



*In Partnership We Flourish*





# The Hans Foundation

ANNUAL REVIEW 2013





“To put the world right in order,  
we must first put the nation in order;  
to put the nation in order,  
we must first put the family in order;  
to put the family in order,  
we must first cultivate our personal life;  
we must first set our hearts right.”

~ Confucius

”



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## A Message From the Managing Director

The progress of this year was marred by the terrible devastation in June 2013 in Uttarakhand state. Countless lives were washed away in those wild waters, as so many saw their homes and loved ones all destroyed by the cruel might of nature. For all of us at The Hans Foundation, it was terrible to witness these events, more so because in the first weeks after the tragedies, we were unable to offer assistance to the stranded villagers and pilgrims.

However the road ahead is long and paved with opportunity to make a better state. The Hans Foundation has pledged 100 crores to the Uttarakhand Relief Fund. We plan to assist in complete rehabilitation of the villages, especially in the more remote areas where help has not been made easily available.

Schools and homes have to be rebuilt and fields replanted. The land will grow and blossom again but it is important to understand our own carbon footprints, the stress we lay on mother nature with our constant demands for more with no care to replenish what we use. A large part of our work in Uttarakhand and even in the rest of the country has begun to focus on the importance of environmental preservation and protection. In Rajasthan, we have started 'green construction' training for the women in our target villages. The bricks they make using alternate materials do no harm to the environment and are cheaper and more durable than other cement bricks. Armed with this skill, our women have become architects and engineers all rolled into one. It is remarkable to see the ideas they generate when given the opportunities that so many of us have grown up accustomed to.

Along with our employment generation projects, we are also encouraging entrepreneurial development in our students

across the country. There have been many success stories, like the two girls from Delhi who after learning tailoring from a THF skill center, opened up their own shop in their neighborhood. As their demand grows, so does their confidence. Who knows, they might open a chain of these stores in the next few years? Hope abounds and the foundation is happy to share in the joy and successes of each of our partners and over the 300,000 lives we have directly affected through our work.

Next year we celebrate our five-year anniversary. A seemingly short journey that has felt like a lifetime. I look forward to sharing with you the story that lies ahead.



**Sweta Rawat**  
Managing Director







Footprints and Our Partnerships



# Activities of The Hans Foundation

## ASSAM

1. The Hans Foundation has assisted in the set up of a mental health tele - counselling helpline in Guwahati. This has in turn provided counselling to many individuals. Training programmes and workshops have also been organized in colleges/institutions across districts.

## ANDHRA PRADESH

1. THF has funded the construction of hostels in Vijayawada for orphaned, visually impaired and destitute children.

## BIHAR

1. Education and training for girls (especially drop outs) from the marginalized section of the society. They are also provided with mid day meals, composed of balanced and nutritious food.
2. Working towards providing a holistic learning and developmental environment to children with special needs.

## CHHATTISGARH

1. Projects entail educating adolescent girls and women on the importance of personal hygiene management and providing health care facilities for women in the urban slums of Raipur.
2. Ensuring quality education of tribal children; classroom and playground construction and provision of a school bus.
3. The Hans Foundation has set up tailoring units for women and adolescent girls in the urban slums of Raipur and has been able to provide direct employment opportunities.

## GUJARAT

1. The Hans Foundation has gifted livestock to widows, disabled & marginalized women in the remote villages of the Rann of Kutch to empower them and provide employment opportunities.
2. The Hans Foundation has also set up tailoring and embroidery units for women and adolescent girls in Ahmedabad and in Baroda and has been able to provide direct skills that have a demand in the market.
3. The Hans Foundation's intervention has enhanced the quality of health care in different parts of the state. Fully equipped ambulances with provision of free medicines and a gynaecologist travel to remote villages that have no access to health care. Free treatment is given to all, with a focus on the health of women and adolescent girls.
4. To provide hygienic mid-day meals to children in government schools, The Hans Foundation has entered into a strategic partnership to set up an environmentally friendly kitchen in Ahmedabad.

## HARYANA

1. Provides formal education, counselling and rehabilitation to children of migrant workers.
2. The Hans Foundation has also been involved in imparting valuable education by using interesting and playful methods of training to enhance learning environments.

## HIMACHAL PRADESH

1. The Hans Foundation has set up a Mobile Health Clinic to provide free health services to villagers in rural and inaccessible areas of the state.

## JHARKHAND

1. The Hans Foundation has assisted in creating awareness about disability through workshops, self-help groups and central committees, all working to promote qualitative education for children with special needs.

## KARNATAKA

1. Helped establish a hostel and training centre for women with disabilities, especially visually impaired women in Bangalore.
2. Built classrooms to ensure quality education for tribal children.

## MADHYA PRADESH

1. Here too, The Foundation has set up the Mobile Health Services, to provide quality healthcare to people in remote areas.

## MAHARASHTRA

1. Provision of computer courses that enhance employability for youth from economically disadvantaged sections of society.
2. Mobile medical unit for medical aid in urban slums.

## MEGHALAYA

1. The Hans Foundation has assisted in imparting training and therapy for children with special needs. The main aim is to bring a positive change in the lives of several children and their families who are suffering from any kind of disability. These projects are not only focused on delivering services but also emphasize on building capacity of the children as well as their parents.

## NAGALAND

1. As in Rajasthan and Gujarat, we have initiated the livestock program to provide women with employment and income generating opportunities.
2. We plan to build a school, which will provide quality and holistic education to the tribal children from across the state.
3. Mobile Health Units operate here as well.

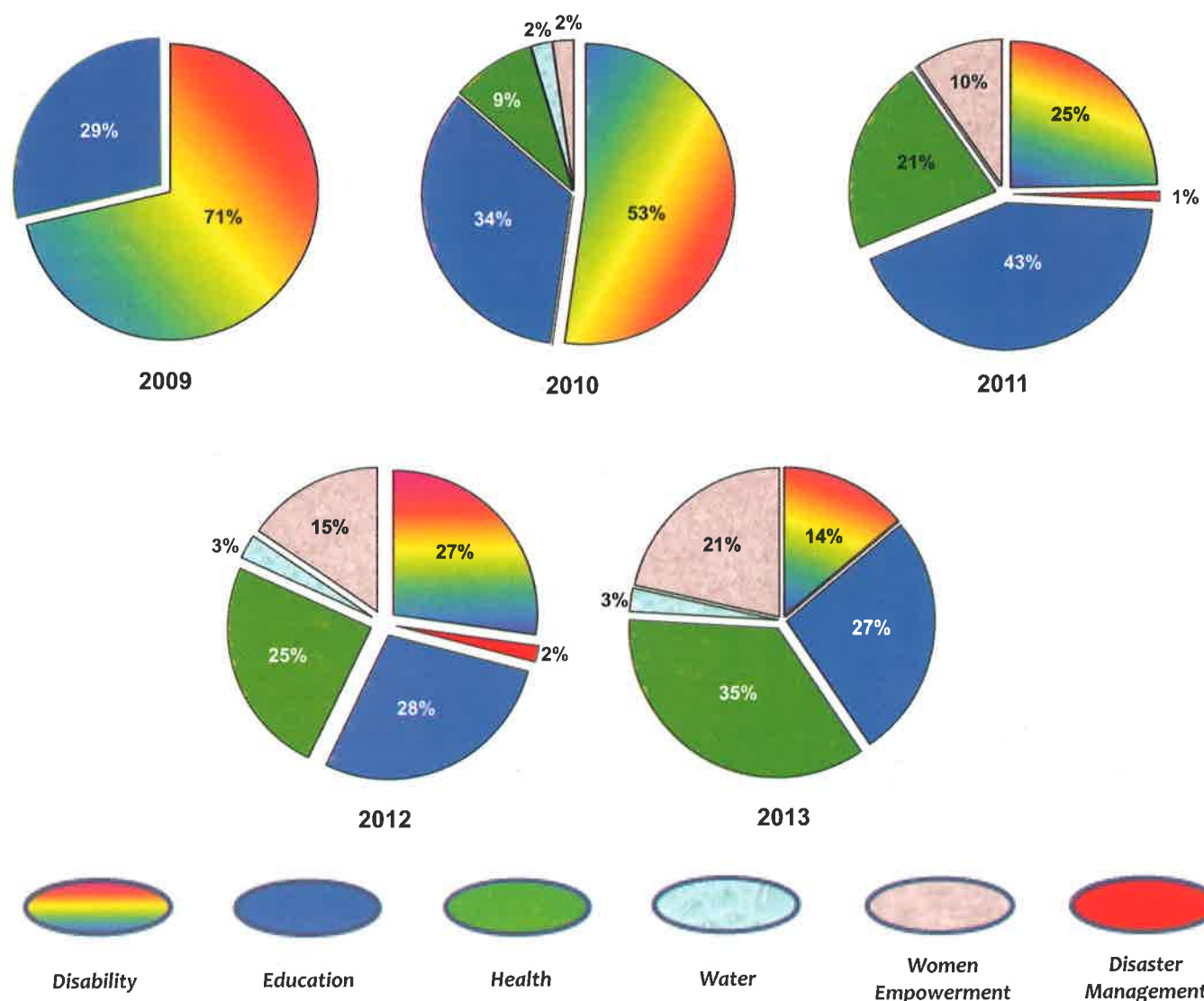
## NEW DELHI

1. Providing girls with computer classes, tailoring lessons all with a focus on entrepreneurial growth.
2. Established a static medical centre catering to the health needs of women and adolescent girls in urban slums and educating them on the importance of personal hygiene. Providing mobile health care facilities in the urban slums.
3. Facilitating education & integration of visually handicapped children into mainstream schools and giving them vocational rehabilitation for economic independence.
4. An eye center that provides free eye check ups and operations for people from poorer sections of society.



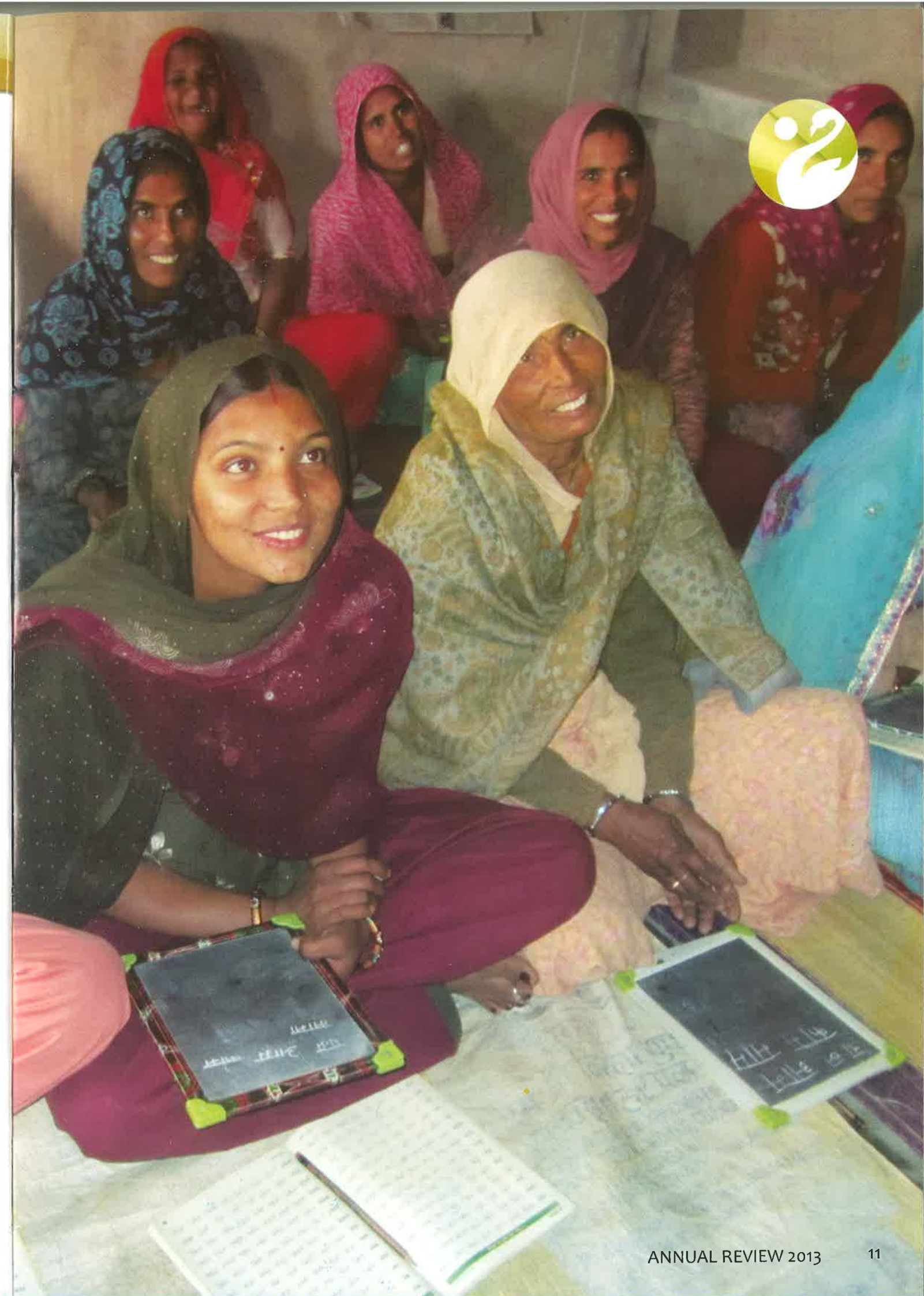


## Project Wise Allocation



Year	Disability	Disaster Management	Education	Health	Water	Women Empowerment	Total
2009	10	-	4	-	-	-	14
2010	23	-	15	4	1	1	44
2011	23	1	40	20	-	9	93
2012	30	2	31	27	3	17	110
2013	11	-	21	28	2	17	79
<b>Total</b>	<b>97</b>	<b>3</b>	<b>111</b>	<b>79</b>	<b>6</b>	<b>44</b>	<b>340</b>

\* The above data indicates the Year wise number of Projects running across India.  
Please note 2013 data is upto July .







## ORISSA

1. The Hans Foundation has addressed the water problem in the tribal regions by providing tapped water in each household.
2. Imparting integrated remedial and non formal education to drop outs and girl child.
3. Sponsored food distribution vans to provide mid day meals to children.
4. Empowering tribal women for social mobilization by providing them techniques and skills for income generation in both agro and non – agro based sectors.
5. Mobile Health Clinics.

## PONDICHERRY

1. Supporting a rehabilitation center with the aim to provide integrated holistic rehabilitation to intellectually disabled children through individual specialized training.
2. Funding organization to provide holistic treatment to improve the lives of disabled children by facilitating different therapies such as physiotherapy, hydrotherapy, speech and occupational therapy.

## RAJASTHAN

1. The organization has solved the perennial water problems and has been able to provide 24 hours tapped water supply to the villages.
2. Livestock project to generate employment and income.
3. The Hans Foundation has also set up tailoring and embroidery units for women and adolescent girls in varied locations.



4. The Hans Foundation's intervention has enhanced the quality of health care in different parts of the state.
5. The Hans Foundation has been involved in construction of toilets and baths as a pilot project for the women in the villages of Alwar district.
6. Non formal education centres are giving opportunities to drop out children in different parts of the state by imparting life skills.
7. The Hans Foundation has set up a shelter home in Alwar district wherein under privileged elderly men, women and children are provided quality care and the required support.

## TAMIL NADU

1. Making computer education accessible to the underprivileged children in Nilgiris and also coaching them in English and communication skills so that they are not only able to make constructive use of computers but are also in line with their peers from the privileged sections of the society. Children will also be given nutritional supplements to improve their health and nutrition.

2. Setting up 3 small nurseries (2 on lease) and training farmers on using organic & bio-dynamic methods. These will be used as models and training centers for farmers, schools & the locals in the community who wish to set up their own herbal kitchen gardens. The aim is to improve the economic status of the people in Nilgiris and bring awareness on issue of environment preservation.
3. Mobile Health Clinics.

## UTTAR PRADESH

1. Mobile Health Clinics.
2. Enhanced livelihood and entrepreneurship opportunities for marginalized women by providing them sustainable livelihood options such as grocery shops, vegetable/ fruit vending stalls, etc.
3. Non-formal education centres are giving opportunities to drop out children especially young and adolescent girls in Barabanki & Pratapgarh districts.
4. The Hans Foundation has also set up tailoring and embroidery units for women and adolescent girls in Kushinagar and has been able to provide direct employment opportunities.

## UTTARAKHAND

1. Improving educational facilities for children in different schools – construction of classrooms, library, science laboratories and computer aided multimedia system. Gifted school buses to ease transportation problems.

## WEST BENGAL

1. Construction of disaster relief shelters in remote islands of Sundarbans.
2. Provision of qualitative medical health facilities by fully equipping three boats with medical equipments, accessories to provide gynaecological and pathological care in distant and remote islands of Sundarbans. Refrigerated vaccines for children are also available.
3. Construction and establishment of a rehabilitation centre for children and adults with autism. The centre would encompass a human resource-training unit, research and vocational unit as well as all inclusive training and therapy unit. This centre will be a boon to a large number of mentally handicapped and socially neglected children and their parents in the eastern part of the country where there is no such centre.







Disability



# Disability

The Hans Foundation is committed to recognize and upskill the abilities of children and people with special needs. Through the journey we have partnered with the country's leading psychologists, trainers, mentors and parents who are jointly working towards acceptance, awareness research and development.

## A lamp of hope for the persons with Autism

Parents of children with autism had been taking their wards to different Special Schools where students of different types of mental disabilities were being attended simultaneously. Since the problem of Autism is altogether different from any other kind of mental disablement, a special centre where only the persons with autism would be given care was very much needed.

On this backdrop, two affected but positively focused parents planned for an intervention center especially for persons with autism. The plan started materializing in the month of July 1999, with some stray activities like organizing seminars, symposia and workshops on



Disability 28%

different aspects of Autism addressed by eminent psychologists, psychiatrists and social workers and involving parents of affected children as well as some home-based programmes for them. With the assistance of **The Hans Foundation** this center which was started with just 10 students with autism in a small apartment, imparting training and therapy in a regular and structured system has now over the years grown to over 110 students.

- All areas are quantified by mental age in months. Problem behaviour is assessed using a problem behaviour checklist. Then the item, which is not performed by the subject according to his/her physical age, is taken as 'Target Behaviour' for the next session.
- Once the subject achieves the behaviour, it is taken to be 'Achieved Behaviour' and the next one is then 'Target Behaviour'. By this process the achievement is advanced and acquired. After every 3 months, reports are given about the achieved and the target.







- Everyday the parents get equipped, either in written form or verbally, by the method used for reducing problem behaviour and upgrading cognitive and other skills of the child
- A regular parental empowerment programme is followed along with the intervention programme of the children by the special educators and rehabilitation psychologists.

#### Future Ahead

Pradip along with the support of **The Hans Foundation** is building a dream house for children with Autism in Kolkata. The centre will be a rehabilitation centre for children and adults with autism. It will also provide facilities for a human resource training unit, research and vocational unit as well as inclusive training and therapy unit.

**Dr. Malika Banerjee**

**Pradip: Centre for Autism Management**

### A Screen Reader for India

Waking up in the morning and reading your newspaper while sipping your first cup of coffee; picking up your phone and dialing a friend or colleague's number when you feel like it; Researching material for your work online; Checking your bank account balance via e-banking; these activities have become so natural to us that we do them without thinking. But how many of us have wondered just how much we take the ability to do these for granted? For a blind person, reading a newspaper or making a call or transacting online, are tasks that could assume herculean

proportions. In fact, how do blind people read books and study, how do they navigate the web and mobile platforms – in short, how do they lead their lives in the Information Society with independence and dignity?

As life in the 21<sup>st</sup> century is increasingly becoming virtual, the need to connect all persons to the Internet is becoming an urgent necessity, else we run the risk of excluding an entire constituency of persons from social progress. The development of Information and Communications Technologies has also ushered in exciting possibilities of inclusion and participation for persons with disabilities. The evolution of accessibility principles and guidelines, coupled with development of assistive technology has broken down information barriers. Assistive technology refers to technology that enables persons with disabilities to access information, communication or the environment. Assistive technologies have evolved to meet the differing needs of persons with different disabilities. For instance a person with a motor disability would find it easier to navigate the cursor using a trackball or switch, a person without hands may use voice to text and a person who is deaf-blind may use a refreshable Braille display.

A screen reading software is the most critical assistive technology tool for persons with print disabilities like blindness or low vision. It reads out whatever is displayed on the screen, enabling the use of computers for all reading and writing needs such as reading text books, writing examinations and working in normal office environments. Though there are many screen reading software developed by companies situated in USA and UK, these are extremely expensive. For instance, Job Access with Speech (JAWS) developed by Freedom Scientific, which is the most popular screen

reader for Windows, costs about INR 60,000 for a single user license, which is way beyond the economic means of an average Indian, and certainly Indians with disabilities. Even if not for economic considerations, another big barrier to the usage of screen readers in India is the lack of support for Indian languages. The situation is further complicated by the unavailability of text-to-speech (TTS) engines in Indian languages. All of these factors combined with the reliance on local languages throughout rural areas in India, effectively exclude the bulk of India's print disabled communities from using enabling ICT. They have little or no access to basic requirements such as education, employment, news, government schemes and programmes and information which is available in the public domain. There are 63 million blind persons in India alone and 1 in every 4 blind persons around the world is an Indian. Furthermore, most blind persons are living below the poverty line and cannot afford proprietary commercial solutions. Hence, there is a dire need to develop open source technology to enable communication in all Indian languages.

The Hans Foundation, India is currently supporting a project that focuses on developing technology which can read out to visually impaired persons in local languages. In August 2012, the Foundation funded a project at the Centre for Internet and Society (CIS), to develop enhancements to an open source screen reader called NVDA (Non Visual Desk Top Access) which will enable it to work efficiently with Indian languages, as well as to develop the open source text to speech engine e-Speak for 15 Indian languages. The languages covered by this project include Bengali, Telugu, Marathi, Tamil, Urdu, Gujarati, Kannada, Malayalam, Oriya, Punjabi, Assamese, Kashmiri, Sindhi, Konkani and Manipuri.

The NVDA project aims to address two key issues affecting ICT accessibility for persons with print disabilities in India — the affordability of screen reading software and its availability in Indian languages. This solution can also be used for persons who are illiterate as well as those who do not speak English, thus potentially impacting a vast number of people in addition to persons with disabilities. Being free/open source, these technologies can be used for a variety of users and text to speech can be integrated into multiple platforms. Since both NVDA and e-Speak are open source software, the development would have an impact on the usability and uptake of the screen reader around the world and the development of text to speech software in different languages would also benefit persons in neighbouring countries such as Bangladesh and Sri Lanka. This project is run by CIS in partnership with blindness organizations such as Saksham and the Daisy Forum of India and is expected to complete by January 2015. Attempts will also be made to work with service providers to provide the TTS free of charge to customers on their handsets in different states.



**Nirmita Narasimhan**  
**Centre for Internet & Society**





## Autism Advocacy -2013

It was an extremely humbling experience and incredible honor to present at the Autism Conference held in New Delhi in February 2013. I was amazed by the dedicated professionals in India that were diligently working to provide quality care for individuals with autism across the lifespan and their burning desire to continue to learn and expand their services. I felt inspired by their passion and unflagging spirit to fight for a population that often has no voice and it motivated me to work even harder since there is still so much to be done.

In many ways, I was astounded that India was so similar to the United States in both their struggles and achievements in the quality and type of educational services available to children with autism. I was moved by Sweta's story about a boy with autism who accidentally spilled a water cooler in the presence of his headmistress who wrongly punished him for "acting out".

Although it was a series of miscommunication and misunderstanding, these incidents occur daily and span cross culturally. Her story highlighted the difficulty of social interactions for both children with autism as well as their conversational partners. With a better and clearer understanding of what autism is, what it looks like, and how it is manifested with others, I am hopeful that these incidents will be less frequent.

One of my favorite moments of the conference was our visit to Dr. Juneja's children's hospital and clinic. I was blown away by the number of therapists who were providing evidence-based behavioral interventions to children with autism and other disabilities - something many clinics and schools are not equipped to do in the United States.



I had the pleasure of speaking with some of these therapists, and despite their successes, they shared some of their barriers to implementation with me, something that I struggle to understand in the schools that I work with every day.

I strongly believe there ought to be more international conferences such as this one that allows us to intimately learn about the different ways in which we can help individuals with autism cross culturally. The selection of speakers covered a tremendous range of topics that are instrumental in our understanding of providing comprehensive care for children with autism. In the future, it would be an awesome opportunity to have time built in to visit and observe various educational providers in the region.



**Dr. Jill Locke,**  
**Centre for Autism Research**  
**Children's Hospital of Philadelphia.**



## Autism Walk -2013

### World Autism Awareness Month

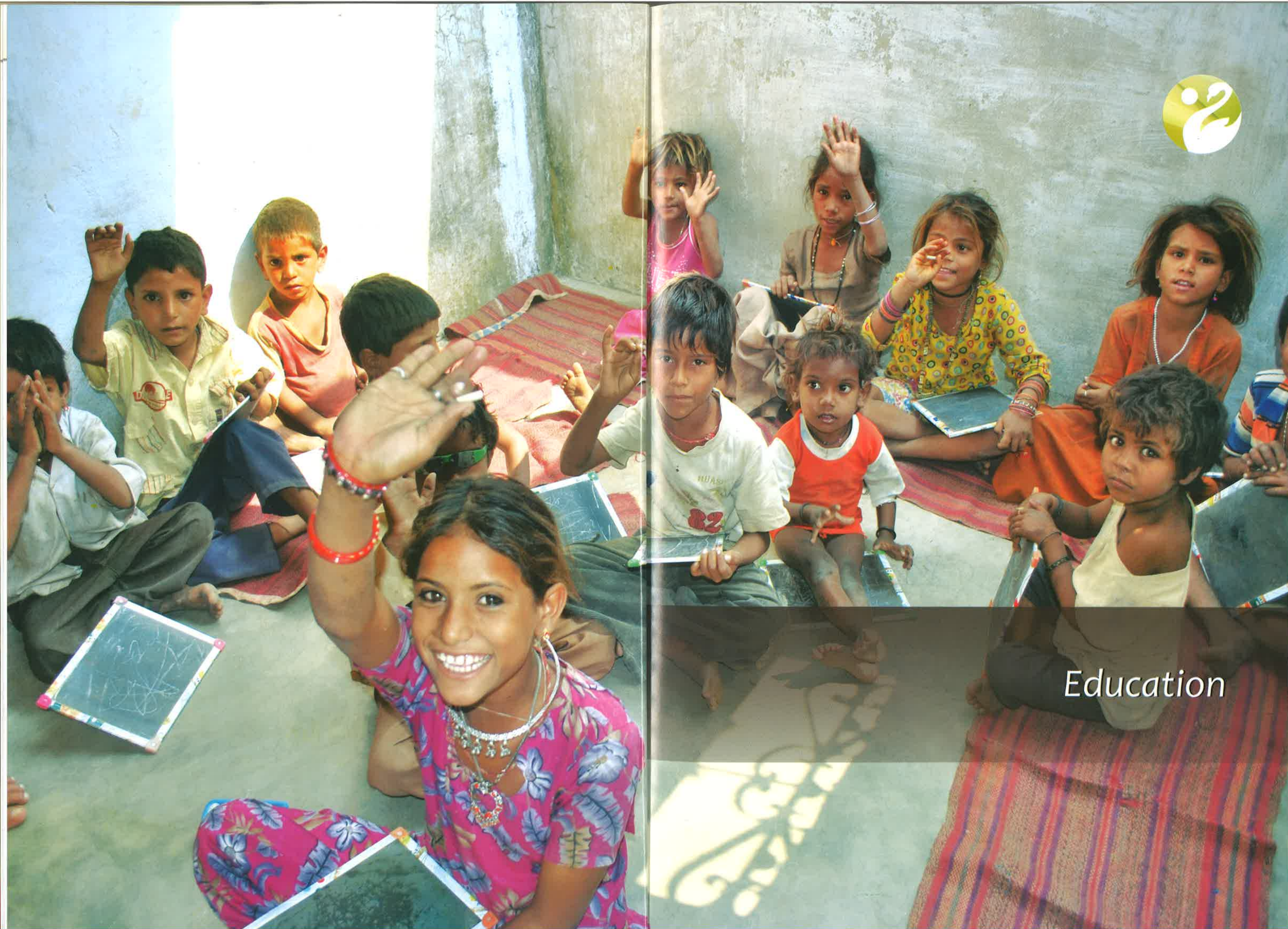
April was celebrated by the The Hans Foundation by organizing a Special Walk, which was held at India Gate, in New Delhi. The main aim was to reach out to all sections of the society to celebrate, raise awareness, and promote understanding about autism.

This initiative by The Hans Foundation was special as it brought together people from different walks of life not only to spread awareness but also to mitigate the misconceptions around children and people with special needs.

To further our support in the field of disability, The Hans Foundation has partnered with organizations across the country to facilitate research and development.







Education



# Education

Education plays a crucial part in the development of any community. We, at The Hans Foundation have ensured that we are able to impart holistic education to every child. Our aim is to develop a curriculum which will not only stress around academics but also ensure overall development of the child through different activities.

## Purkal Youth Development Society

The Hans Foundation has had a long and fruitful relationship with Purkal Youth Development Society, Uttarakhand. Over the past 4 years The Foundation has supported classrooms and the educational journeys of deserving students. The Foundation aims to invest in Purkal Youth Development Society, style of education and encourage the same style of quality and efficiency with our other educational partners. The education programme is aimed at children hailing from economically weak families but with strong academic potential. The aim is to give these children every input possible to make them capable of competing with their economically advantaged peers in the matter of competing for admission into professional programmes at the end of their class XII.

The activities carried out for students during the last three years are:

- 1. Classroom Learning:** Free excellent classroom learning, with the support of trained professional teachers who help these students in their classrooms. We follow a curriculum called Xseed conducted by a company called iDiscover Pvt. Ltd. This curriculum emphasizes activity based learning. The programme also incorporates a continuous teacher training through mentors and through peer observation. Teacher training is an aspect on which we lay great emphasis. This outstanding learning



Education 33%

exercise which is 10 hours long every day, 6 days a week and for nearly 40 additional days than any other school is entirely free of cost.

Since there are no teachers available in this rural community a minivan is used bring them from the city every day and drop them back. Buses and a minivan to help our students and teachers to commute to and from school. This facility is free both to the teachers and students; to the students because they cannot afford to pay and free to teachers as no teacher would come to school in the absence of this facility.

- 2. Nutrition Programme:** An empty stomach cannot be taught well and our children come from such disadvantaged backgrounds that they cannot afford to eat regularly at home leave alone a balance nutrition rich diet. Four feeds a day, a yummy breakfast, a different fruit everyday followed by eat as much as you can lunch and finally a snack before they go home. This way children grow well and retain energy through the day. The Body mass

index that we now track has improved for all children and they now lead a healthy happy life. The entire cost of these feeds is picked up free by the society.

- 3. Medical Care:** Every child at school is guaranteed comprehensive medical care this begins with a full physical, oral and eye checkup at the commencement of the year by three different specialists. Vaccination is administered to all children and a careful record of these is maintained in a medical record specially kept for each child.

- 4. Physical Fitness Programme:** Emphasis on physical fitness is key for overall child's development. Every child at school gains proficiency in at least one of the four games namely Volleyball, Basketball, Badminton and Table Tennis. Physical fitness is achieved through regular practice. Children come and play on Sundays and afterschool. The entire facility of the playground and all the equipment necessary is provided free to all children.

- 5. Community Service:** Every Saturday there is opportunity for all our students to participate in activities of this nature which is financed by the society.

- 6. Theatre:** This is a very important aspect of our learning programme. Theatre infuses confidence in children and builds their ability to communicate. Children are given opportunities to present dance, music and drama to audiences essentially comprised of the parents of the children. Children take part in these events with great enthusiasm.

- 7. Project Work:** Project work is one of the very important mean that we use to promote learning. As an example a project known as "Pedh Lagao Pedh Lagao Is Dharti ko Swarg Banao" has won a national award among over 2000 participating schools.

## Results So Far:

1. Two of our girls won the scholarship of US\$ 10,000 p.a each and secured the admission in Asian University for Women in Chittagong.
2. Few of our other students who completed their schooling under are programme are enrolled for the profession programmes like: B Tech, B Pharma, CA, BBA, Tourism Studies and Hotel Management etc.
3. We were selected as the winner for North India in the India NGO Award 2011. India NGO Award is an award founded by UK based Resource Alliance in association with The Rockefeller Foundation and other corporate sponsors. This award is given to NGOs for their transparency, accountability and delivery of mission & vision.
4. The school has since been affiliated by the Central Board of Secondary Education till Class 12.







## The Hans Foundation Foot Prints in Nagaland, North East of India

An organization with a vision to see a positive change in the society where tradition rules over sensibility and where individuals combat with keeping up to do something right over some ill advised tradition. Giving the public a fair play and also reaching part of those ignored masses, Community Educational Centre Society has been trying to mark its presence not in name but through its deeds. **The Hans Foundation** is playing a pivotal role in pushing the work of CECS as a forceful and impactful element in the Naga society, helping and making a difference in the life of people who need the change and also help them to overcome the social evils.

Since The Hans Foundation's extended support in the year 2010 the organizations pilot school for children, Community Education Centre School has been growing under its support and CECS successful implementation. Education for marginalized children is a programme started in the year 2001 which has helped and developed potential students coming from economically poor section of the society. Till date there are 419 enrolled students, being educated and are provided with low cost or no cost education.

Ratul a 14 year old boy who left his home from Assam and followed a stranger who promised him work and came to Dimapur. He was working as a domestic helper when CECS rescued and brought him to the school. The only schooling he did was till class 1, he used to say, "It is too late for me now" and even has tried sitting in classrooms but that didn't help since he couldn't read or write English. Now with effort from teachers he is showing dedicated improvement, 'My name is Ratul' he writes on the blackboard while playing happily with his classmates. Such stories like his and many others make us eager to help more children who smile even for the small acts of



kindness shown towards them. During the past years Community Educational Centre Society has been able to rehabilitate more than 1000 children through education in the centre. In 2010, when CECS conducted a survey on child labour around all districts of the state, its findings pointed out that majority of the children involved in labour were either illiterate, economically poor, domesticated or migrated from different states. "I had to miss two years of schooling due to my parent's constant shift in work," says an 11 year old Suraj of CECS school, most parents being illiterate and ignorant the children are the ones who are left to suffer or to adapt and adjust. The CEC School constantly interacts with parents and gives education and awareness needed to help them in dealing with their children. Deborah a teacher in charge of the 'Evening School for illiterate Mothers' mentions 'there are some parent mothers who really want to help their children so they attend their education and awareness classes regularly, but they are just handful.'

The school is building new infrastructures with additional classrooms, which will accommodate children from poor and ignored sections of the society. Our organization trains the teachers with adapting new techniques and ways of involving the children and parents interest in performing their respective duties.

It is with effort that the growth of this organization is seeing new changes in the form of new and upcoming infrastructures for schools. Rajeshwari Karuna School a new residential school infrastructure is coming up which will greatly benefit the tribal and rural children in and around the state, it will also be the first of its kind school in the state that will incorporate all the elements of education, security, infrastructure and new learning environment far from the pressing family issues and problems they face, a place to grow without hindrance which is usually alien to children from tribal and rural parts. The organizational responsibilities and work is growing every day, but the goal to act as 'Agent of change' in our society remains the same.

Being the Nodal organization for CHILDLINE 1098 in the state there are many cases that come in, but due to time constraint and limitation of resources, effective results and implementation sometimes get delayed. Therefore with the help of The Hans Foundation CECS provided with the idea to run the "Child Right on Wheels" programme of helping and assisting GBO's and NGO's reach their full potential by using CRW as a boat to perform their duties more effectively, there is still much to come out of this initial project. The



campaigns we do on child labour and advocating child rights has mapped the organization as one of the effective working organization for Child Education and Child rights issues in the state. Community Educational Centre Society (CECS) is a pioneer organization working for the cause of children, since 2006 the organization has seen its ups and downs. Since then starting from 2011 the organization has ventured from advocating child rights issues and imparting education, to community development for rural Nagaland and women empowerment to support the need of tribal women through livelihood programme.

Each development is credited and accounted for by the people to The Hans Foundation for their support and help extended our way.



**Subonenba Longkumer**  
Project Director,  
Community Educational Centre Society,  
Nagaland



## Case Studies

### Mohammed Shahid

Age: 9 years

Location: Islampur, Rajasthan

Islampur, one of the villages in Chaksu District Rajasthan is supported by The Hans Foundation under the Hans Shiksha Pariyojana, imparting holistic education to children of tribals and migrants with a special focus on the girl child. CRDC started the "Gyan Jyoti Centres" with the support of The Hans Foundation in October 2011 with the aim of educating these children and working on improving the overall personality of individuals by inculcating moral values as well as sensitivity towards humans and environment.

Mohammed Shahid (9 years) belongs to a poor family. His father is engaged in selling and purchasing of small ruminants and his mother is a housewife and also works as agricultural labour during harvesting season.

At the time of joining of the center, Shahid was not much enthusiastic to learning and was quite irregular in school. The team at CRDC discussed this issue with his parents and sought their support in our endeavors. The parents responded positively to the suggestions and inputs provided by the teachers in motivating Shahid to attend school. His mother accompanied him to school daily. Teachers took up special co-curricular activities to motivate Shahid. Gradually, Shahid started responding.

Shahid who was initially shy now with the support from The Hans Foundation, has achieved the desired level of academic knowledge and skills. He can now very well read and write and can do functional mathematics. He does not want to miss school even when he is not well. He has become a role model for other children in the village. The parents are also happy to see him progressing and extend their heartfelt thanks to the Foundation for its generous help.



### Gayatri Devi

Village: Laxmanpur, Uttar Pradesh

Gayatri Devi a young girl in her teens had enrolled herself at an Informal Educational centre at Laxmanpur village Ratiyaparpur District Pratapgarh conducted by AHEAD.

She stopped coming to school due to social reasons. Her parents who had never been to a school themselves discouraged Gayatri from going to school and she was forcefully asked to stay at home cook and clean. Gayatri opened her heart to the Centre Director Bimla Devi.

Centre Director advised Gayatri to bring her mother along to school. Gayatri's mother was counselled and made to realize the importance of education in life.

Gayatri, who once had forgotten how to read and write wanted to study now, buy books, copies and playing articles. She got this opportunity at AHEAD and now she is an inspiration for girls in her village.







Health





# Health

Health is one of the most neglected aspect in our country, lack of infrastructure has further aggravated the concerns surrounding it. The Hans Foundations' innovative projects have focused on providing qualitative healthcare services to women, children and elderly by provisioning for subsidized medicines and specialized health checkups in the remotest areas of the country.

## DIABETIC RETINOPATHY - Fighting the Epidemic

### DIABETES & THE EYE

Diabetes is now an epidemic in India. With Diabetes comes a host of other conditions. The more significant one is Diabetic Retinopathy. Longstanding Diabetes Mellitus damages the small blood vessels of the retina, which normally supply oxygen to the retina and thus keep it alive. These damaged vessels either leak or close down. If the leakages occur in the central part of the retina called macula, it leads to loss of central vision. Closure leads to oxygen starvation of the retina, which finally leads to formation of abnormal new vessels to try and improve oxygen supply, these fragile vessels can bleed causing blindness. Diabetic Retinopathy is a progressive and irreversible eye disorder that ultimately leads to blindness. Diabetic Retinopathy is positively correlated with the duration of diabetes. There are other things which along with diabetes make retinopathy worse; i.e. High Blood Pressure, Pregnancy and Smoking.

### PREVALENCE OF DIABETIC RETINOPATHY IN INDIA:

- **Diabetes Epidemic - 61 million Indians** (highest in the world) and is likely to affect **70 million by 2025 (WHO)**.



 Health 23%

- That means that every sixth diabetic in the world is an Indian.
- Both Diabetes and Diabetic Retinopathy needs to be detected and treated as early as possible because both can be controlled through proper management.
- Affects up to 80% of all patients who have had diabetes for 10 years or more.
- Although India accounts for approximately 15% of the global burden of diabetes, it contributes 1% of the world's diabetes research. There is hardly any data available on the quality of diabetes care, no national monitoring system for processes and outcomes of care, and no translational research to turn knowledge into action.
- Health care facilities are concentrated in large urban centres, are focused on tertiary care, and cater to the urban affluent. Government-run facilities are often crowded and under-resourced, so even low and middle-income patients prefer private care or alternative medicine.

**Sai Retina Foundation**, supported by **The Hans Foundation** has now launched upon this special project on Diabetic Retinopathy Mitigation Project in East and North East Delhi which will go into the interiors with the Mobile Retina Van to screen people free of cost for diabetes and treat them for any related eye diseases, to increase awareness in the general public about the disease and all associated health implications and guide them towards regular health check-ups and necessary precautions.

An illustration of the services at mobile retina van is provided below:



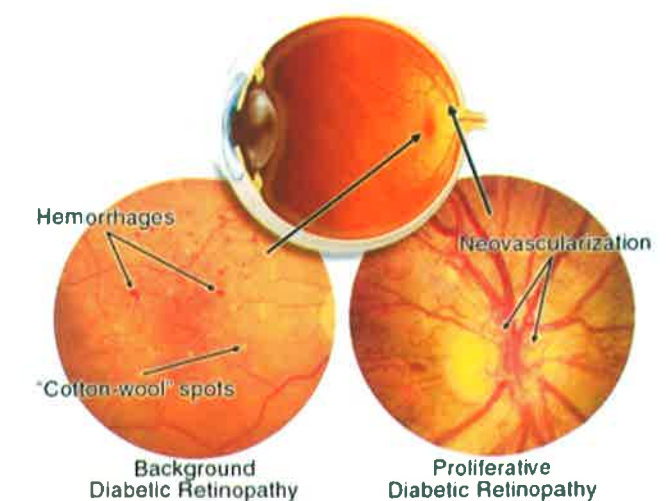
### INVESTIGATIONS FOR DIABETIC RETINOPATHY:

If diabetic retinopathy is noted, colour photographs of the retina may be taken and **FLUORESCIN ANGIOGRAPHY** performed. This involves dilating the pupils and injection of a fluorescent dye into a vein in the arm. Photographs of the retina are taken rapidly as the dye passes through the retinal blood vessels. This test helps in determining if laser photocoagulation treatment is necessary. If treatment is to be done, it helps in identifying what structures and areas need treatment with laser.

**OPTICAL COHERENCE TOMOGRAPHY (OCT)**, which is newer non-invasive diagnostic modality provides a cross-sectional view of the retina and helps in quantifying the amount and type of swelling and guides the treatment.

### TREATMENT OF DIABETIC RETINOPATHY:

**PHOTOCOAGULATION** involves the use of a LASER beam to seal leaking blood vessels and prevent growth of abnormal blood vessels. This procedure does not require hospitalization. In background retinopathy, if blood vessels are leaking fluid into the macula, laser treatment stops the leakage and may improve or stabilize vision. In proliferative retinopathy, laser treatment may involve one or more sessions depending on the type or severity of retinopathy. Laser treatment significantly reduces the chances of severe visual loss by destroying the abnormal blood vessels and preventing growth of more such vessels. Vision may improve or stabilize within several weeks to a year. It is important to remember that laser treatment is not a one-time procedure. Regular follow-up is extremely important. Your doctor will tell you when to return for a check-up.



**ILLUSTRATION OF DIABETIC RETINOPATHY**





**INTRAVITREAL INJECTIONS** – Recently, along with laser treatment, certain medication when injected into the eye or just outside the eye has shown encouraging results. These include anti-VEGF agents such as **Avastin, Lucentis** and **Macugen**. They act by reducing macular edema i.e. the swelling in the retina as well as inhibiting growth of abnormal new vessels, or by reducing bleeding from new vessels which may be refractory to conventional laser treatment. Another agent used is the steroid Triamcinolone Acetonide. This can be either injected into the eye (intravitreally) or into the side of the eye (Sub-Tenons). This agent works well for diabetic macular edema (swelling). However, increase in eye pressure and increased incidence of cataract, are potential side effects. These medicines should therefore be used cautiously and judiciously.

**VITRECTOMY (VITREOUS SURGERY)** – If the vitreous is too clouded with blood or there is traction retinal detachment, laser treatment will not work. In this situation, a surgical procedure called VITRECTOMY needs to be performed. In this operation, opaque vitreous gel is removed from within the eye by a special instrument that simultaneously sucks and cuts the vitreous. Membranes on the retina which are responsible for traction and recurrent bleeding are dissected. More complete photocoagulation can then be carried out. In case of retinal detachment due to traction in severe cases, gas or silicone oil tamponade is paced at the end of the procedure.

#### REMEMBER

- Diabetes is a common cause of blindness.
- In case a patient is a diabetic for more than 5 years, there is a fair chance that you might have developed diabetic retinopathy.
- He/she might have developed Diabetic Retinopathy, in spite of having good vision.

- For the early detection and to begin the treatment, you must refer the patient to the retina specialist at regular intervals.
- Diabetic retinopathy is largely a treatable condition. Early detection and treatment saves eyes.
- The patient should keep his/her blood sugar level, hypertension, increased blood lipids & cholesterol and (kidney) disease well under control.
- Quit smoking.
- Regular exercise and balanced diet.
- Timely referral by the first contact physician prevents a diabetic from going blind.



**Dr. J. S. Guha**  
**Senior Vitreoretinal Surgeon,**  
**Sai Retina Foundation**

## Bangalore Hospice Trust – Karunashraya

### Hospice for Advanced Stage Cancer Patients

One of our greatest fears in life is suffering with pain and dying alone, in the impersonal surroundings of a hospital, away from home and family. It is devastating watching a loved one suffer, knowing the end is near and hoping it could be pain free and peaceful.

According to WHO, cancer is the leading cause of death worldwide and accounts for more than 7.6 million deaths, 70% of them occurring in low and middle-income countries. This is projected to rise to over 13.1 million by 2030.

In India, cancer hospitals are overcrowded and preference is given for patients who have scope for control and cure. Advanced stage cancer patients, on account of poverty, ignorance and total lack of basic facilities, do not receive the required medical and nursing care. Despite ongoing awareness and technology-enabled advancements in cancer prevention, 80% of cancer patients in India access medical help when there is no hope for cure.

This is the most crucial stage in a patient's life, when he or she has suddenly lost the security and comfort of a hospital, as no further treatment is possible. The trauma of losing medical support, added to the fear of death cannot be easily described. The entire burden of care now rests with the families, who are more often ill equipped financially and emotionally to deal with the situation. It is at this stage that all human beings, rich or poor, deserve the peace and dignity that is so essential before the inevitable end comes.

It is against this background that the vision of creating a hospice came into being. Given the

severe lack of facilities and infrastructure for cancer patients at this end of life stage, in 1994, Mr. Kishore Rao along with a group of enlightened individuals backed by the Indian Cancer Society (Karnataka Chapter) and Rotary Club of Bangalore, Indiranagar, envisaged and brought to fruition - Bangalore Hospice Trust-Karunashraya. On May 1<sup>st</sup> 1999, Karunashraya's peaceful ambience welcomed its first patient and lulled by gentle ministrations of our caring staff, died peacefully.

This “**Heaven on Earth**” as our patients lovingly call it, is a hospice - providing **free** palliative care to advanced stage cancer patients, in tranquil surroundings, lovingly cared for, by a team of doctors, nurses, physiotherapists, health assistants, counsellors and volunteers with the one goal of relieving pain and improving quality of life for as long as it lasts. This is the first of its kind hospice in India to offer patients integrated 'in-patient care' and 'home care'. More than 80% of our patients are from the weaker economic sections.

***We strongly believe that how we treat the dying is a true measure of our humanity and reflects who we are as a society.***

### MOBILE HOMECARE

The journey began in a small way with a mobile homecare service, comprising of a team of dedicated multi-disciplinary nurses and social workers, who visit the homes of patients and families in and around Bangalore and provide palliative care including counseling. Its uniqueness is in that, the patient who is still mobile can stay in his own home and receive care from our team as long as the nature of disease and its symptomatic effects, permit them to receive quality care at home. When the patient is unable to be cared for at home, they are recommended into the care of our in-





## Case Studies

patient facility. This programme is a testimony to our flexible approach in palliative care focused primarily on a patient's need for comfort.

### IN-PATIENT FACILITY

Spurred by the overwhelming response, a 50-bed In-Patient facility, was built, where patients are admitted, irrespective of caste, creed, religion, or economic backgrounds. Our patients continue to take advantage of the flexibility we offer, to alternate between their homes and the hospice.

### EDUCATION

During the course of our journey, we realized that sharing our knowledge and expertise gained over the years would benefit more people than we could ever hope to reach out to independently. Besides Inpatient and Homecare services, spreading and sharing of knowledge and know-how of Palliative Care, gained through hands on experience during the past 14 years, has been a priority in BHT's initiatives.

### HEALTH ASSISTANTS PROGRAMME

We embarked on a Health Assistants Programme, wherein young women from the lower socio-economic group, are trained as Health Assistants for 6 months, free of charge, and paid a monthly stipend. On completion, they are employed in the hospice or deployed as care-givers to families who need such assistance. It achieves the twin goals of filling a niche need in the society around us, and also empowering these young women to have a career.

### POST GRADUATE PALLIATIVE CARE PROGRAMME

BHT has entered into a long and fruitful partnership with Cardiff University, UK, by offering our hospice as a centre for contact teaching to students pursuing their diploma and MSc in Palliative Care. We also conduct short term awareness programmes for medical professionals in palliative care and communication skills. This is in line with our endeavor to share our knowledge and also benefit the community at large by creating more experts in Palliative care. BHT has also been instrumental in training and guiding other charitable bodies all over the country, which is a purely service oriented initiative.

In keeping with our philosophy of **"Adding life to days when we cannot add days to life"**, every effort is made ranging from celebrating birthdays, helping them watch their favorite movies, providing meals of their choice, to playing the role of mediators and wish fulfillers by reuniting them with family members and even arranging for meetings with celebrities like Aamir Khan.

In the last 14 years we, at Karunashraya, have cared for more than 12,600 patients in their life ending journey and this humanitarian service has been possible only due to the generosity of donors at every given point in time.

These simple words from our patients says it all

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**"I searched for God in all the places and he brought me here to rest my head and be cared for, free from pain and suffering."**

**Gowri Chandrasekhar**  
Karunashraya

### Pregnancy with Severe Anemia

**Location: New Delhi**

A 21 year old woman came for a routine antenatal checkup to the health centre at Adharshila, New Delhi. On examination, she looked anemic at about 16 weeks of gestation. She was investigated and found have A Rh-ve blood group. Her hemoglobin was drastically low. She was counseled that her pregnancy was high risk in view of severe anemia. Her Rh-ve status would make it more risky in case she required blood transfusion as Rh-ve blood is more difficult to procure when required. She was given advice on her diet, dewormed and started on oral hematinics. After a month, a repeat Hb was done to gauge her improvement.

A diet plan was provided, which was rich in proteins and iron. Regular checkups and counseling were done over the next 6 months. Her condition improved and she delivered a healthy baby girl in June'12.

This case showed us that both regular antenatal checkups for almost 5 months along with high motivation level in the patient were required to improve the general condition of the patient.



### Medical Relief

**Location: Dhandholi Village, Rajasthan**

**Smt. Choti Devi** a single women residing in Dhandholi village, Rajasthan with her family, was suffering due to her weak health condition caused by Anemia Disease. During a Health Camp conducted by Sangharsh Sansthan Team in Dhandholi village, Choti Devi approached the panel of doctors about her deteriorating health condition. After a thorough check up by the team she was issued a health card and her treatment was started. This followed regular checkups and counseling by the doctors and free medicines provided by the centre.

Today Choti Devi's health has improved and she is leading a healthy life. A big thankyou to the doctors at Sangharsh Sansthan in Rajasthan supported by The Hans Foundation for providing relief, medical and emotional support for the poorest of the poor.







Women Empowerment



# Women Empowerment

At The Hans Foundation, we believe that empowering a woman is empowering an entire household. The aim is to provide sustainable livelihood opportunities to underprivileged women by providing skill development training.

## JANAMANAS

~ Changing Minds, of and about, Women - ANJALI

The word "Empowerment" has often been synonymously used with other words like "autonomy", "status" or "agency". But, "empowerment is not giving people power; people already have plenty of power, in the wealth of their knowledge and motivation, to do their jobs magnificently. We define empowerment as letting this power out. It encourages people to gain the skills and knowledge that will allow them to overcome obstacles in life or work environment, and ultimately, help them develop within themselves or in the society." Empowerment addresses members of groups that social discrimination has excluded from decision-making processes, provision and action of rights, and the likes.

The process which enables individuals/groups, to fully access personal/collective power, authority and influence, and to employ that strength when engaging with other people, institutions or society, is empowerment. Women empowerment in India is quite amorphous, even as we broadly categorize the population of women into urban and rural. While the former apparently seem to enjoy the more liberal and independent outlook of their milieu; when it comes to the understanding of their rights, their issues and what they are



Women Empowerment 13%

entitled to, most women are very much in the dark or powerless to achieve them. An urban middle class woman may be working and earning. But does she have any right on the money she earns? If she is a home-maker, does she have any right in the decision-making of the household? The answer to these questions, in most cases, is negative.

Anjali's 'Janamanas' (roughly translated as Mind of Collectives), the Community Mental Health programme, was inceptioned in 2007 with the purpose to empower those women, who battle multiple disabilities of mental illness, economic handicap and social stigma without any kind of proper support. It was felt that to rightly empower women with psychosocial disability, mental well-being and health needed to be brought to them, rather than expecting them to be able to reach out for help. The project aims at creating capacity at the municipal and panchayat level to build a space for the identification of mental illness, treatment of persons with mental illness and referral resource centers.



This is done primarily through capacity building of the women of **Self-Help groups (SHGs)** and the political leadership and employed 'decision makers' at the municipal and Panchayat level.

Janamanas aspires to achieve certain cardinal objectives like:

- o De-institutionalize mental health services and make it accessible to 'last mile communities'.
- o Demonstrate a model of community-based mental health care that is driven by resource poor women from within the women of the community and
- o Mainstream and integrate mental health in the District/ Panchayat's agenda

With the intervention of **The Hans Foundation**, the project empowers the women it works with, in a unique way. It not only helps them to become financially independent, but also creates in them a strong awareness of their rights, the rights of people with psychosocial disability and also motivates them to be the vehicle of empowerment transfer in their own community. Working in close association with three different target groups – representatives from SHGs within the concerned urban local



bodies (ULBs)/Panchayat area, decision-makers at the ULBs/ Panchayat and the people with psycho-social disabilities and their families.

The Janamanas programme is meant for both the women who participate in the training as well as for women who are at the receiving end of this. The Janamanas trainees chiefly comprise rural and semi urban resource poor women who live on the fringes of West Bengal's rural and peri-urban economies. They come from BPL families and face severe discrimination due to their identities (religious and caste). The age group of Janamanas trainees typically ranges from 25 to 55 years with a majority having nominal education.



**Dwaita Dey Sinha**  
Documentation Officer, Anjali







## Case Studies

### Cultivating Social Entrepreneurship

Today, more than ever, India is in dire need to create, nurture and maintain responsible citizens who are capable of upholding the nation in times to come. While there is no perfect time to start training young, impressionable minds to be the perfect future citizens of the world, the full time responsibility lies with authority figures, be it opinion leaders, parents, teachers, politicians, and other youth icons from various fields that the youth aspires to imitate. This need as mentioned above highlights the demand for social entrepreneurship in India, where growth rates are falling and most of the country is below 25 years of age, yearning for opportunities.

Traditionally, entrepreneurial activities were referred to those, which created wealth for the entrepreneur and jobs for those who worked for them. A relatively newer concept of 'Social entrepreneurship', however, is the backbone of all economic activity and wealth creation. Social Entrepreneurs strive to solve problems that are specific to regions, tribes, nations on one hand and issues that have an impact on humanity at large on the other.

A chunk of being a responsible global citizen is one's social awareness quotient. Are you sensitive towards the needs of the lesser fortunate? Do you spare your time and resources to help the needy sections of society? Or Are you so busy in your own private life to have never thought of contributing constructively? An individual who is aware of social issues and takes whatever steps possible in his/her own capacity to solve a problem that benefits his society, school, college, organization is a social entrepreneur.

The goal is not to start big and solve national issues but to start small and solve the



immediate issues around you and involve as many people around you as you can. What makes a social entrepreneur is the creation of something of value for others around them. Social, economic and environmental issues of a global nature have erupted in which each one of us has a stake. Burning issues include depletion of natural resources, degradation of the natural environment, slow economic growth, lack of accountability on part of governments the world over, lack of sensitivity towards underprivileged and the disabled and so on. Environmental issues have an inevitable impact on economic activity, which is why they cannot be considered in isolation. The role of CSR and giving back to society should not be the only way we can think of giving back because we have already taken from the environment and society. As human beings, we hold the responsibility of being guardians to the Earth, being the only species endowed with intellect. Hence, the solution lies with the new-age social entrepreneurs among us.



**Neena Jolly**  
Trustee, Adharshila

#### Sita Devi

**Location: Khyda Village, Ajmer, Rajasthan**

Mrs. Sita Devi had never been to school and belonged to a very poor family from Rajasthan. Her husband was terminally ill and mostly stayed at home. They had negligible source of income and lived on government grants or some contract jobs to support the children education and basic necessities. She approached Gramin Mahila Vikas Sansthan, in Rajasthan for a tailoring training programme supported by The Hans Foundation, for capacity building and empowerment of rural women.

This centre imparts training on stitching, tailoring and embroidery. Sita Devi has completed her 6 months training successfully. Being a fast learner she has also started mentoring new students and is a perfectionist in stitching women and children garments. Sita Devi has now started earning a sizeable income and is supporting her family and children's education.



#### Rami Devi

**Location: Relawata Village, Ajmer, Rajasthan**

Rami Devi, from village Relawata in Ajmer, Rajasthan is one of the many faces belonging to economically and socially weaker sections of the society. This becomes a major reason for such women to be deprived of many opportunities. She and her younger sister had to take care of the home and only her brother had access to all the opportunities. He left home and became an army officer. They both got married to two brothers working in marble cutting industries. She faced violence by her alcoholic husband and matters got so worse that she tried leaving the village but failed.

In association with The Hans Foundation, Gramin Mahila Vikas Sansthan has supported many women like Rami Devi to be self-reliant. Under the women empowerment programme she was given six months training on tailoring. Today, she knows how to operate these machines and has started earning by stitching clothes.







Water



# Water

## Positive Impact on the lives of the people facing perennial water problem

Aashray Social Welfare Foundation partnered with **The Hans Foundation** to solve the perennial drinking water problem of Gadha village of Patan District in Gujarat having approximately 500 households. The plight of the villagers especially women and children in sourcing clean drinking water was unexplainable. They had to walk at least 3 kms to fetch drinking water for their households. This wastage of 2.5-3 hours had become a routine and was adversely affecting their lives. At times, they even had to pay money or work as labourers in exchange of getting drinking water.

The water for utilities was being fetched from the nearby pond which was also a place where cattle frequented. Ashray presented the plight of this village to the representatives of The Hans Foundation and accordingly a bore well was dug and water connections were provided in each household. Today every household of Gadha village gets an uninterrupted supply of clean tapped water saving a lot of time, energy and money. Villagers are absolutely satisfied with this outcome and the feedback received from the villagers and the village Panchayat only justifies the fulfillment of their distant dream of having a source of clean drinking water at their doorsteps.

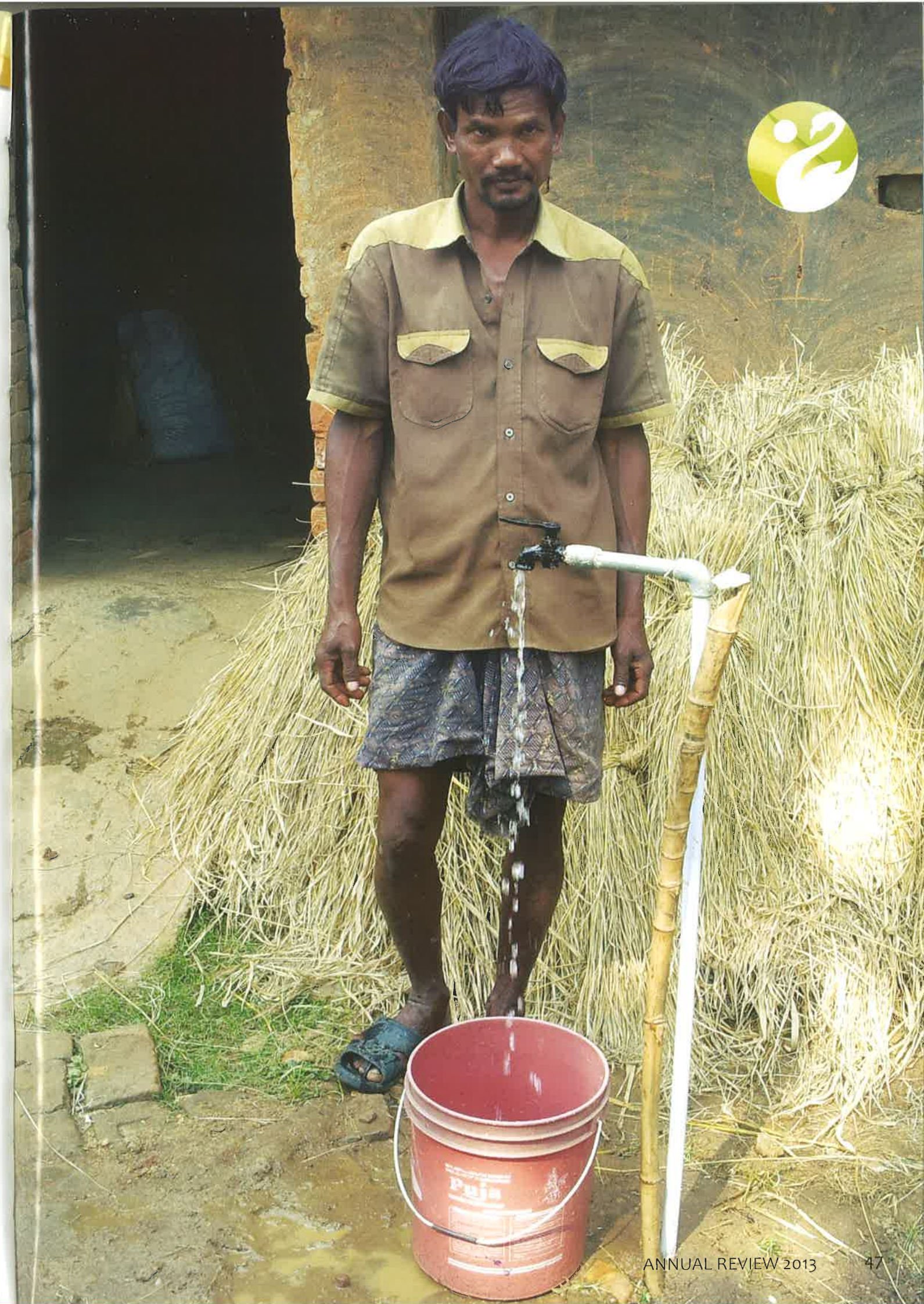
A separate water tank to provide water for the cattle has also been constructed in the village. After hand holding by The Hans Foundation a permanent solution of providing safe water not only for drinking but also for other utilities at the doorsteps of the villagers has been possible. Now with the availability of clean water, the villagers hope that in the coming months the health parameters in the village will improve. Small kitchen gardens are also being



Water 2%

developed by the villagers in their courtyards. The villagers on their own initiative have committed to plant at least 100 trees in the village, this will improve the water table of the region.

A committee comprising representatives from the village has been assigned with the responsibility for the smooth and effective functioning of the bore well. Any issues and queries of the villagers are being effectively addressed by the committee.







Disaster Management



# Disaster Management

## Uttarakhand Flood Relief

The recent flash floods in Uttarakhand have caused massive destruction in several districts of the state. Entire mountainsides gave way to the ravaging waters and roads and villages collapsed, causing irreparable damage to life and property.

After learning about the tragedy from the media and our partners in the state, The Hans Foundation decided to provide immediate help and relief to the people affected by the deluge.

Our first response, from 21st June to 24th June, was to organize a Bhandara at Nagni in Tehri district. Our team members from Kotdwar distributed nutritious and healthy food and snacks to the stranded people, most of them stranded pilgrims and local residents of the surrounding villages.

Our team members also distributed free food packets to pilgrims and local residents in Srinagar, Badrinath and GuptKashi.

Looking at the extent of the devastation caused by the floods another task was to provide emergency response health services. We immediately sent 3 ambulances to the District Magistrate of Tehri to assist them in provision of medical aid and relief is for people in Uttarkashi.

Our team also worked in conjunction with the local government and officials to provide immediate help to the pilgrims, where in dry food packets were prepared and sent to the SDM of Kotdwar and DM of Rudraprayag respectively, for distribution in Joshi Math. 50 Bags of ration were sent to the Honorable Minister of State to distribute in Pitthoragarh.

In all, 5 shipments were sent across the affected districts of Uttarakhand. In addition to



Disaster Management 1%

shipments of food, other resources have also been provided for. We have already sent 5000 blankets, 3000 sweaters and 2000 solar lanterns to our team in Uttarakhand for distribution as they see fit.

The destruction caused by the flash floods has resulted in devastated villages and people who have lost family, homes and hope. Farms have been washed away taking with them livelihood and in many cases, the only way to feed a family. Our focus now is on the reconstruction and rehabilitation of Uttarakhand. In the near future, we aim to provide support in terms of temporary shelters, food, essential items and hygiene kits as well as livelihood support with the support of our partner.



## Solar Lamps

There are at least 1.6 billion people in the world today without access to electricity, and hundreds of millions more with only intermittent electricity. These households rely primarily on highly polluting kerosene lanterns, gas lamps, and candles to provide light in the evening and early morning hours.

Many households in a country like India will have to wait years or even indefinitely for grid electricity to arrive in their communities.

Solar lamps besides being clean, green and affordable gives families the option to stop using expensive, dangerous, and ineffective lighting sources. They can be used in rural health care centres, schools and households as a cheaper and eco friendly source of energy.





## Vision for Nagaland - *Hans Model Village*

India's progress over the past few years in all fields has received international recognition. We are a country that produces brilliant minds in the fields of science and technology, yet, there are people in our society who do not have access to the most basic education and health care. The Hans Foundation has in the past four years aimed at bridging this divide by partnering with organizations across India that share our philosophy of providing equal access and opportunities to quality education and healthcare to all citizens of this country.

At The Hans Foundation, we believe that empowering a woman is empowering an entire household. In association with Community Educational Centre Society, we have provided sustainable livelihood opportunities to underprivileged women by helping to set up grocery shops and pig farms, which are owned and operated by these women.

We have also addressed the water problems of the region. Being a hilly terrain Nagaland draws water source from natural springs, rivers streams and sub-surface water as ground water. As the habitation in villages are located on the hilltops, it becomes tedious to supply water in high area. The Hans Foundation assisted a development project to connect the existing wells and built connecting pipes to smaller tanks which fulfills the water requirements of over 200 households.

We have been given a wonderful opportunity in the state of Nagaland, to realize this dream on a grassroots level. As THF supporters know, we have invested in development work in Nagaland over the past three years. With our local partner Community Educational Center Society (CECS), we have funded a school in Dimapur, an anti child labor helpline, as well as women employment schemes in and around



Dimapur city. After observing this track record, the local village council of Kangtsung village in Tuli has gifted THF 200 hectares of land area to be developed in a holistic manner to provide education, health care and an agricultural training institute, which will train farmers from all across Nagaland on best practices, ideal crops to grow and how to increase their income from this prime employment generating activity. In addition, training will also be provided on other entrepreneurial activities. The proposed area will be known as "The Hans Model Village".

The project will be developed and realized in phases to ensure maximum benefit to the community at large. First, the Foundation will be replicating its mobile health care project, that has been successfully running across the country. A fully equipped ambulance with a gynaecologist on board will travel to the inaccessible/remote villages of the district giving free medical care and medicines with priority care to the women and children in the tribal areas. The program would also educate the people on the importance of hygiene and sanitation in one's life.

The agricultural training institute aims at ensuring community development by taking into account the nature of livelihood of the people in Nagaland and the importance they give to traditional agriculture. The organization proposes to start an institute to effectively equip the people on the traditional techniques/methods of agriculture in conjunction with adapting to modern technologies. The center will also work in enhancing agricultural production in households and productivity for long term sustenance.

Education plays a crucial part in the development of any community. We, at The Hans Foundation have ensured that we are able to impart holistic education to every child. To address this need, the construction of a senior secondary school is also part of the plans. Our aim is to develop a curriculum which will not only stress the importance of academics but also ensure overall development of the child through the provision of other activities and non-traditional teaching methods.





## The Team



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