

Committed to Humanity



Activity 2016-17

Child Development

Education



Health



Agriculture

Nanritam

West Bengal, India

www.nanritam.org / nanritam@gmail.com





About us



Vision

To see the under-privileged wake up and live a healthy, purposeful, and active life, a life they can command themselves.....free of the shackles of poverty, ill health and illiteracy.

Mission

Our Mission is to render services to the deprived by facilitating their fight against illness, illiteracy and poverty with a holistic support. Basic education, health-care and livelihood avenues to be made available to all irrespective of gender or class.

Working Model

Nanritam is committed to working directly with the poorest communities including Dalits, Adivasis, Urban Poor, Minority Groups and Women-Headed households. We have a long-term commitment with an integrated approach to address the underlying social, political and economic causes of poverty. Our current focus areas are -

- i) providing world class eye care services to an area that is other wise bereft of even basic eye treatment facilities . ii) Widening the opportunities of children of these areas through an English medium school that follows the best international pedagogical practices, iii) enhancing livelihood through diversified agricultural practices and iv) providing diagnostic and interventional services to children with growth problems.

Our Story

NANRITAM is a non-profit social welfare organization started in 2002 by a few like-minded professionals who had one common inspiration to guide them - Swami Lokeswaranandaji Maharaj of Ramakrishna Mission and Swami Vivekananda's ideal of service to mankind as taught by him. The organization had started working with a small community of slum dwellers in North Kolkata in 2001 through a small, health care unit. Though the scale was small the approach was to make the services as comprehensible as was possible, given its limited means in the early days.

In 2004 Nanritam started working in the rural Para Block of Purulia district which has, over the years, become the principal centre of most of its activities.

NANRITAM now operates from its headquarters at Barandanga Village in Para Block, Purulia where the entire executive committee is full-time resident. This campus at present also hosts a 80-member resident work-force. This team, along with another 140 field workers selected from the community for its community outreach activities, supports the organisation's work in the backward districts of Purulia, Bankura and Paschim Medinipur in West Bengal and four districts in the state of Jharkhand - East Singhbhum, Seraikela-Kharsawan, Bokaro and Dhanbad. Nanritam's interventions target those areas where poverty and socio-economic indicators are below the national and state average and suffering is acute. In conformity with Nanritam's credo of capability enhancement through comprehensive human development in the areas being served by it, the organisation has been focussing on providing health related services, quality education and enhancing livelihood opportunities.



Good Governance - Credibility and accountability have always been the bench mark for Nanritam and are achieved through the promotion of principles of good governance in the processes and practices. We have an internal audit system that regulates its financial transaction on a monthly basis and there is an external auditing firm to evaluate and certify the annual expenditure and balance-sheet. All activities of NANRITAM are regularly updated at its website www.nanritam.in.



Lokeswarananda Eye Foundation

A 100 Bedded Tertiary
Level Referral Eye
Hospital of Nanritam



MAJOR PROGRAMMES

Lokeswarananda Eye Foundation (LEF)

Mathura Prasad Dey aged 64 of Balarampur, Purulia (MRD No. F 61989) is a retired teacher. Sometime in the later part of 2015 he discovered that he was not able to see properly. After waiting for about 4 months for the problem to resolve itself, he travelled to the Tata Hospital at Jamshedpur to consult Dr. Suchorita Chatterjee, an eye specialist. After examining him, Dr. Chatterjee advised consultation with a Retina surgeon. Mr. Dey decided to go to Chennai and while he was making the preparations he saw in the local newspaper that Dr. Sourav Sinha, a famous Retina Surgeon regularly performs retinal surgery at the LEF hospital at Para. When Mr Dey consulted Dr. Suchorita Chatterjee about



this, she could hardly believe it. She advised him to see Dr Sourav Sinha immediately. Mr Dey came to the LEF hospital on 5th June 2016. Dr. Sinha examined him and advised retina operation. Mr Dey, however, has been diabetic for 15 years and was finding it difficult to bring down his blood sugar within permissible limits. Therefore, even though his vision was deteriorating, the doctors considered it somewhat risky to operate upon him due to high blood sugar. At one stage it was noted that his vision was reduced to 1.5 meter. Retinal Surgeon Dr. Rupak Biswas finally operated upon him on 1st October 2016. His vision was restored to 6/9. The operation was fully free of cost as he was a resident of a LWE affected area. A grateful Mr Dey sounds effusive whenever the LEF hospital is mentioned. According to him this hospital is an unmixed blessing to the district.

Sibananda Mahato (14) of Barabazar, Purulia started going to school around the age of 6. He found out that his eyesight was getting less and less. Shibnada's father was a poor daily labourer and did not have the means to take him further than the Local PHC. The doctors in the PHC told that very little could be done for him in that limited facility, and realising that they did not have the means to go to any bigger hospital, advised them to apply for a



“Handicapped” certificate. The boy did not undergo any treatment whatsoever for his ailment for a long time but his parents kept on visiting the PHC looking for a specialist who could issue this certificate. This quest for the handicap certificate brought his parents to an outreach camp conducted by the Lokeswarananda Eye Foundation in Barabazar BPHC on 1st September, 2016. Sibnanda was by then a boy of 14. The Outreach team, after examining him diagnosed it as a case of retinal detachment and referred him to LEF Hospital at Para. He came here on 3rd September 2016 and was detected to have retinal detachment in both eyes. The operation for correcting the retinal detachment was undertaken on 22th September 2016. Subsequently the left eye too was operated upon on 13th November 2016. His vision was restored to 6/36. The boy is back to school now and has started leading a normal life.

Hasina Bibi (F-54) of Cheliama village of Raghunathpur Block had turned up deep into the night at 01. 50 AM on 7th February 2017 with her left eye so badly injured that there was no vision in it. The injury was caused by a scuffle in which her eye was not only injured, but the intra ocular lense implanted earlier had also come out. The eye surgeon present in the campus examined her and advised immediate operation without delay, at least to save the eye ball with minimum hope of visual recovery. The OT was arranged and the operation continued till early morning. This was followed by another retinal operation on 11th February following which she remained in the hospital for 5 days. The eye ball has not only been saved but she has now regained more than 45 %vision.



Sibananda, Mr. Dey, Hasina Bibi are just a few among the beneficiaries who had returned to normal life because of the realisation of members of Nanritam that poverty and blindness are inextricably linked. Poverty predisposes persons to blindness, and blindness exacerbates poverty by limiting employment opportunities and also by imposing treatment cost. Impoverished people are more likely to become blind due to lack of access to health services. They tend to be more susceptible to eye infections and diseases, and lack awareness about eye health all of which have severe economic consequence. Their quality of life decreases and chances of mortality increases. Eye care interventions therefore have incredible economic and social returns.





Journey begins

Nanritam had begun its eye care project with a small 6 bedded eye hospital at Barandanga Para in 2008 where only cataract and basic eye care services were offered to the patients. Subsequently outreach services to remote areas of this district was started in 2010 with support from the national rural health mission. Later the Government of West Bengal supported Nanritam to expand the capacity of the Hospital to a 100 bedded super speciality eye hospital which started functioning since 2012.



Services Offered

Refraction and clinical diagnosis

- ▶ Slit-lamps
- ▶ Direct & Indirect Ophthalmoscopes
- ▶ Auto Refractometer
- ▶ All tonometers (ST,NCT,AT, Rebound Tonometer)
- ▶ Gonio & 90D Lens

*Used for
Refraction and
clinical
diagnosis of
eye diseases.*



Slit-lamps



Direct & Indirect
Ophthalmoscopes



Auto Refractometer



Gonio & 90D Lens



All tonometers (ST,NCT,AT, Rebound Tonometer)

Services Offered

Cataract Clinic

- Biometry and Keratometry (Used for *Corneal curvature measurement*)
- Cataract Surgery with IOL Implantation
- Phaco Surgery with Foldable Lens
- YAG Laser Capsulotomy (Used for *After cataract i.e. PCO removal*)



Biometry and Keratometry



Phaco Surgery with Foldable Lens



Cataract Surgery with IOL Implantation



YAG Laser Capsulotomy

Services Offered

Squint & Amblyopia Clinic

- ▶ Synoptophore (*Used for Orthoptics exercise*)
- ▶ Squint Surgery



Synoptophore



Before Surgery



After Surgery



Squint Surgery



Services Offered(Vitreo Retinal)

Medical Retinal Services

- ▶ Ultra Sonography- B-Scan (*Used for studying eye ball & orbit*)
- ▶ Retinal Angiography (DFA) (*Used for studying Retinal vascular disorders*)
- ▶ Optical Coherence Tomography (OCT) (*Used for Glaucoma & retina*)
- ▶ Retinal Green Laser (*Used for diabetic & other retinopathies & retinal breaks*)
- ▶ Non-mydratic Fundus Camera (*Used for Fundus Photography*)
- ▶ Diabetic Retinopathy Clinic
- ▶ Hypertensive Retinopathy Clinic
- ▶ ARMD Clinic
- ▶ Anti VEGF Injection (*Used to decrease Retinal/Macular edema*)



Diabetic Retinopathy Clinic



Hypertensive Retinopathy Clinic



Optical Coherence Tomography (OCT)

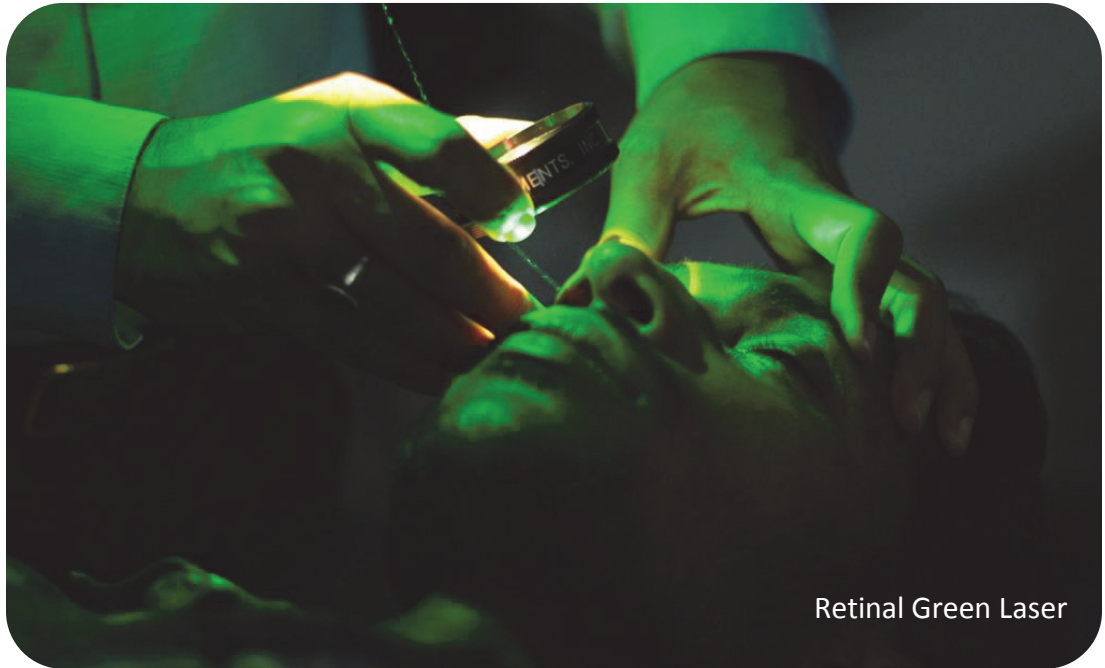


Retinal Angiography (DFA)



ARMD Clinic

Services Offered(Vitreo Retinal)

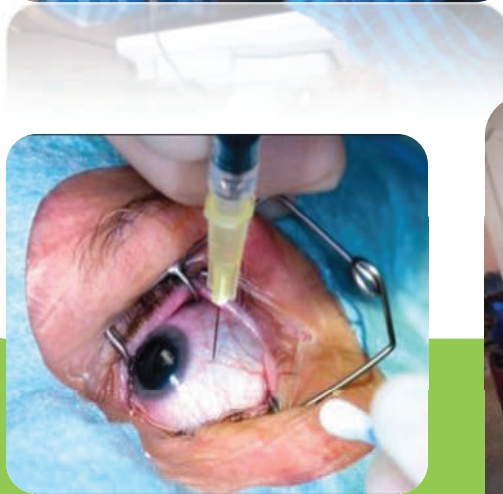


Retinal Green Laser



Non-mydriatic
Fundus Camera

Medical
Retinal
Services



Anti VEGF Injection

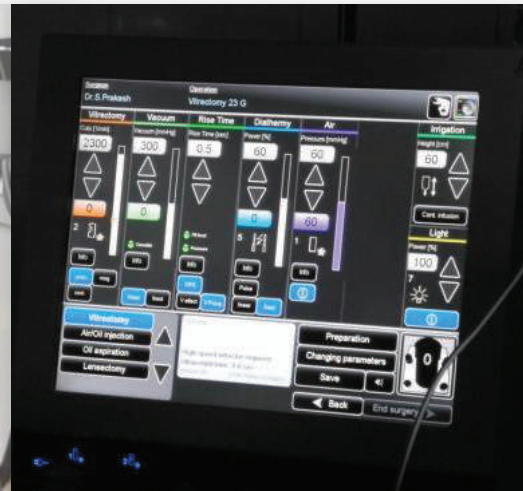


Ultra Sonography- B-Scan

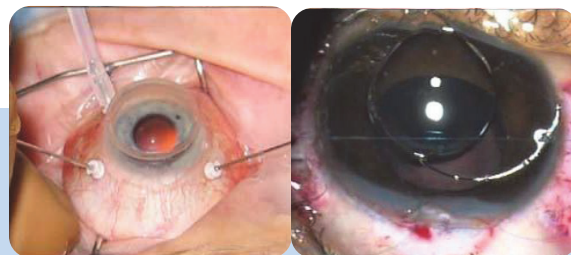
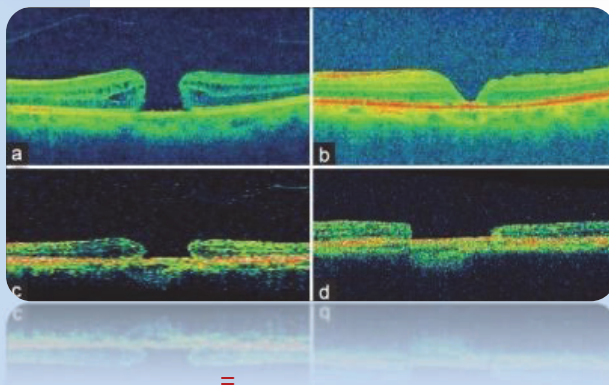
Services Offered(Vitreo Retinal)

Surgical Retinal Services

- ▶ Retinal Detachment Surgery (Scleral Buckle/Vitrectomy)
- ▶ Retinal Detachment Surgery (giant retinal tears)
- ▶ Macular hole surgery
- ▶ Vitrectomy for Diabetic & Hypertensive Retinopathy
- ▶ Trauma Related Retinal Surgeries
- ▶ Scleral Fixation IOL



Vitreo-Retina Surgeries



Services Offered(Glaucoma)

Glaucoma Clinic & Surgery

- ▶ Glaucoma Screening
- ▶ Tonometry for all (*Intraocular pressure measurement*)
- ▶ Pachymetry (*Central corneal thickness measurement*)
- ▶ Automated Perimetry (AP) (*Used for Glaucoma management*)
- ▶ Frequency Double Tomography (FDT) (*Used for Glaucoma screening*)
- ▶ Optical Coherence Tomography (OCT) (*Used for early Glaucoma detection*)
- ▶ YAG Laser (*Used for Glaucoma prevention*)
- ▶ Glaucoma Surgery



Glaucoma Screening



Tonometry for all



Pachymetry



Frequency Double Tomography (FDT)



Automated Perimetry (AP)



Optical Coherence
Tomography (OCT)



YAG Laser



Glaucoma Surgery



Outreach camps : Highly trained optometrists of the Lokeswarananda Eye Foundation fan out to remote 23 left wing extremist affected remote rural blocks of the districts screening people in need of eye care. Refractory corrections are done on the spot and the spectacles are handed over to them in the next visit. Those in need of complex treatment and Surgeries are referred to the base hospital at Para. Often they are transported to the hospital by the outreach team. Around fifteen hundred such camps were held in 2015-16.





Nanitram's endeavour is to take eye care to the doorsteps of people in un-served and underserved areas, make eye care accessible to vulnerable groups like the poor, tribal, women, children, disabled and aged; ensure that it is affordable by the poorest of the poor; back up the treatment with state of the art diagnostic equipments; and provide information and education to promote awareness to seek eye care at proper time.



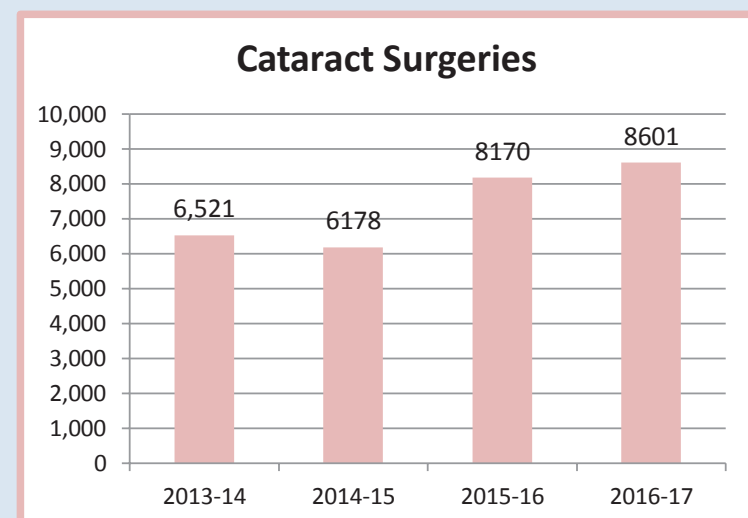
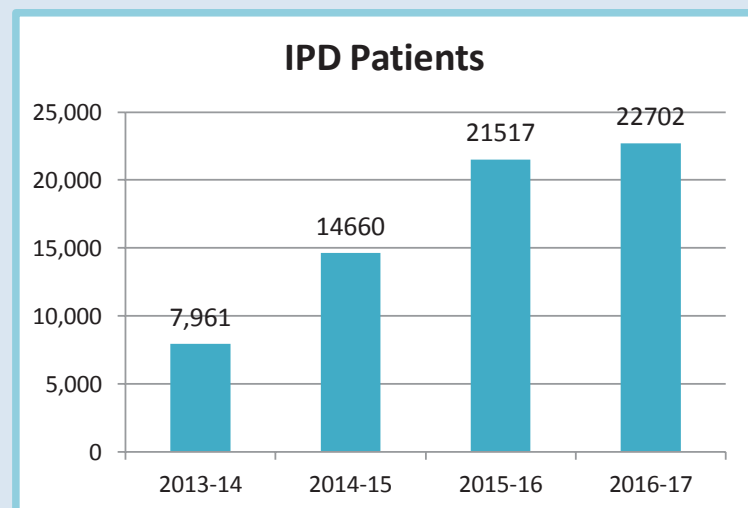
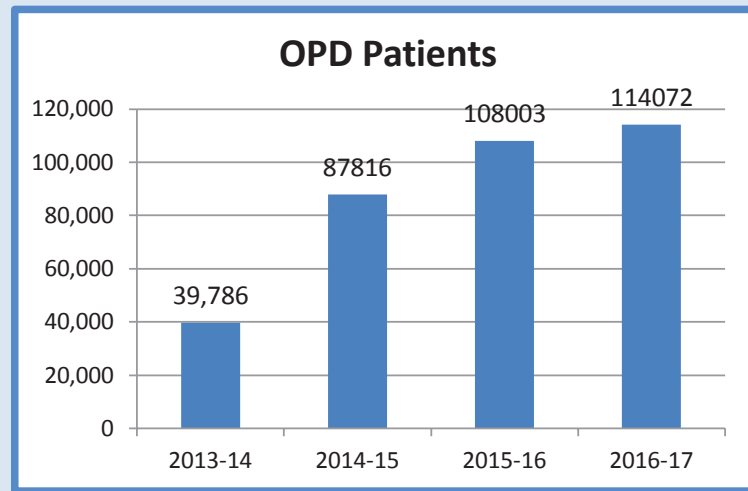
Nanrtam Team of Eye care experts

<p>Dr. Asis Chattopadhyay M.B.B.S (CAL), D.O (CAL) <u>CHAIRMAN</u> LOKESWARANANDA EYE FOUNDATION FELLOW, SANKARA NETHRALAYA, CHENNAI.</p>		<p>Dr.Sourav Sinha M.B.B.S ; MS . EX-DIRECTOR AND VITREO RETINA SURGEON SANKARA NETHRALAYA, KOLKATA AND CENNAI</p>	
<p>Dr. Rupak Kanti Biswas M.B.B.S ; DO ; DNB . EX-VITREO RETINA SURGEON SANKARA NETHRALAYA, KOLKATA AND CHENNAI</p>		<p>Dr.Debnath Chattopadhyay M.B.B.S (CAL); D.O (CAL); MS (CAL)</p>	
<p>Dr. Surendra Prakash PRACTICING VITREO RETINA SURGEON B B EYE FOUNDATION, KOLKATA</p>		<p>Dr. Vaibhav Shrivastava PRACTICING VITREO RETINA SURGEON B B EYE FOUNDATION, KOLKATA</p>	
<p>Dr. Prasanta Chakraborty M.B.B.S.; M.S.; (OPHTHALMOLOGY) SENIOR PHACO & SQUINT SURGEON</p>		<p>Dr. Ujjal Kanti Chowdhury M.B.B.S; M.S; (P.G.I, CHANDIGARH) FELLOW, SANKARA NETHRALAYA, CHENNAI.</p>	
<p>Dr. Suparna Sinha M.B.B.S. D.O (MFCO)</p>		<p>Dr. Utpal Pal M.B.B.S.; D.O. FELLOWSHIP IN COMPREHENSIVE OPHTHALMOLOGY, VIVEKANANDA MISSION ASHRAM NETRA NIRAMAY NIKETAN, CHAITANYAPUR.</p>	
<p>Dr.Tushar Kanti Ghosh M.B.B.S. (CAL), M.S (CAL), FELLOW IN FESS (CHENNAI)</p>		<p>Dr. Shyamal Kanti Datta MBBS, DCH</p>	
<p>Dr. Bharati Bakshi MBBS, DCP, D Path (London)</p>		<p>Dr. Ashim Banerjee MBBS, DFM</p>	

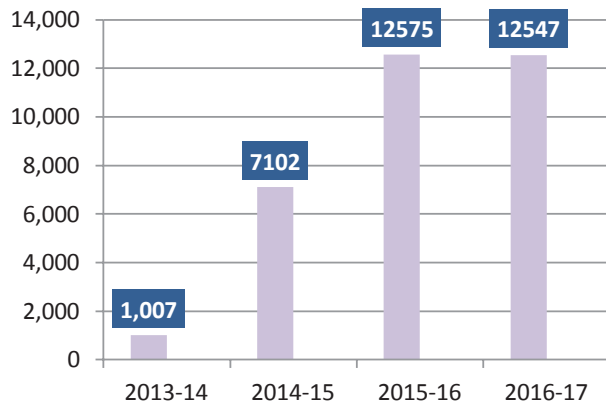
Story of change – progress during the years of **West Bengal**

The number of persons served by LEF has been growing steadily except for last year when Nanritam had to cut off the number of outreach camp held in the state of Jharkhand, owing to sudden discontinuation of support from Tata Steel. The numbers of OPD patients have almost trebled since 2013-14, from about 44000 to around 120000 in 2015-16. The growth in the numbers of IPD patients also depict a comparable trend, rising from around 9800 to 28700 in 2015-16. Vitreo-Retinal surgeries have grown from 158 in in 2013 to 543 in 2016-17. The number of patients who has received medical treatment in these years have also undergone a phenomenal growth from 1945 to 12547. The graphs below would give some idea of how Nanritam's eye care activities have expanded in the recent years.

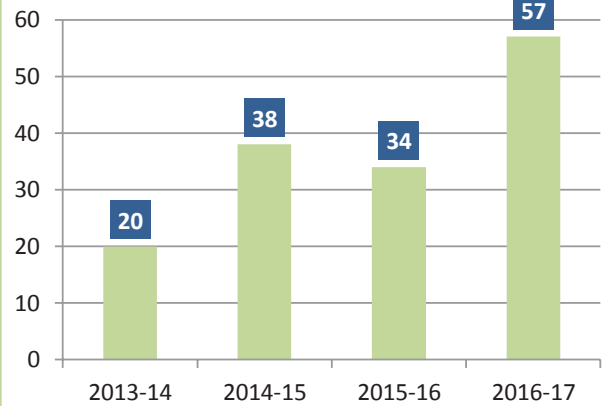
But the numbers only tell part of the story. Many of these patients treated here do not have the means to access treatment of complicated ophthalmological ailments elsewhere, the nearest centre being at 300 odd kilometres away at Kolkata. They would have been compelled to exist with impaired or totally lost vision, living a life of extremely poor quality. The full socio-economic impact of Nanritam's eye care services are yet to be assessed but the crowds that throng the hospital every day reassure us of the difference the hospital makes to their daily existence. ***Nanritam looks forward to academic and financial support in assessing the socio economic impact of its activities in the area.***



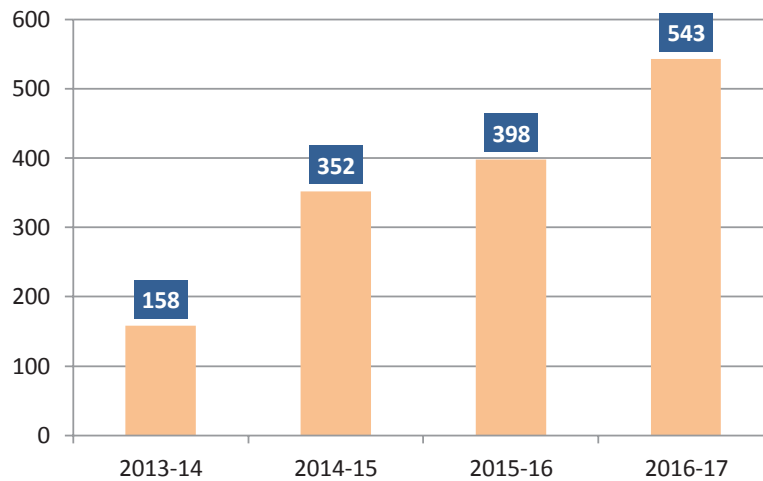
Medical treatment



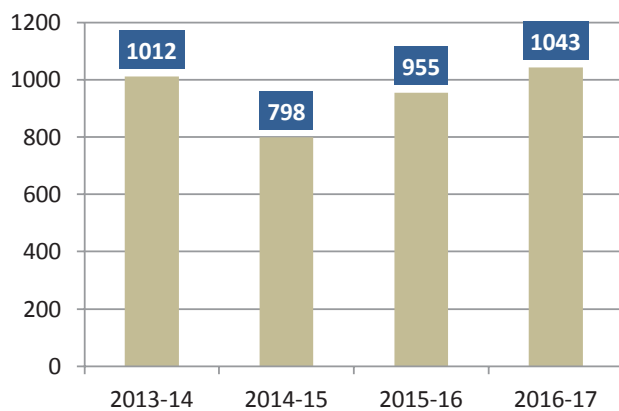
Glaucoma surgeries done



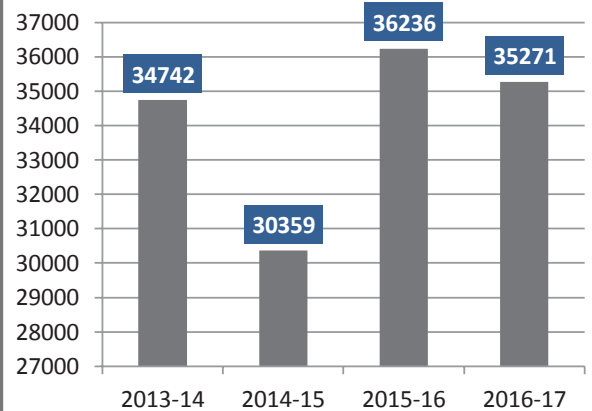
Vitreo-Retina Surgeries



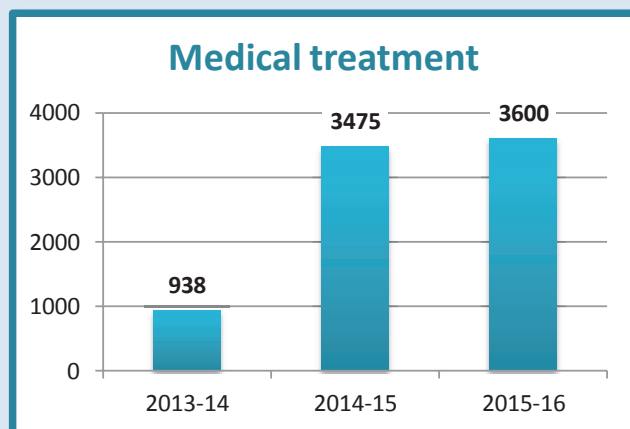
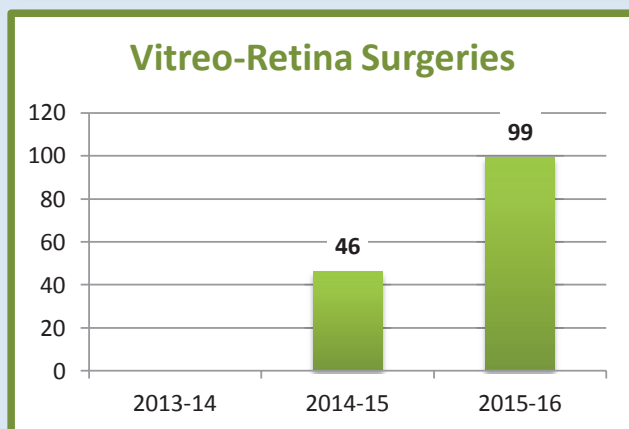
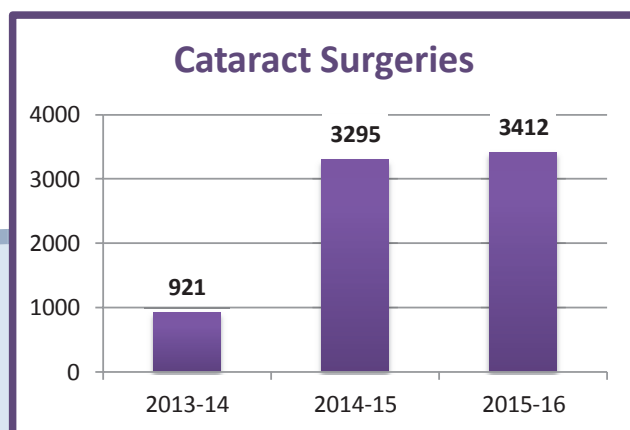
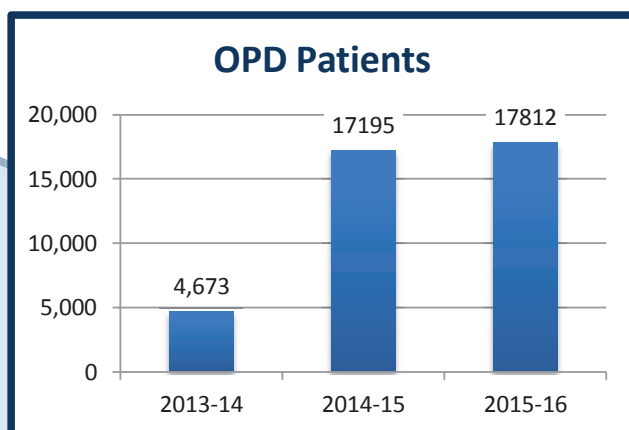
Out-reach Camps



Out-reach Patients



Story of change – progress during the years of Jharkhand	Year 2013-14	Year 2014-15	Year 2015-16
1. OPD Patients	4,673	17195	17812
2. IPD Patients	1,876	6950	7200
2a. Cataract Surgeries	921	3295	3412
2b. Vitreo-Retina Surgeries		46	99
2c. Glaucoma surgeries done		5	6
2d. Other surgeries	17	129	83
2e. Medical treatment done (for pre-operative patients with hypertensive/diabetic problems) and over stay	938	3475	3600
Total out-reach camps	70	445	504
3. Total Out-Reach Patients	4,530	16790	13884
4. Refractive Error	916	5528	6072
5. Patients undergoing procedures and investigations	507	1495	1505
6. Emergency management			
Total Patients Examined (1+2+3+4+5+6)	12,502	47,958	46,473



Filix School of Education

Where your child is nurtured
to realize his/her full potential





Sudarshan Kaibarta, a 6 year old village boy living in Purulia district is the son of Nagar Kaibarta who works as a canteen boy in an Eye hospital. Sudarshan has been admitted to Filix School of Education at Para ,Purulia ,totally free of cost. In a family of six - husband,wife, two sons ,father and Mother - Nagar earns Rs 5800/-per month. But Nagar is now ambitious about his son and hopes that Sudarshan will make his dream come true one day. Sudarshan, on the other hand, is a bright boy, eager to learn, inquisitive and performs well in class. He is good at sports, takes interest in all school activities and is very regular in attendance.

Tukai Bauri of Patibandh of Goyladih Mouza is a member of the Bauri caste. He is barely literate and works as a housekeeper in LEF hospital. Tukai has no idea of his own age. He has fathered three children, the elder two being girls and the youngest being a boy. Tukai's second daughter is in KG 2 of Filix. Explaining why he feels that this school is different from the one where his elder daughter is studying Tukai says that this girl is learning to speak English so well. Tukai regrets that his eldest daughter didn't get a chance to study in this school. Tukai's expectation was echoed by Sipu Bauri, a lady who works as an attendant and Mamata Gharai, a housewife deserted by her husband and is now working as a Housemaid.

Filix School of Education is a dream come true for Mamata the maid, Sipu the attendant, Dasarath the farmer, Nagar the cook, and many of their ilk whose children are receiving quality education in English medium side by side with children of more affluent members of the society.



FILIX
SCHOOL OF
EDUCATION

What motivated Nanritam to branch out into providing more sophisticated kind of education for the less privileged is the realisation that over the years, English has emerged as the language of choice for commerce, economic growth and social mobility. It has helped India transform itself directly from a primary (agriculture-focused) economy into a tertiary (services)-focused one. Teaching their children quality 'English' has emerged as one of the top expectations of majority of parents.



This perceived link between job opportunities, economic success and the English language has an increasing number of parents from all classes of society investing their hard-earned money in English-medium schooling, often of uncertain quality. Even illiterate parents aspire and attempt to do whatever is possible to provide English medium education to their children because education for them acts as a vehicle of social mobility. Moreover, education in English medium and the subsequent attainment of jobs is often looked upon by many of these poor rural families, as a means to break out of the vicious cycle of poverty.

However, quality of teaching-learning in English remains a deep concern to educationists and policy makers across the country. Some of the biggest challenges being faced in this regard are;

a) Most teacher - training courses do not equip teachers with adequate knowledge, skills and the ability to be able to teach the subject in class. The situation is exacerbated by the fact that English is not the language of transaction in rural India, thereby giving teachers very little chance of practising what they have learnt.

b) While English is seen as the path to growth as a student and as an earner, it is not necessary for students in rural areas as a language of communication. Conversation in English among the children themselves addresses this gap.

c) The translation method is widely used in rural areas. It helps the learner to understand the content of the text, but impedes learning of the language. The main purpose of teaching the language is ignored and the teaching of content and theme is given importance.

d) A lot of the homework given to children focuses on repeating what they have done in class, thereby adding little value to the child from a learning perspective besides practice.

e) Given that the rural milieu provides little opportunity for children (and teachers) to practice the skills of listening, speaking, reading and writing English as part of their daily lives, it is important to continuously develop and use affordable tools to help facilitate this.

Nanritam accepts the reality that teaching English as a language has become a key determinant for future success and mobility of a child and attempted to address the aspirations of the community it serves, by setting up the Filix School of Education in 2014. The teaching learning methods practised in the school is focused on the aspects mentioned above to ensure delivery of teaching of best quality in English medium to the children in the rural areas that comprises its hinterland. Thus to the parents of both advanced and underprivileged sections of the society, Filix School of Education in this rural remote block has come up to fulfill their long-cherished dream for their children.



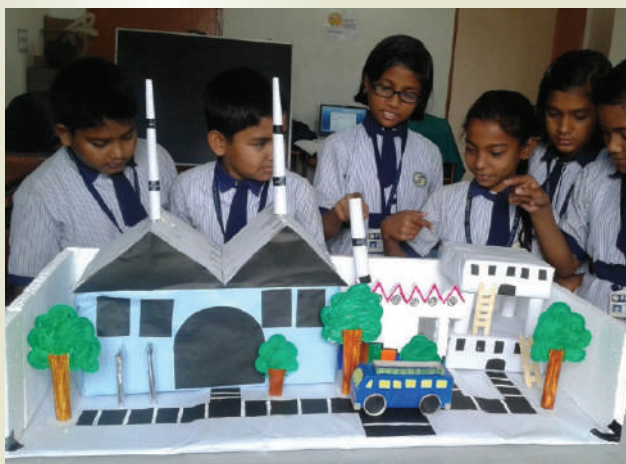
Aim -

The goal of the school is to nurture the unfolding of the child's potential by providing love, security, encouragement and appreciation of the child's efforts. Each child has a unique way of exploring the world around, a distinct process of acquiring knowledge and a unique individual style of interacting with people around. This makes every single child special in his/her own way. Our aim is to appreciate the uniqueness of each child and provide them with adequate support and space to bloom. Understanding every child and accordingly determining the child's strength and weakness is given the first priority. Every child's innate and latent capabilities along with the qualities that need to be developed and enhanced further are identified and nurtured. The curriculum is so designed to help children identify and reach their maximum potentiality.



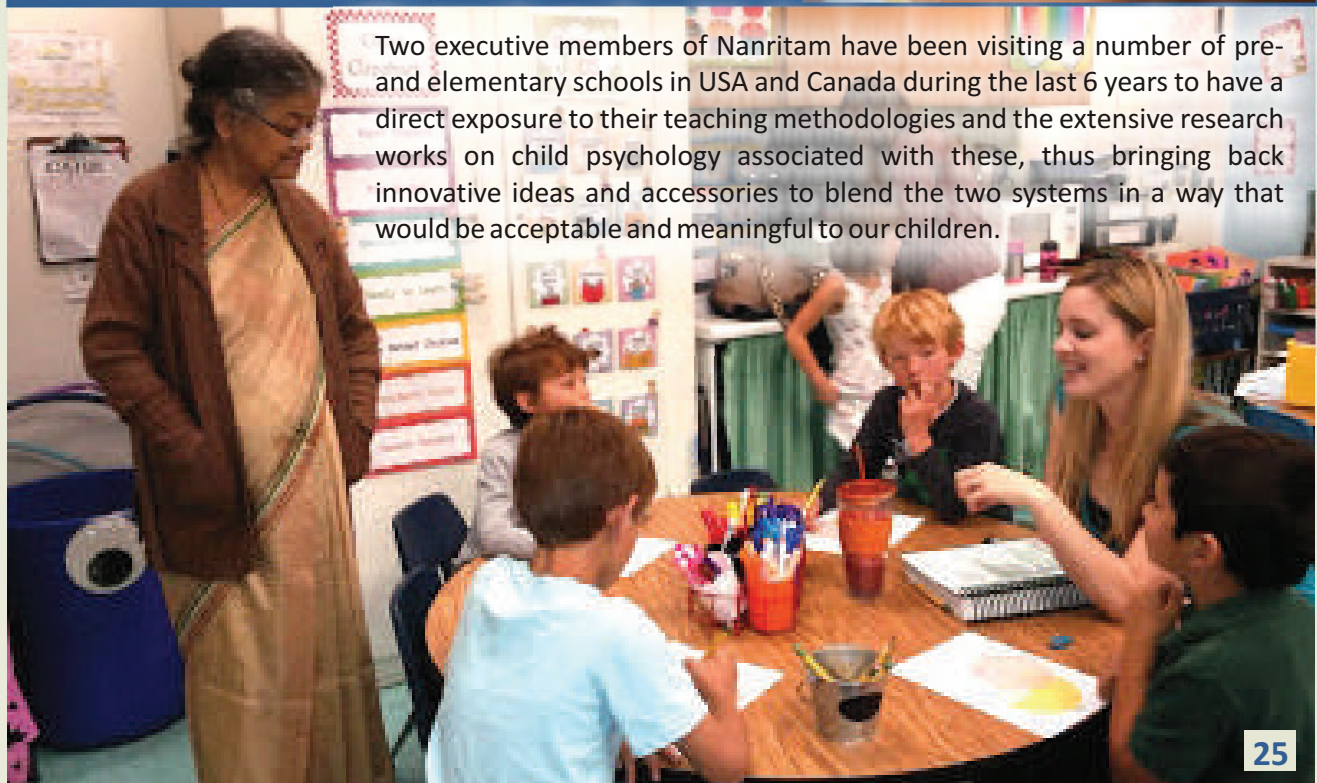
About Filix School of Education:

The school has set forth its journey in April 2014 with three pre-school classes : Nursery, KG I, KG II and 70 students in total. By 2017 school has been upgraded to STD V with a total of 348 children (213 boys and 135 girls). Number of children from minority community are approx 25% . Their parents are progressive enough to send their children to this model English medium school instead of sending them to the nearby Madrasas as is the general practice in this remote rural backdrop. The existing campus of Nanritam covering 13 acres of land is aesthetically designed. The layout of the campus, architecture of the existing buildings, vegetations and flowers inside, undulating land and greeneries and water bodies in the neighborhood have earned Nanritam admirations from the guests and visitors from both India and Abroad. FILIX SCHOOL OF EDUCATION covers 3 acres of land within this campus along with its beautiful playground and the children's entertainment park.



The curriculum structure for the primary sections is inspired by the global teaching methodology which aims to:

1. make learning fun through use of various creative teaching materials, exercises, worksheets, dance, drama, music, Games and sports.
2. use innovative new-age teaching technology like audio-visual aids.
3. prepare children to be disciplined and self-dependent from a very tender age. Special focus will be laid on basic hygiene training.
4. provide individual attention to all children. The stress will be to allow children to learn and progress at their own pace.
5. lay less importance on homework and more importance on classroom activity and participation.
6. ensure regular monitoring and provide detailed quarterly report on progress of child to parents.
7. Provide opportunity to interact with international Volunteers from time-to-time.



Two executive members of Nanritam have been visiting a number of pre- and elementary schools in USA and Canada during the last 6 years to have a direct exposure to their teaching methodologies and the extensive research works on child psychology associated with these, thus bringing back innovative ideas and accessories to blend the two systems in a way that would be acceptable and meaningful to our children.

Current infrastructure



Naritam campus is situated in a vast 13 acres of area of which 3 acres has been earmarked for the school building and childrens play area. School building currently has ground floor of 12000 Sq.Ft completely constructed with 14 rooms, costing around 1,50,00,000. 50% of the 1st Floor has just been constructed with aid of Syngenta Foundation India. All the class rooms are equipped with modern teaching aids and equipments.

Infrastructure details :

Class	No of sections	No of students
Nursery	1	35
KG1	2	55
KG2	2	62
Std I	2	68
Std II	2	50
Std III	1	36
Std IV	1	33
Std V	1	9
Total Students		348

Computer Lab : 1
 Learning Corner : 1
 Audio-Visual Room : 1
 Indoor game complex : 1

Proposed School Building



Story of change - impact on the locality - progress during the current year

There is a rush for admission into the school and the number of students have grown from 70 in 2014-15 to 348 at present. The numbers could have been a bigger had the school agreed to take more. But more than just numbers it is the socio-economic diversity of students and the quality of the education provided that is making a major difference. This was aptly summed up by Dasharathi Mahato, a farmer whose son is a student in this school. Mr. Mahato never thought that his son could get an English medium education like an upper middle class boy residing in a town. Sudarshan Bauri, whose father happens to be a cook, or the daughter of Shipra Bauri, who is an attendant, happily share the classrooms with children from more affluent families, whose parents are senior executives or bureaucrats in the power plant at Santaldih, on equal terms.

Studies have shown that socio-economic diversity in classrooms leads to a win-win situation for all concerned. Students in such schools are likely to have higher test scores, less drop outs, more college enrolment, reduced achievement gaps. They are also better in critical thinking, problem solving and creativity. It's yet too early for Nanritam to make any specific claims on these achievements but the trends indicate that all these are likely to be achieved by students of Filix school as well.



What we need to start Secondary Section

Current infrastructure is sufficient to meet requirement till class V. To go for next levels and to reach our vision, we need to complete the first floor by the end of 2017 and add one more floor by 2018 to accommodate Classes till class X. This requires construction of around 6000 Sq.Ft area in first floor and 12500 sq ft area in 2nd Floor.



Advancing agriculture for better livelihood

Story of change -

Impact on the locality - Progress during the current year

Dasarathi Mahato aged about 49, of Bhalagopara, Purulia has been a farmer for more than twenty years. Being a farmer in Purulia is a challenging profession. The temperature is very high at times, rainfall erratic, drought is a frequent phenomenon and the market linkages are not very strong. Crops are grown mostly under rain-fed condition generally with low fertiliser consumption per unit area. Productivity in this district is lower than other areas of the state. A small farmer here can barely eke out a living from agriculture. Dasarathi generally grew paddy and had to invest about 12000 per acre to earn about Rs. 16000 per acre during the summer season. In winter he used to grow pumpkin, okra, bottle-gourd, aubergine and other vegetables, the returns for which were uncertain as the market continuously fluctuated. There was a drought in 2014, and Dasarathi was in deep trouble. He desperately looked for solutions for survival which brought him in contact with the Agriculture wing of Nanritam who advised him to shift to seed production, which should be profitable given the dry climate of Purulia. Dasarathi agreed to experiment with production of seeds for paddy and okra. His income soared. He could make a profit of Rs. 11000 per acre for paddy seed, and Rs. 10,300 per acre for okra. Encouraged by the results, Dasarathi ventured into producing seeds for Tomato also. His earnings have grown and he has arranged for quality education for all his four children, two boys and twin sisters. He is grateful to Nanritam for many reasons, including the education of his youngest son who is in standard II in Filix School of Education run by Nanritam.



Ananada Mahato of Gopinathpur has a very similar story to tell. He too was into traditional cultivation of paddy and vegetable in his 5 acre plot and had to remain satisfied with a profit of Rs. 5000 per acre till he switched over to seed production under Nanritam's guidance and increased his income by 30 percent at one go.

SCOPE : what are the unique/ special features of the agricultural initiatives- summary brief of the agricultural services-specialists involved - unique innovations-outreach services involving the farmer community

Nanritam had realised that along with health and education the community needed to be supported for better livelihood options too, and this led to the creation of an agriculture wing in 2010. Life of an average agriculture worker in Purulia is tough. The soil quality is low and yield is poor. There are very few assured irrigation facility and poor access to improved seeds and fertilisers and not many organisations to help the farmers with knowledge of scientific agricultural practices. The Nanritam Krishi Kendra (NKK) was launched in 2010 involving 70 farmers in 6 villages. In the following years the numbers have swelled, and the Krishi Kendra now works with about 4000 farmers in the blocks of Para, Purulia I, Purulia II, Manbazar and Jhalda of Purulia district, and Hirbandh block of Bankura district.



Nanritam Krishi Kendra (NKK) is now focussing on

Certified Paddy seed production 800 MT target with company / 278 farmers/ 600 MT produced. Transaction value of Certified Paddy seed production is Rs. 1.44 Crore.	Hybrid Vegetable seed production Tomato target 500 kg, farmers involved 22 nos. / area 13 acres/ 490 kg produced. Transaction value of Hybrid Tomato seed production is Rs. 52 Lacs.
Certified Jute seed production 2 MT / produced 2 MT/ 19 farmers involved.	Trial and demonstration on ground nut and maize.
Training on vegetable cultivation 21 training programmes on vegetables and 12 training programme on paddy production.	Helping the farmers to get Kishan Credit Card - NKK ensured that Farmers get their KCC within a week of application from IDBI. In 2016-17 119 farmers were issued. Total KCC sanctioned Rs. 23,80,000/- .
Securing Market linkage - All productions are taken up after ensuring market linkage. NKK is now working with Syngenta India Ltd, Indo-American Hybrid seed, B. K. Roy group of company Ltd, Parasmaoni Agrotech Pvt limited.	

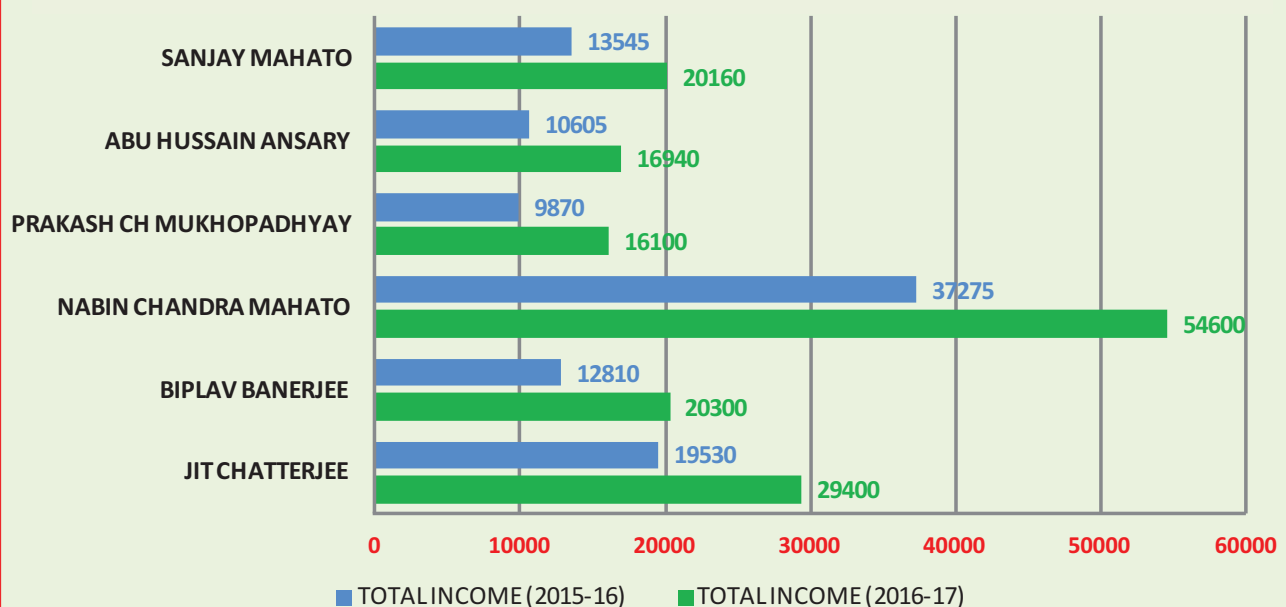


Certified Paddy seed production supported by NKK

Progress during the current year 2016-17

FARMER'S NAME	VILLAGE	TOTAL AREA (Acre)	TOTAL INCOME FROM SEED PRODUCTION SUPPORTED BY NKK (YEAR 2016-17)	TOTAL INCOME FROM COMMERCIAL PRODUCTION WITHOUT SUPPORT (YEAR 2015-16)	TOTAL INCOME INCREASED IN (YEAR 2016-17)
JIT CHATTERJEE	BHALAGORA	1	29,400	19,530	9,870
BIPLAV BANERJEE	BHALAGORA	0.66	20,300	12,810	7,490
NABIN CHANDRA MAHATO	BHALAGORA	2	54,600	37,275	17,325
PRAKASH CH MUKHOPADHYAY	HARAKTUR	1.5	16,100	9,870	6,230
ABU HUSSAIN ANSARY	BHALAGORA	1.5	16,940	10,605	6,335
SANJAY MAHATO	TENTULHITY	1.6	20,160	13,545	6,615

Progress chart - Income enhancement by switching over from commercial paddy (2015-16) to certified paddy seed production (2016-17)



Udbhaas

Child Development Centre



udbhaas
towards a brighter future

udbhaas

towards a brighter future

UDBHAAS Child Development Centre aims to provide diagnostic and interventional services to children with difficulties in **physical, mental or language development and learning & behavioural problems**, through an inter-disciplinary approach. We try to reach out to every child with disability, surpassing the socio-economic barrier.

Our endeavour is to provide holistic and customized services to every individual child through **early screening & identification** and **Early Intervention Programs**.



Our team

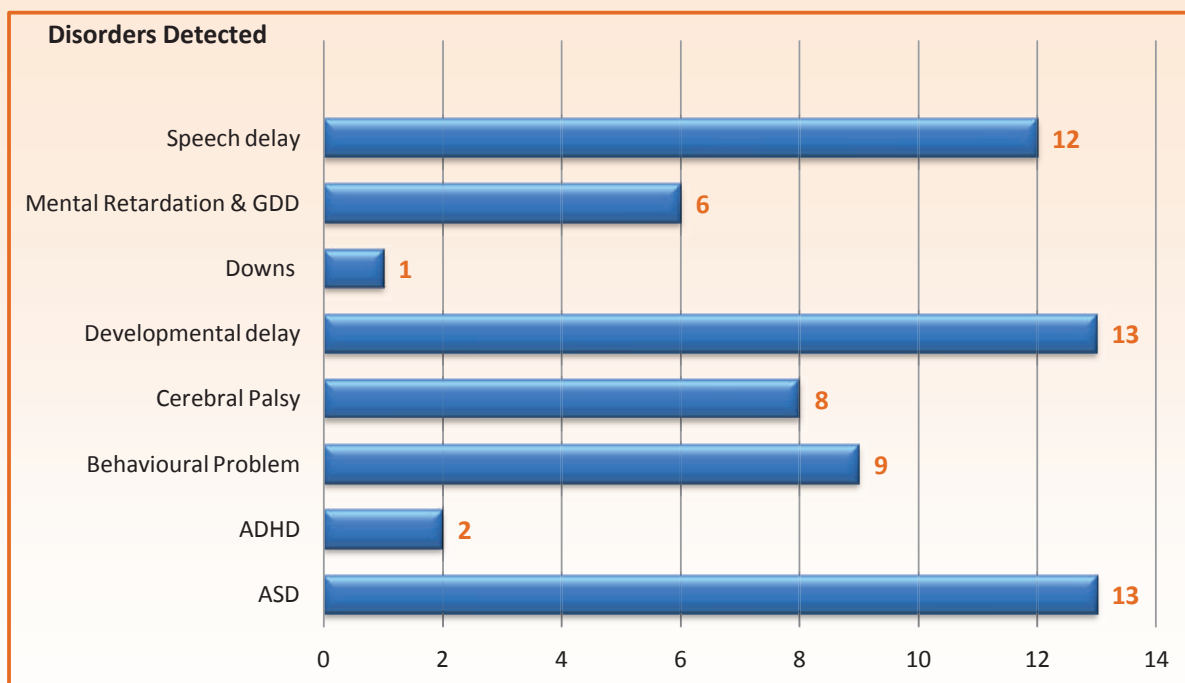
UDBHAAS has a well knit team of developmental specialists, comprising of Physiotherapist, Occupational therapist, Speech Therapist, Psychologist & Special educators, all under the leadership of a Developmental Paediatrician. The team works in unison, in an inter-disciplinary mode of service delivery.

Objective

We, strive to improve life quality of developmentally challenged children through provision of **Integrated Care**, with an interdisciplinary team approach and help them achieve the best to their potentiality.

We also deem it our social responsibility to generate awareness about early detection, proper treatment and compassionate inclusion of these children with special needs, among all stakeholders.

Problems dealt with



ACTIVITIES

Developmentally challenged patients attended to since 2011

1. URBAN CLINIC

YEAR	NEW PATIENT	TOTAL PATIENTS TREATED (TOTAL THERAPIES & CONSULTATIONS)
2011	78	780
2012	86	936
2013	104	1664
2014	130	2080
2015	58	1728
2016	110	3200
TOTAL	566	10,388

2. RURAL CLINIC

YEAR	SCREENED	NEW DETECTIONS	THERAPY PROVIDED TO
2012-'13	638	168	140
2013-'14	640	111	504
2014-'15	733	169	>650
2016	1600+	134	460

3. SPECIAL EDUCATION UNIT

This unit provides regular, structured, play based educational support programs and group activity to children with mental challenges and learning & behavior problems, which include mental retardation, Autism Spectrum Disorder, ADHD & learning disabilities. Here we stimulate all-round life-skill development & ADL and help prepare them for main-streaming to regular schools eventually. Our major focus is on improving communication skills, socialization, attention and concentration. We provide 1:1 as well as classroom sessions, which include play, music, sensory integration and simple Yoga in addition to basic education. We also provide pre-vocational training to the older children. Close monitoring of each child is assured by maintaining a 1:3 teacher student ratio.

Presently we have **55 students** enrolled with us, ages ranging from 3-18 years. Of them about **60% children have autism**. Many are still wait-listed.



4. VOCATIONAL UNIT

This unit works with the special children to augment their creative skills while working on their fine motor ability and attention span development. This unit helps the children make creative consumable items like greeting cards, bags, bead jewelry and other novelties which are put up for sale and exhibition. This boosts confidence in the little ones and also enhances their potentiality to do something in later life.

This unit functions both in Kolkata and Purulia, working with urban as well as rural children.



This unit functions both in Kolkata and Purulia, working with urban as well as rural children.



5. COUNSELLING & ADVOCACY:

Our team constantly works with the parents, to sensitize them to their child's problem. Parents are groomed and actively involved in the regular therapy procedures. We also actively take up issues on advocacy for the child with special needs at schools and other social settings.

6. DETECTION AND EARLY INTERVENTION PROGRAMS AT COMMUNITY LEVEL

We have been conducting developmental delay detection and early intervention programs in Purulia since 2012 and have screened more than 3200 children from the rural areas of Purulia and have detected more than 600 children with various delays/ challenges.



7. TRAININGS

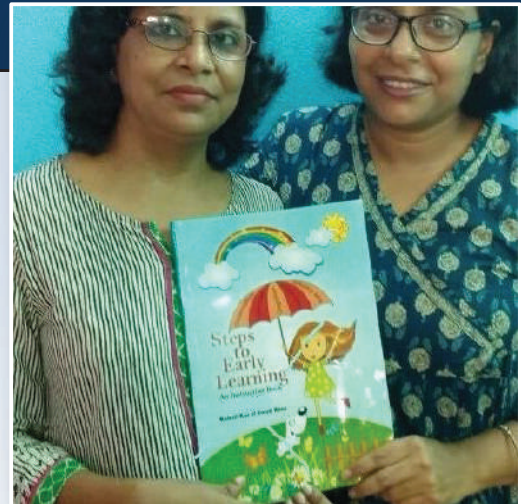
Udbhaas organizes training and awareness programs on Developmental challenges, their identification and management for various groups of professionals and care givers, which include Pediatricians, primary physicians, nurses, school teachers, ICDS workers, supervisors and project officers, community based care-givers and parents.

Trainings at various levels have been provided, both in the city as well as in rural settings to more than 1500 trainees so far.

8. PUBLICATIONS

Various publications from Udbhaas include:

- Training modules for doctors, nurses and ground-level health workers on Early Child Development : Detection & Management of Developmental challenges (approved by UNICEF).
- Books and booklets on developmental problems written by our specialists, for mass awareness.
- Books on Early Teaching methods for children with special needs.



9. RESEARCH PROJECTS (In Collaboration with UNICEF):

To identify developmental delay among high –risk newborns discharged from the sick newborn care unit (SNCU) of a rural district hospital (Purulia, West Bengal) and study the impact of regular early intervention on early childhood development in children at risk.

10. SPECIAL EVENTS

- a. World Autism Awareness Day was observed through a colourful rally down the streets of North Kolkata. Our students, teachers, doctors and many well-wishers participated heartily, to spread the message for understanding and accepting autism.



- b. On 4th of January 2017, our special children performed on stage at Girish Mancha, before a large audience of 700, on the occasion of our Annual Day. There spontaneous and colourful presentation, inspite of their challenges touched the hearts of the audience.



Blessings



Revered Swami Smarananandaji
Maharaj , Vice-President,
Ramakrishna Math and Mission.



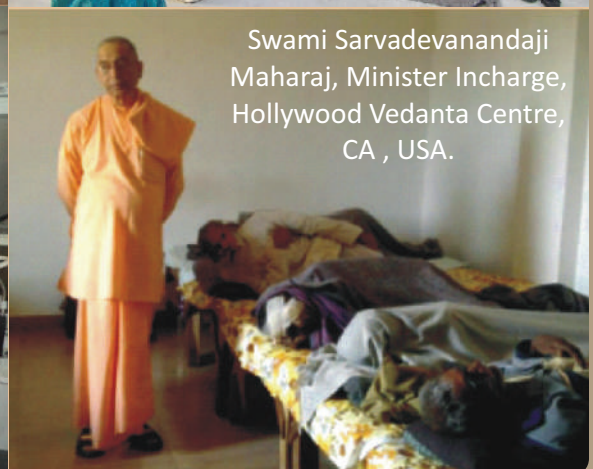
Swami Suparnananda Maharaj , Secretary,
Ramakrishna Mission Institute of Culture.



Swami Subiranandaji Maharaj
(General Secretary of
Ramakrishna Math & Mission)



Swami Girishanandaji Maharaj (Manager,
Ramakrishna Math and Mission)



Swami Sarvadevanandaji
Maharaj, Minister Incharge,
Hollywood Vedanta Centre,
CA , USA.

Visit of the Dignitaries



Prof. Kaushik Basu
Eminent Economist and Social Scientist



Dr. B.R. Satpati ,Director Health
Service , Govt of West Bengal



Prof Abhirup Sarkar , Chairman WBIFDC
and Mr Dilip Ghosh , Former MD,NRHM



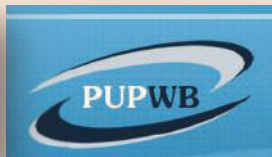
Mr. Asok Mohan Chakrabarti , Former Chief
Secretary , West Bengal and Prof. Sugata
Marjit, former Vice Chancellor of the
University of Calcutta



Mr. Reddy and Mr. Vershany
Syngenta Foundation India

Thank you Donors!

Thousands of under privileged people that avail the services of Nanritam across the districts are able to do so because of the supports, big and small, extended for the cause by the ordinary citizens from all over the country. In addition, Nanritam gratefully acknowledges the significant contribution of the Government and Corporate donors.



For INDIAN DONORS

By cheque/ DD in favour of " NANRITAM "

Post to our registered address - 28 /1/2, Selimpur Road, Flat – 6, Kolkata – 700031, West Bengal.

Electronic wire transfer to below mentioned bank details.

Beneficiary name : NANRITAM
Bank Name : United Bank of India (for Indian Currency)
Address : Bose Pukur, Rajdanga Branch, 27-G Bose Pukur Road, Kolkata - 700042
Account No : 0955010108714
IFSC : **UTBI0 BOSC90**
MICR : 7000271

PAN No.
AAAAN 2389J

FCRA No.
147120781

For FOREIGN DONORS

By cheque/ DD in favour of " NANRITAM "

Post to our registered address - 28 /1/2, Selimpur Road, Flat – 6, Kolkata – 700031, West Bengal.

Electronic wire transfer to below mentioned bank details.

Beneficiary name : NANRITAM
Bank Name : Axis Bank Limited (for Foreign Currency)
Address : 20, Gariahat Road, Golpark Branch, Kolkata - 700019
Account No : 916010034911672
IFSC : **UTIB0000011**
MICR : 700211003



NANRITAM

28 /1/2, Selimpur Road, Flat – 6
Kolkata – 700031, West Bengal
+91 9830044003 / +91 9830040033

E-Mail: nanritam@gmail.com

Website: www.nanritam.org

