

KALYANIA – A SOCIETY COMMITTED TO THE UPLIFTMENT OF POOR

In a winter morning, I took off from Kolkata, a metro in W. Bengal on a 1990 model Ambassador car going northward - destination – Kalyani, with an express purpose of getting a lowdown on the workings of a charitable Society – Kalyania, functioning now for over a decade for the upliftment of the fringe dwellers. After two hours of journeying along tree-lined expressways, I ultimately reached my destination Kalyania apparently lodged in a two storied building facing a park. As the car stopped, I was immediately fascinated by a huge banyan tree at the centre of the park through whose foliage rays of soft sunlight filtered into the ground. The banyan tree, well platformed all around providing squatting space where more than hundred eager children of both sexes were gathered around a lady teacher drawing a sketch on the black board which the children were drawing in their sketch book to be color-filled subsequently. In front of the building of Kalyania, I was received by several senior people with open arms and following a brief period of introductions over a cup of tea and cookies, we finally sat down – me and three senior management people of Kalyania, the In-Charge of the Kalyania-run free primary School – the Suhasini Sisu Niketan – Mrs. Kabita Basu, a retired College Professor, Mrs. Gayatri Chatterji, the retired Principal of premier Girl's College, winner of President of India's award for excellence in teaching and school running, now advisor to the Suhasini Primary. As I listened to these people - the story of the town Kalyani and the Society Kalyania gradually unfolded.

The Town Kalyani

The town Kalyani now located at the southern fringe of District Nadia bordering the 24-Parganas (N) town of erstwhile Havelinagar, now known as Halishahar. Kalyani was not known even as early as prior to India's independence in 1947. Instead there were clusters of families living in groups, some belonging to the then well known kartabhaja sect and migrant santhals who often moved, at least once a year from their main centre in what is now known as Jharkhand state to Krishnagar in the lookout for earning bread and health care. During the 2nd World War, a British army base was created at Kanchrapara with their shooting range located where Kalyani now is. It then became known as Chandamari a Bengali word meaning shooting range. Towards the final stages of World War II, USA became involved in the War and through a deed signed with the British Government, a huge chunk of land in and around Chandamari was given on a 100 year lease to US. They called it the Rooseveltnagar and developed a well-laid out town plan with major concrete roads for heavy duty armored vehicles, flanked by Halishahar on the South, Kanchrapara at SE and Jessore (Bangla Desh) on East. Far to the north was Krishnagar an old town, the Headquarters of District Nadia, connected by railway to Kolkata. Thru Kalyani Halt. After the war, the army left the place and gradually it again became covered with jungle – mostly shrubs of lantana and some babool trees. Came the independence on 15th August, 1947 but beyond Kanchrapara no development plans existed till the Annual Congress Meet was scheduled for Roosevelt Nagar which was now renamed Kalyani by the then Chief Minister of West Bengal, Dr. B. C. Roy. Most of the main street arteries built by US army were resurrected; a large number of residential quarters were built, connected by tree-lined roads, supplied with electricity, water and underground drainage and surface rainwater drainage. That was 1951.

Once the congress was over, the Government of West Bengal decided to develop two satellite towns – one in the West around the prestigious power plant at Durgapur and another in the north of Kolkata – the Kalyani. The town grew slowly inspite of the beautiful layout, the modern amenities and sundry and gradually became the resting place for the retired elite Officers, educationists, writers and sundry. Today, the town has four Universities – General, Agricultural, Veterinary and Medical, two advanced Engineering Colleges, several Government and private hospitals and Nursing homes and well connected all around both by highways and expressways, railways and is close enough to an International Airport. Coming up are several IT related Centres.

At the independence, India was craftily divided into two countries on religious grounds and in the process Bengal got divided into West Bengal in India and East Pakistan. Result was a whole lot of bloodshed, animosity among friends and huge migrations in millions. These Hindus had to be relocated. Along the river Ganges, the huge population of migrants having fishing as livelihood were allocated along west of Kalyani – east bank of river Ganga. The town remained sparsely populated for long with wide open spaces linking clusters of residences. These empty and large pockets in the township gradually got occupied by these migrants – as migration continues even now, even after East Pakistan became Bangla Desh in 1971. The subsequent migrants were extremely poor, unskilled and had hardly any means of bread earning. It takes a lot of time for turning such people into a coherent working group and this is where the back up support was crying out loud for action.

By the time I learnt about the brief history of the town, its birth and growth, it was ten o'clock. We took a break for breakfast consisting of the meal normally served to the School children, visited the small, yet neat classrooms with disciplined, cleanly dressed children and each class being attended to by a teacher. Under the banyan tree, the children were finishing their drawing assignment being constantly guided by one senior and the lady teacher. She, I learnt subsequently, had lost her voice permanently and yet found a way of communicating.

After an hour's break, we huddled together again and now the story of Kalyania unfolded

Kalyania - Background:

For some of those who lived in Kalyani and established themselves, Kalyani, an otherwise beautiful well laid out town was pock-marked with slum dwellers all around - an offshoot of Bangla Desh related migration problems, as stated. Many of the later migrants remained uncared for, living in roadside and riverside shanties with no availability of civic amenities of the town, no education motivation for their children as every member, child or grown up had to look for transient food sources. The parents lacked awareness in birth control, child health care, hygiene and had little time to think about the luxury of their children's education. Then there were the women folk who had little option of earning other than as unskilled household maids or failing that, adopting the World's oldest profession.

Finally, the town being largely residential, had an increasing population of gerentologically advanced seniors who needed especial care with love as in many cases their children were working in distant pastures.

With these divergent sections of the society that needed help and support, a group of people consisting largely of Doctors, University Professors and retired execs established the Kalyania Society in 1998 with the objective of providing succor to those who need them most. Since then it has grown involving a good section of like-minded persons – young, middle aged and old.

Key Objectives of the Group: The key objectives of the group identified initially were:

- Health care for children, women, the old in the identified communities deprived financially, psychologically or both;
- A life support system for the gerentologically advanced
- Guidance in holistic education for deprived children living by the river bank or ghettos.

Kalyania started its activities in 1998 through a free outdoor health service for the people over a grossly identified command area in a rented residence at B-1/275. The two bedrooms were converted into ‘old age home’. The verandah was converted into a makeshift outdoor clinic where Doctors attended the sick and the infirm. At different hours the same was used for the coaching classes initiated by Kalyania for those who needed additional educational support but could not afford it. Excellent teachers from elite schools came forward eagerly to help out free and participate in coaching, especially for students from class VII thru X. This being a delicate adolescent group, their interest in learning waned gradually and the teachers also started losing interest as they could not apparently bring about a major change in the mindset of these children. A different approach was apparently needed – an approach where basic values can be ingrained from the childhood. Further, the children were growing up in an unhealthy atmosphere, bereft of any kind of schooling, leading to physical and mental trauma. They needed to be absorbed into a regular system where, while they learn, they also realize that there is another and better World ahead if you try. They needed to be guided and shown the path to better living and this had to start from their childhood thru adolescence to adulthood for a healthy mind set. Suhasini Sisu Niketan was started in 2003 with six children and one voluntary teacher. This provided the impetus for starting a primary School.

It was felt increasingly that while attending to health was cardinal to better living, this alone will not render these people ‘free’ of their predicament. There was a need to change their attitude towards life and its expectations through a holistic change in the mind set. Given their life style – manual labour the whole day for a paltry sum – that led to dependence on booze and women in the evenings, leading to very little to feed the family members or provide for the bare essentials. Increasing or supplementing the income for the family could only be achieved through

empowering the women to supplement the family earning through vocational training. The most apparent agenda, for a low level of education, was to train them to be ‘ayahs’, for taking care of the old in the mainstream of the society who needed care or they could take care of the children of the working women. This was therefore initiated in 2004 as a major prop of vocational training and included into the education module.

. The School has since grown into a second major activity of Kalyania with 65 students, both male and female, and 7 teachers. It now includes under its ambit

- The Primary School , Suhasini Sisu Niketan (SSN)
- The Computer Training Centre
- Centre for Art & Drawing
- Centre for Performing Arts
- Centre for Vocational Training
- A well stacked Library.

As authenticity of Kalyania services became more and more recognized among the general populace of the township (Kalyani), it was increasingly approached for various services by various agencies and gradually the following are being undertaken by Kalyania other than the School Module with its different components:

- a) A Home for gerentologically advanced – The Home now houses over 16 tenants, spread over four houses, both aged male and female, in a congenial atmosphere with good food, healthcare and adequate mental props. The Kalyania management are proud to say that they are mostly a happy lot. It is run on an at par cost basis.
- b) Home help services through allocation of Sevikas
- c) Medical instrumental home services at minimal cost
- d) Health check-up for the old
- e) Need-based health, child-care, maternity management and education awareness programs.
- f) Ambulance services.
- g) Outdoor facilities are extended, having started different specialty services like
 1. Eye care
 2. Dental related
 3. The most prominent services thru ‘Epilepsy Club’.

One could redefine Kalyania’s present day goals, objectives and strategy thru following observations

- **Goal:** To holistically reverse the lifestyle of a target population living in ghettos around Kalyani so that they become part of the mainstream through a totalistic approach.

- **Objectives:**

1. *To provide a conducive atmosphere for children through proper schooling, good nutrition and health care, thus protecting them from picking up and using slang, running errands for illegal purposes as also physical abuse and violence of parents by providing a safe environment for joyous learning.*
2. *To involve the parents and guardians in the upbringing of their children through their involvement in non-teaching activities of the School.*
3. *Women's empowerment thru improvement of their capacity to supplement the family earning thru vocational training programs and promoting a healthy work culture.*
4. *To provide advanced training like computer training to those who have received some degree of formal education.*
5. *A health care module right thru child care through adolescents to adults and the aged that is a harbinger for good and clean living habits.*

- **Target Group:** It involves nearly 1000 families living in the slum areas/unauthorized dwellings.

- **Strategy:** The basic strategy is to involve the entire community from children thru adults on to aged with special emphasis on the womenfolk who usually bear the brunt of the social stigma and squalor to which the entire families are subjected to. The approach is to:

1. Conduct special awareness programs to have a clean and healthy maternity to the extent needed;
2. To persuade the children (both male and female) to go thru the schooling process by getting them admitted to the SSN run by Kalyanika and other Schools in the neighborhood;
3. To follow up the career of the students who pass out class four thru adequate incentives;
4. To persuade and involve the women folk in various non-teaching activities of the School including the campus cleaning, occasional cooking of mid-day meals for the children, motivating their children to do their home task etc.
5. To involve those women who can read and write in ayah/sevika training program which is a lucrative earner that provides enough funds for the family to lead a better, regulated life
6. To provide health care to all those who are suffering through prescription and free supply of medicines, as far as possible.
7. To provide especial care and treatment regime for those who are epileptic.
8. Occasional awareness programs/drives for physical and mental hygiene.
9. Improved physical and mental care for the residents of the Old Age Home through exposure to selective, meaningful programs, availability of books and magazines and weekly film shows primarily of classics.

10. In general, increase in personalized approach thru maintenance of data base for each tenant will be meaningful

This strategy resolves itself into four basic approaches, viz., (i) School with all its supportive activities including vocational training including performing arts & computer training; (ii) Healthcare, including all its different modules specified. (iv) Caring for the gerentologically advanced.

For the School, the Kalyania receives supplementary support from Asha for Education, Atlanta chapter.

Kalyania has further taken upon itself recently the open offer to overseas interns who intend to have a short course project on any one or more combo items in Kalyania ambit (4-6 weeks), providing, board and lodging, guidance, and transport facilities at very nominal charges that are negotiable. The candidate has only to apply through Asha for Education, Atlanta Chapter, USA.

THE EDUCATIONAL MODULE:

This module, as explained under the Background consists of a primary School with its support Centres.

Primary Education:

Kalyania realized early the need for training the children through a schooling process to inculcate a sense of discipline and purpose in their lives. Unless these children grow up as decent responsible citizens, all other efforts will end up as a patch-work quilt. The School has grown now and thanks to financial support from Asha for Education, Atlanta Chapter for last two years, and liberal donations from Mr. Sailendra Kumar Roy a senior resident of Kalyani and Vice President in the governing Body, it is largely successful in its endeavor to make the pupil a very happy and disciplined lot who are doing well after passing out the primary and joining other Government sponsored school(s) – a dream-cum-true for them. The School also gives training in Drawing and Art, in performing Art like recitation, singing, dancing etc. which are now open to children other than those who are absorbed in the primary.

The Primary School, sponsored by Sri Sailendra Kumar Roy started in 2003 named after his Mother the Suhasini Sisu Niketan and formally launched by his grandson, Master Soumit Roy. It started with six pupil and one voluntary teacher. Ever year, as a new class was to be introduced, from KG-1 thru KG-2, Grade 1 thru 4, more students were taken in and for each class a teacher was appointed so that at the end of six years there were 65 students, both male and female distributed in 6 classes and each having a separate teacher. These teachers were kind enough to work on a nominal honorarium. In addition there were four teachers who came on their own and took additional classes free of cost. The running of the Schools was administered by Mrs. Kabita Basu who is rendering free service for quite some time now. The overall guidance is provided by Mrs. Gayatri Chatterji who is a President's awardee for excellence in teaching and education at School level.

The education is totally free and the children are provided with all reading materials, writing materials, School clothing, winter garments including shoes and socks free of cost. Thanks to funding from Asha for Education, Atlanta Chapter, USA, they are also getting healthful Tiffin each day, cooked under close hygienic supervision of Kalyania management team.

For the worldly understanding of the surrounding World, the School management regularly organizes functions related to religious events irrespective of the religion, birthdays of national giants who helped shape the country and national and international events. The whys and whytos are explained to them briefly both thru lecture and pictorials and everyday the School starts after meditation and singing the national anthem. Other events like the Annual Sports, Annual Function and get together are organized regularly for students, their guardians and members of Kalyania.

Tutorials for the weaker section of the students are also held often in the evening for completing the home task under the supervision of respective teachers and/or additional volunteers.

Kalyania is also thoughtful about a huge population of poor students trying to pursue education beyond the primary but failing to muster up enough funds. Kalyania hence started seeking sponsorship for scholarships for atleast a few such students and till date it is providing 11 scholarships for different classes ranging from Class V to Higher secondary and beyond.

It was time for lunch break as these presentations, unprepared, were being made of the cuff by the members present. The School was over. So was the School of Drawing under the Banyan Tree. The children were all around, jostling, shouting, singing with the parents trying to sort out their wards for taking home. After an hour's break as we gathered again, a different type of class was going on for adult women under the Banyan Tree – this I was told was the theory Class for 'Training in Home Nursing'

The low-down on Kalyania continued in the small Office room of the School.

Education Support Centres:

These support Centres relate to the mass of people in the target area who together constitute that society. Thus, other than help bring up the children through the Suhasini Primary, a major requirement was identified to be to strengthen the earning capacity of each family and this Kalyania identified to be possible only through building this capacity among the women folk who appear to be more responsible for the well to do of the family. Among the various approaches of vocational training to the women the best, possibly unique for the town of Kalyani, was 'Ayah training'.

On the other hand, this left out a large number of children, either not going to Schools or going irregularly to the free Government prep Schools more in search of a proposed free meal

rather than education. Then there were other adolescent young groups of children with a smattering of education and nothing to do. Yet many had other skills/talents that could be fine tuned to bring them back to the main stream. The Sunday Centre of Visual Art, Centre for Performing Arts (Singing, oration, dancing, debate etc.), Kamala Sengupta Memorial Computer Training Centre were set up in an attempt to provide for holistic growth of these children by keeping them engaged and honing their hitherto unknown skills.

Centre for Home Nursing:

Kalyanai successfully piloted the Project of SEVIKA Training for the first time in the year 1904.

Since then six batches of sevikas have been successfully trained and gainfully employed. The training was imparted to women who have at least passed class VIII, by doctors attached to Kalyanai. The training consisted of four months of class room lectures to which subsequently one month of practice training at Kalyanai and Nursing Homes was added. The ‘Sevikas’ were given proficiency certificates and given job assignments through Kalyanai although they were free to seek job by themselves.

The Sevikas are very much in demand and there is a lot of scope for training more young women as sevikas, for their livelihood security. The number of candidates that could be trained through this voluntary approach so far was very few because primarily of limited availability of funds and this hardly could meet the increasing demand for such sevikas. The result is that a huge fleet of untrained persons are now claiming to be sevikas and working privately in different residences. The risk factor of such employment is very high but people are helpless given the present lifestyle of Indian society today.

It was increasingly felt that based on requirements of the old people it was necessary to give more advanced training so that they are self contained to meet the routine challenges they face.

It is therefore proposed to organize a more systematic six month ‘Sevika Training Program for Home Nursing’ directed towards

- To empower young women to generate /supplement their family earning
- Development of proficiency in Home Nursing through
 - managing the gerentologically advanced
 - Developing a proficiency in basics of child care and hygiene.
 - Managing the invalids
 - Holistic home management strategy

It is further proposed to train 20 women from identified BPL categories per session preferably nominated from different wards of the township of Kalyani. Such a training program has been initiated in collaboration with Kabi Fresnius for 30 trainees and the first batch is likely to pass out in January, 2011.

Continued sponsor availability is a must for sustaining such programs.

Center for Drawing, Painting and Visual Art: In the class room, some children were showing apparent promise in drawing. So it was felt that there talent may be utilized thru proper coaching. A Sunday School of Art was started in 1904 with a few willing children. Since it was not mandatory, initially very few students were available for this and classes were irregular. Subsequently, it was made open for all children coming from a poor background and this brought in a huge attendance of boys and girls, many showing excellent promise. Drawing kit was provided and so was a healthy Tiffin at the end of the class. The attendance rose to as many as 150. Last year onwards, this was made mandatory for all School children. Best pieces were selected, made into greetings cards and sold although marketing was not apparently a forte of Kalyania management. The Education Group of Kalyania organizes an annual ‘Sit & Draw Competition’ participated by ca. 150 candidates – both boys and girls and some outstanding performances are always to be seen.

Coaching is done by two highly talented artists led by Mr. Panchanan Pal and other volunteers often chip in to help.

Centre for Performing Art: Initially, selected talents from the School and the neighbourhood were guided to form a group to perform in the select programs of the School and Kalyania. This led to the identification of a lot of promise among many children in different formats viz. singing, dancing, recitations, quiz art etc. Only recently special weekly classes have been initiated in clusters selected for each group – not exceeding 15 in each group. Trainers are all volunteers! This kind of training, to be really effective, requires a lot of inputs that are not available at present because of lack of sponsors. It is to be hoped that star performers may emerge from among these children once the training level is raised thru sponsors.

Center for Computer Training: A Computer Training Centre was initiated on 27.05.07 largely through the donations from *Sri Prashanta Sengupta*, and named **Kamala Sengupta Memorial Computer Training Centre**. It has at present three trainers and two batches of (15 ea) students are trained annually, undergoing a 3 month's course, 4-days a week on a BASIC program. The program was initially opened for poor boys and girl's studying in Class VIII and IX. However, it was felt that the School children of the SSN also need exposure to Computer learning and two days a week they are being exposed to usefulness of the computer technology other than games.

So many programs in a single building require meticulous time management which is done by the extensive use of the Park with its banyan tree and masterminding by the School In-Charge, Mrs. Kabita Basu. Kalyania is thankful to the Kalyani Municipality and the Councilor of the concerned ward for permitting the use of this facility.

Campus Management

Kalyania does not have enough funds to appoint additional staff for campus cleaning. However, the School management is in constant touch with the parents and guardians. They are constantly briefed about the need for hygiene and health care, (although the School authorities provide for quarterly health check-up of their wards), performing the home task regularly, clean habits etc. and they voluntarily keep the campus clean by providing free manual labour.

After these more serious talks, it was time for a coffee break and we walked around the Campus. In the initial building (B-1/275) there was a melee of people, mostly women folk sitting and waiting under a roadside tree. They had come for the outdoor medical clinic. An old gentleman was meticulously recording their particulars including their problem and giving them a token. Inside the chamber, a doctor was examining the patients one at a time and issuing prescription and nearby the Assistant was serving the prescription free of cost and explaining the details of taking the pills. We huddled back into Office room for a short final session.

Kalyania, as stated earlier, is engaged in many other activities. The most important of these are the (i) Old-Age Home and (ii) Charitable Outdoor Clinic. These formed the nuclear functions of the Institution.

OLD-AGE HOME:

As stated, the old-age home was the starter function of Kalyania where 4 seniors were accommodated in the two available rooms at the rented house of B-1/275. There was a kitchen for cooking and serving meals and a small lobby served as common sitting space furnished with newspapers and magazines. There was continuous clamour for more space from the society in general that still continues. Kalyania was constantly in search for more space for the purpose, appealing to township people for renting/selling space for the purpose at a permissible rate. A floor in B-1/434 was rented. The Office, outdoor clinic and the School was shifted there and the original rented house fully converted into an Old age Home thus providing a few more seats. Through liberal donations of Mr. Sailendra Kumar Ray who patronized the School in the name of his Mother, a house was made available for the School where subsequently he financed additional built-up area in the first floor to provide for more classes as they came into vogue. One life member permitted the use of their house at B-10/208, not presently in use by them, for the use of Kalyania to expand their old-age home activities thus providing for space for at least 6 more inmates. Recently, another member very kindly sold his house (as they shifted to Bangalore) at a nominal price. Kalyania has procured this house at B-1/398 and is converting into another house for the Old Age Home. Thus today there is provision for 28 inmates, all told, distributed over 4 houses. All these procurements are made possible thru a substantial donation from a life member and currently a ‘Home’ resident.

The kitchen activities are closely monitored by a team of exec members of Kalyania for clean, healthy and timely food supply. Supplying food from kitchen 4 times a day to 4 houses spread over the B block created severe problems which is now met by procuring a small van for towing materials.

It was increasingly felt that just shelter and food was not enough for these old people who miss their children and their love and affection, the children having left for greener pastures in search for livelihood. An attempt was made to provide for this by encouraging members of Kalyania to visit these residents as often as possible, talk to them, read out excerpts from desirable books and so forth – in short, to give them a feel that they have not become unwanted in the society. On each Friday, a special program was presented at sunset through devotional songs, prayers, religious sermons presented by thoughtful people mostly consisting of ladies.

In all it is a great pleasure to note those residents of the Kalyania old age home are, by and large, a happy lot.

HEALTH CARE:

Health care, Kalyania's basic activity, has ramified now into newer horizons as support for this module increases temporally.

1. **Charitable Clinic** - The clinic is open to outdoor patients from Monday through Saturday every week. The patients are attended to by highly qualified Doctors and medicines supplied free. In order to avoid wasteful expenditure a nominal fee has been imposed to good effect.

The patient load has been increasing since inception as can be seen from yearly Annual Reports. Medicines of both allopathic and homeopathic elements are provided, given the choice of the patients.

2. **Epilepsy Club & Charitable Epilepsy Clinic:** From routine OPDs of Kalyania Charitable Clinic, it appeared that a good number of epilepsy patients were attending the same sporadically. They belonged primarily to the age group of 4-45 years and were mostly from the BPL category. None of these patients showed any regression of attacks as their parents were not able to afford the price of antiepileptic drugs (AEDs). Hence Kalyania, in one of its Governing Body Meetings decided to (i) initiate a separate Epilepsy Club-cum-Charitable Clinic that will treat such patients specifically; ii) Donations from members and the pharmaceutical fraternity would be sought to provide free medicines to the family members of such patients on a monthly review basis. The said Club-cum-Clinic came into existence effective from 05.01.03 with 8 patients. Since then epileptic patients are regularly screened by Dr. S. N. Banerjee, our President who initiated the Club-cum-Clinic in the first place. He also procures and distributes the AEDs to those who need them. Till the year ending 2007, 474 patients were attended to. Incidentally it needs to be mentioned that Kalyania runs this unique clinic thanks to its President Dr. S. N. Banerjee in a district that has been especially marked by the WHO to be specifically epilepsy prone. Patients

come from far beyond our command area, even beyond our district from 24-Parganas (N) and Hooghly.

Last year 79 patients of whom 29 attended belonged to the age group 3½ months to 12 years and the remainder was from the adult age group (13-48 years). Total number of patients currently enrolled is 109. Three patients were declared ‘CURED’ from the children’s age group, a very encouraging sign. Nearly 5000 AED tablets were distributed every month for this purpose and in this endeavor individual donors are joined by a few Pharmaceutical Companies.

The clinic still requires more financial support and support from a qualified Neurologist on a voluntary basis to help sustain and subsequently expand this laudable activity.

3. The Eye Clinic: The Eye Clinic continues to function since 2006 as usual and Maj. Gen. (Retd.) Dr. D. K. Sen. attended 279 patients over the last year.

4. Dental Clinic: The Dental Clinic received the much needed support of a Dental Chair and other equipments donated by State Bank of India that was formally launched for use by *Dr. Shantanu Jha, Chairman, Kalyani Municipality* on 13.05.06. Dr. Jha appreciated this laudable activity and stated that Kalyania is surely filling up the vacuum in health care that persists in spite of the Municipality’s sustained efforts.

5. Other Functions under the Clinic: Kalyania provide some specific Clinic based home services on demand through tools available to us, thanks to donations received from time to time. These include **Nebulizer services** for asthma patients and **ECG** for cardiac patients. We have a surgical cot, a wheel chair and a portable oxygen cylinder which are lent out at modest rates on request from those who need them. We are happy to point out that these equipments are being put to good use. So is our **ambulance** which made 147 trips to different Hospitals/Nursing Homes during the last year. Arrangements are being made for developing a hearse services which the city lacks so far

6. Health Awareness Programme: Programs such as ‘Epilepsy Awareness Programme’ (EAP), Senior Citizen’s health program, maternity health awareness programs are organized from time to time where professional advice is given, making people aware of their problems and are guided for cheapest possible course of action. *Dr. S. N. Banerjee* and other Doctors explain to patients the nuances of their problems like explaining the epileptics and their family members what to do and how to tackle the situation during seizure.

EPILOGUE

As the evening was setting in our discussion on Kalyania came to a close. The primary question, that of the organization of so many functions, each demanding day-to-day attention, remain a source of concern for the management Board given that many of them are senior citizens. The younger generation, even if they have the will, do not possibly have time for this kind of charitable activity. The other alternative of appointing Project Officers, administrative assistants etc are at present cost prohibitive unless some mega Organisations and/or corporate bodies come forward to meet/share the challenge that Kalyania faces today with its expanding agenda. It is

obvious that the Society needs more as developing countries like India have usually a significant population of poor, unskilled and uneducated and they will continue to be there in any foreseeable future. Then the population of old, gerentologically advanced, retired senior citizens will continue to increase as average life span increased, as the children make a beeline for foreign countries for earning better livelihood and working facilities and the likes. Like the senior management people, it is also for the society in general to think and help out groups like that of Kalyania so that their efforts do not go in vein, that their services are sustained for a better, more healthy society.

It was time for me to depart. I came here with doubts lingering in my mind about what I would see. By the time the day was coming to a close I was in a more somber, thoughtful frame of mind as to how best I could support the cause of Kalyania. When so many senior citizens can take up so much on themselves, why the likes of us cannot at least help them in achieving their goal in the larger interest of the Society to which we all belong?

From the nearby Old Age of Home I could hear the sound of conch shells as in evening prayers. I peeped in thru the gate. Several very senior tenants of Old Age Home were clustered round a lady who was talking softly of the life and beyond. Another lady was blowing at a conch shell and a third was lighting a bunch of incense. By my car door the three management seniors who initially received me and briefed me all thru the day were wishing me a bon voyage. I was rather spellbound by the solemnity of the occasion. The car drew off and passed slowly by the BanyanTree in the park, casting a huge shadow all over the park – so symbolic of Kalyania as if the two are bound together by an inherent, invisible and yet unbreakable bond. One could only wish well for Kalyania and the small group of people who manage it boldly, selflessly and with hope.

PROJECTS IN HAND

Kalyania runs a number of Projects to meet its key goals, i.e. *To holistically reverse the lifestyle of a target population living in ghettos around Kalyani so that they become part of the mainstream through a totalistic approach.* The services now extend from its initial command area to far and wide if only it is for the quality of services rendered specially in the Outdoor Clinic sector. The key objectives are:

- *To provide a conducive atmosphere for children through proper schooling, good nutrition and health care, thus protecting them from picking up and using slang, running errands for illegal purposes as also physical abuse and violence of parents by providing a safe environment for joyous learning.*
- *To involve the parents and guardians in the upbringing of their children through their involvement in non-teaching activities of the School.*
- *A health care module right thru child care through adolescents to adults and the aged that percolates into good and clean living habits.*

- *Women's empowerment thru improvement of their capacity to supplement the family earning thru vocational training programs and promoting a healthy work culture.*
- *To provide advanced training like computer training to those who have received some degree of formal education.*
- *To provide a more congenial, absorbing and peaceful environment to the tenants of the Old-Age Home through meaningful time engaging events and activities other than providing healthy food and medical support.*

The strategy followed includes:

1. To provide health care to all those who are suffering through prescription and free supply of medicines, as far as possible.
2. To provide especial care and treatment regime for those who are epileptic.
3. Occasional awareness programs/drives for physical and mental hygiene.
4. Improved physical and mental care for the residents of the Old Age Home through exposure to selective, meaningful programs, availability of books and magazines and weekly film shows primarily of classics.
5. Conduct special awareness programs to have a clean and healthy maternity to the extent needed;
6. To persuade the children (both male and female) to go thru the schooling process by getting them admitted to the SSN – the primary school run by Kalyanai and other Schools in the neighborhood.
7. To follow up the career of the students who pass out class four thru adequate incentives;
8. To persuade and involve the women folk in various non-teaching activities of the School including the campus cleaning, occasional cooking of mid-day meals for the children, motivating their children to do their home task etc.
9. To involve those women who can read and write in ayah/sevika training program which is a lucrative earner that provides enough funds for the family to lead a better, regulated life.

This strategy resolves itself into four basic approaches, viz., (i) Healthcare, including all its different modules specified. (ii) School with all its supportive activities; (iii) Vocational training including performing art & computer training; and (iv) Caring for the gerontologically advanced.

All Projects revolve around these four strategies.

PROJECT I (ONGOING): Health Care thru an all-day Outdoor Clinic:

Kalyan, almost since its inception, is running an Outdoor Clinic to meet the needs of the poor where medicines, on principle, are provided free. Doctors, well qualified, man the Outdoor Clinic providing for allopathic and homeopathic medicine, voluntarily.

These services have established the credibility of Kalyania Outdoor as an honest effort which now attends to patients well beyond its core command area. Medicines are procured from the wholesale market on payment and this - the supply of free medicine – becomes cardinal to the expansion of services to the needy and poor. Besides medicines, storing and disbursing of medicines require qualified services not available free and Kalyania does not, at present have enough funds to appointment full time or even part-time qualified Pharmacist -cum Store Keeper. Besides, some patients require diagnostic support. Either they have to be paid by Kalyania to other Diagnostic Centers or Kalyania develops its own basic needs. Orthopedic cases require special attention and support for which funds are not available yet.

Recurring Costs:

1. Project Officer, Part-time @Rs.10000/-pm ... Rs. 120000/-
 2. Part-time Pharmacist cum-Store Keeper@ Rs.3000/- pm ... Rs.36000/-
 3. Attendant @ 2500/- / mo ... ` Rs. 30000/-
 4. Annual cost of medicines etc. ... Rs.200000/-

Developmental Costs (Non Recurring)

- | | | | | |
|---------------|--|---|---------------------|---------------|
| 1. | <i>Basic Diagnostic Laboratory+</i> | - Construction of a 16 X14 ft room for accommodating Ad on medical facilities @ Rs1000/-sq ft | ... | Rs.2,25,000/- |
| 2. | Semi-automatic Analyzer *(Tulip Diagnostics Pvt Ltd.). | : Model No 3000 Evolution with Supporting tools and kits for 6 mo | ... | Rs.200000/- |
| 3 | Na, K-Cl Analyzer (Tulip Diagnostics) Support tools and kits. Model Elite 3I.* | ... | Rs.200000/- | |
| 4. | Automated blood cell counter* | ... | Rs.400000/- | |
| 5. | A combo sono-cum-ekocardiographic Unit * | ... | Rs.800000/-* Gifts | |
| 6. | Administrative costs at 15% | ... | Rs. 315000 | |
| TOTAL: | | ... | Rs.2502650/- | |

* Gifts of instrumental tools in working condition are preferable. + Recurring costs for running the Diagnostic Lab may be recovered by some other means.

PROJECT II (ONGOING): Old Age Home and its Need-Based Expansion:

Old Age Home has largely tenants (>65 yrs) who are satisfied with the facilities provided other than the provisions of sharing, be it a room, a toilet or the dining space. Yet given the vagaries of extreme climate, certain facilities like need based hot water supply, provisions for spending leisure hours especially in the evenings and more pin pointed medical support will greatly help these people lead a more comfortable life. Besides, the demand for seats in the Old Age Home is increasing almost exponentially as moneyed helpless seniors increase in numbers in our society. Expansion is crying out loud. A land with a small house has been procured and this could be rebuilt to expand the accommodation facilities. The support facilities for the Old Age home also need to be improved and strengthened. Given the above profile, following requirements are urgent.

Recurring:	1. A full time Project Officer (to look into the Project) @ Rs.20000/- p.m.	...	Rs.240000/-
	2. Office Staff (2) including Food Officer @ Rs.10000/- pm each	...	Rs.240000/-

Developmental Costs (Non-recurring)

3. Building a four- storied building in the land For 60 inmates	...	Rs.50,00,000/-
4. Common facility related costs including (a) one LCD Projector-cum-Camera for presenting highly rated movies and classics, (b) one large sized TV with DTH facility and DVD player (c) A computer with copy-printer for keeping detailed personal records of each tenant including their medical history. (d) A Honda 10 Kva generator for back-up power (e) Small side cupboards for each tenant - per unit ... ``	60 units	
(f) Water filters, Aqua Guard (One in each Floor) ...		(four units)
(g) Water geysers	Do	
(h) Essential furnishings and fixtures in each room		
Anticipated costs for above facilities (details on call)	...	Rs.25,00,000/-
5. Administrative costs@ 15%	...	<u>Rs.1137000/-</u>
6. <u>TOTAL;</u>	...	Rs. 8717000/-

PROJECT III (ONGOING):**Running and expansion of the Primary School**

The School, as stated earlier, is running at minimum costs with minimal staff, mostly volunteers. Some improvements have been made possible thru a grant from Asha for Education, Atlanta Chapter, USA that is unlikely to continue.

The projections are

- 1) Raising the salary of teachers and staff to at par with similar Government -run schools
- 2) Expanding the intake of students from ca 10 per batch in each class to 20. Given the space available, this would require initiating a second day session concurrently with the present day morning session.
- 3) Similarly increase the number of students in each of the subsidiary Centers viz. Centre of Fine Art and Drawing, Center of performing Art, Computer Training Centre and the vocational training center. The mechanism may be the same.
- 4) Development of the adjoining Park to facilitate School-related activities.
- 5) Construction of a second floor Hall on top of the School building for multiple purposes and accommodating the Library.

The costs involved are:

Recurring Costs**1. Administrative Officer** for running the

School- related activities @ Rs.20000/ pm	...	Rs.240000/-
2 Office Asstt @ Rs.7500/- pm	---	Rs.90000/-
3. Security Staff (Two) @Rs.5000/-pm each	...	Rs.120000/-
4. Running cost of the School at existing rate	...	Rs.600000/-
5. Adjusting for at par salary	”	Rs. 120000/-
6. Cost of running the new Day School	...	Rs.900000/-

Developmental Costs

1. Development of the Park	...	Rs.450000/-
2. Construction of a Hall @ Rs.1500/- sft	...	Rs.1800000/-
3. Improved facilities for the support schools	...	Rs. 550000/-
4. Administrative costs (15%)	...	<u>Rs.730500/-</u>

TOTAL: ... **Rs.5600500**

Project IV (New): Towards eradicating epilepsy among the poor from District Nadia, W.B.

Present Profile: The patient load the last three years is increasing, viz. 79, 525 and 604 in 2007, 2008 and 2009. The patients largely belonged to the age group of 05-48 years. Three patients were declared 'CURED' from the children's age group, a very encouraging sign. Nearly 5000 AED tablets are being distributed every month at present for this purpose and in this endeavor individual donors are joined by a few Pharmaceutical Companies.

The totally free clinic direly requires more financial support and support from a qualified Neurologist and also requires substantial funds under all heads for sustaining laudable activity totally free of cost to be meaningful for the poor.

Services rendered: • *Free diagnosis* • *Free medicines* • *Psychological prop thru regular briefing.*

FUTURE PROJECTIONS :

- Increase the number of patient load receiving total support from the average of 50 to 150 for treatment
- Motivate additional Doctors for attending the patients on payment of suitable honorarium
- Involve the Pharmaceutical Companies towards subsidized supply of the needed medicines
- Appoint a Pharmacist for serving prescription and maintaining the store and a Data enumerator to maintain a computerized data base of the patient's history and progress
- Raise Funds to meet the cost of this laudable and yet free facility.

Annual Fund Requirements for the Project

Recurring :

1. Part-time Project Officer @ Rs.10000/- pm	... Rs.120000/-
2. Part-time Pharmacist @ Rs.3000/- pm	... Rs.36000/-
3. Part-time enumerator @ Rs.3000/- pm	--- Rs. 36000/-
4. Part-time Neurophysician @ Rs.10000/-pm	... Rs.120000/-
5. Consumables (Mostly medicines)	... Rs.300000/-
6. Awareness programmes	... Rs.100000/-
7. Administrative costs (@15%	<u>... Rs. 110000/-</u>
TOTAL;	... Rs. 822000/-

Project V (New): Sevika Training for Home Nursing as a Means of Women's Empowerment towards Better Living.

The Sevikas are very much in demand and there is a lot of scope for training more young women as sevikas, for their livelihood security. The number of candidates that could be trained through this voluntary approach so far was very few and this hardly could meet the increasing demand for such 'Sevikas'. The result is that a huge fleet of untrained persons are now claiming to be Sevikas and working privately at different residences. The risk factor of such employment is very high but people are helpless given the present lifestyle of our society today.

It is therefore proposed to organize a more systematic ***Sevika' Training Program for Home Nursing.*** It is proposed to conduct training in batches of 20 candidates, having atleast studied upto class VIII. The training will continue for duration of six months of which two months will be devoted to refresher course in English reading, handling patients psychologically and handling common home tools both medical and kitchen oriented. The last two months will be practical hands on training in a thriving Nursing Home.

Efforts will be made to accommodate two training courses annually

Annual Fund Requirements for the Project per training

Recurring :

1. Part-time Project Officer @ Rs.10000/- pm ... Rs.120000/-
2. Part-time Office Asstt @ Rs.3000/- pm ... Rs.36000/-
3. Remuneration to Lecturers @ Rs.500/Lecture
.60 by doctors, 20 by paramedics --- Rs. 40000/-
4. Nursing Home Practical training charges
@1000//trainee/per month ,,, Rs.40000/-
Training kit @Rs.2000/trainee ... Rs.40000/-
5. Miscellaneous costs of training ... Rs.20000/-

Non-Recurring:

- | | |
|---|-------------------------|
| Materials for training on medical tools & | |
| common kitchen equipments | ... Rs.100000/- |
| 6. Administrative costs (@15% | <u>... Rs. 6000/-</u> |
| TOTAL; | ... Rs. 456000/- |

Project VI (New): Title: Exploring Possibilities of Performing Arts Among the Children Living in Slum Areas – A Novel Project

Definition of the Problem

As can be seen from the above, Kalyania successfully runs a free primary school under the aegis of Suhasini Sisu Niketan for last several years bringing about a significant social change in the mindset of the people living in slums. Early explorations over last two years show that the children of the School and other children from neighbouring areas coming from poor families had little exposure to performing arts including drawing and painting, dancing, recitation, singing etc. When this opportunity was given to them in Kalyania, the interest was astounding and the performance still more.

Goal: To identify, train and bring out the potential talents in performing arts among the children living in slum areas.

Present Set-Up: At present Kalyania runs a day-a-week classes of (i) Drawing and painting, (ii) Group and solo dancing, (iii) recitations and (iv) singing. Training is imparted voluntarily by well-known Artists and teachers having requisite expertise in each discipline. The training is conducted in the adjoining Park under a banyan tree (Viswa Bharati style). A very large number of children ca 125, participate at the drawing and painting Centre. We can only accommodate a few students (10-15) for the other stated disciplines for logistic and technical reasons.

Any training in Performing Art requires use of certain basic tools which are lacking and hence is restrictive. Basic instruments like music player, Recorders, drawing kits, harmonium, Tabla (drums), dancing shoes etc. need to be in place along with a microphone set. Some of them have been received through donations and others need to be procured.

The Proposal

It is proposed that to promote the sense of performing art among children which in turns helps in molding healthy mind and in turn will help them face the World at large with higher degree of confidence in competition with the children from the well off families.

The present attendance for the Centre of Art & Drawing draws a huge number of students (ca.150). The Centre of Visual Art has about 15 students each for each discipline of singing, dancing and oration. These later needs to be increased. At present trainers are voluntary. This needs to be made remunerative, each discipline providing for atleast 2 teachers.

Annual Fund Requirements for the Project

Recurring :

- | | |
|--|------------------|
| 1. Part-time Project Officer @ Rs.10000/- pm | ... Rs.120000/- |
| 2. Part-time Office Asstt@ Rs.3000/- pm | ... Rs.36000/- |
| 3. Remuneration to Lecturers @ Rs.1500/pm | |
| Total teachers: 8 | --- Rs. 144000/- |

4. Participation in competitions	,,,	Rs.40000/-
Training kit @Rs.200/trainee (ca.200)	...	Rs.40000/-
5. Miscellaneous costs of training	...	Rs.20000/-

Non-Recurring:

Training tools &	...	Rs.100000/-
Common audio visual & drawing aids	...	Rs. 75000/-
6. Administrative costs (@15%	...	
TOTAL;	...	Rs. 575000/-

Project - VII: Internship offer for young overseas students

*KALYANIA invites expressions of interest and proposals from reputed organizations in India and abroad through **Asha for Education, USA** to sponsor young adults aged above 18 years to join a programme of Internship in social and human development. Kalyania will make modest in-house arrangements for accommodation, food, medical and health needs, local transportation for the Interns. The duration of the programme will be 4-8 weeks. Each Intern will be placed as under-study with one or more senior Mentor(s) to whom the Intern will report about her/his problems and requirements.*

❖ **Possible Programs of Activities of Interns - there could be more :**

(a) **Specialized Areas of Interns' Participation at Kalyania:** Interns may participate in any one or more programs of Kalyania. They may also participate in programs of other organizations that work in collaboration with Kalyania, particularly the *Andha Alok Samity* and *Bhagirathi Shilpashram* which provides for hundreds of orphan children holistically.

(b) **Suggested areas include:**

- Participate in the teaching and training programs of Kalyania
- Participate and assist in conducting health, sanitation and nutrition programs for clients of Kalyania
- Participate in various awareness programs for the benefit of clients
- Develop innovative education programs in environment, performing Arts and biodiversity for Kalyania clients.
- While getting involved in Kalyania related activities, to make an enquiring search into the psyche and mindset of the
 - Epileptic children and their supporting families
 - Orphan children of the Andha Alok Samity and Bhagirathi Shilpashram.
- Make socio-economic analysis/survey in collaboration with KINSPAARC

❖ **Costs involved for an Intern:**

Their will be an at par schedule of charges for boarding, lodging, medical, travel, interpreter services (local language to English and vice versa, if required), internet installation and services or any other miscellaneous

services that may involve cost. These are negotiable once the intern decides for Kalyania as a possible Work Centre. Could be US \$2000-3000 per term, depending on specific requirements.

CONTRIBUTIONS & DONATIONS

KALYANIA RUNS PURELY FROM DONATIONS FROM INDIVIDUALS AND PRIVATE SECTOR/CHARITABLE ORGANISATIONS. LIBERAL DONATIONS ARE SOUGHT FROM LARGE HEARTED PERSONS AND THOSE WHO HAVE SEEN THE FACE OF POVERTY/EPILEPSY IN SOME FORM. Donations are sought for any/all projects listed above to cover part or specific agendas of each Project. Development grants may ask for naming a programme for their loved ones.

In foreign countries, donations may be sent through any of the following:

• **Mr. Saranya Ray**

Postal address: 3010 Creek Falls Way, Duluth, GA 30397, USA
Phone: +1 770 622 9034

• **ASTI (American Service to India)**

PO Box 2456, 1640 Corsica Pl, Costa mesa,
CA- 92628-2456, USA
Ph: +1 714 662 1661
Fax: +1 714 662 1661
E Mail : BPinerasti@abctglobal.net
Web:www.asti1.org

Donations through ASTI provides tax relief .

For queries, e-mail to:

- **Dr Chitreshwar Sen**, Vice President, Kalyania at cse123@gmail.com OR
- **Dr. Partha Pratim Dhar**, Secretary, Kalyania at ppdhar_kalyania@yahoo.co.in/ppdhar_kalyania@rediffmail.com.
- **For further details about Kalyania and its Projects please visit them at**
<http://www.kalyania.org>

