

GMVS, Ajmer

# GRAMIN MAHILA VIKAS SANSTHAN



BUBANI (Ajmer)

## The Hans Foundation "Mobile Health Care Unit"

Final Report

Month May, 2014 to March, 2015

Submitted To



THE HANS FOUNDATION, NEW DEHLI

# The Hans Foundation "Mobile Health Care Unit"

*Fund Supported by-*

**The Hans Foundation- New Delhi**

## **Final Report**

***Project Period: May, 2014- March, 2015***

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### **Introduction of GMVS**

**Gramin Mahila Vikas Sansthan (GMVS)** was founded in 1998 as a Rajasthan-based NGO (Non-Government Organization). Its title stands for Developing work for rural women as well rural communities. It is a voluntary organization registered under the Rajasthan Societies Registration Act 1958 of India. In 1998, Shankar Singh Rawat and Shambhu Singh Rawat set up GMVS, inspired by the belief that well-educated people with empathy towards the poor must work at the grassroots to remove mass poverty and help in providing employment to remote areas people. Sansthan is working from last 18 years in remote areas of Ajmer District and helping poor families enhance their livelihoods through concrete action programs and immersing themselves directly with target communities.

**Target Area:** Thematic area of this project is to provide health services and awareness among villagers free of cost. These villages are same in economic and social condition. All types of belongs to different caste, vulnerable population and marginalized, weaker section. The total population of these 12 villages is 27516 (Male- 7676, Female- 6955, Children- 12885).

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This program is organizing in 12 villages of Srinagar Tehsil that is situated on non-national highway and far 10 K.M. from Kishangarh- head office of Sansthan. This project is going on 4 Gram Panchayat (Gegal, Narwar, Bubani and Godiyawas) that is almost 30 K.M. far from Danta village. Danta village is head office of this project and monitor this project from Danta head office. Villagers of these areas are labour and went in marbles companies or mines.

### Total population of the 12 villages is following-

S. No.	Villages	Population
1	Muhami	4010
2	Khoda	1915
3	Bubani	5600
4	Danta	927
5	Gegal	5825
6	Tidhana	482
7	Nimbukiya	676
8	Nolkha	2116
9	Jatli	1475
10	Bawani khera	1404
11	Godiyawas	1185
12	Gudha	1901
<b>Total</b>		<b>27516</b>

**Duration of the Project:** Project was for 11 month from May, 2014 to March, 2015.

### Objectives of the project :

- Our objective is making an impact as the women have realized the importance of their health as an important component in the well being of the family.

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- To deliver comprehensive health services to people who are without stable housing and without access to a regular medical provider.
- Besides regular checkups, the beneficiaries are offered counseling sessions about hygiene & sanitation, clean environment nutritious diet, eye care, mental health counseling, substance abuse counseling.
- This project stresses on health awareness by regular checkup of common cold, cough, blood pressure, fever etc.
- Providing population a qualified gynecologist for their checkups and subsequent medicinal support.
- To promote antenatal care, safe delivery and postnatal care.
- To promote primary immunization of all children against the six vaccine preventable diseases by the age of one year.
- To encourage the participation of the community to take the initiative to meet its own health needs.
- To increase awareness among mothers and the community about health and nutrition issues related to safe motherhood and child survival.
- To make healthcare facilities more accessible in villages.
- To provide preventive screening, sick visits, chronic disease management, dental care, access to medications, family support, access to specialty care, labs and diagnostic testing.
- Through awareness creating conditions and developing personal motivation, knowledge and skills to choose healthy lifestyle and undertaking actions for improving own health and that of the others.
- Creating environments supportive to health.

**GMVS, Ajmer****Beneficiaries:** List of total beneficiaries of all 11 months.

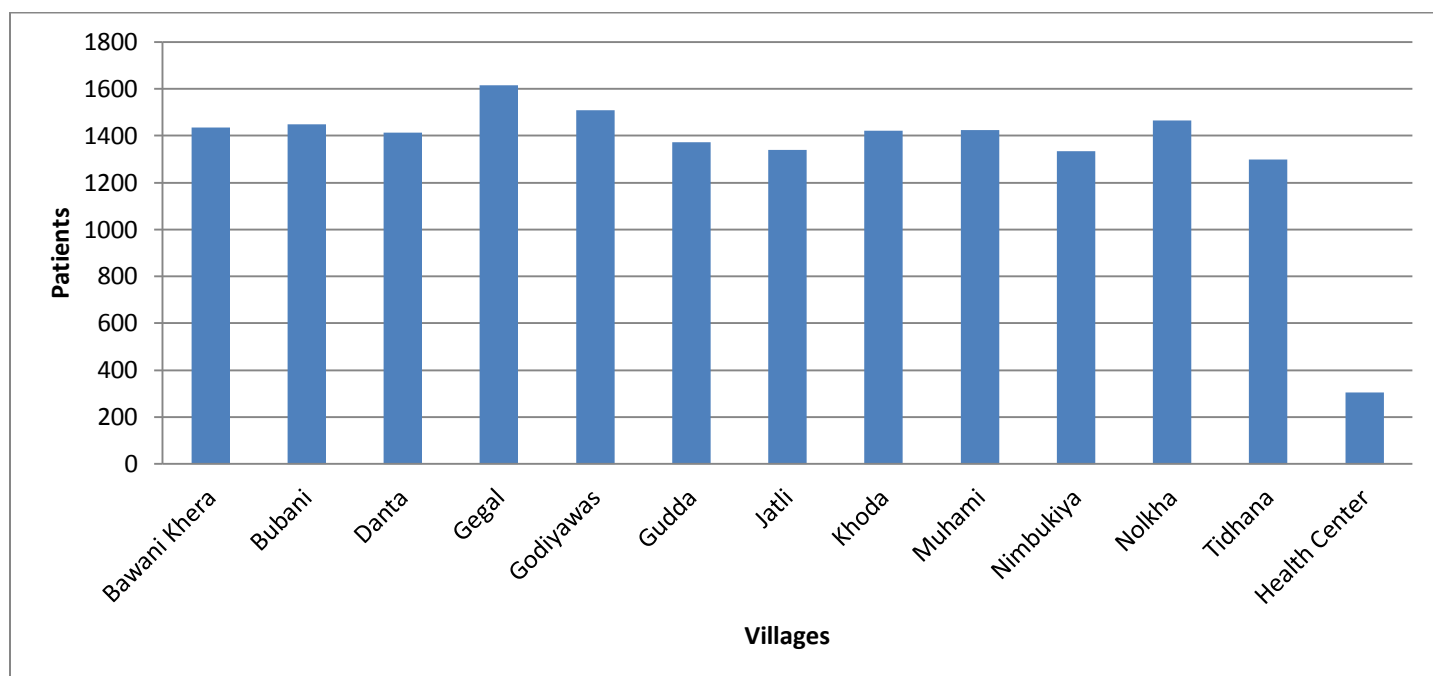
S. No.	Village Name	Month Name										
		May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
1	Bawani Khera	-	105	183	169	128	122	143	137	149	158	141
2	Bubani	-	130	163	171	164	134	130	137	139	153	128
3	Danta	-	80	169	183	143	115	129	125	206	122	140
4	Gegal	-	110	177	169	156	149	121	205	152	211	164
5	Godiyawas	-	195	173	169	127	120	152	145	142	139	147
6	Gudha	-	82	170	172	145	118	122	127	139	147	150
7	Jatli	-	89	169	170	131	125	116	133	125	146	135
8	Khoda	-	174	167	171	145	113	117	127	124	137	147
9	Muhami	-	84	167	174	148	131	130	145	154	149	141
10	Nimbukiya	-	85	174	178	144	120	115	126	131	126	135
11	Nolkha	-	215	173	162	136	120	116	130	140	129	145
12	Tidhana	-	87	168	162	117	112	113	123	132	145	140
13	Health Center	-	-	-	-	-	-	-	-	-	139	167
Total			1436	2053	2050	1684	1479	1504	1660	1733	1901	1880

S. No.	Month	Expected Patients	Treated Patients
1	May 2014	-	-
2	June 2014	1295	1436
3	July 2014	2298	2053
4	August 2014	2040	2050
5	September 2014	2265	1684

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6	October 2014	2061	1479
7	November 2014	2040	1504
8	December 2014	2058	1660
9	Jan. 2015	2080	1733
10	Feb. 2015	2135	1901
11	March 2015	1860	1880
<b>Total</b>		<b>20132</b>	<b>17380</b>

Total patients treated according to village in project duration.



S. No.	Village Name	Panchayat Samiti	Total No. of Patients Treated
1	Bawani Khera	Srinagar	1435
2	Bubani	Srinagar	1449
3	Danta	Srinagar	1412
4	Gegal	Srinagar	1614
5	Godiyawas	Srinagar	1509

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6	Gudha	Srinagar	1372
7	Jatli	Srinagar	1339
8	Khoda	Srinagar	1422
9	Muhami	Srinagar	1423
10	Nimbukiya	Srinagar	1334
11	Nolkha	Srinagar	1466
12	Tidhana	Srinagar	1299
13	Health Center	Srinagar	306
Total			17380

**Support from THF for:** We have received documentation support like for various record of patients, planning, route chart, performance report, awareness activities report, final, quarterly, monthly reports formats etc. given by THF which is very helpful for us as the record keeping work plays crucial role in this program. THF gave us financial support for running this program in rural backward villages. This financial help made us capable for visit in villages and treat them with medicines support.

**Challenges during project** : This project was for 11 months. During project period, Sansthan is faced some challenges. Out of these some are as follows:-

- Patients are started to come on health center Danta and Doctors have to treat them so they got late in routine visits. It creates the situation of increased numbers of patients and lack of medicines.
- Lacking in proper understanding of all reporting and documentation formats and work in primary phase.
- Numbers of patients are increasing due to non target patients.
- Villages those near to target villages also came at health centers.
- Alcohol and other addictive habits of smoking, tobacco in villagers increase the demand of medicines for getting rid from alcohol habits.

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- There is 3 visit routine must each village in a month. But number of villages is more than 10, so it is not possible.
- Due to the spreading of disease number of patients are more so its create difficulty for one doctor to see all patients.

### ❖ **Deliverables of the project:** Some benefits of the project are as follows: -

- Improved access of the disadvantage group to health services.
- People got other health care services including creation of awareness.
- Villagers are getting free of cost treatment with medicines.
- Complete course of treatment
- Improving Health Condition
- Improving social and economic Condition of villagers
- Regular attendance in empowerment place
- Awareness about sanitation
- Save of time which they are wasting in transportation.
- Earlier some patient was not taking treatment and medicine due to low economic condition, careless, shortage of time and helplessness. But now Patient are getting treatment and taking complete treatment.
- Effective and prompt treatment of diseases.

### **Unutilized Fund at the end of the project: No**

### **Results achieved :**

**Beneficiaries Details:** - Direct and Indirect Beneficiaries from this project are followings: -

Month	Patients Check at Visit	At center
June	1436	No record
July	2053	No record



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August	2050	No record
September	1684	No record
October	1479	No record
November	1504	No record
December	1660	No record
January	1733	No record
February	1762	139
March	1713	167
<b>Total</b>	<b>17074</b>	<b>306</b>

**No. of institutional deliveries: -**

<b>Month</b>	<b>Institutional Deliveries (Total)</b>	<b>Government</b>	<b>Private</b>	<b>Home</b>
June	51	16	17	18
July	75	20	25	20
August	73	22	28	23
September	97	52	23	22
October	73	22	28	23
November	48	28	18	02
December	36	18	12	06
January	20	13	05	02
February	42	24	16	02
March	43	28	14	01
<b>Total</b>	<b>558</b>	<b>240</b>	<b>181</b>	<b>115</b>

**Permanent Family Planning's From June 014 to Jan. 015: - LS 32**

**Temporarily Family Planning's are Followings: -**

<b>Month</b>	<b>IUCD</b>	<b>Oral Pills</b>	<b>Condoms</b>	<b>Total</b>
June	8	12	24	44
July	03	17	13	33
August	21	20	36	77
September	12	28	30	70
October	03	41	53	97
November	05	43	53	101
December	12	57	79	148
January	19	63	102	184
February	1	52	60	113
March	6	56	77	139
<b>Total</b>	<b>83</b>	<b>281</b>	<b>390</b>	<b>754</b>

**No. of Laboratory Investigations: -**

<b>Month</b>	<b>Lab Investigation</b>
June	31
July	30
August	35
September	38
October	147
November	206
December	258
January	196

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February	63
March	55
<b>Total</b>	<b>1059</b>

**No. of cases referred to government, PHC and to private hospitals: -**

<b>Month</b>	<b>Indirect Patients (Referrals)</b>	<b>Government</b>	<b>PHC Referrals</b>	<b>Private</b>
June	0	0	0	0
July	0	0	0	0
August	3	3	0	0
September	5	2	2	1
October	3	2	0	1
November	3	3	0	0
December	3	2	0	1
January	1	1	0	0
February	10	7	1	2
March	17	12	2	3
<b>Total</b>	<b>45</b>	<b>32</b>	<b>05</b>	<b>08</b>

**Summary of some activities from starting of 1<sup>st</sup> May 2014 to end of the project 31<sup>st</sup>****March 2015:**

- Baseline Survey
- Orientation Program
- Inauguration Program
- Formation of Village Health Committee

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- Structure of Project
- Publicity
- Monthly Planning
- Routine Visit in Villages for Check-ups
- Health Camps
- Health Awareness Program
- Meeting with Other Health Service Providers
- Trainings & Meeting with Health Workers
- Girl Save Girl Study Campaign
- Vaccination on Village Health and Nutrition Day
- Women Day Celebration
- Monthly MHCU Staff Meeting
- Action Plan

### **Baseline Survey**

First of all we do baseline survey in which we gave information to the villagers about **“The Hans Foundation” (Mobile Health Care Unit)** program and according to format we collect information of villages and families for which we start program for this different-2 worker went in village and got information from them this gave us the opportunity to know the overall family condition with their health condition, which proves also helpful for us in program in this when we discuss with family member and other sarpanch of village they said that there is need of extension of program for other villages, even in survey villagers of near to this village demands this facility for them but in this all discussion with people it is seem by us that they are very happy to saw this program we start with The Hans Foundation support is for their health.

### Orientation Program

Before starting program we did an orientation program for the workers and the members of the mobile health program in which we gave them detailed information about the program.

Points which discussed in the meeting are-

- Detail information about the program.
- About the formats both- office related and health centre related.
- Village Baseline and Household Baseline.
- About the role of the workers.
- About Route Chart.
- Doctor's speech - Here Dr. Shankar Lal Aasnani shares their views about the program and gives their valuable time to us for the betterment of the program. He gives us some useful tips about the health and first aid.

### Inauguration of the Project

By the financial help of '**The Hans Foundation**' our organization Gramin Mahila Vikas Sansthan organized inauguration program on 13 June, 2014 of '**The Hans Foundation**' Mobile Health Care Unit in the Danta village. In this program our chief guest was Mr. Suresh Singh Rawat (MLA Pushkar) and Rashtradeep Yadav (Sub Division Manager). On this occasion Mr. Suresh Singh Rawat said the Gramin Mahila Vikas Sansthan through financial help of **The Hans foundation** is doing a great job in the areas of health and because of this program needy people will get the proper treatment on the right time and Mr. Rashtradeep Yadav clears the main motive of the program of improving health of the villagers to the people. Women of villages also seem very happy when they here that this program of health is especially for them and they present their happiness in words to say thanks to **The Hans Foundation** for this kind work. In the guests Mr. Girish Kumar Mathur (Chief Scientist, Krishi Vigyan Kendra) and Dr. Swati Sharma (From Australia)

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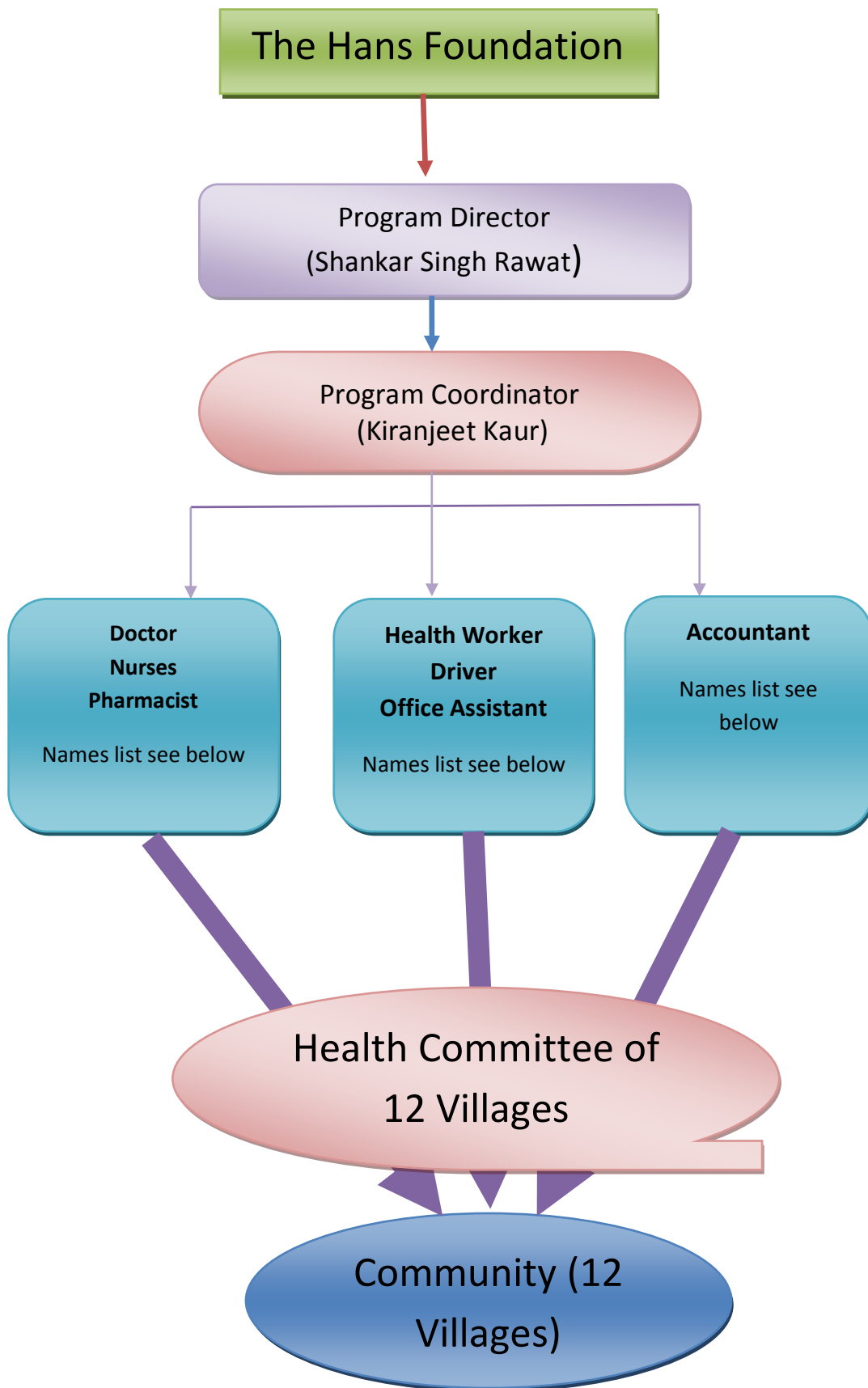
said, it is nice work and now a days it is a first health related program which is working in this way and our big cities of the country still don't have these types of facilities, so they are thankful to Gramin Mahila Vikas Sansthan and **The Hans Foundation** who took the first step in this type of field. In the inauguration program Mr. Bhaskar Maheshwari (Manager HDFC) and the sarpanch of the Gegal gram panchatyat Mr. Abdul Jalil Mia appreciates our work.

Dr. Mr. Shankar Lal Aasnani (M.B.B.S.) of mobile health care unit said through this program people of village can access to the medical facility easily now they will get free of cost medicine which improves their health it's really a nice program because it is not for one or two village but for twelve villages this is good and they also advised that if there is more ambulance, work will be done easily in all 12 villages. At the end he said that this work of **The Hans Foundation** is really good for all. So I thanks to the **The Hans Foundation** and their team for supporting backward community.

### **Formation of Village Health Committee**

We have formed one village level health committee in each target village. In this committee there are 10-12 members. They belong to that particular village in which committee formed. Village health committee organized meeting on monthly basis and in this meeting MHU team also participated for discussion on various health related issues and way forward, progress of project and feedback etc.

Organization Chart:



### **Publicity**

For the publicity of our Mobile Health Care Unit program our team and our health workers had done many works in our 12 villages and these are as follows-

#### **➤ Meeting with Women Self Help Group**

Our organization has women SHGs in all villages in which our Mobile Health Care Unit is working and because of these groups it was easy to communicate with the other women or community. Our health workers gave information about our Mobile Health Care Unit program to the women SHG and aware them about our program by various awareness activities.

#### **➤ Meeting with MNREGA**

Our health workers met with the MNREGA workers and gave them information about the program and aware them about our health services.

#### **➤ Street Play**

For the publicity of our program we had done street plays because it is best way to aware the people with entertainment. Street plays make the direct effect on the people always relates it to with their own life. Sansthan is played street play in all target villages to aware people about health issues and motivated for sanitation. Importance of Sanitation told them by Doctors, Nurses and health worker. Theme of street play was Health issues and sanitation.

In these street plays nearly all villagers came because these plays are organized in evening in the village at suitable time for villagers. Thus all villagers came and took part and became its successful. After end of street plays, Health worker gave in villages and took feedback of villagers. Health worker is also saw results by observation tool. In visits of



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villages, Health workers went in villages and asked some questions and also seen sanitation. Villagers are aware and also cleaning their house and started to use of dustbin.

### ➤ **Provided Services in the Local Fairs**

For the publicity of programs in our field areas we provided our services in the local fairs also because on these places it is easy to reach more and more people.

### **Monthly Planning**

Monthly planning took place every month before starting the month by Mobile Health Care Unit Team from starting of May 2014 to March 2015 so all this program conducted according to the planning. In monthly planning we plan whose village visited according to date and how many expected no. of patients? In this way before planning of village and patients was very helpful for us in continuity of work. Other then this the other work of Sansthan like selection of Health care Center in Danta village, choose 12 villages for mobile health care unit, Selection of medical professional team, selection of MHU team, trainings etc. done according to planning later on visits of villages are started in month of June after the inauguration on 13-06-2014 and constantly in process. Monthly plan with expected patients is below as a sample-

### **Monthly Planner for Mobile Health Care Unit of August 2014**

<b>S. No.</b>	<b>Date</b>	<b>Day</b>	<b>Village / Slum Name</b>	<b># of Patients Expected</b>
1	8/1/2014	Friday	Bubani	85
2	8/2/2014	Saturday	Danta	110
3	8/3/2014	Sunday		
4	8/4/2014	Monday	Khoda	89
5	8/5/2014	Tuesday	Gudha	85

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6	8/6/2014	Wednesday	Nimbukiya	92
7	8/7/2014	Thursday	Muhami	110
8	8/8/2014	Friday	Godiyawas	86
9	8/9/2014	Saturday	Bawani Khera	89
10	8/10/2014	Sunday		
11	8/11/2014	Monday	Tidhana	90
12	8/12/2014	Tuesday	Nolkha	105
13	8/13/2014	Wednesday	Jatli	95
14	8/14/2014	Thursday	Gegal	120
15	8/15/2014	Friday	Bubani	85
16	8/16/2014	Saturday	Danta	110
17	8/17/2014	Sunday		
18	8/18/2014	Monday	Khoda	89
19	8/19/2014	Tuesday	Gudha	85
20	8/20/2014	Wednesday	Nimbukiya	92
21	8/21/2014	Thursday	Muhami	110
22	8/22/2014	Friday	Godiyawas	86
23	8/23/2014	Saturday	Bawani Khera	89
24	8/24/2014	Sunday		
25	8/25/2014	Monday	Tidhana	90
26	8/26/2014	Tuesday	Nolkha	105
27	8/27/2014	Wednesday	Jatli	95
28	8/28/2014	Thursday	Gegal	120
29	8/29/2014	Friday	MHU Staff Meeting	
30	8/30/2014	Saturday	GMVS Office Meeting	
31	8/31/2014	Sunday		

### Routine Visits of villages for check-up

There are 12 villages in this project and Mobile Health Care Unit is visiting these villages regularly. Inauguration, Selection of building, Selection of medical professional team, selection of village, monthly Planning and Rout chart has done in month of may and June, 2014. None village is visited in May 2014. In month of June, 12 villages are visited. Mostly one round has been completed in each village in June Month and after these 24 visits in all 12 villages 2 times visited continuously. Patients are checked regularly and they are feeling improvement in their health after check-up by Mobile Health Care Unit.

### Health Camp

According to our planning our Mobile Health Care Unit is going regularly in the listed villages that are twenty four times in a month it means two times in a village and treating the patients very effectively. Thus various health camps are organized at regular intervals which are seasonal/need-based to meet the needs of the community and to deliver medical services to remote areas.

According to the people of the village our MHU is doing a good job for the people and they said, before the program they use to go to the hospital which is very far from their home/village about 10-12 km and through MHU's facility they are able to save their time and money. Eye & Ear check-up facility is also provided to the rural populace for early detection and referral services thereafter.

Mobile Health Care Unit also Organize camps in the local festivals like- Veer Tejaji Mela and at other fair. Here we provide the health services to the people. Sarpanch and up sarpanch of villages are also present there and they said **The Hans Foundation (Mobile Health Care Unit)** is like a blessing for our village and people are really getting benefit of the program and medicines are really affecting the problems or illness. Here we treated many patients who are suffering from seasonal illness.

### Health Awareness Program

As Awareness programs are very important part for the village community like medical treatment, so our team is doing a great job for the betterment of the community. In awareness program we are working with the women, adolescent girls, old age etc. For this we have organized various awareness meetings with the aim to raise awareness about preventable diseases, hygiene and sanitation. To date we have educated community members about malaria, oral health, physical and mental disabilities, HIV/AIDS, and hygiene. Following awareness common for all villagers raise by us: -

- ✓ Raise awareness on the nutritional needs of young children
- ✓ Looking at the poor state of women's health in rural areas, camps are organized to encourage women to seek medical aid for their reproductive health and well-being. Anganwadi and Health Workers are undertaken the activity of aware women so that they can discuss their problems. Couples counseling, adolescent girls training, and other awareness activities are also undertaken.
- ✓ HIV/AIDS-awareness by providing information about HIV/AIDS and other communicable diseases to the vulnerable population of truckers and single male migrant laborers, pregnant women, persons suffering from addiction of alcohol, tobacco, smoking etc. In camps large number of patients benefited. Due information is made available in advance, so that maximum number of patients are able to get advantage.
- ✓ Clean environment is necessary for children development.
- ✓ Toilets in home have big role in cleaning the environment.
- ✓ Regular exercise.
- ✓ Counseling on nutrition, safe sex family, life skills etc.
- ✓ Eat a healthy and balance diet, including adequate calcium.
- ✓ Safe & more drinking water.

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- ✓ Replace unhealthy foods with healthy foods & Positive thinking
- ✓ Better nutrition among children & Sanitation etc.
- ✓ We should help each other by understanding their problems.

In our program local Anganwari worker, ANM also take part and share their views. Our Mobile Health Unit Doctor has most important role in our awareness program he gave his speech on many topics like First Aid, Personal hygiene, communicable disease, physical changes in adolescent boys and girls, mal nutrition, vaccination, timely checkup etc.

### **Awareness Meeting with the Women's**

We had done meetings with the women's where our team aware the women about their health. They said health of the women is the very crucial part for every family and they have to take care of her because the whole family is dependent on the women. Our main focus is on the pregnant women and we are doing the awareness program with them. Now they are trying to understand their importance and they are ready to cooperate us in the regarding subject.

We have arranged meetings with pregnant women in all twelve villages and advised that regular check-ups are necessary to ensure that they are not malnourished and are gaining sufficient weight. We aware them for many complications and antenatal and postnatal care like if there is characteristics' of Difficulty in breathing or shortness of breath, Pain or pressure in the chest or abdomen, Sudden dizziness, Confusion, Severe or persistent vomiting, High fever, Decreased or no movement of your baby etc. seek emergency medical care.

### **Awareness Program with Adolescents**

We had done awareness program with the adolescent girls in our field villages in the guidance of our doctor. The program which we had done with the adolescent, these are – awareness about reproduction, awareness about level of family planning, awareness about

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anemia control. With the awareness about nutrition, sanitation & destroy wastages, hemoglobin in blood and importance of green vegetables in balance diet etc. We explained care should be retained at the time of menstrual period, Nurses and health worker gave information in details to adolescent girls and also facilitate to care and sanitation of self and nearly environment.

### **Meeting with other Health Service Providers**

Our Mobile Health Care Unit is providing a good health service. We had done meeting with the nearby health service provider and key persons like ANM's, PHC's, teachers, sarpanch, upsarpanch, share our program work report and our objectives of the MHU's Program with CHMO in the Ajmer district.

### **Training & Meeting with the Health Workers**

Monthly meeting is organized of project team with director. All problems, achievements and challenges are shared in this meeting. Although director visits this project time to time, but meeting with all staff in details and discuss about work and rout of next month's is prepared. Director guided to all staff with own experience and knowledge gain from this field and facilitate to project team to do work with more enthusiastic. Through trainings we Build capacity and develop skills within the health workers to handle local health issues effectively; and promote overall good health of the local community.

We had twelve health workers in our villages and they mobilized our work. They went in the field before one hour of the ambulance and they have to make the list of the patients who really needed treatment. We put a day in our monthly plan for the meeting with our health workers and in this meeting we discussed on the next month planning, like MHU's visits, awareness activities planning etc. and taking their feedbacks for the betterment of the program.

### **Girl Save Girl Study Campaign**

We have organized girl save girl study campaign for encouraging gender equality for this we aware the villagers by explaining the various points for stopping gender partiality.

### **Vaccination on Village Health and Nutrition Day**

Vaccination day were organized by the government and our **Mobile Health Care Unit** Health workers gave their participation in the vaccination program in all 12 villages of our Mobile Health Care Unit program. They helped in the vaccination and took children from their home to the Anganwari centre. Our health workers gave their voluntarily support in that program. Village health and nutrition day organized every Thursday of week. On this day, health related issues like nutrition, personal hygiene; care during pregnancy, importance of antenatal & post natal care, institutional deliveries, immunization, etc are discussed. The service packages of VHND are- Maternal Health, Child Health, Family planning, Reproductive Tract Infections and Sexually transmitted Infection, Sanitation, Communicable Diseases, Gender, Health Promotion and Nutrition.

### **Women Day Celebration**

On 8<sup>th</sup> March 2015 we have celebrated women day in Danta Village almost 700-800 women gathered on this day. On this day Mr. Shankar Singh Rawat (Secretary) addressed women about various project run through GMVS by different funding agencies like The Hans Foundation, CMF, Nabard, Tata trust etc and also facilitated towards empowerment and livelihood. Chief guest Mr. Vasudev Devnani, State Education minister addressed women for girl education and also told about significance of girl education in modern time. Program president Mr. Suresh Singh Rawat (Pushkar Legislator) told for banking linkage for their economic development along with family responsibilities. He said that national development is based on women development. Ms. Vandana Nogiya, Jila Pramukh motivated women work through group unity and aware them for their rights.

**Monthly Meeting of MHCU Staff :**

We have organized monthly staff meeting in which all The Hans Foundation “Mobile Health Care Unit” staff Presented and the followings are some objectives of this meeting: -

- To capture the experience of The Hans Foundation “Mobile Health Care Unit” project.
- To review the progress of project.
- To discuss the issues and way forward for project.
- To plan for next month’s strategy key learning for project.

**Action Plan**

Project Period- May, 2014 – March, 2015

S. No	Activities	Months										
		May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan	Feb	Mar
1.	Purchase Ambulance	*										
2.	Logo Print Ambulance	*										
3.	Establish Office	*										
4.	Staff Selection	*										
5.	Inauguration of Program		*									
6.	Office Furniture/ Equipment	*										
7.	Monthly Report	*										
8.	Daily Report	*	*	*	*	*	*	*	*	*	*	*
9.	Monthly Meeting	*	*	*	*	*	*	*	*	*	*	*
10.	Quarterly Report	*	*	*	*	*	*	*	*	*	*	*
11.	Village Profile	*	*									
12.	Household Survey	*	*	*	*	*	*					
13.	Purchase Medicine		*	*	*	*	*	*	*	*	*	*
14.	Visit of Villages		*	*	*	*	*	*	*	*	*	*
15.	Publicity/ promotion Activities		*	*	*	*	*	*	*	*	*	*
16.	Training to Project Staff		*	*	*	*	*	*	*	*	*	*
17.	Training Material		*	*	*	*	*	*	*	*	*	*
18.	Route Chart		*	*	*	*	*	*	*	*	*	*
19.	Monitoring	*	*	*	*	*	*	*	*	*	*	*
20.	Evaluation						*					*



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**Impact stories** :

### **Case Study 1**

#### **Personal Information**

**Name** – Sharda Devi

**Age** – 33

**Education** – Illiterate

**Caste** – Rawat

**Village** – Gudha

**Husband Name** – Jora Singh

**Husband Occupation** – Agriculture and Labour

#### **Background**

Sharda Devi belongs to Gudha village and her husband is a farmer. She has nuclear family and there are 6 members in her family. She has two sons and two daughter and all are living with her. In her children 3 are studying in the school that is 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup> standard respectively and her one daughter is completed her 10<sup>th</sup> class and now she is helping her mother in the stitching work. They are doing stitching work at her own home and they don't have too much big farm so her husband used to work as a labor in his own village and sometimes he need to go nearby places also. Her all children are studying in a private school and school is 2-3 km far from their village. Her husband is the only one who is working outside and earnings for the family and her stitching work can give little bit help to him.

#### **Linkage with the Program**

Sharda Devi is suffering from coughing problem since one year. She consults with doctor in the Kishangarh and at some other places also but she did not have the proper treatment. She is taking medicines but medicines can give her a temporary relax for some time. The medical facility is too far from her home and it is too hard for her to go again and again because her

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family's economic condition is not so good. One day she met with the doctor in Kishangarh and she heard that she has symptoms of Tuberculosis. After hearing about her problem she got afraid. After some days a lady from her women group told her about the GMVS Mobile Health Care Unit program she agreed to consult with MHUs doctor, she told it to her husband and then she came with her husband and took medicine from our health service.

### **Present Condition**

In the second visit our health worker met with Sharda Devi and asks her about her problem. When she heard that our ambulance has arrived in the village she came with our health worker to doctor and she started crying, our doctor ask her the reason, and then she said that her coughing problem is permanently gone. Sharda Devi and her husband give thanks to the doctor and said, this health facility is rally a miracle for us and because of this health service they don't need to go too far for treatment and now they are able to save money.

## **Case Study 2**

### **Personal Information**

Name- Dalpat Kanwar

Husband Name- Mr. Dashrath Singh

Husband Occupation- Labour

Age- 36

Education- 8<sup>th</sup>

Caste- Rajput

Family- Nuclear

Children- 3 (2 sons & 1 daughter)

Village- Jatli

**Background:** - Dalpat Kanwar is poor women from Rajput community of Jatli village. Jatli is almost 5 K.M. far from City. Jatli is under Gegal Gram Panchayat. She is from Rajput community, so she less go outside from house for work. She is housewife. She has three children. All are going govt. school in their village. Her husband Mr. Dashrat Singh is work as labour in marble areas and in the village. He is bread winner of her family. Mrs. Dalpat Kanwar has stomach from long time. She took treatment many times from many doctors but in time of treatment, she felt well but after some time her problem is started again. She expends a lot of many of it. But she is not totally out of it. She can't work outside or far from home even in farms due to her this problem. A lot of expenditure on her treatment is affecting her economic condition of her family badly. She works small at home. She is not able to give more time because she have two small children and she is single at home and have to all work t self. There are some reasons behind their poverty.

**Information about Mobile Health Care Unit Project:** - Gramin Mahila Vikas Sansthan is working in 12 villages through Mobile Health Care Unit project fund supported by The Hans Foundation- New Delhi. Jatli is one village among these 12 villages where organization is providing health services through this project from May, 2014. All villagers have information about this project. They have information that twice in a month ambulance came in their village to free checkup and provide medicines. There is village level health committee in every village. Awareness camps also organized in every month. Awareness gave to men, women and children, adolescent girls, pregnant ladies and lactating mothers. This project is going from long time and treating people and people are taking benefits from it, so all villagers have information about this project. MHU team is also attached with local health or public bodies of the village. All these resources are for information in the village for villagers.

When she got information about this project, she discussed with her husband. Her husband said for treatment. But she refused and said that I will not go for treatment. But after some time when she heard from villagers that this MHU is providing good services and villagers are taking treatment because their treatment course is free of cost and medicines are giving reliefs to patients. So she discussed about it to her husband and shows her desire for treatment from MHU and said her husband to take information for next visits of MHU team. She came for checkup. Doctor checked and gave medicines and told that there is infection in their stomach. Doctor gave 5 days medicines and said for rest sometime in the day.

**Present Conditions:** - She took treatment and completed her treatment course. She is completely well after it. In next visit, she again came and thanked to doctor and MHU team.

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She said that I am too much thankful to all to feeling me well and get free me from this disease and pain. All are possible due to you. Now she is completely well and started worked outside for labour. When she has time free, she does some economically work at home.

**Last words on anything related to project:** Gramin Mahila Vikas Sansthan is working in 12 villages of Srinagar Panchayat Samiti through Mobile Health Care Unit project fund supported by The Hans Foundation- New Delhi. This program is very helpful for satisfying our health objective and improves health status of villages. People of target villages are very happy from these inaccessible health facilities and thanked to The Hans Foundation. Due to good Performance of this program other villagers also request for these services in their villages.

**(Shankar Singh Rawat)**

**Secretary**

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