**Project proposal**

**On**

**Improving health status of women and child through Awareness generation and free medical camp in 12 villages of Panchayat Samiti Pisangan, District Ajmer, Rajasthan.**

**Initiated by:**

**Kalyani Rural Development Foundation Ajmer.**

**5/92 Panchsheel Colony Housing Board Makarwali Road Ajmer**

**( Rajasthan)**

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Project summary

Rajasthan is faced with poor reproductive health status of women with high maternal mortality and morbidity and poor child health status reflected by High infant mortality, low levels of complete immunization, among children, high prevalence of anemia and malnutrition among children. The institutional deliveries are also low. Most of the deliveries are conducted in home by unskilled attendants.

The women in Villages of Rajasthan are much more vulnerable to MMR in comparisons to women of another state. According to experts, risk of maternal mortality rate (MMR) in Rajasthan is eight times higher than other states due to complications during pregnancy period.

The experts also said that risk of mortality caused by complications during delivery is twice as high in the largest state as compared to other states.

With a maternal mortality rate of 148, Rajasthan has the third highest MMR in the country.

AJMER: Child marriages leading to early pregnancies are making an adverse effect on health

indicators like infant mortality rate (IMR) and maternal mortality rate (MMR) in the state. The

infant mortality rate 51 in the rural area and 30 in the urban. The villages in States give us a clear

picture of women’s health and the Socio-economic causes and determinants that lie behind

maternal mortality and Infant mortality. Since the state is at number two slot in child marriages

in the country, it’s IMR and MMR is above national average. The main causes of maternal

mortality are hemorrhage, abortion, hypertension, an anemia and sepsis. Irrespective of the

medical system, the prime gap remains in the lack of enough number of maternal delivery

shelters.

It has been seen that the settlement in village Pushkar has five bedded primary health center,

and ayurvedic clinic, allopathetic clinic. The medical college is 20 kms away from the village.

Economic factors influence infant mortality in a big way.

Beneficiaries had inadequate knowledge about the components of the programme and their

role and responsibilities. A big gap existed in the knowledge level of ASHA and other health

functionaries regarding the programmes. Al this Lack of awareness in the community resulted in

non-use of services.

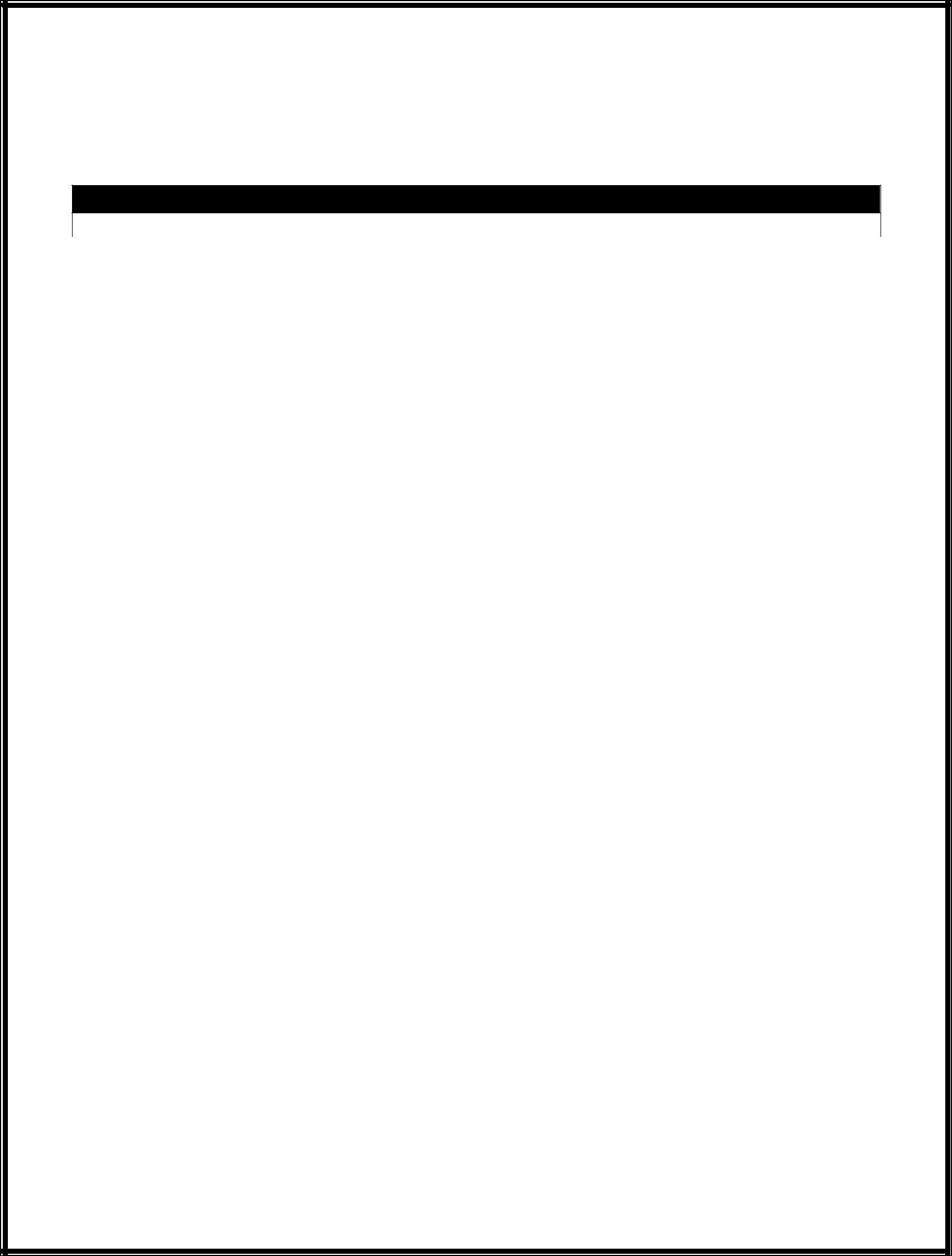
The ANMs visit a village sub-centre only on fixed days in a month. The Occasional visits by

the health centre staff and not to find them in the village daily, creates apprehensions in the

minds of the villagers. Therefore they revert back to their old practice of depending on the traditional methods provided by the local faith healers.

On the basis of the Conditions exist, our project directs towards sensitizing masses by spreading awareness about institutional deliveries, Educating women and children on better nutritional intake and hygiene practices, Training health care providers, provide free medical facility, schools for better functioning and hence, reducing MMR and IMR.

[**(http://www.mohfw.nic.in/NRHM/PIP\_09\_10/Rajasthan/RCH%20\_text.pdf**](http://www.mohfw.nic.in/NRHM/PIP_09_10/Rajasthan/RCH%20_text.pdf)**)**  [**(http://planningcommission.nic.in/reports/sereport/ser/stdy\_immm.pd**](http://planningcommission.nic.in/reports/sereport/ser/stdy_immm.pd)**)**



**Project name**

**Improve the health status of women and child through Awareness generation an Free medical camp in 12 villages of Panchayat samiti Pisangan , Ajmer Rajasthan.**

**B) Organization Details:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name of the Applicant:** |  | Kalyani Rural Development Foundation | |  | | | |  |
|  |  |  |  | |  | |  | |  |
|  | **Nationality of the Applicant** |  | **Indian** | |  | |  | |  |
|  |  |  |  | |  | |  | |  |
|  | **Registration details:** |  | **Registration number:** | |  | | | |  |
|  |  |  | 30/Ajmer/2008-09 | |  | | | |  |
|  | **Postal address** |  | **5/92 Panchsheel Colony Housing Board Makarwali Road Ajmer Rajasthan.** |  | |  | |  |
|  |  |  | **305004** | |  | |  | |  |
|  |  |  | |  |
|  | **Title of the Action** |  | **“Improve the health status of women and child** | |  | | | |  |
|  |  |  | **through Awareness generation and free medical camp in 12 villages of** | |  | | | |  |
|  |  |  | **Panchayat samiti Pisangan, District Ajmer, Rajasthan”** | |  | | | |  |
|  |  |  |  | |  | | | |  |
|  | **Location(s) of the action:** |  | **12 Villages of Panchayat Samiti Pisangan,** | |  | |  | |  |
|  |  |  | **District Ajmer, Rajasthan.** | |  | |  | |  |
|  |  |  |  | |  | |  | |  |
|  | **Estimated Budget** |  | **30 lac.** | |  | | | |  |
|  |  |  |  | |  | | | |  |
|  | **Contact person for this action** |  | **Mr. D. K. Shukla (Secretary)** | |  | |  | |  |
|  |  |  |  | |  | |  | |  |
|  | **Mobile Number of the Contact person: 0141-2220165, 9414075174** | | | |  | | | |  |
|  | **Country code + number** |  |  | |  | |  | |  |
|  |  |  |  | |  | | | |  |
|  | **Email Address of the Organization** |  | [**jagratikamleh@gmail.com**](mailto:jagratikamleh@gmail.com) **,** | |  | |  | |  |
|  |  |  |  | |  | |  | |  |
|  |  |  |  | |  | |  |
|  |  |  |  | |  | |  | |  |
|  | **Total Duration of the Action(months):** |  | **12 months.** | |  | | | |  |
|  |  |  |  | |  | |  | |  |

**About the organization**

Kalyani Rural Development Foundation (KRDF) was incepted in the year 2008 when a group of volunteers decided together to address the need of society. In the span of seven years the organization could establish its presence in the different places in Rajasthan especially in Ajmer. KRDF’s main aim to promote the health & educational facilities, status

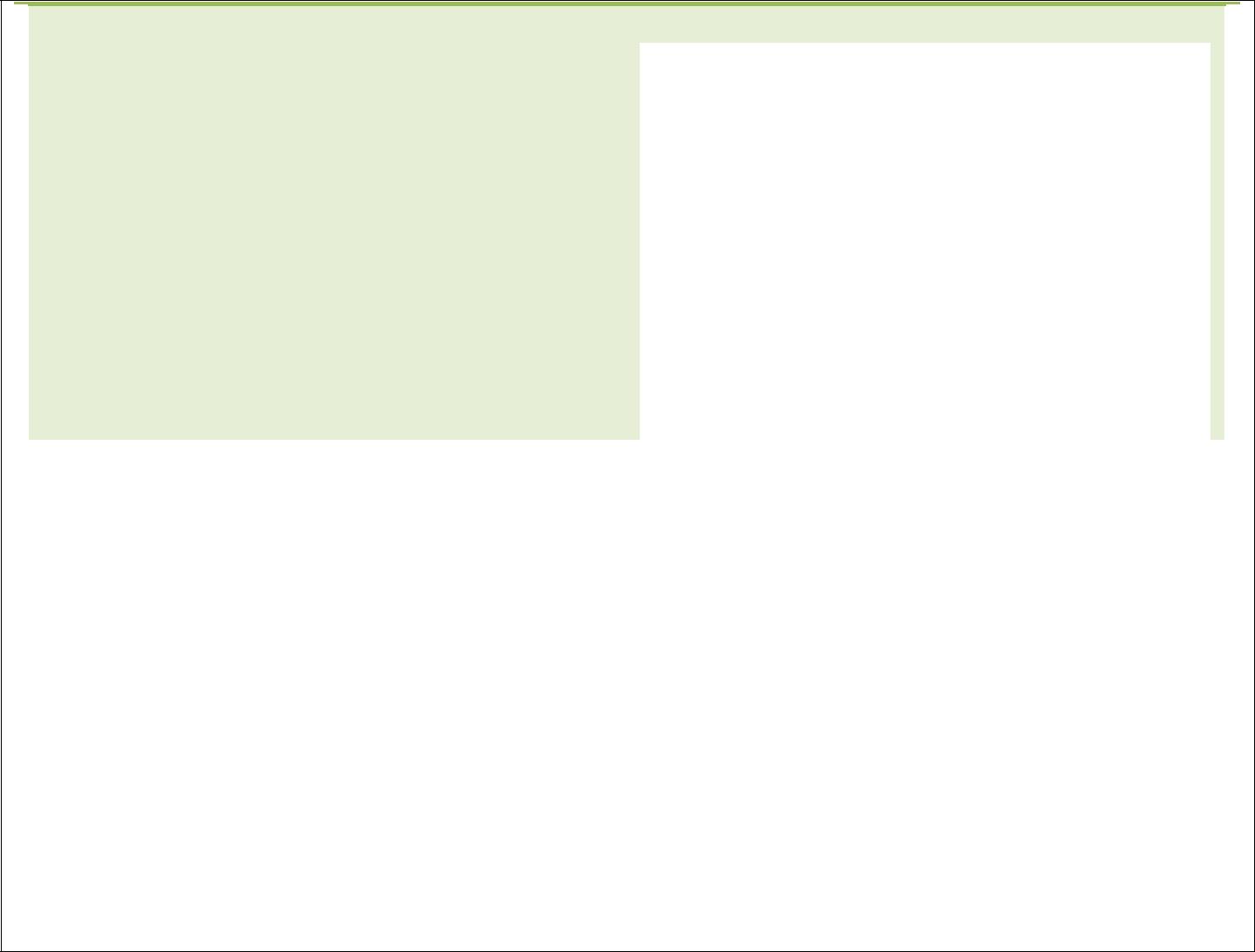
of women, livelihood activities, entrepreneurship, latest agriculture technology & modern farm activities, environmental awareness, child & youth development, disable person’s welfare & animal welfare activities.

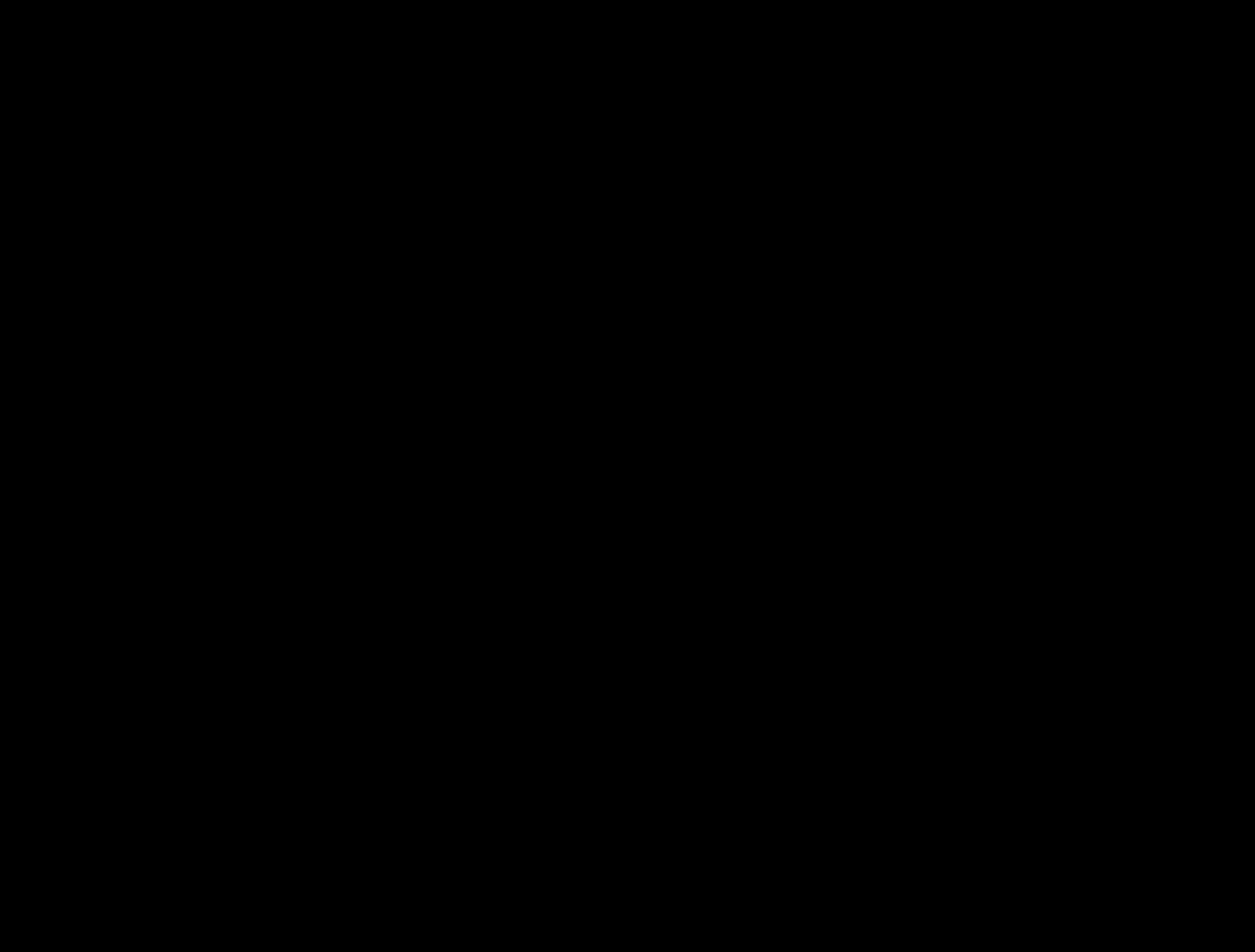
**Various activities carried out in the year 2008-2016**

**Health:**



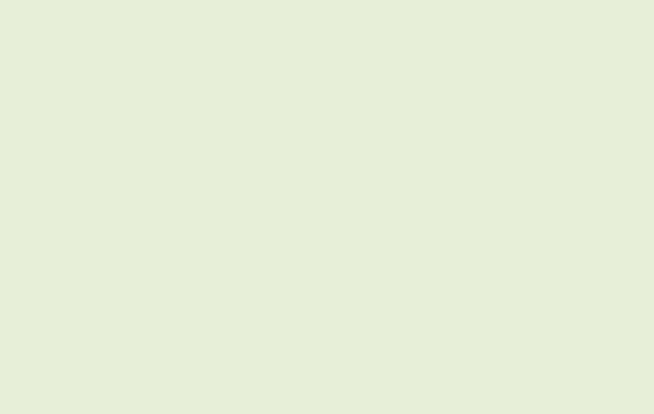
**Health:**

Having access to healthcare facilities is a basic expectation for any society. Various diseases prevention methods can help reduce overall costs for healthcare. SFUW supports various activities that provide health care facilities in village & remote areas, where people can’t afford to go to private hospitals. The activities related to health include RCH, Family Planning, Free Health Checkup Camps, Pulse Polio Camps, AIDS Awareness and Drug De-addiction.

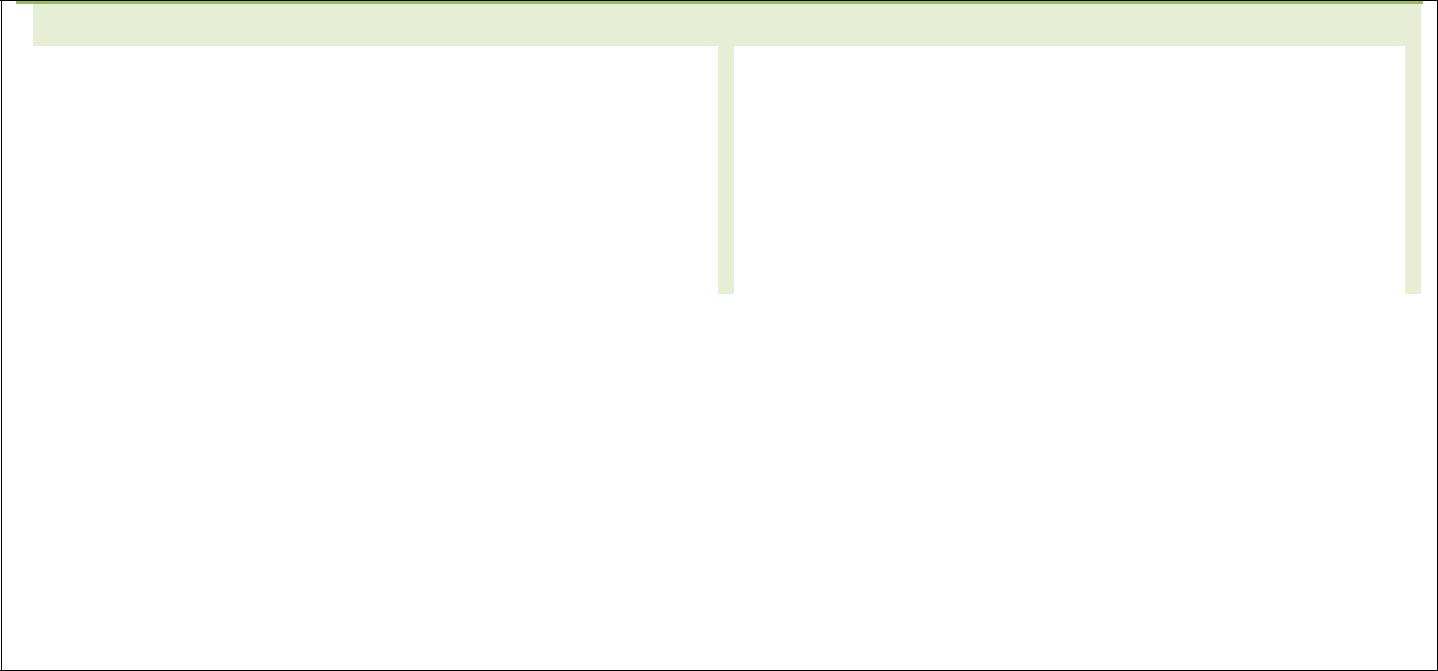


The main object of the health related activities is to generate awareness on different aspects of health among community and to ensure services in reach the community. Activities

1. Health Check up Camps & Free Medicines Distribution
2. Awareness Camps on Reproductive Child Health
3. Awareness Programmes on Family Planning
4. Awareness Camps on HIV/AIDS
5. Camps & Activities for Drug De-addiction
6. Programmes on Pulse Polio



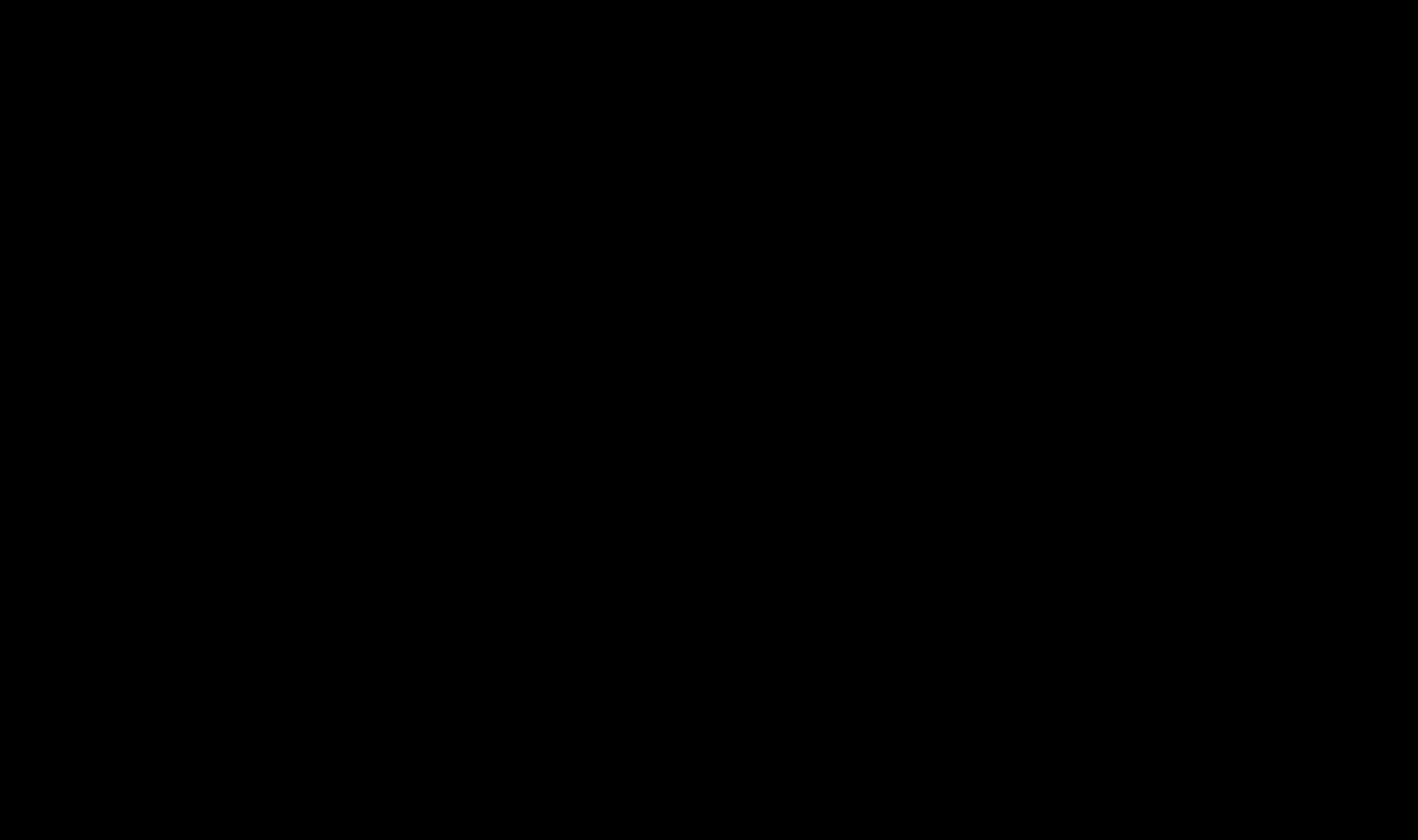
|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | **Year & No. of Activities** |  | 2008 to 2016; 40 |  |  |
|  | **Target Population & No.** |  | Over all community especially Slum & |  |  |
|  |  |  | Rural Population |  |  |
|  |  |  | More than 7500 |  |  |
|  | **Area of Operation** |  | Rajasthan: Jaipur Slums, Ajmer, Bharatpur, Bhilwara, Jodhpur, Tonk, Alwar, Churu |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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**Women Empowerment:**

Women are one of the most vulnerable groups of society. They are the worst victims of kind of crimes. Empowering women with the knowledge of legal system and laws for them to protect from all kind of injustice has been primary activity for the society.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | 1) | Legal Awareness Camps for Women |  |
|  | Activities |  | 2) | Workshops on Women Rights & their |  |
|  |  |  | Status | |  |
|  |  |  | 3) | Workshops for Women Linkage with |  |
|  |  |  | Livelihood Activities | |  |
|  |  |  |  |  |  |
|  | Year & No. of Activities |  | 2008 to 2015; 20 | |  |
|  | Target Population & No. |  | Women; More than 1500 | |  |
|  | Area of Operation |  | Rajasthan: Alwar, Jaipur, Ajmer, Dausa, Pali,  Bikaner | |  |

**Vocational Training and Income Generation Programmes**



**Vocational Training & Income Generation Programmes**

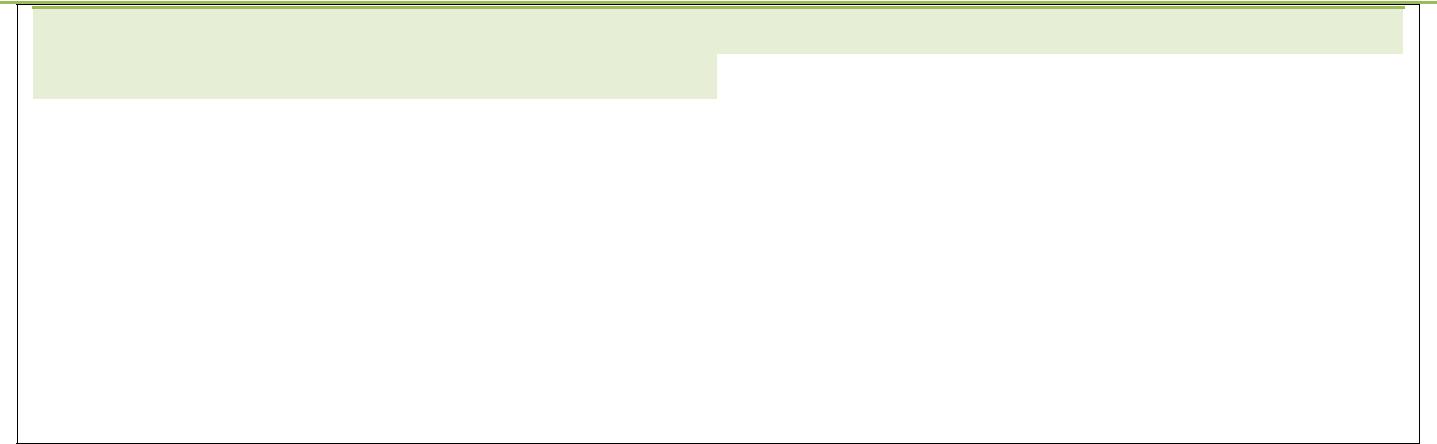
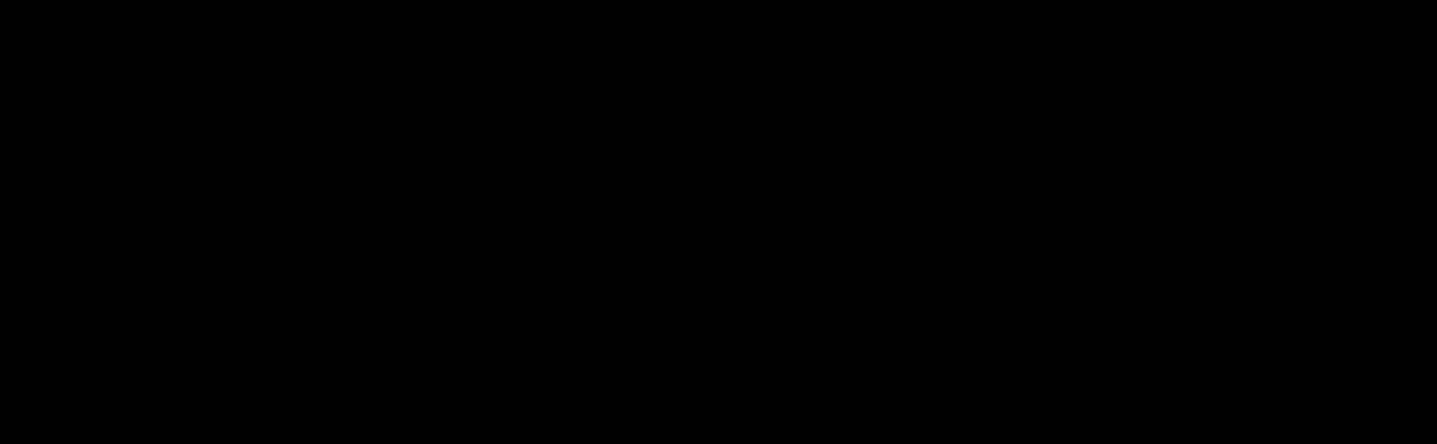
|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Activities |  | 1) Formation of Self Help Groups | |  |  |
|  |  |  |  | 2) | Workshops on Entrepreneurship |  |  |
|  |  |  |  | Development | |  |  |
|  |  |  |  | 3) | Skill Up gradation Training Programmes |  |  |
|  |  |  |  | 4) | Computer Training Programme |  |  |
|  |  |  |  | 5) | Training Programme on Tailoring & Ladies |  |  |
|  |  |  |  | Dress Making | |  |  |
|  |  |  |  | 6) | Vocational Training Programme on |  |  |
|  |  |  |  | Beautician Trade | |  |  |
|  |  |  |  | 7) | Vocation Training Programme on Soft |  |  |
|  |  |  |  | Toys Making | |  |  |
|  |  |  |  | 8) | Vocation Training Programme on Screen |  |  |
|  |  |  |  | Printing Trade | |  |  |
|  |  |  |  | 9) | Vocation Training Programme on |  |  |
|  |  |  |  | Carpentry | |  |  |
|  |  | Year & No. of Activities |  |  | |  |  |
|  |  |  | 2009 to 2014; 9 | |  |  |
|  |  | Target Population & No. |  | Youth & Women; More than 500 | |  |  |
|  |  | Area of Operation |  | Rajasthan: Bharatpur, Alwar, Ajmer, Bhilwara, Dausa, | |  |  |

**Youth & Adolescent Development Programmes:**

Workshops on career development program has been conducted which caters 60 beneficiaries in Tonk and Jaipur.

**Educational Developmental Programmes:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | Activities |  |  |  |  |  |  |
|  |  |  |  |  | 1) | | Elementary Education Programmes |  |  |  |
|  |  |  |  |  | 2) | | Activities for Reading & Writing Skills |  |  |  |
|  |  |  |  |  |  | Up gradation of Child | |  |  |  |
|  |  |  |  |  | 3) | | Distribution of Study Material to Children |  |  |  |
|  |  |  |  |  |  |  | |  |  |  |
|  |  |  |  | Year & No. of Activities |  | 2011 to 2014; 10 | |  |  |  |
|  |  |  |  | Target Population & No. |  | Child; More than 500 | |  |  |  |
|  |  |  |  | Area of Operation |  | Rajasthan: Ajmer, Jaipur (Rural & Slum), | |  |  |  |
|  |  |  |  |  |  | Dausa, Tonk, Alwar. | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |



**Protection of Child Rights & Developmental Programmes for Child Labor**

Activities

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | 1) Awareness Campaign on Child Labour & |  |
|  |  |  |  | Rights |  |
|  |  |  |  | 2) Workshops on Rehabilitation Policy on |  |
|  |  |  |  | Child labor |  |
|  |  | Year & No. of Activities |  |  |  |
|  |  |  | 2018 to 2013, 10 |  |
|  |  | Target Population & No. |  | Child; More than 500 |  |
|  |  | Area of Operation |  | Rajasthan: Jaipur, Ajmer, Dausa, Pushkar. |  |
|  |  |  |  |  |  |

Various Awareness campaigns and workshops on child labor and rehabilitation policy of children have also been organized which caters 200 beneficiaries in Jaipur and Ajmer. Efforts have also been made in the field of environmental, **Animal Welfare Programmes, Person with**

**Disability in Jaipur, Tonk, And Alwar Respectively.**

**The committee members comprises of:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.no** | **Name** | **Name of Gauguin** | **Occupation** | **address** | **post** |
| 1. | Smt. Kamlesh Dev | Dr. roshan Lal Dev | Social worker | 5/92 Panchsheel Colony Housing Board Ajmer | President |
| 2. | Mr. Devendra Kumar Shukla | Shri Ramesh Chandra Shukla | Business | C-100 Vidut nagar Chitrkut marg Jaipur | Secretary |
| 3. | Smt. Veena Sharma | Mr. Nitesh Sharma | Social Worker | 80/186 Sector-8 Patel marg Jaipur | Vice President |
| 4. | Mr. Om Prakash Shastri | Shri Bhrhmanand Shastri | Student | Premprakash Ashram Deldi Gate Ajemr | Treasure |
| 5. | Shalini Basant Pathak | Mr. Chandra Prakash Sharma | Social Worker | H.no. 9 B Dhoula Bhata Ajemr | Member |
| 6. | Rajni Rajvansh Rathore | Mr. Prithvi Singh Rathore | Student | Prithvi Palace, front of Bhikshu vihar Kelva Rajsamand | Member |
| 7. | Smt. Haya Khan | Mr. Ali Shafi Ahamad | House wife | Street Mol Baksh, Rajban Tonk | Member |
| 9. | Mr. Mahesh Kumar Yadav | Mr. Ram Achhaibar Yadav | Social worker | J-531 Azad Nagar Krishnapuri Rakri, Jaipur | Member |
| 10. | Mr. Rajesh Kumar | Mr. Sugan Chand | Social Worker | Jaat Colony, 200 fit Alwar | Member |
| 11. | Smt. Neesha Ahuja | Late Pramod Kumar Ahuja | Social Worker | 576 B street no. 1 Shantipura Ajmer. | Member |

**AIM**

KRDF’s main aim to promote the health & educational facilities, status of women, livelihood activities, entrepreneurship, latest agriculture technology & modern farm activities, environmental awareness, child & youth development, disable person’s welfare & animal welfare activities.

**Objectives of organization**

* To undertake health projects, organize health campaigns & medical camps, undertake Research & Development studies, establish health and medical care centers, promote primary, secondary and tertiary health care services, strengthen family planning services and to take up various activities which are useful in achieving the goal of “health for all”.
* To spread awareness on HIV/AIDS, T.B., Malaria and other deadly deceases in the vulnerable sections of the society and provide them with medical care and support.
* To organize all those events which lead to the capacity building, skill up-gradation and the attitude building of the people.
* To promote and support formal and non-formal education programmes, organize education campaigns, establish, run and / or support primary, secondary and higher level education institutions, to run vocational training and skill up gradation centers and develop and provide education infrastructure facilities

**The Project**

**Objectives:**

1. To increase the awareness by organizing 24 camps amongst mothers and communities about the need of ANC, Nutritional supplement, Institutional deliveries and govt.initiated programs.
2. To organize 24 Capacity building trainings for ASHAs and Aganwadi and local volunteer

for improvement in quality services provided by them in 12 villages of Panchayat

Samiti Pisangan, Ajmer District Rajasthan.

1. To organize 24 the general health camps in a year in 12 villages of Panchayat Samiti Pisangan, Ajmer District, Rajasthan.
2. To organize 24 health education sessions in Primary schools in 12 Villages of Panchayat Samiti Pisangan, Ajmer dist., Rajasthan.

**Beneficiaries:**

The target beneficiaries of this awareness programme would be 1200 including women and children villages in Panchayat Samiti Pisangan District Ajmer, Rajasthan.

The children beneficiaries between 6-15 years of age would be given preference to awareness campaign. The women beneficiaries between 18-35 years of age would be sensitized for institutional deliveries and pre and post natal care. The beneficiaries who are unable to access the public health services and suffering from diseases would be selected and given proper guidance and link up with public health services. Children beneficiaries also would be provided medical attention and guidance to children through recreational activities.

**Project implementation area:**

**State at a Glance**

**Rajasthan** is the  [largest](http://en.wikipedia.org/wiki/List_of_states_and_territories_of_India_by_area)  [state](http://en.wikipedia.org/wiki/States_and_territories_of_India) ofthe  [Republic of India](http://en.wikipedia.org/wiki/Republic_of_India) byarea. It is located in the northwest of

India. It encompasses most of the area of the large, inhospitable Great Indian Desert  [(Tha](http://en.wikipedia.org/wiki/Thar_Desert)r

[Desert),](http://en.wikipedia.org/wiki/Thar_Desert)  which has an edge paralleling the Sutlej [-Indus](http://en.wikipedia.org/wiki/Indus) river valley along its border

with  [Pakistan.](http://en.wikipedia.org/wiki/Pakistan) The state is bordered by Pakistan to the west,  [Gujarat](http://en.wikipedia.org/wiki/Gujarat) to the southwest,  [Madhy](http://en.wikipedia.org/wiki/Madhya_Pradesh)a

Pradesh to the southeast, Uttar and  [Haryana](http://en.wikipedia.org/wiki/Haryana) to the northeast and  [Punjab](http://en.wikipedia.org/wiki/Punjab,_India) to the north. Rajasthan

covers 10.4% of India, an area of 342,269 square kilometers.

As per details from Census 2011, Rajasthan has population of 6.86 Crore, an increase from figure of 5.65 Crore in 2001 census. Total population of Rajasthan as per 2011 census is 68,621,012 of which male and female are 35,620,086 and 33,000,926 respectively.

The total population growth in this decade was 21.44 percent while in previous decade it was 28.33 percent. The population of Rajasthan forms 5.67 percent of India in 2011.

|  |  |  |
| --- | --- | --- |
| **S. No.** | **Item** | **Rajasthan** |
|  |  |  |
| 1 | Total population (Census 2011) | 6,86,21,012 |
|  |  |  |
| 2 | Crude Birth Rate (2011) | 24.7 |
|  |  |  |
| 3 | Crude Death Rate (2011) | 6.6 |
|  |  |  |
| 4 | Total Fertility Rate (2011) | 3.2 |
|  |  |  |
| 5 | Infant Mortality Rate (2011) | 60 |
|  |  |  |
| 6 | Maternal Mortality Ratio (SRS 2004 - 2006) | 318 |
|  |  |  |
| 7 | Sex Ratio (Census 2011) | 926 (Females per |
|  |  | 1000 males |
| 8 | Female Literacy Rate (Census 2001) (%) | 52.66 |

**District at a glance**

Ajmer is the 5th largest city in Rajasthan and is the centre of the eponymous Ajmer District. Ajmer has a population of around 551,360 in its urban agglomeration and 542,580 for the city (2011 census), and is located 135 kilometers (84 mi) west of Jaipur, the state capital, 190 km from Kota, 274 km from Udaipur, 439 km from Jaisalmer, and 391 km from Delhi. According to the 2011 India census, Ajmer district has a population of 2,584,913, which was made up of 1,325,911 males and 1,259,002 females. Ajmer district had an average literacy rate of 70.46 percent, male literacy being 83.93% and female literacy 56.42%. There was a total of 1,557,264 literates compared to 1,168,856 in the 2001 census. The population density in Ajmer district was 305 compared to 257 per km2 in 2001. The female to male ratio in Ajmer was 950/1000. This represents an increase of 2.04% from the 2001 census. Ajmer's population growth in the decade was 18.48%, this compares to a growth figure of 20.93% for the previous decade. The population of Ajmer city according census 2011 is 542,580 positioning Ajmer in top 100 major cities of India and 5th in Rajasthan.

**Relevance of the Project**

According to the census 2011, the Figures indicate the high MMR & IMR in the villages of Ajmer District. The Desk review shows that the institutional deliveries have been initiated, Under NRHM Janani suraksha Yojana, but the issue is still a matter of concern. The deliveries take place mainly in the Primary Health Centers or the First Referral Units and not in the Sub centers.

The project would educate the women for better care, ANC checkups during pregnancy and overall care of child following immunization schedule and Nutritional supplements.

It will also strengthen the role of ASHAs and Aganwadi which would be the key person to disseminate the knowledge about the need and its importance in the community.

The project would increase the level of awareness about the public health related programmes, nutritional needs, ANC Checkups and because of this people will participate in the public programmes and they would get benefits from the programmes

It will also impart the knowledge about the Better hygiene practices and Nutritional need among the children.

The overall aim of the project is to spread awareness, strengthen role of public health care providers through trainings and Community participation and hence, reducing in MMR &IMR.

**Methodology**

**Phase I**

In the initial two months experts will investigate in the12villages( Deonagar, Pushkar, Ganadera, Kadel, Kanas, Bhaganpura, Naand, Khori, Tilora, Baseli, Picholiya, Govingar) of Panchayat Samiti Pisangan, District Ajmer andfind the present health status of women and child in the community. It will also reflect the common practices for deliveries, Accessibility of health services, Role of ASHA and hygiene status of the children in the community.

Again he would also collect the secondary data from PHCs and Subcentres about Prevalence of MMR and IMR.

**Analyzing Data**

The data would be further analyzed by the researcher on the basis of information received and will plan the activities accordingly so as to remove the barriers.

**Phase II**

**Sensitization of the masses at community level, training of AWWs, ASHAs and awareness generation on Women and Child Health**

**Step I Informal meetings**

To build a rapport and tackle the problem in the community, village Pradhans would be involved and motivate towards attending capacity building trainings and sensitized about the topic and need for mass awareness. With their help, we will be able to assemble the targeted population and address the problem directly at the community level.

In these meetings, the issues related to access of the public health programmes effectively and symptoms of diseases and how people would get a proper nutrition in their daily life would also be discussed.

We would organize 24 Awareness camps through street plays and puppet shows with target population to spread out the awareness about importance of institutional delivery and nutrition. Pamphlets and leaflets in beneficiary’s language would be distributed to sensitize and aware the community people about the problem faced by woman and child in pre-natal and post- natal and informed them also about the public health programmes.

Step II

**Capacity building training for ASHA, Aganwadi and Pradhans.**

In our second phase, We would organize capacity building trainings once in a month in 15 villages of Panchayat Samiti Amber District Jaipur, which aims to trained active and enthusiastic AWWs and ASHAs on need of Institutional deliveries, nutritional supplements to pregnant women and Children, ANC, PNC Checkups and immunizations schedule of the children.

We will strengthen their role by proper understanding of each issue through our Experts Using Audio Visual aids and also conduct feedback sessions. It will help them to spread awareness and motivate the women for Institutional deliveries, Nutritional intake and proper checkups.

We would also train Village Pradhans which will again clear the need of the project and its Impact among them and they will further act as key source for disseminating the Knowledge for better health conditions of women and child.

**Step III**

Health Camps

We would also arrange health camps twice in month in one village of Panchayat Samiti Pisangan, District Ajmer every month which would be headed by the team of Gynecologist, pediatrician and general physician (male and Female), Nutritionist, Counselors.

The severe cases would be referred to nearby district hospitals. In the camps, promotion of institutional deliveries also included to avoid the possibility of infant or women death during the deliveries. Free medicine would also be distributed to the needy patients who visit the health camps.

**Step IV**

**Sessions in the Schools**

We would also conduct sessions in the primary schools of the villages twice a month to educate the children about Proper nutritional intake and better hygiene practices. Our trainers would enhance the knowledge by Involving children’s in Games, competitions, sessions using Flip charts and other IEC Material. We would also involve teachers and motivate them to make a 15 minutes daily activity on Hygiene and Nutrition on Regular basis before starting classes in the schools.

**Activity Schedule**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SL. | Activities |  | M | M | M | M | M | M | M | M | M | M | M | M |  |
| No |  |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |  |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. | Baseline survey | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. | Meetings |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. | Awareness |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Generation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | activities |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. | Health camps | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. | Training | and |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | awareness |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | session | in |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | schools |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. | Monitoring | & |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Evaluation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Project Outcome**

* Increased the community participation.
* Enhance the knowledge of people through Awareness’s camps and increase the accessibility of public health services.
* Increase the percentage of institutional delivery in Villages of Panchayat Samiti Pisangan, District Ajmer.
* Increase in the Referrals by Aganwadi and ASHAs.
* Children adopted better nutrition and Hygiene Practices.
* Teachers are motivated and ready to follow up as regular activity.

**Risk and Assumption**

* Beneficiaries may still follow their traditional method of deliveries.
* School children may not understand properly about the importance of personal hygiene.
* Aganwadi may not attend Trainings due to time factor.

**Measures to Overcome Risk**

 Through our Mass Awareness and ASHAs information would be disseminate about the

effects of Home deliveries.

* Interactive session with children would be helpful to understand the issues clearly.
* Organizing the trainings on suitable time would help to attend the trainings.

**Regular Meetings**

Regular meetings will be held in order to confirm the Project is heading in the right direction,

through discussing the Awareness programmes contents and strategies, mobilizing techniques,

counseling feedback etc. apart from this, details and figures about people attending the meetings,

and counseling camps would be presented.

**Monitoring and Evaluation**

Monitoring and evaluation is a constant process in a project. As internal monitoring and evaluation of the activities and programmes are concerned, it would be done by project coordinator and his team. Daily monitoring would be done to check if the project is on track through the daily reports of outreach workers and awareness activity, but strict weekly and monthly monitoring would also be done by the team.

Monthly meetings would be held and the necessary actions would be implemented. All records of the project proceedings would be maintained. Indicators’ Sheet would be prepared in the end to gauge the benefits & outcomes of the project with variables and parameters related to the objectives of the project.

**Indicator Sheet**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **S.NO** | **PARAMETERS** | **RESULTS** |  |
|  |  |  |  |  |
|  | **1** | List of Pradhans involved |  |  |
|  |  |  |  |  |
|  | **2** | Number of Capacity Building trainings organized |  |  |
|  |  |  |  |  |
|  | **3** | Number of member’s attended trainings |  |  |
|  |  |  |  |  |
|  | **4** | Number of trained Aganwadi and Ashas |  |  |
|  |  |  |  |  |
|  | **5** | Number of Awareness camps organized. |  |  |
|  |  |  |  |  |
|  | **6** | Number of sessions conducted in Schools |  |  |
|  |  |  |  |  |
|  | **7** | Number of children attending the sessions |  |  |
|  |  |  |  |  |
|  | **8** | Number of people attended health camps |  |  |
|  |  |  |  |  |

**Project Sustainability**

Sustainability is the impact the overall efficiency of organization to carried out the project with clarity in policies, evaluate and actions taken to enhance.

The key concern area of the project includes the community people and therefore they would educated on various issues so as to protect the society from the spread of disease, malnutrition etc. The Project would strengthen the role of Aganwadi which would spread the awareness among the Beneficiaries and they would access the public health facilities.

Also, Teachers of primary schools would be motivated to interact with children on hygiene issues as a regular activity.

The overall aim of the project would be attain hopefully, by sensitizing the community on Need for Healthy living for women and child though enhancing knowledge and better accessibility to services available.

**Estimated Budget with Break-up**

|  |  |
| --- | --- |
| **Units Cost x 12 months** | **Total in US Dollar** |
| Health Centre Equipments 2256x1 | 2256 |
| Ambulance 24071x1 | 24071 |
| Office Rent 150x12x1 | 1800 |
| Stationary 52x12 | 624 |
| Water Expensive 18x12 | 216 |
| News Paper Bill 2x12 | 24 |
| Electricity Bill 60x12 | 720 |
| Mobile Bill 30x12 | 360 |
| Staff Meeting Exp. 75x12 | 900 |
| Reporting Exp. 75x12 | 900 |
| Photography 30x12 | 360 |
| Audit Exp. 75x12 | 900 |
| Vehicle Exp. 225x12 | 2700 |
| Medicines 1354x12 | 16248 |
| Fuel Exp. 225x12 | 2700 |
| Pathology Exp. 752 | 752 |
| Promotion & Publicity 225x12x12 | 32400 |
| **Staff Salary with Budget Break-up** | |
| Doctor 1203x12x1 | 14436 |
| Assistant 300x12x1 | 3600 |
| Nurse 225x12x1 | 2700 |
| Male nurse 225x12x1 | 2700 |
| Programme Coordinator 300x12x1 | 3600 |
| Health Worker 150x12x12 | 21600 |
| Driver 225x12x1 | 2700 |
| Accountant 150x12x1 | 1800 |
| Office assistance 150x12x1 | 1800 |
| Other Exp. 75x12x1 | 900 |
| **Total** | **143767 USD** |