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CHARITY WAVES...

A PUBLICATION OF MEENAKSHI MISSION HOSPITAL AND RESEARCH CENTRE
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giving begins with you

NEWSLETTER JAN 2023

JOURNAL 28



SEASON OF GIVING

“Do something wonderful, people may imitate it”

New School Building by MMHRC...



MMHRC extend its helping hand towards construction of new primary school building at Varappur Village, Sivagangai District. **Mrs. Kamini Gurushankar**, Trustee participated ground ceremony.

Dr. Rajam Sethuraman Hall Inauguration



Dr. Rajam Sethuraman hall Inauguration ceremony was held at Dept. of Medicine, Govt. Rajaji Hospital, Madurai by **Prof. Dr. J. Sangumani**, Dean, Virudhunagar Medical College and **Prof. Dr. A. Rathinavel**, Dean Madurai Medical College & GRH in the presence of (L-R) **Prof. Dr. C. Dharmaraj**, **Prof. Dr. Moses K. Daniel**, **Prof. Dr. M. Natarajan**, HOD-Dept. of Medicine, GRH and **Prof. Dr. R. Balajinathan**, Dean Thanjavur Medical College.

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**Your donations make these
Charitable services possible!**

(Sep 2022 to Dec 2022)

FREE SERVICES

Services	No. of Beneficiaries
→ Food to patients (in plates)	51536
→ Children cancer treatment	172
→ TB Treatment (RNTCP)	48
→ HIV counseling & testing	193
→ Medical Camps	273
→ Hospice (Subsidized cost)	383
→ Child Development Centre (Subsidized cost)	2245

Editorial Note...

Dear Readers

Welcome to the 28th Newsletter of 2023. MMHRC is very excited to have an upcoming fundraising event during the first quarter year of 2023 and we are busy preparing to welcome participants to the programme at Madurai, on 2023. There will be a full entertaining program for those of you joining us on the occasion and we look forward to showcasing our paediatric oncology services to the community.

This year's agenda is focused around the theme 'one patient resettled, many lives protected' - acknowledging the importance of each and every patient's treatment hospital can provide. Providing health care is a mechanism for protection that has a 'Ripple Effect' in helping the wider vulnerable population.

In this issue of the newsletter, you will find charitable activities, new services and health related activities, success stories, initiatives that are helping patients to regain and settle their life successfully.

During this term, mass level appeal sent to all educational institutions throughout Tamilnadu, in order to cultivate students/teachers kindness towards charitable activities. Fabulous response received from them. Their participation was both grant aswellas in kind donation like groceries etc.,

Taking part in 'Ahimsai Sandhai' program, nutrition day and children's day celebration at village level are the some of the vital events held.

It has been a pleasure compiling this activity newsletter and reading about so many positive things happening in the world of health sector.

We hope you find this, an interesting read and look forward to receiving more information for the next edition.

Ever in social work.

Thank you

Editorial Team.

Activities



NTEP programme presentation by
Dr. M. Bhavani Nivetha, MD., WHO consultant - Madurai.



Representatives from Social welfare board team,
Madurai visited to MMHRC.



Our Donors Ln. S. Moorthy, chairperson - friends Lions club, Madurai & Mr. Elayaraja, Madurai celebrated Christmas in paediatric oncology ward.



General Medical Camp at Gain up industries and Gain up Technotek, Dindigul.

Children Day Celebration at Mettupatty Village - Dindigul District



Seminar on nutrition awareness



Drawing competition at Govt. School, Mettupatty village.



Children talent show



Movie marathon for children



Providing nutrition supplements to school children



Donation collected from Ramsuns International School - Katu Velampatti.



Medical camp at Gandhi Museum, Madurai.



Donation received from The Gandhigram Rural Institute, Dindigul.



Donation received from Tamilnadu Agricultural university, Madurai.



Medical camp and health awareness program conducted in Ramsuns Matriculation Hr. Sec. & International school, Meyampatti - Natham.

Free Cleft Lip and Cleft Palate Surgeries



Ms. Leela Imam, Senior Director - Smile Train visited MMHRC.

Brief Look About Free Food Distribution Scheme



Mr. Prasad Srinivasan,
Bangalore.



Dr. K. Venugopal Konanki,
Dept. of Urology - MMHRC.



Adhyapana School -
Vilangudi.



Dr. K. Padmini,
MMHRC.



Mr. V.P. Vibin, Asst. Manager -
Milaap, Chennai.



Mrs. V. Krishnammal family -
Ooralipatty.



Mr. P. Saravanan,
Othakadai



Mr. Kumaran,
Madurai.



Mr. MD. Venkatesan,
Madurai.



Madura Malar Oldage Home,
Madurai.



Mr. R. Kathiravan,
MMHRC.



Mr. Saravanakumar,
Paramathivelur.

DONOR'S LIST

Give your share to show you care!



Thanks to all of our generous donors, who supported our various charitable schemes, Meenakshi Mission Hospital helping people throughout Tamil Nadu, only because of YOUR participation.

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Condolence

Our beloved Donor
touched the God's feet, may his
soul Rest in peace.



Mr. D.R. Muthukrishnan
(02.02.1947 - 17.09.2022)



School & College collections

Christmas celebration by Meenakshi college of Nursing Students



World AIDS Day (2022) programme by our nursing college students in Rajaji Govt. Hospital, Madurai.



Donation from Meenakshi college of Allied science & Nursing - Kottakudi.



Inkind donation from **SBOA School**,
West Annanagar, Chennai.

Inkind donation by **Velammal Vidhyashram**,
Ambattur, Chennai.

VIP Meet



Mrs. Sneha Parthibaraja India's first lady of
"No Religion & No Caste" Certified Family - Tirupattur.



Mr. Ratina Sabapathy, MD -
Super Saravana Store, Madurai.

Paper Clippings & Publications

THE HINDU
THURSDAY, SEPTEMBER 8, 2022

The evolving role of CSR in funding NGOs

Beyond signing cheques, corporates are recognising that what's good for society is good for business



PRITHA VENKATACHALAM & KANIKA GUPTA

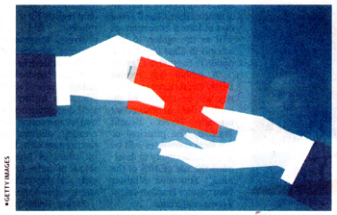
When COVID-19 spurred a nationwide lockdown in India in 2020, a grave need for localised social support emerged. Giving, both private and public, flowed to NGOs working towards combating pandemic-induced challenges such as loss of livelihood for vulnerable communities, food banks, and health and medical support.

In any such social effort, programme expenses attract the big cheques — especially when they come from corporate social responsibility (CSR) initiatives in India. For example, an NGO working on education outcomes might receive funding for books, other online resources, teacher training, curriculum design, etc. But NGOs have other expenses too. In order to achieve long-term and sustained impact, they need to pay for administrative and support expenses not specifically tied to programmes — for instance, rent, electricity, technology and human resource costs. These organisational development and indirect costs, combined with programme expenses, make up an NGO's true costs. And understanding an NGO's true costs reduces the efficacy and impact of very programmes that funders support.

To understand how funders and NGOs perceive an NGO's true costs, and what it takes to build a financially resilient social sector, we surveyed and interviewed over 500 NGOs, funders and intermediary organisations across India as part of our multi-year Pay-What-It-Takes-India initiative.

The funder archetypes

Based on a recent survey of nearly 80 diverse social sector funders, we discovered three distinct funder archetypes — programme proponents, adaptive funders, and organisation builders. The three archetypes represent different beliefs in terms of how philanthropy becomes impact. And those beliefs manifest in different practices around funding indirect costs and organisational development.



Programme proponents value programme outcomes above all. Adaptive funders are not right and support indirect costs and organisational development, and limit what they pay for indirect costs to a fixed rate often below 5%. Our 2020 primary research showed that NGOs' indirect costs range from 5% to 55%, depending on their mission and operating model, much as a corporate's sales and marketing expenses vary significantly by industry and product.

These practices are partly a consequence of CSR funders' focus on regulatory compliance — amendments to the CSR law in 2021 include substantial financial penalties for non-compliance. Roughly 90% of the CSR funders are relatively small, unlisted companies — and companies that spend less than ₹50 lakh annually on CSR are not required by law to have a CSR committee. They generally leave decision-making and action plans to company boards, who may have little to no experience working with NGOs or on social impact. Hence, their priorities tend to sway towards risk avoidance, compliance, and cost minimisation. Several larger companies have added CSR to the responsibilities of their HR or administration or communications heads, excluding hiring professional leads, experienced in the social sector.

Further, not every company is aware of all the facets of the CSR rules they are complying with. For instance, the 5% cap on administrative overhead costs is applicable only to a business' internal CSR operation cost, not to the grantee's administrative costs, as is widely perceived. Many CSRs make errors on safety with the Migrants Resilience Collaborative that supports migrant workers or unskilled workers, have more than doubled.

Learn from peer organisations

In addition, CSR funders would learn from peers who view organisational development and indirect costs differently. For example, ASK Foundation, the CSR arm of ASK Group, is working to enable better livelihoods for rural communities. Until four years ago, the ASK gave annual programme grants to NGOs, limited indirect cost coverage to between 5% and 10%, and did not provide organisational development expenses. Then, it shifted to a multi-year grant-making approach and started providing

up to 20% support for indirect costs. The shift in practice came after the CSR team presented benchmarks of the higher rates paid by peer CSR organisations and the beneficial effects of a stronger NGO partner on its programme outcomes. These peer examples and impact stories were instrumental in ASK getting board approval for changing its NGO funding policy.

The pandemic also exposed how vulnerable NGOs are to financial stress. Our research revealed that 54% of NGOs had less than three months in reserve funds in September 2020. This number stood at 38% before the pandemic. Without adequate reserves, NGOs cannot pay salaries or bills when faced with an unexpected funding shortfall.

The CSR programmes cannot currently contribute to NGO reserves/corpus by law. However, by covering indirect costs and organisational development, they still help to relieve financial pressure and make organisations more resilient. What's more, corporates have considerable accounting and finance capabilities that they can offer to NGOs, in addition to their funding. NGOs don't have clear financial reporting standards and many lack the internal capabilities to undertake a true-cost analysis. A corporate that has developed a relationship of mutual trust with an NGO could offer volunteer financial analysis services to help the NGO calculate true costs and communicate with funders, and build financial resilience.

Not many CSR funders think this way right now, but CSR practices are maturing. As our research has shown, more CSR decision-makers are shifting their focus from compliance with CSR laws to the social impact they are making. CSR funders are following several themes to make this transition, such as hiring professionals, coming together in collaboratives, and defining and publishing their impact metrics to hold themselves accountable. The idea is to move beyond signing cheques to recognising that, ultimately, what's good for Indian society is also good for business.

Pritha Venkatachalam is Partner and Co-Head, Asia and Africa, and Kanika Gupta is Senior Associate Consultant, Bridgeway Group.

மதுரை மீனாட்சி மிஷன் மருத்துவமனையில்

பற்றுநோயிலிருந்து

04-12-2022

மீண்டவர்கள் சந்திப்பு நிகழ்ச்சி



மதுரையில் பற்றுநோயிலிருந்து மீண்டு வாழ்பவர்களின் சந்திப்பு நிகழ்ச்சி நடந்தது.

மதுரை, டிச. 4: பற்றுநோயிலிருந்து வெற்றிகரமாக மீண்டு வாழ்பவர்களின் சந்திப்பு மதுரை மீனாட்சி மிஷன் மருத்துவமனையில் ஆரம்பித்தது. மேலும் பவுண்டிஷியன் இந்து மெக்ஸ் நண்பர்கள் குழு அமைப்புகள் சார்பில் மதுரையில் நடந்தது.

இந்நிகழ்வில் சிஎம்எஸ் எனும் ஒரு வகை இரத்தப் பற்றுநோய் மற்றும் ஜிடிஎஸ்டி எனும் அடிவயிற்றில் உருவாக்கக்கூடிய ஒரு பற்றுநோய் ஆகிய பற்றுநோய்களிலிருந்து சிகிச்சை மூலம் குணமடைந்து, வெற்றிகரமாக மீண்டும் 250க்கும் மேற்பட்டோர் கலந்து கொண்டனர். மதுரை மீனாட்சி மிஷன் மருத்துவமனையில் பற்றுநோயியல் துறை தலைவர் டாக்டர் கிருஷ்ணகுமார் ரத்தினம் அவரவரையும் வரவேற்றார்.

மருத்துவ நிபுணர்கள் பலரும் உரையாற்றியதோடு, தமிழ்நாடு முழுவதிலும் இருந்து வந்திருந்த பல்வேறு நோயாளிகளின் கேள்விகளுக்கு தெளிவான விளக்கங்களுடன் டாக்டர்கள் பதிலளித்தனர். இந்நோயாளிகளோடு நடைபெற்ற கலந்துரையாடல் நிகழ்வில் முல்லைபயிற்சேர்ந்த மேக்ஸ் பவுண்டிஷியன் பிரபல நிபுணர் விஜய் குமார் கலந்துகொண்டார்.

மதுரை மீனாட்சி மிஷன் மருத்துவமனையில் பற்றுநோயியல் துறை தலைவர் டாக்டர் கிருஷ்ணகுமார் ரத்தினம் அவரவரையும் வரவேற்றார்.

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மதுரை மீனாட்சி மிஷன் மருத்துவமனையில் பற்றுநோயியல் துறை தலைவர் டாக்டர் கிருஷ்ணகுமார் ரத்தினம் அவரவரையும் வரவேற்றார்.

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12 NEWS

THE HINDU
12-09-2022

'Adopt a TB patient' drive finds mitras

Scheme introduced to engage the community in India's fight at eliminating tuberculosis by 2025

HINDU BHASKAR PERAPPADAN
NEW DELHI

The Union Health Ministry's 'adopt a TB patient' (Oikshay Mitra) initiative — probably the only one of its kind in the world — announced on Friday had 1,78,443 TB patients and 1,667 Mitras (volunteers) enrolling till Sunday evening.

The programme was brought in to fill the critical 'community' element into India's fight towards eliminating TB by 2025 under the Pradhan Mantri TB-Mukt Bharat Abhiyan.

"Though the efforts of the government are yielding significant results, the critical 'community' and the institutions in society could play a critical role in filling the gaps and addressing the social determinants, thereby contributing to the national goal," a Health Ministry official said.

The official said that for the effective engagement of the community for eradicating TB in India, the Ministry was implementing community support for TB patients —

the Pradhan Mantri TB-Mukt Bharat Abhiyan.

The donors include cooperative societies, corporates, elected representatives, individuals, institutions, non-governmental organisations, political parties and partners willing to adopt the health facilities (for individual donor) and urban wards, blocks, districts and States for accelerating the response against TB to complement the government's efforts, as per the district-specific requirements in coordination with the district administration.

Additional support
According to the Ministry, the State and the district administration would support the donors in prioritising the districts and in providing guidance on the critical gap analysis and district-specific needs.

The support provided to the patient under this initiative is in addition to the free diagnostics, free drugs and the Nikshay Poshan Yojana provided by the National TB Elimination Programme

(NTEP) to all the patients notified from both the public and the private sector.



India has the world's highest tuberculosis burden with nearly four lakh people dying from it every year. — NISAR AHMAD

entire geographical unit (blocks, urban wards, districts and States)," noted a Health Ministry official.

He added that the type of additional assistance that can be provided by the donors to on-treatment TB patients who had given consent for support, in the selected health facilities, blocks, urban wards, districts and States. "Only individual donors can choose the patients from a given health facility. Others have to choose the

commitment for providing the support to the TB patient will be one year. The Ministry said that the initiative would increase the active involvement of society in the fight against tuberculosis.

"This activity aims at increasing awareness among the public regarding tuberculosis and the involvement of the community in supporting the treatment cascade, as well as helping in the reduction of the stigma. Ultimately, improved nutrition for TB patient shall result in better treatment outcomes," the Ministry explained in its guidance document.

India has the world's highest tuberculosis (TB) burden, with 26 lakh people contracting the disease and approximately four lakh people dying from it every year. The economic burden of TB in terms of the loss of lives, income and workdays is also substantial. TB usually affects the most economically productive age group of society resulting in a significant loss of working days.

The minimum period of

THE HINDU
30-09-2022

India lacks a complete paediatric cardio-care service

It is not just unaffordability, but also inaccessibility that constrains paediatric services. In addition, there is the non-availability of crucial equipment that is essential for diagnosis of heart diseases in the unborn.

THE HINDU
30-09-2022

In India with infant and neonatal cardiac services. Geographically, these centres are not well distributed either. A 2018 cardiology department report of AIMS, highlighted how South India accounted for 70% of these centres, most centres are located in regions with a lower burden of CHD. For instance, Kerala has eight centres offering neonatal cardiac surgeries for an estimated 4.5 lakh annual children. Populus Uttar Pradesh and Bihar, with an estimated annual child births of 48 and 27 lakh births per annum, respectively (Census of India, 2020), do not have a centre capable of performing neonatal cardiac surgery.

It taxes the vulnerable and the marginalised
For 600 districts with a 1.4 billion population, there are only 250 paediatric cardiologists available. The doctor to patient ratio is an abysmal one for such a vast population. According to the *Annals of Pediatric Cardiology* journal, the United States had 2,960 paediatric cardiologists in 2019 — a ratio of one per 29,906 population. Jammu and Kashmir, Himachal Pradesh, Jharkhand, Punjab, Odisha besides U.P. and Bihar have a higher CHD burden but do not have paediatric cardiologists in the government sector. There are four paediatric cardiologists for 38 Delhi government hospitals. Now, Jaipur (Rajasthan), Kavar (Chhattisgarh), Coimbatore (Tamil Nadu), Madurai (Tamil Nadu), Bhushanwar (Odisha), Palwal (Haryana), Indore (Madhya Pradesh), are on the map of paediatric cardiac care, but largely in the private sector.

A death of specialists and infrastructure in India, in the government and private sectors, is hampering the future of children with congenital heart disease.

A distressed perception, ground realities
A retired health bureaucrat says that there has been more neglect and little improvement in child health care because creating a comprehensive paediatric cardiac care service is usually considered economically unviable — it is resource intensive and requires infrastructure investment that politicians and policymakers choose to evade.

There are 22 hospitals and less than 50 centres

It is not just unaffordability, but also inaccessibility that constrains paediatric services. In addition, there is the non-availability of crucial equipment that is essential for diagnosis of heart diseases in the unborn. Accounting the problem is the general lack of awareness about early symptoms of CHD among parents.

Antenatal checks are crucial
The Child Heart Foundation, a non-governmental organisation working in Siliguri (West Bengal), Jalandhar (Punjab) and Delhi, with underprivileged children with CHD, has been flagging the need for fetal echocardiography.

Paediatricians say antenatal detection of congenital anomalies is crucial for neonatal care and management. But certain congenital defects such as accurate heart health assessment are not visible in a normal ultra-sonography of an unborn baby. Fetal echocardiography done in a pregnant woman of 15 to 24 weeks allows better visualisation of the structure and function of the heart. There are programmes worth emulating such as Kerala's 'Healium for little hearts' aimed at early detection, management and support to children with CHD or the Tamil Nadu Chief Minister's Comprehensive Health Insurance Scheme offering free specialised surgeries.

A 2018 article by the Department of Cardiothoracic Cardiology, AIIMS, states, "paediatric cardiology is not a priority area in the face of competing demands for the resources". Nothing seems to have changed, and as another World Heart Day (September 29) has passed by, we need to act fast to help many children in need.

சமூக மாற்றம் கொண்டுவந்தவர்களை...



மெய்வழிச்சாலை மக்கள் இயக்கம்

தன்னையறிதல் மற்றும் மெய்யுணர்வை ஊக்குவித்தல் என்ற மூலக்கூறை அடிப்படையாகக் கொண்டதே மெய்வழிச்சாலை என்கிற ஆன்மீக மக்கள் இயக்கமாகும். இது புதுக்கோட்டை மாவட்டத்தில் இலுப்பூர் தாலுகாவில் உள்ளமெய் வழிச்சாலை என்ற கிராமத்தை தலைமையிடமாக கொண்டு இயங்கி வருகிறது.

மெய்வழி ஆண்டவர் என்பவரால் தோற்றுவிக்கப்பட்ட இயக்கம் அது. அவர் வழி வந்தவர்கள் தங்கள் பெயருக்கு முன்னால் சாலை என்ற பட்ட பெயரை இணைத்துக் கொள்கிறார்கள். தலையில் முண்டாக கட்டிக் கொள்கிறார்கள். இறந்தவர் உடலை புதைக்கிறார்கள். மனைவி தாலியை அகற்றுவது இல்லை. மரணம் என்பது ஒருவருக்கு இல்லை என்று நினைக்கிறார்கள். அங்கே பலமதங்கள், சாதிகளை சேர்ந்தவர்கள் இணைந்து வாழ்கிறார்கள். இன்னமும் பழமை மாறாமல் உள்ளது. இந்த 21ம் நூற்றாண்டிலும் மெய்வழிச்சாலையில் மின்சாரம் கிடையாது. மண்ணெண்ணெய் / சூரியசக்தியால் இயங்கும் விளக்குகளை பயன்படுத்துகின்றனர். குடிசைகளில்தான் வசிக்கின்றனர். வீடுகள் மண்தரைதான். ஒரு குறிப்பிட்ட எல்லைக்கு மேல் காலணிகள் கூட அணிவது இல்லை. பொன்னரங்கதேவாலயம் என்ற ஆலயம் கட்டி பிரார்த்தனை செய்கிறார்கள். உருவ வழிபாடு இல்லை. பொருளாதார முன்னேற்றம் போன்றவற்றை ஒரு பொருட்டாக மதிப்பதில்லை. இயற்கையோடு இணைந்த மருத்துவமே போதும் என்ற மனநிலையோடு வாழ்கிறார்கள். மது / புகை போன்றவற்றிற்கு இங்கு அனுமதிப்பதில்லை.

சாலை ஆண்டவர் வழி வந்த தற்போதைய நிர்வாகிகளில் ஒருவரான திரு. கோபாலகிருஷ்ணன்



அவர்களை சந்தித்து மேற்கண்ட விவரங்களை தெரிந்து கொண்டோம். எதிர்காலத்தில் மருத்துவ சேவைகள் ஏதேனும் தேவைப்பட்டால் மீனாட்சி மிஷன் மருத்துவமனை இணைந்து செயல்பட தயாராக இருக்கிறது என்று கூறி அவர்களது வாழ்வு முறைகளுக்கு பாராட்டு தெரிவித்து விடைபெற்றோம்.

அடுத்த இதழில்



200 ஆண்டுகளுக்கு முன்பே சுயமரியாதை இயக்க வாழ்வியல் முன்னோடி திரு.அய்யாவைகுண்டம் அவர்களின் வழிமுறை (ஆறாவது தலைமுறை) வந்த திரு. பிரஜபதி அடிகளாருடன் ஒருநேர்காணல்.



Technique Wise Income Details

Organization / Technique Wise Resources Mobilized

Organization / Tecchniques	Amount in INR
Donor Nursing	34,49,757
Smile Train	35,23,500
Charity Box	11,97,810
Amway	9,08,400
Overseas payment for Treatment	8,09,397
Ketto	6,84,035
Pay Roll Giving	2,85,565
Telemedicine Geriatric project, Ramnad	2,30,747
Child Support Foundation	75,000
Cuddles Foundation	23,680

Inkind donations from our Donors	Amount in INR
Indigo Airlines, Madurai	4,15,000
SBOA School & Velammal Vidhyashram Chennai	1,32,068
THCF, Chennai	1,05,578
Mr. Joseph Rehan (White Board Art)	30,000
Idhayam Ragendran Matriculation School, Madurai (Books)	26,000
Dr. B. Kannan, Medical Administrator, MMHRC (Toys, Crayons, Books, Tricycle to Paediatric Oncology Ward)	10,500
Mr. P. Subramanian (Wheel Chair)	8,000
Family Planning Logistic Management Information System	6,000
TANSACS	6,000
Mr. Moorthy & Ms. Devi (Christmas Cake)	2,600
Mr. Anand Ravi Chellam (Nuts)	900

Concept & Compilation by

R & D Team

Thankyou

**Human Capital Development,
Reception & Insurance Department,
MMHRC**

MMHRC's Charitable Achievements so far

- Free food provided more than 4.73 lakh poor inpatients.
- So far 5,54,718 number of patients have received free medicines.
- Blindness prevention treatment through Medicine distribution to more than 1.60 crore children.
- More than 2,51,148 blood units distributed at free of cost.
- Free HIV counseling and testing done for more than 27,745 persons.
- Free Cleft lip / Palate surgeries performed for nearing 13,613 patients.
- Free Tuberculosis Testing for more than 23,368 patients.
- More than 7,173 free medicals camps were conducted in rural areas.
- Telemedicine services provided for more than 2,62,000 patients.
- 186 surgeries performed for children with cardiac ailments.
- 4,586 children availed medical intervention for cancer & other blood disorders with the assistance from the Hospital and Government.
- Hospice Care been given for more than 3,104 patients at subsidized cost.
- Palliative Care service for more than 12,646 patients.
- Lysosomal storage disorder (LSD) - Rare Disease project. Total no. of Beneficiaries - 48.

Help us to help the poor through the charitable plans

Our Charitable Services

- Free food scheme for poor patients
- Free treatment for children with cancer
- End of life care for terminally ill patients (Hospice care)
- Free cleft lip and palate surgery
- Telemedicine service
- Child Development Centre

Cheque / DD should be drawn in favor of...

1. For Children Cancer Scheme - "Camila Children Cancer Fund - S.R. Trust"
2. For Free Food Scheme - "S.R. Trust"
3. For Hospice Care - "S.R. Trust"
4. For Child Development Centre - "S.R. Trust"

All donations are tax exempted
U/S 80G of the Income Tax Act of 1961.

S.R. Trust Pan No. AACTS0376F

As per IT new regulation, your PAN No is mandatory of all donations

BBB- UK Standards for Charity Accountability

Board Oversight

A board of directors that provides adequate oversight of the charity's operations and its staff. Indication of adequate oversight includes, but is not limited to, regularly scheduled appraisals of the CEO's performance, evidence of disbursement controls such as board approval of the budget, fund raising practices, establishment of a conflict of interest policy, and establishment of accounting procedures sufficient to safeguard charity finances.

Board Size

A board of directors with a minimum of five voting members.

Board Meetings

A minimum of three evenly spaced meetings per year of the full governing body with a majority in attendance, with face-to-face participation. A conference call of the full board can substitute for one of the three meetings of the governing body. For all meetings, alternative modes of participation are acceptable for those with physical disabilities.

Board Compensation

Not more than one or 10% (whichever is greater) directly or indirectly compensated person(s) serving as voting member(s) of the board. Compensated members shall not serve as the board's chair or treasurer.

Conflict of Interest

No transaction(s) in which any board or staff members have material conflicting interests with the charity resulting from any relationship or business affiliation. Factors that will be considered when concluding whether or not a related party transaction constitutes a conflict of interest and if such a conflict is material, include, but are not limited to: any arm's length procedures established by the charity; the size of the transaction relative to like expenses of the charity; whether the interested party participated in the board vote on the transaction; if competitive bids were sought and whether the transaction is one-time, recurring or ongoing.

Effectiveness Policy

Have a board policy of assessing, no less than every two years, the organization's performance and effectiveness

and of determining future actions required to achieve its mission.

Effectiveness Report

Submit to the organization's governing body, for its approval, a written report that outlines the results of the aforementioned performance and effectiveness assessment and recommendations for future actions.

Finances

While we believe that a charity's finances only tell part of the story of how they are performing, they can identify organizations that may be demonstrating poor financial management and/or questionable accounting practices. We have several standards in place that establish minimum financial thresholds we feel are necessary for any charitable organization. Through these standards, we seek to ensure that the charity is financially transparent and spends its funds in accordance with its mission and donor expectations. There are cases where an organization that does not meet Standards 8, 9 and/or 10 may provide evidence to demonstrate that its use of funds is reasonable and complies with the standards we have established – and we consider them accordingly.

Program Expenses

Spend at least 65% of its total expenses on program activities.

Fund Raising Expenses

Spend no more than 35% of related contributions on fund raising. Related contributions include donations, legacies, and other gifts received as a result of fund raising efforts.

Accumulating Funds

Avoid accumulating funds that could be used for current program activities. To meet this standard, the charity's unrestricted net assets available for use should not be more than three times the size of the past year's expenses or three times the size of the current year's budget, whichever is higher.

Audit Report

Make available to all, on request, complete annual financial statements prepared in accordance with generally accepted accounting principles. When total annual gross income exceeds \$1 million, these statements should be

audited in accordance with generally accepted auditing standards. For charities whose annual gross income is less than \$1 million, a review by a certified public accountant is sufficient to meet this standard. For charities whose annual gross income is less than \$250,000, an internally produced, complete financial statement is sufficient to meet this standard.

Detailed Expense Breakdown

Include in the financial statements a breakdown of expenses (e.g., salaries, travel, postage, etc.) that shows what portion of these expenses was allocated to program, fund raising, and administrative activities. If the charity has more than one major program category, the schedule should provide a breakdown for each category.

Accurate Expense Reporting

Accurately report the charity's expenses, including any joint cost allocations, in its financial statements. For example, audited or unaudited statements which inaccurately claim zero fund raising expenses or otherwise understate the amount a charity spends on fund raising, and/or overstate the amount it spends on programs will not meet this standard.

Budget Plan

Have a board-approved annual budget for its current fiscal year, outlining projected expenses for major program activities, fund raising, and administration.

Solicitations and Informational Materials

A fundraising appeal is often the only contact a donor has with a charity and may be the sole impetus for giving. This section of the standards seeks to ensure that a charity's representations to the public are accurate, complete and respectful.

Accurate Materials

Have solicitations and informational materials, distributed by any means, that are accurate, truthful and not misleading, both in whole and in part. Appeals that omit a clear description of program(s) for which contributions are sought will not meet this standard. A charity should also be able to substantiate that the timing and nature of its expenditures are in accordance with what is stated, expressed, or implied in the charity's solicitations.

Annual Report

Have an annual report available to all, on request, that includes: a) the organization's mission statement,

b) a summary of the past year's program service accomplishments, c) a roster of the officers and members of the board of directors, and d) financial information that includes (i) total income in the past fiscal year, (ii) expenses in the same program, fund raising and administrative categories as in the financial statements, and (iii) ending net assets.

Website Disclosures

Include on any charity websites that solicit contributions, the same information that is recommended for annual reports, as well as the mailing address of the charity and electronic access to its most recent IRS Form 990.

Donor Privacy

Address privacy concerns of donors by: a) providing in written appeals, at least annually, a means (e.g., such as a check off box) for both new and continuing donors to inform the charity if they do not want their name and address shared outside the organization, and b) providing a clear, prominent and easily accessible privacy policy on any of its websites that tells visitors (i) what information, if any, is being collected about them by the charity and how this information will be used, (ii) how to contact the charity to review personal information collected and request corrections, (iii) how to inform the charity (e.g., a check off box) that the visitor does not wish his/her personal information to be shared outside the organization, and (iv) what security measures the charity has in place to protect personal information.

Cause Marketing Disclosures

Clearly disclose how the charity benefits from the sale of products or services (i.e., cause-related marketing) that state or imply that a charity will benefit from a consumer sale or transaction. Such promotions should disclose, at the point of solicitation: a) the actual or anticipated portion of the purchase price that will benefit the charity (e.g., 5 cents will be contributed to abc charity for every xyz company product sold), b) the duration of the campaign (e.g., the month of October), and c) any maximum or guaranteed minimum contribution amount (e.g., up to a maximum of \$200,000).

Complaints

Respond promptly to and act on complaints brought to its attention by the BBB Wise Giving Alliance and/or BBBs about fund raising practices, privacy policy violations and/or other issues.

Inauguration of Tomotherapy Unit



Mr. N. Kishore Kumar, solaipatti inaugurate the highly advanced cancer treatment equipment - Tomotherapy in presence of Dr. S. Gurushankar chairman MMHRC and Mrs. Kamini Gurushankar Trustee - SR Trust.



Cancer awareness walkathon held on 21.01.2023.

AWARDS



Mrs. Kamini Gurushankar, Trustee, Meenakshi Mission Hospital and Research Centre received the “Best Multi Super Speciality Hospital 2022 (FICCI)” award from **Thiru. Ma. Subramanian**, Minister for Health, Medical Education and Family Welfare, Government of Tamil Nadu.



Dr. T. Mukuntharajan, Senior Consultant & HOD Dept. of Imaging Sciences - MMHRC, received Excellence in Radio Diagnostics Care Award from CII - 2022.



Dr. Narendra Nath Jena, Senior Consultant & HOD Dept. of Accident & Emergency - MMHRC, received Excellence emergency critical care award from CII - 2022.

International Affiliations



National Affiliations



Media Partners



Contact:

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