1. ACTIONS

The SCAD NIRMAN five-year intervention (2020–2025) was implemented in six salt pan worker villages in the Tuticorin coastal belt. The programme targeted 811 families, including 498 salt pan worker households, with the objective of improving social, educational, health, and economic conditions through an integrated community development approach. The intervention was structured around four pillars: Community Organisation, Education, Health & Nutrition, and Economic Empowerment.

The programme adopted a participatory methodology, ensuring that beneficiaries were actively involved in planning, implementation, and monitoring processes. Capacity building and institutional strengthening were embedded throughout the project cycle to foster long-term self-reliance.

1.1 Community Organisation

Village Development Committees (VDCs), Women Self-Help Groups (WSHGs), Youth Groups, and Health & Sanitation Committees were formed or strengthened in all six villages. These bodies served as platforms for collective decision-making, grievance redressal, and development planning.

Training sessions focused on leadership development, governance structures, financial literacy, record keeping, sustainability concepts, and resource mobilisation. Particular emphasis was placed on strengthening women's leadership within SHGs, ensuring inclusive representation and active participation.



Community-based monitoring mechanisms were introduced to improve accountability and transparency. These actions collectively enhanced local ownership and improved coordination between community members and external stakeholders.

1.2 Education

In the education sector, six Balwadis (early childhood centres) were renovated and equipped with learning materials, teaching aids, and audiovisual tools. These improvements created safer and more stimulating environments for early childhood development.

Supplementary Education Centres were established in each village, benefiting 219 identified children. An average of 168 children attended regularly. Local volunteers were recruited and trained to provide academic reinforcement, homework support, and life-skills education.



Career guidance sessions were organised for 233 students, exposing them to higher education and vocational pathways. A total of 124 students pursued higher education during the project period. Exposure visits to professional institutions helped broaden aspirations and informed decision-making regarding future careers.

1.3 Health & Nutrition

A health clinic was established in Rajapandi Nagar to improve access to primary healthcare services. Regular health camps and awareness sessions addressed nutrition, hygiene, occupational health risks, and preventive care.

Village Health Nurses received specific training on salt pan-related occupational diseases. Protective equipment such as ARC glasses, boots, and head loaders were distributed to mitigate work-related risks.

Environmental health initiatives included renovation of Ooranis (traditional water bodies), rainwater harvesting structures, and sanitation awareness campaigns. These actions contributed to improved access to safe water and better hygiene practices.



1.4 Economic Empowerment

Forty-eight Women Self-Help Groups were supported through structured savings schemes and bank linkages. Over Rs. 12.200.000 was mobilised through formal credit channels for 102 members. Additionally, Rs. 600.000 was directly provided by the project through a micro-credit facility to 67 women for income-generating activities.



Skill development initiatives, including small-scale enterprise training and collective production activities, enhanced women's earning potential. Financial literacy and loan management training strengthened economic resilience and reduced dependence on informal lenders.

2. RESULTS

The intervention generated both quantitative achievements and qualitative transformations across the six villages. Results reflect improvements in institutional capacity, educational attainment, health awareness, and economic stability.

2.1 Institutional Strengthening

Village Development Committees became functional platforms for local governance. Women SHGs demonstrated strong repayment discipline and increased savings rates. Youth groups initiated community advocacy efforts, including improvements in local services and infrastructure.



Community participation increased significantly, with villagers contributing labour and financial resources to infrastructure improvements such as water body renovation and preschool maintenance.

2.2 Educational Outcomes

School retention rates improved, and dropout levels decreased compared to baseline observations. Students demonstrated improved academic performance due to regular supplementary coaching.

Higher education enrolment increased, indicating a shift in aspirations among families. Parents increasingly viewed education as a strategic investment for long-term socio-economic mobility.



2.3 Health and Social Outcomes

Health awareness campaigns contributed to improved hygiene practices and better utilisation of medical services. Reports indicate reduced alcohol consumption and decreased domestic violence in several villages.



Occupational safety practices improved among salt pan workers due to the use of protective equipment and increased awareness of work-related risks.

2.4 Economic Outcomes

After a period where micro-credit was made available through the project, access to formal banking financial support increased significantly among SHG members. Women reported higher and more stable incomes through small enterprises and collective savings mechanisms.

Economic confidence improved, and dependency on high-interest informal credit sources declined. Women gained greater decision-making power within households.

3. SUSTAINABILITY

Sustainability considerations were integrated from the outset of the intervention. The programme prioritised institutional autonomy, financial continuity, and community ownership.

3.1 Institutional Sustainability

Community institutions were equipped with governance frameworks, financial systems, and leadership skills to function independently. Village-level development funds were proposed to ensure continued resource mobilisation.

Local volunteers and trained leaders now possess the capacity to sustain educational and health-related activities without continuous external facilitation.



3.2 Financial Sustainability

SHGs maintain regular savings cycles and continue accessing bank credit independently. Plans for modest service contributions, including small user fees for health services and parental contributions for education centres, aim to support operational continuity.

Revolving funds for micro-enterprises create ongoing income streams and reinforce collective accountability.

3.3 Social and Behavioural Sustainability

A cultural shift toward education, women's leadership, and collective problem-solving is evident. Youth engagement in community initiatives indicates intergenerational continuity of development values.

Community contributions to infrastructure maintenance demonstrate ownership and long-term commitment to improved living standards.



Conclusion

The SCAD NIRMAN intervention illustrates that integrated, participatory development approaches can produce measurable and sustainable transformation in vulnerable communities. Beyond numerical outputs, the programme's lasting impact lies in strengthened institutions, empowered women, educated youth, and improved community resilience.

By embedding sustainability mechanisms within institutional structures, financial systems, and social behaviours, the project has laid the foundation for continued development beyond the funding cycle. The six villages are better positioned to pursue inclusive growth through locally driven initiatives and collective action.