

PROJECT PROPOSAL

Project Title: “Niramoy” (A Health Care for Urban Poor)

Introduction:

Name of the Organization	SABUJ SANGHA
Address	<p>Registered Office: Vill& P.O.: Nandakumarpur, P.S.: Raidighi Dist: South 24 Parganas, Pin: 743349</p> <p>Central Office (for correspondence): 30/9, Rajdanga Main Road (East), Kolkata – 7000107</p>
Organization’s status	<p>Sabuj Sangha is a non-profit non-government organization dedicated improving the lives of deprived people of West Bengal, India through participation and empowerment. It was established in Sunderbans of West Bengal, India; was registered under West Bengal Societies Registration Act 1961 in 1975. Sabuj Sangha has grown into a vibrant organization working with a range of people across multiple sectors catering to the needs of vulnerable communities.</p> <p>The organization is registered under section 12A & U/S 80G (5) (VI) of the Income Tax Act 1961 and under the Person with Disability Act 1995; empaneled with the Planning Commission/NITI, Gol, VANI, National CSR Hub, IICA; accredited by Guide Star India with Transparency Key; Credibility Alliance and validated by CAF & Global Giving USA & UK, also enlisted with District and State Health & Family Welfare Society, Government of West Bengal for implementation of NPCB & NHM schemes.</p> <p>The organization also registered with the Ministry of Corporate Affairs vide registration no.: CSR00000299 and registered under the foreign contribution act.1976 and renewed under the Act.2010</p> <p>Thematic areas of Sabuj Sangha are:</p> <ul style="list-style-type: none"> • Health & Nutrition • Education & Protection • Water, Sanitation & Hygiene • Livelihood & Women Empowerment • Environment & Disaster Response
FCRA registration	<p>Foreign Contribution (Regulation) Act 1976 Registration Number: 147110293, Date: 16th March, 1992</p>
Tax Exemption	<p>Exempted Under Section 12A in IT Act, 1961: No. AACT58436QF2021401</p> <p>Exempted under Section 80G of the I.T. Act, 1961 No. AACTS8436QE2021401</p>
Executive Director	<p>Ansuman Das, Secretary & Director, +91 9831001655 director@sabujsangha.org</p>
Physical address of the organisation including phone number	<p>30/9, Rajdanga Main Road (East), Narkel Bagan Kolkata, West Bengal, PIN- 700107 Ph.: 033 4072 3577</p>
Email address of contact person	director@sabujsangha.org
Website	www.sabujsangha.org
Year of establishment	12 th December, 1975
Point of Contact:	<p>Arunabha Das, Head of Operations & External Relation, 91 9007032300 arunabha@sabujsangha.org</p>

Prologue

'Sabuj Sangha' has always been active in ensuring the basic Rights marginalized communities. It has the mission to ascertain sustainable development of marginalized and vulnerable people and improved quality of life through empowerment, education, information, infrastructure development, healthcare provision and economic self-reliance by convergence of services provided by local self-governments.

In order to ensure quality health service Sabuj Sangha is working on health programmes since around two and half decade initially starting with preventive health care. Yet there is increasing need to reach out more intensely to address the poor state of health among the vulnerable marginalised communities.

1.1 *Sabuj Sangha Experiences in health care programme & mobile clinic:*

Since the beginning, Sabuj Sangha's approach is community led integrated development. Since 2007 Sabuj Sangha provides curative care services, like emergency services, general illness, Mother and Child (0-5 years) to ensure the institutional delivery and child immunization to reduce the maternal and infant mortality rate (IMR & MMR) and Eye care services through our hospital, namely Swarnalata Sabuj Seva Sadan (SSSS) for marginalized & senior citizens. Presently our health centre is covering 200000 population directly and indirectly more than 500000 population per annum with an objective of all people can access health facilities and ultimately the entire community will be healthy.

In 2012 Sabuj Sangha took up programme conducting outreach mobile health clinic in different wards of Kolkata and remote hard to reach island villages and slum areas. In such areas need based vulnerable areas were chosen involving local councilor, other stakeholders & people. Pin-point locations for clinics were finalized through councilor and people. Schedule for conducting mobile clinics were finalized and displayed banner & sign boards in different locations with days, times, doctor's name and duration of clinics for people's information about the service delivery. The clinics were conducted once a week in every location and services provided by the qualified doctor, attending nurse, pathology technician, health worker and staff responsible for clinic and provided services like; health checkup, treatment, pathological & medicinal support and advice. IEC materials like poster, banner & charts bearing health messages like; general health care, care of pregnant women, safe motherhood, institutional delivery, nutritious food, child care & immunization, family planning, geriatric care, adolescent health care etc. were used for information dissemination and people's sensitization. Before the clinic one short discussion sessions were conducted by the doctor on several health issues specifically; personal health & hygiene, hand washing, environmental cleanliness, nutrition, child immunization, water & vector borne diseases, dos & don'ts etc. for generating knowledge among them. This effort helped a lot for their changed health seeking behavior. Disease trend as observed in those clinics were; common cough & cold, fever, ach in different parts of body, skin Infection, gastroenteritis, dyspepsia, respiratory problem, abdominal pain, gynecological problem, weakness anemia, eye infection, diarrhea, constipation, water borne diseases, malaria, dengue fever, hypertension, bronchial problem etc. As experienced, the mobile clinic providing good services at their door step, which was highly beneficial to them.

1.2 *Existing scenario in Urban Slums*

A range of complex and interrelated issues perpetuate the cycle of poverty and negatively affect the wellbeing of communities living in urban areas. Often, there most basic human needs, such as health, food, safety and shelter, are not met. Some of the challenges relating to the health of urban poor as discusses below.

Fast Growing Urbanization

Urbanization is increasingly becoming a problem, particularly in Kolkata and adjacent slum areas where many people migrate from rural areas such as the Sundarbans, adjacent districts even Assam, Jharkhand and Bihar. The population in Kolkata increased from this mass migration, puts great strain on already limited infrastructure such as housing, hospitals and schools. Many of the people are forced to live in

temporary unsheltered housing, which is both unsafe and unhygienic. The people living in the slums are restricted to the lowest income groups and their occupations range from maid servants, street food vendors, small business, hawkers, vendors, rickshaw pullers, cart pullers, construction labour, porter, worker, etc. A lack of healthcare facilities, safe drinking water and sanitation facilities, and education facilities further puts communities' health at risk. Sexually transmitted infection (STI), Reproductive Tract Infection (RTI), skin diseases are also prevalent. Some children go to government schools, but there also unhygienic conditions prevail.

Housing Conditions in Urban Slums

Population density in slums both authorized and unauthorized is higher in comparison to non-slum areas. As a result, living conditions are worse. Slum areas are unhealthy, with a range of environment pollution transmitting serious disease through the air, water, soil, food and insects. There is a lack of drainage and waste disposal facilities increasing the likelihood of disease. Similarly, the spread of disease is higher due to more cramped conditions. Houses are often temporary and unsafe which also affects a family's well-being.

Safe Drinking Water

In Kolkata, there is inadequate water supply which adversely affects the health of the urban poor and slum dwelling population. Women and children spend a considerable amount of time collecting water from the supply by the Municipal Corporation which often influences the decision of sending a female child to school and reduces the likelihood of women undertaking livelihood opportunities. The negative effects of inadequate safe drinking water are two-fold, i) communities are more at risk to water borne disease, and ii) families have less income and hence less money to spend on healthcare.

Sanitation

Poor sanitation facilities lead to an increase in fly and water borne diseases such as diarrhea and greatly affect life expectancy. Water-borne diseases are caused by the contamination of water with viruses, bacteria, parasites, or chemicals. Diarrhea disproportionately affects children under five years of age, with approximately 0.5 million in India dying each year as a result. Accumulated water in these areas becomes the breeding place for mosquitoes, which spread diseases like malaria, dengue, etc.

Health:

Women and child health care issues along with the health of the adolescent girls are issues of special concern to Sabuj Sangha for their maximized vulnerability with respect to the health status that leads to unhealthy family and poor quality of life. Sabuj Sangha strongly believes in the life cycle (*vis-a-vis* RMNCH+A) and wishes to intervene in the critical ages of human existence. It was strongly felt that it would not be possible to ensure holistic development of the community if education interventions are not supplemented with adequate health interventions. Presently there is a need of scaling up the program to provide intense services to the disadvantaged people, particularly the children, women & Sr. citizens of the un-served and under-served areas. Sabuj Sangha intends to intervene in the thematic area of Health with the objective of complementing key targets of NUHM by creating and sustaining replicable models of health service. The intervention is aimed at ensuring accessibility of quality primary health services; preventive and curative to the disadvantaged population in these areas and creates a base for effective networking with community, government and non-government agencies/ institutions so as to facilitate the process together.

Health Seeking Behavior

Health seeking behavior among slum dwellers has been found to be lower than in other non-slum urban areas. The incidences of viral fever, dysentery and malaria are higher in migrant communities. Other ailments include dengue fever, tuberculosis, cancer, hepatitis, skin disease and asthma are also prevalent.

Public Health Sector

The public sector healthcare system is inadequate for the urban population of Kolkata and has not yet received the desired attention to address the problem. The existing public healthcare system consists of three tiers, Primary, Secondary and Territory. However, in many areas, primary health facilities are non-existent, existing institutions are underutilized, while there is over-crowding in most secondary and territory centres.

Private Health Sector

In Kolkata, a huge number of private health institutions are present. These facilities are often used by the urban population due to the inadequacy of the public system. However, for Kolkata's burgeoning urban poor, where access to basic services like housing, food and water is a struggle, private facilities are inaccessible.

The private health sector can be divided into three categories, the fully organized and fully equipped, the fully qualified private providers that operate in lower income areas, and the not qualified practitioners that operate in the slum areas. The third category comprises of individuals who are not trained properly and it is estimated that these unlicensed practitioners outnumber qualified practitioners by at least 10:1. It is the urban poor, in particular slum dwellers that are forced to rely on these unqualified, unlicensed practitioners, putting their wellbeing at risk.

Maternal and Child Health

At the national level, Low Birth Weight (LBW) accounts for 30% of all live births. The risk of peri-natal and infant mortality is significantly greater among LBW infants with higher morbidity and long-term developmental problems among those who survive. Such risk screening is not done among the pregnant women living in the slums; neither do they receive the proper immunization, ante natal care or post-natal care. Similarly, marriage at a younger age put adolescent girls at risk and increasing the likelihood of still born, or infants with low birth weight.

Children living in urban slums are also exposed to large proportion of environmental pollution. These include both outdoor and indoor pollution such as biomass fuel for cooking, parental smoking, poor housing, and improper disposal of garbage and biomedical waste.

1.3. Experience of Sabuj Sangha in urban health care with support from 'Wipro Cares':

Since last June, 2019 **Sabuj Sangha** with support from **Wipro Cares** initiated the Healthcare Programme for Urban Poor - 'Niramoy'. The project currently runs at 6 identified slums of Wards no. 35 and 36 of Bidhannagar Municipality Corporation, Wards no. 58, 80 and 108 of Kolkata Municipality Corporation and Ward No. 10 of Rajpur Sonarpur Municipality.

Thus, till now with established Community Health Clinics, Mobile Clinics and various awareness communications of different Health & Hygiene issues and social aspects we reached out about **50,000** marginalized vulnerable populace of the identified operational area slums and adjacent areas.

With resumption of normalcy and relaxation in Covid -19 restrictions we resumed to our Health Care Activities including Community and Mobile Clinics, Doctors Consultations, Free medicines and support to pregnant women, lactating mothers and children to get enrolled in Govt. vaccinations, ensuring the mothers having ANC & PNC support free of cost, measurement of nutrition level and thereby identification of malnourished adolescent and women and support them to enhance their nutrition level free of cost, diagnostic support like measuring Blood Sugar, Hypertension level etc. we have also tried to establish strong network and liaison with Govt. Health Dept so that in times of need the Community have

comfortable and safe access to Health Care facilities and their behavior to avail Institutional & Safe Health Facilities grows.

With support from **Wipro Cares & Wipro Foundation** our organization has extended relief support (Dry Food Materials etc.) to marginalized communities in areas across who due to prolonged Lockdown situation has lost their earnings & livelihoods during the lasting Covid -19 Pandemic.

1. Rationale for the Present Proposal:

A huge gap was observed between the needs and the health support services among different slums of Kolkata and Bidhannagar Cities. This is highly prominent in various findings that we derived from our sample studies in all the operational Wards. Out of the various gaps those were marked, the level of nutrition and haemoglobin seems to be alarming.

A sample size of 189 Women (31 Pregnant, 155 Lactating and 3 Specially Abled), 317 Children (below the age of 6 Years) and 265 Adolescent Girls were assessed to see the trend the malnutrition. It is observed 47 women (7 Pregnant & 40 Lactating) falls under the category of undernourished. 24 women (2 Pregnant & 22 Lactating) fall under the category of undernourished. Among the 3 specially- abled women 1 is undernourished. Among 317 studied children (0-6 Years) 13 comes under the category of undernourished. Rest 304 children however found to be healthy. Among 265 studied Adolescent Girls (11 & 20 Years) 18 Girls are found to be undernourished category. But most worryingly 65 adolescent girls are found with very low Haemoglobin (below 10gm/dl) the cutoff level of being Anaemic.

A gap is observed to be present in high of being diagnosed and availing designated health services in these areas.

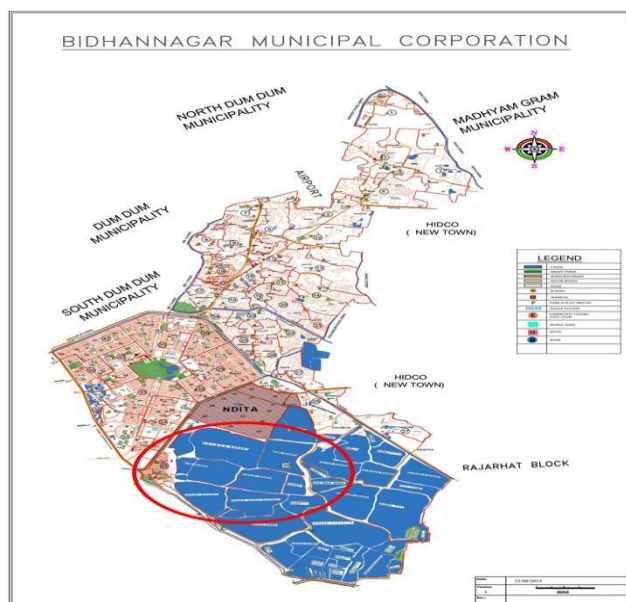
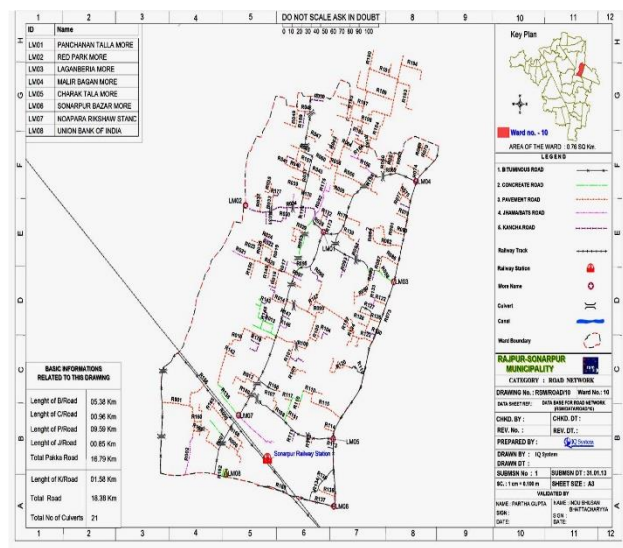
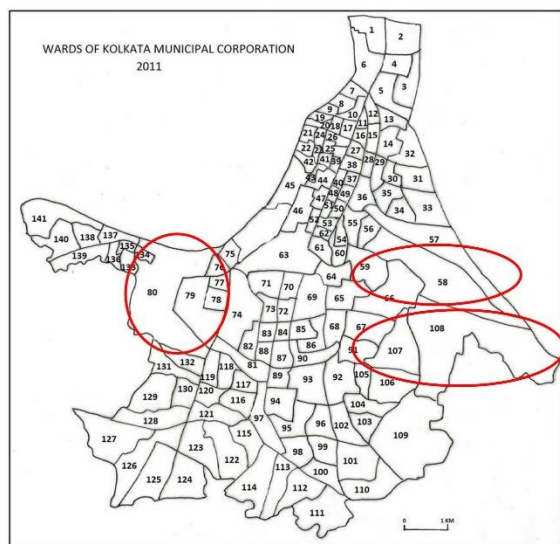
In this perspective we, Sabuj Sangha, now intend to extend the Project in other vulnerable Wards of Bidhannagar& Kolkata Municipalities where interventions and supports are highly needed. Thus the below mentioned Project Area is proposed for extending the project so that the marginalised slum communities of these areas have substantial support to address their health needs.

2. Proposed Geography:

The following table enumerates the ward wise detail of Kolkata and Bidhannagar cities where the project is proposed to be extended:

Name of Urban Local Body (ULB)	Ward No.	Total Population	Male	Female	Proposed clinics per week
Kolkata Municipal Corporation	58	1,10,000	60,000	50,000	1
	80	45,480	25,398	20,082	1
	107	30,000	16,620	13,380	1
Rajpur Sonarpur Municipality	10	11530	5450	6080	1
Bidhannagar Municipal Corporation	36	18,617	9867	8750	1
Total		2,15,627	1,17,335	98,292	5

Total population to be covered through this project will be **2,15,627** covering three (3) wards of Kolkata Municipal Corporation (KMC) and one (01) wards of Bidhannagar Municipal Corporation (BMC) and one (01) ward of Rajpur Sonarpur Municipality.



3. Goal:

Improve overall health status of people living in target communities in urban slums through basic health care services

4. Specific Objectives:

1. Continue running MMU to ensure replicable model of Safe Motherhood, Safe Childhood and improved health seeking behavior in expanded project area.
2. To ensure safe motherhood of 500 pregnant women in the 6 wards of KMC, BMC & Rajpur Sonarpur Municipality
3. Improved health seeking behavior of 400 adolescent girls in targeted area Combating anemia among 200 adolescent girls and developing life skills. These adolescent girls to prepare them as changemakers and empower them as independent individuals in the society
4. Increase institutional delivery & ensure child immunization
5. Ensure cent percent birth registration

5. Project Strategy:

Potential locations for conducting mobile clinics will be identified through area visit along with the local stakeholders and arrangements will be made accordingly. Doctor, nurses, paramedics and other project staff will be appointed through screening and interview to form mobile clinic team. Type of medicine, equipment and reagents will be purchased according to doctors' advice following the disease trend as experienced earlier. Purchase will be made according to purchase policy of the organization.

As the primary focus of this project is on service delivery, it is essential that healthcare services provided are both of high quality and affordable. Qualified healthcare team will ensure that the services are of highest standards.

Qualified registered medical practitioner will check up the patients, provide treatment through prescribing medicine and advice for cure as well as improving their health status. Minor instant pathological tests will be done in the mobile clinic by the qualified Lab Technician. Arrangement of First Aid with minor dressing of wounds, burns etc. for accidental cases will be present and provided during clinic operation as and when necessary. Health education on maintaining hygienic practices, safe water handling, and home-based treatment on emergencies, immunization, family planning, communicable disease, other preventable illnesses and environment will also be provided. Referral service will also be provided for complicated cases to other health institutions as require

A key strategy for the success of the project will be to ensure frequency and consistency of the services provided. Clinics will be conducted on a weekly basis in each selected location and to ensure the clinics taking place on the same day every week. This will build trust within the community as they will know when the service is available to them each week. Similarly, the medical team providing the services will be kept consistent, allowing doctors and other paramedic staffs to build a relationship with patients and ensure that the best possible are can be provided. Five days of the week will be dedicated to five fixed points for service delivery. One day will be kept flexible for community awareness programme, stakeholder's meeting, discussion with ward health committee and reporting & documentation.

6.4. Engaging Local Stakeholders

In order to ensure the long-term viability and success of the project, it is essential the local stakeholders are engaged in all aspects of the project. Rapport has to be established with local ward counselors through discussion sharing the project concept, the process of operation, its objectives and ultimate results. Initially, meetings will be held with local councilors of the respective wards, local clubs (CBOs), influential persons, to determine site locations for clinic and days of operation. Similarly, focus group discussions will be held with members of the community to further determine services required and appropriate cost of services.

In each clinic location one Ward Health Committee (WHC), comprising of local stakeholders including people will be formed during three (3) to five (5) years and strengthened through meeting/trainings to monitor regular operations accordingly. The WHC will be responsible for monitoring project activities, quality of services, popularization of the programme and engaging the community on the project.

All local stakeholders will be involved in the evaluation of the project, in order to gain a complete perspective on the success of the project, and the outcome of the evaluations will be incorporated for better implementation of the programme through community visit and assessment of health need.

At the community level wide campaign for people's awareness generation and community mobilization has to be done along with the stakeholders and people using IEC materials like banner, poster, sign board etc.

The project will transfer future responsibility of the mobile clinic to the WHC of respective areas after five (5) to seven (7) years and the mobile clinic will be converted into 'Community Clinic' The WHC will then run community clinics independently. The committee members will be guided about revenue generation

IMPLEMENTATION PLAN

This year, we aim to continue the Project Niramoy in in 5 wards of KMC, BMC and Rajpur Sonarpur Municipality (RSM).

Out of the total five (5) wards, – 108, 58 and 80 of KMC; 36 of BMC and ward no 10 of Rajpur Sonarpur Municipality are extremely vulnerable, need of minimum health service for those deprived people have been felt.

These wards are adjoining the existing areas. The wards geographically very vulnerable. Nearest government health center is situated more than 3 kilometers away, senior citizens, children of 0-5 years of age not access the health services properly. Therefore, we will be reaching a total **229662** population in 6 wards in Two (2) Municipal Corporation and one (1) Municipality.

This will be implemented through a convergence model with the local government, civil society, Municipal Corporation & Municipality, local government health department, block and district administration and health departments, so that optimum resources and schemes are availed by the community members.

Deliverable 1:

7000 patients will receive health care services through Mobile Medical

Detail on Deliverable 1:

A huge number of people have been benefitted from the **Mobile Medical**. As, the **Mobile Medical** are near to their door steps the people are motivated towards best practice of health seeking behavior. Eventually they are leaving the habits of getting medicines from local quack doctors, it is a good sign of best practice as well.

The **Mobile Medical** Camp will be operational at the selected locations every week throughout the year as usual. In the proposed year outreach camps will be operational in six (6) locations of KMC, BMC & Rajpur Sonarpur Municipality. **Mobile Medical** services have been extended to different wards experiencing people's need and responses received favorable. Water and toilet facilities are available in the clinic location. Schedules for the health camps in different locations are finalized and displayed in the centres, so that, people are appropriately informed. IEC materials like poster & charts with relevant health messages are prepared for information dissemination and generating health awareness. As usual feature

all **Mobile Medical** camps will be attended by doctor, nurse, pathology technician, health worker and support staff. Duration of each camp will be from 11.00 am to 3.00 pm. The patients will be registered, examined, treated and provided medicine and advised accordingly.

Major Activities:

1. Patients will be benefitted with doctor's consultation and free medicines along with other pathological services.
2. 12 meetings with each ward members, SHG women and other stakeholder for disseminating message about MMU (Venue, week days, date and timings for outreach camps)
3. Record keeping through Registers, Mother Card and Mother Folders along with daily diary of the health worker.
4. Conduct minimum 96 Mobile Medical camps.

Deliverable 2:

500 identified pregnant women & lactating mothers will receive optimum ANC and PNC

Detail on Deliverable 2:

In the proposed phase, 750 pregnant women and lactating mothers will be identified through Sub center, Home Visits, ANC camps and Mother's Meeting by using pregnancy testing method as per the mother's statement and pathological tests. After confirming a pregnant mother, the optimum pregnancy cares will be provided at the household, outreach and institutional levels. The target has been fixed based on experience, where all the identified pregnant women received optimum ANC and PNC.

From the identified pregnant women, 100 women will receive micro-nutrient supplementary medicines as per doctor's advices, those who are malnourished and belong from a vulnerable families.

Regular meetings with the pregnant women & lactating mothers, Self-help group (SHG) members, Government health personnel like ASHA, ANM, ICDS workers will be conducted as usual. The entire target under this deliverable will be implemented in close collaboration of the government health personnel. It will be ensured that all the pregnant women avail these government services. In addition, nutrition awareness and demonstration programmes at the community levels will be conducted as well as support for setting up nutrition garden will be provided. They will be provided orientation on rural technology establishing nutrition garden and supported with saplings, seeds etc. and monitored periodically. Sabuj Sangha's health workers will pass the knowledge about best practice to the government health workers so the entire concept of Safe Motherhood and Safe Childhood will be remained in the community.

The health workers along with health supervisors also organize and attend mobile health camps. These camps provide ANC checkup services to pregnant women and general treatment to people by the health team comprising of doctor, nurse, paramedic and programme staff. Project personnel attend the fourth Saturday meetings at ward health office every month along with health supervisors of respective wards, Government health personnel, canceller & others and share observations. They will also put forward their opinion on the issues of mother & child care. Additionally, the health workers have internal team meetings where they share their findings, community needs, results achieved and submit reports to health supervisors at intervals. The findings and opinions will be shared with health.

Major Activities:

1. Identification of 500 pregnant women & lactating mothers through Sub center register and home visit.
2. Proper health MIS of pregnant women
3. 4 Meetings with the self-help group (SHG) members
4. 2 nos. of meeting with ASHA, ANM, ICDS worker and link with block and district level health officers.
5. Organize 12 nos. nutrition awareness and demonstration programme with collaboration of ICDS.
6. 2 nos. Awareness meeting at community levels strengthening health programme

Deliverable 3:

400 adolescent girls will receive Sanitary Napkins in subsidized cost; among them, 200 adolescent girls with nutritional anemia (<9mg/dl) will be cured, they undergo life skills training

Detail on Deliverable 3:

Malnourishment among the adolescent girls of urban slum is predominant problem. The proposed project aims to address the issue through medicinal supplementation and advised for taking nutritious food specifically with iron contents. The family members will be counseled setting up nutrition garden in the homestead land. Malnourished adolescent girls will be identified checking body mass index (BMI) and hemoglobin status along with other pathological tests like protein and thyroid profiling as required. Their health status will be monitored at intervals and recorded to ascertain progress. Awareness generation will be done through community meetings and home visits by the health workers and supervisors.

With intention of ensuring menstrual hygiene practices and developing healthy habits among the adolescent girls, sanitary napkins will provide to **400** girls, who are unable to purchase. Out of them, 200 girls will be given support for combating nutritional anemia and these 200 girls will be given life skill training.

UNICEF defines life skills as “a behavior change or behavior development approach designed to address a balance of three areas: KNOWLEDGE, ATTITUDE, and SKILLS”. In today’s generation and the competitive world we belong in, it is essential for children to undergo life skills education during their growing years to become responsible citizens of the country. Formal school education is not enough to build values that are becoming largely overlooked. Additionally, understanding gender and gender equality are emergent issues for empowering girls and women in vulnerable communities, so that they are independent and confident individuals with high self-esteem. Life skills education for 60 adolescent girls have been planned in the proposed year, which will enhance their perception, decision making power, positive thinking, coping mechanism and confidence dealing odd issue in their lives.

Major Activities:

1. Distribution of sanitary napkins to 400 girls in every month.
2. Identification of 200 malnourished adolescent girls through survey.
3. Awareness meeting with 400 adolescent girls of high schools on adolescent health also other issues.
4. Preparation of cluster-wise list of girls with status of anemia.
5. Medical checkup by the doctor of 200 girls.
6. Medicinal supplementation as prescribed by the doctor for 200 girls.
7. Family counseling for 200 girls.
8. Organizing the life skills training programme with resource person for 200 girls.

6. Sustainability:

With the experience of more than four decades in Social Development works for marginalized communities we observed that building ownership of the support they have been offered and the facilities that is created is the hardest task in entire support mechanism.

In order to establish the value addition and as the first step to build ownerships of the facilities token Service Charge Rs. 40.00 will be collected from patients at a subsidized rate as doctor's consultation fee. The patients will be supported with medicines and advice free of cost. The collected revenue will be deposited in the Bank account of the respective WHC and during project tenure the accumulated fund will not be used for any purpose. This effort will generate a Community Health Fund during five (5) to seven (7) years period. After withdrawal of external support the WHC will continue Community Clinics independently with the fund and continue similar process.

Pathological services like different blood examinations, sugar detection, pregnancy test etc. will be provided to patients and pregnant women against which service charge will be collected in similar manner and deposited to bank.

Emergency cases like wound, cut injuries, burn cases etc. will also be treated through the mobile clinics. In case of severe accidents, bone fracture, drawn cases etc. First Aid service will be provided against service charge.

Sabuj Sangha, while implementing this project will introduce a health insurance card for the beneficiary families against certain amount of money. The benefit of this card is the family which will collect the card will get free doctor's consultation facility for any four members of the family throughout the year. The card will have to be renewed every year as other health insurances are. The revenue generated through all these services will generate WHC fund, which will be used running community clinics independently.

Thus a replicable model will be created which will be further extended by government and/ or by other organizations to other deprived slum areas of the cities/ state/country.

7. Estimated Cost for one(1) Year innitaly

Total Estimated Cost for a period of one (1) year(s) (April 2025 – March, 2026) is Rs. 28,58,700.00
(Rupees Twenty eight lakhs fifty eight thousand and seven hundred only).

Budget Year-2025-26						
Sl. no.1	PERSONNEL	No	Unit Description (e.g. week/month/etc.)	No. of Units	Unit Cost (salary)	Total Amount
1.1	Health supervisor	2	monthly	12	20000	4,80,000.00
1.2	Community Health Worker	4	monthly	12	5000	2,40,000.00
	Total Personnel Cost					7,20,000.00
2	FIELD VISITS	No	Unit Description (e.g. week/month/etc.)	No. of Staff	Unit Cost (salary)	Total Amount
2.1	Field visit of programme staff	48	monthly	1	150	7,200.00
2.2	Senior Management visit	12	monthly	1	2500	30,000.00
	TOTAL TRAVEL & LOCAL TRANSPORT					37,200.00
3	PROJECT COST	No of activity	Unit Description (e.g. week/month/etc.)	Number of Units	Unit Cost (salary)	Total Amount
A	Activities					
3.A.1	Mobile Medical Camp					
3.A.1.1	Car hire cost/fuel & mentainence cost	200	per camp	1	2500	5,00,000.00
3.A.1.2	Doctor	200	per camp	1	3500	7,00,000.00
3.A.1.3	Nurse	1	Monthly	12	12000	1,44,000.00
3.A.1.5	Female/Male Assistant	1	Monthly	12	12000	1,44,000.00
3.A.1.6	Medicine cost	200	Per Camp	40	40	3,20,000.00
3.A.1.7	Reagent & Consumables	200	Per Camp	10	25	50,000.00
	Total					18,58,000.00
3.A.2	Awareness & Meetings					
3.A.2.1	Awareness meeting at community levels strengthening health programme	4	monthly	12	1000	48,000.00
3.A.2.2	Awareness meeting with adolescent girls on adolescent health	4	monthly	12	500	24,000.00
3.A.2.3	Meeting with ULB members / health personnel	4	monthly	4	1000	16,000.00
3.A.2.4	Staff meeting	1	monthly	12	1500	18,000.00
	Total					1,06,000.00
	SUB TOTAL (Activities)					19,64,000.00
B	Administrative cost	Used for	Unit Description (e.g. week/month/etc.)	Number of Units	Unit Cost (salary)	Total Amount
3.B.1	Electricity	Office	monthly	12	2000	24,000.00
3.B.2	Mobile/Telephone Cost	Programme Manager, Supervisor, Health Workers, & Support staff, Paramedics, Nurses	monthly	12	1000	12,000.00
3.B.3	Printing & Stationery	Office & field	monthly	12	1500	18,000.00
3.B.4	Cleaning cost for clinic place	Office & field	monthly	72	500	36,000.00
3.B.5	Audit fees	Office & field	monthly	1	7500	7,500.00
	SUB TOTAL (Running Cost)					97,500.00
	TOTAL Program Cost(A+B+C)					20,61,500.00

4	INDIRECT COSTS FOR PROJECT IMPLEMENTATION	Used for	Unit Description (e.g. week/month/etc.)	Number of Units	Unit Cost (salary)	Total Amount
4.1	Report & Documentation	Head Office & Health Centre	Quarterly	4	5000	20,000.00
4.2	Visibility Cost	Field Areas	monthly	4	5000	20,000.00
	Sub Total (Indirect Cost)					40,000.00
SUMMARY OF BUDGET						
	Total Direct cost					28,18,700.00
	Total Indirect cost					40,000.00
	Grant Total					28,58,700.00

8. Brief write up on how to ensure the brand visibility :

Donor Logo will be fixed on the wall of where the community clinic takes place and in our hospital for its visibility. Besides some sign boards will be displayed in certain strategic locations of the villages for making people aware that the supports for creating all such have been provided by Mindray.

Sabuj Sangha will use Mindray Logo in the regular reports, photographs and cases studies in relation to the project, and will also be used in internal (staff announcements newsletters etc.) and external communications (media, website etc.), in order to promote Donor support for the development of vulnerable communities. Similarly, with Donor permission, Sabuj Sangha will use Donor Logo and mention its contribution in its own communication materials such as Annual Report and website.