SNEH FOUNDATION

PROJECT VATSALYA

FUNDRAISING PROPOSAL

Submitted by: Ms. Shraddha Deo, Chief Executive Officer, SNEH Foundation, Pune.

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SUMMARY OF PROJECT

Globally, an estimated 287,000 maternal deaths occurred in 2010, when the global maternal mortality ratio was 210 maternal deaths per 100,000 live births. Sub-Saharan Africa (56%) and Southern Asia (29%) accounted for 85% (or 245,000 in numbers) of the global burden of maternal deaths in 2010. At the country level, India accounted for 19% (56,000 in numbers) of all global maternal deaths.

In terms of child mortality, globally 76 lakh children died in 2010 before reaching their fifth birthday. Five countries – India, Nigeria, Democratic Republic of the Congo, Pakistan and China – collectively accounted for half or nearly 37.5 lakh of all global deaths in children younger than five years. India presently accounts for nearly 20% of the world's child deaths.

Despite India being amongst the top five countries in terms of absolute numbers of maternal and child deaths, encouraging progress has been made in terms of reducing maternal and child mortality rates. In 1990, when the global under five mortality rate was 88 per 1,000 live births, India carried a much higher burden of child mortality at 115 per 1,000 live births. In 2010, India's child mortality rate (59 per 1,000 live births) almost equals the global average of 57. As per the report of Maternal Mortality Estimation Inter-Agency Group, maternal mortality has shown an annual decline of 5.7% between the years 2005 and 2010. At the national level, maternal mortality ratio (MMR) declined from 254 (SRS 2005) to 212 (SRS 2007–09) – a decline of about 14 points per year on an 'All India' basis.

Maternal mortality results from multiple reasons, which can broadly be classified as medical, socio-economic and health system-related factors. The medical causes can be direct or indirect. The most common direct medical causes of maternal death as per SRS (2001–03) are hemorrhage, mainly postpartum (37%), sepsis because of infection during pregnancy, labor and postpartum period (11%), unsafe abortions (8%), hypertensive disorders (5%) and obstructed labor (5%). These conditions are largely preventable and once detected, they are treatable. A significant proportion of maternal deaths are also attributed to 'indirect causes', the most common of which are anemia and malaria.

Among children who die before their fifth birthday, almost one third of them die of infectious causes, nearly all of which are preventable. As per WHO-CHERG 2012 estimates, the causes of child mortality in the age group 0–5 years in India are (a) neonatal causes (52%), (b) pneumonia (15%), (c) diarrheal disease (11%), (d) measles (3%), (e) injuries (4%) and (f) others (15%).The major causes of neonatal deaths are prematurity (18%), that is, birth of a child before 37 weeks of gestation, infections (16%) such as pneumonia and septicemia and asphyxia (10%), that is, inability to establish breathing immediately after birth and congenital causes (5%). Preterm birth has emerged as the leading cause of neonatal death, underlying the need for rapid scale-up of maternal health interventions to improve neonatal health outcomes.

Social determinants for maternal and child mortality include marriage and childbirth at a very young age, less spacing between births and low literacy level among women, those belonging to the urban poor and rural settings, and socially-disadvantaged groups (such as scheduled castes and tribes). Access to and use of contraceptives, particularly modern, non-permanent contraceptives, and access to safe abortion services are also factors that influence maternal health and child survival. Low level of education is itself linked to the low status of women, and associated risks such as violence against women, emotional and physical abuse and malnutrition. In addition, high unmet need of contraceptives due to non-availability of

services at the community outreach and primary healthcare level is another factor that needs to be addressed.

Many maternal and child deaths are attributable to the 'three delays': (1) the delay in deciding to seek care, (2) the delay in reaching the appropriate health facility, and (3) the delay in receiving quality care once inside an institution. The delay in deciding to seek care can occur due to inadequate resources, poor access to high-quality health care and lack of awareness of the importance of maternal and new born health care at the household level. The unavailability of basic reproductive health services, including contraceptives, pre- and postnatal care and emergency obstetric and neonatal care, as well as delays in seeking institutional care and the poor quality of care provided in the health facility can potentially contribute to maternal and child deaths.

SNEH foundation primarily wants to minimize and prevent the three delays which would lead to overall wellbeing of the mother and child thus reducing the mortality rate. This would be majorly achieved by community based interventions.

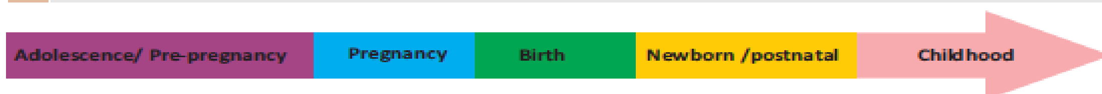
The 12th Five Year Plan has defined the national health outcomes as under

- Reduction of Infant Mortality Rate (IMR) to 25 per 1,000 live births by 2017
- Reduction in Maternal Mortality Ratio (MMR) to 100 per 100,000 live births by 2017
- Reduction in Total Fertility Rate(TFR) to 2.1 by 2017

SNEH through its efforts wants to focus to contribute to these goals in a localized manner in the Pimpri Chinchwad Municipal Corporation.

Continuum of care across life cycle and different levels of health system

	Reproductive care	Pregnancy and child birth care	Newborn and childcare	
Clinical	• Comprehensive abortion care • RTI/STI case management, • Postpartum IUCD and sterilisation; interval IUCD procedures • Adolescent friendly health services	• Skilled obstetric care and immediate newborn care and resuscitation • Emergency obstetric care • Preventing Parent to Child Transmission (PPTCT)of HIV • Postpartum sterilisation	• Essential newborn care • Care of sick newborn (SNCU, NBSU) • Facility-based care of childhood illnesses (IMNCI) • Care of children with severe acute malnutrition (NRC) • Immunisation	
	Reproductive health care	Antenatal care	Postnatal care	Child health care
Outreach/Sub centre	• Family planning (including IUCD insertion, OCP and condoms) • Prevention and management of STIs • Peri-conception Folic acid supplementation	• Full antenatal care package • PPTCT	• Early detection and management of illnesses in mother and newborn • Immunisation	• First level assessment and care for newborn and childhood illnesses • Immunisaton • Micro-nutrient supplementation
Family & Community	• Weekly IFA supplementation • Information and counselling on sexual reproductive health and family planning • Community based promotion and delivery of contraceptives • Menstrual hygiene	• Counselling and preparation for newborn care,breast feeding, birth preparedness • Demand generation for pregnancy care and institutional delivery (JSY, JSSK)	• Home-based newborn care and prompt referral (HBNC scheme) • Antibiotic for suspected case of newborn sepsis • Infant and Young Child Feeding (IYCF), including exclusive breast feeding and complementary feeding, • Child health screening and early intervention services (0–18 years) • Early childhood development • Danger sign recognition and care-seeking for illness • Use of ORS and Zinc in case of diarrhoea	
	Intersectoral: Water, sanitation, hygiene, nutrition, education, empowerment			



INTRODUCTION

About SNEH Foundation

SNEH Foundation is a registered NGO under Bombay Public Trust Act of 1950. SNEH Foundation was founded in January 2011, with a vision to provide equal means and opportunities of education to the unprivileged children of our nation, spreading awareness pertinent to health issues and making the underprivileged families cognizant of a nutritious meal.

SNEH has been triumphantly working in the areas of education and women empowerment for more than four years spreading its message of providing Solid Nutrition Education and Health for all.

Organization had got its legal identity and is registered with the Department of Income Tax, obtained PAN number as well as received 12A, FCRA & 80G certification.

Brief background of work by SNEH in field of nutrition and health

In the past three years, **500 + malnourished kids** from the urban slums of Pimpri-Chinchwad were selected in a project funded by **Tata Motors** to work on Community based management of Acute Malnutrition (CMAM) protocol which has elevated 90% of total kids to healthy zones (Direct beneficiaries - 500 and Indirect Beneficiaries – 5000+ community members).

An awareness based project to combat malnutrition was undertaken in the urban slums of Kothrud, Pune with 27 Anganwadis. Sneh team works hand in hand with the ICDS staff to create awareness on how to combat and prevent under nutrition (Direct beneficiaries - 300 and Indirect Beneficiaries – 1000).

Two months of therapeutic intervention has been initiated for 500 malnourished children in 6 talukas of Pune Rural in association with Lions Club, post which the responsibility would be transferred to ICDS & Zila Parishad (Direct beneficiaries - 500 and Indirect Beneficiaries – 3000+ kids in 100 Anganwadi centres).

Due to lack of awareness and extreme poverty a section of society constantly faces issues related to health which turn chronic over a period of time. SNEH tries to address every health issue that it comes across to provide medical guidance to the beneficiaries and monetary help if required.

More than Rs.3 Lakh has been used by SNEH to address health issues which include cases such as lung TB, appendicitis, ENT operations, cerebral palsy, neural disorders, etc. spanning over 100 health cases. (Direct beneficiaries – 800)

Mahila Arogya Samiti project has been initiated in coordination with SNEHA Mumbai and National Urban Health Mission (NUHM) - Pimpri Chinchwad municipal corporation health department. For every 50-100

families in the community, a MAS of 8-15 members is being formed with the chairperson preferably as ASHA Worker or ANM (Nurse) from the nearest health centre. Target this project funded by SNEHA Mumbai is to form and train 70 MAS by June 2017 and then monitor them for the next 1 year. (Direct/Indirect Beneficiaries – 3500 to 7000 families).

Besides a team of doctors with diverse specializations, associated with Sneh regularly organize health awareness sessions, medical camps, HB camps for adolescent girls and mothers. Over 100 + medical check-ups have been conducted by our health care group with 1000+ direct beneficiaries in the community. A wide range of maternal & child health issues have been conducted by experts in over 150 + health awareness sessions.

Applicant Information

1.	Name and address of organization	SNEH Foundation, C-502, The Metropolitan, Near Darshan Hall, Chinchwad, Pune 33
2.	Organization Head	Dr. Pankaj Bohra – President, Ph: + 91 93260 97217, E-Mail: snehfoundationindia@gmail.com; mail@snehfoundationindia.org
3.	Legal status, date and place of registration	Reg No: E-5642-Pune Registered NGO under Bombay Public Trust Act of 1950. Date: 3rd Jan 2011; Pune, Maharashtra
	80 G Registration	80G/215/2015-16/4608
	12 A Registration	URN: 570/107/2014-15
	FCRA registration	083930680
4.	Structure of organization	Given in Trust Deed
5.	Executive committee members	Dr. Pankaj Bohra, President Mrs. Shweta Jain, Vice-President Mr. Vinay Khare, Secretary Mr. Vijay Therokar, Treasurer Mr. Avi Kumar Tiwari, Member Mr. Mudit Gupta, Member Dr. Pramila Pansare, Member Mr. P.K. Jain, Member
6.	Frequency of committee meetings	Quarterly

7.	Name and designation of Chief-Functionary	Ms. Shraddha Deo – Chief Executive Officer, Ph: + 91 9422987709
8.	Target groups	Severely Malnourished Kids, Pre-Primary Education (3-6 years) – ABL Model, Primary and Secondary Education (RTE), Mothers, Adolescent Girls and Children.
	Priorities	Combating malnutrition - Primary Health. Education – Activity based learning. Maternal and Child Health– Models for sustainable development.
	Sector of operation	PCMC and Pune

PROJECT INFORMATION

Objectives

Demographic: The project aims to focus on maternal, child & adolescent girl health with an aim to reach out to 1500 + community members in the next one year from the urban slums of Pimpri Chinchwad area.

1000 Adolescent Girls on **Anemia and Awareness.**

500 mothers on aspects of **Ante-Natal, Post-Natal & Neo-Natal care**.

Geographical: The specific areas proposed to be covered include urban slums of Pimpri Chinchwad area.

Time: The duration of project shall be **12 months.**

Key objectives include

- Linking of maternal and child health to reproductive health and other components (like family planning, adolescent health, HIV, gender and Preconception and Prenatal Diagnostic Techniques (PC&PNDT))
- Linking of community and facility-based care as well as referrals between various levels of health care system to create a continuous care pathway, and to bring an additive /synergistic effect in terms of overall outcomes and impact.

This approach is likely to succeed given that India already has a community-based program (that has been given a huge fillip by the presence of 8.7 lakh ASHA workers) as well as the three-tiered health system in place. These provide a strong platform for delivery of services across the entire continuum of care, ranging from community to primary health care, as well as first referral level care to higher referral and tertiary

level of care. This integrated strategy can potentially promote greater efficiencies while reducing duplication of resources.

Thus, the primary objective of SNEH would be to ensure timely services to the beneficiaries along with counselling by developing an efficient tracking and monitoring system for interventions.

Priority interventions for Adolescent health

1. Provision for adolescent nutrition; iron and folic acid supplementation
3. Information and counselling on adolescent sexual reproductive health and other health issues
4. Counselling on Menstrual hygiene
5. Initiation of Preventive health check-ups

Priority interventions for pregnancy and child birth

1. Ensuring delivery of antenatal care package and tracking of high-risk pregnancies
2. Ensuring skilled obstetric care
3. Availability of Immediate essential new born care and resuscitation
4. Availability of emergency obstetric and new born care
5. Counselling on Postpartum care for mother and new born
6. Counselling on Postpartum IUCD and sterilization
7. Implementation of PC&PNDT Act

Priority interventions

1. Ensuring Home-based new born care and prompt referral
2. Ensuring availability of Facility-based care of the sick new born
3. Counselling on Integrated management of common childhood illnesses (diarrhea, pneumonia and malaria)
4. Counselling on Child nutrition and essential micronutrients supplementation
5. Ensuring Immunization
6. Ensuring Early detection and management of defects at birth, deficiencies, diseases and disability in children (0–18 months)

Priority interventions through reproductive years

1. Community-based promotion and delivery of contraceptives
2. Promotion of spacing methods (interval IUCD)
3. Promotion of Sterilization services (vasectomies and tubectomies)
4. Ensuring Comprehensive abortion care (includes MTP Act)
5. Counselling on Prevention and management of sexually transmitted and reproductive infections (STI/RTI)

Project Budget

The total budget of this partnership is to the amount of INR **1333000**/- (Rupees thirteen lakhs thirty-three thousand only)

**** Funds & Number of beneficiaries can be calculated on pro-rata basis.**

Why Funds are Needed

SNEH would need to hire a dedicated team and train them so that effective care could be given as required. This team would be working in communities exclusively to ensure that awareness is spread by means of counselling, workshops, door to door visits and mobilize the group to seek timely care. Also, funds would be required to hire the services of experts / specialized doctors.

Responsibilities and Activities

The funds shall be utilized in the following activities:

1. Ascertain and comply with all the project requirements, statutory requirements and other requirements that are necessary to begin the project.
2. Survey the community rigorously and collect the data in order to identify adolescent girls, newly-wed couple, pregnant ladies, families with children under 5 years of age.
3. Survey and finalize the communities where the interventions would be ensured.
4. Track women for antenatal, post-natal and neonatal care by means of survey designed specifically.
5. Liaise with ASHA worker, ANMs and mobilize the group leaders identified through MAS for effective implementation of the interventions as described in objectives.
6. Hire and train a team for day to day activities in the community.
7. Engage experts such as specialized doctors for regular counselling session.
8. Arrange for the transportation of pregnant ladies from the community areas to the Primary health centers.
9. Arrange Health checkup, Hb camps to detect anemia and awareness programs.
10. Attend to any urgent health situation in the community by forwarding the same to PHC or other associated NGOs.
11. Programs to discourage early marriages.
12. Importance of anti-natal check-up and, post-natal check-up.
13. Importance spacing between two children and, family planning.
14. Importance of Breast Feeding and, weaning food for children and balance diet.
15. Counseling of parents w.r.t. education and primary health.
16. Street Plays on the importance of education

   Apart from the ones listed above, focus would be on all the interventions mentioned in the objectives.

SNEH Foundation welcomes random audits from CSR partner.

Project schedule

The detailed information on the expected timetable for the project is given as follows:

	Description of Work	**Duration**
Phase One	Identifying the community and beneficiaries.	2 months
Phase Two	Liaising with key persons such as ASHA worker, ANMs, government agencies, community representative to set up self-sustaining model	1 months
Phase Three	Initiating the Operations	4th month onwards

EXISTING PROJECTS

Consideration for Eligibility

SNEH Foundation has gained immense knowledge and relevant experience in high lighting social causes and has undertaken interventions for the empowerment of the vulnerable, marginalized section of the society namely women, children etc.

Sr.No	**Project**	**Association**	**Beneficiaries**
a.	Education for All	Under Right to Education Act	200 Kids and counting
b.	SNEH Malnutrition Project	Tata Motors	Direct – 800 kids, Indirect – 5000 Families
d.	SNEH PRE-School for kids from BPL	Self-Initiated	250 kids
f.	Project Gyan (support classes)	Self-initiated	40 kids
h.	SNEH Healthcare Project	Self-Initiated – Seed Fund from TCS	1000+ Anemic Mothers, 200+ Chronic Health Cases 2500 + Community Members on Awareness Building

Abbreviations used:

1. **RTI/STI:** Reproductive Tract Infections/Sexually Transmitted Infections
2. **IUCD:** Intra Uterine Contraceptive Devices
3. **SNCU/NBSU**: Sick Newborn Care Unit/ New Born Stabilization Units
4. **NRC:** Nutritional Rehabilitation Center
5. **JSY/JSSK:** Janani Suraksha yojana/Janani Shishu Suraksha Karyakram
6. **OCP:** Oral Contraceptive Pills
7. **PPTCT:** Prevention of Parent to Child Transmission
8. **ORS:** Oral Rehydration Salts