the following 2 Diploma courses.

The courses offered are:

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

#	Stages	2021-22	Cumulative
1	Admission during the year	9	15
2	Completed during the year	-	6

INSTITUTION BASED REHABILITATION

Education - Siva Saraswathi Vidyalaya Hr. Sec. School

Student strength:

- Total strength as on 31-03-2022 ... 680
- Many special children have scored good marks in X and XII standards. Centum result is achieved in 10th, 11th and 12th in the year 2021-22.

Particulars	PwD Students	Other Students	Total
Nursery School	0	127	128
Primary and Hr. Secondary	58	495	553

INSTITUTION BASED REHABILITATION

Education - Siva Saraswathi Vidyalaya Hr. Sec. School

- We are very happy to inform that, all the 12th Standard students in our inclusive Siva Saraswathi Vidyalaya Higher Secondary School have successfully passed out in March 2022, recording cent percent success. This is a boost to our pursuit of inclusive education. First B.Sakthivel who scored 557/600, Second J.Surya who scored 505/600, Third S.Kavitha (Student with disability) who scored 501/600.
- The Twelfth batch of 10th standard students appeared for the public SSLC examination in March 2022 have passed out with good marks. First S.Maheshwari 455/500, second U.Murugeshwari 451/500 and third R.Sangeetha 447/500 .

Toppers of 12th Std. Exam



Toppers of 10th Std. Exam



VILLAGE BASED REHABILITATION

VBRI-School Age Program (Rehab and Inclusion)

Rehabilitation and Inclusion of Children and Adults with Disabilities in the rural community, by taking the services to the rural areas for decentralization of services.

This program has 3 types of services

- Home/school based services: For Children with disabilities in the school going age (12 to 18 years)
- Parents Managed Respite Centre - For children with high support needs. (7 to 18 years)
- Parents Managed Vocational training centers.

Rationale for this program

- By rehabilitation support, we can improve the functioning of Children with Disabilities. This would reduce parental care stress and promote independence of children with disability.
- Parents of children with disabilities need continuous support in bringing up their children as well as to maintain their emotional stability.
- Affordability and Accessibility of rehab services for children with disability in the rural areas are limited.
- Productivity of persons with disabilities can be improved by appropriate vocational training.

Focus areas:

- Self-care training.
- Mobility training
- Functional education
- Assistive devices and Adaptations for self-care and mobility
- Special education supports for school education curriculum.
- Prevocational and vocational skills training.

VILLAGE BASED REHABILITATION

VBRI-School Age Program (Rehab and Inclusion)

1. Home/school based services:

- We promote inclusion of children with disabilities in school. The children that are going to school, the intervention is given at school and the children that are yet to be included in school are given home based services.
- Due to COVID pandemic, schools were closed till Jan, 2022.
- During second and 3rd wave of COVID, tele rehab was given to all the children with disabilities in the program
- During this year we have given rehab services to 285 children through home/school based follow up

2. Parents Managed Respite Centre:

- Parents Managed Respite Centers are the day care centers for children with severe and profound disabilities.
- These centers are partially supported by the parents. Amar Seva Sangam gives technical support through rehab professionals as well as capacity building training for the leaders to strengthen the services in PMRCs and financial support.
- This year we have served 142 children in 8 centres.

3. Parents Managed Vocational training centers:

- For Adults with intellectual disabilities (Age: 17 to 35 years)
- The objective of the Vocational Training Centers is teaching skills that will give income as well as meaningful engagement for Persons with Disabilities.
- This year vocational training was given to 84 students.

VILLAGE BASED REHABILITATION

VBRI-School Age Program (Rehab and Inclusion)

VBRI-School Age Program Performance (April 2021-March 2022)		
#	Performance	Numbers
1	Total Service users	428
2	Home based Service users	310
3	PMRC/VTC Centre service users	118
5	Awareness Program conducted	110
6	People reached by awareness program	2132
7	Medical camp conducted	1
8	Children benefitted in the medical camp	18
9	Capacity building trainings Conducted	8 Days
10	Staff Participated	14



VILLAGE BASED REHABILITATION

VBRI - Enabling Inclusion program (Tenkasi District)

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

“If children with development delays are not provided with appropriate early intervention, their difficulties can lead to lifetime consequences, increased poverty and profound exclusion.” WHO 2012

Early Intervention are specialized services focusing on early identification and therapeutic intervention for children with developmental delays and disabilities (CWD) to promote their development. Various therapeutic interventions like physiotherapy, occupational therapy, speech therapy, special education and behavioral therapy etc are needed to address the developmental delays. Lack of such services at rural areas leads to poor progress of children and lifelong dependency. To address this gap, Amar Seva Sangam has started a community based early intervention in the year -2014 in Tenkasi District for CWD from birth to 12 years.

VILLAGE BASED REHABILITATION

VBRI - Enabling Inclusion program (Tenkasi District)

Program Structure

Home based:

School educated women from local community are given 20 days of training on early intervention and rehabilitation and appointed as Community Rehabilitation Worker (CRW). These Community Rehab workers identify children with developmental delay, take the baseline data. According to the baseline data specialists (Physiotherapists, special educators etc) are assigned to the child to do the assessment, and plan intervention. The CRWs visit the child once in a week and the specialists visit the child once in a month in a fixed schedule. The progress of the children and staff activities are monitored by the GPRS enabled app –Enabling Inclusion App.

Resource Centres:

Resource centres are small therapy units located at small town where various specialists will be available every day. Children can come to these centres for more intense therapy. Usually serves for newly identified children, children receiving AT and transition of program from early intervention to school.

VILLAGE BASED REHABILITATION

VBRI - Enabling Inclusion program (Tenkasi District)

Program Structure

Components of Enabling Inclusion Program:

- Developmental Screening
- Therapy and Rehab services
- Assistive Devices
- Sensitization Programs
- Parents Advocacy Groups
- Research
- Training and development

VILLAGE BASED REHABILITATION

VBRI - Enabling Inclusion program (Tenkasi District)

Developmental Screening:

To identify developmental delays among children, we conduct developmental screening of all children in the community periodically using standard assessment tools.

This year we had conducted 298 developmental screening programs and 17979 children were screened; through these camps – 190 children were identified as positive of having developmental delay.

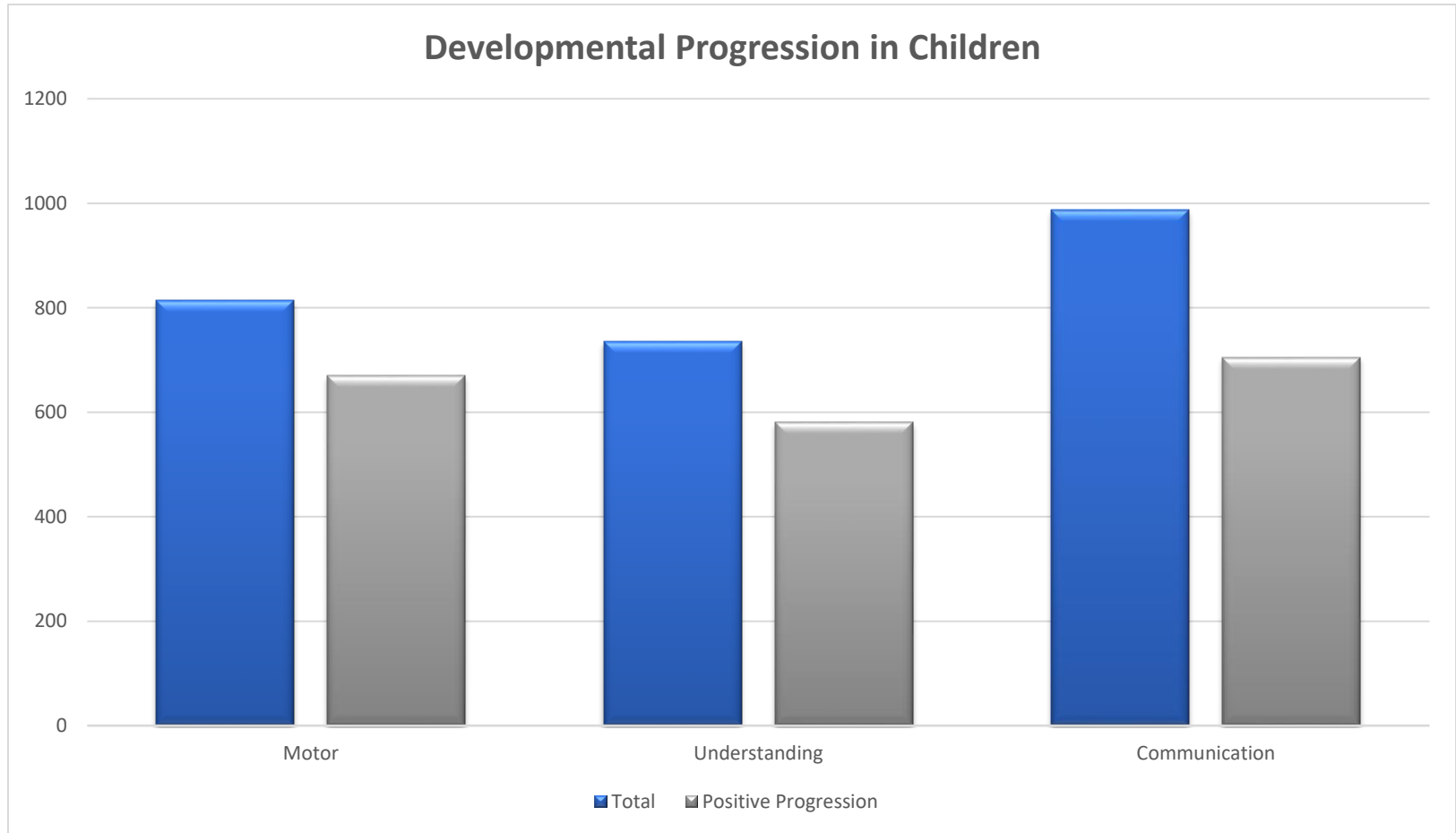
Therapy and Rehab Services:

Children that are identified with developmental delay are assessed by various rehab professionals like physiotherapist, special educators, speech trainers etc and intervention goals are decided along with the families. They teach the therapies to families and community rehab workers do the follow up. Children are evaluated every 6 months and their progress is monitored.

This year we have **served 987 children** (actively receiving services) in 8 blocks of Tenkasi district. Maximum of 82 % of children have positive progression in motor component.

VILLAGE BASED REHABILITATION

VBRI - Enabling Inclusion program (Tenkasi District)



VILLAGE BASED REHABILITATION

VBRI - Enabling Inclusion program (Tenkasi District)

Assistive Technology and Accessibility:

Assistive technology can be a great support for individuals with disabilities. These are the devices and tools that maximize the functional skills of children and adults with disabilities. It reduces the dependency and caregiving support. Promoting early independence not only reduces the caregiving effort but also improve the self-esteem. Assistive technology also promotes 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 and Alternative Communication etc.

This year we have given 17 assistive devices and 6 home adaptations for children with disabilities.

Awareness Programs

Social inclusion of children and adults with disabilities not only depend on the therapeutic services but also on removing barriers. One of the biggest barrier for social inclusion is attitudinal barrier. Generally, children with disabilities are considered as un productive. So to showcase the potentials of CWD and to promote equality and justice for PWD, we regularly conduct awareness programs at the community level.

This year we had conducted 231 awareness programs through which we have reached 8287 people.

VILLAGE BASED REHABILITATION

VBRI - Enabling Inclusion program (Tenkasi District)

Parents Advocacy Groups:

This is our first initiatives in empowering parents to advocate for their children with disability. Towards strengthening self-advocacy of families and participating in decision making of the Enabling Inclusion program, we are promoting parents' groups at village level. Monthly meetings have been conducted that have strengthened peer connection for families of children with disabilities and also helped them advocate for their needs and rights.

We have formed 17 parents' advocacy groups and have 228 members in these groups.

Research:

Research helps us to understand the efficiency of the program and continuous upgradation of services. We have a team professionals involved in research activities.

Last year we had conducted research on the Impact of Parents Advocacy Groups on advocacy skills of Parents of Children with Disabilities.

VILLAGE BASED REHABILITATION

VBRI - Enabling Inclusion program (Tenkasi District)

Training and development

a) Staff Training:

There is a huge scarcity of human resource in the field management. Alongside, upgradation of existing staff skills is required to improve the efficiency of the program and learning new skills.

This year we had conducted 10 days training for each cadre of staff like CRWs, Physiotherapists, special educators, speech trainers and occupational therapists etc.

b) Manual preparation:

We had prepared various manuals for staff and parents/caregivers. Totally 10 manuals have been prepared or updated as follows:

- Caring for my child with autism.
- Guide to working with children with cerebral palsy for community rehabilitation worker
- How to I care for a child with cerebral palsy? – Manual for parents
- Play therapy manual
- Family Centred Services for service providers.
- Physiotherapy Manual: Village Based Early Intervention Programme
- Early intervention manual for speech trainers
- Promoting hand function in children with cerebral palsy
- Assistive technology guide book.
- Early intervention manual for special educators.

Apart from staff we have distributed 1435 manuals to parents of children with disabilities.

VILLAGE BASED REHABILITATION

VBRI - Enabling Inclusion program (Tenkasi District)

VBRI-EI Tenkasi District Performance		
#	Performance	Numbers
1	Service users	987
2	Awareness Program conducted	231
3	People reached by awareness program	8287
3	Developmental screening camps conducted	298
4	Children screened in the developmental screening camps	17979
5	Medical camp conducted	1
6	Children benefitted in the medical camp	82
7	Days of capacity building training for staff	10
8	Staff participated in the training	89
9	Parents Advocacy Groups (PAG) formed	23
10	Meetings conducted in PAG in this year	167
11	Parents members in the group	347
12	Assistive device given	17
13	Home modification done	6

VILLAGE BASED REHABILITATION

VBRI - ENABLING INCLUSION IN 23 BLOCKS

IDENTIFICATION PROCESS

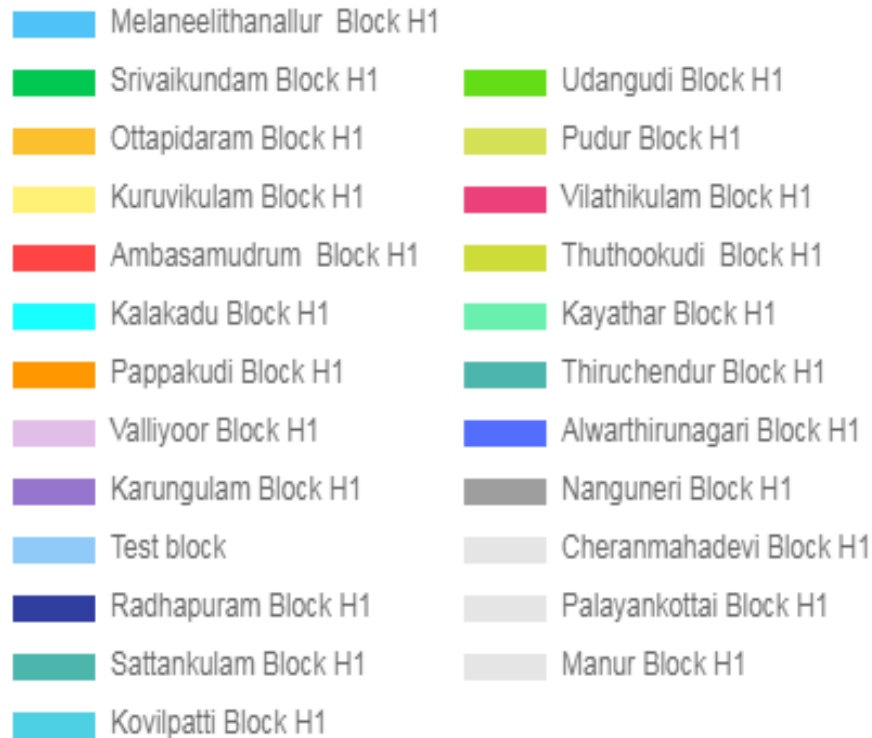
The target was to identify 2835 children with developmental delays in this reporting period.

The ASSA team identified 2617 children. The ASSA team includes 3–5CRWs (depending upon the size of the block) and a physiotherapist, special educator, and speech trainer. Case identification and 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 going door-to-door to assess children to identify children with any potential developmental delay. The goal is still to reach all pre-school children in a block, but we relied more on the expertise of the VHNs and Anganwadi workers who we had previously trained in the identification of delayed development. Every week (Wednesday) camp involves 23 different blocks and 23 different locations with the team of CRWs and specialists. The EI app has been updated with 2 screening tools—the Trivandrum Developmental Screening Chart and the UNICEF/Washington Group Module, which the service providers in the programs use. 57,993 children were screened by our team and 2617 children were identified with delayed development and enrolled in the program at the initial stage and assessed for their basic demographic details. 1024 were girls and 1593 were boys. All the children's base line information was documented in the EI application. At present, 1933 children have been identified.

VILLAGE BASED REHABILITATION

VBRI - ENABLING INCLUSION IN 23 BLOCKS

Service Users by Blocks



VILLAGE BASED REHABILITATION

VBRI - Development Program

All the development activities -Disability specific and General community towards inclusive are facilitated through this component.

The following category of activities were done.

- 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.

VILLAGE BASED REHABILITATION

VBRI - Development Program

The following are the activities and achievement in a nutshell:

S.No.	Key indicators	Methodology	2019-2020		This Year 2021-22	
Key Indicators for Group						
1	Membership	Numbers of Members in SHGs/No of face sheets	5004/8730	57%	4620/8730	53%
2	Members in SHGs	No of members/Number of SHGs	5004/752	6 average	4620/752	6 average
3	Meeting per year	No of Meetings/Number of SHGs	7522/752	10 average	2839/752	4 average
4	Attendance	Total Attendance/No. of Members	37600/5004	7 average	13935/2787	5 average
5	Leaders in Groups	No of Leaders/No. of SHGs	1127/752	average	1540/752	2 average
6	Leaders in Members	No of Leaders/No. of Members	1127/5004	23%	1540/13935	11%
Key Indicators for Women Participation.						
7	Women Membership	No of Women members/No. of members	2012/5004	40%	1876/4620	41%
8	Women members in Leadership	No of Women Leaders/No. of Leaders	409/1127	36%	432/1540	28%

VILLAGE BASED REHABILITATION

VBRI - Development Program

S.No.	Key indicators	Methodology	2019-2020		This Year 2021-22	
Economic Indicators						
9	Savings and credits among SHGs	No of SHGs in credits and savings/Total No. of SHGs.	698/752	93%	663/752	88%
10	Bank Linkages	No of SHGs with Bank Account/Total No. of SHGs.	643/752	86%	550/752	73%
11	Loans Aailed	No of SHGs aailed bank loan/Total No. of SHGs.	45/752	6%	27/752	4%
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
		Total amount repaid with interest				
		Pending Due amount.				
14	Savings per membership	Total amount of savings /Total No. of Members.	3074234/3490	Rs.880	4548000/3790	Rs.1200/-
				Average		Average

VILLAGE BASED REHABILITATION

VBRI - Development Program

S.No.	Indicators	Cumulative upto 31/03/2021	Cumulative up to 31/03/2022
SHG Activities			
1	Total Number of SHGs functioning	614	536
2	Formation of New SHGs – New	0	18
3	Linking all newly formed SHGs into banks	0	18
4	Linking SHGs into Federation	55	55
5	No. group have regular meetings without staff/ Federation Leaders	340	101
6	No. group have regular meetings with the support of project staff/ Federation Leaders	7180	2378
Awareness Program			
7	No of Community Awareness Programs	0	4
8	Number of Doctors interacted by Awareness Programs	0	0
9	No of College conducted the Awareness Program	0	0
10	COVID 19 awareness through Concall/Video calls/Zoom meet	1300	1200
11	COVID 19 vaccine awareness through Concall/Video calls/Zoom meet for PWDS and care givers	500	600

VILLAGE BASED REHABILITATION

VBRI - Development Program

S.No.	Indicators	Cumulative upto 31/03/2021	Cumulative up to 31/03/2022
Capacity Building Training			
10	Leadership Training-SHG leaders-No of days	0	2
11	Leadership training- SHG leaders- No of SHG Leaders	0	40
12	Leadership training-Block level federation-No of days	0	28
13	Leadership training- Block level federation-no of leaders	0	252
14	Skill training - No of Candidates referred	16	7
15	Job placement - No of service users placed in jobs	10	3
16	Self-Employment - No of service users facilitated for self-employment	145	
17	No of families received dry rations	2671	751
18	No of PWD received COVID kit	998	3600
Advocacy			
19	No. issues addressed by Panchayat level	1	3
20	No. issues addressed by the community leaders and judicial system where solution are achieved	0	3
21	No. buildings have reasonable accommodation for PWDs at panchayat level.(one per panchayat)	0	0
22	No.of Schemes referred.	831	314
23	No.of Govt schemes were achieved.	752	228
24	No of PWD received essential medication	43	0

Human Resource Development (HRD)

Staff Strength

Amar Seva Sangam has a strong and dedicated work force.

The following table shows the staff strength:

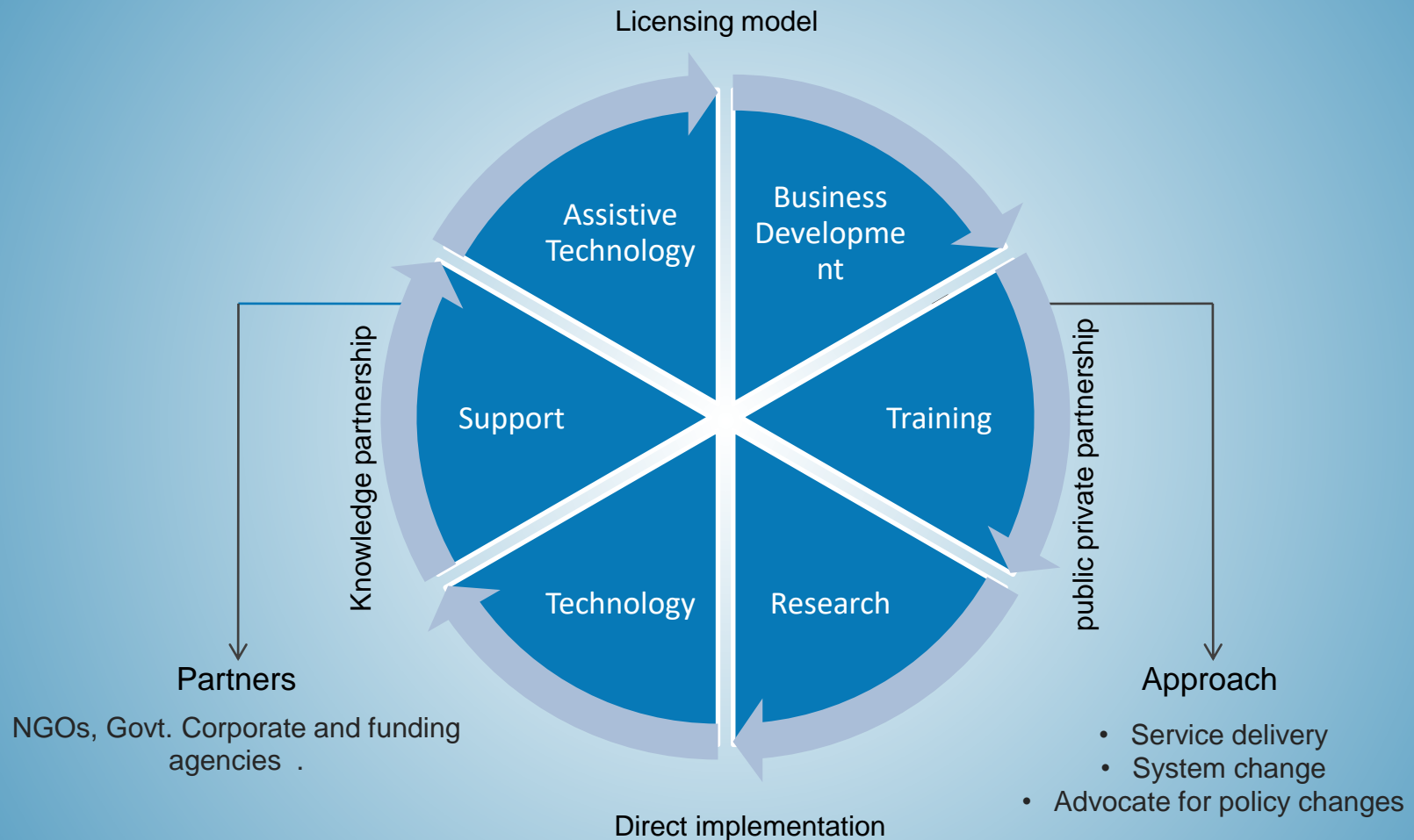
Particulars	Persons with Disabilities	Others	Total
No. of staff as on 01-04-2021	45	450	495
No. of staff newly recruited	4	88	92
No. of staff left during the year	6	69	75
Actual strength as on 31-03-2022	43	469	512

40 Outlook for the year 2022-23

Aspirations, Opportunities and Challenges . . .

1. Centre of excellence
2. Spinal and stroke rehab centre
3. Sustainability initiatives

1. Centre of Excellence



Introduction

Amar Seva Sangam, over a period of 4 decades, has developed several models of rehabilitation through community participation with the aim to empower persons with disabilities particularly the children and youth.

The **mission** of Amar Seva Sangam is to empower the disabled citizens by establishing a 'Valley for the Disabled' as a Rehabilitation and Development Centre for the region and developing models for self-help initiatives by integrating the disabled individuals with the society for improved living conditions in the villages.



Disability is not a constraint

We believe that disability is not a constraint but only a condition which can be managed. A person with disability will not feel so, when the environment is conducive to maximize the potential in him.

Therefore, the idea of Amar Seva Sangam is to establish through evidence based analysis and research that given proper opportunities and level playing grounds, persons with disabilities can perform and be contributory to the society.

Amar Seva Sangam has extensively utilized the technology to leverage to provide rehabilitation and improvement of persons with disabilities, particularly children from birth to age 21.

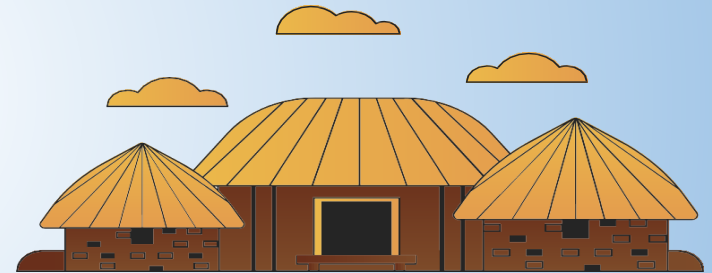


Impact Transfer Models of Amar Seva Sangam

We have designed and developed the following highly successful, impactful and scalable models for rehabilitation of persons with disability, to enable them to become independent:

1. Technology leveraged digital rehabilitation solution for children with disabilities
2. Inclusive education
 - Inclusive school with residential and day care rehab support
Sangamam Special School
3. Higher education and multi-skill comprehensive rehab program for youth with disabilities
4. Village based rehabilitation
5. Parents participatory rehabilitation
 - Parents Managed Respite Centres
 - Early Intervention Parents Participatory Centres
 - Foster Care Centre
6. Holistic spinal cord injured rehab centre
7. Support services
 - Assistive technology & orthotics centre
 - Medical Evaluation & Treatment Unit

Amar Seva Sangam



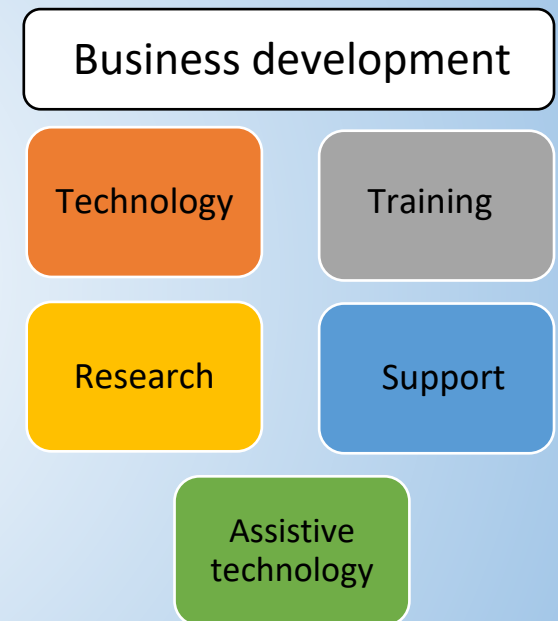
Supporting Village Communities

Center of Excellence in Rehabilitation and Development for Children and Youth with Disabilities

Amar Seva Sangam's Centre of Excellence was established in 2021 to **scale the impact of our innovations** through partnerships to provide and support child development and rehab solutions to thousands of children, families and communities globally.

Vision- An inclusive world in which children, families and communities are given the resources that allow all children with disabilities to reach their full potential.

Mission- To become the premier organization in enabling affordable, efficient and effective child rehabilitation solutions with global partnerships and implementation.



MODEL 1

Technology leveraged digital rehabilitation
solution for children with disabilities

Enabling Inclusion[®] App and Model

Technology leveraged digital rehabilitation solution for children with disabilities

240 Million Children With Disabilities Globally (UNICEF 2021)

In India:

- 8 million children with disabilities
- 90% have no access to early intervention / child rehab



Lifetime
consequences

Increased
Poverty

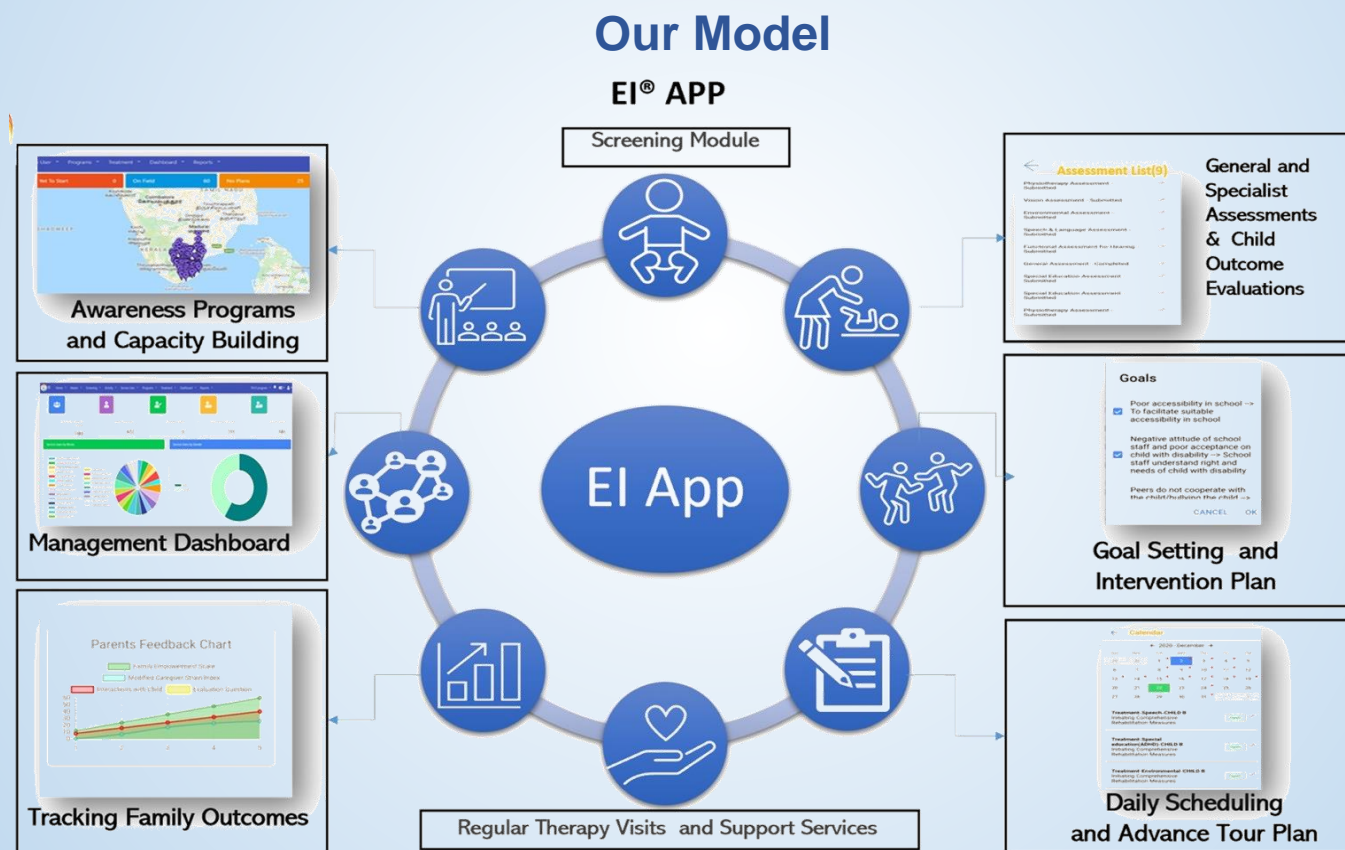
Profound
exclusion



Our solution- Enabling Inclusion® app & model

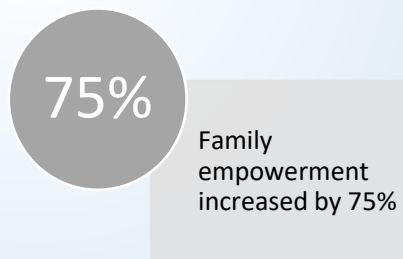
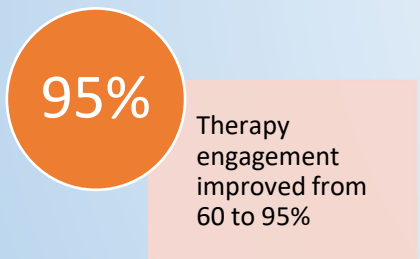
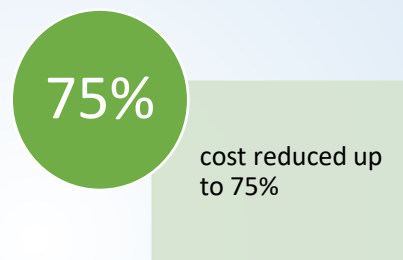
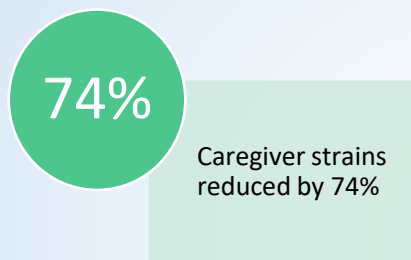
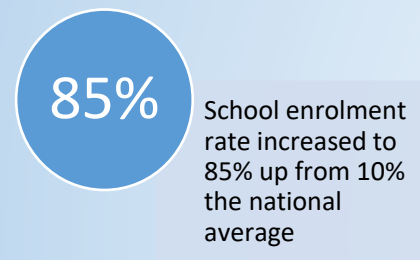
- EI® app connects community workers and parents to rehabilitation specialists.
- Home, Community, Centre-Based, School- Based or Mobile Clinic based Services ensures last mile delivery.
- EI® app provides monitoring, evaluation and learning for outputs and outcomes of workers, children and families.
- Evidence based intervention planning ensures proper documentation, follow-up, high fidelity and quality rehabilitation.

Technology leveraged digital rehabilitation solution for children with disabilities

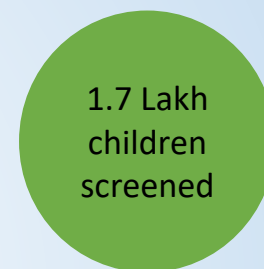


Early Intervention & Child Rehabilitation Program

Our Impact



Our Reach



MODEL 2

Inclusive Education

**Inclusive School with Residential & Day Care Rehab Support
Sangamam Special School**

Inclusive Education - Inclusive school with Residential and Day Care Rehab Support

Resource Centres for Special Needs Children

100
children
currently
enrolled

200+
children
graduated

19000+
caregivers
empowered

Day Care Special Children School

Residential Program for
Special Need Children

Residential Care for Children with
Locomotor Disabilities

- Siva Saraswathi Vidyalaya is now a fully integrated pre-kindergarten to higher secondary school with over 700 students
- The campus is fully accessible, and includes ramps, grab bars and wheelchair-accessible classrooms as well as wheelchairs, walkers, hearing aids and magnifying glasses for those who need them.

Regular
Higher
Secondary
School

Regular Therapy in
Medical Testing Unit

Assistive Devices

1000+
students
graduated

85% of
students with
disabilities are
working or
pursuing higher
education

20%
students
have
disabilities

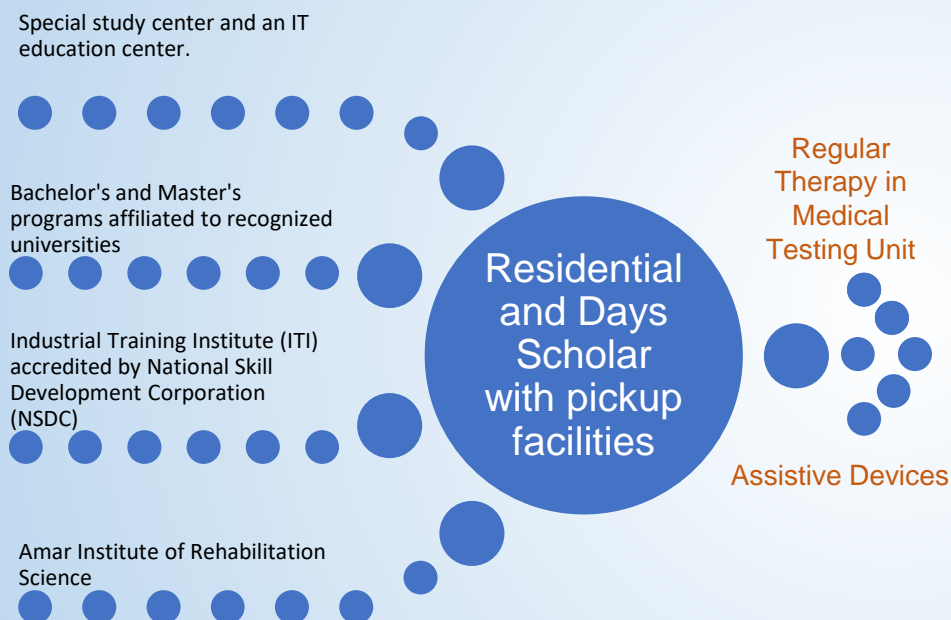
- Resource teachers provide dedicated support while physical therapy, occupational therapy, psychological counselling and speech therapy are also available for holistic development experience of all children enrolled there.
- All special needs children are tracked through the Enabling Inclusion® app.

MODEL 3

Higher Education

Multi-Skill Comprehensive Rehab Program for Youth Students With Disabilities

Higher Education and Multi Skill Comprehensive Rehab Program for Youth Students With Disabilities



Sections	Activities/Courses	2022-2023
Computer	MS Office, MS Publisher, MS Access, D.T.P, Tally, Office Automation, Computer Hardware and Networking, Multi Media, Auto CAD, "C" Language, Visual Basic, Web Design, Basic Computer, Basic Internet Class, CCA 6 Months, CCA 1 Year	120
Tailoring	No. of students benefited	35
Hand work	No. of students benefited	4
Type Writing	Junior & senior (English & Tamil), Pre Junior (English & Tamil), High speed, COA (Computer on office Automation)	100
ASSA-S ITI	COPA, DTPO, C&S, SPAT	40
Sangamam VTC	No. of children with special needs benefited	20
Other Training Programmes (T&D)	Home appliances	25
Other Training Programmes (T&D)	Cell phone servicing	32
Other Training Programmes (T&D)	Gold Appraisal Training	40
Other Training Programmes (T&D)	Two Wheeler Training	20
Other Training Programmes (T&D)	Screen Printing Training	30
Note book Making	No. of persons trained	5
Amar institute	DECSE (ID)	13

MODEL 4

Village Based Rehabilitation

Village Based Rehabilitation

The Big Problem

This would otherwise result in a colossal wastage of potential human resources which are latent in Persons With Disabilities.

Strong and vibrant micro level institutions to take and absorb the skills of persons with disabilities and their management is required to meet the huge numbers that the society is faced with.

Catering to the various needs and requirements and addressing to their issues are the major challenges in the Society.

These human resources have great potentials and can be contributory in a Society that is striving for economic development and sustenance.

30.38 million
Persons with
Disabilities in
India

70% live in
rural areas

80% of the
families are
daily wage
earners

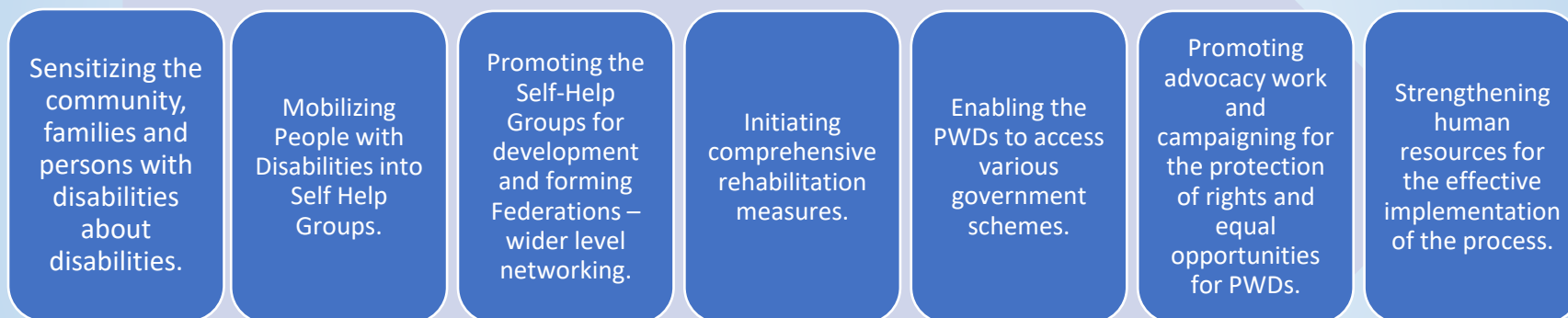
>30% live
below
poverty line

Village Based Rehabilitation

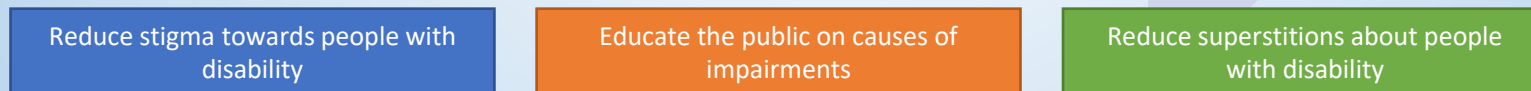
The model

Our Successful Model - Social Development Approach

- Our social development program focuses on the principles of community ownership and collective **advocacy and self-reliance** through the formation of self-help groups (SHGs). The “community” here refers to people who and/or their family members are differently abled.
- The purpose of the SHGs is to facilitate advocacy amongst its members for access to government benefits including **disability cards, pensions, micro-loans and assistive devices** such as wheelchairs.



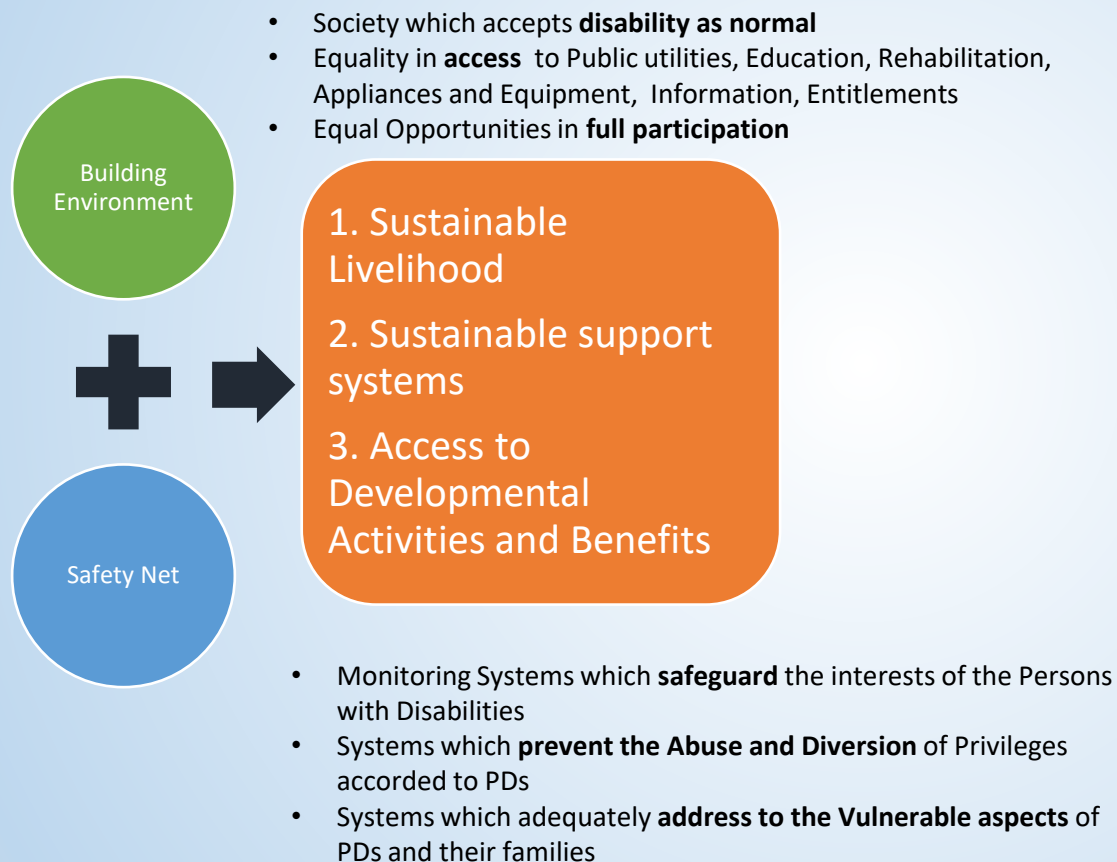
- SHGs also help provide livelihood start-up support by **pooling resources of group members**. These resources along with access to micro-loans have allowed groups to start **small-scale business ventures** such as shops, tea stalls, cell phone/appliance repair stores, and garment making and selling which help financially support members who are differently abled and their families.



Village Based Rehabilitation model

Impact

Our Successful Model - Social Development Approach



The amount saved by these SHGs is ₹45.48 Lakhs, the amount of micro finance rotating within them is ₹92.23 Lakhs.

752+ Self Help Groups formed

5000+ members in Tamil Nadu

MODEL 5

Parents Participatory Rehabilitation

**Parents Managed Respite Centres
Early Intervention Parents Participatory Centres
Foster Care Centre**

Parents Participatory Rehabilitation Model

The model

1

Parents are formed as a group to own and participate in delivery of Technology based rehabilitation for their children

Early Intervention
Parents Participatory
Centres



2

To ensure their right to live and security in their life the parents of the children are joined as a group to take care of their children's need.

Parents Managed
Respite Care Centres



3

Parents from different parts of India come together and manage the center on a rotational basis while Amar Seva Sangam provides technical and professional services as well as food and accommodation facilities.

Foster Parent Care
Centre



285
children
benefitted

75%
improvement

9 centers

54 children
benefitted

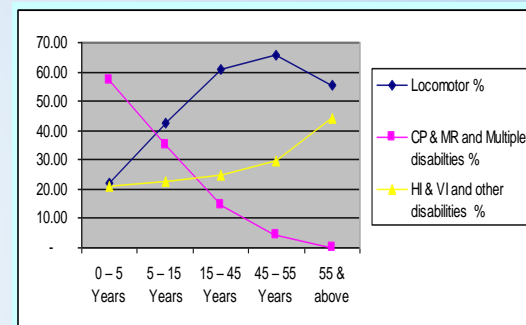
42%
improvement

6 centers

4 children
benefitted

62%
improvement

1 center



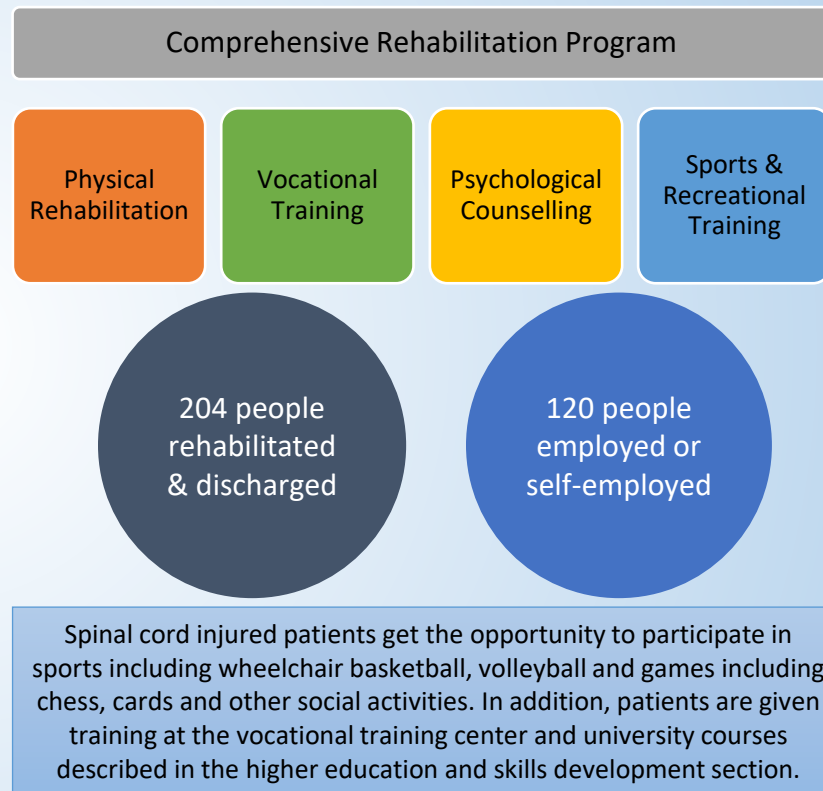
MODEL 6

Holistic Spinal Cord Rehabilitation Centre

Assistive Technology & Orthotics Centre

Holistic Spinal Cord Rehabilitation Centre

The model

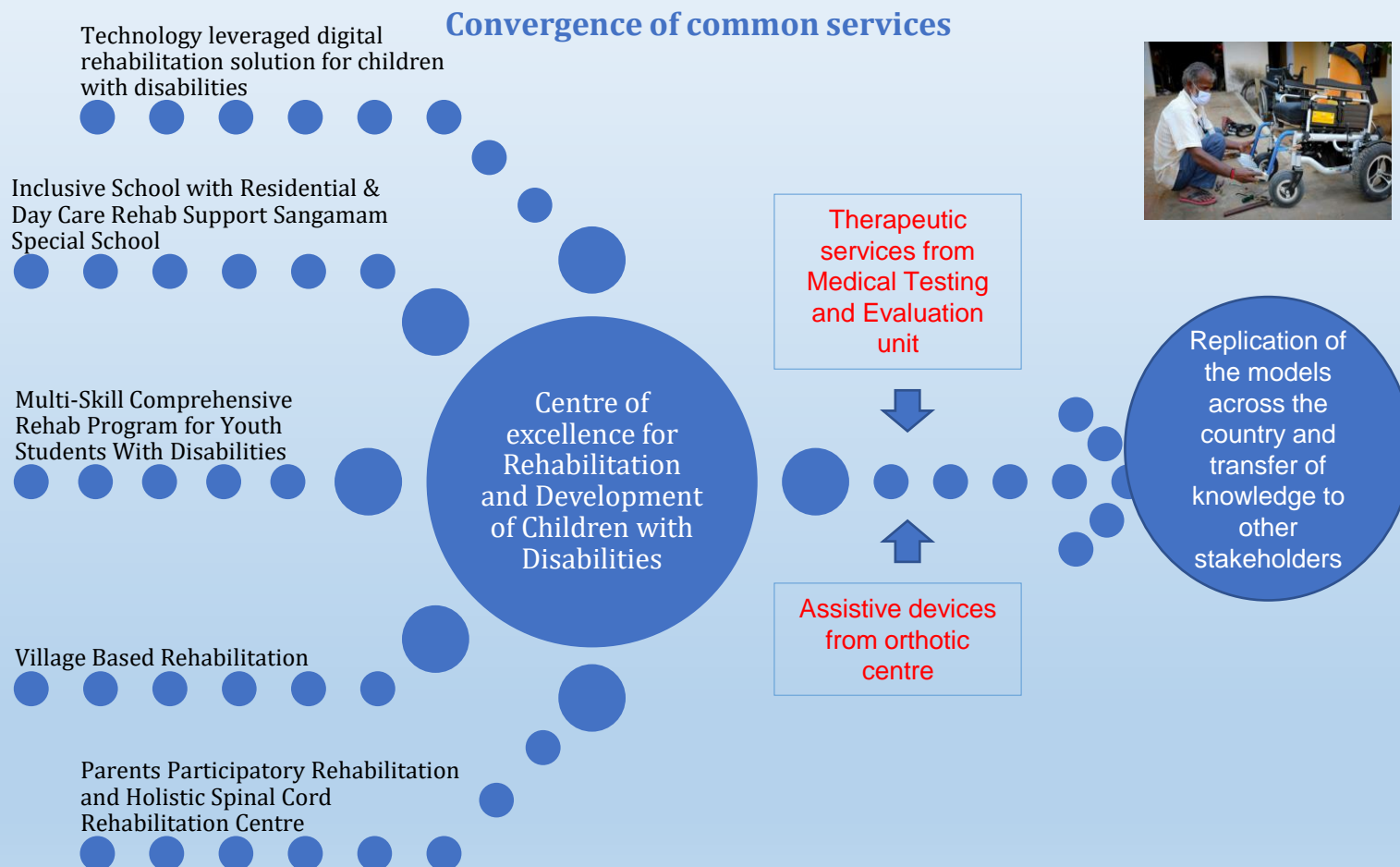


Centre of Excellence for replication and impact transfer Model

Convergence of common services

Convergence of all models with
support services

Centre of Excellence for replication and impact transfer Model



Centre of Excellence Roles and Responsibilities

Scaling the impact of our innovation



We would like to replicate these models described through the Centre of Excellence by transferring the knowledge to the Government of India and the Government of the States and to various NGOs.

Center of Excellence- Core Divisions

Training & Support

- Training to on-board organizations to EI® model or similar models of community-based child rehab
- Targeted training to create new or enhance existing child rehab service delivery for organizations
- Training organizations on how to launch and use the EI® app
- Production and sharing of rehab, technology resources and manuals
- Management and rehab service provider support

Technology

- Maintenance and updates
- Around the clock tech support, help desk
- Continuous upgrades based on user feedback and new innovations
- Configuration and customization to meet partner organizations varied needs

Business Development

- Awareness building, promotion, marketing, govt lobbying
- Goal is to develop more NGO and government partnerships

Monitoring & Evaluation and Research and Assistive technology

- Robust monitoring of outcomes with rapid cycle action to enhance programming for all stakeholders
- Collaborative research with partner organizations
- Studying innovative approaches
- Publication, dissemination of results to benefits millions of children with disabilities globally

Support

- Application Help Desk for all levels (L1,L2, L3) of tech support
- Quality Management support
- Monitoring and Evaluation Support - including dashboard, report generation and data analysis
- Post onboarding support for processes & procedures, scales, tools, modules and service provider training
- Continual Feedback from partners to drive improvements, changes to the EI® app

Center of Excellence- Our Partners

International Partners



Research Partners



Center of Excellence- Our People

Patrons



**Dr.M.S.Swaminathan, Chairman,
M.S.Swaminathan Research
Foundation**



**D. R. Karthikeyan
Former Director, Central
Bureau of Investigation**



**Mr.N.Vaghul
Former Chairman,
ICICI Bank**

Executive Committee



**Shri. S. Ramakrishnan
President**



**Dr.K.Murugaiah
Vice president**



**Shri.S.Sankara Raman
Secretary**



**Shri.Visvanathan Ganesan
Joint Secretary**



**Smt.S.Pattamal
Treasurer**



**T.V.Subramanian
Committee Member**



**Shri. S.S.Kandaswamy
Committee Member**



**Shri. S.R.S Ayyar
Committee Member**



**Shri. S. Anbu Ramesh
Committee Member**



Our first initiative in Centre of Excellence

Scale up of Enabling Inclusion®

Scale up of Enabling Inclusion®

- **Centre of Excellence in Development and Rehabilitation for Children with Disabilities**
- Enabling Inclusion® is a high impact, family centered and community participatory model for early intervention and child rehabilitation services using the Enabling Inclusion® app, for end-to-end case management and rehabilitation solutions. The EI® model uses community rehabilitation workers to provide holistic rehab services to children with disabilities in their own homes, schools and local centres, supported by rehabilitation specialists by using the EI app®.
- We are establishing a Centre of Excellence in Development and Rehabilitation for Children with Disabilities to scale the impact of our model and technology by building partnerships with NGOs, Governments and Corporate for technology development, continuous innovation, training, and collaborative research, to reach millions of Children with Disabilities and families globally to provide them with rehab solutions so that no Child with Disabilities is denied of schooling experience and the right to rehabilitation.

Need:

Establishment of Centre of Excellence is the mean to achieve this goal. Our immediate target for the next decade is mentioned above which is only a beginning. The above target hardly addresses 1% of the developing countries needs and 4% of India's need. Your help in establishing the Centre will therefore help in a big way to continuously impacting the society and the humanity over a long period of time creating new life for millions of Children with Disabilities.

Expected Impact of the program by 2030:

- 100,000 children with disabilities will be benefitted
- 200,000 families will get improved economic conditions
- 85,000 children with disabilities will be enrolled in schools, and as a long term impact, 60,000 families will be brought out of poverty

Scale up of Enabling Inclusion®

- **Global Challenge**

- According to UNICEF, there are 93- 150 million children with disabilities globally and 90% of children in Low-and-Middle Income Countries (LMICs) do not have access to child development and rehabilitation services. Child rehab services that are available in LMICs are confined to urban, clinic based centres and does not reach semi-urban or rural areas. There is a lack of public, private and non-profit sectors programs that ensures last mile delivery and provide equitable access to all families, regardless of socio-economic status. The main challenges are that rehab professionals are scarce, particularly in rural areas and that there is no cost-effective solution for governments or non-profit organizations.

Scale up of Enabling Inclusion®

- Research conducted in collaboration with the University of Toronto, McGill University and Harvard Centre for the Developing Child, have published results in peer-reviewed journal and text-books have shown the EI® model significantly reduces caregiver strain and empowers parents, improves child development, improves worker skills, knowledge and job-satisfaction , improved family engagements from 60% to 95%, improved school enrolment from 70% to 85% and resulted in a 75% cost savings compared to urban centre based programs.

Scale up of Enabling Inclusion®

■ Our Solution

■ The Enabling Inclusion® solution overcomes the barriers to rehab access by connecting community workers and parents of children with disabilities to rehab specialists, thus empowering children, families and communities to reach their potential. The Enabling Inclusion® app helps organizations achieve this goal by providing a comprehensive digital solution which focuses on parent empowerment and covers all developmental domains. The EI® app which uses cloud based storage in mobile and web versions has individualized case management including family-centered goal setting and intervention planning, tracking of child and parent outcomes, scheduling, planning, monitoring & evaluation and reporting and can be executed via tele-rehab or on-site services.

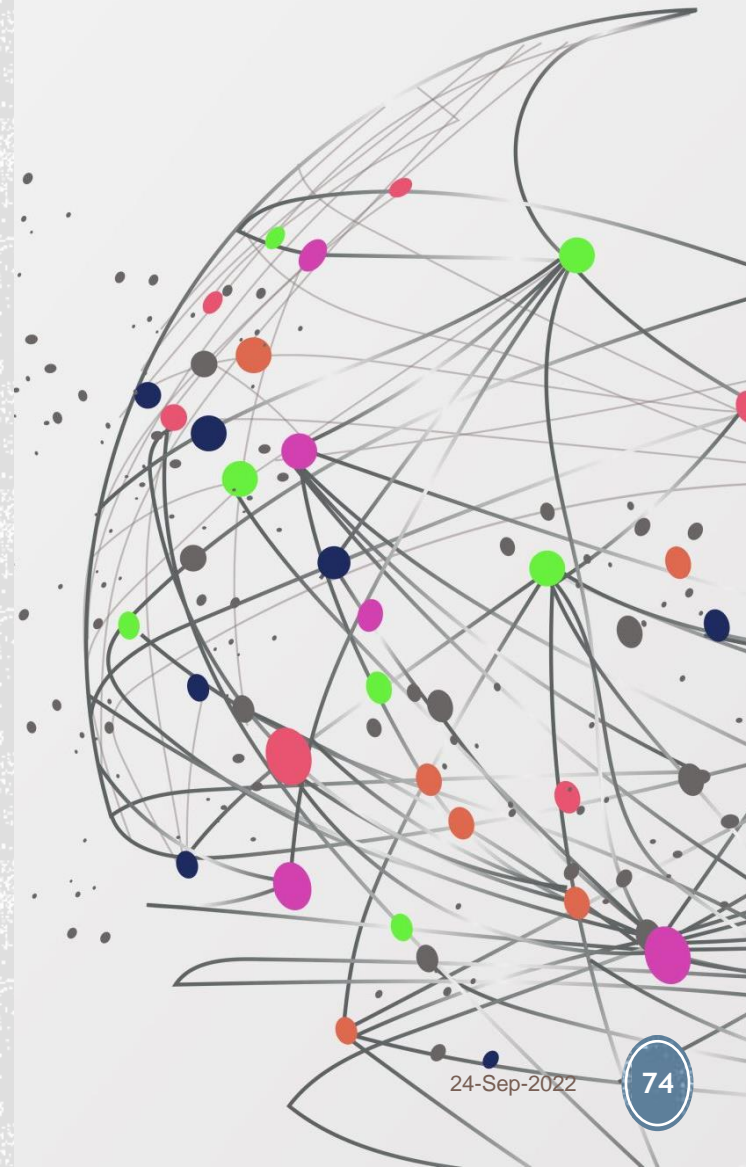
Our Goal

Over the next 8 years, through our Centre of Excellence, we aim to impact the lives of 100,000 children with disabilities and 200,000 caregivers in 17 states of India, in 6 other countries, through 5 Govt. partnerships, 35 public-sector partnerships and 40 NGO partnerships.

Scale up of Enabling Inclusion®

Opportunities

- Among the various opportunities, working with the Government of various States is the most important for reaching the most deserving children with developmental delays and disabilities by the sheer reach, authority and budget prospects that are with Governments which cannot be matched by any non-Government organization or a corporate or a funding agency.
- Therefore the focus is to create a niche relationship with the Governments and in this regard the partnership with the State Government of Tamil Nadu will be a learning experience of our organization in going forward with other States.



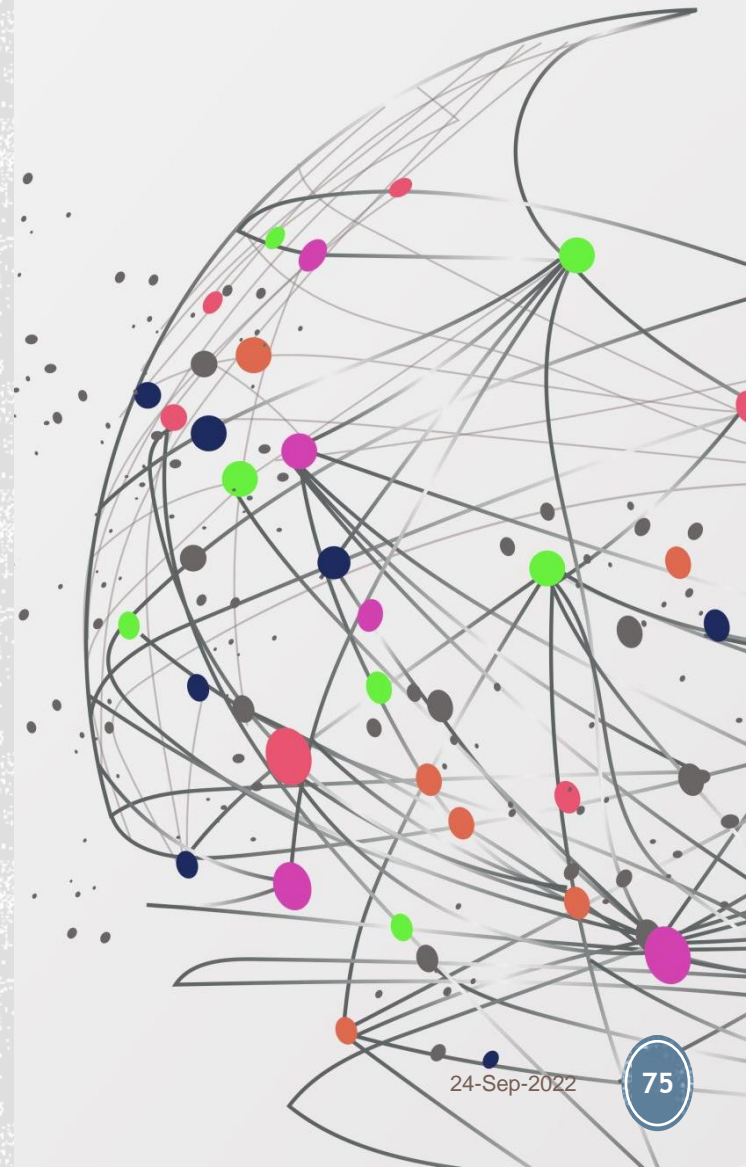
Scale up of Enabling Inclusion®

Opportunities

We are happy to share that we have been reasonably successful in this regard during the period of reporting. We have signed a MoU with the Education Department and Samagra Shiksha in the State of Tamil Nadu and we have been successfully implementing an operational model for District Early Intervention Centres (DEICs) in the District of Tenkasi. Based on the learning and experience we have also proposed to the State Government of Tamil Nadu to be a knowledge partner in the field of disability management with the aim to make the rehabilitation services accessible to all persons with disabilities, particularly for the children with disabilities so that they become empowered and the society becomes enriched in the process.

Therefore the aim is by the next reporting period to the General Body we should have signed and started working with the Tamil Nadu State Government Department for the Welfare of the Differently Abled and also signed up minimum of three districts under the District Early Intervention programs of the Health Department of the State. It is also our goal that by that time we would have established a reasonable working model with Smagra Shiksha in the District of Tenkasi which could be leveraged for replication in other parts of the State also.

The multiplier effects of the consumer surplus at the family touch points will reduce poverty.



Scale up of Enabling Inclusion®

Technology Building

Different versions for different users of EI app:

Developing different packages of Enabling Inclusion® for making it affordable for NGOs and also reach more people is one of the major priority areas. Many of the partners NGOs do not need the full package because of the nature of their operations and their priorities. Therefore we will be going from professional version to multidisciplinary version where more in-depth work as we are doing in our organization will be available for the highest level of the version. The revenue generated will also be much reduced because most NGOs are now only at a basic level. If we are to achieve the goals of reaching the children with desired outcomes then more and more direct implementation by Amar Seva Sangam is the best route and for this purpose we need to keep getting corporate sponsorships and other funding agencies' support in different States and in different districts of our own State. This will be in addition to the Government partnerships that we are already working out. This is the next major challenge that we need to address during the upcoming year which has great opportunities.

Scale up of Enabling Inclusion®

Technology Building

Enabling Inclusion® App – further improvements:

- License Managing system
- Assistive Devices Manager
- Adding multiple languages
- Leader board
- Algorithm to capture observation, deviation and out layers.
- Parent login
- Building all the other additional dashboards

SCALE UP OF ENABLING INCLUSION®

Research

- Along with the Enabling Inclusion® Application we need to strengthen the research base of the organization. At present we do not have the core competence to do research and there is no lead person who has that capability. We are at present hiring research workers from outside and also making use of the students' placement and other partnership agreement with various international universities which needs to be strengthened by having a full-fledged research department headed by a competent person. This team will have to be supported by a very good monitoring, evaluation which needs to mine the data, process them and provide them with proper analytics and interpretations as per the requirements of the research team. The managerial reporting for the various Enabling Inclusion activities of Amar Seva Sangam including the reporting of the performance of the partner NGOs and Government needs to be properly developed and a suitable system should put in place so that the top management of Amar Seva is abreast of the progress and performance of the Early Intervention Initiatives.

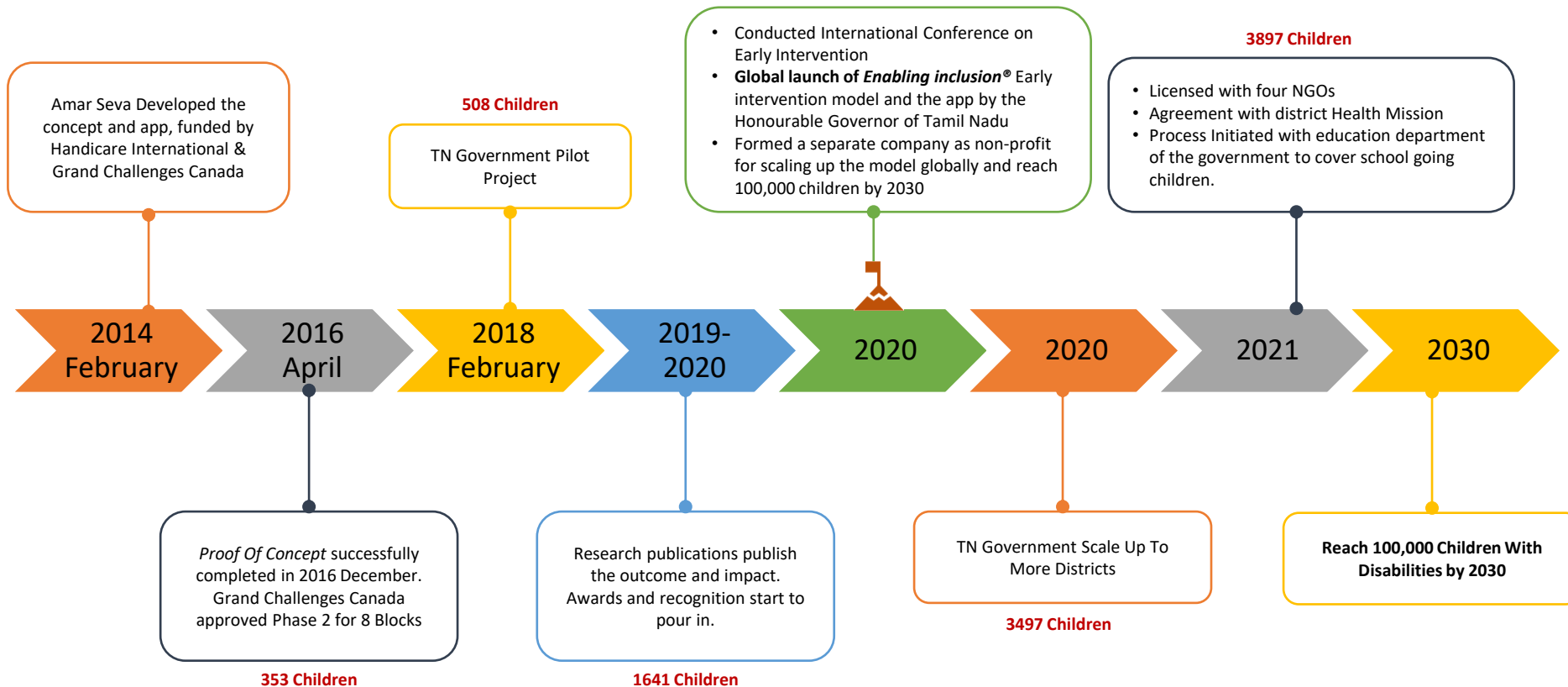
A faint, light blue molecular structure, resembling a protein or a complex organic molecule, is visible in the background of the slide. It consists of various spheres (atoms) connected by rods (bonds), with some spheres having a textured, metallic appearance.

Going forward
with the

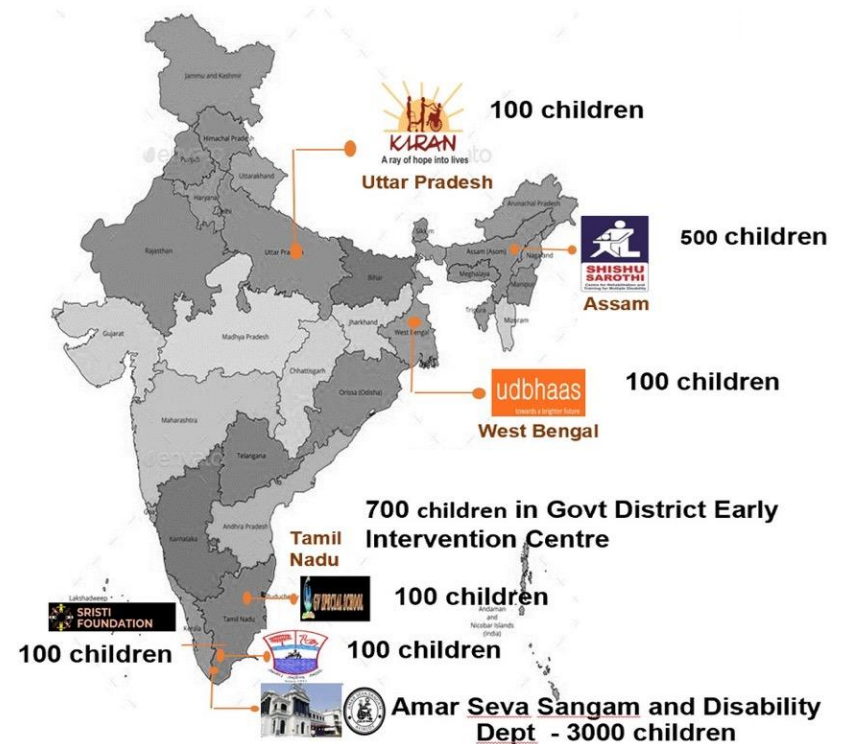


Scale up of
Enabling
Inclusion[®]

Our journey in Enabling Inclusion



Our journey in Enabling Inclusion- where we are today



Scaling the impact of our innovation

- Government and non-government demand globally to replicate the Enabling Inclusion® model app solution to ensure last-mile delivery.
- We have licensed the EI® app and have provided training, support and monitoring, evaluation and learning services to 12 non-governmental organizations across various states in India and in Ethiopia,,

We have replicated, adapt and refine the EI® model to suit local contexts, reaching:

6000+ children

20,000 caregivers

Partnered with the Tamil Nadu government:

Health Department

Education Department

Disability Department

Scaling the impact of our innovation



Outlook for the year 2022-23

Aspirations, Opportunities and Challenges . . .

2. Spinal and stroke rehab centre

3. Sustainability initiatives

2. SPINAL AND STROKE CARE REHAB CENTER

- Leverage on the meeting with the Prime Minister and also on the 40th year celebrations with the Chief Minister of Tamil Nadu and various other ministers will be the priority area, to promote the organization's various goals, ambitions and vision to make Amar Seva as a preferred destination in this country for any disability.
- The necessity for having a Stroke Care Unit and the expansion of the Post-Acute Spinal care Centre has become very important as there are huge numbers of people waiting for the services. Therefore these two buildings which assume to be in a big budget project will be taken up and high effort to be made to complete it before the next reporting period.
- A suitable building for the Centre of Excellence is also a top priority for which corporate support under CSR is being solicited which we hope will be completed during the year 2022-23.
- A project for Sensory Integration for age 7 to 18 and the adults to have grown above 18 also become very necessary. A building for this purpose along with necessary equipment is also a priority for the current year.

3. Sustainability Initiatives

- *Sustainability = Internal cost reduction on people and facilities through better performance, efficiency, and systems & process improvement + creation of revenue generation streams using the Skills training and development that ASSA is currently managing+ Enterprise creation (Trained resources which can start enterprises which can be a feeder to ASSA eg. IT Hub, Canteen, Tailoring Units, Milk Chilling Centres, Dairy products).*
- The Kitchen and Ghosala can be made self-sustaining. Canteen can be expanded and can be run on a Sound financially viable project.



Thanksgiving

THANKS

- Amar Seva Sangam has completed forty one successful years of praiseworthy service towards rehabilitation of the differently abled. From a humble beginning of five children in 1981, it has today grown as a leading institution in the field of Disability Management not only because we were able to adjust ourselves to demanding situations but also because of the guidance of our Patron-in-Chief, Dr. M.S. Swaminathan and Patron Shri N. Vaghul besides the support of all the Executive Committee members, General Body members, Advisory Board members, past Ex-officio Chairmen and others. We are grateful to all Government Officials. We are indebted to all our volunteers both in India and abroad, who are helping our Sangam and adding credit to it from behind the scenes.

THANKS

- Our thanks are also due to Messrs. U. Shekhar, Adarsh Nayyar and G. Ramakrishnan of Galaxy Surfactants, Bhuvaneswari, Venkatesh. S. Cowlagi HUF, Kumar, (all from Mumbai), Hema Ganesh of Delhi, Nalini Ramachandra, Rajan Babu of Pune, Shanthi Balasubramanian and R.P.Krishnamachari, R.Balasubramanian, R.Seshasayee, R.P.Ragavan, A.Balasubramaniam, Rajalakshmi Balasubramaniam, Viswanathan IPL, Krishnamoorthy of Simson Group of Companies (all from Chennai), Y.Balasubramanian, Kothagiri, Mukund Kulkarni, Kolkatta and Rajeev Mecheri, N.Venkatramani, Malathi Ramani, Chennai, Logix Health Solutions (P) Ltd., Bangalore, Antrix corporation, HCL,Mumbai, SCB, Mumbai, S.Raman, Shencottai, for their financial and other support rendered throughout the year.

THANKS

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and

With the

Blessings of God Almighty

A D I E U

Live to Serve