



CWS Community
Welfare
Society



Annual Report

2024-2025





Message From the President



It gives me immense joy to present the Annual Report of Community Welfare Society for the year 2024–25. This year has been a time of deep commitment to the most vulnerable sections of our society — migrants, daily-wage earners, and marginalized communities living on the fringes of development.

Migration remains a reality in our region, driven by poverty, unemployment, and lack of opportunities. For many families, migration is both a necessity and a burden. Through the Migration Help Desk, we sought to stand beside migrants at every stage — from ensuring safe travel, access to documentation, health care, and providing skills training. Our efforts have not only prevented exploitation but also restored dignity and hope to many families.

At the same time, our work with widows, ragpickers, rickshaw pullers, leprosy-affected persons, and street vendors has strengthened their collective voice through Self-Help Groups. These groups have grown into platforms of solidarity, financial empowerment, and social participation.

The past year has shown us that change is possible when compassion is combined with action. I thank all our staff, volunteers, partners, and donors who journey with us. Together, we remain committed to building a society where no one is left behind.

Mr Subhendra Das
President, CWS Rourkela



Message

From the Executive Council

The Executive Council of Community Welfare Society is pleased to present the Annual Report for 2024–25, a year marked by both challenges and renewed commitment to our mission.

At the heart of our work has been the support of migrant workers, whose struggles reflect some of the harshest realities of our society. In Sundargarh and neighbouring districts, migration has become both a necessity and a vulnerability. Through the Migration Help Desk, CWS has sought to bridge the gap between despair and dignity. Information on safe migration, assistance during crises, and advocacy for rights have helped thousands of migrants and their families. This effort is not just about services; it is about affirming that every worker, wherever they may be, deserves recognition and respect.

We have also deepened our engagement with marginalised groups who continue to live on the edges of society. Our programmes for widows, ragpickers, rickshaw pullers, and women in leprosy colonies have shown that empowerment begins with small steps—organising Self-Help Groups, providing livelihood opportunities, and building solidarity. Through these, women and men who were once voiceless now stand as leaders in their communities.

The Executive Council takes pride in the healthcare initiatives that have become central to our mission. The Home-Based Palliative Care Programme now reaches hundreds of patients across Rourkela, Subdega, and Balisankara, offering relief, dignity, and companionship to those at the end of life. Such services remind us that social work is not limited to economics alone; it extends to compassion and human presence.

We acknowledge the tireless dedication of our staff, the resilience of the communities, and the generosity of our partners—local and international—who continue to walk with us. Their solidarity ensures that our mission does not remain an idea, but a living reality in villages, slums, and parishes.

Looking ahead, we reaffirm our commitment to standing by migrants, the marginalised, and the voiceless. Together, let us continue to work for a society where no one is left behind.

Fr. Bennichan K Peter SVD, Secretary
On behalf of the Executive Council, CWS Rourkela

The Executive Council

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Vision & Mission

Vision

Enhance the quality of life of the people of Rourkela, especially its slum residents and the people living in Sundargarh and adjoining districts and in the state of Odisha.

Mission

1. Form self-help groups among women, widows, youth, waste pickers, rickshaw pullers, street vendors and former leprosy patients living in the slums.
2. Improve health and hygiene through the promotion of community health and hospital services for slum residents.
3. Provide free home-based palliative care services to all residents of Rourkela and to people living in neighbouring areas.
4. Provide quality medical care to all through CWS Hospital, Jagda, Rourkela.
5. Create facilities and enabling environment for formal education of slum children.
6. Promote skill development among slum youth for gainful employment.
7. Organize seminars, meetings and training programmes on social issues and their amelioration among people living in the slums.
8. Make migration of unorganized workers from Odisha to other cities in India, safe and secure to the best possible extent.



CWS Annual Report 2024-25

At a Glance: Impact Snapshot

Theme / Programme	Key Numbers & Achievements
Children's Support	40 children in Day Care; 10 Tuition Centres active; 153 children received study materials
Women's Empowerment (SHGs)	6,623 women engaged; 26 new SHGs; ₹3.24 crore savings mobilized; ₹3.28 crore accessed in bank loans; 3,687 SHG meetings; 337 women trained in IGAs
Home-Based Palliative Care (HBPC)	610 patients served; 11,848 home visits; ₹11 lakh raised locally; Team: 3 doctors, 8 palliative staff, 1 physiotherapist, 3 vehicles
CWS Hospital Services	49,458 OPD patients; 8,798 IPD patients; 2,719 surgeries; 13,230 X-rays, 7,741 ultrasounds, 4,175 CT scans; 1,207 physiotherapy patients; Team: 55 specialists & 71 nurses
Leaders' Meetings	22 community leaders' meetings held across 4 slum field offices
Leprosy Colonies	5 colonies, ~550 residents (202 affected); 9 awareness sessions (320 participants); 22 disability certificates; 12 Women SHGs & 8 Youth SHGs; 15 children supported
Migration Help Desk (MHDR)	4,000 migrants registered in 25 GPs; 41 WhatsApp groups; 1,060 e-Shram registrations; 1,060 legal/documentation cases; 468 awareness sessions; 27 NGO partners
PMBJK (Affordable Medicines)	₹32.78 lakh in Janaushadhi sales; every patient saves 70-80% cost when he/she uses medicines from this center
Ragpickers' Empowerment	534 women, 75 widows, 146 youth; 50 Women's SHGs, 7 Widow SHGs, 17 Youth SHGs; 24 training programmes; 3 health camps; 83 individuals linked to government schemes



Investing in the Future: Education and Childcare Support in Urban Slums

Community Welfare Society (CWS) has continued to prioritize the well-being and development of children in underserved communities. Many families in urban slums struggle with poverty, irregular income, and low literacy, which often affects children's education and care. To respond to these needs, CWS operates programmes that support children directly while also assisting their working parents.

Day Care Centre in Gopabandhupalli

A dedicated Day Care Centre in Gopabandhupalli currently supports **40 children**. The centre operates from 8 a.m. to 5 p.m., providing a safe and caring environment for children while their parents—mostly daily wage earners, vendors, or domestic workers—go to work. The centre combines early childhood care with a stimulating atmosphere, ensuring that children are engaged and parents are able to earn their livelihood without worry.

Tuition Centres for Academic Support

To strengthen school education, CWS runs **10 tuition centres** across slum areas. These centres provide additional academic support to children from lower classes, helping to reduce dropouts and improve learning outcomes. For families where parents have limited literacy, these centres ensure children receive guidance beyond school hours and remain motivated in their studies.



Distribution of Study Materials

To reduce financial barriers, CWS provided educational materials to **153 children** from poor families. Items such as notebooks, pens, and stationery helped ease the economic burden on parents and encouraged regular school attendance. This simple support has contributed to creating an environment where children are better prepared for learning.

Conclusion

Through childcare, tuition, and material support, CWS has continued to invest in the future of children in urban slum communities. By combining safe spaces, academic guidance, and financial relief, these interventions are helping build strong foundations for education and personal growth. The programme ensures that children are not left behind and that working parents can pursue livelihoods with greater security.





Empowering Women, Strengthening Communities

Advancing Women's Leadership Through SHGs

The Women Empowerment Programme of Community Welfare Society (CWS) continues to be one of the most far-reaching interventions in the region, building confidence, promoting economic independence, and nurturing women's leadership. During the financial year 2024–25, the programme reached 6,623 women through its Self-Help Group (SHG) network.

Functioning and Expansion of SHGs

SHGs remained the foundation of this programme. A total of 5,687 SHG meetings were held during the year, serving as platforms for savings, loan management, awareness sessions, and collective action. The network expanded with the formation of 26 new SHGs, extending opportunities to more women.

An important achievement was the growing self-reliance in record keeping. 37 SHGs learned to write and maintain their own registers, supported by 23 register training sessions with 414 participants. Group records were audited every three months to ensure transparency and accountability.

Financial Inclusion and Access to Credit

SHGs collectively saved ₹3,24,40,380 during the year and accessed ₹3,28,45,000 in bank loans. These figures reflect the increasing trust between financial institutions and women-led groups. Access to these funds has enabled women to invest in small businesses, meet household needs, support children's education, and reduce dependence on moneylenders.

Livelihood Promotion

To strengthen income generating opportunities, 16 income-generating activity (IGA) trainings were conducted for 337 participants. Training included phenyl making, mushroom cultivation, and preparation of tomato ketchup—skills that support both entrepreneurship and household income.

Awareness and Social Action

A total of 24 awareness programmes reached 704 participants, addressing issues such as cancer, health and hygiene, government schemes, savings, self-esteem, substance abuse, polythene use, HIV/AIDS, girl child rights, and human rights.

Collective action was also visible. Two major rallies were organized: a candlelight march demanding justice in the Kolkata doctor assault case, and an International Women's Day rally highlighting women's rights. On International Women's Day, celebrations were held across six locations in Rourkela, each attended by over 1,000 women. Importantly, all funds for these events were collected and managed by women from the slum communities themselves.



Leadership Development and Partnerships

Leadership was nurtured through 63 leaders' meetings involving 243 participants. Additionally, 21 SHGs underwent gradation for improved management, and 46 SHGs collaborated with Anganwadi centres to strengthen child nutrition and education under ICDS services.



Stronger collaboration was also encouraged through 19 inter-NGO meetings, allowing resource sharing and coordinated action.

Health and Welfare Support

CWS organized three medical camps reaching 267 women, and distributed blankets to 20 women during winter. These interventions, though modest, addressed immediate health and welfare needs.

Challenges and Future Directions

Low literacy among some members remained a challenge, but it was addressed through simple training modules, visual tools, and peer learning. Looking ahead, the programme will focus on strengthening IGAs, introducing digital literacy, expanding access to government schemes, and developing marketing avenues for SHG products.

Conclusion

With 6,623 women actively engaged, the programme has demonstrated steady progress in economic empowerment, leadership, and community action. By managing savings, leading social action, and independently organizing large-scale events such as International Women's Day, women in CWS-supported SHGs are taking visible steps toward transforming their communities.







Home-Based Palliative Care Programme

The Home-Based Palliative Care (HBPC) Programme of Community Welfare Society, Rourkela, remains a lifeline for patients with chronic and life-limiting illnesses. Since December 2020, it has expanded into urban slums, rural panchayats, and tribal areas, providing not only medical treatment but also emotional and social support.

Reach and Services

From April 2024 to March 2025, the HBPC team in Rourkela served 464 patients across Rourkela Municipal Corporation and 26 Panchayat areas. In Subdega and Balisankara blocks, from January to April 2025, an additional 146 patients from 10 panchayats were reached. Altogether, 610 patients received care.

Patients included both men and women, with more than 400 above 60 years of age and nearly 200 below. Conditions managed included stroke, hypertension, diabetes, osteoarthritis, chronic kidney disease, cancer, cerebral palsy, tuberculosis, and degenerative disorders. In Subdega, 139 patients were bedridden, and 7 patients received end-of-life care.

The teams conducted 10,680 home visits in Rourkela and 1,168 visits in Subdega, offering:

- Pain relief, wound care, catheter and tube insertions, physiotherapy, and medicine distribution.
- Emotional counselling and family guidance.
- Spiritual support through compassionate listening.
- Education on hygiene, nutrition, and preventive care.

Each visit was more than a medical act—it offered reassurance and dignity to patients and families.

Team and Challenges

The Rourkela HBPC team included 3 doctors, 8 palliative staff, 1 physiotherapist, and 3 drivers with 3 vehicles. The Subdega unit, though smaller, worked with equal dedication. Shortages of doctors and medicines were challenges, but the teams adapted through training and flexible approaches.



Work in slum and rural areas brought social difficulties such as alcoholism or unrealistic expectations, but regular contact and trust slowly turned resistance into cooperation.

Community Support

To strengthen the programme, a fundraising event in 2025 brought together doctors, engineers, businessmen, social workers, and industrialists. Contributions reached ₹11,00,000, enabling free consultations, medicines, hygiene supplies, and home-based care for those unable to afford treatment.

Stories of Care and Recovery

1. Mrs. Karmala Kaka (71 years)

Mrs. Karmala came to CWS Hospital in 2023 with severe pain and was diagnosed with miliary tuberculosis. After completing treatment, she was enrolled in HBPC due to frailty. Regular visits helped her regain independence in eating and walking short

distances. She often said, “Because of palliative care, my life is expanding and becoming more satisfying.” She passed away peacefully on 25 May 2025, grateful for the comfort and dignity she received.

2. Mrs. Geetha Gowri (65 years)

In November 2023, Mrs. Geetha suffered a stroke with meningitis and was admitted in critical condition. Doctors gave her little chance



of survival. Discharged after four days, she was bedridden with a feeding tube and catheter. Enrolled in HBPC on 5 December 2023, she received nursing care, blood pressure management, and wound prevention. Over time, she regained strength, walked again, and resumed daily activities. Her family said, “By the grace of God, the efforts of the palliative care team, and constant support, she has been given a new life.”

Conclusion

The HBPC programme is more than a medical service; it is a commitment to dignity and compassion at life's most difficult stages. With every wound dressed, every word of comfort, and every hand held, the programme ensures that no one suffers alone.



Healing with Compassion: The Journey of CWS Hospital



Patient Care and Services

During the reporting year, the hospital recorded a significant patient load. A total of 49,458 patients were treated in the Outpatient Department (OPD), and 8,798 patients received inpatient care. The surgical department carried out 2,719 operations, while emergency services continued round-the-clock. Among inpatients, Medicine treated 3,576 patients, Nephrology 1,426, Orthopaedics 690, Surgery 1,050, and Gynaecology 657. Other specialties, including Paediatrics, Urology, Pulmonology, Ophthalmology, ENT, Dentistry, Neonatology, and Neurosurgery, contributed to service delivery. A newly established Physiotherapy department served 1,207 patients.

Diagnostics and Technology

Diagnostic services remained robust. The hospital conducted 13,230 X-rays, 7,741 ultrasounds, 4,350 ECGs, and 8,175 CT scans. These facilities ensured timely detection and intervention for a wide range of conditions.

Staff and Multi-disciplinary Team

CWS Hospital is supported by 55 specialist doctors, 15 medical officers, and 71

nurses. They are assisted by 24 administrative staff, 49 Medical Health Assistants (MHAs), and 16 general support staff. Diagnostic and pharmacy services are managed by 15 pathology staff, one dialysis technician, four radiology staff, and 14 pharmacy staff. Together, this team ensured efficient and comprehensive care.

Training and Quality Improvement

Staff development remained a priority. Training sessions were conducted on infection control, hand hygiene, spill management, vaccination policy, needle stick injuries, medication errors, adverse drug reactions, and biomedical waste handling. Additional sessions included grooming, policies on leave and uniforms, emergency response codes, and International Patient Safety Goals. Staff also underwent Basic Life Support (BLS) training.



The hospital applied for renewal of NABH accreditation and has been preparing to meet required standards, with a focus on patient safety and continuous quality improvement.

Community Engagement and Outreach

Community engagement has been central to the hospital's mission. Health camps and outreach activities were conducted across underserved areas. The home-based palliative care programme received ₹11 lakhs in local support, enabling CWS to extend medical, nursing, and emotional care to chronically ill patients in remote and slum areas.

Patient Experience and Satisfaction

Patient satisfaction was measured at 82% among inpatients. A grievance redressal mechanism remains in place to address complaints. New initiatives included QR code-based OPD self-registration and gradual adoption of Electronic Medical Records, both aimed at reducing wait times and improving patient experience.



Infrastructure and Equipment

During the year, the hospital invested in an automatic tissue processor, a biosafety cabinet, a blood cell counter, an autoclave machine, and a Digital Radiography X-ray machine. These investments enhanced diagnostic efficiency and infection control measures.

Future Plans

Looking ahead, the hospital plans to expand its facilities with a modular operation theatre, an enlarged Intensive Care Unit (ICU), and a new Central Sterile Services Department (CSSD). Plans are also underway to increase the number of general beds and private cabins to meet growing demand.

Conclusion

CWS Hospital remains committed to delivering affordable, ethical, and high-quality care. Through teamwork, continuous upgrading, and community support, it strives to build a patient-friendly and model healthcare institution in the region.





Illuminating the Unseen: Advancing Public Health through Research at CWS Hospital (2024–2025)



Research is an integral part of Community Welfare Society's (CWS) mission to improve healthcare outcomes through scientific inquiry and innovation. In 2024–25, CWS Hospital, Rourkela, actively contributed to multiple high-impact research projects focused on malaria—one of the most persistent public health challenges in Odisha. These projects were undertaken in partnership with national and international institutions and government health departments.

1. Hidden Plasmodium Infections and Biomarker Discovery (CSCMi 3.0)

This five-year study (2024–2029) is part of the Center for the Study of Complex Malaria in India (CSCMi 3.0) initiative. Its core objective is to uncover the reasons behind persistent malaria transmission despite control efforts, with a focus on hidden reservoirs, diagnostic limitations, and genetic factors like gene deletions. The study spans 10 villages and multiple health centres across Keonjhar and Boudh districts, covering over 2,000 participants. Fieldwork and sample collection are in progress, and early recommendations have already been shared with the district health departments to treat all positive cases irrespective of fever status. Three workshops were conducted to train investigators and vector-borne disease (VBD) staff. Challenges included poor connectivity and local language barriers.

2. AI-Driven Malaria Detection Tool

CWS Hospital is also a research partner in developing an AI-powered, low-cost diagnostic tool for malaria detection using microscopy. Conducted from 2023 to 2026, this project aims to make rural diagnostics more accessible. During Round 1 (Aug–Oct

2024), over 8,400 images were collected from 1,000+ participants. The project has already resulted in a publication in Nature Scientific Reports (2024). Round 2 is scheduled for September 2025 to January 2026. The project saw challenges in securing volunteer participation and navigating Odisha's diverse village geographies.

3. Cluster Randomized Trial on Malaria Camp Effectiveness (CSCMi 2.0 – Phase 2)

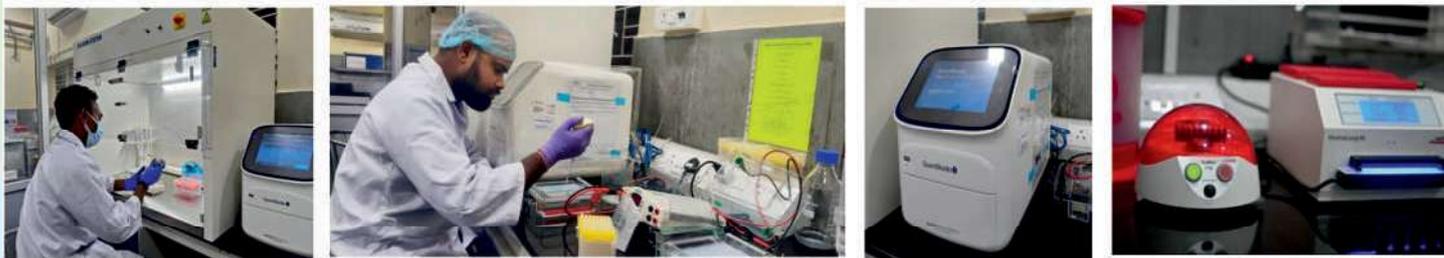
Set to launch in 2025, this trial will assess the efficacy of malaria camps using advanced molecular diagnostics (PCR/LAMP) versus standard RDT methods. The study will recruit 5,400 participants from 36 villages across six districts in Odisha. Ethics approval is pending, and stakeholder engagement is ongoing. Two peer-reviewed articles and multiple international conference presentations (Tokyo and Delhi) have already emerged from the preparatory phase. Project implementation was delayed due to structural changes in the state health system.

4. MRI-Based Study on Cerebral Malaria (CSCMi 2.0 – Project 3)

This clinically focused study, conducted at CWS Hospital and IGH Rourkela, explores the pathogenesis of cerebral malaria using MRI and neurological profiling. The project aims to identify early diagnostic markers and intervention strategies. Of the targeted 280 patients (ages 1–70), three have been enrolled. Dissemination activities included presentations at APICON Odisha, international parasitology conferences, and virtual meetings in Tokyo. Despite the complexity of cerebral malaria, this research is expected to yield vital insights.

Conclusion

CWS Hospital's research arm continues to grow as a credible platform for public health investigations, particularly in malaria-endemic tribal regions. By combining grassroots engagement, advanced diagnostics, and academic collaborations, CWS aims to contribute significantly to global health knowledge and improve health policy implementation on the ground. These efforts not only reinforce the hospital's role as a healthcare provider but also as a knowledge hub committed to community health transformation.





Voices from the Margins: Insights from Leaders' Meetings in Slum Communities

Community Welfare Society (CWS) continued to strengthen community participation during the year through regular Leaders' Meetings held across its field offices in Sheetalpara, Gopabandhupalli, Sector-2, and Sector-6. These meetings, conducted every alternate month beginning in August 2024, created structured opportunities for community representatives—many of them Self-Help Group (SHG) members and local volunteers—to share issues faced by their neighbourhoods.

Participation and Frequency

A total of 22 Leaders' Meetings were conducted during the reporting period. Attendance and participation were consistent, with community leaders actively engaging in discussions. Leaders spoke not only about their personal concerns but also about collective challenges, reflecting the realities of slum residents. The sessions became platforms for dialogue, peer learning, and coordinated problem-solving.

Key Issues Raised

Housing and Eviction

The most frequently voiced concern was the constant threat of eviction. Many families live with insecure tenure, lacking legal recognition or land titles despite decades of settlement. This insecurity discourages even basic home improvements, as residents fear sudden displacement without rehabilitation.

Water and Sanitation

Water supply and drainage were also recurring issues. In several areas, water is supplied only for limited hours a week, and poor drainage causes waterlogging during

the monsoon season. Stagnant water and irregular garbage collection contribute to unhygienic conditions, mosquito breeding, and inconvenience in daily life.

Youth and Employment

Concerns around youth were repeatedly discussed, especially problems of substance abuse and alcoholism. Leaders linked these issues to unemployment and lack of structured engagement. They emphasized the need for vocational training, digital literacy, and life-skill programmes to channel the energy of adolescents and young adults in constructive directions.

Education

Although enrolment in schools is generally high, dropouts—particularly among older girls—remain a concern. Domestic responsibilities, safety concerns, and financial constraints were identified as common reasons. Parents often lack awareness or resources to provide remedial support, leading to learning gaps and eventual school leaving.

Documentation and Entitlements

Many residents, especially migrants, continue to face difficulties in securing or updating identity documents such as Aadhaar or ration cards. These bureaucratic delays limit access to pensions, rations, and other welfare schemes. Leaders recommended more local facilitation camps and awareness drives to reduce these barriers.

Outcomes and Future Directions

Despite the challenges shared, the meetings highlighted the resilience of community leaders. They actively suggested solutions, coordinated with local authorities, and mobilized neighbours to address issues collectively. CWS sees these meetings not only as grievance forums but also as platforms for participatory planning and leadership development.

In the coming year, CWS plans to build on this momentum by organizing capacity-building workshops, linking leaders more closely with governance mechanisms, and encouraging micro-advocacy initiatives at the local level. The discussions have reinforced an important lesson: when community voices are heard, change becomes possible.



Support for Leprosy Colonies in Rourkela

Community Welfare Society (CWS) has continued its work during the reporting year to improve the lives of residents in leprosy colonies across Rourkela. These communities represent some of the most marginalized groups in the city, having faced decades of stigma, poverty, and exclusion. CWS interventions were concentrated in five colonies—Durgapur, Deagaon, Nayabazar, OSAP, and Jagarnath Ashram—where approximately 550 people live, including 202 affected by leprosy.

Living Conditions and Challenges

Most families in these colonies face challenges in housing, livelihood, and access to healthcare. Some residents are physically disabled as a result of leprosy, which restricts their mobility. Those who are able-bodied often depend on insecure daily wage work or begging to support themselves. While there has been gradual improvement in infrastructure with more pucca houses built in recent years, several families still reside in mud houses and lack adequate sanitation facilities.

Health and Medical Support

CWS gave priority to health-related needs. Nine awareness sessions were conducted across all colonies, reaching 320 individuals with information on sanitation, personal hygiene, prevention of leprosy, and awareness of HIV/AIDS. These sessions encouraged improved practices at both personal and community levels.

Free dressing materials were distributed for wound care, which is a common need among leprosy-affected persons. Sixteen patients were referred to CWS Hospital

and Rourkela Government Hospital for specialized treatment, including for tumors, dengue, jaundice, and eye-related problems. Additionally, two patients received partial financial assistance for major surgeries, covering leg and liver complications.

Government Linkages and Social Security

Strengthening access to government entitlements was another area of intervention. With the support of CWS animators, 22 disability certificates were obtained, allowing beneficiaries to claim disability-related benefits. Four families were linked to family benefit schemes, while two new ration cards were issued, improving food security. For mobility support, two individuals received three-wheeled vehicles through government provisions, which significantly reduced their dependence on others.

Education and Community Empowerment

CWS recognizes the importance of education and youth engagement in breaking the cycle of poverty. During the year, 15 children received school materials, and regular evening tuition classes were organized in Durgapur colony.

In parallel, 12 women's Self-Help Groups (SHGs) and 8 youth SHGs functioned actively across the colonies. Members were trained in bookkeeping, savings practices, and income-generating activities such as phenyl production. These trainings helped strengthen group cohesion while creating opportunities for livelihood. Awareness programs on drug abuse and on available government schemes were conducted in Durgapur and Bengali Basti, particularly to address the vulnerability of youth.

Shelter and Livelihood Assistance

CWS also extended practical support to improve living conditions. Seven families received assistance for house repairs, and four families were provided with blankets during cold weather. These modest but necessary interventions improved safety and comfort in difficult circumstances.

Case Example: Mrs. Shanti Sahoo

The experience of Mrs. Shanti Sahoo, a 69-year-old widow from Nayabazar colony, illustrates the combined impact of these interventions. Originally from Titilagarh, she moved to Rourkela more than 50 years ago after being rejected by her family and community due to leprosy. After her husband's early death, she lived alone in a leaking mud house and lacked essential identity documents, which excluded her from government support.

Through the intervention of CWS animators, she was able to obtain both Aadhaar and ration cards, gaining access to government entitlements for the first time. In addition, with support from CWS her house was repaired, providing safe and reliable shelter. Shanti Sahoo now lives in improved conditions, with security and access to basic benefits.

Conclusion

The work of CWS in leprosy colonies this year demonstrates progress in multiple dimensions—health, education, social security, and housing. The statistics reflect measurable outcomes, while the individual story of Shanti Sahoo shows the human impact of these interventions. Although challenges remain, particularly in housing and livelihoods, the consistent effort has contributed to greater dignity, inclusion, and resilience for leprosy-affected communities in Rourkela.







Walking With Migrants: The Work of Migration Help Desk, Rourkela

The Migration Help Desk, Rourkela (MHDR) was established on 2 January 2023 with the vision to assist, accompany, and empower internal migrants, who are often among the most vulnerable and overlooked groups in society. Functioning under the guidance of Community Welfare Society (CWS), the desk has become a point of support for migrants in Sundargarh district, combining direct assistance, legal aid, awareness, and community building.

Outreach and Registration

Between April 2024 and March 2025, the Help Desk registered 4,000 migrants across 25 Gram Panchayats. Many came from tribal hamlets and urban slums, facing challenges of poverty, illiteracy, and insecure employment. To maintain connection and communication, MHDR set up 41 dedicated WhatsApp groups, each with about 75 members, which now serve as networks for sharing job opportunities, legal updates, travel alerts, and helpline support. These groups have become vital for real-time tracking and outreach.

Collaboration and Documentation

Collaboration with local government bodies and 27 partner NGOs and institutions helped expand services. During the year, MHDR organized 23 e-Shram Card registration camps, through which 1,060 workers were registered in the national unorganized labour database. These registrations provided migrants with digital identity and opened access to social security schemes.

The Help Desk also addressed many cases of legal or documentation support, assisting migrants with Aadhaar corrections, ration card issues, pension grievances,

and bank-related requirements. In 10 instances, emergency assistance was arranged for travel, ensuring the safety and well-being of stranded or distressed workers.

Awareness and Training

Awareness remained a key focus. MHDR organized 468 awareness meetings and training sessions on safe migration, legal rights, entitlements, financial inclusion, and health. Conducted in local dialects, these sessions encouraged active participation and built understanding among migrants of their rights and responsibilities.

Rescue and Support Cases

The desk also responded to individual crisis cases, coordinating with networks and partner organizations.

- Anisha Soreng (Hyderabad): A young tribal girl subjected to abuse as a housemaid was rescued with the support of MAIN (Jesuit NGO). She was trained as a Nursing Duty Assistant at Upaya, Ramabahal, and is now employed in a hospital, living with dignity.
- Meena Tirkey (Mumbai): After years of work as a caregiver, she was illegally evicted from her employer's home despite being a named beneficiary in the will. With SVD support, she is pursuing a legal case, symbolizing justice for exploited workers.
- Nikita Jojo (Bargarh): Rescued from workplace harassment and safely returned home.
- Seema Kujur (Delhi): Freed from exploitative domestic work with the support of DB4M and MHDR.
- Sanjay Dhanwar (Bangalore): Denied wages, he was rescued through collaboration with DB4M and returned home.
- Binay Dung dung (Rajasthan): A victim of bonded labour, rescued with help from Ajeevika Bureau and DB4M.
- Reema (location unrecorded): Stranded without resources, MHDR arranged her train journey back home.
- Diptee Kullu (Hyderabad–Delhi): Evicted by an employer, she was supported to return safely home.

Human Resources and Future Plans

The Help Desk is managed by two dedicated staff members, supported by networks of volunteers and collaborators. Looking ahead, MHDR aims to expand its services to Jharsuguda, Sambalpur, and Deogarh, gradually evolving from a district-

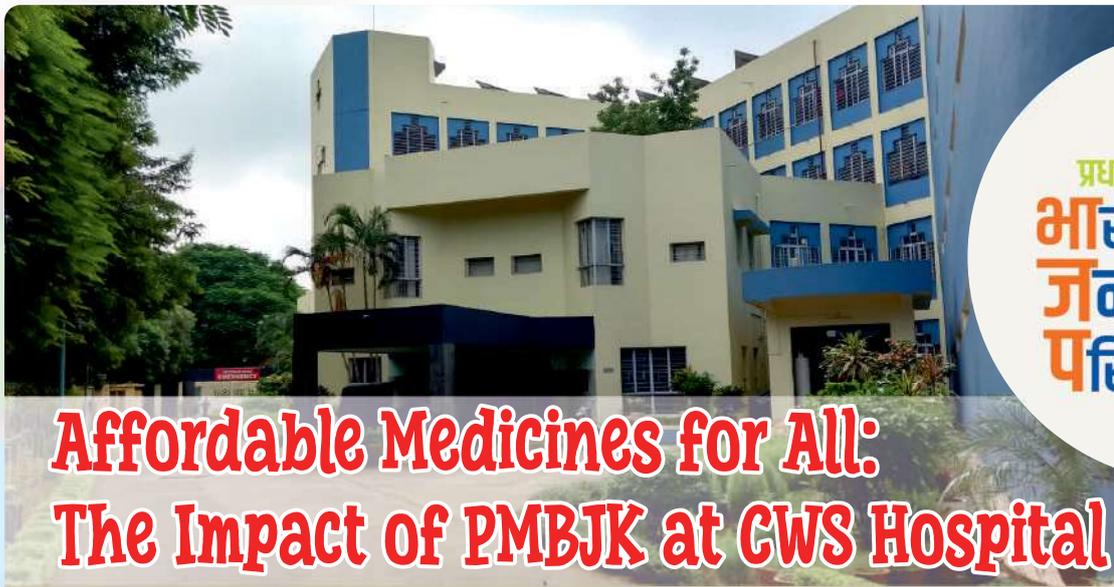
level support desk into a regional hub for migrant well-being.

Conclusion

The work of MHDR during 2024–25 reflects the pressing needs of migrant communities and the importance of timely support. By registering migrants, offering documentation help, providing awareness, and intervening in rescue cases, the desk has combined digital tools with grassroots presence. The stories of rescued migrants and the growing participation of communities highlight the value of this initiative as a practical, humane, and necessary response to the realities of migration.







Affordable Medicines for All: The Impact of PMBJK at CWS Hospital

Pradhan Mantri Bhartiya Janaushadhi Kendra (PMBJK) at CWS Hospital was inaugurated on 10th November 2020. The Pradhan Mantri Bhartiya Janaushadhi Kendra (PMBJK) is a Government of India initiative that provides quality generic medicines at affordable prices, enabling patients to save 70–80% compared to the cost of branded medicines. Since then, it has become an important part of the hospital's commitment to reducing healthcare costs for patients, especially those from lower-income families.

Operations and Outreach

The Kendra functions daily from 10 a.m. to 7 p.m., managed by a pharmacist and a support staff member. They ensure proper dispensing, patient guidance, and stock management. During the reporting year April 2024 to March 2025, the Kendra recorded gross sales of ₹32,78,871, reflecting its growing reach.

The top-selling medicines were for cardiovascular conditions, gastrointestinal issues, diabetes, and nutritional support. The inventory was maintained at around 60% stock levels, ensuring regular availability of essential drugs.

Beneficiaries and Patient Profile

The Kendra supported patients enrolled in the hospital's Palliative Care Programme and patients with heart and kidney conditions. It provides medicines to both inpatients and OPD patients. Medicines were used by both poorer families and more affluent patients, as well as by CWS's own medical professionals.

Patient feedback has been consistently positive, and no complaints were recorded during the year, demonstrating the reliability of the service.

Financial Relief and Cost Savings

A key impact of the PMBJK is the 70–80% savings it provides compared to standard market prices. This has been particularly helpful for families dealing with chronic illnesses, reducing their financial strain and ensuring long-term treatment adherence.

Standards and Monitoring

Staff members received regular training on pharmaceutical best practices, including FIFO (First In First Out), LIFO (Last In First Out), HIFO (Highest In First Out), and LASA (Look Alike Sound Alike) protocols. Inventory checks were carried out regularly for expiry, batch quality, and storage conditions, ensuring patient safety and trust.

Challenges and Future Focus

The programme faced some challenges, such as occasional shortages and vendors supplying near-expiry medicines. To address these issues, stronger vendor coordination, better forecasting, and close monitoring have been recommended.

Conclusion

The PMBJK at CWS Hospital has proven to be an effective initiative for providing affordable, safe, and accessible medicines. By reducing costs and ensuring quality, it directly supports the hospital's broader mission of inclusive healthcare. With continued improvements in supply management, the Kendra will remain a valuable resource for patients and the wider community.



Reclaiming Dignity: Empowering Ragpickers for a Better Tomorrow



Community Welfare Society (CWS) has continued its work with ragpickers during the year, focusing on a group that contributes significantly to urban sanitation yet remains one of the most marginalized and unrecognized sections of society. The programme aims to improve their socio-economic situation, with particular attention to women, widows, and youth engaged in informal waste collection in Rourkela's slum communities.

Reach and Community Organization

CWS currently supports 534 women ragpickers, 75 widows, and 146 youth members. To provide a foundation for community building, 50 women's SHGs, 7 widow SHGs, and 17 youth SHGs were formed. These groups function as spaces for mutual support, collective savings, and decision-making, enabling members to organize themselves and address issues that affect their daily lives.

Training and Capacity Development

To strengthen SHGs and improve awareness, 24 training programmes were conducted during the reporting period. The topics covered included health and hygiene, HIV/AIDS awareness, waste management, rights education, financial literacy, substance abuse prevention, and leadership. These regular trainings encouraged

members to adopt healthier practices, manage group activities, and gradually develop leadership skills.

Livelihoods and Health Interventions

One of the notable outcomes of the programme has been a modest improvement in earnings. Ragpickers who previously earned ₹100–130 per day now report incomes in the range of ₹250–350 per day, reflecting better opportunities and support through SHG platforms.

CWS also addressed health needs by organizing three health camps, including two for children and one cancer screening camp for women. These interventions provided much-needed medical attention, though the programme faced limitations in distributing safety gear, which remains a priority for future efforts.



Ragpickers' Day Celebration

Ragpickers' Day was celebrated on 28th March with great enthusiasm, attended by nearly 200 people. The event was filled with colour and joy as the children of ragpickers presented lively dance performances, while the ragpickers themselves joined in with songs and dances. The celebration not only showcased their talents but also created a vibrant atmosphere of unity and dignity for the community.

Access to Documentation and Welfare

Access to legal identity was another focus of the year. CWS facilitated documentation support for 69 individuals, including 19 Aadhaar cards, 9 ration cards, 17 school admissions, and 24 bank accounts.

In addition, 83 individuals were linked to government welfare schemes: 16 under Harishchandra Yojana, 15 under Widow Pension, 32 under Family Benefit Scheme, 11 under Disability Pension, 8 under Old Age Pension, and

1 under Unmarried Pension. These linkages, though limited, provided critical financial relief and recognition.



Leadership and Advocacy

To strengthen community voice, CWS facilitated seven leaders' meetings and seven inter-NGO meetings. These platforms allowed community representatives to share concerns, build solidarity, and initiate dialogue with authorities and stakeholders. Regular follow-up and leadership mentoring encouraged members to advocate for their rights and participate in decision-making processes.

Case Example: Gulabi's Journey

The story of Gulabi Naik, a 19-year-old ragpicker from Jantoli Basti, reflects the challenges faced by this community. While working, she developed severe health issues, including loss of eyesight and body pain that left her unable to sit or stand. Despite treatment at a government hospital, her condition did not improve.

During a field visit, Gulabi's situation was reported by a CWS animator to the coordinator and subsequently to the Chairman. An ambulance was arranged, and she was admitted to CWS Hospital, Jagda. Following diagnosis and treatment, her health improved, and she has now regained her ability to care for her children and resume daily life.

Conclusion

The Ragpickers' Empowerment Programme during the year combined SHG formation, training, health initiatives, documentation support, and welfare linkages. With 534 women, 75 widows, and 146 youth engaged, the programme demonstrated small but steady progress in improving incomes, health access, and recognition. The case of Gulabi Naik highlights how timely intervention can restore health and stability. Going forward, CWS aims to address gaps such as safety equipment while continuing to strengthen the dignity and resilience of ragpicker communities.





Rickshaw Pullers' Empowerment Programme



The Rickshaw Pullers' Empowerment Programme was initiated as part of CWS's outreach to marginalized urban communities in Rourkela. Rickshaw pullers are among the city's most vulnerable groups, facing insecurity of income, limited access to healthcare, and lack of social recognition. The programme aims to organize them into collectives, support their access to services, and improve their long-term economic and social stability.

Community Mobilization and Organization

During the reporting year, 207 rickshaw pullers were mobilized into 35 collectives—comprising 32 Joint Liability Groups (JLGs) and 3 Self-Help Groups (SHGs). These groups act as platforms for mutual support, financial planning, and collective problem-solving. A total of 324 meetings were conducted during the year, helping members to share experiences, plan savings, and learn about rights and entitlements.

Healthcare and Material Support

Basic healthcare was extended to members through direct medical support, with 26 individuals receiving treatment for minor ailments and chronic conditions. Seasonal vulnerabilities were addressed through distribution of blankets to 13 members in winter and tarpaulins to 8

families during the monsoon season. On 60 occasions, dry ration kits were provided to address food insecurity. Educational support was also offered, with notebooks distributed to 33 children from rickshaw puller families.

Financial Inclusion and Credit Support

Improving financial security remained a priority. Seven new bank accounts were opened, bringing the total number of members with access to formal banking to 192. Credit support was extended to 39 members, enabling them to invest in repairs or manage household expenses. A total of ₹9,900 was recovered during the year as loan repayments, showing increasing financial discipline and shared responsibility among members.

Government Linkages and Documentation

The programme supported members in accessing welfare schemes and documentation. This included 13 disability certificates, 19 pension enrolments, 1 new ration card with 4 name additions, 5 birth certificates, and 5 death certificates. Linkages were also made with schemes such as Shubhdra Yojana (6 beneficiaries), Labour Cards (3), Harishchandra Yojana (3), and Family Benefit Schemes (15). To strengthen sustainability, 6 new SHGs were formed during the year.



Impact and Outcomes

The outcomes of the programme have been steady and visible. Members are increasingly able to save, invest in children's education, and repair their rickshaws. Many have started using smartphones for communication and digital payments, showing improved connectivity. Families have reported greater confidence in handling major life events and accessing public services. Most importantly, members now express a stronger sense of dignity and recognition within their communities.

Case Example: Papu Prajapati

The story of Papu Prajapati reflects both hardship and resilience. Originally from Haryana, Papu settled in Rourkela with his parents. He faced rejection from his family for marrying a woman of his own choice, and soon after, his wife passed away, leaving him with an infant daughter.

Despite his grief, Papu chose not to remarry. He continued pulling a rickshaw while carrying his little daughter with him. During a field visit, a CWS animator encouraged him to join with other rickshaw pullers to form a Self-Help Group. Together with four others, Papu helped establish the group "Sai Shakti." Over time, he became an active participant in meetings, received credit support, and was able to strengthen his livelihood. With hard work, he expanded his income and purchased two additional rickshaws.

Today, Papu runs a small rickshaw business, supporting his daughter and living a more stable and dignified life. His story highlights the quiet but significant changes that collective support and perseverance can bring.

Conclusion

The Rickshaw Pullers' Empowerment Programme has made progress in organization, healthcare, financial inclusion, and welfare linkages. With 207 members actively engaged in 35 groups, the year's efforts show how community-based approaches can bring practical improvements in security and dignity. The case of Papu Prajapati underlines how individual lives can change when opportunities for support and collective strength are made available.





Silent No More: Uplifting Widows with Strength and Support

The Widows' Empowerment Programme of Community Welfare Society (CWS) continued during the reporting year with a focus on supporting widows living in slum settlements and urban poor communities of Rourkela. Widows often remain an invisible group in society, struggling with isolation, neglect, and exclusion from entitlements. This intervention aimed to restore dignity, foster collective support, and build pathways for economic and emotional stability.

Reach and Demographic Profile

The programme reached 431 widows during the year. To provide a structured platform for support and participation, 44 Women Self-Help Groups (WSHGs) were formed. These groups gave widows the opportunity to meet regularly, share their experiences, and develop a sense of solidarity.

The demographic profile of participants showed that 250 widows were above 60 years, 100 were between 40–60 years, and 81 were below 40 years. This spread reflected a wide range of needs, from age-related health support to skill-building and livelihood opportunities for younger widows.

Capacity Building and Motivation

Although large-scale income-generating activities could not be initiated this

year, the foundation for future economic empowerment was laid. Five Business Skill Meetings were organized, attended by 142 participants, where topics such as group savings, financial literacy, and small enterprise management were introduced. Alongside, four Motivation Programs reached 108 widows, many of whom were participating in a community initiative for the first time. These sessions helped build confidence and a sense of agency among participants.

Linkages with Welfare Schemes

Facilitating access to government entitlements remained an important part of the programme. During the year, three widows enrolled in the Old Age Pension Scheme, three accessed family benefit entitlements, three received assistance under the Hari Chandra Yojana, and one widow began receiving a disa Pension. Though the numbers were modest, they represented meaningful first steps for women who had previously remained often far from state welfare measures.

Educational Support for Children

Recognizing the importance of education for the children of widows, the programme extended support to 78 children through the distribution of notebooks. This eased the financial burden on mothers while reinforcing the importance of education for the next generation.

Case Example: Meena Been

A personal story that reflects the reality of widowhood is that of Mrs. Meena Been, a resident of Sector-7 slum area. After losing





her husband, she lived with her two sons. One of her sons later died in a tragic accident while working at a mall, leaving her in extreme hardship. Her house was completely damaged, forcing her to cook outside and take shelter in someone else's house.

With the help of CWS animator and the support of Secretary of CWS, resources such as sand, bricks, and cement were provided to repair her house. Today, she lives in a repaired home that offers security and dignity. Her story illustrates how even modest interventions can bring stability and renewed hope.

Conclusion

The Widows' Empowerment Programme this year combined group formation, basic capacity building, linkages with welfare schemes, and direct support to improve living conditions. With 431 widows organized into 44 WSHGs, initial steps were taken to reduce isolation and create platforms for shared support. The story of Meena Been highlights the everyday challenges faced by widows and the difference that timely assistance can make. Moving forward, the programme plans to expand into areas such as psychosocial counselling, home-based livelihoods, and stronger welfare advocacy to ensure that no widow is left behind.

Vending with Dignity: Strengthening Lives on the Margins

The Street Vendors' Empowerment Programme of Community Welfare Society (CWS) continued during the year with the aim of supporting one of the most vulnerable informal sectors in urban areas—street vendors. Many of these vendors are women who sell vegetables, snacks, groceries, garments, and stationery in order to provide for their families. Their work is essential to the city's daily life, yet they often face difficulties such as lack of legal recognition, insecure earnings, and limited access to credit.



Collective Organization and Self-Help Groups

During the year, 270 street vendors directly benefited from the programme. A key focus was on building collective strength through the formation of 27 Self-Help Groups (SHGs). These groups offered members financial support through savings and loans, while also creating a collective voice to seek recognition and rights. SHGs became spaces where members

could learn, share experiences, and gradually build confidence in managing their small enterprises.



Training and Capacity Building

Training remained central to the programme. A total of 17 sessions were organized, covering topics such as financial literacy, bookkeeping, business skills, and rights and entitlements. Other sessions focused on health and hygiene, the responsible use of polythene, and awareness of HIV/AIDS. These trainings were modest but practical, helping vendors to better plan their business activities, manage earnings, and access available government schemes.

Access to Credit

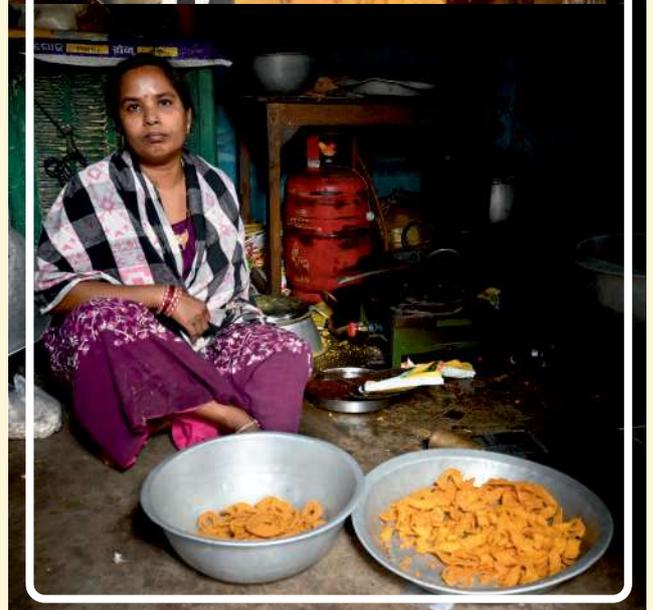
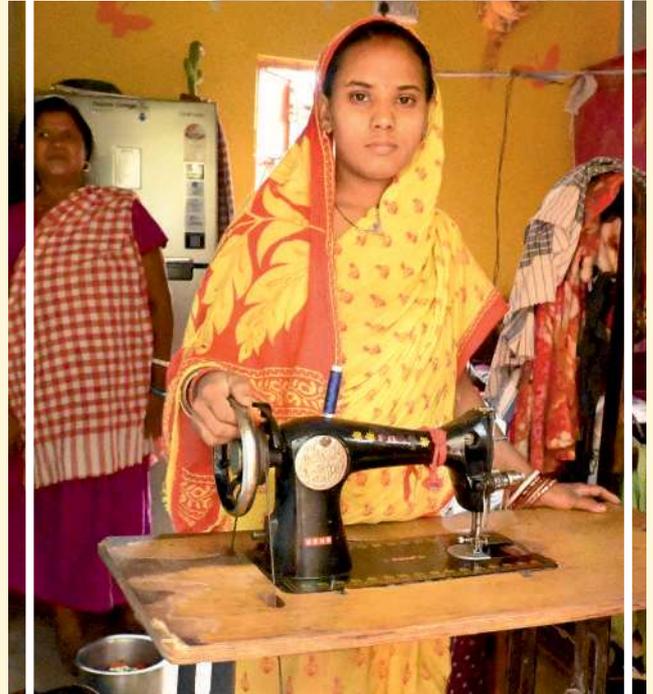
One of the notable achievements of the year was improving access to financial services. Ten SHGs secured bank loans worth ₹18 lakh in total. Members used this credit to expand their businesses, add seasonal products, or improve basic storage. While the amounts were not large, they made a difference by reducing dependence on moneylenders and allowing vendors to invest in their work with some stability.

Legal and Social Recognition

A small but important step forward was the facilitation of official licenses for seven vendors. This provided a degree of legal recognition, helping them to operate with less fear of eviction or harassment. It also opened the door to certain government schemes that require formal registration.

Case Example: Mamta Devi's Journey

The story of Mamta Devi, a resident of Railway Colony, reflects the challenges and small successes of this programme. With six members in her family and her husband working as a daily wage earner, meeting even basic expenses was difficult. Through the encouragement of a CWS animator, she joined a women's SHG. Her first loan of ₹5,000 allowed her to start a small tea and snack business. Gradually, she repaid the loan and later took another loan of ₹10,000 to expand into seasonal items such as ice cream in summer, decorative lights during Diwali, and colours during Holi.



Today, Mamta runs four types of small businesses. While her income is still modest, it has helped her stabilize her family's situation and reduce financial strain. Her story shows how access to small loans and group support can enable gradual improvement in living conditions.

Conclusion

The Street Vendors' Empowerment Programme remains a steady effort to support those at the margins of the urban economy. By organizing vendors into SHGs, providing basic training, improving access to credit, and facilitating legal recognition, CWS has helped strengthen their ability to earn with dignity. The progress is modest but meaningful, reflecting the small steps that can bring greater security to families who depend on vending for their survival.





Youth Empowerment Through YUVA

The YUVA (Youth for Unity and Vibrant Action) project of Community Welfare Society (CWS) continued its efforts during 2024–25 to engage young people from slum communities of Rourkela. The programme sought to help youth build their confidence, learn new skills, and participate more actively in community life.

Formation of Youth Self-Help Groups

A strong foundation of the program has been the formation of 129 active Youth Self-Help Groups (SHGs) with 1,388 members. These groups gave young people the space to meet regularly, save money, exchange ideas, and plan activities. Instead of the 15 SHGs originally planned for the year, the project managed to set up 21 new groups, reflecting the eagerness of youth to join. With regular mentoring and fortnightly review meetings, participants gradually learned to manage their groups on their own and became more confident in decision-making.

Skills and Education

Skill development remained a major focus. The training programs offered included:

- 64 youth who completed the Computer Literacy (DCA) course.
- 94 participants who joined Tailoring Training.
- 87 youth who successfully finished Beautician Training.

Along with training, the project supported education. 54 young people received financial assistance for higher studies, slightly above the target of 50.

This support helped several students from poor families to enrol in colleges or vocational training institutions, reducing the risk of dropping out.



Civic Participation and Awareness

The project also worked to build awareness and leadership. 25 Youth Parliament sessions were organized (one more than planned) with the participation of 363 young people. These sessions gave them the opportunity to speak about democracy, rights, gender equality, and social issues affecting their lives. In addition, awareness programs were held on health, hygiene, HIV/AIDS, waste management, savings, and SHG management. These activities helped youth see themselves not only as learners but also as contributors to their community and to the nation as a whole.

A Story of Change: Pinkey Yadav

Among the many youth who benefited, Pinkey Yadav from Azad Basti (Sector 20) stands out. From a poor family background, she had shown interest

in education. After joining Kalyan SHG, supported by CWS, her life began to change. She participated in group meetings, attended youth training and career guidance programs, and slowly built confidence. Encouraged by her peers and mentors, she decided to pursue vocational training at I.T.I. With determination to complete her course and find employment, Pinkey now works towards securing a brighter future for herself and her family. Her journey reflects the resilience of young people when given the right opportunities.

Conclusion

The YUVA project has helped reduce poverty through skill training, encouraged higher education through scholarships, and created awareness on health and rights. While challenges such as dropouts and competing priorities remain, the program continues to open pathways for disadvantaged youth to build better lives.



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