**DATE OF SUBMISSION: 03-06-2019**

**NAME OF THE ORGANIZATION APPLYING FOR FUNDING: Gramin Mahila Vikas Sansthan- Bubani, Ajmer**

**LEGAL STATUS(SOCIETY/TRUST/SECTIONS&COMPANY):- SOCIETY**

**ACT OF REGISTRATION: - RAJ. SOCIETY ACT- 1958**

**REGISTRATION NUMBER & DATE: - 52/Ajmer/1998-99 & 25 August 1998**

**FCRA: YES**

**CONTACT INFORMATION OF ORGANIZATION**

* **POINT OF CONTACT, NAME AND TITLE: Shankar Singh Rawat, Secretary**
* **ADDRESS: Head Office- Near Pataka Factory, Sumer nagar, Raja reddy, Madanganj- Kishangarh, Ajmer (Raj.)**
* **MOBILE NUMBER: 09672979032**
* **EMAIL ADDRESS: bubanigmvs@gmail.com**

**ORGANIZATION HISTORY/BACKGROUND:**

Gramin Mahila Vikas Sansthan (GMVS) is a grass root NGO registered in 1997 in Bubani in Ajmer district of Rajasthan. The organization started its activities with social mobilization and support organization but during the course of journey identified the problems and challenges faced by the community due to poor economical and social status. Thereafter GMVS started some activities to improve the social and economic condition of the families living in its area of intervention.At present, Sansthan is working in Ajmer, Nagaur and Chittorgarh district of Rajasthan. The focus area of the organization has been as follows:

* Empowerment of women and girls through education and SHG formation
* Easy availability of sources for health, education and water etc. to poor people
* Establishing thrift and credit societies and imparting managerial skills to women for income generation.
* Employment, income generation and skill development programmes for the rural people.

# **Vision:** To establish empowered society that is self dependent in the economic and social view point.

# **Mission /Objective:** To empower economically and socially either to backward, deprived and poor society through sustainable use of human and natural resources or to women through SHGs, cluster & federation & to make sure availability of education, health services, drinking water and livelihood sources to villagers, vulnerable society and especially to women or child.

**Geographical Coverage: -** Our working areas are Ajmer, Nagaur and Chittorgarh district villages. In Ajmer district Bhinai, Pisangan, Silora, Srinagar, Arain and Kekri blocks villages, in Nagaur district Parbatsar, Riyanbadi & Merta blocks villages and in Chittorgarh district Sawa, Chanderia, Kapasan, Nimbahera and Chittorgarh blocks villages are our working areas.

**PURPOSE/GOAL OF PROPOSED PROJECT:**

* Women are main component of a family. Our objective is to make an impact on the women to realize the importance of their health.
* To deliver comprehensive health services to people who are from rural remote villages and without access to a regular medical provider.
* To improve overall health and hygiene status of rural areas with a special focus on reproductive, maternal, new born, children and adolescent girls.
* Besides regular checkups, the beneficiaries are offered counseling sessions about hygiene & sanitation, clean environment nutritious diet, eye care, mental health counseling, substance abuse counseling.
* This project will focus on health awareness by regular checkup of common cold, cough, blood pressure, fever etc.
* To promote antenatal care, safe delivery and postnatal care.
* To promote primary immunization of all children against the preventable diseases by the age of one year to reduce IMR.
* To motivate and facilitate for institutional deliveries to reduce MMR.
* To encourage the participation of the community to take the initiative to meet its own health needs through village health committees.
* To increase awareness among mothers and the community about health and nutrition issues related to safe motherhood and child survival.
* To provide preventive screening, sick visits, chronic disease management, dental care, access to medications, family support, access to specialty care.
* Through awareness creating conditions and developing personal motivation, knowledge and skills to choose healthy lifestyle and undertaking actions for improving own health and that of the others.
* Awareness on Government schemes related to health, education and social-economically.
* Linkage with different Government schemes related to health of pregnant women and their children.

**ESTIMATED COST:**

**The Total Estimated Cost for a period of three year(s) (2019-222) is Rs. 3468000/-**

**Beneficiaries:** Number of people likely to be benefited in three years is following 1st Year: Directly 17000, indirectly 5000.

**Project Location:** (Village/Block/District/City, State) –

State- Rajasthan

District- Ajmer

Block- Shrinagarh

Following are the villages: -

|  |  |  |
| --- | --- | --- |
| **S. No.** | **Village Name** | **Total Population** |
| 1 | Sederiya | 1500 |
| 2 | Kanpura | 1380 |
| 3 | Chhatari | 2000 |
| 4 | Kayampura | 3000 |
| 5 | Jilawada | 1700 |
| 6 | Beer | 1600 |
| 7 | Danta | 3500 |
| 8 | Nareli | 2500 |
| 9 | Bhudol | 2000 |
| 10 | Manpura | 2000 |
| 11 | Badliya | 3500 |
| 12 | Palara | 2000 |
| **Total population** | | **26,680** |

**PROJECT IMPLEMENTATION STRATEGY:**

***Deliverable 1- Ensure Health Checkup:*** In this project we will treat rural villagers especially to women and children.

**Details:** Women are main component of a family. Our objective is to make an impact on the women to realize the importance of their health. Project team will focus on pregnant women, lactating mothers, infant children, children and adolescent girls etc.

**Activities: -**

* There are 12 target villages, called outreach health centers and team will visit twice in month.
* There is one branch office namely stationary health center and we are treating patients there b/w 4 PM to 5 PM.
* Patients will pay Rs. 10 at ambulance visit in there village.
* Project team will treat villagers by focusing on women and children.
* Project health workers will be contacting with pregnant women and lactating mothers and ensure health checkup of them.
* Project health worker will be visit Anganwadi center regular and get updates related to pregnant women and lactating mothers.
* For regular checkups we will visit all 12 villages twice a month where we will scrutinize patients for treatment of their diseases.

***Deliverable 2- Deliver Medicines:*** Project team will provide medicines to all treated patients.

**Details:** Project will deliver medicines facilities along with health checkup services. Medicines will be provide to treated patients of 12 target villages during twice visit of well equipped Ambulance. Medicines will provide free of cost during visit of outreach health centers. Patients will pay during health checkup and medicines at stationary health center. Patients will pay Rs. 20/- at stationery health centre.

**Activities: -**

* To inform them one day before through health workers about the ambulance visit to their village.
* Medicines will give at the time of health checkup both in health centers and at the time of village tour.
* With Medical Services they will also be informed about the government services.
* Coordinate with local health staff to reach each and every person and identify sick patients and provide treatment to them.
* Provide referral services to necessary patients so that they get necessary treatment.

***Deliverable 3- Motivation for Lab Investigation and patient’s referrals:*** Project team will motivate for lab investigation facilities to pregnant women and other needy patients among all 12 target villages.

**Details:** Patients will get health checkup facilities first. After examine by Doctor, needy patients will get this services. Project team will focus on women especially pregnant women. Pregnant women will registered at their first visit at our Ambulance. Project team will keep regular touch with them and will get all health updates and improvements. Serious patients will also refer nearby city or hospitals.

**Activities: -**

* There are 12 target villages, called outreach health centers and team will visit twice in month and treated rural poor patients mainly focus on women and children.
* During these twice visit of project team identification of lab investigation patients undertaken after examination of doctor.
* Identified patient refer to govt. hospitals for lab investigation mostly pregnant women.
* Provide referral services to necessary patients so that they get necessary treatment.

***Deliverable 4- Reduce IMM/MMR:*** Project will focus on reduce IMR (Infant Mortality Rate) and MMR (Mother Mortality Rate).

**Details:** Project focus point on reducing IMR/MMR. Project team will be monitoring regular to pregnant women and try to visit twice. To reduce IMR/MMR, project will facilitate women and villagers for institutional deliveries through awareness meetings and counseling.

**Activities: -**

* Project team will facilitate villagers through outreach health centers visits.
* During these twice visit of project team will link with pregnant women, their families and villagers.
* Various awareness meetings and counseling will do with them.
* Project team will facilitate them for institutional deliveries and immunization to pregnant women and children.
* Importance of vaccination will be explained during meetings with them.
* Project team will promote antenatal care, safe delivery and postnatal care for both mother and child.
* We will promote regular health checkups, TT vaccine, weight measurement, blood investigation, tab. IFA etc. for safe delivery.
* We will promote breast feeding within one hour from birth.
* We will provide ANC and PNC service facilities to women by qualified gynecologist.
* Facilities for diagnosis and treatment of Lucoriya, UTI, anemia, menstrual problem, lower abdominal pain in adolescent girls and women.
* Free of cost medicines will be provided to people.

***Deliverable 5- Linkage with different government schemes:***  Project team will also link villagers with government schemes.

**Details:** Project team will give information about different schemes in meetings of awareness with women, girls-boys and village health committees. In awareness meetings, team will give information about different schemes related to health and education to them.

**Activities: -**

* Project team will arrange one meeting with women, girls-boys and VHC in each village month wise.
* Through above meetings people aware for different schemes of government related to health and education.
* Team will also know them how they can link with these schemes and who will link them.

***Deliverable 6- National or International Days Celebration.***

**Details:** Project will celebrate national or international days with women and girls-boys, VHC in 12 target villages.

**Activities: -**

* Project team will celebrate different national or international days with women, girls-boys groups and VHC in targeted villages.
* Team will select 12 national or International days and will celebrate with women and girls during visit of outreach health center.

Following is the list of days will celebrate by HMMS team in 12 target villages.

|  |  |  |
| --- | --- | --- |
| **S. No.** | **Months** | **Days** |
| **1** | **JANUARY** | * National Folic Acid Awareness Week (Second Week Of January) |
| **2** | **FEBRUARY** | * World Cancer Day (4th Feb.) |
| **3** | **MARCH** | * National Women Day (8th March) |
| **4** | **APRIL** | * World Health Day (7th April) |
| **5** | **MAY** | * World Asthma Day (5th May) |
| **6** | **JUNE** | * World Environment Day (5th June) |
| **7** | **JULY** | World Population Day (11th July) |
| **8** | **AUGUST** | * World Breast Feeding Day (1 to 7th Aug.) |
| **9** | **SEPTEMBER** | * Nutrition Week (1 to 7th Sep.) |
| **10** | **OCTOBER** | * World Sight Day (14th Oct.) |
| **11** | **NOVEMBER** | * World Immunization Day (10th Nov.) |
| **12** | **DECEMBER** | * World Aids Day (1st Dec.) |

***Deliverable 7- Awareness meeting will organize with women, girls-boys and VHC groups.***

**Details:** Project team will organize awareness meetings to aware women, girls and members of village health committees. Month wise awareness will arrange for aware to people. These meetings will be arranged on different subjects.

**Activities: -**

* Organization of awareness camp for women, adolescent’s girls-boys and VHC by twice visit in a month in all 12 villages.
* Create awareness regarding safe water, proper nutrition, hygiene and sanitation, vaccination of self and children, proper child care etc. among women.
* Create awareness among women about self care, particularly during pregnancy.
* Organize school health camps to increase awareness among school girls and boys regarding hygiene and other health practices.
* Organize cleaning activities in village involving local political figures and respected persons of the community so as to have clean environment and aware people for its importance.
* Through awareness creating and developing personal motivation, knowledge and skills to choose healthy lifestyle and undertaking actions for improving own health and that of the others.

***Deliverable 8- Promote primary immunization of all children against the eight vaccine preventable diseases.***

**Details: -** Project team will motivate to villagers, pregnant women and lactating mothers for vaccination through awareness meetings and counseling.

**Activities: -**

* We will provide immunization facilities for children up to 5 years of age.
* We will monitor the growth and development of children (height – weight).

***Deliverable 9- To encourage the participation of the community to take the initiative to assess and meet its own health needs. Project team will make more accessible this facility of health.***

**Activities: -**

* Encouragement to village hygiene and sanitation by promoting “my home my village” initiative.
* Through health workers we will access health care facilities by meeting with them in 15 days gap in all 12 villages.

***Deliverable 10- To provide preventive screening, sick visits, chronic disease management, dental care, access to medications, family support, access to specialty care and counseling facilities to villagers.***

**Details:** Besides regular checkups, the beneficiaries will be offered counseling sessions about hygiene & sanitation, clean environment nutritious diet, eye care, mental health counseling, substance abuse counseling etc. Mostly project team will help women by advising them for far away from stress because it will effect on child’s health.

**Activities: -**

* We will provide family support through meetings with family head for health awareness.
* We will visit all villages for giving them medical services for their diseases treatments.
* For counseling we will organize awareness camps for nutrition, diet, seasonal diseases, hygiene & sanitation etc. in all 12 villages.

**MONITORING AND EVALUATION:**

Monitoring is essential part of the program. It is necessary for success of the program. Monitoring of Program will be in proper and organ gram system and regular. Sansthan will monitor program regularly through program coordinator. Sansthan will appoint Doctors, Nurses, Driver, Social worker and program coordinator for this program who will have with very well experience of field or community and also of health and diseases. Program Coordinator will visit field weekly. There will a structure to monitor the program. At field level there will be staff like- Field supervisor and supervisor will be working under Program Coordinator. Program coordinator will report to the Director of GMVS and The Hans Foundation after permission of director. Doctors and nurse will take helps from supervisors.

* ***Baseline Details: Need assessment (source, references and methodology of data)***

Source**: -** Primary Source

Methodology of Data: - Home visits, Questionnaire and Observation

* ***Assessment of the progress of the project in line with the indicators of the result***
* No. of beneficiaries
* No. of awareness camps and present villagers
* Use of sanitation facilities
* Decline of Infant Mortality Rate
* Decline of Maternal Mortality Rate
* No. of institution deliveries (Total)
* No. of institution deliveries in Government
* No. of institution deliveries in private hospitals
* No. of institution deliveries in home
* Villager’s attendant monthly meetings.
* No of use Condoms, Oral pills and IUCD
* Increase no. of participation in village Health & Nutrition Day (VHND)

**Programme Sustainability:**

The total sustainability is difficult to achieve for the project as it would cater to the poorest of the poor and they cannot pay for the whole treatment provided. For program sustainability we will promote the formation of women’s group and encourage the participation of community to take the initiative to meet its own health needs through health workers. Ones the community aware and women group formed they can the following: -

* Help in organize the health education campaigns to increase awareness among all community members about specific health concerns.
* Help in carry out specific activities like growth monitoring, immunization camps and record keeping.
* Meeting with government officials to ensure that vaccines and ANM visit are regularly available.
* Working out transportation for pregnant women who need to be referred for emergencies during child birth.
* Women’ group can identify and address other issues of concern in the community like safe water, village hygiene and sanitation etc.
* Women’s groups can work together to create their own solutions.

We will also prepare 2-3 people from 12 target villages for first aid and he will be future health worker. They will be promoted by SHG related cluster of these 12 villages. Encouraging the beneficiaries to contribute a meager amount of Rs. 05/- per beneficiary toward the common kitty will ensure the required community participation. We will repeatedly explain to beneficiaries so they can understand how their contribution is used to support the program. Beneficiary contribution could be used to cover honorarium of future health worker, cost of transportation, community based incentives for sustainability of this project.

**####**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Budget (Year2019-2020)** | | | | | |
|
| **A- Administrative Staff** | | | | | |
| **S. No** | **Particulars** | **Unit** | **Amount per month** | **Period** | **Total** |
| 1 | Project Coordinator | 1 | 10,000 | 12 | 1,20,000 |
| **Sub Total** | |  |  |  | **1,20,000** |
|  | | | | | |
| **B- Medical Staff** | | | | | |
| **S. No** | **Particulars** | **Unit** | **Amount per month** | **Period** | **Total** |
| 1 | Doctor( MBBS/Gynecologists) | 1 | 40,000 | 12 | 4,80,000 |
| 2 | 1 Nurses and 1 Pharmacist | 2 | 10,000 | 12 | 2,40,000 |
| 3 | Honorarium to 06 Health Worker | 6 | 6,000 | 12 | 4,32,000 |
| 4 | Driver(Ambulance) | 1 | 8,000 | 12 | 96,000 |
| **Sub- Total** | |  |  |  | **12,48,000** |
|  | | | | | |
| **C- Non-Recurring Expenses** | | | | | |
| **S. No** | **Particulars** | **Unit** | **Amount per month** | **Period** | **Total** |
| 1 | New Ambulance- Force Ambulance- 3 AC PS with Insurance & registration, with fabrication | 1 | 12,00,000 | 1 | 12,00,000 |
| 2 | Logo, Painting Etc. | 1 | 20,000 | 1 | 20,000 |
| **Sub Total** | |  |  |  | **12,20,000** |
|  | | | | | |
| **D- Recurring Expenses** | | | | | |
| **S. No** | **Particulars** | **Unit** | **Amount per month** | **Period** | **Total** |
| 1 | Medicine | 1 | 50,000 | 12 | 6,00,000 |
| 2 | Fuel For Ambulance | 1 | 10,000 | 12 | 120,000 |
| 3 | Stationary & Printing | 1 | 5,000 | 12 | 60,000 |
| 4 | Equipment ( Stands, Sterilizers, Thermometers, Stethoscopes, BP Apparatus, Torches, Cotton, Gloves, Syrings Etc.) & Furniture | 1 | 1,00,000 | 1 | 1,00,000 |
| **Sub Total** | |  |  |  | **8,80,000** |
|  | **Grand Total** |  |  |  | **3468000** |
|  |  |  |  |  |  |

**Shankar Singh Rawat**

**Secretary**

**GMVS, Ajmer**