

A Project Proposal

for

***Better Health Status of Women and Children
through SEHAT Center***

(Establishment of static clinics in rural areas)



***Submitted by : SUKARYA
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Cover Page

1	Name of the organization	Sukarya
2	Address of Project Office	E- Block, Sushant lok -1, Gurgaon , Haryana
3	Address of Head Office/ Registered Office	P- 20 1 st Floor , South Extension Part-II , New Delhi -110049
4	Legal Status of the organization	Trust deed Registration No 7373 dated 3 rd August 2001 FCRA Registration no 231660689 dated 31 st March 2006
5	E-mail Id	shipra@sukarya.org , meera.st@gmail.com
6	Telephone No.	9999918517, 9910248487
7	Contact Person	Shipra Shukla, Coordinator Networking and PR
8	Title of the Program	Better Health Status of women & Children through Sehat Centres
9	Location of intervention & No. of Proposed Sehat Centres	10 villages , 8 Sehat Centres 01 - Gwalpahari (new) & Gwalpahari (old) 01 - Nai Nangla & Nunera 01 (each) – Waliawas, Manger, Mohatabad (old), Mohatabad (new), Raipur and Hazipur
10	Amount of Funding requested (3 years)	Rs 7571344 for 2 clinics & Rs 2,82,99,376 for 8 clinics
11	Period of Funding	Requested for 3 years
12	Brief description of Organization	Sukarya is a non - government, development organization working in the field of health, community development, women empowerment, entrepreneurship building, education, vocational training and advocacy in Delhi and Haryana since 1999. Various health programs implemented by Sukarya are , General Health Camps , Multi diagnostic Health camps , Intervention for Reproductive & Child Health , Anemia eradication program fro adolescents , school health check-up program , physiotherapy unit and through Sehat centre in rural areas
13	Organization's expertise for implementation of proposed project	Details mentioned in Annexure "A"

Better Health Status of Women & Children through Sehat Centers –POWER GRID



TITLE: BETTER HEALTH STATUS OF WOMEN & CHILDREN THROUGH SEHAT CENTRE

PROPOSAL FOR MULTIPLE SEHAT CENTRES- SCALING-UP INTERVENTION

1) EXECUTIVE SUMMARY OF PROPOSAL

Sukarya , a non govt development organization proposes to implement health programme titled “ Better Health Status of women & children through Sehat Centres ” in collaboration with Power Grid Corporation of India Ltd covering 10 villages and a population of 27000 , approx 3900 families in Distt Gurgaon & Faridabad .

The village selection was done based on the non availability of health facilities in these villages . Out of the ten project villages none of the village has a PHC in the village. The only front-line health facility is the monthly visit of ANM which are not at all adequate to meet the health needs of the community. Rural communities have to travel long distances

The project duration will be for 3 years and proposes to establish 8 Sehat Centres in 10 villages covering the total population of approx 27000 and approx 3900 families as the average family size in these project villages is 7 members.

The Project will be implemented in 3 phases i.e Phase I: - Preparatory Stage (**4 months**), Phase II:- Execution Stage (**18 months**), Phase III- Evaluation Stage (**2 months**).

During the preparatory phase, Situational analyses, collection of basic data , meeting with community stakeholders, identification for establishment of Sehat Centres, recruitment of staff etc will be done and their orientation will be done. A detailed implementation plan will also be developed in consultation with community stakeholders. Efforts will also be to involve Distt, Block and grass root level health functionaries

During execution Phase , the clinics will be established . Treatment will be provided by qualified doctor wherein dispenser would be providing the medicines . Health services will be made available at each Sehat centre on 3 days a week with 8 hours of operation on daily basis . Thus one full time team will serve the community through 2 Sehat Centres .

Community Health worker will work in close collaboration with Sukarya’s Medical Team and grass root level Health Service Providers like Aangan Wadi Worker , ASHA and ANM . She will make house to house visit on daily basis and would conduct group meetings .

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Project will have a system of routine monitoring from monitoring the clinics by visiting the Centre and to review the program progress on monthly , quarterly and Annual basis based on the performance and impact indicators.

2) PROJECT GOAL: To improve the availability and access to quality health care by people, especially for those residing in rural areas, the poor, women and children.

- ✓ **Objectives:** To provide health services both at curative and preventive treatment to the community.
- ✓ To provide accessible health facilities to the deprived community.
- ✓ To promote good health practices and positive health seeking behaviors through health education sessions, generating health awareness among women & adolescents e.g importance of nutrition , mother & child health (ANC,PNC, promote institutional delivery importance of immunization , hygiene and safe drinking water etc .
- ✓ To disseminate information on health seeking behavior through awareness campaigns including health meetings, awareness sessions.
- ✓ To ensure active participation of the community to make community an active partner
- ✓ To network with the private health professionals as well as the government health care institution for referral services and specialized treatment.
- ✓ To provide counseling by the doctor and staff on the adoption of good health practices in nutrition, health, hygienic and sanitation.

3) TARGET GROUP: General population of the entire community spread across the proposed 10 project villages in Sohna , Gurgaon & Faridabad of Haryana covering the population of 27000.

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

Target Area

- 5 villages in Dist. Gurgaon on Gurgaon - Faridabad Road (Waliawas, Gwalpahari (New), Gwalpahari (old), and Mohatabad (New) and Mohatabad (old))
- 1 village in Block Faridabad , Distt Faridabad on Gurgaon –Faridabad Road (Village Manger)
- 4 villages in Sohna Block on Sohna – Palwal Rd (Nai Nangla, Nunehra, Raipur and Hazipur

Project Villages : The project area comprises of 10 villages from two blocks – Gurgaon and Sohna. There are 6 villages on the Gurgaon – Faridabad highway which are Gwalpahari (Old), Gwalpahari (new), Waliawas, Manger, Mohatabad (old) & Mohatabad (new) and 4 villages on Sohna – Palwal Road – Nai Nangla, Nunehra, Raipur and Hazipur

Location of the Project Villages The nearest village is approx. 7 kms from Gurgaon which is Gwalpahari on Gurgaon-Faridabad road and the most distant village is Hazipur on Sohna – Palwal Road which is approx. 51 kms from Gurgaon. The total population that the project proposes to cover is approx. 27,000 (The cumulative population of the project villages).The average family size in the project villages is 7 members per family with approx. a total of 3900 households. The villages like Gwalpahari (new) & Gwalpahari (old), Waliawas, Nunehra, Nai Nangla, Raipur and Hazipur are not located on the main highway, whereas Manger, Mohatabad (old), Mohatabad (new) are in interiors of 3 – 7 kms and connected by link road , with hardly any transport facility and low connectivity with the main road.

Sr.no.	Name of the village	Population	Distance from Gurgaon
1	Gwalpahari (old)	2500	7 kms
2	Gwalpahari (new)	2000	7.5 kms
3	Waliawas	2500	9 kms
4	Manger	3000	15 kms
5	Mohatabad (old)	2500	31 kms
6	Mohatabad (new)	2500	34 kms
7	Nai Nangla	650	45 kms
8	Nu –nehra	4000	43 kms
9	Raipur	3500	35 kms
10	Hazipur	4000	51 kms
	Total	27,150	

Area selection & Rationale: The population of the proposed area is characterized by high levels of illiteracy. There are inadequate health facilities and unhygienic living conditions. This coupled with caste and gender dimensions pose a challenge towards ensuring health for all especially the women and girl child. The project area is characterized by a patriarchal system of society, where women have little access to social resources including health and little decision-making power.

The health facilities and conditions in these villages also need special attention. Out of the ten project villages none of village has a PHC or sub-centre in the village. The only front-line health facility is the monthly visit of ANM which are not at all adequate to meet the health needs of the community. Though in some village some quacks are operating but this is more of a threat to the health and well-being of the community as limited and incorrect knowledge many times leads to severe results.

Though every village is having an Anganwadi center, but the same is not functioning optimally resulting in gaps in basic service delivery in the area of mother and child health.

Due to lack of health seeking behavior, sanitation, awareness and in some villages because of religious prejudices the health conditions are quite dismal. A prominent factor along with aforesaid reasons is the lack of regular and timely health services from the existing government machinery.

As per the NFHS sample survey it is revealed that in Haryana 46.6 % of villages have sub-centre within the village itself and 90.6 % of the villages are within 5 km distance from the sub-centre. Only 12.9 % of the villages have a government dispensary within the village and 12.6% have primary Health Centers.

In the district of Gurgaon there are three General Hospitals – one in Gurgaon (120 bed), one in Sohna (39 bed) and one in Hailey Mandi (25 bed). In project area there are 1 CHC in Ghangola and 2 PHCs (Wazirabad & Ghangola)

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

Implementation Plan

In any community, people become ill and require access to health care facilities and treatment. The problem may be physical, such as diarrhea, fever, injury or any other sickness. Women have special needs related to pregnancy and child birth & children require immunization against common diseases . Regardless of the nature of the health issue , the health outcomes depend to a large degree on individual's ability to access health care services . To counter this and to meet community demands for accessible & affordable services Sukarya proposes to run 8 Sehat Centres catering to the population of approx 27000 in 10 villages with the following implementation plan

The project will be implemented in 3 phases which are as follows:-

- Phase I: - Preparatory Stage (**4 months**)
- Phase II:- Execution Stage (**18 months**)
- Phase III- Evaluation Stage (**2 months**)

Sl.	Activity	Modus Operandi	Output/Deliverable
<p>Preparatory Stage (4 months):- The preparatory stage will be the preliminary stage in which the focus will be on team building, commencement of the program, developing the formats of record keeping and identification of the venues for running the centers. The stage will be focused on building rapport in the community to ensure community participation for proper execution of the centre. During the preparatory stage the situational analysis study will be done in each village to access the health problems, level of awareness and to analysis the health behavior.</p>			
	<p>Team Building</p> <ul style="list-style-type: none"> ▪ Identification and recruitment of following team members:- Sukarya –Management Team , Team , Medical Team , Field staff and accounts & Admin • Capacity building and orientation of the team. 	<ul style="list-style-type: none"> • Program Manager will be responsible for overall management of the project. • The coordinator will be responsible for implementation, supervision and coordination, maintaining database. • CHW will do regular follow-up with the patients and community • Doctors will be responsible for providing health services and counseling. • Medical Dispenser will be responsible for distributing medicines, keeping stock and maintenance of center, prepare requisitions. • The capacity building of the team members on the goals and objectives of the project by Program Manager 	<p>Quantitative:</p> <ul style="list-style-type: none"> ▪ A project team will be formed. ▪ 5 capacity building programs will be conducted for the project Management staff and 10 will be organized for field staff . <p>Qualitative:</p> <ul style="list-style-type: none"> ▪ A team with required professional skills will be formed to support and run the activities. ▪ The team will be oriented on the activities and deliverables of the project.
	<p>Commencement of the program</p> <ul style="list-style-type: none"> • Awareness about the project and rapport building in the community with the help project team. • The activity will provide visibility to the program and help in gaining community acceptance of the program. 	<ul style="list-style-type: none"> • The wall paintings highlighting the project and its activities will be done • The program will also be highlighted through awareness camps, community meetings, community events and IEC material • Community meetings will be done for mobilizing the community and gain community participation 	<p>Quantitative:-</p> <ul style="list-style-type: none"> • In all the villages wall paintings will be done by identifying the places with maximum visibility. • 5 community meetings in each village will be conducted at initial stage <p>Qualitative:-</p> <ul style="list-style-type: none"> • The community will become aware about the activities of the project and its goals. • This will built rapport in the community • It will help in gaining community participation.

<p>Format of record keeping OPD Register Family book Stock Registers</p>	<p>• A set of books and formats for record keeping of S OPD register, family book etc will be developed to record the proceedings and keeping the proper records of all the activities.</p> <p>• The family book will consist the family details including the name and photographs of all family members, details of family members including medical history, which will help in tracking the medical records of family.</p>	<p>Quantitative:- Every center will have the record keeping formats.</p> <p>Qualitative:-</p> <ul style="list-style-type: none"> • The standardized formats of record will be in place.
<p>Identification of Centers at Village level The venues will be identified at village level for running the SEHAT Centers</p>	<p>• The venue will be identified in the middle of the village so that it is accessible to everybody from all parts of the village.</p>	<p>Quantitative:-</p> <ul style="list-style-type: none"> • 8 locations for centers will be identified, one in each village. <p>Qualitative:-</p> <ul style="list-style-type: none"> ▪ The places identified will help in efficient execution of the centers.
<p>Situational Analysis</p> <ul style="list-style-type: none"> • Developing formats of data collection • Survey by CHW • Compilation of data • Preparing report 	<p>• The formats for data collection will be developed and orientation on same will be done with CHW for ensuring collecting right information.</p> <p>• A random survey will be done by CHW in the respective project village.</p> <p>• The data collected from the field will be compiled and report will be generated accordingly.</p>	<p>Quantitative:-</p> <ul style="list-style-type: none"> • The situational analysis will be done in 8 villages. • A report based on the data collected and compiled will be generated. <p>Qualitative:-</p> <ul style="list-style-type: none"> • A situational analysis of all villages will be done and a general health status report will be prepared.
<p>Execution Phase (18 months):- The execution phase will be focused on providing health care facilities to the community through the centre. The phase will cover all the activities focusing on curative and preventive aspects of health. The phase on the one hand will address the health needs of the community and on other hand create awareness in the community through various awareness activities. The community participation and convergence with government machinery will also be taken care of in this phase to ensure sustainability of the project.</p>		
<p>Setting up of SEHAT Center</p> <ul style="list-style-type: none"> ▪ Finalize a place at each village where Sehat Center will be established ▪ Purchase and install all necessary infrastructure required for center. 	<p>• Once the places are finalized and the agreement is done with the owner, the required infrastructure is created.</p>	<p>Quantitative:-</p> <ul style="list-style-type: none"> ▪ 10 SEHAT centers equipped with required infrastructure will be established.

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<p>Treatment & counseling of Patients</p> <ul style="list-style-type: none"> • Treatment of patients suffering with diseases. • Counseling of community/ individual patients on ailment and health related issues 	<p>The center will be providing treatment and counseling to the beneficiaries. The OPD will be operative three days a week between 9.30 am to 5.00 pm in each village</p>	<p>Quantitative:-</p> <ul style="list-style-type: none"> • The center will directly cater to 3900 families in ten villages. <p>Qualitative:-</p> <ul style="list-style-type: none"> • The community members will get to learn about preventive medicine and healthy practices and will be able to access medical help for various ailments at preliminary stage.
<p>Awareness and IEC Campaign</p> <ul style="list-style-type: none"> • Nutrition camps • Awareness Sessions • Health meetings • Community level health camps/Events • IEC • Audio visual, street play, other mediums • Project Events 	<p>The nutrition camps will be organized in the community on benefits of nutritious food and the way to cook low cost nutritious food with the help of available material in the house.</p> <ul style="list-style-type: none"> • The health awareness sessions will be organized with different stakeholder groups on various health issues. These will include sessions with the adolescent girl and women on various health issues such as adolescent health, growing up issues, child care, reproductive health, cleanliness etc. The sessions will be tailor made according to the needs of the specific target groups • The community events will be organized to provide a platform to the community people to share the learnings, organizing cultural activities to spread the message of Better Health, recognition of community. 	<ul style="list-style-type: none"> • A nutrition camp will be organized every 6 months in each of the 10 project village covering a population of about 6000. • One Community level health camp/event per village per year will be organized for creating health awareness or to address health concerns requiring specialized health interventions such as diabetes camp, TB detection camp etc. • Health Awareness Sessions will be conducted on a monthly basis to create awareness on various health issues in the village. • Weekly health meetings will be conducted in each of the project village

<p>Village Health Committee</p> <ul style="list-style-type: none"> • Formation • Capacity Building 	<p>Health</p> <ul style="list-style-type: none"> • The village health committee will be formed at village level to ensure community participation. The committee will comprise of individuals with equal representation to men and women • The VHC will comprise of members from panchayat, community stake holders, ANM, Anganwadi worker and CHW • The village health committee will be strengthened through meetings and trainings to develop their vision for the progress of the health center. • The VHC will meet on monthly basis to discuss the health related issues of the village and progress of the center. 	<p>Quantitative:-</p> <ul style="list-style-type: none"> • One VHC will be formed in each village. <p>Qualitative:-</p> <ul style="list-style-type: none"> • The VHC will not only ensure community participation but also act as a monitoring body at the grass root level for the SEHAT Center • This will not only make the committee active but also ensure maximum community participation. The committee will meet once in a month on a stipulated date and timing.
<p>User fees Collection Utilization</p>	<ul style="list-style-type: none"> • To ensure community participation user fees of Rs. 10/- will be charged from the patients visiting the center. This will be the token money from the community collected for the services rendered to the community. • The same amount will be used in welfare activities of the village by utilizing it in activities like cleanliness drive, plantation, cleaning of water sources etc. • The user will be collected by medical dispenser on daily basis from the patients visiting the centre for check-up. Though it will not be mandatory and is subject to relaxation on the basis of economic conditions. • The user fees will be deposited to Sukarya Accts division and the expenses will be incurred as per the suggestions of VHC 	<p>Quantitative:-</p> <ul style="list-style-type: none"> • A corpus fund will be created with the user fees collected from the patients. <p>Qualitative:-</p> <ul style="list-style-type: none"> • It will ensure community participation. • It will provide quality to the program as the fund raised thorough user fees can be used for adding quality to the program. • The social activities like rallies, events will be strengthened.



<p>Monitoring and Evaluation</p> <ul style="list-style-type: none"> • Monthly meetings • MIS • Reporting & Documentation • Audit 	<p>• The monthly meetings will be conducted by Implementing and monitoring agency to check the progress of the project.</p> <p>• The MIS will be developed for compilation of the data recorded from the field and generating periodic reports.</p> <p>• The reporting will be done on quarterly basis to Power Grid</p>	<p>Quantitative:-</p> <ul style="list-style-type: none"> • The MIS will be developed for compilation of data. • Monitoring will also be done through regular field visits • The periodic reports will be generated and forwarded. <p>Qualitative:-</p> <ul style="list-style-type: none"> • The regular monitoring will help to check gaps, if any and to ensure efficient implementation. • The MIS will help in maintaining the data base of the data collected.
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Evaluation Phase (2 months):- *The evaluation phase will be focused on conducting impact assessment of the project through post intervention situational analysis*

<p>Impact Assessment</p> <ul style="list-style-type: none"> • Post Intervention Situational Analysis • Sharing and dissemination of outcome report 	<ul style="list-style-type: none"> • A post intervention situational analysis will be conducted to access the impact of the intervention in the project villages. • The outcomes will be shared with the concerned institutions/organizations/individuals in the form of reports. 	<p>Quantitative:-</p> <ul style="list-style-type: none"> • One report based on the findings of the survey/study will be generated. <p>Qualitative:-</p> <ul style="list-style-type: none"> • Case studies will be compiled and shared.
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7) MANPOWER INVOLVED: The proposal is for establishment of 8 Sehat Centers in rural areas. Following manpower is proposed for operating 2 clinics

For 2 Sehat Centres	For 8 Sehat Centres (Manpower required)
1. Project Manager (Full Time)	
2. Social Worker (Full Time)	
3. 1 Doctor (will devote 6 working days in a week for 2 clinics)	3. 4 Doctors
4. 1 Pharmacist (will devote 6 working days in a week for 2 clinics)	4. 4 Pharmacist
5. Accountant & Admin (Part Time)	
6. Community Health Worker (2)	8 Community Health Worker

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6) EXPECTED OUTCOMES & INDICATORS OF PROGRAM PROGRESS

- No. of clinics established
- Hours of clinic operation
- No. of patients treated
- No of targeted group reached out during clinic/camp
- No. of RTI/STI cases identified & treated
- No. cases counseled for STI's
- No. of pregnant women received services
- No. of women treated (15-49 years)
- No. of children treated (0-6 years)
- No. of pregnant women counseled for institutional delivery
- No. of anemic cases identified and counseled
- No. of adolescents counseled
- No of group meetings conducted with the target group
- No. of target group exposed through these group meetings
- No. of cases referred to health deptt.
- No. of cases referred to ICDS department
- No of cases referred to NGOs for sponsorship
- No. of meetings organized with different stakeholders
- No of VHSC formed
- No. of monthly meetings conducted with VHSC

6.1 Impact Indicators

Mother's Health

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

Child health

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

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QUALITATIVE

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

7. SUSTAINABILITY PLAN

Formation of Village Health Committee: - The formation of VHC is not only to ensure community participation and local level monitoring and planning of the intervention, but in the long run with the capacity building of the VHC it will act as a pressure group to streamline the existing government health machinery to provide regular and timely services to the community.

Corpus Fund: - The corpus fund has also been a step to ensure the sustainability of the project. This will be generated from the collection of user fees charged as a community contribution from the patients visiting the SEHAT Center. The fund will be jointly held by the VHC and Sukarya. This will be utilized to add quality to the center and later on invested in supporting health facility in the village.

Strengthening and tie up with existing Government Infrastructure: - The initiative will be taken to strengthen the existing government health facilities in the community. The capacity building of the service providers and community will be done with the help of health meetings and sessions. This will help in proper functioning of the existing resources which will help fulfill the health related needs of the community.

Panchayat Funds:- The Sarpanch and the members of the Panchayat will be an integral part of the project and been involved in all the activities of the program from the planning phase. The Panchayat will be asked to channelize a part of funds of Village Development to meet the running cost of the center. This will ensure the sustainability and growth of the SEHAT Center

8 . Budget		Budget Sukarya for Sehat Centre (This budget is for 2 Sehat Centres)				
S.No	Heads	Unit Cost	Total 1st Year	2nd year (10% increase)	3rd year (10% increase)	Total Budget
A	Human Resource					
A.1	Project Manager	35,000.00	420,000.00	462,000.00	508,200.00	1,390,200.00
A.2	Doctor (Full Time)	35,000.00	420,000.00	462,000.00	508,200.00	1,390,200.00
A.3	Social worker (Full Time)	15,000.00	180,000.00	198,000.00	217,800.00	595,800.00
A.4	Pharmacist (Full Time)	15,000.00	180,000.00	198,000.00	217,800.00	595,800.00
A.3	Account & Admin (Part Time)	8,000.00	96,000.00	105,600.00	116,160.00	317,760.00
A.4	Community Health worker (2)	1,500.00	36,000.00	39,600.00	43,560.00	119,160.00
	Total (A)		1,332,000.00	1,465,200.00	1,611,720.00	4,408,920.00
B	Transportation Cost					
B.1	Transportation Cost @1500 per day visit	1,500.00	54,000.00	59,400.00	65,340.00	178,740.00
B.2	Staff conveyance through other mode	6,000.00	72,000.00	79,200.00	87,120.00	238,320.00
	Total (B)		126,000.00	138,600.00	152,460.00	417,060.00
C	Administration Cost					
C.1	1 Desktop or Laptop with printer	50,000.00	50,000.00			50,000.00
C.2	Communication	1,500.00	18,000.00	19,800.00	21,780.00	59,580.00
C.3	Stationery	3,000.00	36,000.00	39,600.00	43,560.00	119,160.00
C.4	Audit fee	30,000.00	30,000.00	38,000.00	41,800.00	109,800.00
	Total (C)		134,000.00	97,400.00	107,140.00	338,540.00
D	Program Delivery					
1	Cost of Sehat Centre					
1.1	Rent & Electricity	2,000.00	48,000.00	52,800.00	58,080.00	158,880.00
1.2	One time set up cost (Furniture Equipment)	40,000.00	80,000.00			80,000.00
1.3	Medicine	3,000.00	72,000.00	79,200.00	87,120.00	238,320.00
	Sub total		200,000.00	132,000.00	145,200.00	477,200.00
2	Behavior Change Communication					
2.1	Awareness campaign (1 event per month per village)	5,000.00	120,000.00	132,000.00	145,200.00	397,200.00
2.3	IEC Materials, Posters, Banners, Pamphlets , wall writings etc	20,000.00	40,000.00	40,000.00	44,000.00	124,000.00
2.4	Doctor's Kit, prescription pad, Health report cards etc	20,000.00	40,000.00	20,000.00	22,000.00	82,000.00
	Subtotal		200,000.00	192,000.00	211,200.00	603,200.00
3	Capacity Building					
3.1	Orientation trainings /refresher trainings (2 trainings in a year)	5,000.00	10,000.00	11,000.00	12,100.00	33,100.00
	Sub Total					

			10,000.00	11,000.00	12,100.00	33,100.00
4	Community Mobilisation					
4.1	5 community meetings in each village at initial stages	1,000.00	10,000.00	11,000.00	12,100.00	33,100.00
4.2	VHSC meeting on monthly basis	500.00	12,000.00	13,200.00	14,520.00	39,720.00
	Sub Total		22,000.00	24,200.00	26,620.00	72,820.00
	Total (D)		632,000.00	491,200.00	540,320.00	1,663,520.00
E	Situational analyses & Evaluation					
E.1	Situational Analyses & Evaluation		25,000.00		30,000.00	55,000.00
	Total (E)		25,000.00		30,000.00	55,000.00
F	Documentation					
F.1	Documentation				100,000.00	100,000.00
	Total (F)				100,000.00	100,000.00
	Sub Total (A+B+C+D+E+F)		2,249,000.00	2,192,400.00	2,441,640.00	6,883,040.00
G	Admin overhead 10%					
G.1	Contingency @ 2% of Total Budget		44,980.00	43,848.00	48,832.80	137,660.80
G.2	Establishment Charges @ 8% of Total Budget		179,920.00	175,392.00	195,331.20	550,643.20
	Sub Total		224,900.00	219,240.00	244,164.00	688,304.00
	Grand Total		2,473,900.00	2,411,640.00	2,685,804.00	7,571,344.00

Cost of 2 clinics for 3 years		7,571,344.00
Average cost of 8 clinics for 3 years		28,299,376.00
Average cost of 1 clinic per year		1,261,890.67

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9. SUKARYA'S EXPERIENCE IN IMPLEMENTING SUCH PROJECTS

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

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

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

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9.4 Sehat Center & Health Camps : The organization has expertise in implementing similar intervention in village Bandhwari, Gurgaon for three and a half years (January 2007 – Aug 2010). The project is being successfully implemented with the help of consulting organization Charities Aid Foundation and the donor Incentive Foundation. The project has benefited more than 5000 beneficiaries of the area during the execution period and succeeds in motivating community to adopt and practice preventive health care facilities. The OPD center is continuously meeting the basic need of the society where, there is no availability of the adequate health facilities and the nearest Govt, Hospital is at the distance of 30 kms from the village and due to expensive services of private hospital that is not at all affordable for the community.

In Saraswati Kunj (slum area) in Gurgaon the organization is running weekly OPD. So far approx. 8000 patients have been reached out to in the last 4 years. The idea is to provide basic health care services to community deprived of basic health needs. Through the OPD health services at both preventive and curative levels are provided. This includes timely detection, medical help and referral along with support services in the form of counseling and health awareness activities.

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

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

For effective involvement of the community, committee has been formed at the local level with the objective to involve the community in program planning and its effective implementation as well as increase male participation in the program. The members selected for the committee are from diverse background like people from Panchayat Raj Institutions, influential people from villages, Asha worker, Aanganwai worker, ANM, SHG members and Community Health Worker from Sukarya. Community Health Worker has already started developing the contacts with Panchayat members, and with the community whom she visits. There is no consultation fee,

medicines are provided free of cost, a small amount of user fee is collected. Sehat centre are maintaining adequate stock of essential drugs required for the treatment of rural population.

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

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

It is being implemented in Mewat district covering 28 villages Hasanpur, Kalwari, Sabras, Jafarabad, Beri, Gouela, Para, Sudhaka, Shaikpur, Kharag, Guddah, Nihalgarh, Khori, Baroji, bai, Bima, Chandeni, Ferozpur namake, kherla, meouli, muradbas, palla, rehna, sadhen, sala heri, sokh, tapacan, undka

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

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

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

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



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