



# a new *direction*

2021 – 2022



“

The Hans Foundation  
endeavours to make  
a quality impact  
through its  
passion & work

”

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**Shweta Rawat**

Chairperson - The Hans Foundation



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## LETTER FROM THE CHAIRPERSON

The world has emerged from the shadow of the pandemic. The pandemic seemed to have almost stopped the world for a couple of years, and yet, as we get back to normal, the world must start again. The experience highlighted many new challenges for civil society organisations like The Hans Foundation, but it has also shown new directions and solutions. It is with great relief that we can now look beyond the future and continue working towards our vision of sustainable and inclusive growth at all levels.

For more than a decade, THF has been working to create an impact at the ground level through capable partners. During the pandemic, The Hans Foundation dedicated significant efforts to safeguarding lives and livelihoods. The foundation worked closely with its partners on the ground, as well as with state governments for maximum impact. However, there was always a yearning to do it on our own and build a truly personal connection with the people and communities that we aim to serve.

As the government of India changed the rules around the Foreign Contribution Regulation Act in 2020, this period also allowed The Hans Foundation to enter a new phase of its journey. From being a foundation that relied solely on partnerships to implement projects and create value for the communities we worked for, we have now turned to a model where we implement our projects on the field, with a direct connection to people at the grassroots.



At the same time, COVID-19 highlighted the need to strengthen health systems across the world, including India. Thus, the time seemed right to also consider making Health and Wellbeing a central pillar of this new phase of our existence.

Hans Medical Mobile Units, started as a major project just this year, are already on their way to ensuring access to Primary Health Care in rural communities in the remotest parts of India.

THF continues to support many Primary Health Centers, poly clinics, and even boat clinics catering to the rural populace, in addition to its expertise in institutionalised and tertiary care in the form of hospitals and specialised care centres, such as the new Hans Renal Care Centres for dialysis support.

Meanwhile, work on the Livelihood and Education project continues, essential for long-term social development. The heart of our work remains the same. THF has always tried to bring about sustainable change at the grassroots level, with complete involvement from the communities we work with. This change to self-implementation has only strengthened our commitment and conviction as we continue to work on our mission of holistic development for all underprivileged communities in India.

Disaster relief has always been a part of THF's interventions - after all, COVID-19 relief has been a significant part of our efforts in the last couple of years. But advancing efforts in the area of Climate Action and Environmental Conservation is equally important. I'm proud to say that we have initiated our first foray into this topic by collaborating with the Forest Department of Uttarakhand. We have started a special program to tackle forest fires in 500 villages in Pauri and Tehri districts of the state.

We have our goals firmly in sight, and we have the means to reach them. We work for the most vulnerable, and if we want to see a glimmer of hope in their eyes, we have to work relentlessly with aggressive enthusiasm.

*As individuals, as a team, and as an organisation, we move ahead confidently towards our vision of an equitable world.*

Shweta Rawat  
**SHWETA RAWAT**  
**CHAIRPERSON**  
**THE HANS FOUNDATION**



The Chairperson felicitating achievers at Himadri Hans Handloom, Almora



Shweta Rawat interacting with a master weaver at Himadri Hans Handloom, Almora



The Chairperson greets one of our Cochlear Implant beneficiaries



THF team visiting a beneficiary school in Gurugram, Haryana and interacting with students



# Health On Wheels

## Rural India Gets Healthcare at Its Doorstep

As a nation, we have an enormous shortfall of specialised healthcare personnel to care for our populace. Numerically, we are roughly 6 lakh doctors short, and there is a shortage of around 1 million health workers. This shortage of medical personnel disproportionately affects the most underprivileged and marginalised communities - especially those residing in remote rural areas, putting them at a significant disadvantage when it comes to taking charge of their health.

In view of this backdrop, The Hans Foundation wanted a platform to fill the inadequacy gap. The long years of working on the ground provided THF with the insight that villagers do not have the means to easily travel to health centres. Also, leaving their means of subsistence like farming or other jobs and relocating to another place requires extra effort. Hence, they are reluctant. This reluctance resulted in a regular behavioural pattern, further resulting in deterioration of health factors and prevalence of certain geographical health issues. It carried on until it needed serious intervention.

So, the platform needed to be with them regularly at a fixed time in most villages. It needed an easy, yet out-of-the-box solution.

The change arrived on wheels: MMU - Mobile Medical Unit.

MMU, as a healthcare delivery model on wheels, solved many issues. It provided the last-mile connectivity; the same MMU could reach and serve multiple villages, be regular, and could provide a host of services that catered to basic healthcare needs. With the easy availability of service, it was possible to change their reluctance to health-seeking behaviours.

A woman with her children availing medicines from the MMU in Village Rauniya, Uttarakhand





**In Sync with the Government**

In sync with the government, as a model, it is such a huge success that the government supplements MMUs in the national healthcare program.

As a policy, THF seeks synergy between government health infrastructure and its programs. THF is working in a few of the most under-developed districts, as part of the Aspirational Districts Program, as defined by the Government. The efforts are part of the National Health Rural Mission (NRHM), which comes under the National Health Mission (NHM).

MMUs fit perfectly into the objective of filling gaps in the existing structure. THF approaches Gram Panchayats, under which there are 1 or 2 villages. In consultation with the members of the village Panchayat, a particular place is designated, and a time is fixed. A number of other facilities are also provided like shade, water, electricity connections for mobile labs, and necessary furniture as well. The MMU siren is the call for villagers to assemble for their healthcare needs.

**Benefits of the MMUs**

The MMU's phenomenal success is due to its unassuming immediate impact. Alongside primary treatment being the main purpose of MMU, it also has secondary benefits.

As the villagers approach the MMU, the doctor prescribes medicines or a test. A range of tests are performed by a Lab Technician with the lab diagnostic kit, and the onboard pharmacist gives out the medicines. This is the primary health service provision. Now, to understand the secondary benefits, let us look at a particular case.



A young woman takes a prescription for her child in Jhatgaon, Jharkhand



An elderly man being consulted by the doctor in Jhatgaon, Jharkhand



**FTFP**  
**FIXED TIME FIXED PLACE**

The principle of regularity ensures fixed frequency at the designated place. It ensures the prevailing knowledge of the availability of the MMU, enabling the patients as well as the medical staff to schedule their visits.

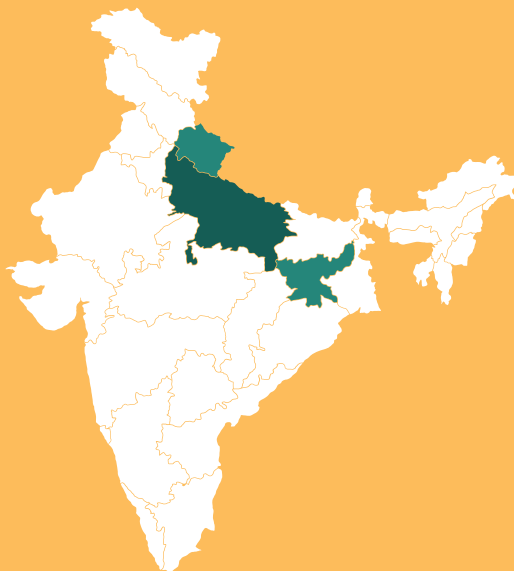


# MISSION

To augment and support the needs of a community with temporary healthcare infrastructure configured to the local context.

**90,475**  
Patients Treated

**1,33,903**  
OPD Interactions



♀ **Women**  
**92,570**

♂ **Men**  
**37,685**

Doctor

Village Level Worker

Nurse

Driver

Lab Technician

Pharmacist

**TEAM**  
**MMU**

**40** MMUs ACROSS INDIA



**3,879** VISITS

**1,015** VILLAGES

Currently, MMUs deal with a lot of anaemia cases in women, especially pregnant or lactating women. As a solution, they are provided with folic acid, but it's not a long-term solution. Women also need to inculcate healthy food habits, such as eating green vegetables like spinach, or alternative traditional home remedies like jaggery. So, every time a woman gets her test done, the immediate intervention is to provide her with medicines, but the doctor also educates her about healthy eating.

Because of the presence of MMUs in the villages, early intervention can obviate serious future health issues and also help in identifying localised diseases.

## Home Visits

MMUs are stationed in designated areas of the village, and there is a line-up of villagers waiting for medical attention. But there are some who are physically unable to come to the stationed MMU. In such cases, the doctor and the staff do home visits for those patients. This was unthinkable before the advent of MMUs.

## Health Seeking Behaviour

The regular availability of the MMU encourages behavioural change in the villagers, who seek medical help and tests more regularly. This is health-seeking behaviour that can provide long-term benefits.

## Village Level Worker

A lot of preparation work is done before the MMU arrives at its designated time. This is done by the assigned village-level workers. They spread awareness about the medical services, their timing, and motivate the village folks to seek the benefits. They also follow up during the time away so that medicines are taken regularly, and doctors' advice is followed.



A home visit by the MMU team in Deenpur, Uttarakhand





Villagers waiting for their turn to consult with the MMU doctor in Deenpur, Uttarakhand



“When the MMU arrives with the sound of the siren, wherever we are; whether working in fields or elsewhere, we come running to avail the treatments. We take our prescriptions and medicines. In my household, every member has availed this service and has improved their health conditions. I was suffering from severe backache and was not improving despite outside treatment. After receiving medical aid from the MMU, I have recovered rapidly and am in a much healthier state now.”

**BRIJBALA DEVI**  
PATIENT  
JHARKHAND



“I am very grateful to have this opportunity to work with The Hans Foundation. Here we serve those people who are not able to visit hospitals. They stay in far-off places where health services are unavailable. In these areas, we see that the lack of education is the main problem. Because of that, people are not aware of healthy eating habits. Another problem is due to the lack of running water, they consume river water which leads to serious health hazards.”

**VARSHA KUMARI**  
NURSE (MMU)  
JHARKHAND



The MMU doctor advising a village lady in Deenpur, Uttarakhand



Referral Program

In some cases, where the medical staff is unable to provide the requisite diagnostics such as performing surgeries or other serious interventions, such patients are referred to special hospitals run by THF or those with strategic tie-ups. It has been only a year since MMUs have been available, but we are optimistic that the benefits of health-seeking behaviour should be visible in another couple of years.

Awareness

Awareness is also an important part of health-seeking behaviour. There is a special provision of a television attached inside the MMU. It is used to disseminate awareness about various health issues depending on the prevailing situation. During the rainy season, the MMU runs a program about malaria, and various adolescent care programs regularly run on it. It is all part of robust community engagement programs like skits or puppet shows. It has been observed that community folks respond well to such engaging and entertaining awareness media campaigns.

The compact and portable nature of the MMU helps it in navigating the rough terrain of states like Uttarakhand, Himachal Pradesh, or Nagaland. It also helps in states like UP where there are large distances between the villages and Primary Health Centers.



Challenges

Implementing the MMU program has not been easy. There have been and still are various challenges that THF is trying to overcome. The major challenge is to allocate specialists for remote areas. It is a task to convince doctors and other professionals to join such difficult and challenging programs. Nevertheless, THF is keeping up with its persistent efforts and has successfully run 40 MMUs across all parts of India.

The other challenges are geographical and local; like floods, poorly maintained roads, and other local administrative issues

As THF gets into self-implementation, various processes are getting streamlined. The successful run of MMUs is being replicated on a large scale in various places. The future involves running a number of MMUs in various districts of Uttar Pradesh, Uttarakhand, and Jammu & Kashmir. The wheels roll on, to usher in a healthy and fit world that THF foresees for the marginalised communities in Rural India..







A queue of people waiting to seek medical aid from the MMU, Village Rauniya, Uttarakhand



# Dialysis For All

## Dialysis Treatment Centres in the Last Mile

Non-communicable diseases (NCDs) like cancer, diabetes, heart ailments, and kidney disease are a huge burden on India. According to a 2016 study, NCDs accounted for nearly 61.8% of total deaths. Among the NCDs, the prevalence of chronic renal failure has long remained a worrying issue for health authorities. Kidney failure has a devastating social and economic impact on marginalised rural communities. In places like Uttarakhand, this problem becomes more acute where rural populations cannot travel frequently in mountainous regions. The problem is further aggravated by the fact that there are only four nephrologists in Uttarakhand. There were only two dialysis centres (in Govt. Hospitals) in Uttarakhand: Dehradun and Haldwani.





The problem had become so severe that it forced rural folks to migrate to Dehradun or Haldwani. Dialysis is a regular program, done every few days. So, the patients needed to be near the centre and also required another person to take care of them, as in most cases, the patient's debilitating condition doesn't allow them to do anything on their own. The dangerous socio-economic impact was felt across Uttarakhand. The Hans Foundation, in collaboration with the state government, decided to address the issue and bridge the gap between the demand and chronic shortage - of dialysis centres, nurses, and technicians - to provide last-mile availability.

By 2021, the Hans Foundation began its ambitious program of Hans Renal Care Centers. The program aimed to provide free dialysis facilities in government-run hospitals. It provided relief to Uttarakhand's remote and marginalised people.

Hans Renal Care Centers is a self-implemented program by THF, from setup to operational running. Apart from the regular staff members at the centre, a nephrologist is always on call to consult. Nephrologists consult patients and are asked to travel to the centres for registration and dialysis facilities.



Nurse setting the parameters on the dialysis machine

Nephrologist on a routine visit to the dialysis centre



# HANS RENAL CARE CENTRES

TEAM

DOCTOR

NURSE

TECHNICAL STAFF

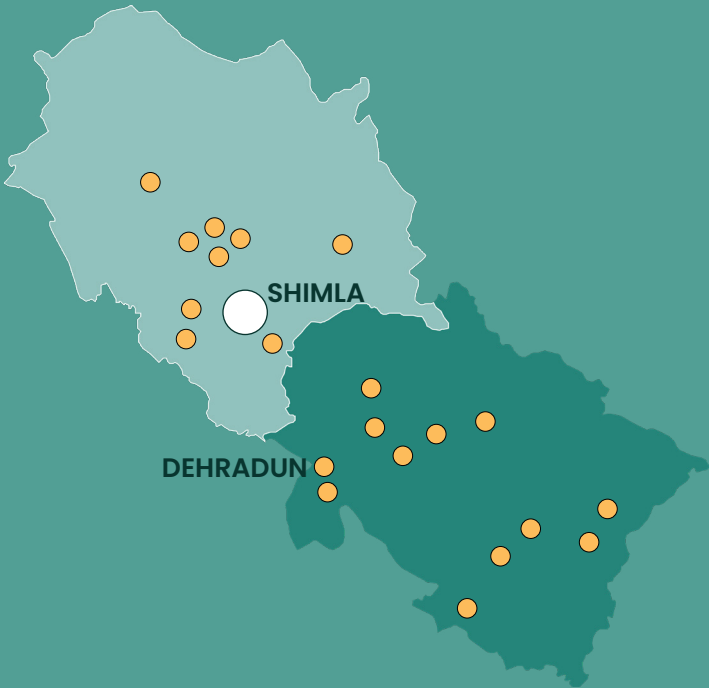
VISITING NEPHROLOGIST

## UTTARAKHAND CENTRES

- Dehradun
- Haridwar
- Pauri Garhwal
- Tehri Garhwal
- Uttarkashi
- Udham Singh Nagar
- Nainital
- Almora
- Champawat
- Pithoragarh
- Bageshwar

## HIMACHAL PRADESH CENTRES

- Mandi
- Shimla
- Solan
- Dharamshala
- Kinnaur



- CURRENTLY RUNNING CENTRES
- PLANNED FOR NEXT YEAR



“ I lived in a far-off place where there was no access to medical care. After visiting The Renal Centre, I underwent proper dialysis treatment. I have recovered rapidly with the help of doctors and nurses at the centre.”

NEELIMA  
PATIENT  
RENAL CARE CENTRE









The program started to have a significant impact from the very outset. In fact, the program has created an impact that after some months, there have been a number of cases of reverse migration. The patients are returning back to their native places as these centres are now nearby.

After the successful operational setup and running of The Hans Renal Care Centers, we are now going to expand to Himachal Pradesh.

Health being the primary focus of The Hans Foundations, we are trying to address all aspects of health, in its endeavour to reach out and help the unreachable.



# Mental Health Matters

## Caring for the Mental Health of the Underprivileged

Until recently, mental health awareness had not garnered the attention it deserves. Internationally, people's mental health is a significant indicator of society's overall health status. Mental health can ripple across sectors, making it an issue that has attracted the attention of the international community. Fortunately, the United Nations, World Health Organization, and many individual country governments have joined the campaign to make mental health a topic that rises to the forefront of concern. In India, mental health issues can vary in scale depending upon the disorder. However, it is safe to say that the impact on the healthcare system and the economy is substantial. The Government of India had foresight into this impending problem. Back in 1982, the National Health Mission put together the National Mental Health Program (NMHP), which seeks to make support services and information on mental health available, promote community involvement in the development of future service provision, including avenues for "self-help," and has established the District Mental Health Program (DMHP). National legislation such as the Mental Health Act of 2017 and the Rights of Persons with Disabilities (RPwD) Act of 2016 set the stage for improving the lives of all people living with disabilities in India. Special attention is paid to people with developmental and mental health-related disabilities.

As is the case with most societal issues, the states have a large part to play in providing social services to their citizenry, so the DMHP was established to decentralise service provision and provide mental health services at the community level. The Government of India (GoI) realised that mental health issues and general healthcare needs are equally significant and intertwined, so they have been working on an overall service provision strategy. They recognized that a multi-pronged approach is necessary to tackle mental health issues prevalent in communities in India. They looked at it from a variety of angles, including ensuring the availability and accessibility of mental health services, encouraging general healthcare professionals to assist those with chronic illnesses, and promoting community mental health service development.

Beneficiaries out for a walk near the facility





RIST and The Hans Foundation (THF) have been providing support to organisations that protect and provide services for people living with disabilities, specifically focusing on mental health and developmental disabilities. THF provides RIST with real-time feedback and insight into many of the programs they manage from their home office in the USA. This partnership ensures that the support provided by RIST is as effective as possible. With this partnership and others, RIST's mental health strategy has the potential to have a significantly positive impact on combating the stigma surrounding mental health issues. It ensures the availability and accessibility of high-quality mental health services and creates truly inclusive communities where people with and without disabilities live together and are active participants in each other's lives.

RIST has active partnerships focused on transitioning people out of large-scale mental health institutions and into community-based homes. Through partnerships with organisations like Keystone Institute India, The Banyan, Ashadeep, Rural Development Council, Mariyasadanam, Gramin Adiwasi Samaj Vikas Sansthan, and others, RIST assists in providing housing and necessary services for people to live as productive members of society. Our programs work to change the narrative on how people "see" and treat each other. The network of partners RIST works with understands what "inclusive" means. Within this is the necessity for empathy, kindness, and a sense of community. RIST, through its partner organisations, works tirelessly to promote this view.

Another avenue that the RIST strategy drives on is the necessity to create mental health-friendly communities. There are many variables that contribute to poor mental health, and RIST works to provide safe environments that are both physically and perceptually

## ABOUT RIST

Rural India Supporting Trust (RIST) is a private foundation headquartered in New York, USA. Its vision is to create an equal India that provides a physically and mentally healthy environment for all.

RIST works in the fields of health, education, disability, environment, and disaster response. It establishes strong collaborations with innovative and high-performing organisations to achieve its goals.



A happy beneficiary with a pet dog.



A beneficiary preparing food

safe. An initiative was drafted by Cities Rise that seemed like just the program RIST wanted to get involved with. Through research and collaboration with mental health organisations, RIST understands that a person's environment, financial situation, and other stressors can affect their mental health. Disorders like depression and anxiety can literally lead to death, and RIST believes that this is a preventable situation in many cases. RIST is working towards creating mentally healthy communities by focusing on reaching youth. Partnering with Cities Rise, RIST is empowering youth to take on this challenge and is organising and educating youth not only in India but in several countries across the globe. As the effectiveness of this program is learned, RIST hopes to see it expand across India and develop a common understanding of what is needed to form mentally friendly cities that nurture youth as they develop into adults.

In conclusion, it is important to reiterate that RIST, THF, and the Government of India are all working towards similar goals in mental health. We all recognize that this issue is multi-faceted and needs more attention. We truly thank the organisations and communities that have joined forces with us in our fight to improve the quality of life for all.



A beneficiary running a small shop









# Strong Bodies, Strong Minds

## A Special Initiative for Healthcare of School Children

The Hans Foundation places special emphasis on the health sector, which is the largest among all the verticals in its sphere of work. There are many underlying socio-economic causes that result in the deterioration of health, especially in children, as they need the right nourishment and environment as they grow.

Education is also a core thematic area in The Hans Foundation's work in the social sector. It is one of the most critical aspects, as a building block for the future of a community or a nation as a whole. At school, the future of a child is nurtured with good education and health.

THF realised that they may have to combine education and health to come up with a solution to stop the damage done to children's health before it's too late.

COVID-19's long-lasting effects on the world are still being felt by all. The damage caused is slowly emerging to the surface, not only in terms of physical effects but also mental effects, as these are not directly visible. Especially in the case of children, School Health Clinics (SHC), a new initiative by THF, was launched with the purpose of diagnosing underlying and chronic medical conditions in school-going children and providing solutions. In view of this, a situational analysis was carried out in selected government schools in Delhi, which provided a grim picture. Initially, the analysis pointed to underlying issues of deficiencies in the physical health aspects of the kids, but that was not all. As more results started to come, the revelations included mental issues as well. The ramifications of COVID-19 were going beyond the direct impact of the virus. The THF team realised that a long cut-off from the real and social world had resulted in a strange fallout in relation to mental aspects as well. There were innumerable cases of behavioural and emotional disorders in children. This was the indirect facet of the pandemic impact.

The children in government schools came from less privileged families. After a layoff of around two years, as work started again, the parents (daily wage earners, domestic helpers, maids, or drivers) were not in a position to take days off from their work schedule. This resulted in the neglect of the children's health.





There were some other contributing factors as well, such as the reluctance to go to doctors. With children cut off from social activities due to COVID-19, their mental faculties were also being severely affected without anyone realising it. The situational analysis by THF brought these worrying issues to light.

The first step was diabetes and haemoglobin tests for the children; if a deficiency was detected, the child was referred for further screening. Regular screenings started to provide primary treatment through the SHCs' OPD. If needed, medicines were provided to the children. With easy access to healthcare experts, students started to come forward and share their issues, which exactly matched the initial situational analysis. Notable cases of malnutrition were found; 40% of the students were suffering from anaemia.

The physical health issues were being tackled with medical means. In cases of substance and domestic abuse, relevant authorities were informed, and then counselling of the children began.

Mental healthcare was targeted through a trained psychologist. Teachers and parents were also involved in the process to find out if a child was less participative or seemed distant and aloof. Individual counselling sessions were conducted, and in some cases, group sessions as well. The aim was to create a comfortable and trustworthy atmosphere where a child could freely express their worries and anxieties, either along with their peers in a group or in an individual session. Life skills sessions were also conducted to make the children aware of the practicalities of the outside world. In some cases, psychiatric assessment for the children was also referred to the psychologist. Regular follow-ups were done until the completion of the treatment.

Physical and psychological screenings were taking place regularly, but in cases of mental health aspects, the children took a bit longer to open up. Slowly, as the trust factor built up, they became more forthcoming and started to share their problems. It revealed a disturbing set of mental issue patterns. Many of the kids were grappling with anxiety and depression. Apart from COVID-19,



Nurse conducting a basic eye test

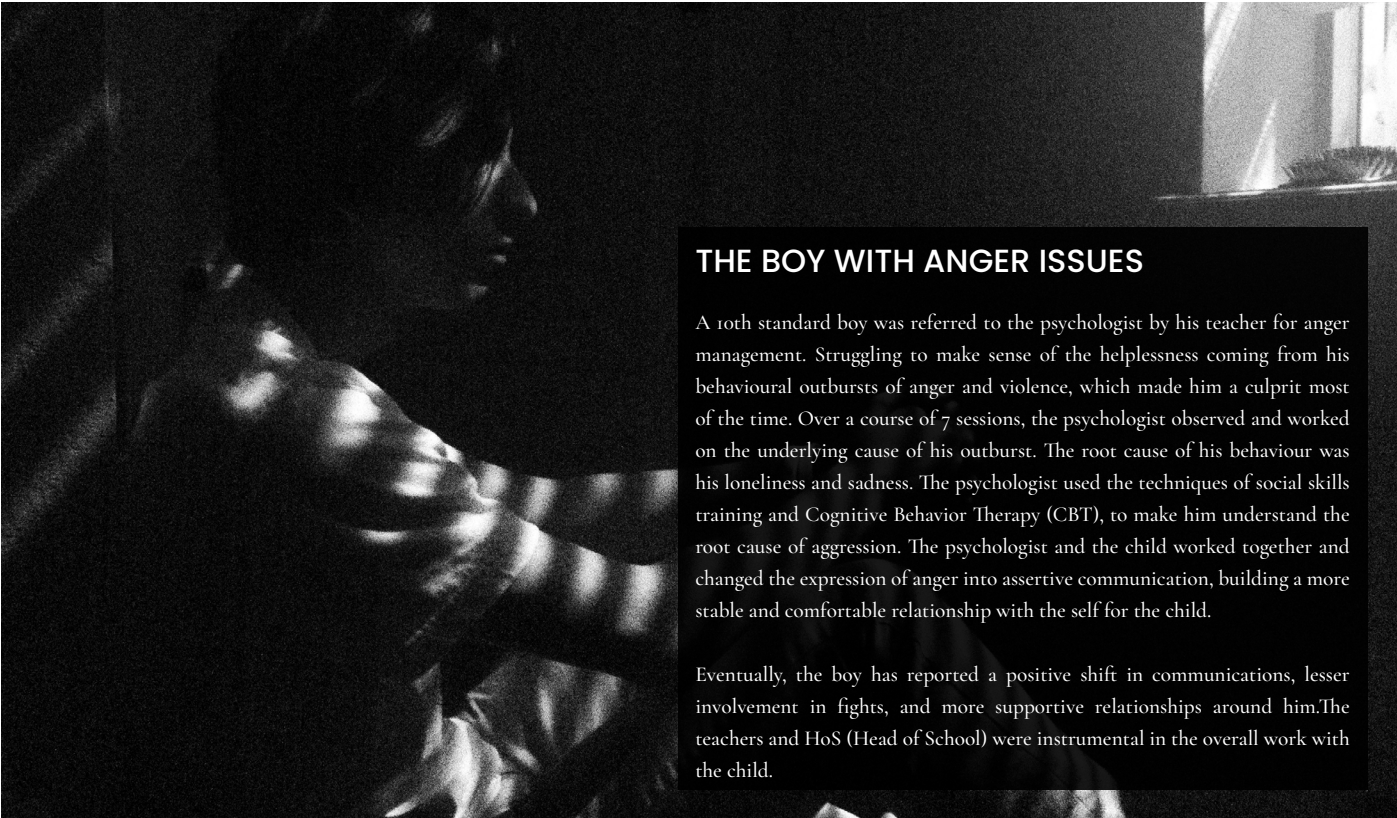
several factors were hurting the kids, including circumstantial neglect on the part of parents, and in severe cases, domestic abuse. In an impressionable age, when bothered with vexing issues, children are prone to slide into the path of self-harm. Depression also has a co-occurring relationship with substance abuse, as was being seen in the kids.

With regular counselling sessions and clinical interventions with the in-house full-time psychologist, the children were treated and getting better. The SHC intervention was a timely program that prevented the children from experiencing disastrous after-effects of various mental issues.

The medical practitioners also felt that their once-a-week visit was not sufficient to cater to the physical aspects of the children. THF decided that they would have to increase the visits of the doctor. The frequency was increased to 2-3 days a week, depending upon the requirement of the particular SHC in a particular school. The number of healthcare experts grew to 200 doctors and psychologists in the various SHCs, benefiting more than twenty thousand kids.



A School Health Clinic at a government school in New Delhi



## THE BOY WITH ANGER ISSUES

A 10th standard boy was referred to the psychologist by his teacher for anger management. Struggling to make sense of the helplessness coming from his behavioural outbursts of anger and violence, which made him a culprit most of the time. Over a course of 7 sessions, the psychologist observed and worked on the underlying cause of his outburst. The root cause of his behaviour was his loneliness and sadness. The psychologist used the techniques of social skills training and Cognitive Behavior Therapy (CBT), to make him understand the root cause of aggression. The psychologist and the child worked together and changed the expression of anger into assertive communication, building a more stable and comfortable relationship with the self for the child.

Eventually, the boy has reported a positive shift in communications, lesser involvement in fights, and more supportive relationships around him. The teachers and HoS (Head of School) were instrumental in the overall work with the child.

The knowledge database and studies have provided a valuable base that can soon be replicated in other places in Delhi NCR. The School Health Clinic model is now going to be initiated in urban schools in Gurugram, Haryana.

As a pilot project, the SHC has proved to be an overwhelming experience for THF. It is a successful and promising template and a model for future intervention in the health sector. THF is absolutely sure that it will cater to the holistic healthcare needs of children.

Children are the building blocks of our future. If we fail to provide them with their most basic needs like food, health and education, we are jeopardising a generation and our own future.



A Doctor at the SHC advising a parent



The SHC is fully equipped to carry out a variety of tests



# Multispeciality Hospitals

The Hans Foundation hospitals are providing quality institutionalised healthcare in Uttarakhand.

## THF EYE CARE HARIDWAR

Eight years ago, The Hans Foundation Hospital's attention was drawn to the tangible difference healthy vision could make. Since more than 80% of blindness is preventable and potentially curable, in June 2014, we at THF Eye Care embarked on the sacred journey of the relentless pursuit of restoring the sense of sight for the less fortunate. It was clear to us that there was a large and acute need for quality eye care in the region. Those living in poverty needed eye care that is "on-demand." This care had to be transparent and accountable and ensure that the patient's dignity remained intact regardless of their ability to pay. And finally, such eye care must be quality-assured.

### Our Model

THF EC was started with the mission to provide quality eye care to the marginalised masses within and around the state of Uttarakhand. THF EC, with its special focus on 'eliminating needless blindness', provides high-quality and affordable care. The majority of our patients receive services free of cost; a very small section receives care at steeply subsidised rates compared to the market. With our continuous focus on uniformity of service standards, all our patients are accorded the same level of superior quality care and services, whether they belong to the free-of-cost one or the highly subsidised segment.





### THF EC Today

What started eight years ago as a small clinic has now become the most trusted eye care hospital in Uttarakhand. THF EC consists of approximately one hundred team members, including staff doctors, visiting doctors, other clinical staff such as nurses, various technicians, and other support staff. Every day, close to four hundred patients are attended to in the OPD, over two hundred spectacles are dispensed, and around twenty-five eye surgeries of various types are performed. Many days, these numbers cross over fifty to accommodate the needs of the community both near and far. Patients from as far as Joshimath, Nainital, Ram Nagar, and entire Western UP choose THF EC as their eye care partner. THF EC specialises in cataract, vitreoretinopathy, squint, and oculoplasty, among other eye-related ailments.

### Har Ghar Swasthya Ki Dastak

Har Ghar Swasthya Ki Dastak is a flagship initiative of THF EC that expands the reach of eye care to the far-flung or remote areas of rural Uttarakhand. As the name suggests, this program was initiated with the aim of reaching out to the rural community and providing timely eye care interventions to prevent and cure blindness. The program reaches out to the marginalised communities at their doorstep. This initiative offers comprehensive eye care services through a well-trained team of field staff, doctors, and paramedics to those who do not have easy access to healthcare related to ailments of the eyes.

### Uncorrected poor vision - Most widespread disability

Uncorrected refractive error is the major cause of visual impairment and the second leading cause of blindness. The positive side is that 75% of visual impairment is treatable or preventable.

### How it works?

1. A team of our doctors and optometrists travel to far-flung areas of Uttarakhand where patients are screened at their doorstep.

2. After the initial assessment is done at these locations, those who require further assessment and possible surgery are brought to THF EC.

3. The assessment, surgery, intraocular lens implantation, and immediate post-operative care (including medication) are provided at THF EC for all patients free of cost.

4. The patients are kept for an additional day at the hospital after the surgery to ensure zero postoperative infections.

5. The travel of our patients is carefully monitored to ensure their safety and prompt care by the hospital team.

6. Subsequently, these patients are dropped back at their respective villages after the surgery with the necessary medication and post-operative care instructions.

7. We conduct regular review camps in those same areas a month after surgery to follow up and ensure zero post-surgery complications occur.



THF EC, with the engagement of optometrists who are the core providers of refractive error correction through the provision of spectacle lenses, is transforming the lives of children and adults facing financial hardship across Uttarakhand and Western UP with the simple, yet critical, tool of eyeglasses. THF EC works tirelessly to bring corrected vision to those in need. This means that we deliver hundreds of thousands of eyeglasses every year and also repair, refurbish, and re-lens eyewear. This simple yet often-lacking help ensures that those who are underprivileged and without financial resources can pursue a better quality of life for themselves, their families, and their communities through clear vision.

for emergency care services can delay the initiation of treatment for populations in far-flung villages, which may ultimately lead to impaired vision. However, now with THF EC's tele-ophthalmology services, rural populations are getting timely access to compassionate and quality eye care.

### Reaching the unreachable - Eye Care in rural communities:

In a developing country like India, the ophthalmologist to patient ratio is at a dismal 1:10,000. Add to this that 70% of the population in India continues to live in rural areas and 70% of the eye-care professionals live in urban areas; thus eye-care delivery to the doorstep of the rural areas remains a challenge to the medical fraternity.

At THF EC, we have adopted tele-ophthalmology as a crucial tool to serve thousands of additional patients. This provides far-flung populations with routine eye exams despite being in rural areas, which allows for the possibility of increased detection and potentially timely treatment of various eye diseases. Ophthalmology fits easily into the concept of telemedicine because a significant portion of the eye-related issues diagnosis is at least preliminarily image-based. And timeliness is key!

### Timely Intervention

In case of emergency situations, timely access to appropriate care is being provided through tele-ophthalmology. As far as ophthalmology is concerned, trauma and chemical injuries are the prime emergencies. Non-availability of specialist ophthalmologists

### The Journey so far

- Till now, we have helped nearly a million patients to reach their dream of healthy sight.
- THF EC has over the past 8 years extended services to more than 300,000 in the outpatient department and performed nearly 30,000 surgeries.
- From treating 500-600 patients a month in the first year of our inception, we are now treating over 10,000 patients a month.
- From performing 50-100 surgeries a month, we now perform nearly 800 surgeries a month.
- Up to 600 eye camps are conducted every year that takes quality eye care to the remotest of the hill areas.
- Over 100,000 spectacles delivered to needy patients.
- THF EC is Uttarakhand's #1 cataract centre.





# THF GENERAL HOSPITAL SATPULI

It is a moment of great pride for us that THF General Hospital Satpuli has crossed the five-year milestone on November 10th, 2022. The rapid growth of the hospital in the past five years is a true testament to the unfailing commitment and support from everyone who has contributed towards this progress, be it our clinicians, nurses, paramedics, operations, and support staff.

We can, without a doubt, say that some of the best clinical work in Uttarakhand is happening at THF General Hospital Satpuli today. Our vision is to become the most dependable destination and be synonymous with cutting-edge medical work. A five-year milestone only reiterates the strength of the promise that we have made to the communities we serve - the promise of providing access to healthcare for all.

THF General Hospital Satpuli is equipped with 200 multi-speciality beds and built on a 10-acre site in the Himalayan region. It provides emergency/trauma care and all major specialised services, including internal medicine, geriatric medicine, dialysis, general surgery, orthopaedics, obstetrics and gynaecology, anaesthesia, paediatrics, ENT, ophthalmology, radiology, pathology, and dental care.

## Our New Programs

**Hans Elder Care Centre (Vrishth Nagrik Swasthya Kendra) –  
The First of it's kind in Uttarakhand.**

In migration-hit Uttarakhand villages, the elderly are often left behind as lakhs of youngsters migrate from the hills in unending waves, leaving hamlets full of just the elderly and the infirm. Poor physical health condition and depression are commonly seen among geriatric people, who, often with not a single young person around, have been left to fend for themselves.

We made addressing the unmet health needs of the elderly population of Uttarakhand one of our top priorities and started an exclusive centre for them. The Vrishth Nagrik Swasthya Kendra is a one-stop service to address the physical, psychological, and medicinal concerns of elderly patients and their caregivers. The unique Geriatric Care initiative, where proficient geriatricians and allied medical professionals provide comprehensive geriatric assessment to address all-round and holistic needs of a patient and recommend the best treatment approach.

At our Vrishth Nagrik Swasthya Kendra, we are changing the way most people look at and think about ageing. In addition to traditional medical treatments, we offer holistic and integrative health therapies to help strengthen the patient's minds and bodies. Our dedicated 50-bed geriatric care centre has been divided



into four zones – out-patient care, in-patient care, emergency care, and follow-up home healthcare. It offers comprehensive, physical, cognitive, and psychosocial assessment, a personal care plan, recommendations to improve health and functional ability, rehabilitation, along with safe use of medicines.

A highly trained multi-disciplinary team of doctors treats and also monitors its implementation, ensuring that the health and social care services are aligned to achieve the best outcomes.

### Specialized Orthopedics centre for Hand, Hip and Knee Surgeries

We provide the best hand and joint replacement orthopaedic services through our dedicated 25-bed Ortho Care Centre. Super specialised in hand, knee, and hip replacement surgeries using modern technology, the centre has defined a new path for attaining the patient's goal in each and every surgical procedure conducted. We have fully-equipped surgical theatres, comfortable restrooms, and OPDs that are hygienically maintained. We have all the modern authorised tools that are used to conduct various surgeries. Each team member is super-specialized in a different field of orthopaedics, joint replacement, and arthroscopy surgeries. We perform state-of-the-art techniques to achieve the best for our patients.

- Accident and emergency services round the clock, where a qualified orthopaedic surgeon is available at all times. Ambulance service is available to facilitate rapid transfer of accident victims.
- Modern operations such as knee, hip, and joint replacement, and arthroscopic surgery are performed routinely.
- The team is backed by an Intensive Care Unit with ventilators, monitors, and in-house intensivists.
- Our panel includes surgeons, anaesthetists, technicians, and nurses to provide a comprehensive super-specialty cover for reconstructive procedures.

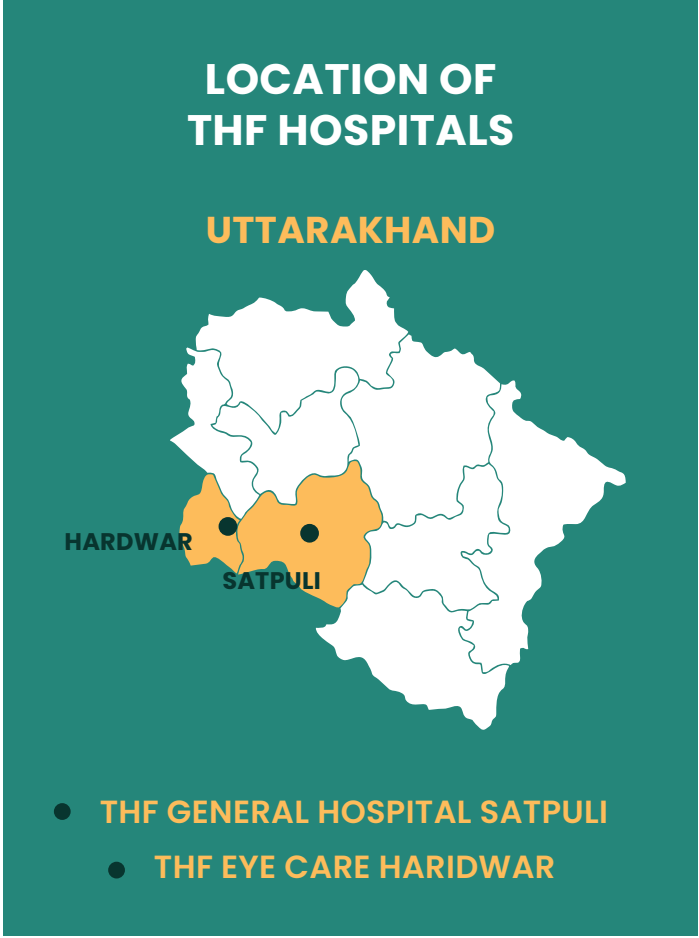


**Advanced Cataract Centre - Alleviating Avoidable Blindness**

A cataract is a clouding of the lens of the eye, which impairs vision. While it is not preventable, the blindness it causes is treatable with a simple, relatively painless procedure. Globally, cataract is responsible for 51 percent of all blindness – representing about 20 million people – who are unable to access surgery.

The impact of visual impairment on the quality of life is particularly acute for a large section of the Uttarakhand population. It leads to increased social and economic dependency, reduced life expectancy, and an additional barrier to opportunities in education and employment, perpetuating the cycle of poverty. To address this serious problem, we have created the "Alleviating Avoidable Blindness" program. This program has 50 dedicated beds and consists of three initiative areas:

- 1) A community outreach team, involving the local community as partners, is taking eye care to those remote areas of Uttarakhand that have no access to even the most basic eye care facilities.
- 2) Increasing access to high-quality intraocular lens implants and phacoemulsification machines; and
- 3) A state-of-the-art cataract centre managed by highly specialised doctors and paramedical staff.



**Kidney Care Centre**

With the aim of transforming the lives of patients afflicted with kidney diseases, our 10-bed Kidney Care Centre has been constantly working towards supporting dialysis patients and their families. We try our best to assist patients and their families in alleviating the emotional stress and financial difficulties that accompany treatment for kidney disease, including dialysis, medications, and investigations. Our centre is staffed around the clock by specialised doctors, nurses, and technicians.

**Medical ICU (MICU) & Surgical ICU (SICU) – Critical Care**

Our 12-bed MICU is a highly specialised and sophisticated area of our hospital specifically designed, staffed, located, furnished, and equipped to provide around-the-clock quality care to all patient groups suffering from any life-threatening or chronic disease conditions requiring life-support therapy. Our expert multidisciplinary team focuses on offering comprehensive care to all MICU patients, comprising well-trained, skilled, and highly efficient staff in critical care medicine.

At our 10-bed SICU, we take care of post-surgery patients. Our SICU is well-equipped with modern ventilators, non-invasive ventilation systems, multi-modular monitors, automated beds, a dedicated ultrasound system, bronchoscope, defibrillator, dialysis machine, portable X-ray, CRRT, and ABG machine to immediately evaluate sick patients. Volume, syringe infusion & feeding pumps are available for precision delivery, and dedicated beds for hemodialysis. A dedicated and motivated team of doctors, nurses, physiotherapists, dieticians, and technicians provides around-the-clock care, looking after the physical, psychological, and emotional needs of the patients.







## Our Journey So Far

- OPD - We have extended our OPD services to over 300,000 patients.
- IPD - More than 25,000 patients have been treated under various specialty doctors.
- Surgeries - Over 10,000 ophthalmology and 2,000 orthopaedic, general surgery, obstetrics & gynaecology, and ENT-related surgeries have been successfully performed.
- Emergency Footfalls - 20,000+ life-threatening or severe illnesses and trauma-related patients have been attended to.
- Dialysis - Over 500 patients have benefited.
- Blood Bank - Over 1,000 blood transfusions have been performed.
- Radiology Services - Over 2,000 CT scans, 10,000 ultrasounds, and 15,000 X-ray related tests have been conducted.
- Pathology Services - Over 1,000,000 Biochemistry, Hematology, and Clinical Pathology related tests have been conducted.
- Outreach Community Program - Over 70,000 patients based in remote hill locations were treated through 800+ health camps under our "Har ghar swasthya ki dastak" campaign.
- In-house specialty clinics - Over 15,000 patients have been treated and over 1,000 surgeries have been performed.



# *A Tap In Every Home*

**A program that is making  
water available to households  
in the high hills.**

**W**ater is one of the most precious natural resources and a basic human need. The fast rate of depletion of fresh potable water is becoming a crisis across the globe, especially in India, which is among the most water-stressed nations in the world.

The severe scarcity of water in the state of Uttarakhand is forcing people to migrate. It is a strenuous task to fetch water in the hills, jungles, and complex topography of Uttarakhand. The crisis is such that every household spends a good number of hours each day just fetching water. Being a gendered task in Indian social set-up, women have to go through this drudgery twice every day. The water scarcity also creates other human rights, health, hygiene, and education-related issues, which hamper the development of the community as a whole.

The Hans Foundation decided to address this issue with a sustainable solution - Hans Jaldhara. It is a supply and distribution system for clean and safe water to every tap of every home in a village. Once it is successfully implemented, it is handed over to a trained committee for self-future operations and maintenance. Hans Jaldhara was a massive program in its scale and reach, with many on-ground challenges on the way to its implementation. In 2016, THF started the ambitious program of providing safe potable water to 100 villages in the state of Uttarakhand.



Water gushes out of a household tap in village Rauniya, Uttarakhand



This was the first phase of Hans Jaldhara, and it ran till 2019. It was literally an uphill task, but THF, with its partners, managed to do a commendable job that fulfilled the needs of the natives of 100 villages.

Buoyed by the progress and the tremendous response to the first phase, THF further expanded the program in its reach, scale, and ambition by addressing revenue villages. A revenue village comprises 2 or 3 individual villages that are comparatively near to each other. This enabled THF to have the maximum utilisation and spread of its resources, along with the benefit of reaching the maximum number of people. The second phase started in January 2021, and it aimed to address the water scarcity issue in 162 revenue villages or 354 individual villages.

Like most of THF's schemes, Hans Jaldhara is also being run in close consultation with the government, under the aegis of Jal Jeevan Mission, a flagship program of the Government of India. The administration in the Pauri and Tehri districts of Uttarakhand provided a list where there is an utmost requirement of measures to alleviate the water scarcity issue.

Phase 1 was successfully executed in close association with its partners. But now, as THF has adopted the self-implementation approach to its various projects, Hans Jaldhara Phase 2 is now being implemented entirely by the foundation itself. Its own men on the ground, using its own resources - implementing the foundation's vision.



The reservoir situated at a vantage point in the village

Currently, Phase 2 is in different stages of completion. In some villages, most of the taps in the households have started receiving water, while in other places, the distribution piping is being set up.

From the very start of the program, THF had appointed 28 Community Organisers (CO). The responsibility of a CO is to motivate and coordinate with the villagers. They also actively take part in conflict management, which may sometimes occur due to various logistical and land use issues.

There are also Committee Development Specialists to take care of coordination with the administration.

THF calls it 'From Spring to household.' A natural spring, called sot in the native language, is tapped, and its water is collected in a tank (clear water reservoir).

First, the flowing water is cleaned through a Roughing filter that uses rocks and sand. From here, it is sent to a clean water reservoir. It is then chlorinated to kill harmful parasites, viruses, and bacteria. At this stage, the water is fit to be distributed further to the taps of all the individual homes.

Water supply distribution works on two systems: gravity and pumping-based. The focus is always on gravity-based systems as it involves a natural downstream flow, and hence less utilisation of energy. In a few cases, the topography and the elevation of the villages also demand a pumping distribution system.



“There has been no water supply for the last 60-70 years, which is a concerning problem for the villagers.

Our village has produced independence fighters, MLAs, and even a Minister, but the problem has persisted. In the last year, we have tried a lot, but could not find a solution. Now, with the help of The Hans Foundation, we will soon start getting water in our households.”

**MR. RAMESH**  
GRAM PRADHAN  
VILLAGE DEENPUR, UTTARAKHAND



“In the Jal Dhara project, supply lines are being installed to provide running water in the village homes. The work is nearly 80% completed. In Rauniya village particularly, there has been a water problem ever since independence. In every home, there is one person assigned just to get water. Now they are all happy because of this huge development, which is a cause for celebration.”

**SEEMA RAWAT**  
COMMUNITY ORGANISER  
VILLAGE DEENPUR, UTTARAKHAND



A committee of five women is formed in every village for testing the quality of water through field test kits (FTKs). Training for this is provided by the CO, who themselves have been trained by the Jal Sansthan and Jal Nigam Department officials.

Sustainability has remained one of the major factors in all of THF's interventions. Even in Jaldhara, the foundation wanted the main stakeholders - the villagers - to maintain and run the water distribution system. The program was planned in a way where, after successful implementation, the program would be handed over to the VWSC - Village Water Sanitation Committee, who takes the responsibility of running and maintaining it.

The VWSC has been involved since the very beginning of the project, via the COs. The village is always aware of all the activities happening, along with deadlines, so they are actively engaged in it.

To further increase the village's ownership into the scheme, the village committee is responsible for the collection of a nominal amount called Anshdaan, from the individual households. The amount is deposited into the account of the village committee by the committee itself. Once THF withdraws from the village, after

the successful handing over of the program, this Anshdaan amount is what gets used by the village committee for the continued maintenance of the system.

Seeing an arduous task getting successfully completed is a moment of triumph. But for THF, it is the reaction of the people that is the real victory. Some of the villages are getting water for the very first time in independent India - as a teary-eyed grand old lady reacted to the running tap in her home.

The availability of clean water is bringing many behavioural changes. Obviously, the drudgery of women has reduced considerably. Now they have more time for their families; there is a notable improvement in the sanitation and hygiene of the people. Children are spending more time on their education, and most importantly, the villagers are not thinking of migrating or abandoning their native places.



The village committee testing water



# Hear The World

**The Cochlear Implant Program is helping children born with hearing impairment hear for the first time**

Hearing is one of the most significant aspects of human existence. Without auditory perception, it becomes very difficult to connect with the world. Among all our senses, hearing loss is the most common sensory deficit we see in humans today.

According to WHO, the estimated prevalence of auditory impairment in the Indian population is 6.3%. Of these, a large percentage are children between the ages of 0 to 14 years. A child without hearing faculties is totally disconnected from the world, and it is a problem that affects the child's speech, learning, social behaviour, and other mental faculties as well.

A Cochlear Implant (CI) is an electronic medical device that replaces the damaged inner ear and performs the function of hearing. It provides sound signals directly to the brain, making hearing possible. On average, three to four in 1000 children are born with total or significant hearing loss.

A Cochlear Implant procedure, including the device, surgery, and rehabilitation, costs about Rs. 6-7 lakhs for one ear. For the marginalised community, this cost is obviously prohibitive.

Sensing this gargantuan problem, The Hans Foundation started its flagship Cochlear Implant Program in 2013. In the last decade, the program has significantly evolved and increased in its geographical reach.



ENT Specialist examining the affected child



THF's CI program is a direct tie-up between the foundation and state-of-the-art hospitals across India. The hospitals themselves suggest patients from marginalised families to THF. The foundation then conducts its own follow-up with the child and the family. THF has strict criteria: they check if the families are marginalised and committed to the post-surgery extensive therapy engagements. The post-surgery engagements are as important as the machine implanted. The family has to be very patient with the child and diligent in making the child attend all the planned therapy sessions. After thorough checks, THF gives the go-ahead to the hospital and bears the responsibility for the total cost of the procedure, involving the device, surgery, and rehabilitation on a case-by-case basis.

Once the process starts, THF remains in constant touch with the child and the family. The Cochlear Implant Program is intended to ensure that children develop their auditory-verbal faculties through highly effective auditory-verbal therapy (AVT). Recognition of sound is their first step into the world that we live in. In the beginning, the children are slow compared to others. Slowly, they progress and keep getting better as they start recognizing more sounds and develop their vocabulary.

To date, THF has facilitated 900 surgeries under its CI program for marginalised families from all across India. The program has been so successful that around 60-70% of children are in age-appropriate schooling, despite being slow to start with. It is a big achievement and a testimony to the success and intent of the program, something that fills the hearts of all at THF with immense pride.



The Cochlear Implant provides a new dimension to the child's life



A parent understanding the technicalities of the Implant



Doctor monitoring the child's ear after therapy

Earlier, the THF team used to visit patients' houses, but post-COVID-19, the families are asked to visit THF's office. The pre-screenings and post-surgery counselling happen at the office. There's a common sweet-bitter pattern that the THF team has observed over the years. The kids used to be reluctant when they came to meet the THF for the first time. But after some years of therapy, when they came again to meet the THF team, the kids were the ones speaking the most and enthusiastically talking about their improving conditions and the new things that they have managed to learn. It is overwhelming for THF and a true metric of the success of the program.

Going forward, THF plans to bring in more AVTs and impart training to them so that they can provide better therapy.

In the coming years, we shall continue to expand the program and reach out to children born with hearing impairment from across India.



After the implant children can lead almost normal lives



# Heart To Heart

**Treating underprivileged children suffering from Congenital Heart Diseases.**



*Ikra from Aligarh, a young girl treated under the program with her father*

Congenital heart disease (CHD) is one of the most common birth defects in newborn infants. Congenital means existing from birth. CHD birth prevalence in India is 9 out of every 1000 kids born, putting the number at a staggering 200,000 per year. CHD causes 10 percent of infant deaths in India.

Diagnose and treat CHDs with rapid diagnosis advances. However, advanced cardiac care is only available to a minority of such children, mostly in the private sector, which is not geographically well-distributed. The vulnerable and marginalised, with their financial constraints, are never in a position to avail CHD surgery treatment, which is often performed on an emergency basis. In addition to financial constraints, there is also a lack of health-seeking behaviour among the community and a lack of awareness of the issue.

The behavioural attributes of not being aware and hence not seeking treatment need to be dealt with through separate interventions. As far as the treatment of CHD is concerned, it requires immediate paediatric cardiac care, often in the first few days of birth or at most in the first year of life.

The Little Hearts Program is The Hans Foundation's flagship initiative, running since 2013 - a life-saving intervention for children born with congenital heart ailments. THF has a working partnership

with leading hospitals in the country like the National Heart Institute, Wockhardt Hospital, Fortis and Being Human. Apollo Chennai and The Narayana Group are the latest additions to the list. THF has partnered with a total of 15 hospitals, spread all across India.

Newborns with CHD are fragile and precarious. Surgery is needed for infants between 2 to 10 days old. Emergency surgery is to be done on an immediate basis. For this reason, THF relies entirely on its partner hospitals for suggestion and guidance to recognize and help the cases. Early diagnosis and timely management are crucial for CHD treatment, as in some cases, surgery is to be performed in the first few hours or days of the child's life. THF's team has to be always available and on its toes to quickly decide, as time is of the utmost essence, and delay could prove to be fatal.

Surgery is obviously the most important aspect of the treatment, but post-surgery therapy is equally necessary. There are specialists who monitor the progress of the child on a regular basis. It is all part of a robust system that THF has put in place to save delicate lives. In cases where parents find it difficult to manage the post-surgery care of the child, there is also a provision where THF provides them help, which could be monetary or in the form of medicines, etc.



*"Niharika started having a regular fever when she was one year old. All tests were normal, but the echo test revealed a heart problem. We were referred to a Govt. hospital, but even after a year of treatment, there was no improvement. We were told that she would have to get an open-heart surgery done. We were not ready for that as we didn't have the money. Then we were sent to the National Heart Institute who then took us to The Hans Foundation. Then my daughter was treated, and now she is doing well."*

**NEHA KUMAR**  
MOTHER OF NIHARIKA  
NEW DELHI



*"Our daughter fell sick. She had a fever and turned blue. We went to a local doctor who referred us to another facility. The other doctor told us that she has a heart problem and that we should go to a specialist. After much research, we found out about the National Heart Institute. They took us to The Hans Foundation, and within days the operation was carried out successfully. Now she is well. We are so thankful that The Hans Foundation helped us, otherwise we could not have done all this for our daughter."*

**MAHENDER & KELAWATI**  
PARENTS OF SADHNA  
NEW DELHI





Nutrition is of paramount importance for infants, especially in cases where the little ones have undergone surgery. THF has also partnered with associations that take care of children's post-surgery nutritional needs.

It has been a decade since this significant and consequential initiative of THF's Little Heart Programme started in 2013. It has facilitated a total of 1200 surgeries, an impressive statistic, but more heartwarming is the fact that every single one of the 1200 surgeries has been a success. It is a direct result of partnering with state-of-the-art hospitals that are in a better position to intervene in the short time available and also have one of the best paediatric care systems available.

THF is also considering providing education support to the children who have benefited and recuperated from the surgery. The program is going to expand further with the addition of many more advanced hospitals, thereby ensuring that the program reaches as many children with CHDs as possible.

Obviously, a life saved is because of the doctor who provides the treatment. THF's Little Hearts Program has taken upon itself to be a bridge, a life-saving connection between those who need healthcare and those who can provide it.

A beneficiary child being taken care of by his father





# Weaving The Future

## Himadri Hans Handloom is Helping Traditional Weavers of Kumaon to Live a Better Future

Handloom of India is a timeless tradition, with skills being transferred over generations. Its rich history dates back to 5000 years to the Indus valley civilization.

Handloom is a wooden frame used to weave natural fibres like cotton, silk, wool, jute, etc. The tools and raw materials required are completely natural, which correlates with the Indian ethos of being one with nature.

Indian rural communities have been stamping their unique geographical identity and patterns on the handloom products. However, the current state of Indian handloom weavers and traditional artisans requires much to be done for the upliftment of their socio-economic status. Apart from providing them opportunities, they also need to be engaged in market economics. Being at the farthest end of the supply chain, artists are the least and the last to benefit.

Since 2003, The Hans Foundation has been involved in numerous community development programs in the most remote parts of India. Uplifting women and making them economically sustainable is an integral part of developing the whole community. There is a profound socio-economic relation between women's upliftment and the status of families. It has been observed that when a woman is provided livelihood, almost 99.9% of the money is spent on the family, which means direct spending on the health, education, and well-being of the family.

To uplift marginalised craftspeople and their craft, THF adopted a running program from the Govt. of Uttarakhand - Himadri Hans Handloom (HHH). HHH has been a unique experiment in terms of its adoption and subsequent implementation, as it is the first time that THF decided to adopt a program being run by a state government.

THF wanted to co-create a sustainable livelihood avenue along with promoting the rich and diverse art and craft of the state of Uttarakhand. THF also wanted to ensure that this avenue needs to be ecologically sustainable, as these communities from Uttarakhand survive amidst their natural habitat.



The program - HHH, is rooted in the local tradition of Uttarakhand. It is expansive in nature and aims to include as many artists and connect them to the buyers of their traditional artistic products.

It all started in the Kumaon and Garhwal division of Uttarakhand. Five handloom clusters were identified in Almora, Bageshwar, Pithoragarh, and Chamoli. Initially, 100 beneficiaries were selected and were imparted 'Occupational Skill Training' in handloom weaving and warping. The training was provided under HANS - Holistic Approach to Nurturing of Skills.

Women, though exceptional artists, needed to be trained according to the emerging demand and design requirements of the markets. To make it sustainable and ecological, raw materials like natural yarns and dyes were sourced directly from organically grown community farming. No coal, or even electricity, is used in the Hans Himadri handloom processes, which also goes well with THF's special emphasis on environmentally friendly interventions.

In the handloom clusters, hand spinning charkhas and looms were provided to the beneficiaries. Currently, there are 150 trained women on the payroll, with all the employment benefits like provident fund, gratuity, etc. Regular incomes are great inspiration boosters for the self-confidence of the women.

Even during COVID-19, when the world was shut for almost 2 years and no economic activity was taking place, THF made sure that these women kept getting their regular incomes. The time was used to create new verticals in the product category and also to hone the skills. Another 200 women work on a contractual basis.



Wool made by the artisans at HHH



Weaving requires a sharp eye and a deft hand



A fine woolen shawl made at HHH





Workers busy in their day to day work at HHH



A master weaver



Spinning of the fibre into thread which will be used for weaving

There are another 200 women, who work on contractual basis. These contractual women represent THF's decentralised model of HHH.

Hans Himadri Handloom's decentralised model is an extension for those women who are unable to work as an employee, under the fixed timing model. This model has the facility of providing the flexible option of a pay-per-piece system. It enables the women to work according to their convenient and available timing. This allows women to tend to their homes as well as explore their unique talent and earn from it. Small clusters in villages with already present looms is making it an excellent viable option for many women, who, otherwise would have lost the opportunity to earn and become independent. These clusters also have the facility of computer skills training for the kids of the women who come to work there, providing another incentive to them; where they work while the kids get trained.

The aim of the skill training program was to engage the beneficiaries in income generation activities, and encourage the artists, specially women, to become self-reliant. The successful completion of the six months program paved the way for the similar future interventions and expansion of the current program.

After the training, the talented craftswomen made products like shawls, stoles, scarves, caps and many others as well. These products were produced to specially cater to the tastes of the new-age customer. To expand the portfolio the women also introduced new age plant-based fibres like hemp, nettle, silk and bamboo yarn. The special fibre produced by the artists was also deemed a



## HIMADRI HANS HANDLOOM



### HIMALAYAN PASHMINA GOAT

Our Pashmina is sourced authentically from across India.



### HAND SPINNING

After carding the natural fibre, a skilled team hand spins it using traditional tools.



### WARP AND WEFT

The hand spun thread is warped, and threads are prepared for the weft before the weaving process begins.



### HAND WEAVING

The thread is handwoven on traditional 4-shaft hand shuttle looms.



### FINISHED PRODUCTS

These precious threads are woven into yardage and some finished products, such as our exquisite collections of shawls, stoles, and much more.





well-made product. The next step was to take the grassroots-level production to national-level markets.

Special designers were involved beforehand to streamline the entire marketing process. This enabled the artisans to design according to existing and developing demand, and it also facilitated the products to have a wider reach with the help of designers and marketing professionals.

The special fibre priced by the women is being sold to primary producers in India, such as Fabindia and others. The finished products can be seen on the counters of many national retail stores. These products, visible to national and international buyers, provide respect to the artists' creative expression, apart from accruing occupational benefits. This also encourages and inspires other women to join in a successful venture.

THF aims to train 5000 women and utilise their talent to make products that can be seen and bought by common folks. This will be done by adding more decentralised clusters in and beyond Uttarakhand.

The handloom project is a classic example of the kind of interventions THF has always aimed for - by preserving the rich local tradition, primarily involving women, and keeping in mind the ethos and sensitivity of the geography and nature.



# Dreams To Reality

This unique project is helping promote entrepreneurship among the youth of Uttarakhand.

## MSY - HANS UDHYAMITA MISSION PARTNERSHIP PROJECT

The objective of HUM - Hans Udhyaamita Mission is to promote sustainable business enterprises for migrants as well as youth of Uttarakhand, who are on the threshold of migration due to a lack of employment opportunities. The beneficiaries are selected as per the norms of the Mukhyamantri Swarojgar Yojana. The Hans Foundation is responsible for providing funds to the beneficiaries as well as giving them technical support to start and successfully run the business. Here are excerpts from an interview with two of our beneficiaries successfully running their enterprises.



## MUKHYAMANTRI SWAROZGAR YOJNA



THE Mukhyamantri Swarojgar Yojna is aimed at providing an opportunity for enterprising youth of the state, such as migrants of Uttarakhand, who have returned to the state of Uttarakhand due to Covid-19, and to motivate and encourage them to set up their industry or business.

This scheme covers skilled/unskilled artisans, craftsmen, and educated urban/rural unemployed.

Loan facility is provided through nationalised, scheduled commercial banks, state cooperative banks, and regional rural banks.



I always wanted to start a business, and while pursuing my graduation in agriculture, I started taking an interest in the plant nursery field. When I thought of starting my nursery, I faced a lot of obstacles because there was no financial support system. I did not even have a thousand rupees when I started out. I went to a lot of banks, but they all wanted collateral for loans, which I did not have. The private banks wanted to charge high interest (as much as 26%). Then I went to the government banks, but there also I could not get a loan.

Then I heard about MSY. I checked out all the details, applied, and very soon was granted a loan. Then it all happened pretty smoothly. MSY took care of training me for the business. They taught all the things related to loan and finances, and how to manage the business in the future. I faced many problems while setting up the business. The first 2-3 months were the most difficult, a lot of issues related to new businesses came up, but now it is easier as I know the dynamics better.

All my locality purchases are from my nursery only. I now advise others on how to start a business. People should understand the ins and outs of the business and then only proceed. Nothing is difficult; problems are definitely going to be there, but they can be managed.

**SHIVANI MAMGAIN**  
THE GREEN COMPANY  
DEHRADUN



I started the enterprise during the lockdown in 2020. The business picked up, and we got repeat buyers, and when we increased production. I started using our own savings but needed more capital. I had applied for Mudra. That's when I came to know about Mukhyamantri Rozgar Yojna. The people at MSY HUM motivated us and explained that we need to be regular in our business. They were very supportive, and hence NM pickles could increase the business so much.

The time it took for the loan to get disbursed was very less. So money rotation has been on time. The main support from the scheme was finance, and added to that other support was also given like helping in documentation like a food licence, etc. Also, there was a lot of support provided related to the packaging of the product, like what to display on the stickers and how to get the shelf life of the products evaluated, etc.

I started with a target of 20 to 40 kg, but within 15 days, we crossed 100 kg of sales. Now, we do a business of 100 kg per month, and we want to scale it up. As far as numbers go, NM Pickles have crossed sales of Rupees One Lakh per month.

**GEETA PUNDIR**  
NM PICKLES  
DEHRADUN



# Nurturing Farmers

A Program for Those  
Protecting Our Mother Earth

Shivansh Kheti is a project that identifies solutions impacting millions of small farmers around the world. Most farmers in developing countries are caught in never-ending debt cycles from purchasing expensive farm inputs. These inputs, mostly in the form of fertilisers and pesticides, not only push the farmer deeper into debt but also harm the soil and contaminate the produce that comes out of that land.

Inspired by ancient farming practices that sustained civilization for hundreds of generations, the formula is simple: healthy soil grows strong plants. Generations of farmers have focused on this very simple aspect, and this has become the focus of The Hans Foundation's organic initiative. Using agricultural waste like hay and green leaves and some animal manure like cow dung, a potent organic fertiliser can be made with not much more than manual effort put into it.



A group of jubilant farmers with their Shivansh fertilizer heap





### Shivansh Khad

Shivansh Khad is a cost-free fertiliser that can transform unproductive land into a thriving farm, enabling farmers to reduce or completely eliminate the use of chemical farm inputs.

Layers upon layers of these by-products of farming are stacked on top of each other, and the stack is meticulously turned as per a fixed schedule. At the end of the cycle, the organic fertiliser is ready and can be used directly on the farm.

### Hans Gaushala

Hans Gaushala is a place where cows are kept and cared for. The cow is revered as a mother in Indian culture, and it is a source of milk and





## 6 DAYS TRAINING COURSE

Setup for  
farmers

Initial training  
of 10 farmers in  
demo farm

Trained  
farmers to train  
other farmers in  
their area

**16** VISITS

to villages to  
train small  
farm owners

**20** TOURS

to group and  
individuals on  
different dates  
after setup of  
demo farm

**100** VEGETABLE  
GARDENS

to be setup in  
the near future



A field visit to a village



Cows grazing at the Hans Gaushala

other dairy products that play a significant role in the Indian diet.

Apart from providing milk and other dairy products, cows also provide us with rich manure that helps in making natural khad for soil fertility.

Chemical fertilisers have damaged and degraded the soil for years, and it needs to be repaired soon to improve food production and help reverse climate change. The Hans Foundation has initiated Hans Gaushala, which not only produces organic khad for regenerating soil but also trains local farmers in sustainable organic farming concepts like permaculture and the use of Shivansh Khad, which can regenerate their land.

This program enables farmers to be less dependent on expensive chemical farming tools and equipment and replace them with natural inputs and organic farming, without negatively affecting their earnings. It helps convert chemically treated farmlands of trained farmers into sustainable and environmentally friendly ones.



Organic manure from the cowdung at the Hans Gaushala



# A Helping Hand

An initiative to repair the aftermath of COVID-19



COVID-19 has affected all of us, but the underprivileged have been affected the most. The Hans Foundation (THF) has continued its support by working with state governments and NGO partners to provide relief to these people.

THF has provided a total of 4,094 oxygen concentrators to various states, such as Jharkhand, Haryana, Karnataka, Chhattisgarh, Rajasthan, Odisha, Madhya Pradesh, and Uttar Pradesh. Additionally, five oxygen plants have been set up in Uttar Pradesh, Nagaland, and Jharkhand. THF has also provided other forms of support,

including medical beds, mattresses, hand sanitizers, oximeters, PPE kits, oxygen flowmeters, rations, and masks.

THF has worked closely with its NGO partners at the grassroots level to ensure that the relief reaches those who need it the most.



Village women wearing the masks provided by THF

## 5 OXYGEN PLANTS

- Uttar Pradesh - 2
- Nagaland - 1
- Jharkhand - 2

OTHER SUPPORT	
Oxygen concentrators	PPE kits
Medical beds	Hand sanitizers
Matresses	Sanitary pads
Oximeters	Digital thermometers
Masks	Washing powder
Ration kits	Semi fowler for beds

## 11

STATE GOVERNMENTS SUPPORTED

DELHI  
HARYANA  
RAJASTHAN  
MADHYA PRADESH  
UTTAR PRADESH  
JHARKHAND  
NAGALAND  
UTTARAKHAND  
ORRISA  
KARNATKA  
CHHATISGARH

## 44<sup>CR</sup>

TOTAL SPEND ON COVID SUPPORT



# Fighting Fire With Fire

## Villagers Join Forces to Halt Dangerous Fires Before They Devastate Surrounding Forests

The mountainous state of Uttarakhand is largely forested, with more than 60% of its land under tree cover. The region is endowed with unparalleled biodiversity, with almost 4000 species of plants, around 102 species of mammals, and numerous amphibians and reptiles. Its agrarian economy and pastoralism are heavily dependent on forests.

However, recurring fires loom large on its flora and fauna, putting both the rich biodiversity of the region and human lives, as well as the local small economy, under direct threat.

In April 2021, this long-standing but ignored issue rapidly came into the limelight after an unprecedented number of fires in a short time frame. In just the first six days of the month, 414 incidents affecting 645.3 hectares were reported, including more than 75 forest fires - 50 in forest reserves and 25 in civil or van panchayat areas - affecting 105.85 hectares of forest land, over a period of just 24 hours.

In fact, between November 2019-June 2020 and November 2020-June 2021, the forest fire incidents in Uttarakhand shot up by a record 28.3 times compared to historical data. It had always been a silent threat, but it had suddenly flared up to something that needed immediate and focused attention.

The Hans Foundation has been working in Uttarakhand since its inception - calling the hill-state its conceptual home in many ways, with its founders and patrons all hailing from this region. Moreover, the Foundation has been working in close contact with the communities most affected by these calamities and understands well the role of the environment for the overall health of human society.

But, of course, it becomes all the more imperative for the people who depend on it for their survival. The rising cases of fires demanded timely and immediate intervention. The Hans Foundation, having an entrenched presence in Uttarakhand via its various programs, decided to step in where it could make some positive change.



The Fire fighting women are busy dousing this forest fire heap



In January 2022, after months of planning and coordination with the Forest Department of Uttarakhand, THF started a two-year pilot program that aimed to mitigate and reduce fire incidents. Specifically designed to be sustainable in nature and deeply involving the communities that have the highest stake in the region, the pilot program is working with 500 villages in Pauri and Tehri districts of Uttarakhand.

According to the National Green Tribunal, norms are in place by way of crisis management, rehabilitation, and restoration in cases of forest fire. There are preventive measures that include alert systems, creating awareness in the community, regular surveillance, and mock drills. The Forest Department of Uttarakhand has been collaborating with the Indian Institute of Remote Sensing (IIRS) to develop an app to send timely alerts about forest fire incidents. In the past, the department has also worked on precautionary exercises of rotational burning and controlled burning to prevent forest fire incidents.

However, the involvement of affected communities is key to the successful implementation and long-term sustainability of any effort, and this is where The Hans Foundation was able to bring in its expertise.

The reasons for the fires are a combination of anthropological and natural causes. Climate change and the increasingly dry winters of Uttarakhand do not help, but the uncontrolled spread of fires is mostly caused by human activity. The Forest Department of Uttarakhand has found that over 70% of the total cases and almost 99% of incidents that resulted in maximum damage were man-made in origin. Hence, mitigating the problem requires measures and interventions that work to change human behaviour.



Many fires can be prevented by controlled burning of dry leaves

Did You Know?

The National Green Tribunal is a specialised body equipped with the necessary expertise to handle environmental disputes involving multi-disciplinary issues.

It was established under the National Green Tribunal Act 2010 for effective and expeditious disposal of cases relating to environmental protection and conservation of forests and other natural resources including enforcement of any legal right relating to environment and giving relief and compensation for damages to persons and property and for connected matters. The Tribunal's dedicated jurisdiction in environmental matters is aimed to provide speedy environmental justice and help reduce the burden of litigation in the higher courts.

Source: [greentribunal.gov.in/about-us](https://greentribunal.gov.in/about-us)

Creating awareness about the issue, creating ownership of the issue amongst local communities while working to build the capacity of the communities towards being able to intervene in these cases are interventions with significant impact and outcomes.

THF divided its program into four parts: Mitigation, Preparedness, Response, and Recovery. It involved the forest department and village panchayats to adopt a multi-pronged strategy.

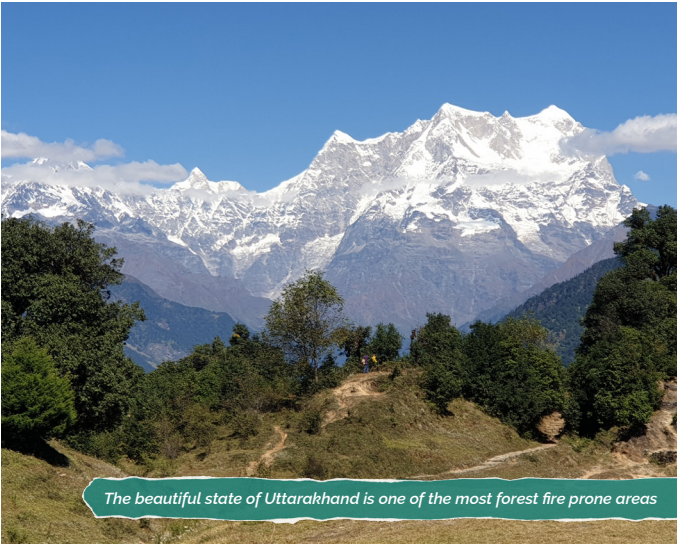
The topography of the mountainous region, in most places, is daunting. By the time the department was apprised of the news,

and the forest personnel reached the spot, the fire had invariably risen to unmanageable proportions. Since a village is closest to the incident, their people can reach the place of the incident earliest and try to douse the fire. In the first step, in consultation with the department, five volunteers from every village were chosen as firefighters, as the first line of defence. They were trained and given requisite gear to manage the incendiary flames. Further, these volunteers were also registered with the forest department as firefighters to give legitimacy to the fact that they are an official part of the firefighting program.

The intervention started to yield results instantly. In the first summer (February to June), when the forest is most prone to fires, the valiant fighters managed to stop at least 50 reported fire incidents. These were the cases where they were the first to reach and douse the fire. There must be many more cases in which the preventive measures stopped the fire from happening.

The timely physical intervention is one of the holistic measures that THF adopted. The other important measure is information and awareness spread. THF realised that if they wanted to leverage the community to mitigate fires, they needed to have actionable awareness amongst them.

Special officers from the department started to have interactive sessions with the villagers. It was meant to have a direct dialogue with the stakeholders. The villagers are asked about their views regarding the causes of the fires. The officer then talks about the various aspects of fires, and in the interactive process, informs them about various preventive steps. The regular meetings have started to hint towards a tendency to have behavioural change. THF also observed that entertaining media is an important way of spreading the intended information. Skits and videos have been found to be effective in creating a connection with the people. As a result, they engage more with the issue, and this interaction has a direct relation to the behaviour patterns.



The beautiful state of Uttarakhand is one of the most forest fire prone areas



Uncontrollable forest fire can be devastating ( Image source: Wikimedia)

“Agni Pariyojna was started after the Jaldhara program. The foundation picked six people from the village as firefighters. Now these fighters tackle all incidents of fire in our nearby areas. Whenever there's a fire in our area, the firefighters are called, and these people reach the spot immediately. They control the fire in the lower lying areas and stop it from spreading. All this was taught by The Hans Foundation.

The street plays (Nukkad Nataks) played a big role in making all of us aware. The jungle is our life; we get water, firewood, clean air, and many other things from the jungle. The play was wonderful. I am thankful to The Hans Foundation for this initiative.”

**NARENDRA SINGH**  
GRAM PRADHAN  
VILLAGE DEENPUR  
UTTARAKHAND

Portrait of Narender Singh, Gram Pradhan of Deenpur, Uttarakhand, wearing a green shirt and a cap.





“Careless activities like burning matchsticks left unattended can cause a fire break-out. As soon as we are alarmed about the fire, all the firefighters assemble and extinguish the fire. We use tree branches and other methods to douse the fire.”

**FIRE-FIGHTER**  
VILLAGE DEENPUR  
UTTARAKHAND



“We act on the fire-controlling model by involving village people. I am grateful to The Hans Foundation as they have been very proactive in fire controlling activities.

Street plays are enacted, plantation activities are practiced by help of The Hans Foundation.”

**LUCKY SHAH**  
ASSISTANT CONSERVATOR  
OF FOREST  
UTTARAKHAND FOREST DEPT.





A fire fighter from village Deengaon, Uttarakhand



Irresponsible tourism has also been found to be one of the major causes of man-made fires. With the spread of information, the villagers who interact directly with the incoming visitors can warn them of their irresponsible behaviour. Slowly, over a period of time, it becomes a habit that can save the villages from potential disasters.

Information, like fire, can also spread rapidly. This is what THF is trying to create with its intervention in the pilot program.

The Indian Himalayan region is a vast area across 10 states. These areas are thick with jungles and a treasure trove of our immense biological diversity. The Hans Foundation fully understands that in this crucial time of climate change, we cannot afford to lose our vegetation and precious flora and fauna.

As the pilot program in Uttarakhand will reach its end after another year, THF will analyse its findings and results. So far, the theory of involving the community and making them an active stakeholder in the process, seems promising as it is being executed.

The future plan is to replicate the pilot project and scale it over to cover the 7 Himalayan states of India. Efforts like these could be our answer to the natural, but man-made, cataclysmic events.



# FINANCIAL REVIEW

## An overview of the financials of The Hans Foundation

The Hans Foundation (THF) is one of the largest NGOs in India with a total spending of more than INR 1100 Crore since its inception in 2009. In the last five financial years, THF has spent more than INR 750 Crore on development activities, with INR 115.51 crore spent in the financial year 2021-2022.

Health remains the major portfolio of the foundation, with 44% of the total spending in the last five years being towards development projects in Health thematic areas.

The major spending in Health is on Covid – 19 Pandemic during the year 2021-22. Spending in Disability, Livelihood, Education, Water & Sanitation sector has also been considerable.

Most of the livelihood projects are women centric which makes the women empowerment profile of THF bigger than what figures in tables and graphs depict.

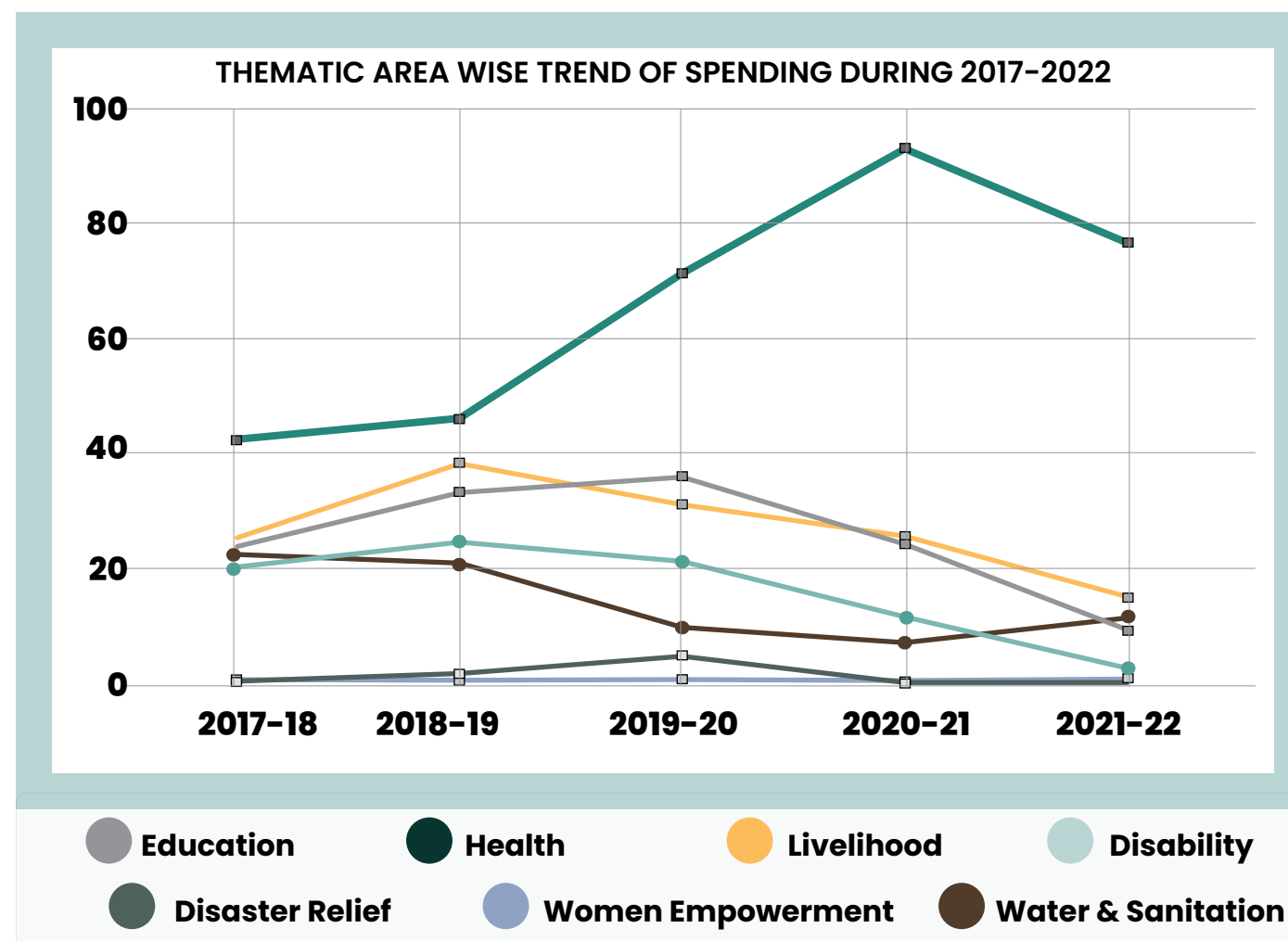
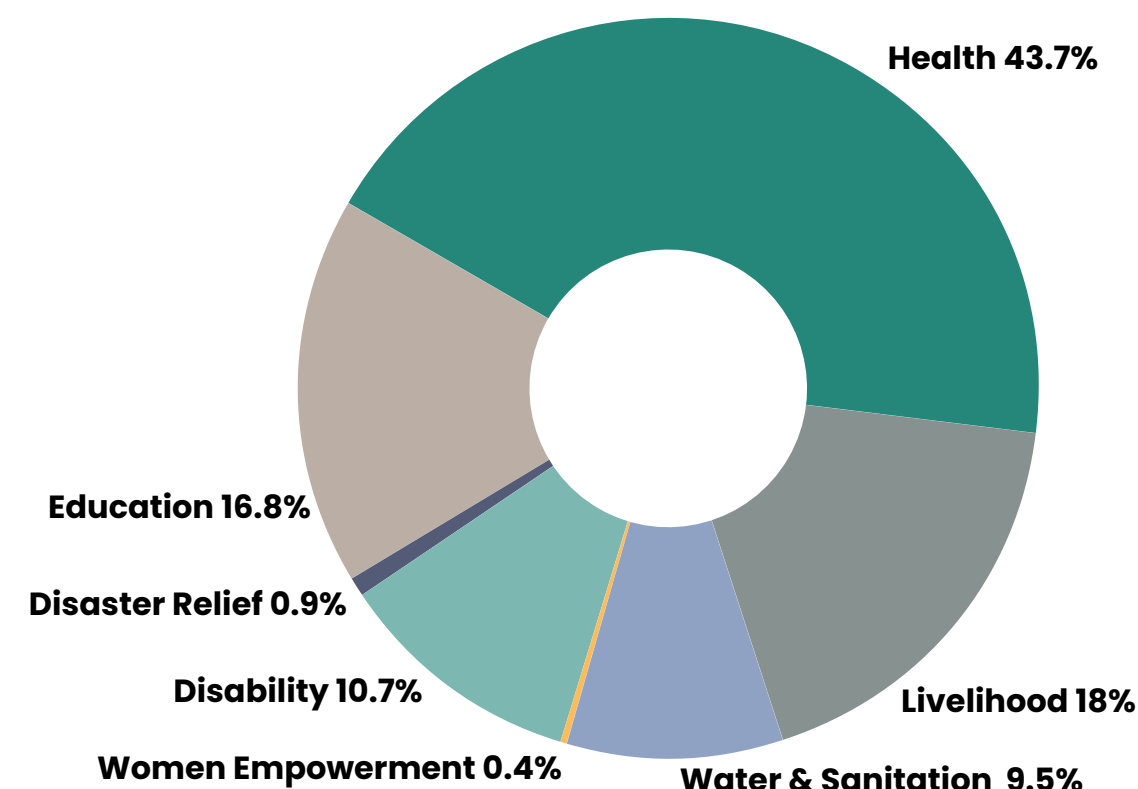
## FIVE YEAR SECTOR WISE FUNDING BY THE HANS FOUNDATION

(Figures are in INR Crore)

THEMATIC AREA	2017-18	2018-19	2019-20	2020-21	2021-22	TOTAL
DISABILITY	20.36	24.73	21.34	11.56	2.5	80.5
DISASTER RELIEF	0.26	1.68	4.89	0	0	6.84
EDUCATION	23.83	33.31	36.04	24.24	9.17	126.6
HEALTH	42.3	45.97	71.32	93.12	76.66	329.37
LIVELIHOOD	25.32	38.38	31.15	25.61	14.92	135.38
WATER & SANITATION	22.59	21.06	9.65	6.94	11.33	71.58
WOMEN EMPOWERMENT	0.7	0.47	0.74	0.35	0.92	3.19
<b>GRAND TOTAL</b>	<b>135.38</b>	<b>165.6</b>	<b>175.13</b>	<b>161.84</b>	<b>115.51</b>	<b>753.46</b>

\*Past Figures have been reclassified and regrouped for facilitating better comparison

## TOTAL FUNDING 2017-2022





## FUNDING TO NGO IMPLEMENTING PARTNERS

THF's programmatic interventions were majorly done through its partner NGOs. The importance of partnership is also emphasised in the mission statement of the foundation. THF had funded more than INR 385 Crore to its NGO partners for various development projects during 2017-21.

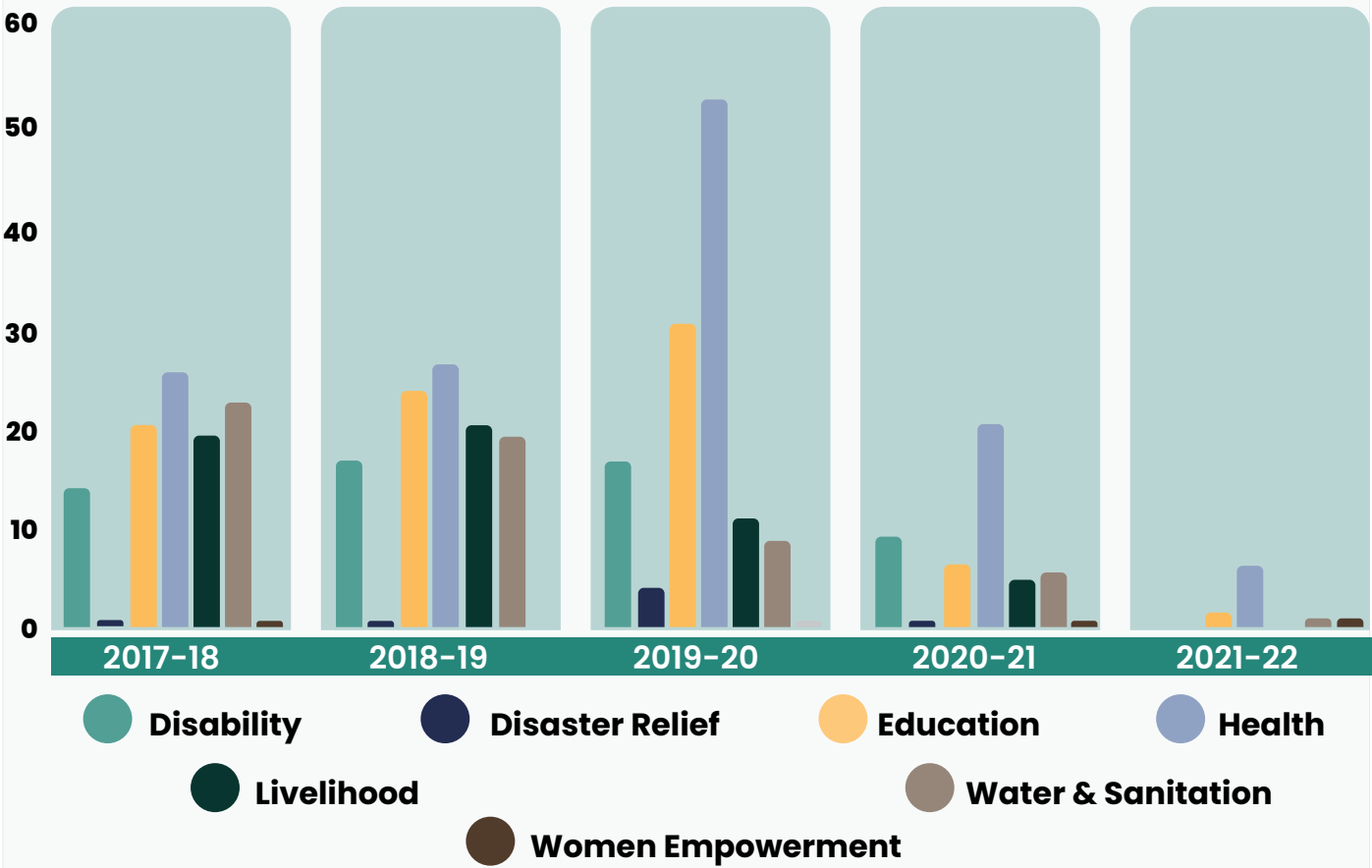
There was a major FCRA Amendment in Sep 2020 that restricted the sub granting to other NGO's. This amendment led to change in the strategy and approach of THF Interventions towards Self-Implementation. The effect of the same reflects in the year 2019-20 and 2021-22. However, the thematic strategy of interventions majorly towards health remains.

(Figures are in INR Crore)

THEMATIC AREA	2017-18	2018-19	2019-20	2020-21	2021-22	TOTAL
DISABILITY	13.84	16.58	16.49	9.03	-	55.93
DISASTER RELIEF	0.26	0.15	3.95	0	-	4.37
EDUCATION	20.11	23.5	30.16	6.28	1.5	81.55
HEALTH	25.34	26.13	52.42	20.2	6.14	130.23
LIVELIHOOD	19.06	20.09	10.84	4.75	-	54.74
WATER & SANITATION	22.34	18.95	8.61	5.48	0.48	55.87
WOMEN EMPOWERMENT	0.67	-	0.68	0.26	0.92	2.54
<b>GRAND TOTAL</b>	<b>101.62</b>	<b>105.41</b>	<b>123.14</b>	<b>46.01</b>	<b>9.05</b>	<b>385.23</b>

\*Past Figures have been reclassified and regrouped for facilitating better comparison

### FUNDING TO NGO IMPLEMENTING PARTNERS: 2017-2022



## DIRECT IMPLEMENTATION BY THF

Now THF has strategically moved to self-implementation of the development projects. It has spent more than INR 368 Crore on the self-implemented projects during 2017-2022.

From the ratio of SI to Grants of 70:30 in 19-20 to 40:60 in 2020-21, THF has drastically shifted to 90:10 in 21-22.

### YEAR WISE SPENDING ON DIRECT IMPLEMENTATION

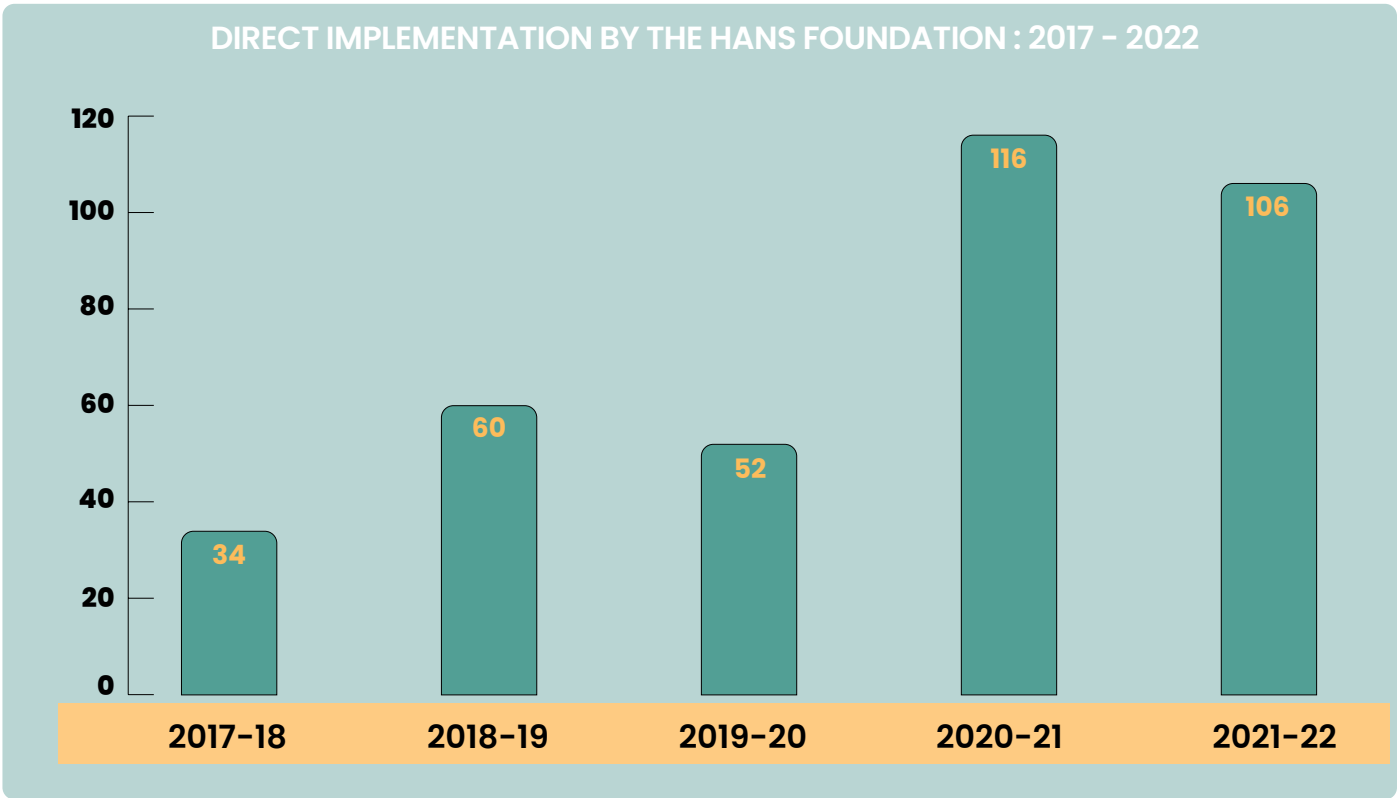
(Figures are in INR Crore)

THEMATIC AREA	2017-18	2018-19	2019-20	2020-21	2021-22	TOTAL
DISABILITY	6.53	8.15	4.85	2.54	2.5	24.57
DISASTER RELIEF	-	1.53	0.94	-	-	2.47
EDUCATION	3.72	9.81	5.88	17.97	7.67	45.04
HEALTH	16.96	19.83	18.9	72.92	70.52	199.14
LIVELIHOOD	6.26	18.29	20.32	20.86	14.92	80.64
WATER & SANITATION	0.26	2.11	1.04	1.46	10.85	15.72
WOMEN EMPOWERMENT	0.03	0.47	0.06	0.09	-	0.65
<b>GRAND TOTAL</b>	<b>33.76</b>	<b>60.2</b>	<b>51.99</b>	<b>115.83</b>	<b>106.46</b>	<b>368.23</b>

Average yearly spending for self-implemented project has been more than INR 50 Crore. However, during last two years, i.e. 2020-21 and 2021-22 the foundation's spending on directly implemented projects has crossed INR 100 Crore.

In coming years, the direct implementation portfolio of the foundation is going to grow further majorly as a strategic plan.

(Figures are in INR Crore)

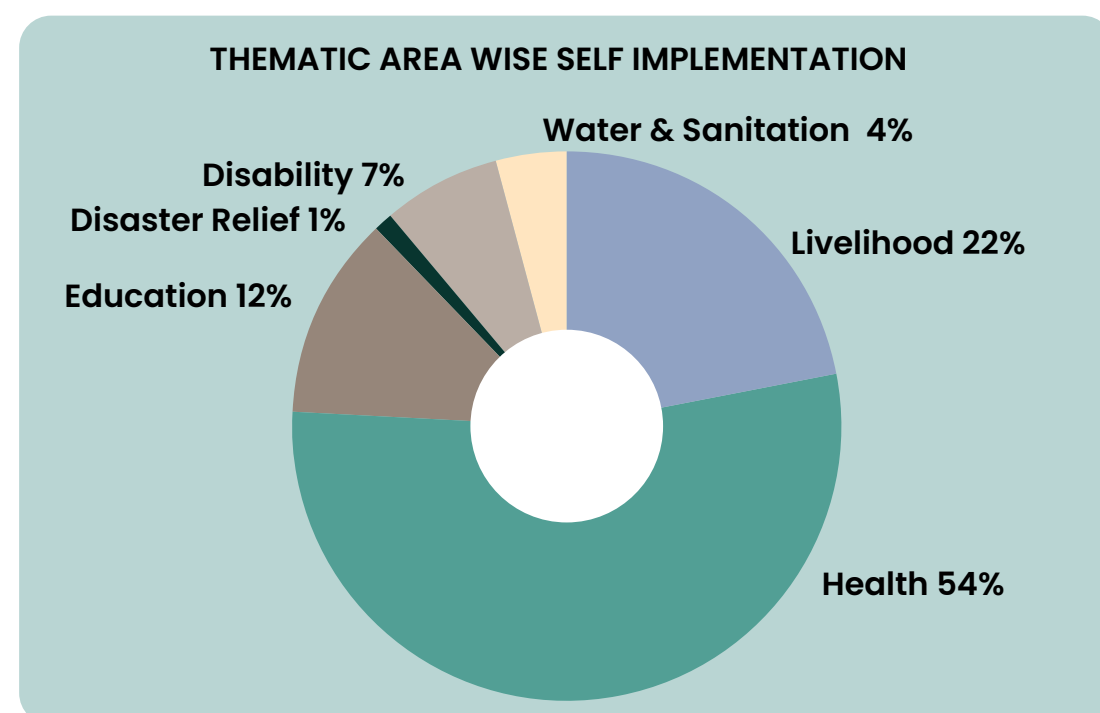
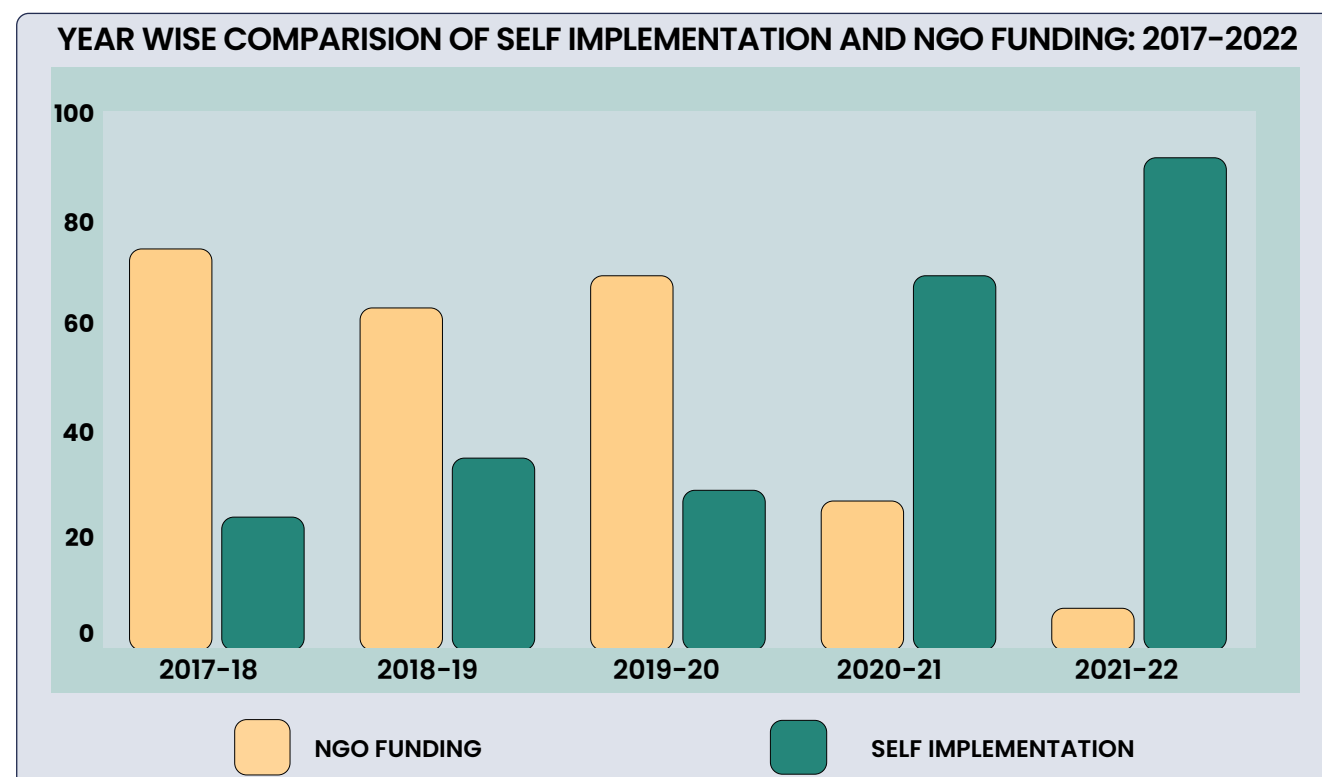




## YEAR WISE COMPARISON OF SELF IMPLEMENTATION AND NGO FUNDING

(Figures are in INR Crore)

THEMATIC AREA	2017-18	2018-19	2019-20	2020-21	2021-22	TOTAL
NGO FUNDING	101.62	105.41	123.14	46.01	9.05	385.23
SELF-IMPLEMENTATION	33.76	60.2	51.99	115.83	106.46	368.23
<b>GRAND TOTAL</b>	<b>135.38</b>	<b>165.6</b>	<b>175.13</b>	<b>161.84</b>	<b>115.51</b>	<b>753.46</b>



## BUDGET 2022-23

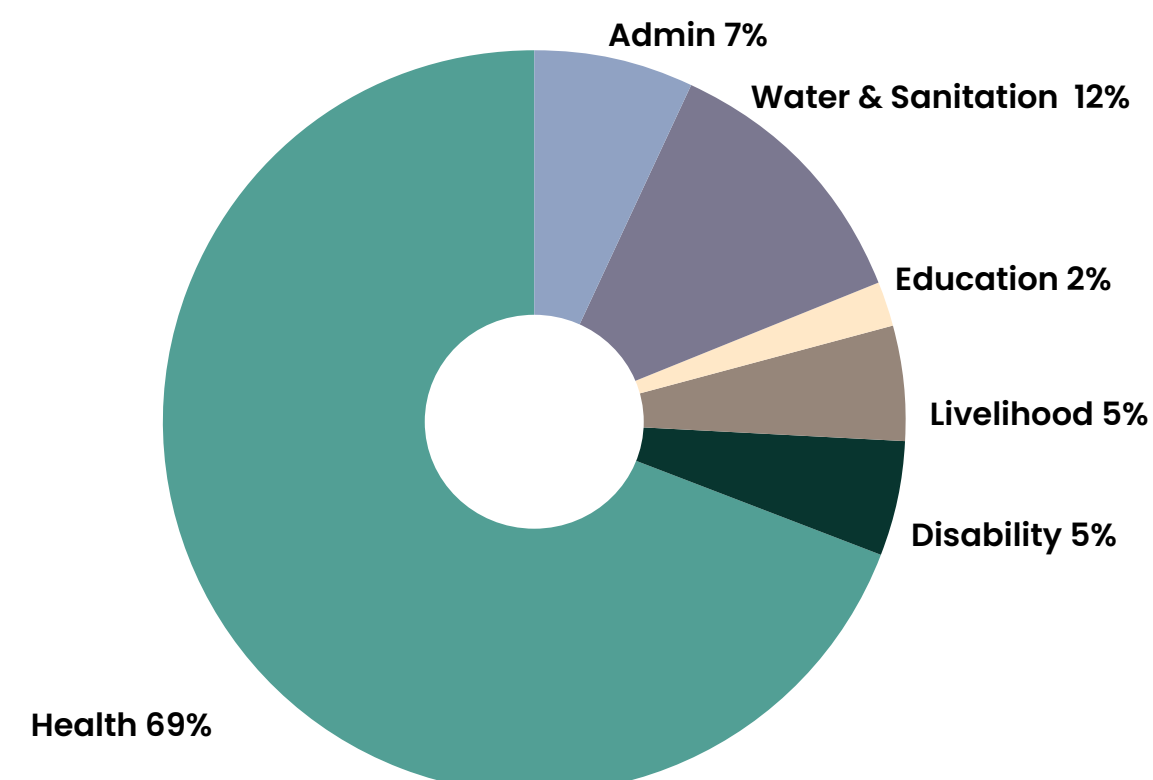
In 2022-23, THF's budget reflects its strategic direction towards self-implementation of projects and major interventions in health, with the budget under health being 69% of the total budget.

### BUDGET FOR FINANCIAL YEAR: 2022-23

THEMATIC AREA	BUDGET 2022-23
HEALTH	169.26
DISABILITY	12.15
LIVELIHOOD	11.97
EDUCATION	5.73
WATER & SANITATION	30
ADMIN	17
<b>GRAND TOTAL</b>	<b>246.11</b>

(Figures are in INR Crore)

### BUDGET 2022-23





# ACKNOWLEDGEMENT

We are pleased to share The Hans Foundation (THF) Annual Report 2021-2022.

This report presents an overview of the work done in the last year and underlines the national-level projects initiated by the organisation under the new focus of self-implementation. Through this report, we hope to centre the voices of the people who we have ultimately been working for, as well as the people on the field who are the direct agents of change for the organisation.

The last few years have seen the entire world changed due to the COVID-19 pandemic. The Hans Foundation too discovered a new direction in this time. When the pandemic exposed the true extent of health inequities faced by the most marginalised communities of our country, the Foundation was able to step up and step in with needed health interventions

I would like to express my gratitude to Ms Shweta Rawat, Chairperson, for providing me with the opportunity to create this report and for her guidance in making it a coherent and meaningful report. Her vision and passion have been key for the organisation in its new phase of existence.

I would like to thank the entire team of The Hans Foundation for extending all possible support for compiling and collating the data, without their help and support, the report would not have been complete. Special thanks to the entire team of Eternal Tiger & Up To Trends for designing the Annual Report. We hope that this Annual Report 2021 provides a purview of our work in the last year and you enjoy reading the report.

**Shivani Saxena**  
**Manager – Communications & Donor Management**  
**The Hans Foundation**







## **The Hans Foundation**

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