

PROJECT PROPOSAL FORMAT

NAME OF ORGANIZATION: *SUKARYA CHARITABLE TRUST*

ADDRESS: Sukarya
Sai Ka Angan,
Shirdi Path, E-Block,
Sushant lok-I, Gurgaon.

TELEPHONE: 95124-4114251, 4114253

FAX: 95124-4114253

E-MAIL: sukarya_ngo@yahoo.com
meera_satpathy@sukarya.org

NAME OF PROJECT COMPONENT: *Enhancement of Community Health by participatory health care.*

PERIOD OF SUPPORT: 2 years

PROJECT CONTACT

Name: Ms.Meera Satpathy
Designation: Chairperson

PROJECT REGISTRATION DETAILS: Registered as a Trust (*Copy is attached*)

DATE OF REGISTRATION: 3rd August, 2000

80G NUMBER WITH VALIDITY DATE: DIT (E) 2005-2006 / S -2784/1881
Dated 20/09/05 3.2 valid till: 31.03.08

FCRA DETAILS:

Registration number: 231660689
Nature: Social

PAN NUMBER: AADTS 6393M

TRUST DEED: *Copy is attached*

RECOMMENDED BY: PFI, New Delhi
CAF, New Delhi

I. DETAILS OF ORGANISATION

1. PROFILE OF ORGANIZATION

Sukarya is a non-governmental, non profitable registered trust based in Gurgaon, Haryana. It is working in the field of Health and Development since 1998. It was established in 1999 and registered since February 2001 and aims to contribute to the physical and mental well being of the marginalized and vulnerable sections of the society, particularly women, adolescents and children.

SUKARYA is working with the vision, “BEHTAR SWASTHA BEHTAR SAMAJ”. With a goal of achieving health for all, we work with a focus on promoting and guiding positive health seeking behavior. We work towards reduction in mortality, morbidity and poverty. We do not believe in just providing health care but believe in empowering people to create a healthy society. Making the people self reliant through health education and awareness so that they can make informed choices.

Sukarya works on advocacy based curative and preventive health projects in 20 villages of Haryana and slums of Gurgaon. The main programs are-

Good Health Program

The good health program promotes good health practices and positive health seeking behavior through health awareness, health education and preventive and curative services. Prevention and treatment of health problems is done through various projects. E.g.: Community based health center, Health camps in the target village.

Life Skills Program

Life skills program works towards empowering adolescent girls and young women, by educating them about reproductive and sexual health, family planning, marriage, parenthood and related aspects. Training is provided on interpersonal skills, problem solving decision making, handling of emotions and stress management.

Micro enterprise program -

Poverty contributes to poor health, and poor health anchors large populations in poverty. With the aim to fight poverty, Sukarya provides women with space, capital and investment and training to run income generation projects.

Relief Work for Natural Calamities

Sukarya provides humanitarian assistance to areas affected by natural calamities such as cyclones, earthquakes and floods. Sukarya has provided its services, in Orissa cyclone 1999, Gujrat earthquake 2001 and in Tamil Nadu to those affected by Tsunami in 2004.

Advocacy is a crucial aspect in our effort to promote good health. Sukarya pursues aggressive IEC campaigns for its entire major projects. Audio visual medium like street play, workshops, music, painting competition, documentary films, printed materials, are used to conduct advocacy drive.

Annual Report is attached. Website details: www.sukarya.org

2. JUSTIFICATION FOR PROJECT COMPONENT

Gwal Pahari Panchayat is a socio -economically backward area. Gwal Pahari Panchayat has three villages which includes Nayi and Purani Gwalpahari and Waliawas. The total population is 4000. The Gram Panchayat has two Aaganwari centres. There are no government dispensaries or sub centres in the gram panchayat. There are private clinics with unqualified doctors (quacks). The ANM visits the panchayat once in a month. The focus of private clinics and the local level health workers is in the village that is located in the center i.e. the purani gwalpahari. The other two villages do not have any health care facilities.

Field visits and several individual interactions were done by the organization in Gwalpahari Panchayat. Focused group discussions were conducted with local health workers which include the Anganwadi workers, Asha workers, local dais and the ANMs. Discussions and the village level records revealed that, early marriage, unsafe deliveries, large family size, female foeticide, girl child discrimination, poor maternal health, low nutritional status of women, are a common feature. Proper antenatal and postnatal care is not taken due to lack of awareness. Incidences of maternal and child mortality are high. Women suffer from anemia. Children born have a low birth weight and are weak.

It was also found that the people living in the village have no access to proper and regular health care services. Village level camps revealed that diseases caused by viral, bacterial and fungal infections, worm infestations are rampant. Water borne diseases are a common due to lack of availability of clean drinking water. The sanitation is poor and people live in unhygienic conditions.

Therefore there is a need to create awareness on important health issues with a focus on existing health problems. The project will organize and facilitate the community on prevention and cure of the existing health problems.

The project proposes a baseline survey to collect the health related data.

II.PROJECT DETAILS

1. OVERALL PROGRAMME OBJECTIVE: (general goal of the programme)

Enhanced Community health by promoting participatory health care and providing preventive and curative health services of gram panchayat Gwal pahari (includes 3 villages nayi gwal pahari, purani gwal pahari and waliawas).

2. PROJECT PURPOSE (specific goal of project).

- a. To conduct a baseline survey to make an assessment of the health status of Gwalpahari panchayat.
- b. To provide diagnostic, preventive and curative services at the primary health care level.
- c. To promote good health practices and positive health seeking behavior through Health education, generating health awareness among people e.g. importance of nutrition, reproductive and sexual health, immunization, TB, DOTS programme ,sanitation, hygiene and safe drinking water.
- d. To prevent and control communicable, non communicable and locally endemic diseases.
- e. To work towards reduction in maternal and child mortality and improvement of mother and child health.
- f. To ensure active participation of the community to make community an active partner.

3. PROJECT WORKPLAN

The project aims to improve the over all health status of the villages in Gwalpahari panchayat. This will be achieved by creating awareness and educating the community on health issues and on preventive health. A community health center will be set up with community involvement and participation to provide, preventive and curative health services. A referral system will be developed, so that patients who need care at the secondary and tertiary levels can be referred to such health facilities where such care is offered. People within the community will be identified and trained as community health

workers and peer educators to educate the community and to provide primary health care awareness and services.

The project will be implemented in two phases and the major activities are as follows:

A. 1st Phase

- a. Baseline survey.
- b. Village meetings
- c. Formation of Village Action Group
- d. Selection of CHWs
- e. Setting up the center.
- f. Treatment and counseling of patients
- g. Selection of peer educators
- h. Development of IEC materials

B. 2nd Phase

1. Training of VAG.
2. Training of CHWs.
3. Training of peer educators
4. Workshops for adolescents on sexual and reproductive health in school
5. Health education sessions and awareness campaigns through IEC activities
6. Development of a referral system

Major Outputs:

1. Health Survey Report.
2. Good will in the community
3. One Functional Village Action Group
4. 6 Active CHWs
5. One functional and regular Community Health Centre
6. Patients treated and counseled by the health centre staff regularly.
7. Active peer educators
8. Adolescents aware about sexual and reproductive health
9. Awareness in the community on all identified health issues.
10. Development of a strong referral system

Outcomes: (Deliverables)

Community will be educated on health care and will develop a positive health seeking behavior. It will be empowered to run its own community health center. The CHWs will provide treatment and health information at the door steps. There will be a marked difference in incidences of

communicable and non communicable diseases. Adolescents will be aware of reproductive and sexual health issues and therefore will make informed choices .Which will lead to improvement in maternal health. There will be no maternal and child mortality

4. MONITORING AND EVALUATION

Monitoring will be done against detailed indicators on monthly basis by the project manager; through monthly meetings with the project staff and stakeholders. Log frame will be used; monthly and quarterly progress reports will be made.

Evaluation a half yearly evaluation will be done by the project manager and chairperson and an annual evaluation will be done by an outside agency.

ISSUE: Community health

NO. OF .BENEFICIARIES: 2000

Activity 1: Baseline survey of the village .A survey agency will be hired to do the survey. The survey will be conducted and report will be developed in the first two months of the project.					
How is the progress going to be measured	Frequency at which progress will be measured and by whom	Results Qualitative		Quantitative	
		Before	After	Before	After
The survey will be completed in 2 months. In the 1st month data collection will be completed and in the 2 nd month analysis of data and documentation will be done report will be prepared.	The progress will be measured on fortnightly basis. By the Programme Coordinator.			Unavailability of the health related data	Health status of the men women and children of Gwalpahari panchayat against health indicators assessed and documented.
Activity 2: Formation of village action group. The village action group will be formed after conducting village level meetings. The village leaders will be identified .Active					

youth and retired servicemen will be encouraged to join the action groups. The Anganwadi and Asha worker will be motivated to be a part of the group.

How is the progress going to be measured	Frequency at which progress will be measured and by whom	Results Qualitative		Quantitative	
		Before	After	Before	After
1 Village Action Group (VAG) will be formed in the first month of the project. A monthly meeting register will be maintained	The progress will be measured on monthly basis by the project coordinator and the other project staff.	The villagers do not take active interest in working to improve the health facilities.	The villagers are empowered to create and run their own health facility.	0 VAG	1VAG will be formed

Activity 3: Setting up of the health center. The venue will be selected with the help of Village Action Group. All the necessary logistics will be worked on by the project staff .The VAG will be involved.

How is the progress going to be measured	Frequency at which progress will be measured and by whom	Results Qualitative		Quantitative	
		Before	After	Before	After
Observation and community meetings. Health centre records (inventory register,	Weekly monitoring for the first 2 months. Fortnightly monitoring of the health centre from 3 rd	No health facility in the village	A regular and a systematic health facility will be created in the village		

medicine stock register and other registers as required)	month onwards. The project coordinator will be in charge.				
Activity 4: Treatment and counseling of patients' .This will be carried out by the community health centre and the community health workers.					
How is the progress going to be measured	Frequency at which progress will be measured and by whom	Results		Quantitative	
		Qualitative		Before	After
At least 10 patients will be given treatment per day in the health centre. Patients record book in the centre Records with community health workers	Progress will be measured on a daily basis by the doctor and the medicine in charge	No regular and systematic treatment and counseling	A health facility will be created where; people will receive treatment at primary health care level. Critical cases will be referred for secondary and tertiary care as per requirement. As per the referral system of the center.	5-10% of the people getting medical treatment from external sources	A minimum of 15 people will be treated at the center per day. People seeking health information will be provided with the same
	Weekly basis by the CHW				
	Fortnightly basis by the Project Coordinator.				

Activity 5: Training of CHWs. The resource persons, doctor and the project staff will train the CHWs.					
How is the progress going to be measured	Frequency at which progress will be measured and by whom	Results			
		Qualitative		Quantitative	
		Before	After	Before	After
Training registers, Records maintained by the CHWs, performance appraisal of CHWs	Monthly review by the doctor & project coordinator	No community based health workers	Community based health workers will work as health educators and providers.	0 CHWs	6 CHWs working effectively

Activity 6: Workshops on reproductive and sexual health with adolescents (girls and boys) in schools by resource persons.

How is the progress going to be measured	Frequency at which progress will be measured and by whom	Results Qualitative		Quantitative	
		Before	After	Before	After
Workshop reports and regular discussions with the adolescents. CHW reports	Monthly basis by the CHW and quarterly basis by the project coordinator	The girls and boys do not get proper information from reliable sources and are not aware about sexual and reproductive health	The girls and boys are made aware about reproductive and sexual health. This will lead to a positive behavior change		

Activity 7: Training of 40 peer educators. Training of Adolescent Peer educators by Doctor, CHW and project staff.

How is the progress going to be measured	Frequency at which progress will be measured and by whom	Results Qualitative		Quantitative	
		Before	After	Before	After
40 peer educators will be trained on reproductive and sexual health issues. 20 peers per year. Training register CHW reports	Monthly meetings will be conducted by the project staff with the peer educators.	No information available on reproductive and sexual health.	Multiplier effect will occur 40 peer educators will pass on the information to at least 400 peers.	No peer educators	40 peer educators.

Activity 8: Health Education sessions and campaigns on identified health issues through various IEC activities.(FGD, street play, film show etc)

How is the progress going to be measured	Frequency at which progress	Results Qualitative		Quantitative	

5. SITUATIONAL ASSUMPTIONS AND RISKS

Assumptions

- A trained MBBS doctor will attend the community based health centre.
- Regular participation of panchayat members and the local level health workers under the Government programme like anganwadi workers and ANM and form the village action group.
- Positive support from and liaison with government departments and hospitals to strengthen the referral system

Risks

- Lack of support from the health departments and hospitals for strengthening the referral system as well as for the sustainability of the project.
(To check this, regular liaisoning and follow ups with the government and the hospitals will be done).

6. IMPACT ASSESSMENT: How will the project change the lives of the beneficiaries and how will this change be measured (please indicate relevant baseline figures).

- The overall health status of the village will improve. People will develop a positive health seeking behavior. (2000 beneficiaries)
- There will be improvement in village sanitation and hygiene among 50 % of the total population
- The incidence of communicable and non communicable disease will go down by 50%.
- The CHWs will educate the community on health issues like, family planning; immunization etc. They will refer cases to the community health center. The CHWs will ensure that at least 10 patients visit the community health center every day
- 80% of the adolescents in the village will be reached out. They will be educated on sexual and reproductive health which will lead to informed choices and will lead to reduction in maternal and child mortality and improved maternal health.
- The village action groups will become self-reliant and will run the community health center. They will be closely monitored and will get support from the organization in the initial years of their functioning.

7.SUSTAINIBILITY :How will the capacity of the organization/beneficiaries be strengthened in order for them to continue their work in future?

The village action group will run the Community based health center. Funds will be generated by charging the patients a small, fees of 10 Rs/-.The village action group will raise funds through community contribution to run the center. The fund will be managed by the village action group. The village action group will liason with various government departments to sustain the community based health centre.

8. PHASE OUT STRATEGY: What is the exit plan with regard to direct beneficiaries / geographical area / funding?

The Village Action Groups will be trained in running the health center. The training will start with the starting of the project. The Health center will be handed over to them gradually in the last 6 months of the project .Though they will remain under supervision of the organization at least for one year or till they learn to run the center smoothly.

9. **CONCLUSION:** Highlight the most important features of the projects in terms of achievements and difficulties that are envisaged.

- The community will be mobilized to work on village health issues. Mobility of the women can be a challenge; this challenge will be met by advocacy and awareness generation.
- Village Action Groups will be formed and will work as a catalyst in mobilizing the community to work on village public health. It might be difficult to ensure participation of aganwadi workers and panchayat representatives but they will be motivated to participate in the project activities.
- A health facility will be created which will provide regular services to the village.
- Six community workers will be trained. The Community Health workers will provide a door to door service they will be educators and health providers for minor illness. They will refer the cases to the community health center. They will educate the pregnant women on ante and post natal care and child care, promote institutional deliveries, help the pregnant women to reach hospital.
- The adolescents in the village will be educated on sexual and reproductive health which will lead to informed choices and will lead to reduction in maternal and child mortality and improved maternal health.

III. PROPOSED FINANCIAL BUDGET

1. TOTAL PROJECT COST: Overall: Rs.21, 46,000

Donor funded: Rs.14, 48,000

2. BREAK UP OF COSTS

SR.NO	PROPOSED RECURRING BUDGET	EXPENSE PER MONTH x NO OF MONTHS		BORNE BY DONOR	BORNE BY NGO	TOTAL
		1 st Year	2 nd year			
A	Project Activities					
1	Baseline and end line survey	25000	25000	50000	0	50000
2	Training of village action group	12000 1000 x 12	12000 1000 x 12	24000	0	24000
3	Training of Community health workers	12000 1000 x 12	12000 1000 x 12	24000	0	24000
4.	Reproductive and sexual health Workshops for girls and boys,2 workshops per year	10000	10000	20000	0	20000
5.	Training of peer educators. 1training per year.	5000	5000	10000	0	10000
6.	Awareness campaigns	50000	50000	100000	0	100000

	by IEC activities					
7.	Documentation and development of IEC materials.	50000	30000	50000	30000	80000
8.	Development of training material.	30000	25000	30000	25000	55000
9.	Networking meetings and seminars 4 per year	20000	20000	40000	0	40000
10.	First aid medicines and consumables	5000x12 60000	5000x12 60000	120000	0	120000
11.	6 Medical Kits for CHWs	10000	5000	15000	0	15000
12.	Maintenance of the health centre (electricity, water, cleaning rent etc)	2000 x 12 24000	2000 x 12 24000	48000	0	48000
B.	Personnel					
1.	Project Coordinator	15000 x 12 180000	15000 x 12 180000	180000	180000	360000
2.	Doctor	15000 x 12 180000	15000 x 12 180000	180000	180000	360000
3.	Medicine Incharge	6000 x 12 72000	6000 x 12 72000	72000	72000	144000

4.	Community Health Workers	1000 x 12 x 6 72000	1000 x 12 x 6 72000	144000	0	144000
5.	Accountant	8000 x 12 96000	8000 x 12 96000	96000	96000	192000
6.	Consultancy charges to resource persons for workshops	50000	50000	50000	50000	100000
C.	Other expenses					
1.	Conveyance (Doctor ,medicine incharge,project manager ,buying stock and medicine)	5000 x 12 60000	5000 x 12 60000	120000	0	120000
2.	Administrative expenses (Telephone stationary, etc.)	5000 x 12 60000	5000 x 12 60000	60000	60000	120000
TOTAL		10,78,000	10,48,000	14,33,000	6,93,000	21,26,000

	PROPOSED NON RECURRING BUDGET					
1.	Basic facilities and basic equipments for Community health Centre (Details attached).	15,000	0	15000	5000	20000
TOTAL		15000	0	15000	5000	20000
GRAND TOTAL		10,93,000	10,48,000	14,48,000	6,98,000	21,46,000

IV. NON-FINANCIAL REQUIREMENTS

None

	system for medical care								
11.	Educational village level meetings on village sanitation and hygiene.								