

A Project Proposal

On

***Improving Maternal & Child Health [MCH] in the far
unreached areas through Health Clinics & Family Life
Education in Schools***



***Submitted by : SUKARYA
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Cover Page

1	Name of the organization	Sukarya
2	Address	E- Block, Sushant lok -1, Gurgaon , Haryana
3	Address of Head Office/ Registered Office	P- 20 1 st Floor , South Extension Part-II , New Delhi -110049
4	Legal Status of the organization	Trust deed Registration No 7373 dated 3 rd August 2001 FCRA Registration no 231660689 dated 31 st March 2006
5	E-mail Id	shipra@sukarya.org ,
6	Telephone No.	9999918517, 9910248487
7	Contact Person	Shipra Shukla, Coordinator Networking and PR
8	Title of the Program	Improving Maternal & Child Health in the far unreached areas through Health clinics & family Life Education in schools
9	Location of intervention	15 selected villages of Distt Mewat , Distt Jhajjar & Distt Guragon in Haryana
10	Amount of Funding requested for another 1 year 1 st Feb 2013 – Jan 14	Rs 40,04,760/- (Rs forty lakhs four thousand and seven hundred and sixty only)
11	Period of Funding	Requested for another one year
12	Brief description of Organization	Sukarya is a non - government, development organization working in the field of health, community development, women empowerment, entrepreneurship building, education, vocational training and advocacy in Delhi and Haryana since 1999. Various health programs implemented by Sukarya are , General Health Camps , Multi diagnostic Health camps , Intervention for Reproductive & Child Health , Anemia eradication program for adolescents , school health check-up program , physiotherapy unit and through Sehat centre to cover the population of rural areas & urban slums.
13	Organization's expertise for implementation of proposed project	Details mentioned in Annexure "A"

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1. EXECUTIVE SUMMERY OF PROPOSAL

Sukarya, a non govt development organization proposes to implement health programme titled “ Mother & Child Health Care through Health clinics” in collaboration with Power Grid Corporation of India Ltd covering 16 villages and a population of 45000 of Distt Mewat , Distt Jhajjar and Distt Gurgaon in Haryana .

The selection of Distt Mewat , Jhajjar & Gurgaon was done keeping in mind the socio-demographically backward districts with lower status of women in the country which are priority areas for implementing the Maternal and Child health interventions for the organization.

Project duration will be for 3 years. Project proposes to conduct 288 health clinics in the entire Project Period treating 28800 patients focusing target beneficiaries of women (15-49 years) , children (under 6 years) & adolescents . First 2 months will be devoted for selection of villages, rapport building with community members, collecting base data and recruitment & orientation of staff .

Services provided through these clinics will be Primary Health check-ups, Antenatal & Post natal care, treatment of RTI & STI & counseling on RCH/MCH, Anemia, and Nutrition &Hygiene and importance of taking full course of medicines. Mainly 4 tests will be conducted i.e Hemoglobin test , blood group test , pregnancy test& blood sugar test. IEC exhibition will also be organized on the day of visit.

Family Life Education will be provided to adolescents girls & boys in the age group of 13- 19 years . This education will be provided through middle and secondary schools in the Project areas

Linkages and network will be established by the project for better co-ordination with local stakeholders and Distt & Block level health officials as well as for developing referral mechanisms. These clinics will be organized with Health Deptt’s routine immunization day in order to ensure maximum coverage.

Project will have a system of routine monitoring from monitoring the camp activity on the day of visit to review the program progress on monthly, quarterly and annual basis based on the performance and impact indicators.

2. OBJECTIVE:

- The programme seeks to improve the health status of women and children through improved access and quality Reproductive and Child Health services with focused attention to the most vulnerable sections of the society.

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- To promote the Positive health seeking behavior among community particularly in the age group of 15-49 yrs.
- To improve the status of Ante Natal Check-ups , Post Natal Check-ups and promote institutional deliveries amongst target group
- To treat 9600 patients in 15 villages of Distt Mewat ,Jhajjar & Gurgaon who have limited access to health services
- To educate approx 10000 adolescent girls and boys through Family Life education in Middle and secondary schools in project areas

3. TARGETTED GROUP(S) OF THE PROJECT: Women & Adolescents (15-49 age group) & children (0-6 years)

4 . GEOGRAPHICAL AREA OF EXECUTION OF PROJECT & THE REASON FOR SELECTING THAT AREA:

Distt Mewat Distt Jhajjar & Distt Gurgaon in Haryana. Following are the details of proposed project location.

The area for intervention for the proposed programme is to cover 16 villages , 5 villages in Nuh block, 5 villages in Tarau block of Distt Mewat , 5 villages of Distt Jhajjar and 1 village in Distt Gurgaon covering a population of approx 45000 .The focus of the project would be on addressing women in the age group of 15-49 years and children below 6 years as the core beneficiaries of the programme with health clinics services along with Networking & convergence with Government systems and provisions supplemented with Behavior change communication.

Project Area / Village Profile -

Block - Nuh [Mewat].

S.No	Name of Village	Population [approx.]	No. of BPL families	No of AWC
1	Rozka Meo	2500	100	2
2	Khor Basai	4000	150	2
3	Korali	4500	140	3
4	Badka Alimuddin	2500	300	2
5	Rewasan	4000	122	3



Block – Tarou [Mewat].

S.No	Name of Village	Population [approx.]	No of BPL families	No of AWC
1.	Chahelka	5000	118	2
2.	Bhangoo	1680	45	2
3	Jalalpur [Kharak]	2000	26	1
4	Sarai	2000	[170-180]	2
5	Dhingareri	2000	150	1

Block – Jhajjar [Jhajjar].

S.No	Name of Village	Population [Approx.]	No of BPL families	No of AWC
1	Dadri Toe	3,500	128	4
2	Untloda	1500	94	1
3	Aurangpur	1500	75	2
4	Jahidpur	1500		2
5	Yekupur	3000	100	2 general+1 SC

S.No	Name of Village	Population [Approx.]	No of BPL families	No of AWC
1	Kanhai	4000		3

Distance from Gurgaon

Name of the block	Distance in Kms
Nuh Block	50 Kms
Tarau Block	50 Kms
Jhajjar Distt	35 to 65 Kms

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4.1 Area Selection and Rationale of Distt Mewat : The selection of Mewat district was done keeping in mind the socio-demographically backward districts in the country which are priority areas for implementing the Maternal and Child health interventions for the organization. The district of Mewat was carved out from Gurgaon and Faridabad in the year 2005. Gurgaon ranks 1st (Composite Score: 33.42) and Faridabad ranks 2nd (Composite Score: 43) amongst the backward districts of Haryana based on the Socio Demographic Development Index (SDDI) ranking. The ranking is based on the variables from two main groups – Census (Social Development Index) and Reproductive and Child Health Indicators (Reproductive and Child Health Index). Mewat has its genesis in its tribal inhabitants, the Meo tribals, who are agriculturalists. Meos are a Muslim dominated community with a distinct ethnic and socio-cultural tract. The female literacy rate for the area is only 24 percent with a large family size of 5-10 members per household. The females have poor status in the family. Men are the decision makers and pose a great resistance to change. The following table gives a snapshot of the key maternal child health indicators in the region

Health Indicators Table -1

Maternal Health

	MEWAT	HARYANA	INDIA
Mothers who had at least 3 Ante-Natal care visits during the last pregnancy (%)	16.4	51.9	50.7
Institutional births (%)	14.8	46.9	40.7
Delivery at home assisted by a doctor/nurse /LHV/ANM (%)	1.7	12.1	
Child Health			
Children (12-23 months) fully immunized (BCG, 3 doses each of DPT and polio and one dose of Measles) (%)	12.2	63.6	44

4.2 Condition of women in Mewat: The poor health means lesser life expectancy for people in the region. The life expectancy for women is lesser than for males. This is because women have a more difficult life than men. The average age of women getting married in this area is 13. They have their first child by 14 or 15. An average woman in Mewat will have around 6-7 pregnancies. Abortion or use of contraceptives is not welcome by the Meo society. By the time a woman reaches middle age, her health is in shambles because of unusually high number of pregnancies and their impact on the body.

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A pregnant woman is not given any special diet. Also after the delivery, child and mother are kept in a dark room for few days.

4.3 Health scenario: Haryana is a small but progressive state spread over an area of 44,212 Km. The state has made much progress in the provision of health services since its creation on 1st November, 1966. Today, health services are being provided through a network of 49 Hospitals, 64 Community Health Centers, 402 Primary Health Centers, 2299 Sub Centers, 16 Mobile Dispensaries and 2 Dental Mobile Dispensaries. (Reference: NFHS-II)

The healthcare infrastructure in Mewat Region is in bad shape. The 17 PHCs employing less than 90 doctors are inadequate to meet demands of the 12 lakh population spread over 500 villages. These PHC's are supposed to have all facilities; it was found that people often don't trust doctors here. Medicines which are supposed to be given free of cost, are almost never available. Most villages do not have chemists. There are several quacks practicing openly without restriction, and draw crowds of eager patients. Problems like absenteeism by teachers in schools and doctors in hospitals. Problem faced during the Pulse Polio program as Meo had fears that Pulse Polio drops were attempts to make the people impotent and threaten their race. (Reference: Study by Helpage India)

Mewat district neither has the infrastructural health facility along with manpower deployment nor the community receptiveness are found in the Mewat district resulting the high infant and maternal mortality rates in the entire district because of the lack of "health awareness" among the people, including information about the prenatal care and check ups and consequently their inability to seek medical attention on time

People often travel all the way to Faridabad, Palwal and even Delhi to get proper medical care. But those who cannot afford the travel have little option. Cost of transport is a large component of the cost of medical care. The government doctors in Mewat also are not inspired to work there as the postings in Mewat district are considered as punishment postings and doctors try everything to avoid being posted here.

4.4 Literacy: The literacy rate in Mewat is comparatively low particularly in the case of female literacy. Literacy rate is 44.07% against State average of 67.91%, while female literacy rate is 24.26 against State average of 55.73%.

4.5 Economy: The main occupation of the people of Mewat is agriculture and allied and agro-based activities. The Meos (Muslims) are the predominant population group and are completely agriculturists. They perceive themselves as such, with a sense of pride. The agriculture in Mewat is mostly rain fed except in small pockets where canal irrigation is available. Agriculture production measured in terms of crop yield per hectare in Mewat is comparatively low to the other districts of the State. Animal husbandry, particularly dairy

is the secondary source of income for people of Mewat and those who live closer to the hilly ranges of Aravali also keep a few sheep and goats. Milk yields are not so low, however, due to heavy indebtedness most of the farmers are forced to sell the milk to the lenders at lower than normal price, which drastically reduces their income from the milk. The poultry population in Mewat is much less in comparison to other districts of Haryana State.

4.6 Area Selection and Rationale of Distt Jhajjar: Jhajjar is one of the 20 districts of Haryana state, India. Jhajjar district, Haryana was carved out of Rohtak district on July 15, 1997. The district headquarter is situated in Jhajjar town at a distance of about 65 km from Delhi.

The status of women in Jhajjar can be measured through the shocking revelation of 2011 census. Two villages of Jhajjar district have shocked the nation. Bahrana and Dimana have recorded the most depressing sex ratio in Jhajjar district, hitting rock bottom on the charts with 774 girls per 1000 boys as per the census 2011 figures. The Haryana health department had revealed that village Bahrana, located on the Rohtak-Jhajjar road, had a sex ratio of 378 girls per 1000 boys in the year 2010. The adjoining village of Dimana is not far behind with a sex ratio of just 444 girls for every 1000 boys.

These figures clearly highlight the status of women, reproductive and maternal child health of the district. The overall literacy rate of the district is 68% [Male-76 and female-60]. With regards to overall Sex Ratio in Jhajjar district, it stood at 861 per 1000 male compared to 2001 census figure of 847. The average national sex ratio in India is 940 as per latest reports of Census 2011 Directorate.

5.EXECUTION / IMPLEMENTATION PLAN(WITH SPECIFIC TIME FRAME)

5.1 Project period : Continuation for another 1 year w.e.f 1st Feb 2013 – Jan 2014

Duration of the programme will be three years. A period of three years is essential for systematic work on capacity building of staff, approach, rapport building & meetings in the villages, treatment of ailments & its follow –up, observations, documentation & recommendations etc.

5.2 Better accessibility through health services in Distt Mewat , Distt Jhajjar and Distt Guragon : Sukarya in collaboration with Power Grid will implement the health project in 3 distt of Mewat , Jhajjar & Distt Gurgaon . A team of 7 people comprising with 2 Doctors, Project Manager & 2 Social Workers, lab technician & a pharmacist will move together to the identified and 16 selected villages of Distt Mewat , Distt Jhajjar & Distt Guragon in order to provide services of healthcare to the women and children of rural areas where such facilities are inaccessible. These teams will move from Sukarya's Sushant Lok Project office to the respective Project area / villages as per the plan.

5.3 Selection criteria of villages in Distt Mewat & Jhajjar: Population strong enough to treat 9600 patients in a calendar year. Provide services to the rural communities where the health awareness & access to the health service is very weak.

5.4 Clinic Rotation: 8 such clinics will be organized every month covering 8 villages, thus entire project location will be reached in 2 months. Each project village will have a rotation period of 2 months. It will be equipped with medicines and other necessary equipments required for conducting tests of women, pregnant women and adolescents.

5.5 Counseling: After the check-ups the patients will be provided with medicines as per their diagnosis. Counseling will be done by the social worker for the anemic cases (women & adolescents) identified through blood tests, counseling of parents of those children found undernourished and non- immunized and counseling of pregnant women and its family members to promote institutional delivery & counseling of women on personal hygiene & sanitation .

The rural people usually do not have the knowledge of medicines/ antibiotics to be taken in precise timings and in full course. Counseling will also be done for taking the full dose of the medicines as per the prescription. In which he /she will inform patients about the side effects if they do not take full dose of medicines. Counseling will be provided to the patient and their caretakers/ family members on individual basis for diagnosis made the treatment they are getting and what they need to do for being cured.

5.6 Clinic timings and target: Clinic will be operational for 4 hrs where 2 doctors will diagnose and make prescriptions. 8 clinics will be organized in a month thus 96 such clinics will be organized in one year. Since there will be 2 Doctors with 4 hours of operation assuming that one doctor will spend 5 minutes with the patient , considering this fact 1 Doctor will be able to treat 48 patients maximum 50 patients in a visit thus treating 100 patients by team of 2 Doctors in a visit . The target will be to treat 9600 patients in a year, 28800 patients in 3 years.

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Since clinics will be organized on the routine immunization day, it will be conducted at Aanganwadi centre or at village Choupal in order to ensure maximum coverage.

5.7 Health Service Package

- Primary health checks ups of women and children. Diagnosis & Treatment of focused beneficiaries group of women [15 to 49] and children under the age of 6 years.
- Ante natal check ups/care
- Post natal care of mother and new born baby
- Treatment of RTI's/ STI's
- Counseling services on RCH/MCH, Anemia, and Nutrition & Hygiene and importance of taking full course of medicines.

Following laboratory test may be done by the lab technician under the supervision & prescription of the Doctor.

- Hemoglobin test
- Blood group test
- Pregnancy test
- Blood sugar test
- Blood pressure
- Weighing

5.8 Family Life Education

5.8.1 Promoting Girl child and imparting Family Life Education among adolescents through School health sessions. The project team will coordinate with middle and senior secondary school authorities in the project implementation area and conduct regular health sessions at schools on FLE and reproductive health aspects for Adolescent groups [girls & boys] in the age group of 13 to 19 yrs.

Total 900 adolescents will be oriented & educated on FLE and reproductive health aspects in the entire intervention area in the given period covering 16 schools of Project areas .

5.8.2 Promoting Girl Child /Educating Adolescents on Reproductive health aspects and Family Life education [FLE] through School Health Sessions : Health sessions will be conducted at schools by Project team for adolescent's girls and boys for promoting gender sensitivity and reproductive health knowledge among them.

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The mappings of schools [Middle and senior secondary] will be done and after ensuring strong coordination and Liaoning with school authorities /education department ,a roster of session will be developed and sessions will be designed and planned accordingly.

5.9 Involvement of various stakeholders in the programme (Govt functionaries like health , ICDS , Education Deptt , Community like Panchayati Raj Institutions & NGO's)

5.9.1 Linkages & Network: Better planning and coordination with the local stakeholders can make future programmes more successful which will ultimately contribute to the better health, economic empowerment, peace and harmony among the people

The Health clinic services will be organized in close coordination and planning with concern PHCs in order to increase the engagement of government health system and for the convergence.

The Health clinics would be organized with Health department's routine Immunization [RI] schedule in order to ensure the maximum coverage of the village and targeted group. The health and ICDS departments would be actively involved in rendering the Health services. Efforts will be to implement the program in close collaboration and involvement of Distt Health Officials

Referral system has to be strengthened & established by the project. Diagnosed critical cases [women, children etc] would be referred to the government hospitals. Malnourished children would be referred to the ICDS department. List of referral institutions will be developed by the program with details mentioning names of the organization/institute / contact details in order to refer patients from where they can get proper treatments.

Involvement of Aanganwadi workers, Accredited Social Health Activist (ASHA)and Auxiliary Nurse Midwife (ANM's) for constant follow-up and community mobilization at the grassroot level. Involvement of Panchayat Raj Institutions and other influential members for greater involvement of the community.

5.10 Awareness sessions/ IEC exhibition: Awareness sessions will be organized by the Social worker during each visit, he/ she will conduct 8 such awareness sessions in a month .Topics for group sessions will be developed by the Project on rotation basis to cover all the thematic areas related to Community health and Mother & Child Health. IEC materials procured from Govt Health Departments will be exhibited during these clinics .There will be a separate counter on which various health messages, pamphlets, banners & posters will be displayed & distributed. Pre-publicity of the clinic will be done one hour prior to the clinic though local stakeholders and through grassroot level health workers like ASHA's or Aanganwadi workers.

5. 11 Orientation & Capacity Building of staff : 2 training programs will be conducted in a year for all the staff members involved in the Project

5.12 Setting up of Project office at Project Area : A Project office will be established at the location where the project areas can be easily accessed in order to ensure smooth execution of project /field activities. The project team [Project co-ordinator and field supervisors] will be placed at project office; therefore it is not viable to operationalize the project from Sukarya main office. The team from Sukarya will regularly visit the field area and monitor the project activities /progress.

6 . MONITORING PLAN (WITH SPECIFIC TIME FRAME)

Health services through clinics will be a series of co-coordinated efforts with strong elements of monitoring at different levels

6.1 Monitoring mechanism

Under the supervision and guidance of Director Programmes , the Project will be executed by Project Co-ordinator and will be responsible for project implementation and ensure involvement of various stakeholders for project execution and planning of activities. He will also accompany the team during visits A programmatic and financial review of the project will be done on monthly basis.

A Detailed Implementation Plan for the project will be drawn up. Project co-ordinator will monitor the programme in the field very closely through Health camp visits, Follow up Visits, review meetings. Monitoring formats/Health MIS will be developed for monthly progress of physical and financial activities.

Quarterly reviews will be conducted at Sukarya to monitor the progress of the project, to know the program effectiveness, impact, project process monitoring and documentation, identifying the best practices and future roles in the changing context.

Quarterly report will be submitted to Power Grid along with the quarterly data.

6.2 Documents

- Monthly progress report
- Quarterly Progress report
- Quarterly Expenditure report
- Health camp report
- Group session report

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- Counseling report
- Monthly HMIS (Health Management Information System)
- Documentation of best practices
- Documentation of case studies / success stories
- Patient records

7. MANPOWER INVOLVED

Following staff is proposed for Project activities

- 1) Director Programs
- 2) Project co-ordinator
- 3,4,5) 4 Supervisor
- 6,7) 2 Doctors
- 6) Pharmacist
- 7) Lab Technician
- 7) Accountant

Program will be implemented under the overall supervision & guidance of Director Programs

There be a Project co-ordinator , 4 Supervisors (1 Supervisor will be responsible for the population of 10000) , Master in Social work or having the equivalent degree will be responsible in the office ensuring all the records and documents of his her respective area , patients follow up and coordinate with field level staffs, Govt Service providers e.g. AWW, ASHA & ANM and will also work as linkage between Organization and Community, in order to involve community stakeholders, PRI etc at village level. During clinic hours, he/she will counsel the patients and maintain counseling documents. S/He will also make visits to the villages where camps have already been organized. During his visits, he will be doing follow-up with referral patients involving grassroot level health functionaries, collect necessary data from them in order to know the impact on certain health indicators and monitor the quality of services. The Social Worker will validate the monthly data. Apart from counseling, she/ he will also conduct group sessions during Health camps

Documentation of all the activities will be done by Supervisor and Project Co-ordinator .In this way 67% of total time will be spent in the Project Area by Project Co-ordinator and Supervisor. 33 % of time will be spent in the office for data compilation and documentation of case studies learnings, generating monthly reports etc. The above mentioned calculations according to the 24 working days , out of which 16 days will be devoted in the field and 8 days in the office for planning and documentation .

Since there will be frequent movements in the field by the staff appointed for the particular project and documentation of the same are required in timely manner , thus there is a need of laptops for Project Staff

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8. VISIBILITY TO THE DONOR:

Visibility to the donor on this project will be provided through following means:

- (a) All the IEC materials, like, pamphlets, posters, banners etc. will prominently carry the name of the donor in them, acknowledging the contribution of the donor.
- b) Any banner put-up by Sukarya at public meetings in villages, or in trainings that it conducts or any gathering anywhere related to the project will carry the name of the donor.
- c) A small documentary of program will be made

9. EXPECTED OUTCOME

9.1 Indicators of Program Progress

- No. of clinics/camps conducted
- Hours of clinic operation
- No. of patients treated
- No of targeted group reached out during clinic/camp
- No. of RTI/STI cases identified & treated
- No. cases counseled for STI's
- No. of pregnant women received services
- No. of women treated (15-49 years)
- No. of children treated (0-6 years)
- No. of pregnant women counseled for institutional delivery
- No. of anemic cases identified and counseled
- No. of adolescents counseled
- No of group meetings conducted with the target group
- No. of target group exposed through these group meetings
- No. of cases referred to health deptt.
- No. of cases referred to ICDS department
- No of cases referred to NGOs for sponsorship
- No. of meetings organized with different stakeholders (Govt,(Health & education) ,PRI, AWW, Asha etc.
- No of FLE sessions conducted in the schools
- No. of adolescents provided with FLE (Boys and girls)

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9.2 Impact Indicators

Mother's Health

- % pregnant women registered within 12 weeks of pregnancy.
- % Pregnant women with complete ANC (3 ANC's + 2 TTS + 100 IFA)
- % Pregnant women who had institutional delivery
- % women who received post-natal care
- % women counseled on Health ,Nutrition & hygiene

Child health

- % mothers having knowledge of the 6 diseases that can be prevented by primary immunization.
- % Children aged 12-23 months received all primary immunization.
- % Children exclusively breast fed
- % Children fed on colostrums
- % Women aware about 3 major danger signs of ARI and diarrhea.
- % Children malnourished.
- % children received health check ups
- % of mother/Parents counseled on Child health care.

9.3 Qualitative

- Access to MCH services provided as per needs of the community.
- Increased demand for and utilization of Quality of Care in health services
- Increased engagement of government health system in providing health (esp. MCH services in the area.
- Community empowerment and ownership for the programme increased.
- Increased immunization coverage
- Improved status of ANC, PNC and Institutional deliveries
- Improved immunization status of children aged 0-1 year

10 .Budget

Budget of Sukarya for the Project titled " Improving Mother & Child health through specialised Health clinics in far reached areas of Distt Mewat , Jahjjar & Gurgaon of Haryana

Budget for 1 year (Feb2013- Jan 2014)

S No	Heads	Unit Cost	One year Budget
A	Human Resource		
A.1	Director Programs (Part remuneration)	12,000.00	1,44,000.00
A.2	Project Co-ordinator	22,000.00	2,64,000.00
A.3	Supervisor [4]	16,500.00	7,92,000.00
A.4	Accountant	8,000.00	96,000.00
A.5	Doctor[2] @2000 Per clinic	2,000.00	3,84,000.00
A.6	Pharmacist [1]@1000 Per clinic	1,000.00	96,000.00
A.7	Lab technician[1]@1000 Per clinic	1,000.00	96,000.00
A.8	Volunteers (2 per clinic)	200.00	38,400.00
	Subtotal (A)		19,10,400.00
B	Transportation Cost		
B.1	Transportation Cost	30,000.00	3,60,000.00
	Subtotal (B)		3,60,000.00
C	Operating Cost (Service delivery)		
C.1	Medicine & equipment required per health clinic	7,000.00	6,72,000.00
C.2	Refreshment (Lumpsum per clinic)	1,000.00	96,000.00
	Sub total (C)		7,68,000.00
D	Information Education & communications		
D.1	Information Education & communication designing and printing , Wall writings ,Doctor's Kit, prescription pad, Health report cards etc (lumpsum)	60,000.00	60,000.00
	Subtotal (D)		60,000.00
E	Capacity building		

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E.1	Training on Mother & Child health and Family Life Education 2 trainings	40,000.00	40,000.00
E.2	Refresher trainings	40,000.00	40,000.00
	Sub Total (E)		80,000.00
F	Community Involvement		
F.1	Community meeting	300.00	54,000.00
	Sub Total		54,000.00
H	Administration Cost		
G.1	Office set up cost	50,000.00	50,000.00
G.2	Office rent	8,000.00	96,000.00
G.3	Stationary	2,000.00	24,000.00
G.4	Communication	2,500.00	30,000.00
G.5	Audit fee	50,000.00	50,000.00
	Sub Total (E)		2,50,000.00
	Total (A+B+C+D+E+F+G+H)		34,82,400.00
I	Admin overhead		
H.1	Part charges for electricity , water charges, internet, landline telephone , office ancillary staff etc 15% of Total Budget		5,22,360.00
	Grand Total		40,04,760.00

12. SUKARYA'S EXPERIENCE IN IMPLEMENTING SUCH PROJECTS

12.1 Sukarya with relevant domain knowledge and expertise:- Sukarya guided by its motto “ Better Health – Better Society” has been implementing health program in the slums and villages of Gurgaon and Mewat Dist in Haryana since 1999. The organization during its initial stages focused on curative health by providing health services to the needy. However, with time it has evolved and is currently implementing broad based health interventions taking on board socio-economic disparities and gender inequalities impacting accessibility to health. Sukarya has an experience of working on the grass root level on various health related issues especially in the areas of community health care and reproductive health issues. The scope of our activities include direct service delivery, preventive health interventions focusing on awareness generation and behavioral change communication along with advocacy with other stakeholder groups towards strengthening the existing health system. Some of the salient health programs implemented by the organization are as follows

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12.2 Intervention focusing on Assessment, Prevention and Control of iron deficiency anaemia. Under the reproductive health program, a pilot project was implemented to reduce the prevalence of anaemia among pregnant women, lactating mothers and adolescents. The project covered 10 villages in Gurgaon and Sohna blocks belonging to two Integrated Child Development Schemes (ICDS) circles i.e. Nathupur and Jharsa with an approximate population of 30,000. Out of these 10 project villages, 3 villages namely Bandhwari, Gwal Pahari and Waliawas were in Nathupur ICDS circle and 7 villages namely village Ghata, Kahnai, Samaspur, Tigra, Wazirabad, Sainikhera and Silokhra lay in Jharsa ICDS circle. The project was initiated in May, 2006 for a period of 3 years. The project focused primarily on behavioral change communication to effectively motivate target group comprising primarily of those at high risk to adopt healthy practices to reduce the risk of anaemia. This involved promotion of knowledge, encouraging the adoption of appropriate healthy practices and making provision of needed health products and services at the community level for anaemia reduction. The project was supported by Population Foundation of India, New Delhi.

12.3 Promoting Rural Health through Mobile Diagnostic Services: Sukarya has been organizing mobile diagnostic camps to provide primary health care services in unreached and under-reached villages in Gurgaon and Mewat districts of Haryana since 2006. As part of this intervention Sukarya has organized health camps in 44 villages of Gurgaon, Ptaudi & Mewat districts. These include Ghata, Tighra, Samaspur, Wazirabad, Kanhai, Silokhra, Sainikahera, Bandhwari, Gwalpahari and Waliawas (Gurgaon), Bapas, Titarpur Dhani, Pahari, Nanukhurd, Daulatabad, Khetiawas (Pataudi) and Hasanpur, Kalwari, Sabras, Jafarabad, Beri, Gouela, Para, Sudhaka, Shaikpur, Kharag, Guddah, Nihalgarh, Khorl, Baroji, bai, Bima, Chandeni, Ferozpur namake, kherla, meouli, muradbass, palla, rehna, sadhen, salaheri, sokh, tapacan, undka (Mewat). The objective of the clinic is to provide primary health care services including both curative and preventive components through provision of timely screening, diagnosis and treatment on the one hand and awareness generation and counseling on the other to ensure holistic health and well-being. Through these camps referral services are provided to those in need of specialized medical facilities.

12.4 Sehat Center & Health Camps The organization was engaged in providing five days OPD services in village Bhandwari in Gurgaon with the support of Charities Aid Foundation from Jan, 2007- Aug, 2010. During the project period 5000 patients were covered under this program. In Saraswati Kunj (slum area) in Gurgaon the organization is running weekly OPD. So far approx. 8000 patients have been reached out to in the last 4 years. The idea is to provide basic health care services to community deprived of basic health needs. Through the OPD health services at both preventive and curative levels are provided. This includes timely detection, medical help and referral along with support services in the form of counseling and health awareness activities.

The organization has expertise in implementing similar intervention in village Bandhwari, Gurgaon for three and a half years (January 2007 – Aug 2010). The project is being successfully implemented with the help of consulting organization Charities Aid Foundation and the donor Incentive Foundation. The project has benefited more than 5000 beneficiaries of the area during the execution period and succeeds in motivating community to adopt and practice preventive health care facilities. The OPD center is

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continuously meeting the basic need of the society where, there is no availability of the adequate health facilities and the nearest Govt, Hospital is at the distance of 30 kms from the village and due to expensive services of private hospital that is not at all affordable for the community.

Sehat centre at village Waliawas is providing preventive and curative services to particularly address the needs of the poor and economically backward segments of the population. Clinic location has been suitably identified in order to have maximum coverage. Team of qualified Medical Practitioner and Dispenser are providing health services in rural areas of Distt Gurgaon. Linkages have been established with govt program at the grassroot level by involving ANM and Aanganwadi worker

Co-ordination between clinic staff and outreach services have been established, which is a step towards linkages with outreach activities and an effort to actively develop communication links between the staff and the community for increasing community involvement . Project has the system of regular patients follow –up which is done by the grassroot level workers who are in constant touch with the Medical Officer. Sukarya has treated approx 5500 patients through these Sehat Centres.

For effective involvement of the community, committee has been formed at the local level with the objective to involve the community in program planning and its effective implementation as well as increase male participation in the program. The members selected for the committee are from diverse background like people from Panchayat Raj

Institutions, influential people from villages, Asha worker, Aanganwai worker, ANM, SHG members and Community Health Worker from Sukarya. Community Health Worker has already started developing the contacts with Panchayat members, and with the community whom she visits. There is no consultation fee, medicines are provided free of cost, a small amount of user fee is collected. Sehat centre are maintaining adequate stock of essential drugs required for the treatment of rural population.

12.5 KIRAN (Knowledge based Intervention for Reproductive health Advocacy and Action Program): Under our RCH program Sukarya with the support of PFI is implementing KIRAN project in Mewat district of Haryana. The objective of the project is to create and strengthen community based mechanisms and linkages for increasing access to quality care in reproductive child health (RCH) with special emphasis on marginalized population, to promote positive behavior changes among eligible couples (15-49 years) through IEC/BCC activities and to establish replicable model with good practices for scaling-up.

The key project activities include activation of village health committees (like village health and sanitation committee), training of Community Health workers(CHWs) / accredited social health activist (ASHAs) and establishing community based distribution mechanism, training of dais for increasing access to safe delivery, and provisioning of health services through mobile van.

It is being implemented in Mewat district covering 28 villages Hasanpur, Kalwari, Sabras, Jafarabad, Beri, Gouela, Para, Sudhaka, Shaikpur, Kharag, Guddah, Nihalgarh,

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Khori, Baroji, bai, Bima, Chandeni, Ferozpur namake, kherla, meouli, muradbas, palla, rehna, sadhen, sala heri, sokh, tapacan, undka

12.6 Advocacy: Advocacy is a crucial aspect of the organization to promote good health. Sukarya pursues IEC campaign, audio-visual aids, street plays, and workshops to advocate the right based approach on health related issues like child health, maternal

health. The organization has developed village level committees and team of volunteers to work on the issue. In 2008 Sukarya undertook an advocacy campaign through the medium of street play titled 'Hamari Bitiya' to sensitize parents and community about women's rights, gender discrimination and its consequences. An impact assessment was undertaken through another play called "Aaj Ki Adalat" to assess changes in perception, knowledge and attitude of the community elders. The organization is also implementing pilot project in Dist – Mewat, Haryana covering 29 villages. The project KIRAN (Knowledge based Intervention for Reproductive Health through Advocacy and Networking) based mechanisms and linkages for increasing access to quality care in reproductive child health (RCH) with special emphasis on marginalized population, to promote positive behaviour changes among eligible couples (15-49 years) through IEC/BCC activities and to establish replicable model with good practices for scaling-up.

12.7 NGO suitability given the rapport and local connect with people and communities:- the efficiency of any social development intervention is depend on the capacity, knowledge, skill and attitude of its implementers and beneficiaries. The organization has a hand on experience and Liasoning and developing tie-ups and collaboration with community stakeholders, government machinery and like minded organizations. This will not only help in effective implementation but also ensure sustainability of the program.

The NGO also has a relative advantage in term of first hand understanding of complex social realities. It also shares a rapport and personnel touch with local communities that ultimately help in getting community support, participation and acceptance of community based social intervention.

12.8 Familiarity with area having working in Gurgaon:- the organization has experience and understanding of socio-economic situation existing in state. Being an experienced organization of 10 years it is well awared of cultural prejudices and social constraints directly linked with socio-economic conditions



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