ANNUAL REPORT OF ACTIVITIES

RURAL WOMEN SOCIAL EDUCATION CENTRE (RUWSEC)

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Tamil Nadu, India.

ANNUAL REPORT OF ACTIVITIES

Introduction:

Rural Women's Social Education Centre [RUWSEC] is a non - governmental organisation working for women's health and reproductive rights for more than 28 years. The organisation is located at Chengalpattu, near Chennai, Tamil Nadu, India.

Achieving women's wellbeing through women's empowerment is the mission of our organisation. Our main focus has been on enabling women to gain greater control over their bodies and their lives, and achieving well being through promotion of gender equality and, sexual and reproductive rights. RUWSEC's overall approach has been to motivate, educate and organise women from poor and marginalised communities to stand up for their rights and become agents of social change.

Since its inception, RUWSEC was a grassroots organisation with community-based workers drawn from the local villages. In the year 2004, after the three year transition process, RUWSEC transformed into a 'support' organisation that facilitates field-based work on sexual and reproductive health and rights by other organisations and individuals. The transformed organisation had three *core focus areas:*

- *Providing technical and financial support to 'partner' groups constituted by women and men leaders who had been a part of RUWSEC for more than a decade and facilitating their emergence as independent entities with funding support from multiple sources. The idea was to channel the leadership skills and capabilities of RUWSEC's senior workers fostered through many years of capacity building in RUWSEC into running their own organisations, as a next step in their leadership development.*
- *Research, training and publication on sexual and reproductive health and rights. Research focusing on issues of priority for grassroots women in our area and aimed at giving voice to their perspectives is a major focus, as also health systems research with a gender and rights framework. Training and publication support is provided to other organisations/groups working on sexual and reproductive health and rights.*

A reproductive health clinic and its services now covers more than 50 villages in Kancheepuram district. RUWSEC clinic is the outcome of several years of work around reproductive health and rights with women in the local communities, who frustrated with the poor quality of services offered by the public sector and the high cost and insensitive and irrational services of the private sector, demanded a clinic

of their own that will serve their interests. In response to this, RUWSEC started a Reproductive Health Clinic in 1995 in order to provide an alternative facility for meeting women's health needs, even while continuing to lobby for changes in and more accountability of the existing health system.

In May 2009, we had a strategic planning meeting to sharpen our organization's vision, strategies and activities for the next five years. RUWSEC's founder secretary Dr.TK Sundari Ravindran and Mr. DJ Ravindran led the consultation. Our programme managers, consultants and coordinator participated in the planning. At the end of four days of detailed deliberations we came up with a clear list of strategies and activities for the future. The core values identified were that all our activities should be,

- *Empowerment and rights based*
- *Women centered and participatory.*

Our strategies would be to,

- *Bringing forth the voices of women and men from the most marginalized sections of society, especially dalit and rural poor communities.*
- *Promoting leadership skills of the above groups so that they can effectively participate in existing governance and accountability structures and other spaces for community participation.*
- *Developing critical thinking and alternative models in health care provision, research and planning for social action. Research, Publication, networking and advocacy activities can be carried out to compliment this strategy.*

Based on the vision and strategies listed above the activities of our organisation for the next five years (2010-2015) were finalised. They are,

- *Creating a cadre of young women and men who understand the social (including gender) determinants of health and especially sexual and reproductive health and become effective advocates for and promoters of sexual and reproductive health and rights. It will be done at two levels one at grass roots and another at district level in the form of fellowship programme. It was decided to continue the ongoing activities on promoting grass roots health leaders at village level in Kancheepuram district. A Fellowship Programme would be developed to nurture and build capacity of , district level cadres.*
- *Conduct research on gender, sexual and reproductive health rights and develop alternative research methods. The following were some of the research projects that we*

identified as important to initiate:

* *A community level programme to promote positive mental health and well being. Over the past three decades, RUWSEC has implemented several programmes like the prevention of domestic violence programme, the adolescent life skills programme that have brought in a significant change in the level of mental wellbeing among women in the community. But these have not been evaluated before in the context of subjective wellbeing or positive mental health promotion. The project which is currently proposed will integrate these programs into one comprehensive model. This proposed project will also contextualize these ongoing programs and evaluate their impact on promoting mental wellbeing in the community. The objectives of this programme would be to assess the state of mental health in the community, to enumerate the determinants of the state of mental health in the community and to plan and implement a need based program to promote mental health in the community.*

* *Analysis of pertinent secondary data on topics such as sexual and reproductive health and rights, inequities in health and health care; health systems changes and consequences for health equity; policy critiques based on relevant evidence.*

* *A qualitative study on women's experiences with breast and cervical cancer, to inform the development of a care and support programme.*

* *A study on understanding women's perspectives on medical abortion is proposed. This study will use qualitative research methods with various groups of marginalized women and with women who have undergone medical abortion to understand their perspectives on the procedure. The objectives of this study are to understand the perspectives of rural women and marginalized women on safe abortion, on the factors affecting access to safe abortion, regarding various aspects of medical abortion including decision making for abortion, factors influencing choice of medical vs surgical abortion, issues regarding access, affordability, appropriateness and quality of care and to understand men's perspectives on abortion and specifically various aspects of medical abortion one component of this study is being funded by WHO.*

❖ *Networking for influencing policies/programme and identifying networking spaces for social alliances and maintaining RUWSEC associates[1]*

❖ *Drawing on the resources and expertise that RUWSEC has developed in the community*

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1) It is a core group of individuals who had worked and associated with RUWSEC at different levels, most of them have underwent more than 20 months of trainings on gender, sexual and reproductive health rights issues. Worked as project officers and involved in conducting health education workshops at the villages. Currently they are actively involved in community work and influencing policies changes and demand better health care services.

to guide, monitor and review RUWSEC's future work in the form of RUWSEC resource group.

- *Develop Tamil literature on Sexual and reproductive health matters; An identification of gaps in the available literature will be done initially and based on the review; we could priorities our publication themes and topics. This review also helps us to identify partners for our publication activities.*

- *Set up a resource centre in the clinic where various cohorts like community groups, disease specific groups and health care providers can be trained and access the necessary information.*

- *Provide better quality of essential health care services with rights and women's perspective.*

  * *RUWSEC's Clinic/hospital is envisaged to be an alternative health facility in all respects: in the quality of health care it provides, its approach to women's health as related to their low status, its focus on enabling women to take charge of their health instead of being passive recipients of health care, in its treatment of women as intelligent and capable persons who will work towards improving their health if given the means to do so. The clinic is seen as much more than a service delivery outlet. This clinic is an attempt to translate that demand into an empowering process and to practice at the community level the 'Reproductive health approach' in all its comprehensiveness including fertility regulation, ante natal, delivery, post natal care, adolescent care, treatment of reproductive tract infections, safe abortion services, medical care throughout the life cycle of the woman and, which is designed, monitored and evaluated, from the perspective of poor rural women. We believe that we can be a pioneer in establishing bench marks for efficient, sensitive and rational services, in performing relevant community based, women centered research, and in enabling communities we serve to understand the intricacies of a health care system so that they may play a more informed and confident role in the planning, implementation and evaluation of the public health system through local self government.*

  * *Given this vision, and given the present status of improving public health care services in Tamil Nadu, we envision that RUWSEC's clinic will serve as a resource centre for the community. The clinic will thus act as a centre for health information, education and communication for the community, health promotion activities, health care accountability mechanism, capacity building of community health workers and continuing medical education for health care providers. The resource centre will be a bridge between the health care system and the community. It will be a place where a person could walk in and seek any health related information at any time.*

It was also decided in the meeting to rethink our strategy of implementing field programmes through 'partner groups' and also set time line for us to support each of the groups. We visualized that in 2004, each of the partner groups would evolve in to an independent organisations. But it dint work as we had imagined. Despite the many problems faced by the partners in running an organisation, the work they carried out was substantive and effective, so, we decided to keep the work going but to relieve the groups who could not manage of the managerial responsibility of running an organisation and to integrate them into RUWSEC once again. Serious of consultation with the partner groups were held during September 2009 - February 2010. Based on the outcome, it was decided to continue the support one group for another year as it emerges an independent organsaition and submit proposals to different agencies on their own. So, an exit strategy of activities was evolved and we will continue to technical support for the team. The members of the other two groups will be appointed as RUWSEC staff and will carry out activities as earlier.

HIGHLIGHTS OF ACTIVITIES 2009 - 2010

This is the fourth year of implementing field based programmes through partner groups. The field activities of each partner groups have made significant progress and created sustainable impact in the community. During the financial year we supported four 'partner' groups and the activities covered eight administrative blocks in Kancheepuram district. Routine field monitoring and capacity building training were given to the members. We are happy to state that the activities of our partner groups have wider our reach.

Innovative field programmes on gender, sexual and reproductive health rights and social justice through 'partner' organisations

Life skills education programme for adolescents and young people

The school based life skills education programme for adolescents is executed in six administrative blocks in Kancheepuram district. Two partner groups are involved in this programme. In schools the programme is mainly implemented through school teachers who are trained to be life skills educators. Under this strategy, during 2005-2010, about 217 teachers from 128 schools (Government schools, Harijan Welfare schools, Association for Sarva Seva Farms (ASSEFA) aided and Church of

South India (CSI) , Roman Catholic run institutions) in our district were trained as life skill educators. A one- day refresher training cum experience sharing session was conducted for this cohort of teachers. A majority of the schools the trained teachers conduct workshops for 8th, 9th and 10th grade students. In a few schools, they only share the key information with students, because there is shortage of teachers and they are overburdened to complete the school syllabus. During 2009-10 a new batch of 50 teachers working in ASSEFA aided schools were selected and given five days trainers training. Annually about 20,000 adolescent boys and girls have benefited from this activity.

Secondly, in order to understand the current needs of adolescents and youth and to have links with them the team members also directly conduct workshops in selected schools. This year they conducted life skills education workshops in 18 middle schools (13 high schools and 5 private schools in Kancheepuram district) and for National Service Scheme [NSS] students in four colleges. Through this programme 3038 adolescent boys and girls and 400 college students benefited in the year. Special camps were also conducted for the students in the teacher training institutes and young people working in two factories.

Improving quality of care in rural public health facilities and strengthening accountability structures

In order to provide better quality of health care services to poor people in the rural areas, we have been providing counselling services in government health facilities, organising special camps, gender and SRHR workshops for different community groups and worked with community members to strengthen community-accountability mechanisms. During 1998-2008, we provided counselling services in primary health centres (PHCs) and health sub centres (HSCs). In 2008, district health officials refused to give the permission to continue the collaboration, and with the permission of Taluk and District hospital authorities we begin counselling services in public hospitals. This is done on one day a week, on the day that pregnant women come for antenatal services). Special health education camps for pregnant women are conducted in remote villages with the support of Anganwadi[2] / Integrated Child Development Scheme (ICDS) workers.

In order strengthen accountability structures in public health care system, training programmes were conducted for the community members of Village Health Water and Sanitation Committees (VHSC) and Rogi Kalyan Samities (patient welfare societies) formed under the National Rural Health Mission [NRHM]. Both health

[2] Anganwadi is a government sponsored child-care and mother-care center in India. It caters to children in the 0-6 age group and pregnant women. It provides supplementary food and nutritional powder to pregnant women.

care providers and community members are in the committees. We stated providing SRH training sessions for community representatives on these committees in the year 2008. A three- day orientation was conducted last year and this year a follow up training of two days was organised for the group on the role of health and sanitation committees in improving health care services for the rural population. Another important component of the programme is to organise regular training sessions for elected panchayat women ward members. During the period one day training on reproductive health was conducted and 22 women from 20 villages participated.

As a part of health education activities in rural areas, special health camps and workshops were organised for women from Self-Help Groups, pregnant women, older women and youth. For the self group women a workshop on the role of health committees and maternity benefit schemes was conducted in 16 villages and each of the villages 19-57 women attended. In the older women's camp 34 women attended, the issues covered in the workshop was on reproductive health problems of post menopause women. In the youth camp, 30 unmarried girls and 28 boys attended. The topic of the workshops includes gender and reproductive health. For men, the health consequences of alcohol and addictive substances were dealt. In order to promote gender equity and sexual and reproductive rights among young married women and men, a special workshop was organised for newly married couples. In the first training only 4 couples participated. But for the specialised counselling provided for the target group in the Madurandagam, community health centre.

Prevention of Violence against Women

The prevention of violence against women programme, adopts a unique strategy. During 1998-2010 Community based Women's Protection Committees have been formed in 70 backward villages in Kancheepuram district. Each committee consists of about seven members drawn from women and men leaders in the community who are provided training over a sustained period on issues related to gender-based violence. The Committee is responsible for prevention of domestic violence within households in their villages through counselling and advise to men and through active intervention to stop violence. They provide temporary shelter for the victims of domestic violence and when a need arise they refer them to suitable places [shelter homes, health facility and legal aid]. Each committee has provided assistance to 10-12 women on average

annually. This year the committee referred 29 women experiencing domestic violence to RUWSEC's team members for further services like health counselling, health care and legal support.

This year a consultation meeting was held for all these committee members. They were briefed about the Domestic Violence Act and the appointment of district level domestic violence Protection Officer. In the meeting, the protection officer was invited and she gave a special lecture, it facilitated a better discussion of handling issues related to domestic violence and also paved way for creating linkages with the protection officer. Towards the end of the consultation they both agreed to refer cases mutually and make use of the potential resources and services.

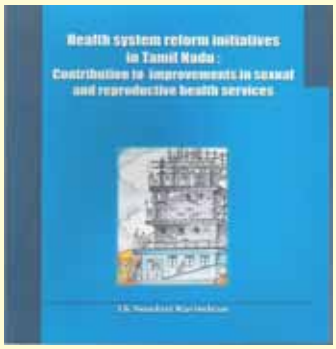
As a part of up-scaling our work and addressing the felt needs of pregnant women, we started sensitising workshops for anganwadi/ICDS workers on domestic violence. It was observed from during our field interactions and also study done in the year 2009 by Population Council on 'Situation and Needs of Youth In India' we found the instances of domestic violence increase multi-fold, so people who interact more with the pregnant women should be sensitised on issues related to domestic violence. Taking account of all these and also as a step towards up scaling the programme 170 Aganwadi workers in Kancheepuram district were given first round of trainings for two days on gender based violence and how being a service provider they can play an effective role in supporting and assisting women experiencing domestic violence.

Protection and promotion of human rights of 'dalits' and strengthening participatory grass root democracy

The Protection and promotion of human rights of 'dalits' and strengthening participatory grassroots level democracy programme successfully completed its full term of two and half years. The main activity during the period was on providing follow-up training to the human rights defenders and to raise voice against any rights violation. The programme had a better impact in the community and steps were taken for sorting out issues related to 'dalit' rights. In continuation to the previous year the human rights defenders and the water protection committee members received follow-up trainings. The project activities came to a closure in September 2009.

Research on Gender, Sexual and Reproductive Health Matters

The research papers and reports brought out by RUWSEC during this financial year has provided strong evidences for listing key advocacy issues on SRH in our region. We are disseminating our results widely and strongly believe that the reports could definitely pave the way for necessary policy change.



A research report on Health Sector Reforms Initiatives in Tamil Nadu was published this year. The study examines the aspects of recent reforms which aim to improve sexual and reproductive health care services in the state. We have also printed another research study report titled "Patient Welfare Societies, health committees and accountability to citizens on sexual and reproductive health: Lessons from Tamil Nadu". The printed version of both the reports have been widely distributed among policy makers and public health advocates as they have rich information on issues related public health care services and SRH. Both the reports are uploaded in our website www.ruwsec.org. They gained appreciation among many like-minded people and organisations working on similar issues.

The analysis and reporting of the study on "Privatisation and its consequences of Sexual and reproductive health care services was carried out in the year. The study has two components; Secondary data review on the consequences of privatization of care that are taking place in four countries in South East Asia, (Thailand, Cambodia, Laos and Pakistan). The report was submitted to ARROW, Malaysia. As a part of disseminating the findings widely an article which exhibits the situation of four countries was written and published in ARROW for Change newsletter as a special article.

The second component of the study was to document the consequences of privatisation of health care services in India and the changes and consequences of it and case study documentation in Tamil Nadu. Detail analysis and reporting was carried out and the report study was submitted to ARROW. They appreciated the efforts taken in executing the study. The summary of our case study was published in their recent publication on ICPD +15 monitoring country reports.

A study similar to the one carried out in Tamil Nadu was also done in Andhra Pradesh with the support of Academy for Nursing Studies, Hyderabad. Based on data provided by them and further research, a report was completed and submitted to Witswatersrand University, South Africa.

Using our Management Information System [MIS] an article on Substance use among men in Tamil Nadu was prepared and sent to journals for publication. This article was published in the Indian Journal of Population and Education in their September 2009 issue.

Results of the research study on privatisation of health care services were presented in the Asia-Pacific conference for Midwives as per the request of ARROW, Malaysia. Another presentation on Safe delivery was presented in an expert group consultation held in Chennai.

Population Council, New Delhi and International Institute of Population Studies [IIPS], Mumbai jointly conducted a study on "Youth in India - Situation and Needs study". They planned to have a dissemination meeting in Chennai and share the findings of the study in Tamil Nadu. They requested us to help in inviting organisations for the meeting; with the help of our data base we provided the list of organisations. They too invited us to present about the activities implemented through the Prevention of violence against women programme and we presented our activities in their panel discussion on VAW.

World Health Organisation recently approved our proposal on "Understanding women's perspectives on medical abortion." This will be carried out in the next financial year. After getting the permission from Indian Council of Medical Research-ICMR the study will begin in the middle of 2010.

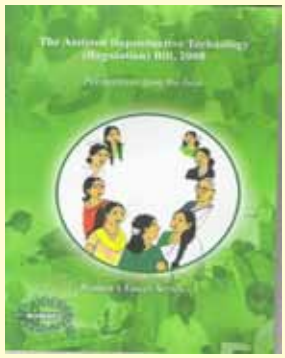
Research studies planned for the next financial year,

- Women's mental health in rural Tamil Nadu – a qualitative study.
- Experiences of women surviving reproductive cancers.
- Impact of prescription drug information handouts on patient's treatment experience.
- A Nutritional program for improvement of dietary consumption in rural Kancheepuram District, Tamil Nadu.
- Diabetes peer support groups – dynamics and impact.

Bringing out Popular health education materials, resource books and documents

This year few of our earlier publications were revised and reprinted. 11 Pamphlets on contraceptive methods and pamphlets on vaginal discharge and Urinary tract infection was sent for review and then revised reprinted. Similarly a resource book in Tamil titled "Namathu Udalum Seyalkalum" was revised and reprinted.

A document on Life skills Education Programme in Coastal Districts of Tamil Nadu, which prepared under UNICEF project was also published this year.



In 2008 we had a consultation meeting with women's health advocates on Assisted Reproductive Technologies [ART] Regulation bill 2008. The meeting report was also brought out as a document to circulate widely so that the 'voices of grassroots women' their concerns reach wider audience.

Advocacy from the bottom up

An expert group consultation on safe delivery was conducted in Chennai in the month of September 2009. The meeting was organised in collaboration with CHC, Bengaluru. The objective of the meeting was to define "safe delivery" from the woman and baby's perspective and develop criteria both technical and non technical that would define a safe delivery. 25 Eminent public health experts working in different part of Tamil Nadu took part in this consultation meeting. In the meeting the members debated on issues around safe delivery and quality of care issues. They participants expressed that all the institutional deliveries are not safe and there are complications in it. Tamil Nadu government's recent initiatives on promoting universal institutional delivery have had complications in institutional deliveries due to poor referral linkages. So, deliveries irrespective of place should be safe from the women's perspectives and rights. Following this meeting a grass roots group meeting was organised in the organisation premises in December 2009, wherein 28 women comprising of women from the villages and people working on health participated. In the meeting women expressed that government provides incentives to increase institutional deliveries and moreover one cannot blindly say that all deliveries conducted in health centres are safe. They too stressed that the place of delivery is not important but the procedure and quality of care provided should be the core component, which defines safe delivery. At the end of the consultation a safe delivery definition was drafted and a statements of concern emerged in the consultation was widely circulated. The concerns emerged in the two meetings were circulated through emails to people working for women's rights and health

Following a consultation with grass roots groups on promoting safe abortion and preventing sex selective abortion that we had in February 2009, a campaign group was formed and a steering group formed in September 2009 to take it forward. It's a group of women, women's health advocates and grass root NGO's. The group took initiatives in preparing materials on safe abortion and planned on taking ahead the campaign. During the reporting period they prepared a training manual for young people and short messages to be telecasted in the local cable television network, have also came up with a list slogans.

Trainings for other NGO's and women's groups

Trainings for ICDS workers were conducted in five administrative blocks of Kancheepuram district this year. Trainings were also conducted for women in SOS Children's village Tambaram and NYKS volunteers in Pondicherry.

RUWSEC Associates Meeting

In order to provide regular updates on various health matters among ex-members of RUWSEC, a periodic consultation meeting cum training session was planned and conducted this year. The first meeting was held in February 2010 for the members of Thiruporur block of Kancheepuram district. In this consultation meeting 54 persons from 44 villages participated. The information on safe abortion and medical abortion was shared with them as many were interested in providing external trainings towards the end of the meeting; a resource group was formed so that they can contribute to handle training sessions for the new groups.

Reproductive Health Clinic

The activities in the Reproductive health clinic showed good progress this year. Dr. Subhasri was appointed as the Clinic Director. It was observed that women accessing our health care services have improved. A total of 17,138 people accessed the clinic and 381 patients underwent Siddha treatment. These numbers are significantly more than the previous years. 937 Patients availed of the laboratory facilities for various tests related to fever, jaundice, diabetes, antenatal tests. 321 Patients used the ambulance services.

The obstetric and gynaecological services have seen an upswing over the last couple of years. A total of 2156 consultations were held under these services. While delivery services have largely moved to the public health care system, we have been successful to some extent in filling the gaps existing in other reproductive health services there. 18 Women chose to have medical abortions in our clinic while 3 women were treated for abortion complications. After the introduction of the condom box, 3160 condoms have been taken out in the last year. Treatment is being given for menstrual disorders, reproductive infections, uterovaginal prolapse, breast disorders and other common gynaecological conditions.

A young Siddha physician joining the team and provides consultation once a week. People acess the siddha services for dermatological problems, rheumatological problems, and, acid peptic disease Siddha preparations are also being made at the clinic from local herbs and sold at low cost to the community.

A dedicated counsellor has also joined the team from May 2009. This has seen an increase in the number of patients being offered special counselling 2978 persons on the last year. One significant aspect has been identifying amongst women patients

of the clinic victims of domestic violence and offering them appropriate support services.

An exit interview was conducted with 100 outpatients and 4 inpatients in the clinic in November 2009 by a member of the Resource Group. The findings of this helped us to plan out systems to meet and fulfil the expectations of the community from the clinic.

Of the various programmes on livelihood and health carried out with self help groups over the last few years, two programmes have been chosen for continuation and expansion - these include the nutrimix programme and the health fund programme. An attempt to federate the self help groups making nutrimix powder so they can function independently is ongoing. We hope to expand the health fund programme to more groups in the next few years.

Health leadership training

RUWSEC started a health leadership programme for women in the community - the objective of the training is to develop knowledge on gender and health, with a focus on sexual and reproductive health; as well as leadership skills, so that these women can become change agents who demand better health care services. We also hope that this capacity building programme will create leaders at village level who will be resources for better utilization of allocated funds and better participation in health and related programmes by the community. Twenty two women from various villages have been trained in the first batch of this programme. We hope to expand this programme to other outreach villages in the next years.

Resource Centre

The public health care system in Tamil Nadu is now delivering services for pregnancy, labour and delivery through its primary health centres. Given this scenario, RUWSEC clinic has made a conscious decision to focus itself on delivering other reproductive health care services not offered in the public health system and to function as a resource centre on health for the community. Several activities on health have been planned for the community as part of this. During the A(H1N1) epidemic in 2009, RUWSEC fulfilled the community's need for information in various ways - handbills on the influenza were printed and distributed widely within the community - these were then circulated all over Tamil Nadu by the Tamil Nadu chapter of the People's Health Movement, a health education programme by district government officials was organized for the community, standard treatment guidelines of the government were disseminated to all practitioners in the area.

Community based reproductive cancer screening, care and support

RUWSEC has been concerned for several years about the high incidence of

reproductive cancers, especially of the cervix and breast, in the women in the community and lack of any screening programmes addressing these. A community based programme offering screening for all women in the target age groups (through Visual Inspection with Acetic Acid for Ca cervix and breast examination for Ca breast) has been planned. As a pilot phase of this programme, such community based screening was carried out in two villages close to the clinic. An initial awareness programme on reproductive cancers and the need for screening was carried out with the help of cultural programmes by clinic staff, meetings with men and women in the community and involving youth. The screening was organized in the local school. Several learning's came out of this experience - this included the need for an intensive campaign to motivate asymptomatic women to come for screening, the need to involve men, and the need for intensive follow up of those screened positive. We hope to use this experience in the larger programme planning to cover 60 villages.

Funding

Innovative field programme activities of the three 'partner' groups, core expenses of the central unit and clinic running cost expenses were carried out from the interest earned out of corpus fund that we received from Ford Foundation in the year 2000. We are also fortunate to receive financial support from ARROW - Malaysia and School of Public Health, University of Witwatersrand in South Africa for a research study on privatisation of health care services. CCFD, France has supporting us for the programme on human rights of 'dalits' and strengthening participatory grass root level democracy.

Financial support for the salaries of the clinic staff was received from Erica and Jane Royston, Switzerland. Clinic medicines are purchased from user fees collected from clients. We have also received financial support from our friends and well wishers. Equipments and special camps were conducted through the financial assistance provided by ASHA Trust, London, Dr. Muthazhagu and Dr. Srikripa USA, Dr. Sudarshan, UK, Mr. Balakrishnan and Lion's Club of Thirukazhukundram. Quaker Society, Geneva provided a contribution that was used to support the pilot phase of the cancer screening programme.

A US based charity Sarathy Foundation agreed to support us to begin community based reproductive cancer screening, treatment and support programme. World Health Organization has also sanctioned a research project on medial abortion and we have applied for Indian Council for Medical Research- ICMR clearance. Both the projects will commence from the next financial year.