

NATIVE MEDICARE CHARITABLE TRUST

*20 YEARS
OF NMCT IN
PEOPLE'S
DEVELOPMENT*



Native Medicare Charitable Trust

Documentation of the Consolidation Process of Mission for 1988 - 2008



Native Medicare Charitable Trust,

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Origin and Purpose of NMCT

In the early and mid 80s the work of an Ethno botanist, Dr. A.S. Sankaranaryanan., took him to the tribal areas around Coimbatore. His responsibility was to train the tribals in agricultural practices so that they can produce more from their lands and come out of conditions of their poverty. But this was not happening as expected. A deeper analysis of Dr. A.S. Sankaranarayanan led him to the learning that lives of people in society are governed by economic, political and social factors in their inter- relatedness. He also realized the class / caste / gender and ethnic divides that cross cut the above factors.

His learning and realization led to more of frustration and helplessness than any definite answer as solution! He tried changing his methodology to motivate the tribals to increase their agricultural productivity, with little effect. This led to his realization that the factors of social, economic, political and cultural, there is an order of priority that governs the lives of different sections of society. In the case of Adivasis / indigenous people, he realized that the order was cultural and social being supplemented by the economic and governed by the political. India in its original form of non-materialism adopted for a mixed economy system subsequent to independence. In the mixed economy system composed by the socialist and capitalist components of economy, the non- materialist form of rural India had an identity and location for itself. This underwent a change in the transition from the mixed economy to market economy system of liberalization. The sections of the society are subjected to a stratification based on its ability *'for inclusion into membership of the market society'*.

A second realization of Dr. A.S. Sankaranarayan was that development of people and communities who are marginalized and subjected to conditions of poverty and deprivation, has changed from being an activity of *'good will'* to a social science with

definite *'cause- effect'* and *'means- end'* connectivity.



Adivasis in their Habitat



Adivasi Agriculturists



Empowering the tribal women

Helping people has a technology for its optimal effect. To enable a person come out of their (economic and attitudinal) Poverty, there are definite methodologies and processes that needs to be applied in their sequence. Most of all, it is important for the individual, family and community that is marginalized and deprived to take ownership

of the decision to come out of their condition of marginalization and deprivation. This happens through their collective identity as stakeholders in development. Community based organizations are the vehicles that make this collective identity possible.

The above leanings and realizations of Dr. A. S. Sankaranarayan led to his decision to promote an organization to undertake the mission of development of people who are marginalized and vulnerable. The section of the society that is excluded from the mainstream developmental process.

Native Medicare Charitable Trust (NMCT) came into being in 1988. As the name indicates, the mission of the Trust was three fold: First, to serve the native citizens of India, the Adivasis Indigenous people. Second to address the larger question of health and socio- economic context related to ‘*ill health*’ which affects the right for life and livelihood of an individual, and third, charity and compassion as an essential component of society for peace, harmony and justice in society. It is important for those who ‘*have*’ to share what they have with ‘*those who do not have*’. There is a natural and social obligation of every individual who ‘*has*’ to share it with ‘*those who do not have*’ since every individual in the ‘*those who do not have*’ section contribute to the possibility of the ‘*haves*’ having ‘*what they have*’

The first 10 years of the Trust was spent on its own road mapping. This included: building contacts with the departments of Government, building bridges with the mainstream production and commercial sectors of society, decision on stakeholders and designing the program of development.



Building Contacts with the Departments



Achieving basic needs of Water and Electricity



**Tribal Women Development
Profile of NMCT: 1998-2008**

Developmental Vision

“Sustainable holistic development among the underserved”

Developmental Mission

“Capacity building, promotion and support service towards achieving socio- economic empowerment”

Programs

Native	Medicare	Charitable
Organization of Adivasi / indigenous communities in Anaikatty hills for their quality of life that is culturally appropriate and enabling their participation in their sustainable development	Socio- medical intervention for adults and children affected by HIV / AIDS: Awareness creation, prevention and management program for industrial workers, semi- urban communities and children affected directly or indirectly because of HIV / AIDS	Alternate home for children directly or indirectly affected by condition of AIDS / HIV. Education to Children with socio- economic vulnerability

ORGANIZATION OF ADIVASIS

The Unschooling Adivasi Children are Organized for Regular Schooling, Tribal Women are Provided Training on Capacity Building, Entrepreneurship Training and Income Generation Programs



Organizing Children to Schools



Women Empowerment



Tamarind Processing



Vermi Compost

Intergrated Bio-Technological Intervention



Mushroom Cultivation



Charcoal Briquetting



Sambarani Making

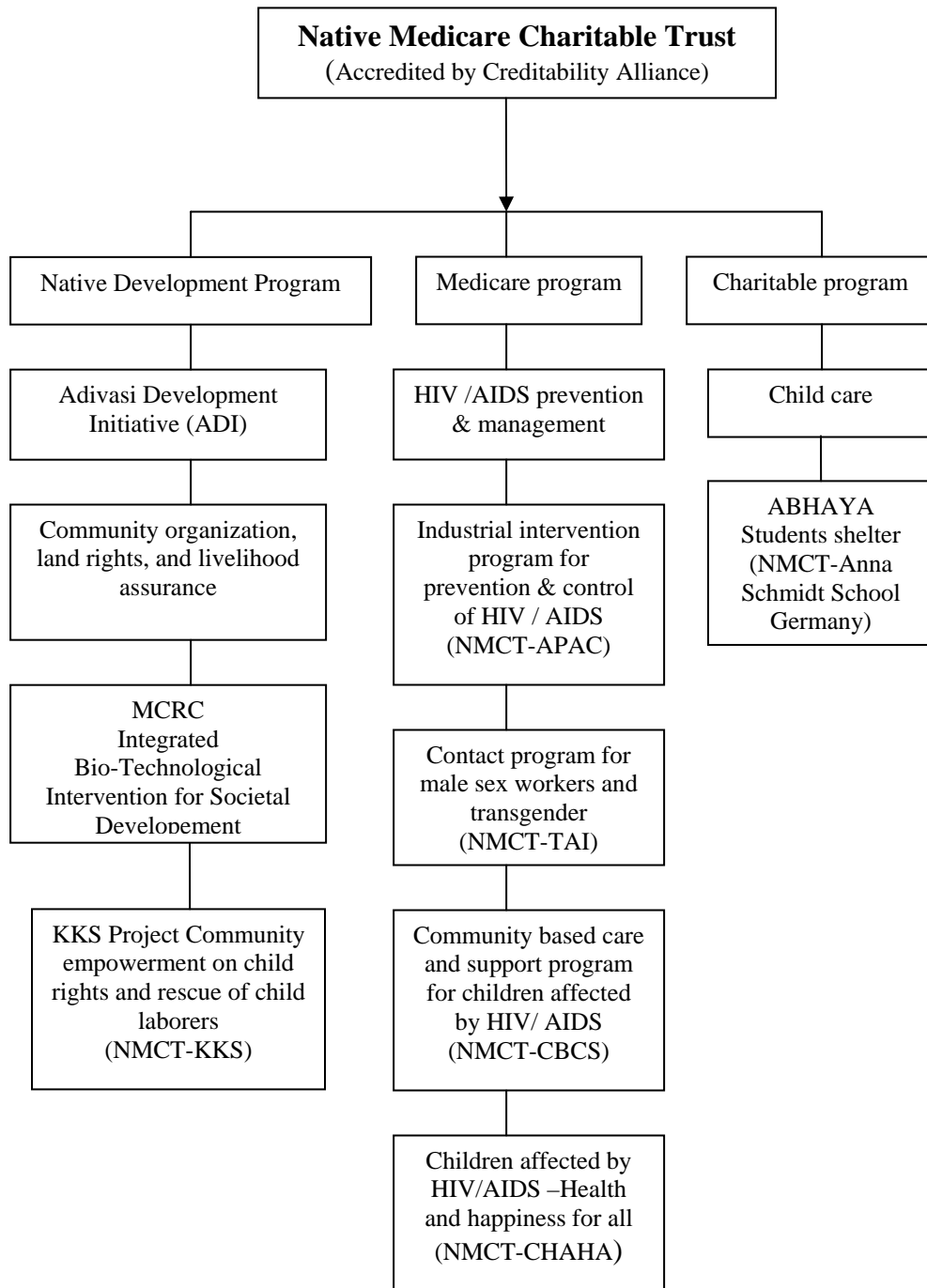


Colonal Propagation

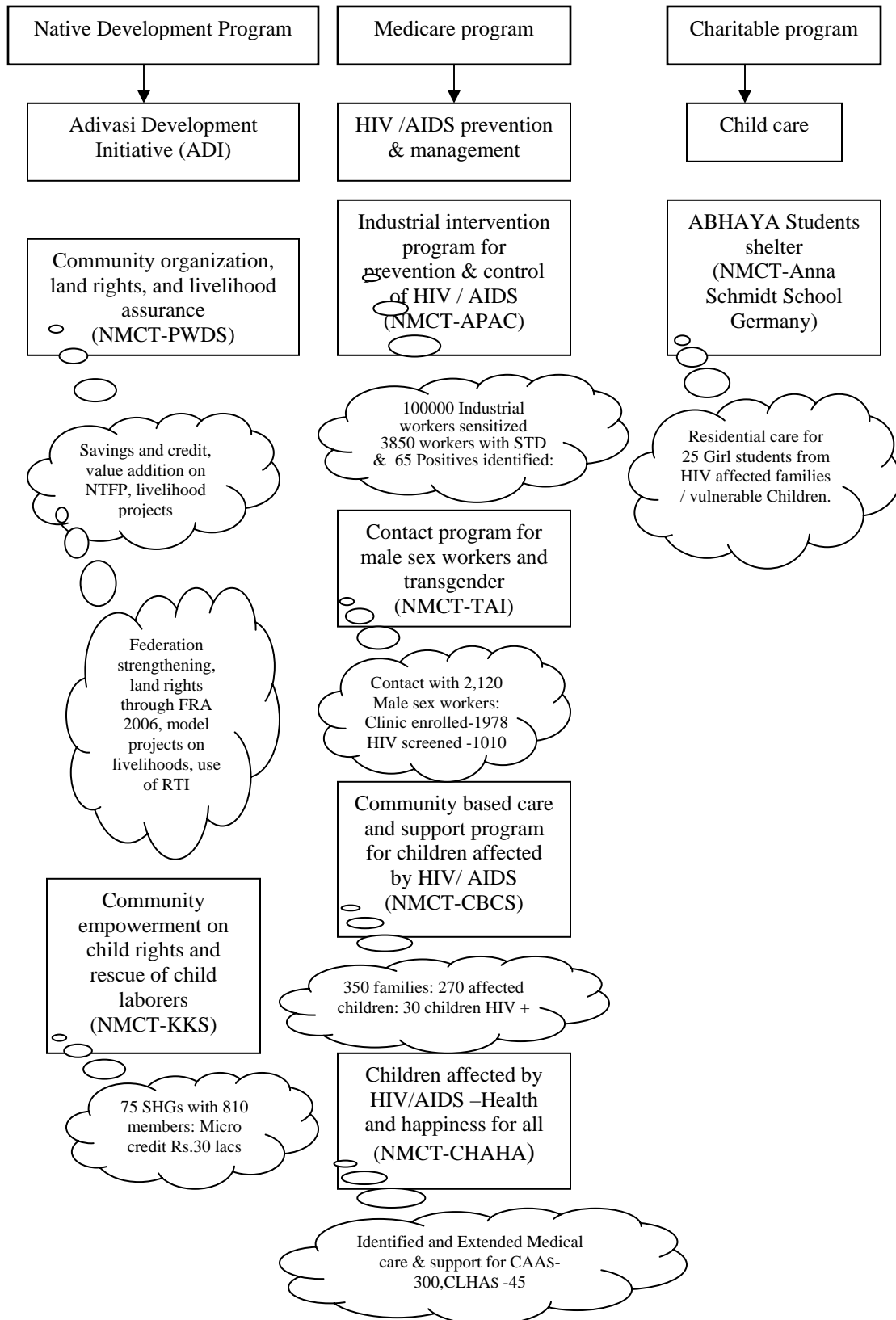


Vermi Compost Preparation

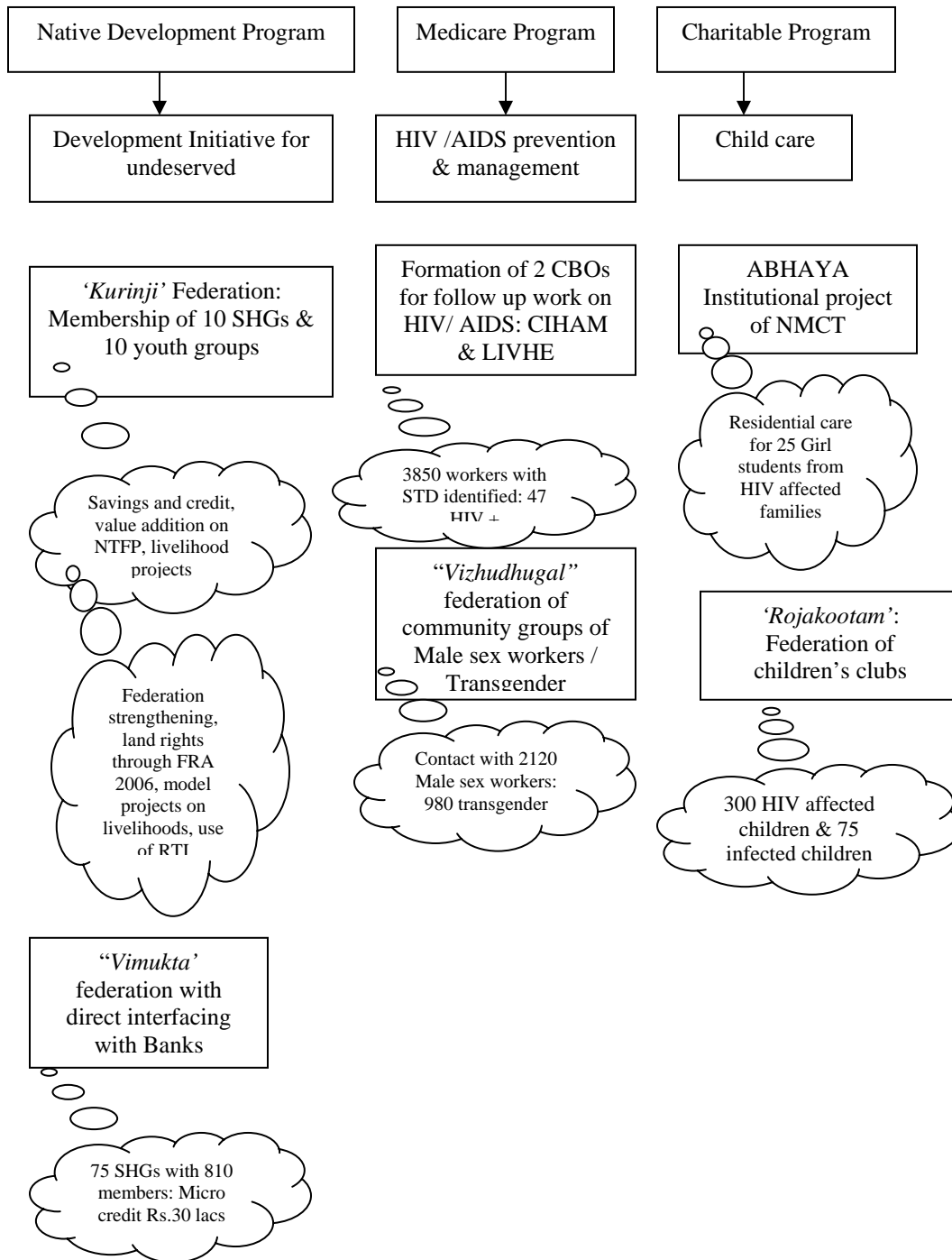
Projects to implement the programs of NMCT: 1998-2008



Development outcome of Projects in NMCT: 1998-2008



Consolidation of Projects outcome in NMCT: 1998-2008



Organizing Child Laborers, Mainstreaming to School and Women Development



Child Labour in Brick klin



VIMUKTHA Bridge Center



Training Sessions



Creativity of Children



VIMUKTHA General Body



VIMUKTHA FEDERATION -Meeting

Socio - Medical Intervention for Adults and Children Affected by HIV / AIDS:



Training in Reproductive & Child Health



Skill Development for Children



Education Support to School Students



Rojakootam children



Linkage with Lions Club



Gifts for Prize Winners

Consolidation of NMCT Mission : 1998 - 2008

- NMCT began project interventions to achieve its mission for the period of 1998-2008 on the principle of consolidating the developmental outcomes of the different projects through role transition with community based organizations promoted by NMCT.
- Under the above principle, all the outcome of project interventions on HIV/ AIDS has been consolidated through a two tier strategy:
 1. Promotion of two CBOs Consortium of Industries for HIV/AIDS Mitigation (CIHAM) and, Labor Initiatives for Voluntary Health Education (LIVHE) to undertake all the necessary follow up on prevention of HIV/AIDS and promotion of SPMD (Society for Positive Mothers Development) & PFPA (Positive for Positive Action) to provide sustainable care and support for the people and children infected by HIV/ AIDS
 2. Promotion of 'Vizhudhugal' as the federation of community based stakeholder group. To function on its own, facilitating NGOs and CBOs to work hand in hand for disease prevention and improving the life of the community
- CIHAM, LIVHE and *Vizhudhugal* are to be accountable for all the post project interventions of NMCT. The self help groups formed for transgender and male sex workers have also taken membership in *Vizhudhugal* as part of this consolidation plan.
- The community based intervention on prevention of child labor was through the project strategy of SHG formation. As the process of consolidation, the 75 SHGs

formed with 810 members have been federated into the identity of 'Vimukta'. The federation has an independent office and coordinator for its day to day management. The federation operates micro credit to the tune of Rs. 60 lacs as on date.



Interaction with Industrialists



Launching HIV Work Place Policy



Promotion of Vizhudhugal

- In the case of project work with Adivasi /indigenous communities, the consolidation is in two phases.



ADI Youth Group

- I. Consolidation of village level Adivasi groups (10 SHGs and 10 Youth groups) through the federation identity of Kurinji federation.
- II. Strengthening of this federation identity through ADI 2009. Under the ADI 2009 project, Kurinji federation will be a member of the federation of all the village based Adivasi groups promoted by NMCT during the period 2005-2008 through the ADI project.

- In the case of NMCT's intervention with children, the approach is dual, interrelated to each other.

1. '*Rojakootam*' will be the federation identity of children's clubs promoted by NMCT through the different projects during the period 1998-2008.
2. '*Rojakootam*' will be the representative identity of children in communities that will partner with ABHAYA trust which will be the institutional project of NMCT.

- Under the consolidation process for 1998-2008, the role of NMCT in the case of HIV/ AIDS (CIHAM, LIVHE & *Vizhudhugal*) will be referral and consultation. Interventions and interaction will be need based and context specific.

- In the case of women's organization (*Vimukta* federation) also it will be referral and consultation. Interventions and interactions will be need based and context specific.

- For the next phase of 2010-2015, the direct involvement of NMCT will be in three areas

1. Adivasi / indigenous community development.
2. Child care through ABHAYA and '*Rojakootam*'
3. *Resource Centre For Capacity Building and Empowerment aiming at poverty alleviation*



Hon'ble Home Minister Inaugurates ABHAYA



Children of RojaKootam Forum

Mile Stone Events and Impact in NMCT

- ✓ Awarded as Best NGO by District Collector in 2001.
- ✓ Best NGO award on AIDS prevention and control for three consecutive years (2005-2008) awarded by TAI-VHS.
- ✓ Honorable Minister Dr. Meira Kumar, present Speaker of Lok Sabha inaugurated an International Convention on Children and HIV / AIDS (2006).
- ✓ Honorable Sri. P. Chidambaram, present Home minister, Inaugurated the alternate Home for children in Kalappanaickenpalyam (2008).
- ✓ HIV/AIDS work place policy signed by 11 industrial managements in Tirupur and Mettupalayam area.
- ✓ Children's clubs under the name of ' *Roja Kootam*'. Federation of 7 *Roja Kootam* clubs with action agenda on child rights: right to study, play, be healthy and entitlement for parental and home care.
- ✓ ' *Vizudhugal*' the community based organization for male sex workers and transgender: 12 units with a total savings and credit operation of Rs. 2 lacs. Identity of *Vizudhugal* mainstreamed at the level of banks and departments of Government.
- ✓ A total number of 230 SHGs formed through Mahalir Thittam with a total membership of 5,000 members.
- ✓ Savings Rs. 15 lacs. Bank loans accessed Rs. 20 lacs. SHGs graded and mainstreamed at the level of banks and departments of government.
- ✓ A minimal assured income of Rs. 100/- per day (Rs. 36.000/- annual) established through livelihood projects. Members in SHGs operating micro credit successfully coming out of their poverty line.
- ✓ Children in the programs of NMCT being provided safety nets on child rights as per UNCRC.
- ✓ Recognized as a Demo center for HIV/AIDS intervention by APAC, Chennai.
- ✓ Registered as District Resource Center of TamilNadu Voluntary Health Association.
- ✓ Accredited by Credibility Alliance, Mumbai.
- ✓ Quadrangular approach of NMCT under the concept of PPP (Public-Private Partnership). Developmental interventions based on convergence of four stakeholders, namely:
 1. Stakeholders in their organized identity of community based organizations (CBOs).
 2. NMCT with the role of accompaniment and hand holding
 3. State, with constitutional accountability for the development of stakeholders.
 4. Mainstream houses in productivity, economy and commerce with corporate social accountability.

PART- I I

Organisational and Program Perspectives 2010 - 2015

Documentation on Organisational and Programme Perspectives NMCT : Mission II : 2010 – 2015

Introduction to Mission 2010 - 2015

The time duration of 1998 - 2008 is the first mission of NMCT. The projects implemented to achieve this mission of NMCT were consolidated during 2008-2009.

Subsequent to the consolidation of the first mission, NMCT initiated the process of formulating its second mission for the time duration of 2010-2015.

Developmental Perspectives for 2010 – 2015.

1. In Tamilnadu, the phase of awareness creation and organization has completed its purpose fairly well. This is due to access of information highway to every household in Tamilnadu. This is the phase of negotiation with stakeholders of development on their role, resources and accountability for process and results.
2. The current approach in development is mainstreaming. Interventions towards inclusion of the marginalized and vulnerable have the necessary pre- condition of mainstreaming. Developmental outcomes need to be mainstreamed for their consistence and sustainability of impact.
3. Organization of stakeholders, in the identity of community based organizations (CBOs) and their federated identities) are the primary partners in development. The role of the developmental organization (NGO) is to facilitate the CBO into its self reliance and self management with power for negotiation with players in the mainstream, namely the departments of the Government, representing the State and sectors of mainstream productivity with social responsibility.
4. Development is building on strengths, self – help and Positivity. Development is NOT perpetual dwelling with weakness, problems,

negativity and analysis on *‘Why things do not work? Or how others are responsible for the condition of oneself.’*

5. Development has its class/ caste/ gender and ethnic divides. What is practical is to acknowledge the liberalization effect on class / caste / gender and ethnic divides. It is practical to work on the broad divide of *‘pre’* and *‘post’* liberalization phases in India.

Organizational perspectives for 2010 - 2015

1. Resource mobilization and fund raising is an ongoing component of work of an effective developmental organization. Effectiveness of an organization is determined by its capability to mobilize resources and utilize the mobilized resources with cost effectiveness for optimal outcome and output.
2. Activities being done by an organization need to be categorized and specified for their nature and implications. The categorization is on: Programs, projects, events and schemes in axis *‘X’* of the organization. Axis *‘Y’* consists of the delegated and demarcated role between the organization and its other stakeholders. Cross cutting on *‘X’* and *‘Y’* is the classification of institutional and organizational forms of activities undertaken by the organization.
3. The organization that has a matrix of stakeholders has more scope and potential for its continued relevance and sustainability. For a service

organization in development, networking for resources with the State and mainstream identities of corporate and business houses is imminent. Concept of PPP (public – private partnership) is a feasible formula for the effectiveness of an organization.

4. Performance efficiency rate (PER) is a factor that determines the professional effectiveness of an organization. The minimal recommended PER for a professional organization is 60. The organizational systems and structure should be geared to accommodate its rate of PER.
5. A developmental organization (NMCT) is unique in its composition. Uniqueness of a development organization includes: very high contradiction between 'success and survival', hypothetical accountability and 'Serve Organisation, where the client does not pay for the services'. Management of a development organization requires a very specific system of organizational management, which can take care of the conditions of uniqueness.

Restatement of the Developmental Vision of NMCT

Inclusion of marginalized and vulnerable sections of society for their quality of life through self-help, productivity and mainstreaming.

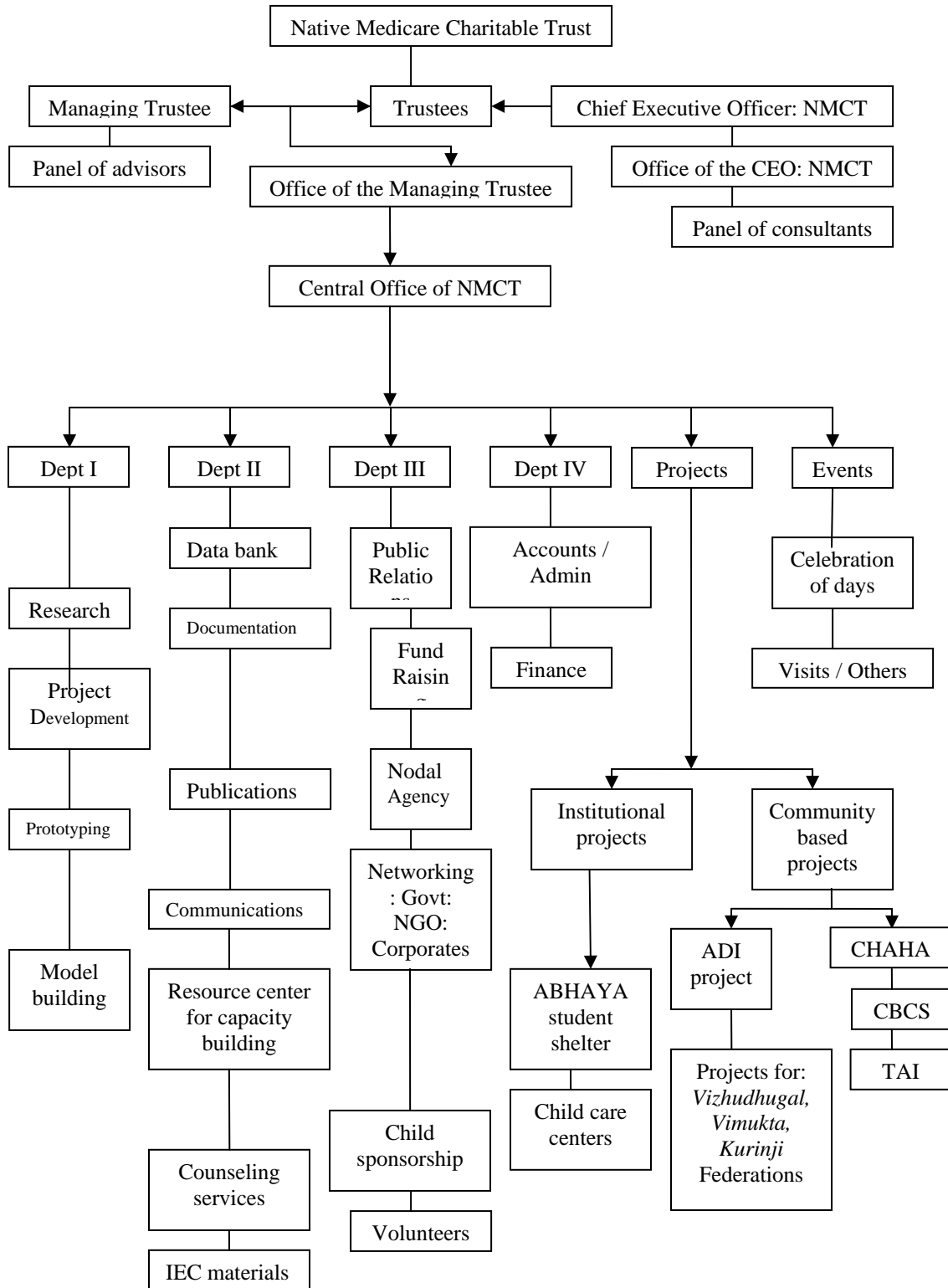
Organizational Vision of NMCT

A resource and service organization in social development with uniqueness, planned growth and professionalism.

Developmental Mission of NMCT

1. To be a nodal and resource organization to Governmental, non-governmental and community based organizations in the field of social development.
2. To contribute to the development and quality of life of marginalized and vulnerable sections of Children in society through charity and welfare and constructive development for Adivasi / indigenous communities towards their quality of life.
3. To be a Resource Center for Capacity Building and Empowerment Aiming at Poverty Alleviation.

Organizational and Program Profile of NMCT: 2010-2015



**Strategic Plan for 2010-2011: The Commencement of
The New Mission in NMCT**

1. The first year of the 5 year mission period will be used for making the organizational and program transformation in NMCT. This will be through an internalization of the consolidation of mission 1 and commencement of mission 2 in all the stakeholders of NMCT. This will begin with the Trustees. The consolidation of mission 1 and commencement of mission 2 for the period 2010-2015 will be officially acknowledged and approved as the decision of the Trust. The approval of the Trustees will include the organizational profile and program framework for the period 2010-2015.
2. The second preparatory at the internal in NMCT is formulating the internal structures and systems for the change from mission 1 to mission 2. This will involve, reformulation of the staffing structure, rewriting of job descriptions and a capacity building calendar for the staff to take up their new responsibilities.
3. The third step is program planning. For the year 2010-2011 at-least ten projects that create an impact on the mission have been identified to be taken up by NMCT.
 - 3.1. Nodal partner role in ADI 2010-2013 project. As part of replicating the experience and expertise acquired in playing a nodal agency role in HIV / AIDS, it has been decided that NMCT will undertake a nodal agency role for a group of 3-4
 - 3.2 A second project identified is replication of the student shelter model that has been successfully tested by NMCT. The proposition is to expand the provision of alternate home from present number of 25 to a sizable number. This project would involve raising resources for infrastructure such as land and building from Government and non- governmental sources as well as running costs through sponsorship program of NMCT.
 - 3.3. A Resource Center for Capacity Building and Empowerment aiming at Poverty alleviation.
 - 3.4. Other project propositions identified as part of this strategic planning exercise are:
 - 3.4.1. Technical projects on land cooperative, energy self reliance and model village in Adivasi areas
 - 3.4.2. Social watch on maintaining minimal code of sexual conduct in public places, subsequent to withdrawal of section 377: role to be played by members of the transgender communities
4. As part of strategic planning for the next mission of NMCT, a decision has been made that the proportion of resource mobilization for the work of NMCT the proportion of resource mobilization from Government: Donor agencies: Own means will be 40:30:30

5. Under taking programme orienting the development of children in need. The team of expert in the organization will work for this and advocate with funding agencies / Sponsors.

6. As part of 2010-2011 being a year of transition in NMCT, the year will have the accompaniment by a consultant who will assist the Managing Trustee in implementing the strategic plan as a means towards transition of NMCT from mission I to mission II.

END

ACCREDITED BY CREDIBILITY ALLIANCE -MUMBAI

LISTED WITH GIVE INDIA - MUMBAI

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