Your support is extremely valuable to us. It enables us to go further in achieving our goals.

Parivaar Team

Founder: Vinayak Lohani

Initiatives (as of January - March 2021):

1. **Parivaar Vivekananda Arogya Kutir (PVAK)**: It was inaugurated on 12th January, the birthday of Dr. Vinayak Lohani. This multi-specialty clinic is named after Dr. Vinayak Lohani and is operating as a benefit to the local poor village community. It provides medical care and medicines free of cost to the poor and underprivileged patients. The clinic has treated more than 300 villagers so far. To provide quality medical care, mobile dispensaries covering a much bigger area will be started. This has added a new dimension to the healthcare services we offer.

2. **Basketball Courts**: Two new Basketball Courts have been ready and are being used for training. Each court has lights and a viewers' gallery too. The court at the Girls campus has been sponsored by Shri Vinayak and the Boys campus court is being sponsored by Shri Shalini. The undergraduate students of the Parivaar Bengal residential institutions have been encouraged to participate in this activity, which is helping in the overall development and physical fitness of the students.

3. **Fruit Saplings (as of November 2020)**: 30,000 fruit saplings were planted in 30 villages of Khandwa and Tamia blocks in Chhindwara district. The saplings were distributed to families on a contract basis. A team has beenb monitoring its progress. Fertilizer made up of ash and neem leaves has also been used. Parivaar's team visits the homes of the children as a necessity for bridging the gap. We are taking all the necessary precautions to stop the spread of diseases and using ash and neem leaves to keep these homes clean.

4. **Seva Kutirs**: We have started new Seva Kutirs. In the month of May 2021, we scaled up the capacities of these hostels. The children from nearby mohallas also started coming and more than 200 poor tribal villagers constructed an entire house within weeks for the Seva Kutir. This shows the deep desire of these people to keep the Seva Kutir running, as they see it as the only hope to get a roof over their heads.

5. **Seva Kutir in Tamia Block, Chhindwara District**: This Seva Kutir is in central Madhya Pradesh. We have carefully selected parts of these districts where problems of poverty are severe. We are inviting us in district level meetings presided by the Collector, on health and related issues where we can bring our point of view. Some of the patients have been treated so far.

6. **Tobacco De-Addiction among Children**: We have started a campaign to de-addict children from tobacco. This is based on the results of our research that proved that children as young as 5 years of age are smoking. The major campaign is towards Tobacco De-Addiction among Children. We have started a campaign to stop rampant tobacco consumption among children. Showing of photographs and display of videos on the harmful effects of tobacco addiction.

7. **Healthcare for Impoverished Tribal Villages**: We have carefully selected parts of these districts where problems of poverty are severe. We have started 105 new Seva Kutirs and have expanded our presence in these backward districts.

8. **Logistical Support for Healthcare Access**: Providing logistical support for healthcare access to patients of all age groups for various diseases. Healthcare access is vital for increasing the life expectancy and saving the lives of poor children and adults. We have carefully selected parts of these districts where problems of poverty are severe.

9. **District Anchors**: Our District Anchors, who do rigorous survey of the area, closely interact with the community and local institutions. They identify the areas that need support and help us to reach them.

10. **Roadmap for Future**: We plan to expand our Seva Kutirs to 10 districts of Madhya Pradesh in the next one year. This is going to be one of the biggest such institutions in Madhya Pradesh, which will cater to all age-groups though a significant portion of them are elderly persons as they would benefit from these institutions.