

PRAGATI



**Detailed Project Report with Funding Request
for Charitable & Welfare support to Extremely
poor and underprivileged population in four
districts of Western Odisha, India**

**Submitted to :
Stonex Incorporation.**

Submitted by:

PRAGATI

**At : NH-6, SAI MULTI SPECIALITY HOSPITAL
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SECTION-I

DETAILS OF THE AGENCY SUBMITTING THE REQUEST

INTRODUCTION:

PRAGATI is a Non-Government, Nonpolitical, Non profitable, Voluntary, Secular, Social development Organization, dedicated and committed to the welfare of poor, women and children with special emphasis on the marginalized and disadvantaged sections of the society.

Initially the activities were confined within Kalahandi district and had served the drought affected population where distress activities of violation to human rights was frequently reported. We have been successfully implementing the life saving and livelihood activities among the poor and Adivasi population through capacity of the self help groups and gradually got confidence and reorganization from people. By the way the Organization was registered under Societies Registration Act during the year 1997 and got its legal status.

PRAGATI expanded its activities for the people of Bargarh district with basic humanitarian activities like providing primary health care, support to poor COVID drop out children to continue education, skill development of young population and intervention on nutrition of prenatal & post-natal mothers and under five children to check anemia and malnutrition. As a grass root interlinked social organization PRAGATI pays respect to the democratic process of management in the organizational work and more over maintains transparency at all level. Our basic mandate is to build the capacity of the marginalized community with an emphasis on Women, Children, Transgender, rural artisans, adolescents, youth, peasants, migrant laborers and other needy of the society. Our organization concentrates for an overall development of the non-integrated community.

At present PRAGATI has been working in 150 villages of 15 Gram Panchayats spread over five development blocks of Bargarh since last three years, So now PRAGATI is well capable to serve the people by undertaking different need based welfare and charitable programs.

LEGAL STATUS OF THE ORGANISATION :

- ✓ Registered under Societies Registration Act XXI of 1860 bearing registration no. 2092/445-1996-97.
- ✓ PAN bearing No. AACAP0085B.
- ✓ Registered under 12A of the India Income Tax Act 1961, bearing number AACAP0085BE20231, valid till Assessment Year 2026-27.
- ✓ Registered under 80G of the India Income Tax Act 1961, bearing number AACAP0085BF20231, valid till Assessment Year 2026-27.

GOAL:

PRAGATI strives for a qualitative change in the society by promoting social, economic, and spiritual development of POOR and Marginalized for a stable and sustainable future and promoting healthy life.

VISION:

"PRAGATI" strives for the promotion of a just & equitable society where everyone can lead a decent and dignified life without any fear and favor, where children can avail all care and concern to blossom into a responsible and respectable citizen of the country, where all actions will converge into NATIONAL INTEGRATION".

MISSION :

To promote equal opportunity and empower the poor people in particular the tribes and vulnerable groups and women in order to initiate and strengthen a value based people centered ECONOMY and the ECOLOGY for the benefits of its residents, which will be ecologically ,socially and economically sustainable.

THE MANAGING BODY:

The Governing Body of PRAGATI duly elected by the General Body consists of nine members, with representation from professionals, Doctors, Social workers and community leaders. The Governing Body functions as the decision-making authority with the day-to-day management shouldered by the President, Secretary & Treasurer. The term of office of the Governing Body is two years.

PRAGATI strives for a qualitative change in the society and promotes social, economic, and spiritual development of the poor and marginalized for a stable and sustainable future by promoting all aspects of health ,nutrition and child care and concern.

MAIN OBJECTIVES OF PRAGATI ARE:

- i. The primary concern of the Society is to promote healthy life, social cohesion and reduce narrow divisions on the basis of caste/creed/religion/ Culture.
- ii. To work for the Health of all Individuals irrespective of religion, caste, creed with integrated approach and to reach the unreached in the Hinterlands of the Country with focus on the marginalized population.

- iii. To establish and manage branches and projects of " PRAGATI " for realization of its objectives at such places as may decide by the Governing Body.
- iv. To establish, manage and aid educational institutions, Library and information Centre, Guidance and Counseling Centers, Vocational Training Centers, Welfare Centers for labor, Farmer, Disabled. Disadvantaged, Migrants, Women and Children.

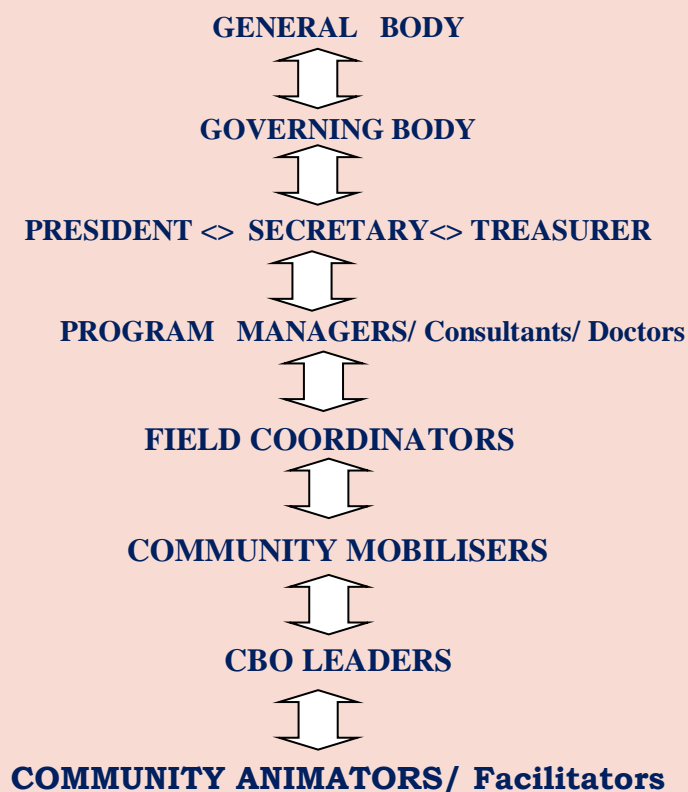
CHIEF FUNCTIONARY:

Dr. Praveen Agrawal.

The President Dr Praveen Agrawal, is a renowned Surgery Specialist of the region involved in philanthropic and community health activities. Opted to leave Government job to serve the poor and marginalized of the region.

Thrust of his long years' experience has been to bring back the life among Women, Children, poor and Young population in socio economic difficult circumstances. His commitments and initiatives on Health, human resources development and support for the social integration had changed the life and status for number of poor and marginalized in the society.

THE ORGANOGRAM:



PRAGATI PRIORITIES:

- ✚ Skill development of young population in the hinterland of Odisha
- ✚ Supporting poor and marginalised for better social living.
- ✚ **Welfare of women in distress, children in distress (Orphans), elderly persons, extremely poor on health, education and getting basic amenities.**
- ✚ Promotion and development of traditional skills and traditional crafts.
- ✚ Promotion of HEALTH AND HYGIENE and making HEALTH RIGHTS a reality.
- ✚ Actions for prevention of domestic violence, atrocities, trafficking, drug abuse, preventing child labour and atrocities to elderly population,
- ✚ **Early childhood education and nutrition for children in the age group of 2+ to -6 years.**
- ✚ Recognition and technical up gradation of TRADITIONAL Medicine systems and to preserve the ECO SYSTEM.

Our activities:



WOMEN AND CHILD HEALTH

With just passed the Millennium Development Goals (MDG-2020), global leaders must intensify their efforts to improve women and children's health. The world

has failed to invest enough in the health of women, adolescent girls, newborns, infants, and children. As a result, millions of preventable deaths occur each year and we have made less progress on MDG-5, improving maternal health, than any other.

This global strategy requires that all partners unite and take coordinated action. Everyone has an important role to play: Governments, civil society, community organizations, global and regional institutions, donors, philanthropic foundations, the United Nations and other multilateral organizations, development banks, the private sector, the health workforce, professional associations, academics and researchers.

FOCUSING ON THE MOST VULNERABLE:

This strategy focuses on the time when women and children are most vulnerable. For pregnant women and newborns alike, the greatest risk of death comes during childbirth and during the first month. Today's adolescents are tomorrow's mother. The adolescents are also vulnerable, and we must make sure they're given control over their life choices, including their fertility.

During the year, **PRAGATI** has the focus on the vulnerable women and children in hard-to-reach villages the poorest, those living with HIV/AIDS, orphans, and those living furthest from health services towards creating awareness on the followings...

Created awareness through Volunteers on the facility available at CHC, PHC and health sub-center in hard-to-reach areas / villages.

Aware on family-planning information and services, antenatal, newborn and postnatal care, emergency obstetric and newborn care, care during childbirth at appropriate facilities, safe abortion services and the prevention of HIV and other sexually transmitted infections.

Awareness on breastfeeding for infants up to six months; vaccines, immunization; oral rehydration therapy, zinc supplements to manage diarrhea; treatment for the major childhood illnesses; nutritional supplements and access to appropriate ready-to-eat foods to prevent and treat malnutrition are the core messages of the sessions.



VOCATIONAL SKILL DEVELOPMENT

The current education system does not focus on building the skill of young people in employable skills that can provide them with employment opportunities. Today, a large section of India's labor force has outdated skills. India has gradually evolved as a knowledge-based economy due to the abundance of capable, flexible and qualified human capital. With the constantly rising influence of globalization, India has immense opportunities to establish its distinctive position in the world. However, there is a need to further develop and empower the human capital to ensure the nation's global competitiveness. Despite the emphatic stress laid on education and training in this country, there is still a shortage of skilled workers to address the mounting needs and demands of the economy. As an immediate necessity that has urgently arisen from the current scenario, the government is dedicatedly striving to initiate and achieve formal/informal skill development of the working population via education/vocational education/skill training and other upcoming learning methods. In this context during the year, **PRAGATI** undertook following vocational skill development activities for the youths.

Basic computer training:

PRAGATI has organized basic computer training programs for the tribal students who had passed 10th Class and Intermediate from the locally trained experts. Theory and practical classes taught by the trained experts with hand holding support. 35 students undergone trainings and are issued with certificates.

5 Tailoring & Embroidery training:

PRAGATI has organized tailoring and embroidery training for the dropout girls from the poor household of local community. Both theory and practical classes are undertaken with hand holding support by the community trainers. girl students underwent both the trainings. After completion of the trainings certificates were provided to the students.



WOMEN'S EMPOWERMENT THROUGH VIABLE INCOME GENERATION ACTIVITIES (IGA)

BASIC INFORMATION OF THE SHGs IN PRESENT COVERAGE:

- ✓ No. of SHGs with bank accounts: 87.
- ✓ No. of SHGs availed loan from Bank under different schemes: 52.
- ✓ No of SHGs engaged in Skill development and micro enterprise activities : 16

ENROLLMENT STATUS OF THE WSHGs:

- ✓ Out of the total 956 members, 82% are BPL.
- ✓ 55%, of the members are in the age group of in 36 to 45 years followed with 20% in 31 to 35 years & 12% in 26 to 30 years.
- ✓ 95% of the members are married. It is ideal for group actions to avoid enrollment of un- married members in the WSHGs except those who are forced bachelors due customary reasons.
- ✓ There are 6% widows and divorces in the umbrella network of SHG.
- ✓ 86 percent of beneficiaries are daily laborers those who get 100 to 120 man-days engagement in a calendar year. Hence, the focus needs to engage the members in viable INCOME GENERATION ACTIVITIES- IGA for 160 to 200 man-days, to improve their livelihood status.
- ✓ 58% of the members of WSHGs are illiterate.
- ✓ The family income of 85% members is below Rs. 30000/- per annum and in total 85% of the household are below the poor economic category as per the norms of **PLANNING COMMISSION** for rural areas.
- ✓ Through the intervention of PRAGATI, 40% of SHG members got skill training.

FOCUS: "Empowerment & Sustainable livelihoods of the members of WOMEN SELF HELP GROUP'S.

PLANS FOR INCOME GENERATION ACTIVITIES- IGA:

- ✚ Based on the availability of raw materials, marketability and skill of the members, the activities are planned.
- ✚ Alternate Livelihood activities implemented for 36 WSHGs during the FY 2022-23.
 - ✓ Herbal-Collection, processing and marketing based on season.
 - ✓ Individual goat rearing unit covering eight SHGs.
 - ✓ Embroidery and dress design training and production for the single women members.
 - ✓ Group based Vegetable cultivation with bio-fertilizer and bio pesticide in six SHGs.
 - ✓ Promotion of sophisticated skills like artificial bonsai craft, bamboo craft, bangle making.

- ✓ Mushroom cultivation in Group by three SHGs.

STRATEGY AND APPROACH:

SHG BASED INSTITUTIONS: SELF HELP GROUP (SHG): UNIVERSAL COVERAGE:

One woman from each household is (getting organized) motivated to join into an affinity group of 10-20 members to form a Self Help Group, which functions like a support group to play different roles like mutual help, financial intermediation, livelihoods promotion and empowerment are in its different stages of evolution. At present, many groups are not functioning as desired. So, efforts have been given to strengthen existing SHGs and forming new SHGs to cover all the households. SHG is a “support group”, enhancing the sense of “being” of its women members by helping the members to create a vision, explore and analyze their existential realities and extend mutual help in issues concerning their lives. With guidance and the members’ own experiences, SHGs potentially play four key roles through the different stages of evolution: mutual help, financial intermediation, livelihoods enhancement, and social empowerment. Savings and Credit functions provide a context around which group develops trust and mutual support to reduce financial vulnerability and launch livelihoods initiatives.

SHG FEDERATION:

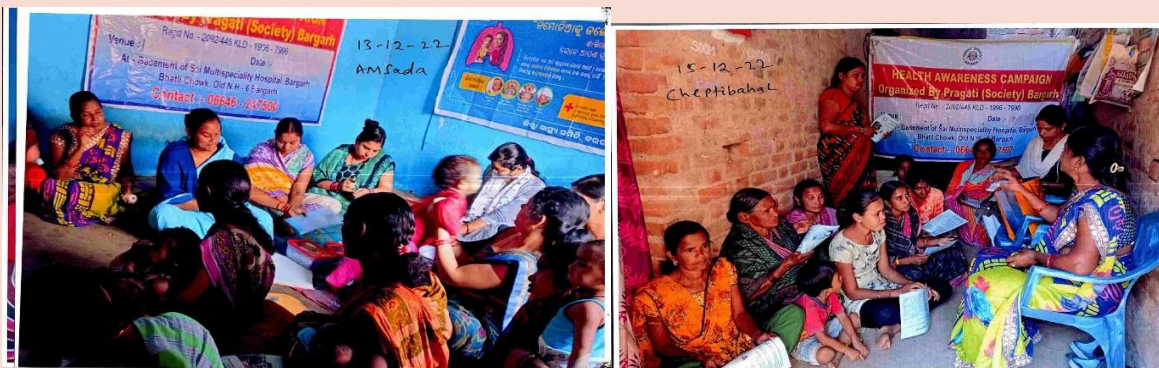
SHGs are federated at three levels; village/ cluster, Panchayat and block level. Role of federations at various levels are as below

- ✓ Builds solidarity and creates an identity of the members.
- ✓ Peer learning,
- ✓ Address the issues which one SHG cannot handle,
- ✓ Addresses common socio-economic issues,
- ✓ Influence mainstream for accessing relevant schemes
- ✓ Helps SHG to function properly.

Federations will facilitate additional functions to be performed, which are beyond the capacity of individual SHGs such as collective marketing of produce; management of revolving fund, etc. Initially Cluster level federation (CLF) and GP level federation (GPLF) will be formed and strengthened to function effectively.

FINANCIAL ASPECTS:

- ✓ Allocation of revolving fund for development of livelihoods (skill based as well as livestock-based livelihoods or any other micro enterprises).
- ✓ Convergence has been done at the Government level with concerned line departments. Adoption of project cycle management concept for proper sequencing of components, and adjusting the capacity building inputs as well as monitoring system in accordance with the identified inputs and outputs under each component.



The WSHGs are serious in health issues:

We are at :

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Bhatli Chowk

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SECTION-II

Project Details for support :

Title of the project : Health, Nutrition, education and humanitarian aid for Below Poverty Line, poor, marginalised women, Children of Adivasi & Dalit communities in 15 Development blocks of 4 districts, under Western Odisha in India.

1.	Name of the Applicant organization	PRAGATI
2.	Address with Phone Numbers	At : NH-6, SAI MULTI SPECIALITY HOSPITAL Bhatli Chowk Post/ Dist: Bargarh, Odisha, Pin : 768028 E-Mail: pragatithehelp1122@gmail.com Cell : +919040096121 & +91 9040096125
3	Name of the Chief executive	Dr Praveen Agrawal, MS (Laparoscopic Surgery)
4	Demographic details of the proposed project	

	State	: Odisha
	District	: Bargarh, Sambalpur, Subarnapur & Nuapada
	Number of development blocks	: 30
	Number of Villages	: 700
	Estimated number of Households to be supported	: 40000
	Estimated population	: 200000
	Estimated % of Schedule Tribe Population	: 48 % (Adivasis)
	Estimated % of Schedule Caste Population	: 12% (Dalits)
	Estimated % of Backward caste population	: 32%
	Estimated % of extremely poor from General Caste	: 08%
5.	Accounting procedure	Organization is undertaking annual audit for the financial period from 1 st April to 31 st March of every years , with Receipt & Payment Account, Income & Expenditure accounts, balance sheet , Auditors Certificate and Statement of expenditure.
6	Years for which copies of audited accounts have been annexed:	Audited statements of accounts annexed for the three financial years 2021-22, 2022-23 & 2023-24.
7	Name of the Auditor	Subrat & Co., Chartered Accountants Proprietor : CA Subrat Kumar Pati M.No - 067018
8	Legal documents	
	Registration Certificate;	ENCLOSED
	Memorandum of association & By Laws;	ENCLOSED
	Annual Report of last 3 years;	ENCLOSED
	Income Tax return for the assessment year 2023-24	ENCLOSED
	Particulars of approval under Section 10 12A & 80-G of the Income-tax Act, 1961, if any:	ENCLOSED
9	Brief Particulars of the Project or Scheme	
9.1	Title of the fund support	Health, Nutrition, education and humanitarian aid for Below Poverty Line, poor, marginalised women, Children of Adivasi & Dalit communities in 30 Development blocks of 4 districts, under Western Odisha in India.
9.2	Date of commencement	As per sanction of the project.
9.3	Duration of the project	2 years
9.4	Target beneficiaries	🇮🇳 For primary health care and new clothes for 200000 population from 40000 households.

		<ul style="list-style-type: none"> + Treatment of Common/ minor ailments like malaria, diarrhea, viral diseases, skin ailment and anemia of 16000 patients (not cumulative but includes follow-up treatment) + Referral for advance treatment to District Head quarter Hospital, Specialized Hospitals and Medical Colleges- 1600 (10%). + Nutrition to antenatal, post-natal mothers, Adolescents girls and under five malnourished children for two years - 9000. + Support of school uniform, study materials for two years to Primary & High school students- 4000. <p>(Duly certified activity target & budget details in INR Enclosed)</p>
	Estimated cost of the fund request in INR	Total cost of the project : 102 crores Contribution of the Organisation : 52 crores Grant requested : 50 crores

Needs assessment :

There is no doubt that the state of Odisha and especially Western Odisha is one of the most backward regions in the entire country. Though several projects have been undertaken from time to time, poverty issues have not been addressed in the proper perspective. Thus **PRAGATI** a State level voluntary Organization working in the western districts of Odisha proposes to undertake health, Nutrition, education and personal development activities for the **poor, marginalised women, Children of Adivasi & Dalit communities in 15 Development blocks of 4 districts, under Western Odisha** , where 40000 households from 4 districts will be benefitted . All the households belongs to Below Poverty category to whom we shall provide basic and advance health facilities, supplementary nutrition, clothes at the door steps, bring back 4000 children under 16 years to the main stream of education, those discontinued the education during COVID -19 lockdown & shut down and failed to back school due to extreme poverty .





The region is inhabited by tribal's (adivasis), Dalit's and Backward caste population those who are arguably are one of the most marginalized section of the society. Poor awareness levels of residents also have a direct bearing

on demand for services is very low. Health seeking behavior among poor has been very minimal. Health services are sought only in cases of emergency. For treatment, a tribal would first visit a faith healer or carry pout witchcraft locally. And finally go to the hospital. By the time the problem gets so aggravated that the patient has to be referred to hospital or Private doctor for treatment. When the patient reaches this place, the family would have spent all the money they had or had borrowed from local moneylender, mortgaging their property. This sequence of health seeking behavior speaks the story of vulnerability and marginalization of the poor tribal and dalits. Poor health and lack of nutrition food leads to malnutrition or poor health and the children stop going to school.

If someone closely observes the major spending pattern of these people, it would be noted that the poor family spends major amounts of money in festivals, Death Ceremony and Treatment. Out of these three, Death ceremony and Treatment are two instances when he has to avail loan from the local moneylender on interest rates as 24% to 30% per month on compound basis.

PROBLEM OF THE TARGET COMMUNITY:

- Extreme poverty
- Poor health standard.
- Mal nutrition and high prevalence of anemia.
- Lack of knowledge on health and hygiene.
- Ration of Maternal Mortality & Infant mortality rate in very high in compare to the State and the Country.
- High level of drop-out among children leading to child migration and child trafficking.
- Function of health, nutrition and education facilities in hard to reach villages are poor and irregular.

Program-1 “Distribution of dress and warm clothes to the poor households and education support to students”.	
Project Summary	Provide quality clothes to the poor household of the slums and bedcovers & winter clothes to protect from the cold and support to 4000 drop-out students to continue education .
<i>Project activities</i>	<ul style="list-style-type: none"> ❖ Survey & identification of the poor house holds. ❖ Contact and co-ordination with local elected and community representatives to finalize the beneficiaries and prepare the distribution plan. ❖ Call for quotations (dress materials, study materials, transport, distribution), conduct the Procurement committee meeting/s and placement of order. ❖ Arrangement of go-down for temporary storage. ❖ Prepare the final distribution plan. ❖ Distribution. ❖ Documentation and media propaganda. ❖ Accounts & Audit. ❖ Submission of report & utilization.
<i>Cloth materials to be supplied</i>	<ul style="list-style-type: none"> ➤ Dresses for boys and girls below 5 years. ➤ Dresses & uniform for boys and girls from 6 to 18 years. ➤ Sarees for women. ➤ Pant & shirts for elders. ➤ Bed covers. ➤ Blankets.
<i>Strategy</i>	<ul style="list-style-type: none"> ✓ Selection of beneficiaries though survey and finalization in the community meetings to be represented by Community leaders & elected representatives. ✓ Prepare the distribution plan and share with the Leaders. ✓ Engagement of Volunteers at Village level to assist in survey & distribution process. ✓ Documentation & press meetings/ release.
<i>Audit & Utilization</i>	<ul style="list-style-type: none">  Obtain distribution receipts.  Follow the financial & procurement manual of the Organisation .  Preparation of Accounts.  Audit and filing of financial returns in stipulated time.

Activity-2. ORGANISATION OF HEALTH CAMPS :

Inaccessibility and Critical Health problems:

It is the right of every individual to keep up good health as weak and diseased people cannot make a healthy and strong nation. In order to enable its citizen good health, it is the moral responsibility of the government of the day to provide adequate health services to the people, especially the tribal poor and the disadvantaged who are most often than not are denied adequate health services. In the rural and inaccessible areas of proposed area the public health services simply do not function regularly putting the people in great distress. The poor do not have money nor will to travel all the way to district hospital to avail of the services.

THE HEALTH SCENARIO IN THE REGION:

The poor economic condition of Western Odisha is well-documented in various reports released from time to time. Similarly the health statistics do not paint a rosy picture for the state. Almost half of the total malaria death occurs in Odisha, the region has an irrationally high Infant Mortality Rate and Maternal Mortality Rate; more than half of the women and children are anemic; half of the women and children are suffering from mal-nutrition. Apart from these the region suffers from various other communicable & non-communicable diseases which are curable through some simple intervention.

THE STATEMENT OF THE PROBLEM:

There is no doubt that the health of the people, especially the poor is in a semblance. Every year Govt. has planned and invested huge money in health sector, but the services cannot reach to the target people. So inaccessible area people do not get health services in right time. In the matter of health, sanitation and family welfare the proposed project area is quite backward. The knowledge regarding health and nutrition of the people is rudimentary. Due to superstition, isolation, negligence of health, lack of access to medical facilities and reliance on the traditional magic-religious method is the cause of their poor health and family planning. Due to poor sanitary condition, non-availability of portable drinking water,

water diseases have reached endemic portions. The village people depend upon traditional faith healers and quacks for treatment which is most of the time is risky. Moreover, there is no health and hygiene education nor propagation of small family norms in the block. Hence there are no assured health services in the area and the PHCs are not able to serve more than 40% of people. In the absence of communication facilities, modern health care services are beyond their reach. Extension workers of health department do not visit the area regularly which results in non-immunization of at least 25% of the children below the age of 23 months. Diseases like T.B. rheumatism, epileptic and arthritic complaints, coughs and cold, dysentery, diarrhea and menstrual irregularities, gastroenteritis, ring/hook worm, respiratory problems etc are more common in the proposed project area. Case of influenza, cough and cold is also very common the proposed project area.

Consumption of alcohol and use of drugs and other kind of narcotics is very common among this community. This takes away major portion of the income and it causes many health problems and the treatment of the sickness again push them in to debt trap.

THE SOLUTION

The people in the area do not seek medical advice and treatment for common illness with the Quacks, which might snowball into major complications in the future. The reason for the people not availing of the public healthcare system is that either these are not giving efficient service or people do not travel long distances to avail of these services. Thus it is high time services were provided at door step to the people through mobile clinics.

GOAL OF THE HEALTH SERVICE:

The goal of the project is to provide efficient and low-cost medical service at the door step of the poor and the disadvantaged.

“Reached the unreached, Serve the underserved.”

EXPECTED OUTCOMES OF THE HEALTH SERVICES:

- To reduce, control and eradicate diseases through mobile health camps at block level and in interior clusters, covering the entire population of the proposed project area.
- To provide health care to the poor and needy at their door step.
- To provide pathological services at door step.

- To provide health education to the people.
- To conduct regular health checkup camps and to advise the people relating the health matters.
- To motivate the people to adopt family planning methods for small family.
- To educate the people to live in a good sanitary condition and to advise them to use safe drinking water and to keep environment clean.
- To remove superstitions prevailing in the society regarding health care and treatment.
- To increase the nutritional status and decrease maternal & infant morbidity and mortality.

MANNER OF IMPLEMENTATION:

In every village health committee will be formed which a village health facilitator will head. The village guide will select from the village and will be given short term training about health and hygiene, usage of common medicines for common ailment; about dehydration and oral rehydration etc . She/he will play the role in motivating the people to the health camps. She/he will intimate the project officials in case of serious ailments of any person so that the patient can be moved from the village to the nearest hospital by the assistance of medical van, and its team for treatment. As far as transporting the patients is concerned special emphasis will be given for transportation of pregnant mothers and those needing urgent care with the support of designated transport services. For this the Health Guides will be motivated to monitor the pregnant mothers so that they can be brought to the nearest health care center for safe delivery.

Doctors, pharmacists, Lab technicians and nurses shall provide services at the health camps organized at regular intervals at least once in a quarter for each development block & make health check up of the patients & will provide medicines to the poor and needy patients. The District Coordinators will be in-charge of the project districts , shall map the health camp locations and support the community facilitators/ Health Guides for health education, sanitation, immunization and motivation for family planning etc.

Following services will be provided during the Health camps on free of cost :
ACTIVITIES:

- Simple curative service and first aid to detect major ailments including cancer.

- Pathological services
- Prevention of communicable diseases
- Referral services
- Health checkup including ANC and PNC.
- Immunization
- Use of ORS and zinc solution to treat childhood diarrhea.
- Ante-natal care and post-natal care
- Maternal service
- Nutrition
- Village health and sanitation education as follow-up .

THE HEALTH TEAM :

Apart from the project team, the health camps will be attended by Service providers, and each camp shall consist of five Doctors (Specialists from Medicine, Osteology & Cynic, Child specialist and General Doctors) , five staff nurse , two pharmacist, two Lab technicians and one Dresser with Mobile Lab, essential drugs and equipment's. The primary task of the team is to look after the basic health condition. The camps will be delivery point for basic curative and preventing health care and dispense medicines. This will be the referral services for critical ailments, control and treatment of common communicable diseases. Treatment of poor children, old and disperse, mother will be top priority of the camps. Apart from the above highly skilled professionals district coordinator, Public Health Experts will be appointed who will look after the entire management of project. Several volunteers will be appointed as Health Guides who will identify, inform and manage the project at the ground levels.

EXPECTED RESULT:

The rural people of the area will be provided with free Medicare services.

Reduce the prevalence of cancer, sugar and kidney related complaints.

Free health checkup camps to all age group

Free consultation and referred services.

Cases of routine ailments will be decreased

Decrease in MMR due to lack of timely transportation of critical cases.

Increased awareness on health education by the poor.

Increase in the nutritional status of women, adolescents and children.

UTILISATION and REPORTING :

Internal audit and submission of the statement of expenditure we half yearly.

Submission of utilization certificate in half yearly .

Filing of Income Tax, 80G utilization returns every year in due time.
Statutory Annual audit and submission of the Audit report to the donor.
Submission of program report with short films once in half year.
Submission of Annual program reports with statistics to the donor.
Submission of Final report with evaluation report at the end of 2nd year.

Place : Bargarh, Odisha

7th July 2024

Prepared & approved by:

Pravat Kumar Satapathy
Financial & Development Consultant

Signed by :

Dr Praveen Agrawal, MS
President

Mr Achyutananda Dash
Treasurer