

## Community Health Program in Mardan



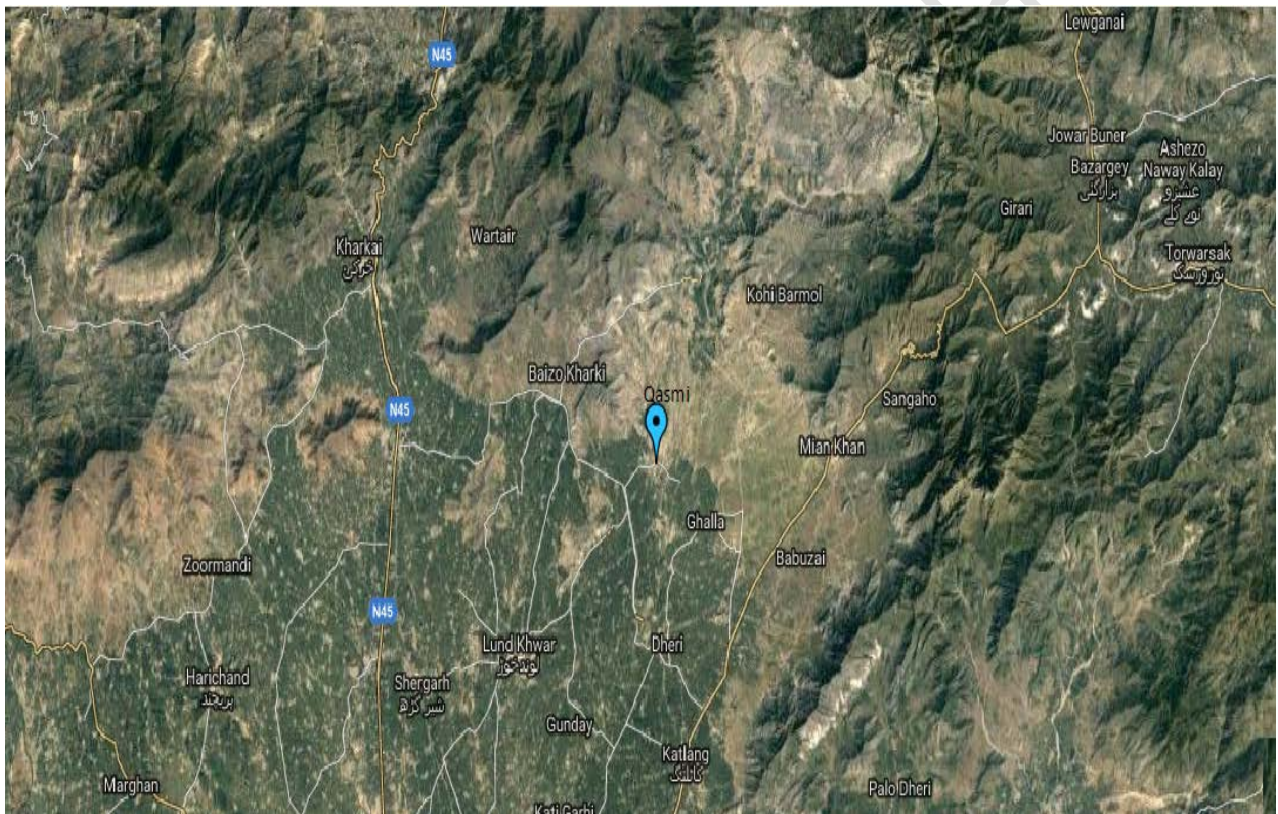
Submitted by:



**Yaqoob Khan Foundation**  
Qasmi Mardan Khyber Pakhtunkhwa  
Email: [imranykf@gmail.com](mailto:imranykf@gmail.com)  
03441293404, 03441952484

## **About the applicant:**

Yaqoob khan Foundation is a non-profit, non-government development organization committed to improving the lives of people less fortunate in Khyber Pakhtunkhwa, Pakistan, through participation and empowerment. It was established in the Mardan region of Khyber Pakhtunkhwa and is registered on 10/11/2016 under Societies Act 1860. Before Registration the foundation were providing health services at subsidized rate but as the number of patients increased the management decided to register the organization under society act 1860 and take support of nation and international donors in order to fulfill the task. Now Yaqoob khan Foundation wants to grow into a vibrant organisation working with a range of people across multiple sectors. Yaqoob khan Foundation wants to implement programs in various sectors, catering to the needs of vulnerable communities. The organization believes that there is no simple solution to reduce/eradicate poverty. As such, in order to overcome poverty, it is necessary to address the range of issues that poor people face on a daily basis. Tackling issues in an integrated, sustainable manner, Yaqoob khan Foundation aimed at improving quality of life of most vulnerable people of the communities.



### ***Operational areas of the organization***

Yaqoob khan Foundation is functional in Qasmi, Baizo Kharki, Dheri, Ghalla, Babuzai, Main Khan, Sangaho, Alo, Kati Ghari, Lund Khwar, Khoi Barmol and Katlang of district Mardan. Palai, wartair, dargai, of Malakand Agency will have easy access to our health care unit. Its works in Qasmi (Mardan).

### ***Field of operation***

Yaqoob khan Foundation wants to adopt an Integrated Sustainable Development Model, which will work in numerous areas. However main thematic areas will:

- Health and Nutrition
- Water, Sanitation and Hygiene
- Education and Protection
- Environment and Disaster Response
- Sports

### **Health and Nutrition**

Health program of the organization will have broadly two components; **Community health** and **Institutional health**. It will have own trained health workers who will actively disseminate health information on pregnant mother care, child health and immunization, hygienic practices, and motivate pregnant mothers for institution delivery.

The organization will have its own equipped Rural Health and Training Centre (RHTC) in remote Mardan region of Khyber Pakhtunkhwa, which will provide services like OPD, IPD, pharmacy, pathology, Ultra sound, ECG, Laboratory, etc. People will access services 24 X 7 from this hospital also ambulance service on emergencies.

### **Water, Sanitation & Hygiene**

Yaqoob khan Foundation wants to implement hundreds of household toilets in Khyber Pakhtunkhwa union councils, educate people on both infrastructural and personal hygiene. Deep tube wells will be installed and renovated for creating safe drinking water provision and will aware people on safe water handling including collection, transportation, preservation and use. Initiatives will be taken to sensitize people on water, sanitation and hygiene through wide community level campaign, demonstration, using IEC etc.

Yaqoob khan Foundation wants to implement school sanitation program in number of schools in Khyber Pakhtunkhwa. This program will include construction of school sanitary block with toilet, urinal, hand washing and drinking water stations with multiple tap, running water facility and incinerator (for adolescent girl students) emphasizing hygiene education and maintenance of the asset that will be created. Maintenance committees will be formed with teacher and student's representatives responsible for looking after cleanliness and maintenance of the sanitation block on regular basis.

### **Education and Protection**

As an effort of preventing violation of child rights Yaqoob khan Foundation wants to run bridge course and coaching centers for dropout, unschooled and enrolled children in Khyber Pakhtunkhwa. In order to prevent child labor practice and safeguard children from being trafficked the organization will operate residential and non-residential schools. Ultimate objective running these centers will to mainstream children in age-appropriate classes in the formal schools. They will provide nutritious food and health education imparted to students for good hygienic practices.

### **Environment and Disaster Response**

Since the Khyber Pakhtunkhwa region is highly disaster prone, people face disaster situation in the form of cyclone, tidal surge, flood etc. almost every year. Therefore; Yaqoob khan Foundation will take effort to educating people/people's group responding to disaster situation. Disaster Response

groups will be formed and trained on the issues of rescue, shifting victims especially women children and aged persons to safer places/temporary shelters, arrange and provide relief items like food, water, medicines from Government or non-Government sources.

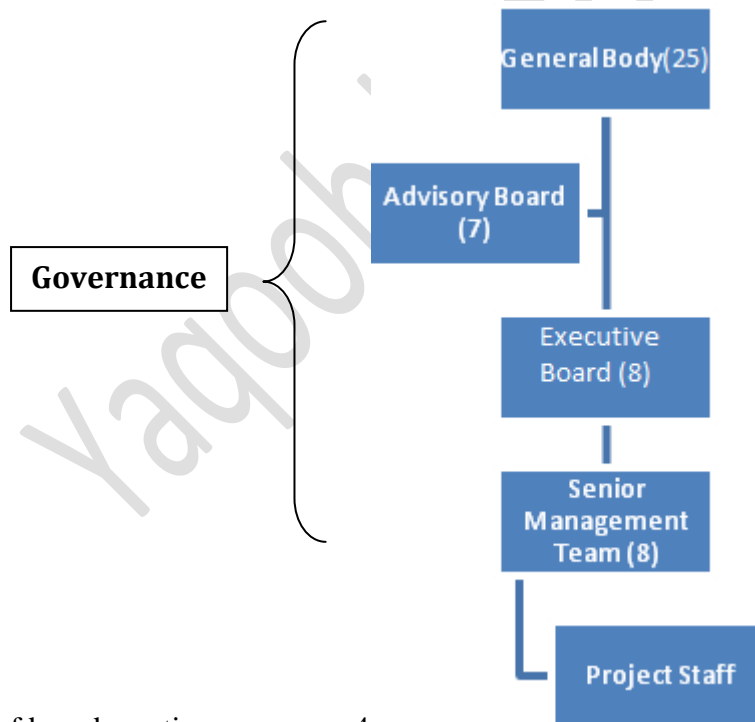
The organization with its own expertise will implement programs in different sectors successfully and apart from direct program implementation, the organization will build partnerships and advocates with Government and a wide range of international NGOs and donors to tackle poverty and help ensure people can create new opportunities for themselves.

**Legal Status:**

Nature of the organization is ‘Society’  
 Registered under Society Registration Act 1860  
 Registration Number: S/6140/5/8891      Date: 11/12/2016

**Governance Structure: [information about the members/staff of the society]**

Total number of board members: 8  
 Number of female board members: 3  
 Number of male board members: 5



No. of board meetings per year: 4

- o Nature of governing body : Executive Board

- Name of the governing body : Yaqoob khan Foundation Management

The Governing Body sets Yaqoob khan Foundation's strategic direction, ensures organizational values are adhered to, and ensures resources are well managed, and approves all budgets and audited financial statements. The Governing Body also ensures the organization's compliance with laws and regulations.

The roles of each member of the Governing Body are outlined below.

Designation	Name	Gender	Roles
Chairman	Imran Khan	Male	To approve all legal aspects of the organization and holds the authority for taking any decision or action within the organization for both administrative and Program aspects. Chief Functionary, monitoring day to day interventions, liaising with the resource agencies, responsible for administration, accounts and ensuring quality Program implementation. He shall be responsible for all moveable as well as immovable property of the society.
Voice Chairman	Irfan Ali	Male	Supplement the role of the Chairman. Also responsible for observing programs and in absence of Chairman, responsible for taking decisions.
General Secretary	Yaqoob khan	Male	The General Secretary shall act in consultation with chairman. He is responsible to prepare the agenda, call meeting of the general body and prepare minutes of the meetings.
Joint Secretary	Roos Amin	Female	The Joint Secretary shall works with general secretary and in the absence of general secretary; she shall exercise all powers of general secretary.
Finance Secretary	Arshad Ali	Male	The finance secretary shall act in consultation with chairman and shall maintain accountants of the income and expenditure of the society. The financial secretary shall be responsible for proper auditing of the society accountants by an auditor duly appointed by General Body.
Press Secretary	Usman Ali	Male	The press secretary will be responsible to public aim and objectives of the society aimed at enlisting help and support from public government line agencies. Print and electronic

			media.
Office Secretary	Nishat Begam	Female	The office secretary will be responsible to look after of the office and maintain the office record of the society.
Joint office secretary	Nabila Yaqoob	Female	The joint office secretary shall assist office secretary and in the absence of office secretary, she shall exercise all powers of office secretary.

Yaqoob khan Foundation has its Executive Board and is responsible for overseeing all day to day activities of the organization, including programs, finance, communications, documentation, fundraising, staff capacity building, establishing linkage and relationship with external agencies and advocacy. The Board represents all aspects of the organization and provides direction to middle and field level staff. The Board has an active role in the overall management of the organization. Any major decisions relating to the organization and programs is discussed with the Executive Board. The Executive Board also provides input in terms of organization planning, strategy and goals. The Board is also responsible for resolving any concerns/issues arising from field staffs that were not possible to resolve at lower level. Responsibilities of the Executive Board include but are not limited to:

- Overseeing day to day running of the organisation.
- Ensuring organisation is operating in accordance with stated Mission and Vision.
- Decision making on any field or office level queries/comments/issues
- Developing long term plans for the organisation
- Providing valuable input to any strategy input.
- Monitoring of all programmes to ensure maximum impact is being achieved.
- Execution of programmes in a timely and efficient manner.
- Development of new opportunities including projects, donors, relationships etc.
- Ensuring organisation is operating in accordance to all legal and statutory requirements.

The Chairman, as a member of the General Body Team is responsible for reporting to the General Body and represents the Executive Board at General Body meetings. Any decisions in relation to policy changes must be approved by the Governing Body.

Yaqoob khan Foundation will have more than fifty efficient and dedicated staff and numerous volunteers, to implement a range of sustainable development programs that provide healthcare, education, child protection services, water and sanitation facilities, livelihood opportunities, and disaster response to thousands of families each year.

### **The Mission Statement**

The sustainable development of marginalised and vulnerable people to ensure a quality life through empowerment, education, information, infrastructure development, healthcare service and economic self-reliance through convergence of services provided by local self-governments.

### **Organization's capacity to implement health based projects:**

#### **Health:**

Yaqoob khan Foundation providing health services to vulnerable people of disadvantaged communities which aim is enhancing well-being of particularly vulnerable groups, especially women, children and aged from the right based perspective.

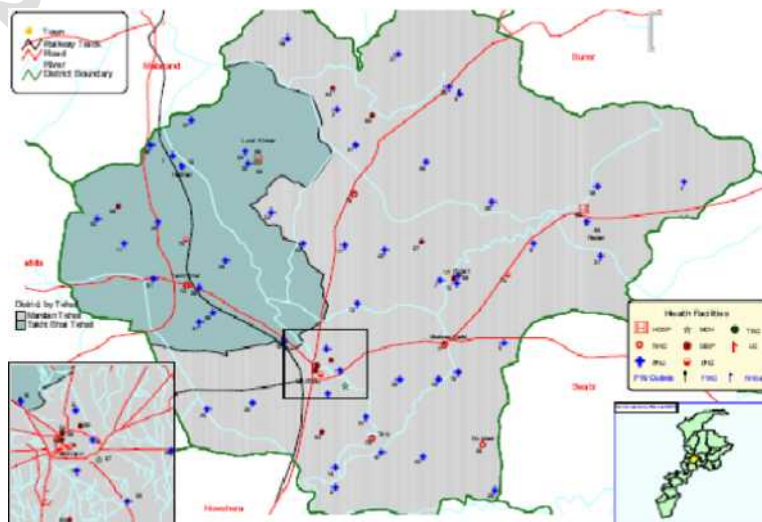
Yaqoob khan Foundation has its own Rural Health and Training Centre (RHTC) to provide comprehensive health services to the people of rural communities of Mardan district. Rural Health and Training Centre renders quality services, diagnostic facilities i.e. pathological tests, X-Ray, ultrasound, and ECG and operation theatre services for various surgeries. Antenatal care, institutional delivery, postnatal care for women remains a key operational focus. General health services covered in the OPD include eye care, orthopedic and dental care.

As per the current status, following services have been provided for the people.

- More than 3,000 people receive free health services.
- 9 health camps conducted wherein more than 1000 men, 1000 women and 1500 children received services.
- All services like X-rays, ESG etc. are provided free of cost.

### **Project proposal:**

### **District at a Glance**



Mardan District is in the North West Frontier Province of Pakistan. Mardan district was a part of Peshawar district. In 1937, Mardan was set up as an independent district after the name of its headquarters town. Most of its land is

agricultural. It has one of the world's best irrigation systems, which was laid down by the British government during British Rule on subcontinent (1857-1947)

### **District Mardan Profile**

Mardan district may broadly be divided into two parts, North-Eastern hilly area and south western plain. The entire Northern side of the district is bounded by the hills. The southwestern half of the district is mostly composed of fertile plain with low hills strewn across it. It is bounded on the north by Burner district and Malakand protected area, on the east by Swabi and Burner districts, on the South by Nowshera district and on the west by Charsadda district and Malakand protected area. The total area of the district is 1,632 kilometers. Mardan and the areas close to Mardan have many historical sites. These are very attractive for Cultural Holiday Makers. Takhtbai, Rani Gut, Kashmir Smast, Shahbaz Garha are full of history. Shahbaz Garhi is situated on Mardan Swabi Road at a distance of 12 kilometer from Mardan. The emperor Babar in his book Tuzk-e-Babri has given reference of this monastery.

#### **1. Accessibility**

The nearest Airport is Peshawar International Airport. This is about 65 km from Peshawar and 120 km from Rawalpindi. There are good road connections to the airport. Buses and private vehicles are the main ways of Transport. The roads are busy as Mardan is the link between different cities. Unfortunately the train system which was developed during the British Empire has gradually disappeared. No train arrives at the once popular railway station.

#### **2. Culture**

Most of the people are farmer by profession in the union councils. They are engaged in agriculture either directly or indirectly. Industrial labor has increased after the establishment of factories in different places of the district. Some people are engaged in business and Government service also.

Religion has a great impact on the culture of people. Most of the people are Muslims. However, there are Hindus, Buddhists and Parsis. The visit to shrines or Ziarats is very common especially among the women. They are very courteous towards each other.

#### **3. Demographic Information**

Total population of district Mardan reported in 1998 census is 1,460,100. With a growth rate of 3.01, projected population for year 2008 is 1,962,253.

Union councils wise breakup of population is shown below:

Union Councils	No.	Population		
		Male	Female	Total
Urban	15	169677	163023	<b>332700</b>
Rural	60	831072	798481	<b>1629553</b>
<b>Total</b>	<b>75</b>	<b>1000749</b>	<b>961504</b>	<b>1962253</b>

Sr. #	Urban Union councils, District Mardan			
	Name of Union councils	Male	Female	Total Population
1	Bijligar	16292	15654	31946
2	Bughdada	10494	10082	20576
3	Cantt Mardan	4505	4328	8833
4	MMC	8517	8183	16700
5	Sharif Abad	9847	9460	19307
6	Ward No. 12 Guli Bagh	15729	15112	30841
7	Ward No. Check Hoti	9946	9556	19502
8	Ward No. Daga Piran	10370	9963	20333
9	Ward No. Kas Koruna	21017	20193	41210
10	Ward No. Khaksar	8811	8465	17276
11	Ward No. Khan Koti	11306	10862	22168
12	Ward No. Sikandari	10093	9697	19790
13	Ward No.10 Babu	9555	9180	18735
14	Ward No.2 Bicket Gung	13740	13201	26941
15	Ward No.2 DHQ Bari	9456	9086	18542
	<b>Total</b>	<b>169677</b>	<b>163023</b>	<b>332700</b>

Sr. #	Rural Union councils District Mardan			
	Name of Union councils	Male	Female	Total Population
1	Akber Abad	14219	13661	27880
2	Alo	9311	8945	18256
3	Aman Kot	6370	6120	12490
4	Babuzai	8191	7870	16061
5	Baghicha Dheri	7684	7382	15066
6	Baizo Kharki	9300	8935	18235
7	Bakhshali	1309	12577	25668
8	Charbanda	7079	6801	13880
9	Chargulli	1333	12814	26150
10	Check Mardan	1343	12908	26343
11	Dheri Lekpani	1559	14988	30587
12	Fathma	1335	12830	26183

Sr. #	Rural Union councilss District Mardan			
	Name of Union councils	Male	Female	Total Population
13	Galyara	12322	11838	24160
14	Garhi Daulat Zai	10081	9686	19767
15	Garhi Ismail Zai	13088	12575	25663
16	Ghala Dher	9895	9506	19401
17	Gujar Garhi	31048	29831	60879
18	Gujrat	11598	11143	22741
19	Gumbat	12954	12446	25400
20	Hathian	14256	13696	27952
21	Jalala	12401	11914	24315
22	Jamal Garhi	12264	11783	24047
23	Jamra	9093	8737	17830
24	Kata Khat	16457	15811	32268
25	Kati Garhi	13578	13046	26624
26	Katlung	22560	21675	44235
27	Khazana Dheri	15128	14535	29663
28	Kodinaka	11309	10866	22175
29	Kohi Bermol	10404	9996	20400
30	Kot Ismail Zai (Batagram)	9991	9599	19590
31	Kot Jungara	14825	14243	29068
32	Lund Khwar	27480	26403	53883
33	Machi	10455	10045	20500
34	Manga	12495	12005	24500
35	Mayar	14964	14378	29342
36	Mian Issa	9996	9604	19600
37	Mian Khan	7219	6935	14154
38	Mian Killi (Fazli)	18802	18065	36867
39	Mianganano Killi	10626	10210	20836
40	Mohib Banda	12750	12250	25000
41	Muhabat Abad	18233	17518	35750
42	Nari Baja	13155	12640	25795
43	Palo Dheri	8007	7693	15700
44	Par Hoti	21736	20884	42620
45	Parkho Dheri	13270	12750	26020
46	Pir Saddo	13088	12575	25663
47	Qasam	7652	7352	15004
48	Qasmi	9333	8967	18300
49	Rustam	37481	36011	73492
50	Rustam Bazzar	14699	14123	28822
51	Sari Behlol	15667	15053	30720

Sr. #	Rural Union councilss District Mardan			
	Name of Union councils	Male	Female	Total Population
52	Sawal Dher	17922	17220	35142
53	Shahbaz Garhi	17302	16623	33925
54	Shamat poor	9360	8992	18352
55	Shamozai	15518	14910	30428
56	Shergarh	14272	13712	27984
57	Shiekh Yousaf	13520	12990	26510
58	Takht Bhai	21490	20647	42137
59	Takkar	12393	11907	24300
60	Toru	17967	17263	35230
	<b>Total</b>	<b>831072</b>	<b>798481</b>	<b>1629553</b>

Following table shows the demographic information of different population groups in the district:

Population Groups	Standard Demographic (%)	Estimated Population (2008)
New born	4	74,415
0-11 months	2.24	41,672
12-23 months	-	-
Under 5 years	15.87	295,242
0-14 years	44.04	819,310
Women in child bearing age (1549 years)	21.8	405,562
Married Child bearing age	15.5	288,358
Pregnant Women	4.5	83,717

In mardan, the summer season is extremely hot. A steep rise of temperature is observed from May to June. Even in July, August and September record quite high temperatures. During May and June dust storms are frequent at night. The temperature reaches its maximum in the month of June i.e. 41.50 degree centigrade. Due to intensive cultivation and artificial irrigation, the tract is humid and heat is oppressive. However, a rapid fall of temperature has been recorded from October onwards. The coldest months are December and January. The mean minimum temperature recorded for the month of January the coldest month is 2.09 degree centigrade.

The quality of drinking water is of vital importance for human being, though most consumers, Particularly the young citizens are unaware of the issue. Whenever samples of drinking water collected from different tube wells of Mardan district were evaluated for physical and chemical quality parameters such as pH, electrical conductivity, and total hardness, TDS, TSS, BOD and COD and checked for the sulphates, fluorides, chlorides and nitrates ions. The conductivity, alkalinity and total suspended particles were out of the WHO standard criteria. It can be concluded that the water samples analyzed in this work were not completely fit for drinking.

There is a lack of basic infrastructure such as roads, bridges, public transport, and electricity. Access to education and health care are also limited because of poor communication facility in the region. P

## **Problems related to health**

### **Public health**

The public health system in rural Mardan is extremely inadequate. It is neither dependable nor accessible. There is little or no health care in the region. There is scarcity of hospitals (well equipped or otherwise), beds, investigation facilities and pharmacies. Many of the existing government sub-centers are non-functioning and inaccessible, due to lack of road connectivity. As a result, communities are forced to rely on quacks, risking their lives.

According to survey carried out in Mardan by Pakistan's National Commission for Human Development (NCHD), at least 80 percent of the population has no access to health-care facilities. The most common problem affecting pregnant women is anaemia.

There Primary Health Centers (PHCs) in the region are inadequate. As a result, many illnesses go untreated and reliance on unlicensed medical practitioners is very high.

The majorities of PHCs are understaffed, have limited electricity supply and are poorly managed, resulting in underperformance and underutilization of existing facilities. Absenteeism and unaccountability cripples credibility and reliability of curative services offered by the Government.

### **Safe Motherhood**

Pakistani women are among the worst affected when pregnant with health issues. With a very high mortality and morbidity rate during pregnancy and childbirth, the deaths per annum of women are among the highest in the world. There are many factors responsible for such problems. However, even more important is the lack of resources even for those who wish to seek treatment. The numbers of female doctors are very less, and in a society which does not allow the idea of a male doctor treating a female patient, the treatment options fade away.

The lack of medical facilities in various areas of Pakistan can be estimated by looking at Mardan, where at least 80 percent of the population is devoid of any health care facilities. Most of the people in Pakistan are living under the poverty line, making it extremely difficult to travel to distant areas for medical facilities. Even those who may live within access to these facilities may not be able to avail them as they cannot afford to do so (Pakistan Mardan Report). Pakistan currently has the worst

mortality rates in South Asia where the death rates of pregnant women per 100,000 ranges from 300 to 700. The numbers of women who get pregnant each year are 5.4 million, many of whom suffer from complications of pregnancy that can be fatal (Pakistan Mardān Report, 2003).

The dogmatic and extremely narrow approach to women and women’s health is the main reason why women are not able to get the proper medical attention. Women are at times not even allowed by other women to undergo medical treatment or visit a doctor. The tribal and rural concept of home deliveries are another reason why patients remain undiagnosed of medical complications and later on suffer for the remainder of their lives.

**Project Title: Community Health Program in Mardān**

**Project Location and Duration:**

Qasmi District Mardān has been considered for this project. The location not only provides opportunity to union councils of Mardān but it can provide opportunities to union councils of Malakand region as well to get help from this health program.

Duration of the project will be for Three (3) years.

The proposed project will commence with effect from 1<sup>st</sup> July 2017.

**Target group & Population:**

The target group for the project will be poor families in the project area. There will be a special emphasis on maternal and child health, providing optimum pregnancy care to pregnant women. Similarly, families that are categorized as Below Poverty Line (BPL) and Poorest of the Poor (POP) will be provided with free and/or subsidized curative healthcare services.

<b>Name of Union councils</b>	<b>Male</b>	<b>Female</b>	<b>Total population</b>
Katlung	22560	21675	44235
Qasmi	9333	8967	18300
Babuzai	8191	7870	16061
Lund Khwar	27480	26403	53883
Baizo Kharki	9300	8935	18235
Shamozai	15518	14910	30428
Alo	9311	8945	18256
Dheri Lekpani	15599	14988	30587
Ghala Dher	9895	9506	19401
Kati Garhi	13578	13046	26624
Mian Khan	7219	6935	14154

Source: census 2008

**Beneficiaries**

Through this project, the entire population of 10 union councils will have access to curative healthcare services. More specifically, beneficiaries will include:

## **Direct**

- 150,000 people will access healthcare services through Rural Health And Training Centre.
- 3,000 pregnant women will receive ante-natal and post natal-care through Health workers
- All new born children

## **Goal:**

To build a replicable model of healthcare in the Mardan, ensuring all people in the target area have access to quality affordable healthcare.

## **Project Objectives:**

1. To provide curative and preventative healthcare services to 150,000 people of 10 union councils in Mardan, through Yaqoob Khan Foundation's Rural Health and Training Centre and Out-Reach Centres.
2. To ensure safe motherhood in the Mardan by providing optimum pregnancy care to all pregnant women in the target area, reducing maternal and infant mortalities by 10%.

## **The impact objectives are:**

- 70% reduction in mortalities from preventable diseases by 2018
- Number of cases of dysentery and diarrhoea reduced by 80% by 2018
- Reduced maternal mortality by 60%
- Reduced infant mortality rate by 60%
- Increased awareness level about 85-90% population of 10 union counsels of District Mardan

## **Project Strategy:**

### **1. Union councils Mapping and Cluster Formation**

The project covers 10 union councils which are very spread out. Union councils are further divided in towards / booths with 200 to 250 families. Each Health Worker will be given responsibility for a cluster of two or three wards. A profile of the union councils with information on physical assets and institutions within the union councils will be developed to help with program planning.

Mapping will include household number, name of the family head and members, number of children within one year and identification of eligible couple.

### **2. Home Visits**

Health Workers will conduct home visits to provide pre and post natal care to pregnant and lactating women including measuring weight and height, blood pressure, hemoglobin, albuminuria, fundal weight, risk screening from history and complaints. They will also provide counseling on pregnancy care including registration of all pregnant women at sub-centers and ensuring that all mothers receive tetanus toxoid vaccination. They will also encourage mothers to attend ante-natal care camps and to opt for institutional delivery, particularly for those women identified as at risk.

### **Project Activities:**

#### **1. Curative Healthcare**

Curative healthcare services will be delivered through Yaqoob Khan Foundation's existing healthcare infrastructure, which includes a Rural Health and Training Centre (RHTC) at Qasmi. Rural Health And Training Centre is a fully operational rural hospital. Facilities available at RURAL Health And Training Centre include:

- Out Patient Department
- In-door department including bed ward.
- Investigation facilities including pathology, X-Ray, USG and ECG
- Eye-care unit
- Operation Theatre
- Pharmacy
- Ambulance

All services will be provided at subsidized rate, ensuring that they are accessible and affordable for the community.

#### **2. Health Cards**

Health cards will be given to 1,600 families, allowing them to avail of healthcare services free of cost. These beneficiaries will be selected based on need. Priority will be given to those families who are considered Poorest of the Poor. A comprehensive beneficiary selection process will be conducted, utilizing Yaqoob Khan Foundation's extensive Self-Help Group (SHG) network. SHGs will be responsible for identification and selection of suitable families for health cards.

#### **3. Mobile Clinics**

Mobile health clinics will be conducted twice a month in each union council. Both general and specialized health camps will be conducted. Specialist doctors have already been recruited to conduct camps and will attend all mobile health clinics. These camps will ensure that basic healthcare services are accessible to the entire community. Camps will include general health, eye-care, child nutrition and pregnancy care. Specialized doctors have already been recruited to conduct such camps.

### **Safe Motherhood**

#### *Activities*

#### **4. Recruitment of Health Workers**

12 health workers, all local women from program union councils will be recruited and trained as Health Workers. 2 of these health workers will be made supervisors. The following criteria will be used in the selection of health workers:

- A) Ability to develop detailed operational plans and implement accordingly.
- B) Understanding of union council's level situation and ability to make community diagnosis based on situational analysis.
- C) Clear understanding on what are the key issues to be addressed (couple monitoring, pregnancy confirmatory test and LMP, Sub-center registration, TT1, TT 2, IFA, periodical check up in mother camps, EDD, Status of delivery, PNC check up etc.) and why they are important.
- D) Understanding of infant care such as breastfeeding, nutrition etc.
- E) Understanding of process for collection of Government documentation such as BPL cards, birth certificates etc.

## **5. Training of Health Workers**

12 health workers will receive refresher training on rights-based, systematic, modern methodologies, increasing their knowledge and skills. The training will include:

- Body Mapping and Overview of Organs
- Clear understanding of LMP, EDD and EPD calculation and its importance
- Pregnancy – the cause and effect
- ANC, INC and PNC
- Anaemia, haemoglobin detection and its importance during Pregnancy
- BP, Albumin, Height, Weight, fundal height, Foetal Movement.
- Risk mother identification.
- Know available health services
- Union councils mapping and determining targets

Each health worker will be provided with necessary equipment (medical and contingency) and consumables (nutritional supplement drugs, pregnancy detection strips, spirit, cotton, reagents, and formats).

As a result of the training, these health workers will be better prepared to ensure optimum Ante-Natal Care, to mobilize resources and to negotiate with local government to maximize the facilities provided by the Government Health Department.

## **6. Ante-Natal Care Clinics**

We will conduct at least 8 ANC camps each month through health workers in our targeted areas. For at least one camp, it is required that the ANM of the relevant sub-centre is present to ensure optimum ANC services. After identification of pregnant women, the health workers will motivate them to attend ANC clinic for periodic check-ups including weight, blood pressure, hemoglobin, albuminuria, fundal weight, risk screening from history and complaints. They will also mobilize pregnant women to avail of USG facilities at RHTC.

## 7. Specialized Clinics

Specialized clinic (at least one in every union council) where pregnant women (mainly at risk and poor mothers) are able to avail of specialized care and services from doctors will be organized. Free nutritional supplement drugs (Vitamin B Complex, Vitamin C, Calcium Citrate, Vitamin D and Ferrous Fumerate) will be supplied to any pregnant women that were required them.

### Outputs and indicators

Objective 1:

- 150,000 people in 10 Union councils have access to quality affordable healthcare.
- 12,500 and above OPD consultation per year
- 2,350 and above investigation cases per year
- 516 and above patients get medical treatment.
- 24x7 hours pharmacy service

Objective 2:

- 42 health workers recruited, trained and supplied with equipment
- 10 union councils mapped and clustered
- 30 and above ante-natal care clinics conducted in each year
- 44 and above specialised camps conducted in each year
- 100% of pregnant women registered at sub-centres
- 95% of pregnant women receive at least 3 ANC check-ups
- 95% pregnant women receive 2 USGs during pregnancy

### Expected outcomes:

- 70% reduction in mortalities from preventable diseases by 2019
- Number of cases of dysentery and diarrhoea reduced by 80% by 2019
- Institutional delivery increased 25% by (2019)
- Immunization of 100% new born babies

### Expected outcomes:

- 1000 pregnant women will Registered and receive at least 3 ANC check-ups
- 85% pregnant women receive 2 USGs during pregnancy with the project area.
- 75% of Institutional delivery will ensure during 1<sup>st</sup> year
- Immunization of 100% new born babies
- 100 nos. malnourish mothers will receive nutritional supplementary medicine and documented.
- At least 150,000 people will receive the health services

**Project Implementation Plan:**

S. No	Activities	12 Month												
		1 <sup>st</sup> Quarter			2 <sup>nd</sup> Quarter			3 <sup>rd</sup> Quarter			4 <sup>th</sup> Quarter			
		Month1	Month2	Month3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Month 13
	<b>Curative Health</b>													
1	Staff Recruitment & orientation	√												√
2	Baseline survey	√	√	√										
3	Baseline survey report			√										
4	Purchase of ambulance				√									
5	General health camps			√	√	√	√	√	√	√	√	√	√	√
6	OPD	√	√	√	√	√	√	√	√	√	√	√	√	√
7	Consultation investigation	√	√	√	√	√	√	√	√	√	√	√	√	√

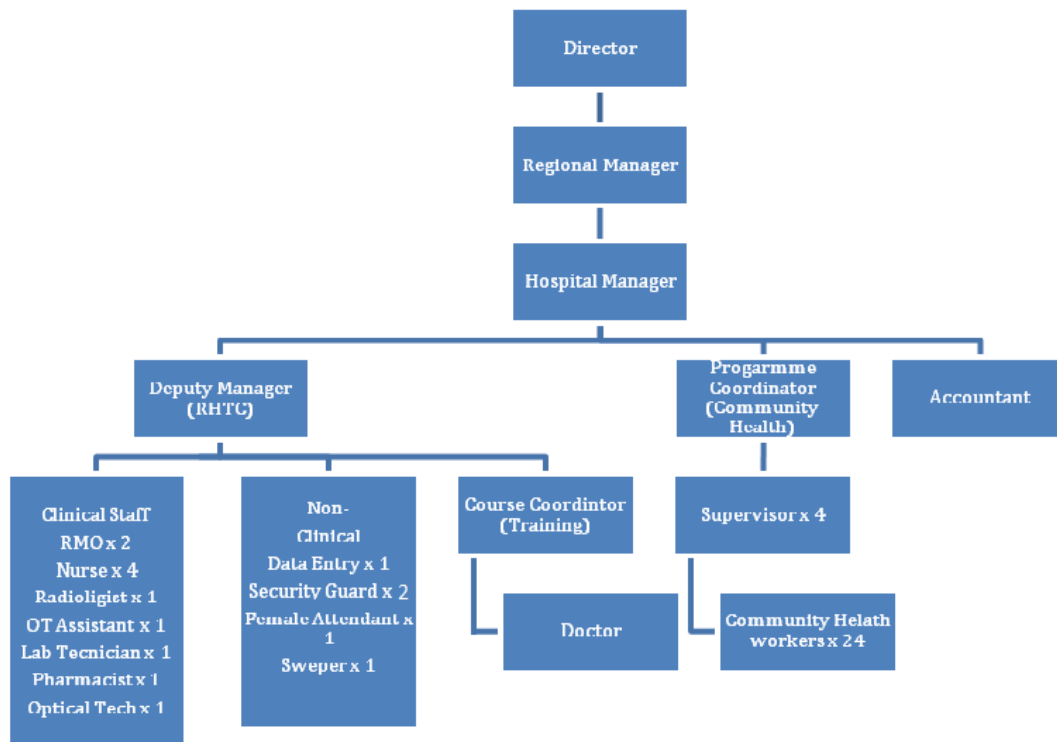
	<b>Preventive health</b>													
1	Recruitment of Health Workers and Supervisors		√	√	√									
1	Training of Health workers and Supervisors			√										
3	Union councils mapping			√	√	√	√	√	√					
4	Community mobilization	√	√	√	√	√	√	√	√	√	√	√	√	√
5	Issue health cards		√	√	√	√	√	√	√	√				
6	Ante-Natal Care clinics		√	√	√	√	√	√	√	√	√	√	√	√
7	Specialized camps	√	√	√	√	√	√	√	√	√	√	√	√	√
	<b>Program monitoring, evaluation, management</b>													
1	Purchase of computer and accessories			√	√									
2	Program monitoring	√	√	√	√	√	√	√	√	√	√	√	√	√
3	Progress reports				√			√			√			√

4	Mid-term Evaluation(2018)													
5	Final Evaluation (2020)													

Yaqoob Khan Foundation

## Project Management

Yaqoob Khan Foundation established management system in place to monitor and coordinate all program, finance and administrative activities within the organization. The management structure of the program is given below.



At the top level, the organization is managed and governed by a Governing Body (GB). It is responsible for monitoring the overall functioning of the organization with respect to governance, developing the annual and financial plan as well as raising external funds for ensuring organizational sustainability. The GB is also responsible for management of administrative aspects such as transparency, human resource management, and developing various policies and guidelines.

The Director of the organization is responsible for coordinating and facilitating the overall functions of the projects and programs and is accountable to the Governing Body of Yaqoob Khan Foundation. He/she also monitors the functioning of the Project Management Team (PMT) and delineates tasks to the relevant persons.

The project planning, implementation and monitoring responsibilities lie with the Hospital Manager. The PMT will have monthly meetings to review progress and plan for the next month. The Hospital Manager is also responsible for compilation of all reports from respective Program Coordinators on a monthly basis.

Project Coordinators are responsible for planning, implementation and monitoring of program activities as per the Annual Action Plan. Project Coordinators coordinate directly with the Hospital Manager for program related support. The Program Coordinators also maintain linkages with finance personnel to review the financial situation on a monthly basis.

**Details of the team:**

**Ref. Annexure – I**

**Monitoring and evaluation:**

The program will be monitored at community, field office and head office level. The governing body will monitor the program through 6 monthly reviews of progress reports and financial records. GB members would also undertake field visits to program areas to see the progress and guide the project team.

The Project Management Team shall meet every month to review progress, take decisions to address any issue affecting the smooth implementation of the project and review and approve monthly activity plan and budget. Collection of data to assess progress towards achievement of program outputs and outcome shall be done as appropriate.

At union councils level the project staff will meet on a weekly basis to monitor the program and take corrective measures, where required to ensure smooth running of the program.

Apart from this Yaqoob Khan Foundation shall facilitate monitoring visits by donor agency, on request.

**Evaluations:**

A mid – term and end term participatory evaluations are proposed in this project. The evaluations will be carried out involving the stakeholders and with the help of external evaluators with relevant expertise.

**Reporting & Documentation:**

Narrative and financial reports shall be submitted as specified to registrar of firms and societies. At project level reporting shall be

**Sustainability:**

As with all healthcare systems, sustainability is crucial to ensure the long-term success of the project. Three methods for increasing patient number and hence ensuring the long-term sustainability of the facility have been identified.

## 5.1 Revenue from Patients

All income from patients will be used towards the running costs of the facility. Patient numbers will be increased in subsequent years, generating further revenue. However, if foundation receives enough grants then all patients will receive free services and medicines.

## 5.2 Mainstreaming with Government

The overall objective of the project is to build replicable model of quality healthcare (without compromising) that be adopted by the Government. This will ensure the overall long-term sustainability of the project. Significant effort will be placed on promoting this successful model of healthcare.

### The anticipated project Budget:

<b>Budget for Community health Program (2017-19)</b>					
<b>Year 1</b>					<b>Year 1</b>
<b>S.No.</b>	<b>Heading</b>	<b>Units</b>	<b>Duration (months)</b>	<b>Unit Cost (INR)</b>	<b>Total Cost (INR)</b>
<b>1.0</b>	<b>Personnel Costs</b>				
<b>1.1</b>	<b>Hospital Manager</b>	<b>1</b>	<b>12</b>	<b>18,000</b>	<b>216,000</b>
<b>1.2</b>	<b>Residential Medical Officer</b>	<b>1</b>	<b>12</b>	<b>40,000</b>	<b>480,000</b>
<b>1.3</b>	<b>Medical Officer</b>	<b>1</b>	<b>12</b>	<b>30,000</b>	<b>360,000</b>
<b>1.4</b>	<b>Community Health Coordinator</b>	<b>1</b>	<b>12</b>	<b>20,000</b>	<b>240,000</b>
<b>1.5</b>	<b>Accountant &amp; Administrator</b>	<b>1</b>	<b>12</b>	<b>20,000</b>	<b>240,000</b>
<b>1.6</b>	<b>Nurse</b>	<b>4</b>	<b>12</b>	<b>12,000</b>	<b>576,000</b>
<b>1.7</b>	<b>X-ray technician</b>	<b>1</b>	<b>12</b>	<b>15,000</b>	<b>180,000</b>
<b>1.8</b>	<b>Pathology technician</b>	<b>1</b>	<b>12</b>	<b>15,000</b>	<b>180,000</b>
<b>1.9</b>	<b>Pharmacist</b>	<b>1</b>	<b>12</b>	<b>15,000</b>	<b>180,000</b>
<b>1.10</b>	<b>Driver</b>	<b>1</b>	<b>12</b>	<b>18,000</b>	<b>216,000</b>
<b>1.11</b>	<b>Cleaner</b>	<b>1</b>	<b>12</b>	<b>15,000</b>	<b>180,000</b>
<b>1.12</b>	<b>Security (24-Hour)</b>	<b>2</b>	<b>12</b>	<b>15,000</b>	<b>360,000</b>
<b>Sub Total</b>					<b>3,408,000</b>
<b>2.0</b>	<b>Program Costs</b>				
<b>2.1</b>	<b>Curative Health</b>				
<b>1.1</b>	<b>OPD Costs (General)</b>	<b>8</b>	<b>12</b>	<b>3,000</b>	<b>288,000</b>
<b>1.2</b>	<b>Consultation, Investigation and Medicine Costs</b>	<b>12500</b>	<b>4</b>	<b>30</b>	<b>1,500,000</b>
<b>1.3</b>	<b>Health Camps (Specialized)</b>	<b>12</b>	<b>12</b>	<b>5,000</b>	<b>720,000</b>
<b>1.4</b>	<b>Hospital Maintenance</b>	<b>1</b>	<b>12</b>	<b>5,000</b>	<b>60,000</b>

<b>1.5</b>	<b>Purchase of ambulance</b>	<b>0</b>	<b>2</b>	<b>1,000,000</b>	<b>2,000,000</b>
<b>1.6</b>	<b>Ambulance Maintenance</b>	<b>1</b>	<b>12</b>	<b>1,000</b>	<b>12,000</b>
<b>1.7</b>	<b>4-8 slice CT scan machine</b>	<b>0</b>	<b>1</b>	<b>4500000</b>	<b>4,500,000</b>
<b>1.8</b>	<b>Generator</b>	<b>0</b>	<b>1</b>	<b>250000</b>	<b>250,000</b>
<b>1.9</b>	<b>Bio chemistry machine</b>	<b>0</b>	<b>1</b>	<b>500000</b>	<b>500,000</b>
<b>1.10</b>	<b>Digital microscope</b>	<b>0</b>	<b>1</b>	<b>190000</b>	<b>190,000</b>
<b>1.11</b>	<b>Advance ultra sound machine</b>	<b>0</b>	<b>1</b>	<b>2600000</b>	<b>2,600,000</b>
<b>1.12</b>	<b>Miscellaneous (website domain cost, website designing cost etc)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>200,000</b>
<b>2.2</b>	<b>Safe Motherhood</b>				
<b>2.1</b>	<b>Hon. to Health Worker</b>		<b>12</b>	<b>8,000</b>	<b>192,000</b>
<b>2.2</b>	<b>Hon. to Health Workers</b>	<b>12</b>	<b>12</b>	<b>6,000</b>	<b>864,000</b>
<b>2.3</b>	<b>Training of Health Workers (16 days for 12 HWs and 2 Supervisors @ Rs. 150 per head)</b>	<b>14</b>	<b>1</b>	<b>2,400</b>	<b>33600</b>
<b>2.4</b>	<b>Equipments /tool kit for Health workers</b>	<b>24</b>	<b>1</b>	<b>2,000</b>	<b>48,000</b>
<b>2.5</b>	<b>ANC Camps</b>	<b>8</b>	<b>12</b>	<b>1,000</b>	<b>96,000</b>
<b>2.6</b>	<b>Nutritional Supplementary Drugs</b>	<b>100</b>	<b>1</b>	<b>1,650</b>	<b>165,000</b>
<b>Sub Total</b>					<b>14,218,600</b>
<b>3.0</b>	<b>Monitoring and Evaluation Costs</b>				
<b>3.1</b>	<b>Travel</b>	<b>1</b>	<b>12</b>	<b>4,500</b>	<b>54,000</b>
<b>3.2</b>	<b>Reporting and Documentation</b>	<b>1</b>	<b>12</b>	<b>4,000</b>	<b>48,000</b>
<b>Subtotal</b>					<b>102,000</b>
<b>4.0</b>	<b>Administration Costs</b>				
<b>4.1</b>	<b>Office Stationary</b>	<b>1</b>	<b>12</b>	<b>5,000</b>	<b>60,000</b>
<b>4.2</b>	<b>Office Expenses</b>	<b>1</b>	<b>12</b>	<b>20,000</b>	<b>240,000</b>
<b>4.3</b>	<b>Travel and Communication</b>	<b>1</b>	<b>12</b>	<b>3,000</b>	<b>36,000</b>
<b>4.5</b>	<b>Computer purchase /</b>	<b>2</b>	<b>1</b>	<b>50,000</b>	<b>100,000</b>
<b>4.6</b>	<b>Audit</b>	<b>1</b>	<b>1</b>	<b>250,000</b>	<b>250,000</b>
<b>Subtotal</b>					<b>907,000</b>
<b>Grand Total</b>					<b>Rs 18,635,000</b>
<b>Request for Donation</b>					<b>\$ 177770</b>

The donation requested on global giving is \$200,000 because of share of global giving.