

CADRE- India
Project Proposal for
Multi specialty Health Care, Research and Retreat centre for
senior citizens.

About CADRE India

1.	Name of the organization	CADRE – India - [Centre for Action, Development, Research and Education in India]
2.	Address	Kurumathoor, Kuzhithurai. PO, Kanyakumari District, TamilNadu- India – 629 163
3.	Name & Designation of Chief Functionary And Legal holder and Contact details	Mr. Mohanakumar. E, Director Ph: office : 04651 261211: 04651 264211: Email. cadreindia@gmail.com mohancadre@gmail.com Mobile numbers:- 9962236211:
4.	Name of other Office Bearers	Details included as attachment
5.	Main Objectives	To rendering help and assistance to the women cashew workers with health awareness and care for the elderly without any discrimination of caste, class, religion or gender.
6.	Major Programs	Action programs, Community Development, Research, and Education.
7.	Target area	Project location is in Kanyakumari District of TamilNadu- India.
8.	Registration details	TamilNadu Societies Registration Act 27 of 1975. Registered in Nagercoil.
9.	Registration Number	126/93. Under Society’s Registration Act on 29-11 – 1993
10.	PAN	AAATC3976F
11.	The FCRA No.	No: 075840038.
12.	Local bank A/c with Federal Bank. Parassala Branch.	SB A/c No: 1027010008919.

Background Information about the organization:

CADRE - India : {Center for **A**ction **D**evelopment **R**esearch and **E**ducation in **I**ndia} is an NGO established in 1993 in the Kurumathoor village of Kanyakumari district of TamilNadu, India by a team of social workers and grassroots level social workers

committed for social change with the peoples participation. It aims at rendering help and assistance for the socio-economic and emotional upliftment of women, youth, children, the exploited classes and economically weaker sections of society without any discrimination of caste, class, religion or gender. In its past years, it has developed from small set of activities for children and women to a more comprehensive community development approach. Vocational Income generation programs were initiated for women, and educational campaigns presented to the community. Through our experience, we have learned vast techniques that have broadened our approach and vision. ***Our vision is “A Self-reliant society based on Love and justice”.*** The mission is *to provide for the collective and participatory decision-making for development project implementation.*

THRUST AREAS	PROJECTS	COLLABORATORS
Disability	Eye Care in Kanyakumari District	Sightsavers UK.(accomplished)
Disability	Deaf blind and MSI children	Sense International UK. (ongoing)
Health	HIV/AIDS	TANSACS and IL & FS-GFATM Round – II. (ongoing)
Health	TB awareness	Catholic Health Association of India
Women Empowerment	SHG Formation & Development	NABARD and own contribution. (ongoing)
Women empowerment	TREAD	MSME Govt. of India (accomplished)
Child Development	Inclusive Education & Specialized Trainings	Hope for Children, UK. (accomplished)
Education	Computer Centre for Blind	Sightsavers UK. (accomplished)
Education	Computer online courses	Vision Aid Inc. USA (Ongoing)
Education	Drop out children	SSA. (accomplished)
Vocational training	Disabled Peoples Development Program	Own contribution. (accomplished)
Dalit women empowerment	Vocational skill training for dalit women	The Embassy of Netherlands. (accomplished)

Thanks and regards
Mohanakumar.E
Director

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PROJECT PROFILE

Proposal for a Multi specialty Health Care, Research and Retreat centre for the senior citizens. The following is a recent news briefing from Times of India a leading national daily.

Cervical cancer claims one Indian every 7 minutes.

One woman dies every seven minutes of cervical cancer. Breast cancer claims one life every ten minutes. In 2025, these cancers will kill one victim each in 4.6 and 6.2 minutes. The figures and projections are for India by Globocan 2008, a software prepared by the World Health Organization's International Agency for Research on cancer [IARC].The software is updated every few years to help public health officials to prepare a battle plan against cancer. India clearly needs to fine-tune its anti-cancer strategies. In 2008, 72,825 women died of cervical cancer and 53,592 of breast cancer. There are region-wise nuances: while all-India statistics show that cervical cancer is the deadliest for women, breast cancer is the biggest worry in the metros. "In villages , there is poor hygiene [especially genital], which explains the higher incidence of cervical cancer. But in cities, the incidence of breast cancer is increasing due to late pregnancy, shorter period of breast feeding and, mainly, obesity. These factors are not present in villages" .Experts say corrective steps can be taken to beat the projections. Women today-even in rural areas-do not step back from getting themselves checked. "Early detection is going up. Cervical cancer rates in urban areas, however, are reaching alarming proportions."With a vaccine available for cervical cancer, there is further hope. "Now that it has been Introduced in India, cervical cancer can be avoided. The vaccine can be given to any girl in the age group of 10-26 years-before she starts sexual contact. The efficacy is more than 90%".

On the basis of such contemporary news, based on the national and local issues of health and the life style changes and the impact on the health we proposed to implement the particular project for the welfare of the people and the nation. Most of the diseases are due to the changing lifestyle. So let us think of a Global Health Care and Retreat Centre with a medical college. The following proposal for a Multi Specialty Health Care and Retreat centre with medical college in TamilNadu is one which is viable, sustainable and will offer an enhanced service to the local population and a quality medical education to the new generation. The facility will be seen as a portal of

entry into an overall network of services which will be Local, Regional and Area-wide. It is envisaged that the networks including Accident and Emergency Services, Renal Dialysis, Orthopedic, Ophthalmic, HIV/AIDS and the new cancer care centre networks will be provided by this concept and that many of the services will be provided locally. There will be major clinical governance concerning patient safety and training of medical staff as well as potential recruitment. Bearing that in mind it is, however, very likely that an in-patient unit for step down or rehabilitation patients will be both acceptable and feasible under this project.

The extract from the recent survey on the health of the cashew workers is as attached for your reference: --

The proposal comprises four distinct yet inter-related areas:-

Template for a multi specialty Medical college with Health Care and Retreat centre is as follows:-

- a) Diagnostic and Treatment Centre.
- b) Ambulatory Care Centre.
- c) Inpatient Centre and outpatient centre.
- d) Research and Resource Centre.
- e) Medical college.

a) Diagnostic and Treatment Centre - This will be the "front door" to acute services at a local level, acting as a direct pathway into the wider acute system. This is a state of the art rapid diagnostic and treatment centre with access to the best in new patient diagnostics, full resuscitation and stabilization facilities, access to Holistic medicine and teleradiology and the ability to organize either rapid transfer to a more acute setting, or admission to a Clinical Decisions Unit (CDU). The Centre will be consultant-led through the Area Network and care will be delivered by Career Grade doctors, Nurse Practitioners and Senior Therapists. Staff would be primarily protocol and process led. Within this centre there are four key elements and each will be described in some detail:-

- *Local Treatment Unit;*
- *Clinical Decision Unit*
- *Mobile Coronary Care Team*
- *Emergency Ambulance base*

Local Treatment Unit - The principle behind this Unit is that it is essentially a sophisticated Minor Injury Assessment and Treatment Unit dealing mainly with 'walk in' patients.

Clinical Decision Unit (CDU) - The Local Treatment Unit will be enhanced by the provision of a Clinical Decision Unit based on the Leads model. This is an in-patient observation unit attached to the local treatment unit and is supervised by Career Grade medical staff. It would be delivered by specialist nurses and therapists and include those specifically trained in Acute General Medicine and Surgery and include Coronary Care nurse specialists. The principles behind this enhanced service are three fold:

1. To reduce inappropriate admissions to acute beds;
- 2 To reduce inappropriate discharges from the triage centre;
- 3 To reduce length of stay by optimizing diagnosis and treatment using protocols,

Mobile Coronary Care Unit- A mobile coronary care team will be attached to the Local Treatment Unit and have full access to the observation beds in the CDU. Patients in the community attended by the mobile coronary team who have definite acute coronary syndromes would be transferred directly by the team to the Coronary Care Unit in the acute hospital. The Clinical Decision Unit will be capable of monitoring/ observing non-acute cases for up to 24 hours until clinical management plans are in place for these patients. They will be protocol-led and will have full access to rapid diagnostic and imaging service.

Emergency Ambulance Base - It would be vital for the effective operation of the Multy specialty hospital that there is a local emergency ambulance base attached to the Local Treatment Unit. The large geographical area and the distances to be covered for emergencies mean that there should be bases in both locations. This should be complemented by a good patient transport service.

b) Ambulatory Care Centre - The underlying principle for this area is that the majority of patients attending should be able to have the majority of their assessment and treatments without having to visit the local acute Health Care and Retreat centre. Where feasible, the initial work-up and investigation should be on the same day, i.e. “one stop” service. This area would encompass:-

- out-patient clinics and procedure centre;
- pre- and post-natal care;
- dental services;
- assessment centers, e.g. diabetes, pulmonary, chest pain, etc;
- elective day surgery and diagnostic endoscopy
- a diagnostic imaging centre including Ultrasound, mammography and CT scanning as well as standard radiology;
- A round clock laboratory would enable the usual range of investigations to be undertaken as well as providing services for GPs as at present.

It is envisaged that there would be a full complement of staff to run the various sections within this centre and it would be complemented by visiting clinical teams from the Local Acute, Area and Regional hospitals, many of whom currently provide similar services.

This facility would be ideal for nurse and therapist led services such as stoma care, respiratory liaison and wound care. The Ambulatory Care Centre would incorporate a range of social care provision for patients and clients and a mental health unit would be included. It is also a portal to the local acute and regional services and patients should only travel to other hospitals for elective surgery and investigations that cannot be undertaken locally.

c) Inpatient Centre - This centre would contain 130-140 beds and would be comprised of two elements:-

1. Rehabilitation
2. Palliative Care

The principles surrounding this concept are that this is primarily a rehabilitation centre with no direct acute admissions. There would only be consultant directed transfers.

1. Rehabilitation - The current and expected rehabilitation workload is increasing in line with the ageing population, and for many of these patients the key element is the Nursing and Therapy contact once the acute episode has stabilized. For the majority of these patients, which includes the post-stroke, post-fracture and recuperating elderly patient, there is little acute medical input actually required. It is envisaged that these patients would be treated for rehabilitation to the Inpatient Unit. In addition, there is the benefit of accessibility for carers and family. These patients would be under the care of the Rehabilitation Consultant.

If their condition deteriorated or there was an emergency, they would be transferred to the Clinical Decision Unit for close observation and would be under the supervision of the Career Grade medical staff attached to that unit. If deemed necessary they would be transferred back to the acute unit, if not, after overnight observations, they would be assessed by the visiting Physicians or the full-time Career Grade staff attached to the Unit.

2. Palliative Care - There are several reasons why these patients may require admission to a hospital and it is obviously better to do this, where feasible, close to their home. It may be for symptom control, a minor procedure or as respite to give families a break. In some circumstances admission to an acute inpatient unit is in order, in other cases the Multy specialty Health Care and Retreat centre may be more appropriate. The Unit would have a full range of Therapy services, including physical therapy and normal access to diagnostic imaging. The provision of single room accommodation as part of this facility would allow for privacy, dignity and a restful environment, all of which can be in short supply in a busy acute unit. We will provide a retreat centre for the concerned department

d) Resource Centre - The fourth and final component of the Multy Specialty Health Care and Retreat centre is a resource centre which would be based and developed on the principles of a Healthy Living Centre and can make positive contribution to the Investing for Health agenda. Within the context of the total facility, this centre would provide a health and social care focus for the local community, and an obvious place to contact or to go seeking help and advice about a wide range of health and social care issues. This part of the facility should have a high level of community involvement with members of the local community along with local medical staff making up its Management Committee. It should create a culture of openness, be part of the community, be prepared to outreach and market its services and create a reputation for acting responsively to local needs. Profile of services in the Resource Centre include;

- *Health Promotion* - with a focus on a local resource that can be accessed by the public as well as the local Medical community, including a patient/client library, internet access, professional and client centred advice.
- *Social Services* - a “front window” for local social services with an opportunity to link local social issues more proactively into the development of local community action along with the development of local health and social services as appropriate.
- *Housing, Benefits, Citizens Advice* - Once again an opportunity at a local level to develop a one-stop advice service, helping local people to make better use of current services but also an opportunity to assess and meet local needs.
- *Voluntary/Community Groups* - will want to consider what role they wish to play in this centre. There is an argument that such a centre could as a minimum provide a database on all local groups which can be accessed by the community and local professionals. It could also provide “flexible space” to be used by Voluntary/Community Groups.
- *Primary Care Services* - The Centre could also be considered as a location for specialist GP services with the opportunity to capitalise on the wider range of services offered by the overall facility. Such services would also be open to GPs from the wider catchment. In addition, the centre could also provide a central

location for the wider primary care services. Pharmaceutical services, with an opportunity for local professionals to access advice about medication and medicinal products.

- *Mental Health Services* - The Resource Centre offers exciting opportunities for the local Community Mental Health Team to provide a range of services including individual and group psychotherapies, family therapy, local addiction treatment services, outpatient reviews and possibly a suitable base for the Community Mental Health Team.
- *Sports Injuries and Physical Activity Advice* - There is an increasing demand for these services and the centre with its access to the therapy services could again provide a local focus for this work. In the drive to tackle obesity and encouraging people to adopt a healthier lifestyle the centre could also provide programs to assess individual fitness, exercise tolerance and, in conjunction with the local leisure facilities, encourage the uptake of personal fitness programs.
- *Complementary Therapies* - There are a range of therapeutic and safe complementary therapies that could be provide at such a centre and which can give people a more positive outlook on life as well as helping them feel better. Such therapies could also be accessed by the patients in the inpatient centre.
- *Conference and Seminar Facilities* - In keeping with the spirit that this centre is a local focus for therapeutic activity, a resource centre should be able to offer facilities for the further education and development of staff. These facilities should be attractive and capable of using the latest technology and also open to local groups for meetings, etc.
- *Shop/Cafe/Restaurant* - Such a centre located within the community and part of the community should be a welcoming place to come to. The ethos is health and should be a venue for people to meet in pleasant surroundings and be able to have a meal, meet colleagues, exchange ideas and capitalise upon the opportunity to offer a range of well-prepared wholesome foods. In summary, this centre offers a wide range of potential opportunities for the local community. It will need imaginative and proactive management and can present the positive and more health promoting, health enhancing face of the community.

- *Medical college* : Medical college is envisaged to ensure the quality medical education to the students of excellent academic performance. The students can learn and experience the people's health and life style changes and the subsequent changes in the life span of the people. The decrease of mortality rate and the increase in birth rate and the result of it, population growth. There are no such quality education for the new generation students to excel their capacity and the capability.

Activities

A multi specialty Health Care and Retreat centre with holistic medicine which includes ***Allopathic, Ayurvedic, Homeo, Siddha, Unani and Nature Cure inclusive of Pyramid Treatment*** is a need of the community since such facility will pave the way for better curative interventions. We would like to construct and develop holistic medicine related facilities in 100 acres of land with all modern equipments and devices for the same. The specialty of the hospital will be that it definitely will pave the way for subsidized treatment opportunity to the weaker and financially backward sections of the community as well as a good **global health care research** and retreat centre for the aging population and foreign volunteers and health tourist with an eco-friendly atmosphere.

As part of promoting healthy life-style among the people it is proposed to promote yoga and naturopathy practices among the members of the Self Help Groups and those who are interested to follow it. As we know and stated before, majority of the people follow allopathic practices without properly understanding the ill-effects and side effects these medicines. Some of the medicines widely used by the common people for minor ailments bring forth several other health problems. Very often they themselves decide upon to take the medicines without consulting a doctor. These ailments can be easily overcome following systematic consumption practices and through looking

forward to traditional home – remedies and through herbal medicines. Therefore the purpose of this program is to induce the target people about benefits of practicing Yoga and naturopathy in developing a healthy life. Yoga practices and nature cure methods will promoted as a way of life. It is therefore expected to bring many changes in the lives of the target people.

Project monitoring & Supervision:

It is proposed to appoint required staff for proper implementation of the project as well as for the running of the Health Care and Retreat centre and all other institutions. The Director and the project officer called appellate authorities of the project will ultimately be responsible for the implementation and related activities. Their responsibilities includes coordination of the implementation of the project activities, organizing training programs, facilitating linkages with other institutions, supervision of the activities of the health workers , review of the project activities ensuring its sustainability. The health workers are supposed to carry out the field level programs aimed at motivating and training the leaders of the community based groups at the zonal levels under the leadership of the CBO's, motivating the people through informal meetings, discussions etc. There will be periodical meetings at the NGO and at the CBO levels.

Strategies envisaged in the implementation of the Project:

The following strategies are envisaged in order to achieve the objectives of the project. They are:-

- Conducting awareness programs
- Use of information, education and communication methodologies for the dissemination of the concepts and approaches
- Use of posters, leaflets, brochures and other publicity materials
- Street plays, puppet shows for creating awareness and education of the common people.

- Interfaces and public programs of health professionals and leaders of the local people's organizations
- Training programs for people's leaders and health workers
- Use of health workers for the immediate detection of infectious diseases and setting up community based monitoring systems.
- Promotion of waste recycling units.
- Public pressure building against the use of public places for the disposal of wastes, garbage etc.
- Formation of people's committees for surveillance to check the activities that threaten the ecosystems.
- Starting of medical college and multispecialty hospital.

Expected results:

The implementation of the project activities is expected to bring forth many changes in health status of the people in the project area. They are:-

- i. The project will influence the health seeking behavior of the people of the target area. The common people resort to allopathic medicines according to need rather than consuming large quantities of medicines even for minor ailments.
- ii. The target people of the project will become aware of the various problems related health and health care systems. The people will be conscientized about right ways of maintaining individual, family and community health standards.
- iii. Alternative health education program will reinforce among people the traditional practices of health care and as a result many people will start yoga practices, naturopathy etc.
- iv. The project will promote use and application of traditional home medicines and maintaining of herbal garden in each house.
- v. The information, education and communication programs will change the attitude of the people towards the public health care systems and

delivery machinery and efforts will be initiated to make the services more people and service oriented.

- vi. The implementation of the project measures will lead to controlling and prevention of the many communicable and infectious diseases.
- vii. The community and individuals become more hygiene conscious.
- viii. The waste management training will lead to reducing the quantity of wastes dumped on the public places and will create the surroundings more hygienic.
- ix. The insurance coverage will help the people who suffer from diseases to meet their treatment expenses and this will develop sense solidarity among the village people as they contribute to the pooling of the resources.
- x. Large numbers of families are expected start individual level waste recycling units and production of bio-fertilizers which can ensure the sustainability of agricultural activities.
- xi. The project will lead to rejuvenation of the environment. The target community will be aware of the emerging causes and problems related to environmental degradation.
- xii. The project will pave way for reducing the morbidity rate of the households in the project area.
- xiii. The project is supposed to bring promote a healthy life style among the people which will lead to controlling the increasing consumption culture, polluting the environment, re-emergence of the diseases once controlled and prevented.
- xiv. The project will facilitate better growth and development of the target community in particular and of the people at large.
- xv. The project will start a medical college and a good health research centre for the nation. This will result in the increase of the number of qualified health professional in the nation and the good health of the people.

Justification:

It has been fully accepted by all that environmental concerns must be fully mainstreamed into the development interventions because integration of environment would definitely bring improvement in the quality of life. For that we have to understand and define to what extent environmental factors matter as opportunities and constraints for development and then integrate them into the development planning. It ensures or puts sustainability at the heart of development. Given the complexity of the development, the various problems emerging along with it are creating innumerable threats to the existence of man and nature. Whatever be the achievement of the modern society in terms of science and technology, we cannot stay blindfolded to the various health-related issues. Health is considered a basic right of every citizen. The right to health embraces a wide range of socio-economic factors that promote conditions in which people can lead a healthy life, and extends to the underlying determinants of health such as food and nutrition, housing, access to potable water and sanitation, safe and healthy working conditions and a healthy environment. This obviously shows the prominence of health in our life and confirms that good health is the objective in our struggle for a better life. To achieve this we need to address the problems of health. Despite the enormous importance given by the government through various measures, the reality and statistics are thwarting all these claims of the Government. The present project is an attempt to create awareness among the people, to initiate self-disciplined efforts to lead a healthy life, to enable the people to find out ways means to reduce incidence and situation leading to ill health etc, It would certainly be a milestone in the community development process.

Moreover that mental health and related activities are part and parcel of the health care activities and for maintaining balanced health-related activities are needed.

Production of organic food and related activities are also a part of health care activity since consumption of foods produced by chemical fertilizers and pesticides leads to lot of diseases among the people. Environment protection and related activities are essential for maintaining ecological balance, soil protection and thereby protect the life of the people. In short the project is a holistic approach for the development of the village people.

Conclusion :

The total budget estimated for the program is Rs: 300 Crores(*Three hundred crores rupees only*) (*Attached Excel sheet for detailed budget*). We are expecting similar grant from the donor. The proposal is a dream and we assure our best co-operation for better results of the project and thereby help the poorest of the poor in our community.

Mohanakumar.E

Director
CADRE- India

Date: December 4, 2015