

PROFILE OF THE ORGANISATION

1. Name Of Society: **Care Promise Welfare Society**

2. Legal Status Of the Society:

The Legal statuses concerned with the society are as follows:

- a. The society is registered under Society Registration Act XXI- 1860, vide registration no. **712 dated 12 July 2002** (renewed up to 12th July 2017).
- b. Under clause 80G 5(vi) vide registration no: **T-1/CIT-II/LKO./80G (R)/220/2011-12 dated 8th July 2011** of income tax act 1961.
- c. Under clause 12AA of income tax act vide no **58-29/307/2002-3/TAK/859dated18th Sep 2003**.
- d. Under foreign Contribution (regulation) Act 1976 (FCRA), Reg.no. **231661074** vide GOI Letter no. **II/21022/83(0072)/2009-FCRA-II dated 21st Dec 2009** (as amended from time to time).
- e. The Permanent Account Number of Society is **AAAAC1801A**.
- f. Our NGO has been certified as fully meeting the requirement of ISO **9001 – 2008**. This confirms the complete transparency and fairness in our working.

2. Contact Details of the organization:

The contact details of the Society are as follows;

- a. **Registered Office:** 95/27, Arya Samaj Mandir Road, Ganesh Ganj Lucknow.
- b. **National Office** : 331, First Floor, Sant Nagar, East of Kailash
New Delhi-110065
- c. **Branches:**
 - i. **Mumbai** : 1114, Jai Ambe Cooperative Housing Society, Chembur, Mumbai-400071
 - ii. **Jaipur** : 1058, 1st floor, Ram nagar, Shastri nagar, Jaipur, Rajasthan-302016
 - iii. **Chandigarh:** 161, vill kajheri, Sector-52, Chandigarh- 160036
 - iv. **Kangra** : Office behind yatrika hotel, Near New bus stand, kangra-176101
 - v. **Jammu** : 265, plot no-81, Resham ghar colony, Near Jewal chowk, Jammu-180001.
- d. **Email Address:** cpws7@yahoo.com
- e. **Website:** www.carepromise.org
- f. **Telephone no:** 011-26462177, 011-26234496

About Care Promise Welfare Society- An effort to bring Change

Care Promise Welfare Society has been an exemplary society in the field of vicious and life threatening diseases like cancer, hepatitis B and immune destroying syndromes (AIDS) etc. It has been devoting itself ambitiously in this field since 2002 with determination of bringing these severe diseases under control. Despite many financial and other limitations, it has been fighting for the betterment of people, society and nation.

The organization is working for the benefits of the slum dwellers living in rehabilitated colonies & the villagers of India who are poor & exploited, downtrodden, backward and suffering from the dreaded diseases like Cancer & Hepatitis-B. The society is providing financial help as well as moral support to the poor and under privileged CANCER, HEPATITIS AND AIDS PATIENTS for the past 11 years. The organization is also generating awareness about Cancer, Hepatitis-B & Swine Flu in various schools of India.

From time to time our organization has been organizing the Community Awareness Programs and arranges camps on General Health Checkup, Heart Checkup, Bone Density Checkup, Street Plays, day celebrations & environmental protection etc. As we believe that prevention is always better than cure and in cases where most of the cancers are incurable, prevention remains their lasting solution. Therefore we emphasize on spreading of awareness among children and women as much as we can, so that less and less people suffer from cancer. We create the awareness by organizing workshops and lectures among the masses and the school children, making them aware about the primary symptoms of cancer, Hepatitis-B, Swine flu, Dengue and HIV/AIDS and also tell them the DO's & Don'ts. The Society has so far done presentation in more than 6500 Schools & has given financial help to more than 1000 cancer patients at different locations in India. We are working as per the guidelines of National Cancer Control Program and World Health Organization (W.H.O.). As per the records available with Govt. of India, 80% cases of cancer are detected at terminal stage and it is the second biggest killer disease after the heart attack, TB and HIV/AIDS. This is how we are trying to save the precious human lives.

Vision & Mission of the Society

We in CARE PROMISE WELFARE SOCIETY believe that though we can't spread the light all over but we can try to remove the darkness. Our mission is to abolish cancer/Hepatitis and minimize the sufferings of the mankind/women victims. CARE PROMISE WELFARE SOCIETY has invested a great deal of thought and effort into developing ways to raise public awareness about Cancer, Hepatitis-B, Heart Attack, Diabetes, Smoking, Alcohol and Tobacco chewing and how these can be prevented. we regularly hold awareness lectures in various schools, factories and slums, organize health camps, distribute printed literature on such problems in schools and slum areas, provide monetary help to the needy patients in BPL Category, run charitable dispensaries, help women victims and lot more. Most of the fear associated with cancer is due to lack of knowledge. We realized that people needed to be told that cancer is preventable, detectable at an early stage, and curable if treated promptly together with an improvement in daily routine

Philosophy of the Society

To complete a journey we have to step forward first. We continue to do our duty quietly and relentlessly and try our level best to solve the problems of the society without any hue and cry. We feel that to reduce the number of future Cancer Patients, awareness is the only key mantra and our Society is totally dedicated to this. Our Programmes are in line with the guidelines issued by World Health Organisation (WHO) and National Cancer Control Programme (NCCP) of Govt. of India. There is true sympathy for the people who come to us. Each one is willing to go out of their way to help. Our aim is to wipe out the tears of those poor Cancer Patients as we do our own

Focus of the Society

The focus of our society is on educating people on legislation and its enforcement to prevent social crimes against women. Our Objective is to do publicity work for prevention of atrocities on women viz, rape, dowry deaths, wife-beating, alcoholism, eve-teasing etc.

Aims & Objectives of the Society:

- ▶ To take revolutionary action against the nasty diseases so that people can rejoice the good health.
- ▶ To make People know more about the deadly disease like cancer so that people can be conscious and take effective measures for it.
- ▶ To focus on children and women as they are mostly ignorant about the diseases as the literacy rate is very low in India as compared that to males.
- ▶ To develop better co-ordination, collaboration, joint participation, relations and understanding amongst the affected person and the people in the society.
- ▶ To raise the understanding among the people about hygiene emphasizing on women and children up to the age of 12 about the dreadful diseases.
- ▶ To enhance the health and awareness among the people through street plays, orientation and other recreational activities.
- ▶ To work for the betterment of the society through various programs like health check up camps and stage plays etc.

Key Strategies of the Society

- ▶ Organising awareness programmes for making people conscious about the diseases and its consequences.
- ▶ Create conducive environment for addressing the issues through sustained engagement of the policy makers and other relevant stakeholders.
- ▶ Promote community based services through institutional linkages
- ▶ Policy Advocacy for long term change.
- ▶ Building strategic alliances around common themes and regional issues.
- ▶ Enhance the awareness of and sensitize the enforcement agencies and mobilize civil society actors to the problem of vicious diseases.
- ▶ Provide financial as well as moral support to patients.
- ▶ To give the free treatment to the poor and under privileged patients.
- ▶ To give the employment to approx 50 persons including doctors and nurses.
- ▶ To generate awareness among people about Cancer, Hepatitis, HIV/AIDS and personal hygiene.

Programmes & Activities undertaken by Society

(i) Project – Jagriti:

About Sixty Five Hundred (6500) School based Cancer/Hepatitis-B/AIDS/Girl Child/Rights of Women Awareness Programmes in the states of Delhi, U.P, Haryana, H.P, Punjab, Rajasthan, J&K, Maharashtra, West Bengal and Gujarat. People covered indirectly amounts to One Crore Twenty Lakhs (12000000)

(ii) Project–Swasth Bharat:

About Eighty Six (86) Cancer & Hepatitis Awareness camps held Street & stage plays held for social awareness, Seven (7) De-addiction camps and Two Hundred (200) General health check-up / Awareness Camps held till date

(iii) Project – Shikshit Bachpan :

About Fifty (50) poor but bright students are being benefitted through this project. Programmes covered under this project includes Rehabilitation Programme for street children (under Non Formal Education, health , nutrition & vocational guidance) wherever possible

(iv) Project- Nari Swabhiman (Save the Girl Child, atrocities on women):

Identifying and helping poor women affected by Atrocities and working on "Save the girl child project under PC & PNDT, 1994". Also family counseling centre is running at National Office. About Fifteen (15) poor families are being benefitted through it.

(v) Project Sahara:

This project provides financial help to poor & under privileged patients affected by dreadful diseases. The society since inception has helped more than 1000 patients with almost Rs.2 crores (raised purely from donations).

(vi) Free Charitable Dispensaries :

Society is successfully running two free charitable dispensaries at East of Kailash and Badarpur, Delhi.

(vii) Others :

- ▶ Street and Stage Plays
- ▶ Free Family Counselling Centre
- ▶ Free vocational Training in stitching for the needy

Profile of Main Members of the Society

Dr. Mohan K. Dubey:

After completing medical education from King George medical college (Lucknow) he joined health department, Govt. of U.P. After successful completion of his carrier, he retired as a senior medical officer. Being in medical profession, he deeply involved himself not only with the Cancer Patients but with their families also. His hobbies are reading research medical journals connected with Cancer, mountaineering and performing yoga. He is president of the organisation and has been influential in the field of helping people.

Mrs. Shanti Devi:

She is a spiritual lady. Right from her young age, she is involved in the social and spiritual activities. She has good command over women rights. Her hobby is to attend the spiritual meetings as well as social meetings for women rights. She is Vice- president of the Organisation and deals with the matter of helping women and organizing the organisational activities.

Mrs. Nandita:

She is a mentor of the society. She has a good command over counseling the patients because she can very well understand their philosophy. She also believes in using palliative therapy. After completing post graduation in philosophy, she involved herself in fashion designing as well as Indian classical music but because of her keen interest in serving the Society and the poor people, she joined the NGO for a noble cause. At present she is studying for MSW. Her hobbies are reading social, current issues and listening to light music. She is working as treasurer in the organisation.

Mr. Rajesh Kumar:

By profession he is an investment banker & real estate developer. Right from his young age, he involved himself in social activities. He is a very kind hearted person and goes out of his way to help the needy to the maximum possible. His hobby is reading books on different issues. He is executive member of our

organisation and has been working with great effort to bring change in people's life. He has recently completed a course on NGO management and also studying for a degree course in Naturopathy.

Ms. Madhumita Sharma :

After completing her B.SC, MBA (HR), She is working as a free lancer in a placement consultancy. She is working as a member in the organization and helping needy jobless people to get them job as per their qualification.

Mr. N.P. Singh :

He is a graduate. He is working as a member in the organisation and doing a very noble work of sensitizing the school children on dreadful diseases.

Mr. Abhishek Sharma :

After completing his Graduation and MBA, he is working in Reliance communication and is having good relations with political people. He is a member in the organization. He is a very kind hearted persons and goes out of the way to help poor and older people.

Counseling Staff:

Shiva Paruthi	Sunny Sharma	Nazda
Chiranjiv Jha	Shanti	Parul
Jyoti Chhatwal	Jyoti Kumari	Poonam

Field Volunteers:

Nirbhay Pratap Singh	Rajeev Kumar	Dr.K. K. Tiwari
Arti	Arshid Ahmad Dar	Sudhir Kumar
J.L.Parcha	Raj Mohan Yadav	Narayan Das
S. KarunaKaran	Showkat Ahmad Hajam	Vishal Srivastava
Saroj Kumar Tanti	Mahesh Baral	Rayees Ahmad Sofi
Veer Bahadur Singh	Ashok K Chauhan	Kumud Kumari
Asha Srivastava	Dr.Sarita D.Chauhan	Diwakar Mishra
		Narinder Singh Virdi

PROJECT PROPOSAL
FOR
“Community Health Care Centers
(Dispensaries) exclusively for Women
and children upto 12 years of age”

Submitted to Ministry of Finance

By

Care promise Welfare Society

For getting exemption under section 35AC
of Income Tax Act 1961

Note: “The said Project falls under point (i)(i) of Rule 11k.” Establishment and running of hospitals and medical facilities in rural areas, exclusively for women and children upto 12 years of age

Summary of the Project:-

Title of the Project: The title of the project is “Community Health Care Centre (Dispensaries) exclusively for women & children upto 12 years of age in rural areas for reducing health diseases on the people who are helpless due to Non-availability of Financial Resources”. The project is about establishment of charitable dispensaries in 5 districts of Uttar Pradesh exclusively for women and children of age upto 12 years.

Vision of the Project:

Even after so many years of freedom, many people in rural regions of our country are deprived of medical facilities. Among them children and women are most vulnerable to many serious health related problems. Vision of the project is to enlighten the lives of these people and improve medical facilities in rural areas.

Duration of Project:

Though, it is an ongoing Project. Period for establishment of project is 3 years. The organization is going to work for making better possibilities for people to deal with health related issues by running the centre during the upcoming years. Within these three years, the exact location for care centers shall be finalized and the necessary modification shall take place to make it a dispensary, equipments shall be placed, staffs will be enrolled and the center shall be functional. These 3 years after the sanctioning of the project, shall also be utilized to receive fund and allocate them for establishing the Health Care Centers immediately.

Target Beneficiaries of the Project:

The target beneficiaries of the project are women and children upto age of 12 years age. The medical facilities shall run exclusively for them. On an average, 40 people will be treated every day at each of its five dispensaries, totaling to 216000 beneficiaries in 3 years

Criteria for the selection of beneficiaries of the Project:

The project is about relieving the women and children up to 12 yrs of age from the claws of diseases. The people in rural areas specially, do not have knowledge and even those who have knowledge, **do not tend to bear the cost of treatment of the women and children.** Most of the parents do not get their children treated because they feel that their first duty is to feed family and hence they neglect the disease which then turns into the vicious one and finally incurable.

We will conduct an on ground survey in the local vicinity of the Health Care Centre and invite people from nearby areas for free health checkups. Women and children upto the age of 12 years shall be examined and proper follow up will be taken up on case to case basis. Then they shall be categorized according to severity of the problem. Immediate admission of patients shall also be made available and if the treatment can be held through medication then it shall be done. The scope of survey shall be broadened and more adjoining localities shall be included and more people specially women and children shall be examined.

Among the target beneficiaries, preference shall be given to those women and children who belong to the families whose total income is less than or equal to Rs. 18000/- per annum. After such patients, other poor patients from rural areas shall be covered. The income shall be the yardstick to give preference only in case where resources are limited and beneficiaries are more. But we will ensure that no one will die due to lack of free medical services even if there is severity of problem and poverty.

Location of the Project: The target location of the project would be rural areas of Uttar Pradesh. The state is one of the bigger states of our country and counted for huge rural population with lesser developed medical infrastructures. Two districts from the state have been planned in the initial stage of project, which may change in case of any administrative hurdle in future for efficient and effective implementation of project. **They are Bulandshahar and Ghaziabad.**



Area	:	2,40,928 Square km.
Population (As per census 2011)	:	19,95,81,477
(a)Males (As per census 2011)	:	10,45,96, 415
b)Females (As per census 2011)	:	94, 985,062
Decennial Growth rate (2001-11) (As per census 2011)	:	20.09 percent
Sex Ratio (As per census 2011)	:	908 per thousand
Density (persons per sq. km.) (As per census 2011)	:	828 per thousand
Child Population (0-6 years) (As per census 2011)	:	29,728,235
Child sex ratio (0-6 years) (As per census 2011)	:	899 per thousand
Literacy Percentage	:	69.72 percent
a)Male Literacy	:	79.24 percent
b)Female Literacy	:	59.26 percent
Districts	:	75

Details about the Dispensary to be set up:

Name of Dispensaries : COMMUNITY HEALTH CARE CENTER
(Exclusively for women and children upto 12 years)

Number of Dispensaries : FIVE

Project Area of Operation : Rural areas of Uttar Pradesh

Total Number of Beneficiaries: 216000 (43200 patients per dispensary)

Background of the Project:

Dispensary providing basic medical facilities to the underprivileged people
(Exclusively for women and children upto 12 years of age)



Recognizing the importance of Health in the process of economic and social development and improving the quality of life of our citizens, “CARE PROMISE WELFARE SOCIETY” has decided to take on rent and run the dispensary at 5 different slum regions of Uttar Pradesh. This project is being undertaken to improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children. One of the critical issues in the world today is meeting the growing need for quality medical care among the poor. **The women and children of the rural area are the most under**

privileged downtrodden mass, for them quality health care is still a dream to come true. Though there are big hospitals and dispensaries in Uttar Pradesh but accessing the same by them is not an easy one. Coming to these hospitals/ dispensaries and more so in case of the underprivileged and poor as the cost of treatment, stands in between. The only remedy would be to open the dispensary mainly for meetings the basic medical needs of people living below poverty line with all basic minimum facility, including at least 5 beds and such other facility that would make it par with the best ones that are available to the privileged masses. Our Society wants to take a step forward to address this need. Our Society is interested in bringing health and medical care to the vast majority from among the poorest classes of society. **A survey conducted by the members of the “CARE PROMISE WELFARE SOCIETY” came with the fact that a large part of healthcare does not reach the needy (specially women and children upto 12years of age) and this situation prevails in a country that produces the largest number of doctors and nurses in the world every year.** During the survey, we had a talk with the local people. According to them, they are not comfortable with the cots provided by the specialised hospital and private dispensaries, the flooring they have, and can't adjust to the air conditioning. Hospitals and dispensaries charge premium from them and provide the things which they hate. **So, our Society came with a plan of setting up dispensary as an initial start towards the future for excellence in healthcare.** In a country where 1 in 4 families live below the poverty line the needs are tremendous. In fact, they are beyond description. Targeted people have no access to medical care other than through regional hospitals where mostly stocks are out; doctors are on leave and other malpractices. This dispensary would act as a health hub for the slum areas that surround the project area. Our Society came with an initiative of **“Comprehensive and Medical Health Care for all underprivileged People.”**

Present Scenario of Medical Infrastructure

In any economy the health and living standard of people plays major role in the overall development of the country. One of the critical issues in the world today is meeting the growing need for quality medical care among the poor. The people of the rural area are the most under privileged downtrodden mass, for them quality health care is still a dream to come true.

In a country where rural people can't afford two times meal a day and necessary nutrition, in such a country poor people can only dream about the good medical facilities. **Poor people only pray to Almighty that they don't catch any severe disease because they know that if they get it, they don't have resources to provide them with medical facilities and treatment.** In India healthcare has been a neglected area by the Government. That is evident from the fact that in 2009 investment in healthcare was only 1.2% of the total GDP. India is a country where people are treated for the most basic diseases. About 75% of health infrastructure, medical man power and other health resources are concentrated in urban areas where 27% of the population lives. Like the concentration of income to the small group of people, medical facilities also have been limited to the small group of rich people who can afford them. Though Government has setup hospitals and some charitable hospitals also are being run by some NGO's but they are not able to cater to the need of the huge poor population. Contagious, infectious and waterborne diseases such as diarrhea, amoebiasis, typhoid, infectious hepatitis, worm infestations, measles, malaria, tuberculosis, whooping cough, respiratory infections, pneumonia and reproductive tract infections dominate the morbidity pattern, especially in rural areas. **The health status of Indians is still a cause for grave concern, especially that of the rural population as they barely able to manage their livelihood** for their family feeding they are not able to access the basic medical amenities. Many of infants and young girls just die because of no medical help. This is reflected in the life expectancy (63 years), infant mortality rate (80/1000 live births), maternal mortality rate (438/100 000 live births). Nearly 70% of all deaths, and 92% of deaths from communicable diseases, occurred among the poorest 20% of the population.

The neglect of rural healthcare system is largely due to lack of specialist doctors in the rural sector. Even the local villagers, who study medicines, prefer to work in the cities rather than going back and working in their own villages. In particular, smaller cities, semi-urban areas and rural areas do not have access to hospitals for specialized healthcare services. Demand for the later is increasing as chronic adult diseases such as cardiovascular illnesses, diabetes and cancer are on the rise in India. Leprosy currently affects approximately a quarter of a million people throughout the world, with 70% of these cases occurring in India. Rural areas and urban slums continue to experience up to five times the number of leprosy cases as the national average. Malnutrition is one of the major health related problems in rural areas. Many a times Government arranges awareness and medical care camps in the most affected areas but they are not able to even provide relief to quarter of the affected children. There is widespread prevalence of protein energy malnutrition (PEM), anemia, vitamin A and iodine deficiency. Nearly 100 million children do not get even two square meals a day. More than 85% of rural children are undernourished (150 000 die every year).

Insufficiencies in public healthcare services have driven people across socio-economic strata to private healthcare facilities leading to issues of affordability challenges. As per Govt. survey, in 2012, 61% of rural patients and 69% of urban patients chose private in-patient service providers, up from 40% reported in 1986-87. But since the cost of treatment at private healthcare facilities is at least 2 to 9 times higher than at public facilities, it is clearly beyond the reach of poor persons. Poor patients receiving outpatient care for chronic conditions at a private facility spent on an average 44% of their monthly earnings for treatment against 23% of those using a public facility. According to the IMS study, the lack of accessible healthcare facilities in rural areas, the difficulty in accessing transport and the loss of earnings means patients postpone treatment, or make do with facilities that may be closer but are not cost-effective or even suited to their needs. Therefore in rural areas most of people are not able to avail medical facilities and ignore early symptoms of disease to avoid medical expenditures. But many a times, this becomes their huge mistakes and suffers from critical health related issue. There are many rural areas in our country where there is not a single dispensary for thousands of people.

Background of the Problem

Healthcare is the right of every individual but lack of quality infrastructure, dearth of qualified medical functionaries and non-access to basic medicines and medical facilities thwarts its reach to 60% of population in India. A majority of 700 million people lives in rural areas where the condition of medical facilities is deplorable. Considering the picture of grim facts there is a dire need of new practices and procedures to ensure that quality and timely healthcare reaches the deprived corners of the Indian villages. Though a lot of policies and programs are being run by the Government but the success and effectiveness of these programs is questionable due to gaps in the implementation. In rural India, where the number of Primary Health Care Centers (PHCs) is limited, 8% of the centers do not have doctors or medical staff, 39% do not have lab technicians and 18% PHCs do not even have a pharmacist.

Therefore, people living in the rural areas are compelled to live a life of misery and struggle in their day to day life. Their healthcare related problems can be underlined as under:

- 1. Poor Medical Infrastructure:** When it comes to medical infrastructure in rural areas, the facts are surprising that even after so many years of independence, there are so many rural areas in our country which are not yet accessible by medical facilities. Due to lack of development of other infrastructural facilities, medical amenities are also lacking in such areas. There is no major funding by Government in such areas due to high budget deficit and moreover corruption is a serious resource leakage in our system which does not let Government plans to work effectively. In distant remote places in rural areas, there is not a single dispensary and people still have to rely on local Hakims and Vaidyas, who rarely possess modern medication knowledge. Life expectancy rate in such areas are always low. **Many women die in such area while giving birth to children and infant mortality rate is also a point of grave concern.** Even if any dispensary or hospital is found, then it does not have adequate equipment, staff and faculties to save human lives.

- 2. Costlier Medical Facilities:** There are the majority of people living in the rural areas and semi urban areas, who can't afford for expensive medical facilities. Government hospitals always complain about scarcity of resources and refer for most of the facilities to private hospitals or dispensaries. Rich and well-to-do people can easily avail such facilities but poor people are left with no help. They either leave hope for medication or try to approach big Government hospitals and cities where they live on footpaths and sleep under open sky while waiting for their treatment. Many of them too, have to go back to their villages after exhausting the meager money they had with them. **Women and children are most vulnerable for diseases and infections and most of the time they are left behind when it comes for providing medical services.**
- 3. Lack of modern technology and qualified staff:** Most of the Government and charitable run medical facilities in rural areas have limitation of funds and suffer from the lack of equipment and trained staff. Such medical establishments are only able to make their presence felt and not able to cater to the need of the people in emergency cases. They can only provide prescription and refer the patients to other private dispensaries. Many people lose their precise lives because of this scarcity of resources in government medical establishments.
- 4. Lack of Emergency Services:** Besides deficiency of various life saving drugs, there is also a huge problem of emergency services in rural areas. In urban cities, in critical cases and accidents, one can reach various Government and private hospitals and get instant help, but such emergency medical facilities are still missing from major parts of rural areas of our country. There is no such arrangement of ambulance or ICU in most of charitable or Governmental hospitals and people themselves have to carry the patients to the hospital. The person who can be saved in last minutes of the golden hours, loses his life due to non-availability of emergency medical services. Women and children are proven to have low physical strength as compared to an adult man and thereby cannot sustain much pain and injury. **Therefore there must be emergency services round the clock exclusively for women and children.**

- 5. High Infant Mortality Rate:** We can see high infant mortality rate in rural areas as compared to urban areas since proper medical facilities are available in urban areas, proper vaccination is available for infants and delivery of baby are done under care of doctors and nursing staff. But in rural areas, there are no such facilities; **babies are born as per the traditional methods without any medical help which let both mother and children in danger and many of them die during the procedure.** After the birth only few lucky ones are able to see adulthood as no immunization is given to them. Also there are no subsequent arrangements for general sickness and emergency situation.
- 6. More Risk Attributable to Women:** Women in rural areas live a life of misery and suffer due to many problems. **They are treated as just cheap labor for household works and maid for looking after the children.** When it comes to their participation in social activities, nobody cares. Even when a women fall sick, she has to carry out all her responsibilities and less care & attention is given to her sickness. They are exploited by their male partners and shoulder all the burden of house, children's and work under uncomfortable conditions in ill situations. Women of rural areas are less aware and educated about various feminine diseases and due to cultural barriers they can't share their problems, which further increase the risk of their sickness.
- 7. Poor Mentality and Lack of Awareness:** It is always seen that the society where majority of people are educated and aware about their rights, they use information for their benefit. Same as in the case of medical services, educated people are able to take care of themselves and avail medical facilities, even possess basic first aid knowledge. But in rural areas, people themselves have very little knowledge about health issues, live under filthy conditions which invite diseases and even are not aware about hygienically living. Clean and proper healthy lifestyles matters much when it comes to healthy living. The way rural people live in villages itself causes many health issues. Therefore, they are needed to be aware about clean and healthy lifestyle so that instances of sickness can be avoided. There is a need for awareness campaign and street plays about various sanitation issues in rural areas, so the villagers may learn ways of hygienically living.

Solution to the Problem:

Primary Health care services through clinics at affordable cost

Primary Health care has been defined as "essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination"

As we have seen the grave concern of the health related problems in our society and how worst the situation is. In order to improve the prevailing situation, the problem of rural health is to be addressed both at macro (national and state) and micro (district and regional) levels. This is to be done in a holistic way, with a genuine effort to bring the poorest of the population to the centre of medical and healthcare facilities. They must be provided with the needed medical treatment and healthcare facilities at no-cost to them. Merely sitting back and depending on the government policies to address these issues is not going to work anymore. We all have to contribute to the solution of the deteriorating scenario.

To cope up with health related issues related with women and children, the need is to get a sound infrastructure and making sure that it has been implemented to the perfection. The need is to establish much more achievable and a simple health system which can ensure good healthcare for women and children in rural areas. The problems can be solved by providing an effective early medical intervention, delivering expert health care and by minimizing the inconvenience caused to patients and health-workers due to poor logistics and long travel time. The healthcare facilities which will be provided to the poor people should be planned and performed with utmost care and deliberation so that we can measure the relief made to the affected people.

Only by providing multi facilities Health Care Centers in the affected and easily accessible location with all possible and required infrastructure and equipment to tackle from basic medical situation, we can solve health care related issues in rural areas. The community Health Care Centers which are being planned to be

established will be easily accessible to the poor rural population. They will be healed in most reasonable and ample manner, and will be provided with medication and medicines free of cost. The health condition of the rural poor people can be improved by increasing both quantity and quality of the medical services being provided to them. **The community Health Care Centers would be available to women and children upto age 12 years.**

The most suitable solution to the problem can be establishment of free health care center for women and children irrespective of their background where all people will be treated equally and taken care of for their disease. There shall be arrangement of health checkup camps where people can come for free checkup if they feel to have any related symptoms and will be given complete guidance and free treatment to prevent disease. An early treatment can cure every disease without much delay. There shall be good equipments available with experienced doctors and nursing staff, for better care of people. This step will help the patients to a large extent and allow them to get quality medical services with easy accessibility without any fee and through this we would be able to save precious lives of women and children.

The healthcare centers shall provide proper vaccination to new born babies and women to immune them. That will help them to fight better with various infections and diseases. Now with the advancement of medical science, thankfully there are such one-time vaccinations available in the market which immune against particular disease for the long period. Unfortunately till now, there are very meager facilities available to rural children and women and therefore many of them loose their lives.

Regular treatment and after check up, proper medication should be available to them for proper follow up of the treatment. OPD to a large extent would be able to help people with free medicines and regular checkup for medicine cases. There should be arrangement for women and children to transport them to and from their residences for providing medical facilities. This will further encourage them to take proper medical care of themselves.

Our Proposed Dispensary “Community Health Care Center” will be set up to bring about behavioural changes and provide services first aid requirements, maternal

and child health, family welfare, nutrition, immunization, diarrhoea control and control of communicable diseases programmes. It will be set up to provide an integrated curative and preventive health care to the underprivileged population with emphasis on preventive and promotive aspects of health care. It also seeks to improve access of rural people, especially poor women and children, to equitable, affordable, accountable and effective primary healthcare. It will provide high quality free Health Care in a compassionate environment to the uninsured and medically under-served patients of the slums of Uttar Pradesh. The Clinic will offer acute care for minor medical illness and ongoing care for some chronic illness.

The Medical clinic hopes to ultimately have some minimum onsite lab services and ability to refer the patient for Lab and X-ray services to local facilities. We will be presently serving Adults in primary care, will be providing physician services and services and supplies incident to the services of physician. The Proposed Dispensary will have necessary drugs and biological available for treatment of emergencies. No specialty care services will be offered at the beginning but we hope to add this in the near future. Its basic aim will be provide holistic outpatient care without any focus on any specific disease. The dispensary will try to reduce fragmentation in the market and to create a platform by means of which standardized services could be provided. And to the patient it would mean lesser waiting time, cleaner clinics to visit and assurance on quality of care. Such platforms, if operated efficiently, will prove beneficial for quality improvement programs on a large scale and accreditation.

There is also a need for awareness campaigns regarding proper sanitation and hygienically lifestyle in rural areas. This will help them to learn about the ways to avoid many diseases just by changing their ways of doing day to day activities, for example regular medicines, sanitation in attending nature's call, washing hands before consuming foods, keeping vegetables properly, keeping streets clean and places for children playing safe. Every female patient visiting the center should be explained about these methods and lifestyle tips, especially woman as they are generally incharge of their house and they would be able to implement them in their daily living habits.

Objective of the Project

The main objective of the project is to provide help and support to women and children upto the age of 12 years by establishing community Health Care Centers in the various districts of Uttar Pradesh. The objectives of the project can be underlined as under:

- 1. Establishing Health Care Centers:** The project intends to setup Health Care Centers targeting women and children in the rural areas and making sound health care infrastructure. In the Health Care Center, all medical facilities, medicines and consultancy shall be provided for free. An OPD shall also run in the Health Care Center to cater to the needs of out-door patients. There shall be arrangement of handling emergency cases as well and round the clock ambulance services. Maternity services shall also be provided along with vaccination for new born in the center. The quantum of medical services may also be raised on the requirement in future time.
- 2. Health Care Awareness:** As discussed above, many diseases occupy human body just because of our ignorance and they become serious due to continued ignorance. Several health care related issues also come up due to bad living standard. Therefore, making women aware about personal hygiene as well as proper sanitation is mandatory to develop a healthy society in rural areas. Many health related feminine issues can appear due to regular uncleanness and wrong treatment in case of diseases.
- 3. Regular Health Checkups:** Along with running Health Care Center, regular health checkup shall also be arranged for women and children as extra precautionary measures. The checkup camps can be held at the center or in the village community place, as per the convenience and maximum utilization of resources. It will help the nurses and doctors to stress on the need of general medication and an early detection of diseases followed by proper treatment. Health checkup camps may also be organized at distant villages to facilitate good health provided it is permitted within our medical infrastructure.

- 4. Establishment of sound medical infrastructure:** By establishing a chain of medical care units, the project aims at building a sound infrastructure in rural areas which will run on funds provided in form of donations. The aim is to establish community Health Care Centers for women and children upto 12 years of age in every district of Uttar Pradesh and then connect them all to each other and with other Governmental & charitable medical institutions to draw resources and channelize through its Health Care Centers to the needy women and children. A system will be in place for better utilization of resources available with the society and efficiently working for rural population by inter linked network.
- 5. Reducing Infant Mortality Rate and increasing Life Expectancy Rate:** By providing modern medical facilities and free medication in rural areas, the project aims to bring down the infant mortality rate in rural areas. With the help of free medical services, proper vaccinations, doctor's care & supervision, no. of death cases of new born and children in early age can be reduced. With the improvement of overall medical infrastructure in the rural area, we would also be able to increase the life expectancy ratio as equal to urban areas. When free medical services along with proper consultation will be available to them, people will become aware and there will be lesser cases of loss of human lives.
- 6. Helping Women in Feminine Issues:** The unique feature of Health Care Center shall be the moral support and care that shall be embraced by experienced nurses to the women patients or residents who shall be given along with medication, consultation and guidance regarding various feminine issues, which they cannot share with others and advice about social issues as to how to deal with them. There shall also be arrangement of visit by women specialists on periodical basis to hear from rural women on their medical issues and providing best possible advice. It shall be holistic approach of the project to strengthen the position of women on the social as well as medical grounds.

Summary of objectives of the Proposed Project are as follows:

1. To provide optimal expert care to the community
2. To achieve and maintain an acceptable standard of quality of care
3. To make the services more responsive and sensitive to the needs of the community.
4. To reduce exclusion and social disparities in health (universal coverage reforms);
5. To organize health services around people's needs and expectations (service delivery reforms);
6. To provide comprehensive primary health care to the community through PHC's

Main Purpose of the Proposed Project:

“CARE PROMISE WELFARE SOCIETY” through the establishment of free dispensaries named “Community Health Care Center” seeks to build progressive, self-reliant rural communities by bridging the gap in the services provided to the underprivileged in the areas of health. Care Promise Welfare Society has a plan to set up these dispensaries as a benchmark for excellence in healthcare. Our aim is to make sure that medical help is given to those who require it and that cost should not come in way of availing of quality medical treatment. Its purpose is to provide primary healthcare services, with a difference. The proposed Dispensaries will be managed by professionals with a mission and a passion for providing healthcare for the needy and underprivileged people. Care Promise Welfare Society through these dispensaries is trying to spread a message of excellent healthcare through its service-oriented treatments. It is working hard to make the healthcare available to all the people. The proposed hospital will be equipped in such a way so as to provide top notch primary and secondary health care facilities and can compete with any other private Dispensaries operating in the city. To practice the medicine

in the way it should be practiced, its main focus will be on the patients first so that each patient can get round the clock medical care. Our purpose **is to build a complicated Dispensary in the five rural areas of Uttar Pradesh, to assistance and accommodate health needs of a people in the local area, who have been pang with countless health problems over years.** It will be based on the crux of clear & transparent policies and protocols that will strive to provide quality care for patients. The protocols are in relation to patient care, nursing, medical treatment & management, sterility & infection control and documentation. Its main purpose is to provide medical services to the patients suffering from basic health disease in the proposed Dispensary “Community Health Care Center” free of cost. We will be working towards improving the health and saving precious lives which will make a big difference in building a better nation and a better world. Our purpose of existing is to make a difference.

Highlights of Health Care Centers

Followings shall be salient features of the Health Care Centers:

1. Health Care Centers shall be established on the rented premises, in around 5 districts of Uttar Pradesh which belong to backward regions and where the need for medical services is most.
2. The Health Care Centers shall be established with the capacity of 5 beds and to cater to the need of 40 patients from OPD.
3. All the Health Care Centers shall be interconnected and connected with nearest most hospitals and other medical institutions for channelization of resources.
4. It shall also assist people to get free medical services in case of severe treatment from other private hospitals who are liable to provide a portion of medical services to general public free of cost.
5. Community Health Care Centers shall provide its services exclusively to women and children of age upto 12 years.
6. Free medical services like free medicines, doctor's consultancy, in house facilities like free beds, meals and care, treatment and free OPD.
7. Maternity service to women along with care and support thereby helping them in adopting a healthy living standard.
8. Health awareness campaigns from Health Care Centers targeting rural women about personal hygiene and sanitation.
9. Immunization of children helping them to fight back diseases.
10. Round the clock ambulance services for emergency cases.
11. Health checkup camps organized by Health Care Centers in surrounding villages, ensuring zero tolerance against sickness.

Facilities to be offered by the Project

1. Care of routine and emergency cases in medicine: Specific mention is being made of handling of all emergencies in relation to the National Health Programmes as per guidelines like Dengue Hemorrhagic fever, cerebral malaria, etc. Appropriate guidelines are already available under each programme, which should be compiled in a single manual.
2. Full range of family planning services
3. Routine and Emergency Care of sick children.
4. Basic Laboratory Services including tests.
5. Monitoring and supervision.
6. Selected surgical procedures in case of emergency.
7. All the National Health Programmes (NHP) should be delivered through the Dispensary. Integration with the existing programmes like blindness control, Integrated Disease Surveillance Project, is vital to provide comprehensive services.
8. HIV/AIDS Control programme: The expected services related to the awareness of the HIV/ AIDS and ways to prevent the same will be dispensed at the dispensary.
9. National Vector –Borne Disease Control Programme: The Dispensary will provide diagnostic and treatment facilities for routine and complicated cases of malaria, filarial, dengue, Japanese encephalitis and Kala-ajar.
10. Under Integrated Disease Surveillance Project, the related services include services for diagnosis for malaria, Tuberculosis, typhoid and tests for detection Of faecal contamination of water and chlorination level. In outbreak situations, appropriate action will be initiated.

Additional Services

1. **Proper Sanitation:** Maintenance of proper sanitation in Toilets and other Public utilities will be given utmost attention. Sufficient funding for this purpose will be kept apart
2. **Water Supply:** Arrangements will be made to supply potable water per day to meet all the requirements. Storage capacity for 2 days requirements will be on the basis of the above consumption. Round the clock water supply will be made available to all wards and rooms of the Dispensary. Separate reserve emergency overhead tank shall be provided for operation theatre. Geyser in Operation Theatre and one for general purpose will be provided.
3. **Electricity:** Emergency lighting – Emergency portable/fixed light units will also be provided in the dispensary to serve as alternative source of light in case of power failure. Generator back-up will be made available in all facilities.
4. **Telephone:** Minimum two direct lines with intercom facility should be available. 24x7 working telephone shall be available for Dispensary. Competent person shall be available for answering the enquiries

Doctors and staffs

Charitable Dispensary faces more difficulty in attracting quality physicians. We will try to appoint the finest talents in the medical care. Doctors and staffs at Community Health Care Center will be equipped with modern facilities that will enable them to treat patient in a better way. Doctors will be available round the clock. Doctors for the proposed Dispensary will have specialisation in Medicine. Minimum qualification will be Master degree. They must have an experience of 2 years work in one of the good hospitals. Nurses and other staff members should also possess qualification as required by them to carry on their functions efficiently.

Working of the Dispensary

The proposed Dispensary will employ a doctor who functions as a family practitioner (single doctor for all ailments), 2 Visiting specialists, 2 Compounder, 1 Attendant and a Pharmacist. In the initial phase, the dispensary will not have in-patient facility. It will only dispense generic drugs. For the diagnostics, the dispensary will have tie up with private laboratory services and the clinics act as a collection point. The nurse in the dispensary will be trained to draw blood and collect other samples. The Clinic will be located in a highly dense populated area. It will have one bed for day care such as intravenous administration. It will have tie up with specialist who will be visiting the dispensary on fixed day basis. For any kind of inpatient care, patients will have to avail the external facilities. Quality will be ensured by developing protocols for treatment and other administrative activities. Selection of staff will be an important quality measure and so the proposed dispensary will be careful while selecting the doctors and other staffs. The dispensary will have its own procurement system which would allow the dispensary to purchase the medicine in bulk and thus will be procuring the medicines at some reduced costs. The pricing strategy will be to benchmark the cost of medicines against the comparable prices & to be discounted.

Maintenance

The primary function of patient care lies with the doctors. The support services are the responsibility of the nursing and other non technical staff. Nursing and care Staffs total strength will be 3-4 in the initial stage which can be increased as per the requirements. The bed of the patient is prepared by the nursing staff. They are responsible to look after the administration and also to coordinate other activities; Staffs are also responsible for equipment maintenance, records, infection control, in-service training, smooth functioning and maintaining liaison for all other activities including supervision of their clinical work, and Dispensary equipments. They are also responsible for direct and indirect patient care (including the sanitary area). Besides this, they are also involved in housekeeping, maintaining the supplies and equipment, taking patients for special investigations and transporting the samples and specimens to reach the concerned laboratories at right time.

Project Implementation Strategies

As is planned, the establishment of project will insure the maximum benefit to the people in need of healthcare. The project will be in full- fledge and henceforth will come in operation in period of 3 years. The cost will include everything required for establishing a medical center and running it. The Project is set to be implemented in following steps:

1. After approval of project by ministry of finance under sec 35AC of Income Tax Act, 1961. The donation will be received and after accruing the required amount of the fund for the project as specified in budget the project will be established.
2. The duration for proper operation of the project is expected to take three years. With optimum utilization of fund we will accomplish the project. We will try our best to reduce the unnecessary burden and use our funds properly.
3. **During the period of establishment the Care Promise Welfare Society will promote its agendas and vision to the destined community because of which the targeted beneficiaries will be able to take maximum benefit from the project.**
4. After the setting up of the Health Care Centers in the targeted districts, they will be made functional with immediate effect and running its medical services as planned. In the initial phase, survey and health checkup camps shall be organized by the center to promote the healthcare.
5. The Health Care Centre will, as per its planning start to spread the vision and provide the necessary care to the needy ones like free check up and other medical facilities. This phase shall be divided into different modules covering various local areas and time period according to the no. of emerging patients.
6. We will initially provide the full in-door care facilities for 25 (5 per dispensary) patients per day and free checkup for the targeted group but later will provide

facilities to more patients. Then with the help of continuous modules one after another we will keep enlarging the covering area, to detect more and more patients and making people aware about healthy lifestyle.

7. The women and children will be given special emphasis by going to schools and organizing health checkup camps, free medical assistance and spreading information. In fact they will be our targeted beneficiaries, but since we will be running a life line kind of facility so we can take care of needy patients as well, though it shall be our sincere attempt to cover maximum children and women under the aegis of the program.
8. We will deploy a 24*7 ambulance service in our center for emergency cases and in case the Health Care Center is not able to handle the case, then the case shall be referred to nearest hospital for immediate treatment. The healthcare center shall maintain a constant & continuous communication with other medical service units of the area for efficient working of medical infrastructure.
9. The Health Care Center shall run various initiatives in healthcare for zero tolerance for diseases in the rural areas. Women and children of age upto 12 years shall be the target of the whole schemes, under which they will be immunized against various diseases, regular health checkups and medications shall be given to them.
10. Funds shall be received and allocated very economically on need basis. There shall be a system made of authorizing and making payment against any expenditure in such manner that cash transaction shall be avoided and at-least three managerial authorities shall be involved before sanctioning any payment. An effective authorization system and internal control shall promote effective administration and working of healthcare system, including those in administration department.

Project Monitoring & Evaluation

To achieve required results and the successful outcome, the project will be established, run properly, should be monitored and evaluated from time to time to help people take maximum benefit from it. Our project has main objective of fighting poor health care scenario for the rural women and children by providing medical care, awareness related to diseases and courage to fight the diseases. Monitoring and evaluation are critical for taking stock of progress and for helping to 'learn as we go'. Monitoring and evaluation can help groups to identify social issues, measure success and learn from any mistakes. This notion is closely linked to the 'learning' principle of successful community conservation projects. We will have to take care of everything and become pioneer in the field by monitoring and working it out properly.

Budget has been prepared to forecast the amount of expenditure it is going to incur to implement the scheme or activity. It is an important tool of monitoring & evaluating the financial performance in terms of what is planned and what is achieved. As establishing the community care centre and organizing health checkup camp is about running it on continuous basis, we will focus on best outcome on less expenditure and plan on how to run the organization for the long term. The yearly expenditure is going to be estimated and policies are going to be formed according to the need of the targeted people.

Care Promise Welfare Society shall appoint a project manager who shall be under direct authority of Chief Functionary of the society. Project Manager will be responsible for effective utilization of funds received for implementation of budget, fulfillment of need of the beneficiaries, smooth functioning of Health Care Centers, coordination among them and achievement of objectives of the project. The project manager shall be authorized to appoint such no. of persons as he deems fit for delegation of authority and for ensuring meeting the desired targets. Periodical reviews shall be under taken to monitor the performance of medical centers and no. of medical cases accomplished by the various centers. The society will take necessary steps to bring more transparency and efficiency in implementation of the project.

Expected Outcomes

The project is going to be fruitful for the rural women and children as we are going to make sure by different programmes that the proper aid and care is given to them for being free from diseases. The outcomes expected out of project can be underlined as under:

1. Strong medical infrastructure can be established in the targeted districts of Uttar Pradesh.
2. Health care facilities in the target area of the project shall improve and raise living standard.
3. **Life expectancy rate and immunity of new born and women shall increase due to the free medical services provided by Health Care Centers.**
4. Proper medical advice and free health checkup camps improve health conditions of children and women and help in early detection and treatment of any disease.
5. Lower death rates in rural areas due to improved medical infrastructure and emergency services.
6. Awareness about personal hygiene and proper sanitation will help rural women to adopt healthy lifestyle, which in long reduce no. of disease in the rural areas.
7. A proper connected chain of medical services inter related with other Health Care Centers by this project and also with other medical institutions being run by Governmental or non-governmental organizations for proper channelization of resources to the needy beneficiaries.
8. A positive change in the overall perception in our society towards issues related to women and children.
9. Revitalizing the local health conditions by providing the facility of proper health check-ups at timely interval.

- 10.Reduction in the Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR) which is most common phenomenon of rural and semi urban areas by providing the Maternity services for safe pregnancy, abortion, delivery and postnatal care,
- 11.Universal access to public health services such as women's health, child health, water, sanitation, immunization and nutrition by providing the Epidemiological services, including information management and health education
- 12.Prevention & control of communicable & non comm. diseases, including locally endemic diseases through Immunisation services against vaccine preventable diseases
- 13.Access to integrated primary healthcare by the underprivileged people. The basic health services that will be provided by our Dispensary will include family physician services supported by paramedics and community health workers, first level referral clinic with basic specialties. These basic health services are very essential for their health and the country's development but mostly they ignore due to lack of finance as they can't afford the high priced treatments offered by the private clinics/ hospitals or due to the absence of qualified doctors.
- 14.Promotion of healthy life styles among the category of people who are totally ignorant.
- 15.Population stabilization, gender and demographic balances by providing Pharmaceutical and contraceptive services to the people in nearby area.
- 16.Improvement in the health conditions of the people of the nearby area through regular and adequate supply of essential quality drugs
- 17.Most of the cases will be from the streets or destitute wards of government hospitals by our Service Team. In typical cases, these people are abandoned by their families and are in desperate need of medical help. So the destitute people will be given adequate treatment at the time of need.

Action plan of the Proposed Project:

This Dispensary “Community Health Care Center” is being established by the “Care Promise Welfare Society” with a view to contribute to the welfare of society. The purpose of running such a Dispensary will be fulfilled only when it will help the local community in reducing/ eliminating diseases. Most important factor for the fulfilment of the objectives of the Dispensary is doctors and Para medical staffs,

Manpower needed for one Dispensary:

Doctor	:	1
Visiting Specialists	:	2
Compounder	:	2
Attendant	:	1
Pharmacist	:	1
Sweeper	:	1

Total No. of Manpower needed for the Proposed 5 Dispensaries = 7 X 5 = 35

**Estimated Budgeted Expenditure for running
of 5 Dispensaries named "Community Health
Care Center" by "Care Promise Welfare
Society" for duration of 3 Years.**

Estimated Budget for Running of 1 Dispensary "Community Health Care Center"				
(Budget Duration Period = 3 Year, Estimated Number of Beneficiaries: 43800/Dispensaries)				
Sl.	Particulars	Financial Norms in Rs.		
I NON-RECURRING EXPENDITURE				
A Furniture/Fixtures for Dispensary		Quantity	Rate/Quantity	Total
1	Examination couch/ wooden	2	10000	20000
2	Table with drawers	1	15000	15000
3	Drug cupboard	2	15000	30000
4	Chairs	6	500	3000
5	Bed	3	5000	15000
6	Mattress and other bed materials	10	3000	30000
7	Benches	2	5000	10000
8	Clothing lockers	1	2000	2000
9	Filing cabinet	1	5000	5000
10	Stools	5	1000	5000
11	Instrument cabinet	2	6800	13600
12	Examination couch metal	1	25000	25000
13	Loackable cabinet	2	15000	30000
14	Drug cabinet	2	15000	30000
15	Counting Trays	2	10000	20000
16	Dispensing Stools	1	5000	5000
17	Delivery bed	2	25000	50000
18	Obstetric bed	2	7500	15000
19	Other Furniture and Fixtures, installation charges of various facilities			100000
B Equipments and other accessories required for dispensary				
1	Diagnostic set	1	6600	6600
2	Stethoscope-adult	2	600	1200
3	Stethoscope-paediatric	2	3500	7000
4	Sphygmomanometer(BP Machine)	2	18500	37000
5	Laryngoscope	1	20000	20000
6	Manual resuscitator, adult	1	3500	3500

41	Sterilizing Drum, medium	2	3000	6000
42	Stitch Removing Scissors	2	500	1000
43	Straight scissors	2	500	1000
44	Suction machine, manual	1	1570	1570
45	Torch	2	500	1000
46	Tray, stainless steel	2	1500	3000
47	Baby Cot	1	2500	2500
48	Strecher with IV pole	1	10000	10000
49	Percussion Hammer	2	8000	16000
50	Fire Extinguisher	1	20000	20000
51	Distiller	1	50000	50000
52	Fridge, Pharaceuticals	1	25000	25000
53	Balance, Precision	1	50000	50000
54	Balance, Heavy Duty	1	50000	50000
55	Motor & Pestle	1	1500	1500
56	Tablet Counter	1	15000	15000
57	EyeChart E-type	1	6500	6500
58	Eye Chart	1	2500	2500
59	Ophthalmoscope Set	1	20000	20000
60	Tape Measure	1	250	250
61	Electric kettle	1	5000	5000
62	Electric heater(wall mounted)	1	5000	5000
63	Dressing Pack	2	4000	8000
64	Wheel Chair	1	25000	25000
65	Binocular microscope	1	33071	33071
66	Geyser	1	10000	10000
67	Other Equipments and medicine for pharmacy			800000
C Vehicles and other equipments				
1	Ambulance	1	950000	950000
2	Motorcycle	1	50000	50000
3	Generator	1	45000	45000
Total Non Recurring Expenditure in Rupees				3,035,741.00

Total Honorarium Expenditure in Rupees

III	RECURRING (HONORARIUM)	Rate/Month	Cost/Year	Cost/3Year
1	Doctor (Full Time)-1 @Rs.25000/month	25,000.00	300,000.00	900,000.00
2	Visiting Specialists-2 @Rs. 1800/visit, minimum 12 visits/month	43,200.00	518,400.00	1,555,200.00
3	Compounder - 1 @Rs. 15000/month	15,000.00	180,000.00	540,000.00
4	Nurse-1 @ Rs.10000/month	10,000.00	120,000.00	360,000.00
5	Lab Technician- 1 @ 10000/month	10,000.00	120,000.00	360,000.00
6	Attendant cum Accountant - 1 @Rs.8000/month	8,000.00	96,000.00	288,000.00
7	Pharmacist - 1 @Rs.12000/month	12,000.00	144,000.00	432,000.00
8	Maintenance Boy - 1 @Rs. 5000/month	5,000.00	60,000.00	180,000.00
Total Honorarium Expenditure in Rupees				4,615,200.00

Total Recurring Expenditure other than Honorarium in Rupees

II	RECURRING (OTHER THAN HONORARIUM)	Rate/Month	Cost/Year	Cost/3Year
1	Rent of Building @Rs.15000/Month	15,000.00	180,000.00	540,000.00
2	Drugs for patients @Rs.500/patient, minimum 40 patients/day	240,000.00	2,880,000.00	8,640,000.00
3	Laboratory test related expenses @Rs.200/patient, min. 5/day	30,000.00	360,000.00	1,080,000.00
4	Electricity & Water Charges	5,000.00	60,000.00	180,000.00
5	Telephone and Internet bill	3,500.00	42,000.00	126,000.00
6	Diesel for generator and petrol for two wheelers	10,000.00	120,000.00	360,000.00
7	Conveyance / TA for Staff @Rs1500/month for compounder & attendant & Rs.3500/month for doctor & visiting specialists	11,500.00	138,000.00	414,000.00
8	Printing & Stationary Expenses	4,000.00	48,000.00	144,000.00
9	Other Office Expenses	5,000.00	60,000.00	180,000.00
10	Health Check up camps in nearby villages			100,000.00
Total Recurring Expenditure other than Honorarium in Rupees				11,764,000.00

Total of Budgeted Expenditure of Care Promise for running 5 Dispensaries for 3 Years in Rupees

Particulars	One Dispensaries for 3 yrs	Five Dispensaries for 3 yrs
Total Non Recurring Expenditure in Rupees	3,035,741.00	15,178,705.00

Total Honorarium Expenditure in Rupees	4,615,200.00	23,076,000.00
Total Recurring Expenditure other than Honorarium in Rupees	11,764,000.00	58,820,000.00
Total Budgeted expenditure of Five Disensaries for 3 years		97,074,705.00
Add: 10% of the above amount for contingencies and miscellaneous expenditure		9,707,470.50
Total of Budgeted Expenditure of Care Promise for running 5 Dispensaries for 3 Years in Rupees		106,782,175.50