

I. FACE SHEET

Project Title : **Promoting child rights through
Child participation & Child-To-
Child Health**

Applying Organization :
Address :
Tel: +
Email
Website:

Contact Person/ Function : **Mr. Pradeep Agarwal, President**

Organization's Legal Status : ***Registered under the:***
Society Registration Act,
Income-tax Act,
Foreign contribution Regulation Act

Project Location : **Town: Hydeabad**
District: Rangaeddy
State: India Country: India.

Target Groups : Street Children, Poor Children,
Orphans, Semi Orphans, Disabled
Children, General Population.

Time-frame for the project : From: **2013 to 2019**

Total Budget : Rs.

Grant Requested

Bank Details :

II. ABOUT THE ORGANISATION

TULSI GRAMODYOG SEVA SAMITHI(TGSS) is a registered non-profit, service organization working for the care and welfare of Children. **TGSS** was founded by a social minded Indian by name **Mr. Pradeep Agarwal**, who has a passion to serve the poor and needy.

Target Areas:

The Trust caters to the need of the following deprived areas:

- Hyderabad
- angareddy

Target Groups

TGSS serves to the needy human beings without caste, creed, colour, race, religion or any distinction. The present beneficiaries are orphan children, children with HIV/AIDS, Street Children, Poor Children, Semi Orphans, and Disabled Children

Present Activity

Home for children

A home for the children with HIV/AIDS, Semi orphans, orphans and Disabled Children is being run in a rented building. At present, 30 children are staying at the home and some more have also registered but have not yet been accommodated due to lack of space. Children with HIV/AIDS, Disabled Children are really in need of good nutritional regime, medicine and special care with love.

III. BACKGROUND INFORMATION & NEED OF THE PROJECT

India is economically, socially and educationally backward one. Because we have many social problems, the peaceful life is disturbed I would like to explain a few activities. According to the latest statistics, the percentage of literates in the MH state is only 46% which is the lowest one in India when compared to other states. That too there are no more highly qualified people. It is identified where there is no more education the growth of economy is less.

The geological area is having more dry lands and less fertile lands. Also the land is surrounded by more mountains and hills. Hence the agriculture income is very poor. Mostly India is depending for its income from agriculture, many time the monsoon are failure. Due to the poverty a few months ago Children were sent out to other states to earn Rs.500 (US\$ 12) per month. Surprisingly a team of girls who were about to leave to other

states were caught up in railway station and brought back to their native place by the police.

It is stated that around one-lakh families moved to other States to work as coolly and earn their daily bread. Most of the people think that girl babies Disabled Children are burden to their families. So they kill the girl babies at their births.

IV.RATIONALE OF THE PROJECT

The understanding and practice of children's rights is an important element in the in the preparation of all young people for living in a democratic society that values diversity and is committed to equality and social justice. Such understanding and practice are developed at an early age in learning the basic facts about rights and through accruing the needed skills to translate this information into action; skills such as decision making, value clarification, and negotiations

Such learning is reinforced through the very nature of the surrounding environment itself. An appropriate climate is an essential complement to effective learning about and through rights, where it is not only enough to focus upon knowledge, and information gathering about rights, but where it is just as important, that children are given the opportunity to develop and practice skills necessary for the defense and promotion of their own and other people's rights

It follows that children's rights are best learned in a democratic setting where participation in encouraged, where views can be openly and discussed, and where there is fairness and justice. Schools and children's

activity centers in the villages are in principle provide a structured learning environment for many children particularly at primary levels, and offer a good opportunity to focus on changing knowledge, skills and attitudes of children. They are a cost-effective way of reaching children while securing wide coverage and sustainability through the already available infrastructure of the education sector itself.

Schools constitute a resource in the community by having an impact on the habits of its members, where children can play the role of change agents within their families and communities in relation to rights and can become good partners for information propagation. Democratic values such as respect for the dignity and freedom of the individual, responsibility, tolerance, equality of opportunities and justice need reaffirming in a country that has witnessed many violence and disaster. These violent and disaster have caused confusion in the minds of people whether old or young and have shattered their sense of value judgment and principles. Now, with the resumption of peace and tranquility, **TGSS** is taking positive steps towards improvements and reconstruction efforts towards rebuilding are advancing swiftly.

Over the last two decades, adults, parents, teachers, leaders, decision makers, authorities, sectors of civil society and governments at all level were called upon to assume their shared responsibility for the rights of children to survival, development, protection and participation. And much has been learned over the years; that work with families' parents, communities, and local authorities can create the conditions and context for development; that it is those people affected by policies who should be involved in their design; implementation and evaluation; and that there are human costs.

Child participation – is intended to remind adults of their obligation to elicit and consider the views of children and young people when decisions are being made that affect their lives. Each generation is faced with new challenges – listening for and to the views of children is one of ours. **TGSS** focuses on the responsibility of adults to seek out the perspectives and opinions of children and to taken them seriously; and on the responsibility of adults to help children and adolescents develop their competencies for authentic and meaningful participation.

Participation is a subject with a broad definition and multiple interpretations. In truth children have always participated in life: in home, in school, in work, in communities, and even in wars sometimes voluntarily and heroically. Because children have proved that when they are involved, they can make a difference in the world around them. They have ideas, experience and insights that enrich adult understanding and make a positive contribution to adult actions.

Promoting meaningful and quality participation of children and adolescents is essential to ensure their growth and development. A child whose active engagement with the world has been encouraged from the outset will be a child with the competencies to develop through early childhood, respond to educational opportunities and move into adolescence with confidence, assertiveness and the capacities to contribute to democratic dialogue and practices within the home, school, community and country. Adults and organization have often failed to see children and young people as resources, subjects with rights and people with dignity who have the right to be heard and taken into account in decisions that affect them

V. THE VISION OF THE PROJECT

- To place the power and responsibility for healing oneself within the hands of those affected children and have them be the facilitators the entire process
- help children to heal and reconcile with the loss they have experienced
- Inspire the children who have been affected; envision and dream once again; dreams and goals that they can work towards
- Document the experience of children through the flood and its response to it as a source of strength and inspiration to the future.

Objectives

The general objective of this project will be to promote the rights of children among children within the age of 5 to 15 years through child-friendly schools, community and their village Panchayat.

The specific objectives are:

- To extend within the formal and non-formal curricula teaching / learning methodologies that touches upon rights of children (ROC) within basic life skills. Democratic values, and learning competencies, with assessment and evaluation techniques.
- To equip teachers, school assistants, Panchayat presidents counselors, and in addition to youth leaders and community based organizations (CBOs) such as SHGs with interactive techniques that promote rights of children, adolescents, parents and other active community members in community as well as in schools

- To improve the learning environment in schools by involving children encouraging the participation of children, adolescents, parents and other active community members in community as well as in schools

VI. IMPLEMENTATION METHODOLOGY/STRATEGY

- Mobilizing all educational and communication channels for the promotion of the CRC, it understands and practices in order to strengthen political support and broaden the CRC alliance, partnership and interagency collaboration at local, regional levels.
- Empowering beneficiaries including children and parents while enhancing community participation by promoting better learning environments within schools and community that are child-friendly
- Building capacities by training and participation in the different project activities at local levels through the development and implementation of ROC and their continuous monitoring and evaluation while encouraging the exchange of expertise.
- Modeling targeted and progressive interventions that will consider culturally sensitive issues of the ROC.
- Scaling by building on existing initiatives as the interactive and integrative approach of the Sarva Siksha Abhyan(SSA) designed to improve the quality of education

Geographical coverage and beneficiaries

The project will cover 10 High schools in the Nagpur District. Main beneficiaries are 2,000 children between 5 and 15 years old, in addition to

their caregivers including teachers, school principals and their parents will also be involved in children's activities with other active community members

a. Advocacy

In cooperation with other NGOs such as CCRD, CSED and CACL – the active NGOs and other organizations such as UNICEF will advocate and promote the CRC and its provisions through child-friendly schools and community, as the place for democracy training, where respectful relations are nurtured in a healthy social environment, and where participation of parents and other community members is encouraged. Promotional material like posters, information leaflets, videos and others will be prepared and utilized through different media channels in addition to the schools.

The children's rights advocacy is largely focused its efforts on traditional child labor practices, which has a devastating impact on children, who work long hours in sea, often in dangerous and unhealthy conditions, are exposed to lasting physical and psychological harm. Working at boats and catamarans, for example, has left children with physical damage, stunted growth, and a susceptibility to arthritis, as they grow older.

Denied an education and a normal childhood, some are denied freedom of movement – the right to leave the work and free at home and some are even abducted and forced to work. The child rights abuses in these practices are clear and acute in the area. Our objectives in tackling these aspects of the complex and troubling child labor issue including drawing attention to the plight of forced child laborers, helping to end these appalling practices, and contributing to the debate on the rights dimension of the larger issue of children and work.

Outputs: information package including posters, calendars, student agendas

b. Children's Panchayats:

On completion of phase 1; the project envisions the setting up of Panchayat for children in each of the villages where the project has been implemented. The children's Panchayat is a program for children below 18 years. It consists of elected members from local village both working and school studying children, who would meet on a bi-monthly basis to discuss various issues such as; the education, environment, government, children's rights and responsibilities, democracy and decision-making processes. The venture is ultimately intended to provide children with a forum in which they can voice their concerns, as well as to facilitate children's participation in decision – making.

The children's Panchayat here will also have chance to link up with a similar children's Panchayat in other areas. This will give an opportunity for children on out sides of their world to learn about each other.

Main highlights:

1. The club will become the space through which future activities
2. It will provide a space for interesting educational sessions as well as sports
3. The club will organize various programmes in the village.
4. The club will run library, exhibitions, sports events etc.
5. The club will be led and managed by children
6. Adults will mentor a group of children in how to lead and manage it

c. The Children's Circles

Traumatized children who have lost their childhood along with houses, personal belongings and their parents livelihood source which is the most essential critical component of disaster relief is found to be partly absent in the areas. The children are experiencing an incredible sense of loss and grief – loss of home, assets, safety, health, education and most importantly hope.

There was an urgent need to promote and create child friendly environment for children to involve them in supplementary educational, recreational and creative activities including psycho-social counseling by developing community facilitators from within the community after adequate training by experts in this field. We propose to continue this programme component by organizing 12 village-level children's circles.

Through the children's circle recreational, educational and counseling services for children will be provided. The circle would also serve as a hub for us to implement effectively the long-term rehabilitation measures ensuring child participation. Community facilitators will be trained and reoriented to follow up on ensuring the child rights agenda in a long-term rehabilitation of flood affected villages on a sustainable basis. Through its very principles the talking circle creates the opportunity for each participant to

- Feeling empowered to think for them.
- Experiencing the power of shared minds.
- Sharing responsibility.
- Learning how to arrive at consensus.
- Reinforcing the principles of equal opportunity for participation.

- Affording each individual equal opportunity for participation.
- Developing direct, honest, and effective communication.
- Experiencing a partnership model in action.

Outputs: children would demonstrate their ability in public exhibitions, melahs, share their knowledge and expertise with other young children.

d. Strengthening elementary education

tgss will develop a clearly defined policy and structure for the institutionalizing of the CRC within both formal and non formal structures. Poor infrastructures, poor ratio of teacher students in classrooms, lack of community participation and lack of management systems in schools are creating drop outs and denies listening to slow learners. There is an urgent need to address the situations of government run schools which is indirectly encourage and opens door to privatizations of schools education.

Seminars will be held in village and block level to sensitize decision makers and actors towards the notion of child friendly education that fosters learning through new methods, appropriate content and the design of measures towards tackling learning problems and meeting SSA goals including completion of the basic education level and securing proper attendance at schools. Supplement educational materials and resources available from various sources. Surveys and studies will be conducted to complement inter-efforts along this line, and will link with the other basic information of the project.

A comprehensive study will be carried out about the schools around the project area in order to find history of school, past and present condition,

proposal to improve the school's infrastructure and parents and community participation. Community facilitators, members of children's Panchayats, members of PTA and VEC as well as school teachers, will carry out this study.

Outputs: School education would be more meaningful and students friendly. Child would enjoy their learning as well as their rights in the society.

e. Adolescents education and skill training

Poverty and ignorance are the greatest impediments to the development of people. It is extremely unfortunate that, due to the tsunami driven poverty and ignorance of their parents, many children (and especially girls) are approaching adulthood without any basic or social education that adolescents require. The ignorance perpetuates great risks when they eventually start their own families.

This project could support their education in their teenage years. And give them a valuable start in their adult life. The preparatory education and training to adolescent children can make a critical difference to their lives as adults; the knowledge and skills gained before marrying and entering the adult world can be seen to exert a major influence on their and their future families' well-being. Particularly for girls, legal education and skill training may encourage them to delay their marriages and find ways of income – generation for self – sustenance.

The adolescent education and training include issues like legal education for girls reproductive health, nutrition and particular types of skill training

(e.g. tailoring, home-gardening for girls, mechanics for the boys) to enable them to be able to earn their own livelihood. We would provide a full array of services to adolescents that begin with comprehensive assessments of social skill difficulties and / or behavior problems at school, work or at home. Interventions include social skills training, individual / family counseling, and the development of behavior plans for disruptive behaviors at home or in school, peer sensitivity training, school consultations, and community workshops and school in-service trainings.

We also propose to provide vocational skill training to girls and boys. For girls tailoring, Montessori teaching skill and computer education is proposed. For boy's carpentry, diesel engine mechanism and driving skills will be provided. Instead of establishing institutes for such trainings said above, we propose to place the adolescents to exist training institute with small stipends will assist them to complete the course. After the completion of course we would also assist them to find employment in relevant occupation.

Outputs: Trained youth would get gainful employment and move toward self-reliance.

Project at glance

Phase 1:

- ❖ Meeting with proposed idea would find support from the community
- ❖ Holding community meetings with women
- ❖ Meeting with children
- ❖ Working with the staff and defining the scope of the project
- ❖ Surveys, studies and exhibitions
- ❖ Publication and news letter

Phase 2:

- ❖ establishing of children Panchayats in each village
- ❖ Children's circle events
- ❖ Support to elementary education
- ❖ Organizing meetings with village education committee – (VEC) and parents and teachers association –(PTA)
- ❖ Preparation of posters, student's agenda and calendars etc.
- ❖ Adolescents training and placing adolescents for training

Phase 3:

- ❖ Seminars and meetings with stakeholders to strengthening elementary education
- ❖ Children's melahs, fair, exhibitions, and debates
- ❖ Publication of reports of schools

Phase 4:

- ❖ Melah of children's Panchayats
- ❖ Placement of employment to adolescents
- ❖ Evaluation and report.

II ABOUT US

TGSS is a voluntary, non-profit, rural development organization, committed for the empowerment and emancipation of women, children, aged and needy rural masses. TGSS longstanding desire is to support the under

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privileged and disadvantaged members of the society. Awareness and education bring empowerment and empowerment leads to sustainability.

It is a charity organization which supports country women to reach economic independence. Women get training in manufacturing paper toys and clay products. This happened in a large common space. The major twin objectives of the Society are to empower the rural women through skill training and education, and assist handicapped people to lead a sustainable life by giving them a skill to earn a decent income.

Achievements

1. Educationally enabled 125 poor pupils by admitting them in government schools
2. Educated 225 child labourers through Non-formal education,
3. Empowered 425 women and 150 youth by equipping them through skill training,
4. Treated the illness and addressed the common health problems of 15 villages through periodical health camps,
5. Constructed 25 houses for dwelling, and updated the irrigation facilities of three villages through de-silting the irrigation canals and percolation tanks.

No. of Staff

Nature of Employment	Block Coordinator	Cluster Coordinator	Support Staff	Accounts Staff
Part Time	-	-	-	-
Full Time	4	15	3	1

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Total	4	15	3	1
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Present programmes

- Supplementary Education Programme for SC/STs
- HIV /AIDS Awareness camps
- Mother and Child Care Programme
- Self Help Group (SHGs)

III. TARGET AREA BACKGROUND & PROBLEMS

TGSS concentrated in 25 costal and rural villages of Nagpur District. The major source of livelihood of the people in the District is Agriculture, Fishing and Allied activities. Nagpur is also known for its backwardness in education and economy. Their economy is subsistence as the natural resources of the District are meagre to support its population.

Among the population, women, children and handicapped people are the poorest of the poor. They are purely depending upon their family. Handicapped people lack support from their families as well as from the community. Government schemes reach them seldom.

The total population of Hyderabad as of 1st March 2011 stood at 79,8800,929 as per the provisional results of the Census of India 2001. In terms of population it holds the second position among the States and Union territories in the country. As against all India decadal growth rate of population 24.43% during 1991-2001, in Andhra Padesh this has further slipped to 14.39% from 25.99% during 1981-1991. The sex ratio (i.e., the number of females per thousand males) of population in the State has improved from 922 in the present census. The literacy rate in the State has

shown remarkable improvement. This has increased to 78.49% when compared to 68.66% ten years back during 1991 Census. The target area is one of the backward districts of Ap where the basic conditions of children, youth, women and aged are deprived. Youth form 49% of the targeted slums who are in need of some basic skill to become productive and creative.

Plight of the children: These children face the following problems in an age that is not suitable to find solutions to most of their problems: Lack of basic education makes them as illiterates, retarded growth in the socio-psycho development of their life, early marriage and frequent pregnancies results poor health for mothers, malnourished, under-weight babies, respiratory tract problems, learning undesirable bad habits like smoking, pan chewing, drinking and live in dire poverty entangled with despair.

Plight of the Youth: The present day youth were the earlier day child labourers, lack basic education, skills and vision to lay down their future.

Plight of Women: Because of different factors like the lack of education, ignorance or a "Defective Value System" the existing poverty status in the target areas is possible. Discrimination, violence against girls and women are the worst forms of violence. Women's and girl's situation is hardly understandable for outsiders. But to be born as a daughter a woman has restrained from education, socialization and participation in the decision making process. As a wife, a woman has to procreate children for the husband and rear them. She has the obligation to procreate a baby child; failure would result in deprivation of conjugal life with the husband. Still there are many other forms of mental violence against women. Moreover,

beatings and other forms of physical violence are considered as normal practices in the hill-villages.

When girls or young women get married, also they are not supposed to stay with their birth family. They are considered to live with the husband's family. This leads to the opinion, that investment on girl's education is useless because it does not give any return to the parents. Hence, often the boy child alone enjoys the investment on education and development. This discrimination leads the girl to grow as illiterate, ignorant and inferior persons, which turn out in poverty and a submissive status.

Health Condition: Health condition in the targeted villages is comparatively poor and needs more attention by the government as well as by the non-governmental organizations. However, a number of factors put the population of the target areas both at special risk for the poor health plight. These factors include population density, rudimentary housing, dwindling ways of making a living, poor sanitation and health care systems, and lagging literacy and education. Coastal dwellers have also traditionally been isolated from the rest of the district and are at the bottom of the region's socio-economic ladder.

Those living along coastline and in the targeted villages have some of the worst sanitation and health indicators in Ap state. Morbidity, mortality, and frequency of illness are much higher among the targeted villages and coastal communities, and particularly among women, than in the rest of the district.

Ensuring that children are healthy and able to learn is an essential component of an effective education system. Good health increases enrolment and reduces absenteeism, and brings more of the poorest and

most disadvantaged children to school, many of whom are girls. It is these children who are often the least healthy and most malnourished, and who have the most to gain educationally from improved health.

Literacy and education: The targeted community also lags behind the general population of AP in literacy rates and education levels. If they send the children to school at all, most families stop the education of their children early, as the industry has the tendency to absorb young workers in large numbers and they find themselves unable to do so because of their lack of education and alternative skills.

In these conditions, a cooperative society for women would solve most of their problems and give them self-sufficiency.

IV. PROJECT OBJECTIVES

1. To address all the health issues of children through their participation
2. To motivate and encourage children in the age of 3 year to 14 years to participate in their health care project
3. To implement child-to-child health education and hygiene programs that will improve knowledge and behaviors related to household practices and home hygiene through people-based-media and promoted by the mass media
4. To maximize the health care service available for children in the community
5. To promote child-to-child health concept among all the targeted community to ensure better health for all children, to reduce the child mortality in the target areas and to reduce to low weight babies

6. To improve the medical services unavailable for disabled children
7. To provide early intervention to ensure child survival as well as holistic development of every children in the targeted villages.

V. METHODOLOGY

In developing countries it is common for older children to assume much of the responsibility for care of their younger siblings. Based on this observation, the "child-to-child" approach to health education targets these older children as a means of improving child health.

Health education

Health education has been included in the National curriculum framework by the NCERT to bring out an all around development in children so that they are physically healthy, socially useful, economically productive and personally satisfied citizens of the country. Through health education the teacher training institution endeavours to provide future teachers with the knowledge, attitudes and practices and skills necessary to:

- Meet his own health needs
- Provide a safe, sanitary and healthful environment for his students
- Help student teachers meet their physical, social and emotional health needs
- Insist in the prevention and control of communicable and other diseases

- Assist with the planning and implementation of school and community health programmes
- Impart adequate and basic health knowledge'

Formation of Child-to-Child health clubs

This child to child health clubs would have age graded agenda to discuss and resolve. They will have their own age appropriate activities to cover the rest of the children in the community.

School health and nutrition

School health and nutrition (SHN) interventions have been shown to improve not only children's health and nutrition, but also their learning potential and life choices both in the short- and long-term. As such, they are recognized as making a significant contribution towards countries' efforts to achieve Education for All (EFA) and their Millennium Development Goals (MDGs).

VI. EXPECTED OUTCOMES

- This project would address and deal comprehensive health needs of children in the age group of 0 to 14 years in 12 villages in Nagpur District.
- This project would enable children to care and to be cared by themselves.
- This project would undertake preventive health care activities in the command area.

- This project would impart continuous education and training to children
- This project would community - based health services to identify patients early who need treatment that will avoid or minimize specific health problems.
- This project would educate and motivate patients and their families about the risks of ill-health practices, personal hygiene and community sanitation to ensure the better health.

VII. MONITORING & REPORTING

This medical staff and board of ANC would monitor the project on concurrent basis and the same would be reported in descriptive form and supportive evidence like photos, newspaper cutting and final report.

VIII. EVALUATION

The evaluation would be done at the end of the camp and would also be done after 30 days of the completion of the project to ensure the realization of the objectives.

01. DETAILED BUDGET ESTIMATE:

A. TREE PLANTATION PROGRAM:

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NAME OF THE ACTIVITY RUPEES	AMOUNT IN
- Nursery raising Rs.2 X10000 Seedlings X 100 Hectares	20,00,000
- Transportation charges Rs.1 X 10000 X 100 Hectars	10,00,000
- land leveling charges Rs.2500 X 100 hectres	2,50,000
- Manures Rs.1000 X 100 Hectares	1,00,000
- Plantation charges including digging of pits Rs.10X10000X100	1,00,00,000
- Training to Animators Rs.100 X 100 Nos. X 5 days X 2 times	1,00,000
- Training to active youth Rs. 100x40Nos x 3 batches x 10 V x 2 times	2,40,000
- Awareness meetings Rs.5000 x 10 villages	50,000
- Travel expenses	25,000
Budget for one Mandal	1,37,65,000
Number of mandals	
1,000	
Budget for 100000 Hectares Plantation in 1000 Mandals. in lakhs	Rs. 1,37,650

S.No.	Particulars	Calculations	Grand Total
1.	Land for construction	Rs.505 crs X 1 Acres	50000000
2.	Land Development and Roads		35000000
3.	Two Story building Construction (4800 sq ft.)	5 Periphera Hospitals x 4.80 crs.	240000000
4.	Special Treatment for Operation Theatre interior		600000
5.	Special provisions for Clinical Labs		4000000
6.	Reception area and exterior decoration		4900000
7.	Utility: Generator MV Electrical panel, Laundry Medical Gas, Garage for Car/Bus		5950000
8.	Water Distribution, Plumbing & Sanitary work	10 HP with Galvanized iron pipes/ PVC pipes and fittings	1550000
9.	Water Softener		800000
10.	An effluent treatment plant for treating 100000 liters per day requires: Screening chamber (3'x3'x3'), Raw waste Collection stamp (15'x15'x15'), Pumps to lift the raw water with 3 HP drive (5'x5'x5'), Up flow contract filters (20'x20'x8'), Aeration tank (20'x15'x8'), Settling tank (8'x8'x5') Chlorine contact chamber (6'x3'x4'), Sludge drying beds (8'x8'x3') Electrical work, pipling, Aerator and pmps.		950000

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11.	Major Electrical Facilities: 11 KV incoming from EB supply point to indoor HT switch board of 11 KV, 3 phase, 50 cycles, breaking capacity of 350mVA with 600A oil circuit breaker, from HT switch to transformer of 750 KVA. MV panel suitable for 433 volts, 3 phase, 4 wire 50 cycles supply, rupturing capacity at 45m VA at 433 volts neutral solid earthed with 2000A draw out type air circuit breaker. TP & N with 1600x5 CT and with all accessories, shut trip coil etc.		4200000
12.	Transformer: 3ph, 50 cycles, 750 KVA capacity step down transformer, core type, primary 11 KV delta, secondary 433 V star.		500000
13.	Standby Diesel Generators, 500 KVA and 250 KVA		3050000
14.	EPABX system & Telephone handsets		440000
15.	Computers, UPS, Printers, Networking, Fittings, Scanner, Internet connection & Softwares		2203000
16.	Elevators		1700000
17.	Fire Control & Alarm System		650000
18.	Music/Public address system		400000
19.	Chiller and accessories		4400000
20.	Chilled water and air circulation system		1900000
21.	Air handling units		3910000
22.	Medical Gas Systems		1900000
23.	Power Laundry		870000
24.	Kitchen equipment and furniture		800000
25.	Reverse osmosis plant with softener		1200000
26.	Vehicles: (Ambulance, & Cars)		3164515
27.	Mobile medical unit	Rs.1030140x5Hospitals	5150700
28.	Centralized Sterilization		4408000
29.	Specialized Diagnostic Equipment: Catheterization laboratory, C.T. Scanner, Gamma Camera, X-Ray – 500 MA with fluoroscopy		52800000
30.	Clinical Laboratories: Blood Bank, Microbiology and Histopathology		50000000
31.	Fully Equipped Operation theaters: General O.T. Labour O.T., Ortho OT		9700000
32.	Cardiology Department		40000000
33.	Nephrology		6000000
34.	Neurology		8000000
35.	ICCU		8800000
36.	ICU		8800000
37.	IMCU		8000000
38.	Consumables: Dialysis 10x400x25 days x12 months		12000000
39.	Lab		9000000
40.	Ward		8000000
41.	Operation Theatre		3000000
42.	Bio Medical Equipments AMC and Maintenance		9000000
43.	Elevators AMC		470000

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44.	Chillers AMC		640000
45.	Maintenance		1000000
46.	Electricity Charges Rs.900000x12 months		17800000
I. Sub Total			637606215

DETAILED BREAK UP OF SALARY AND WAGES:

Section	Manpower Requirement		Wages/Person per month		Total wages for 12 months		Total types (A+B)
	Type A	Type B	Type A	Type B	Type A	Type B	
Pharmacy	8	2	8500	12000	816000	288000	1104000
Physiotherapy	5	-	10000	-	600000	-	600000
X-Ray	3	1 wt	8000	12500	288000	96000	384000
House Keeping	42	1	3000	4000	1512000	48000	1560000
Medical Stores	5	1	4000	5000	240000	60000	300000
Maintenance	20	3+IE	4000	5000	960000	180000	1140000
Accounts	6	2	12000	15000	864000	360000	1224000
Record (Medical)	3	1	3000	6000	108000	72000	180000
Receptionist	9	1	4000	5000	432000	60000	492000
C.T.	2	-	10000	-	240000	-	240000
Cath. Lab	1	1wt	10000	12000	120000	144000	264000
Gamma	1	-	10000	-	120000	-	120000
CSSD	4	1	10000	12000	480000	144000	624000
CSSD	4	1	10000	12000	480000	144000	624000
Kitchen/Pantry	20	1	4000	7000	960000	84000	1044000
Clinical Lab	6	2	4000	7000	288000	168000	456000
Blood Bank	4	1	4000	5000	192000	60000	252000
Microbiology	2	-	10000	-	240000	-	240000
Histopathology	2	-	10000	-	240000	-	240000
ECG	6	-	10000	-	720000	-	720000
ICU	-	3wt	-	4000	-	144000	144000
ICCU	-	3wt	-	4000	-	144000	144000
IMCU	-	4wt	-	4000	-	192000	192000
Operation Theater	-	7wt+2	-	5000	-	540000	540000
Trauma Care Unit	14		4000		672000		672000
Outpatient Dept.	14		4000		672000		672000
Neonatal	12		4000		576000		576000
Special Ward	9		5000		540000		540000
Post Operative Ward/Ward	10		5000		600000		600000
Operation Theatre	5		6000		360000		360000

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General Ward	15		5000		900000		900000
Other wards	4		4000		192000		192000
Library	1		5000		60000		60000
Per Annum II. Sub Total							17400000

I. Sub Total	637606215
II. Sub Total	17400000
Budget for one Hospital	655006215
B. Total amount for 4 hospitals Rs.6251lakhs X 4 Nos.	26,204 lakhs

C. MOBILE MEDICAL UNIT:

NAME OF THE ACTIVITY	AMOUNT IN RUPEES
NON-RECURRING EXPENSES SINGLE CLUSTER:	
- Medical Relief Vans	Rs. 15,00,000
- Audio-Visual aids	25,000
	15,25,000
RECURRING EXPENDITURE SINGLE CLUSTER:	
	1,80,000
- Honorarium to Doctor Rs.15000x12 months	60,000
- Honorarium to Nurse Rs.5000x12 months	48,000
- Hon. To Pharmacist Rs. 4000x12 months	36,000
- Hon. To Social Worker Rs.3000x12 months	36,000
- Hon. To Driver Rs. 3000x12 months	3,00,000
- Medicines etc. Rs.25000x12 months	36,000
- Fuel Rs.200x25 days x 12 months	60,000
- Health Education Camps Rs.5000x10 vilalgesx5 Mandals	2,50,000
Total Recurring expenditure	10,06,000
Non-Recurring Expenditure Rs.15.25lakhs x 200 Clusters	3,050 lakhs
Recurring expenditure for 200 cls. Rs.10,06 lakhs x 200 Cluster	2,012 lakhs
Total cost for Mobile Medical Unit	5,062 lakhs

c. ADMINISTRATION BUDGET:

NAME OF THE ACTIVITY	AMOUNT IN RUPEES
a. Central Office Budget:	
- Rent for Central Office Rs.10000x12 months	1,20,000
- Computers with accessories Rs.50000x4 sets	2,00,000
- Furniture	2,00,000

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- Stationery Rs.7500x12 months	90,000
- Electrification	1,50,000
- Audio-Visuals (Home Theatre)	1,50,000
- Orientation to staff Rs.15000x12 months	1,80,000
- Hon to Project Director Rs.15000x12 months	1,80,000
- Travel to Project Director Rs.1500x12 months	18,000
- Hon to Manager Rs.15000x12 months	1,50,000
- Hon. to Field Supervisor Rs.10000x12months x 4 Nos.	4,80,000
- Travel to Field Supervisor Rs.5000x4 Nos.x12 months	2,40,000
- Office Staff Rs.5000x12 months x 5 Nos.	3,00,000
- Helpers Rs.4000x4 Nos.	1,92,000
- Office Boys Rs.2000x12 months	72,000
- Four Wheeler	4,50,000
- Two Wheelers Rs.50,000x4 Nos.	2,00,000
- Hon. Driver Rs.5000x12 months	60,000
- Fuel Rs.10000x12 months	1,20,000
- Monthly Review Rs.20000x12 months	2,40,000
- Quarterly Evaluation Rs.10000x4 times	40,000
- General Travel Rs.5000x12 months	60,000
- Phones & Communications Rs.7500x12 months	90,000
- Vehicles Maintenance Rs.200x12 months	24,000
- Office maintenance Rs.2500x12 months	30,000
- Audit & Reporting	12,000
Sub Total	40,48,000

b. REGIONAL OFFICE BUDGET:

- Rent for Regional Office Rs.10000x12 months	1,20,000
- Furniture	50,000
- Computer with accessories Rs.50000x2 Nos.	1,00,000
- Audio Visuals	25,000
- Electrification	25,000
- Hon. To Regional Director Rs.75000x12 months	90,000
- Hon. To Field Staff Rs.5000x2 Nos. x12 months	1,20,000
- Travel to Field Staff Rs.3000x2 Nos. x 12 months	72,000
- Office In-charge Rs.25000x12 months	30,000
- Hon. Manager dRs.6000x12 months	72,000
- Accountant Rs.5000x12 months	60,000
- General Travel Rs.25000x12 months	30,000
- Stationery Rs.1500x12 months	18,000
- Two Wheelers Rs.50000x3 Nos.	1,50,000
- Office and Vehicle maintenance Rs.3000x12months	36,000
- Helpers Rs.2000x12 months x 2 Nos.	48,000
- Monthly Review Rs.25000x12 months	30,000

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- Quarterly Evaluation Rs.5000x4 times	20,000
- Training to Active youth Rs.5000x3 daysx10 batches	1,50,000
- Fuel & Electricity Rs.2500x12 months	30,000
Budget for one Regional Office	12,76,000
No. of Regional Office	4
Sub total of Regional Office Budget	<u>51,04,000</u>

c. CLUSTER OFFICE BUDGET:

- Rent for Cluster Office Rs.5000x12months	60,000
- Office furniture	50,000
- Computer with accessories Rs.50000x5 Nos.	2,50,000
- Hon. To Cluster Manager Rs.10000x12 months	1,20,000
- Travel to C. Manager Rs.2500x12 months	30,000
- Hon. to Area Organizers Rs.500x12 months x 5 Nos.	3,00,000
- Travel to Area Organizers Rs.2500 x12 months x 5 Nos.	1,50,000
- Hon. to Accountant Rs.5000 x12 months	60,000
- Office Assistant Rs.3000 x12 months	36,000
- Hon. to Mandal Coordinators Rs.2000 x12 months x 5 Nos.	1,20,000
- Travel to Mandal Coordinators Rs. 750 x12 months x5 Nos.	45,000
- Hon. to Village Animators Rs.500 x12 months x50 Nos.	3,00,000
- Training to Animators Rs.100 x 50 Nos. x2 batches x 2 days	20,000
- Re-training to villagers Rs.3000x3 batches x 5k villages	4,50,000
- General Team Travel Rs.25,000x12 months	30,000
- Office stationery Rs.25000 x 12 months	30,000
- Monthly Review Rs.2500 x12 months	30,000
- Quarterly Evaluation Rs.5000x4 times	20,000
- Two wheelers Rs.50000 x 5 Nos.	2,50,000
- Office & Vehicle Maintenance Rs.4000x12 months	48,000
- Audit and Reporting	15,000
- Budget for one Cluster	24,14,000
No. of Clusters	200
Sub total for 200 Clusters budget	<u>4,828</u>
Rs. Lakhs	

a. Central Office Budget	40.48 lakhs
b. Regional Offices Budget	51.04 lakhs
c. Cluster Offices Budget	4,828.00 lakhs
Administration Budget	<u>4,919.52 lakhs s</u>

ABSTRACT BUDGET:

Tree Plantation in 1 lakh hectares	Rs.	1,37,650.00 lakhs
Construction of 4 Medical Colleges with hospitals	Rs.	25,504.24 lakhs
Maintenance of Medical College & hospitals	Rs.	696.00 lakhs
Mobile Medical Unit Non-Recurring expenditure	Rs.	3,050.00 lakhs

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Mobile medical Unit Recurring Expenditure	Rs.	2,012.00 lakhs
Total Project Cost	Rs.	1,68,912.24 lakhs

YEAR WISE BUDGET PLAN FOR 6 YEARS

Grant Requested for the First year	Rs.	1,68,912.24 lakhs
Grant Requested for the 2 nd year	Rs.	7,816.00 lakhs
Grant Requested for the 3 rd year	Rs.	8,598.00 lakhs
Grant Requested for the 4 th year	Rs.	9,458.00 lakhs
Grant Requested for the 5 th year	Rs.	10,404.00 lakhs
Total Budget for 6 years	Rs.	1,94,784.24 lakhs

II. MONITORING REPORTING & EVALUATION

Staff of **TGSS** would monitor the health care project on monthly basis and the same staff would report to the management board of the organization. Concurrent evaluation would be done on monthly basis however an annual evaluation will be done the external agency with the support of **TGSS**.

IX. SUSTAINABILITY

This project would become sustained after three years of time by getting support from the beneficiaries and local well wishers.

List of Document Attached with this Project Report

- 1 Society Registration Certificate
- 2 Public Trust certificate
- 3 Bye – laws of Society
- 4 Memorandum of Association
- 5 Management Committee list
- 6 Management Committee Resolution
- 7 Staff list engaged in Society
- 8 Audit Report (Last three years)
- 9 Annual Report (last three years)
- 10 Pan card Xerox
- 11 Bank A/c Passbook Xerox
- 12 Photo of NGO
- 13 Newspaper article of NGO
- 14 Literature published by NGO

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