



**ABUTORAAB WORLD HUMANITY CHARITABLE FOUNDATION**

**"We Stand Beside , With The Light of Hope"**

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## **ABUTORAAB WORLD HUMANITY CHARITABLE FOUNDATION**

### **PROJECT: HEALTH MONITORING AND HOME SERVICES FOR VILLAGES & MUNICIPALITIES IN WEST BENGAL**

#### **UNDER: - JIBAN SURAKSHA MISSION**

**To provide essential Health Monitoring, Medical Support & Emergency Health Assistance directly to the villagers, ensuring that rural families receive regular health check-ups for early disease detection and affordable healthcare.**

### **Introduction**

The Model "**Health Monitoring And Home Services for Villages And Municipalities in West Bengal**" (Mission - **Jiban Suraksha**) often refers to integrated systems combining community health worker efforts with technology like **IoT and Tele Health**, supported by government initiatives in West Bengal. These model aims to bridge the urban-rural healthcare gap by providing accessible, affordable, and continuous care.

#### **Core Components of the Model:**

The model typically involves a multi-tiered approach, leveraging local infrastructure and digital innovation:

- **Community Health Workers:** Frontline workers (e.g., ASHA workers, Anganwadi workers) in AWHCF Booth Level Executives are empowered to perform basic health monitoring, collect data and provide personalised health feedback in assistance of the Gram Panchayat Supervisors.



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- **Technology Integration:**

- **Internet of Things (IoT) Devices:** Non-Invasive Sensors and Smart Home Technologies (Wearable Trackers, Smart Thermostats, etc.) monitor vital parameters like Heart Rate, Blood Pressure, Temperature and Physical Activity Levels in real time.
- **Mobile Health (mHealth) Systems:** Applications on mobile devices assist health workers and patients, even with intermittent internet access.
- **Telehealth Services:** E-Sanjeevani and other platforms enable teleconsultation, connecting patients with doctors at higher medical centers without requiring physical travel.
- **Data Management:** Cloud computing platforms store and analyse Patient Data, with Emergency Alerts sent to the Doctors and Caregivers when necessary.
- **Government Schemes:** Integration with national programs ensures a continuum of care and financial protection.

### **Implementation And Services:**

This integrated model supports various services:

- **Preventive Care & Monitoring:** Continuous monitoring of chronic conditions (Diabetes, Hypertension. Oxygen Level, Pulse Rate, Weight, Body Temperature etc.) to prevent escalation and promote healthy lifestyle changes.
- **Diagnostic Support:** Assisting community workers in diagnostic procedures and reporting patient data to the appropriate health center.
- **Specialised Health Camps:** Organisation of periodic camps for specific screenings (e.g., for cancer, diabetes, sickle cell disease) in collaboration with district hospitals& Multispeciality Nursing Homes..
- **Maternal & Child Health:** Similar services such as immunisation, nutrition programs (Poshan 2.0), and maternal healthcare initiatives (SUMAN, JSSK) are integrated into the primary healthcare system of AWHCF.
- **Referral Pathways:** A clear upward and downward referral system, ensuring patients who need specialised treatment can access district or tertiary care hospitals seamlessly.

### **Key Government Initiatives in India:**

Several government programs actively support these efforts:

- **Ayushman Bharat Programme:** This scheme is the principal vehicle for achieving universal health coverage. It comprises two major components:
  - **Ayushman Arogya Mandirs** (formerly Health & Wellness Centres): Provide comprehensive primary healthcare services closer to the community, including essential drugs and diagnostics.
  - **Pradhan Mantri Jan Arogya Yojana (PM-JAY):** The world's largest health insurance scheme, offering financial protection of up to ₹5 Lakh per family per year for secondary and tertiary hospitalization to eligible vulnerable families.



- **National Health Mission (NHM):** This mission funds various programs, including the operation of Mobile Medical Units (MMUs) and the implementation of telemedicine to improve healthcare access in underserved areas.
- **Ayushman Bharat Digital Mission (ABDM):** Aims to build an integrated digital health infrastructure, providing citizens with a unique ABHA (Ayushman Bharat Health Account) to maintain seamless health records across different facilities.

These models aim to empower local communities and utilise technology to ensure "Health for All" by bridging existing gaps in healthcare access and infrastructure. AWHCF also has planned to take similar initiatives to drive its' field workers for the betterment and development of the common people of the society in West Bengal.

## **Our Key Services**

### **1. Sugar Monitoring:**

Regular Sugar Level check up to help in detecting and control Diabetes early.

A **Sugar Monitoring Program for AWHCF** typically involves community-based initiatives focused on screening, education, and support for individuals with or at risk of diabetes. These programs often leverage collaborations with government health ministries, foundations and other health technology partners.

#### **Key Components of an NGO-led Sugar Monitoring Program:**

- **Community Screening & Early Detection:** AWHCF is planning to conduct screening camps in communities, workplaces, and public places to identify at-risk individuals. This often involves basic health checkups for Blood Pressure, Height, Weight and Blood Sugar levels using Glucometers, Glucose Strips, and lancets.
- **Patient Education & Awareness:** A primary focus is empowering individuals with knowledge about Diabetes prevention, Dietary choices, Fitness and Lifestyle Management. This can be done through large lectures, workshops, cooking demonstrations and educational materials.
- **Support Networks (e.g., "Micro-Clinics"):** Programs often establish smaller support groups or "Micro-Clinics" where individuals can regularly meet, share experiences, monitor their sugar readings together, and receive ongoing guidance from health workers or trained volunteers.
- **Linking to Healthcare Systems:** Suspected cases or individuals diagnosed with diabetes are referred to district hospitals, tertiary care facilities, or linked with local health providers for further diagnosis, treatment, and follow-up care.
- **Technology Integration:** Modern programs incorporate technology for wider reach and better management. This can include mHealth initiatives using text messages (like Arogya World's mDiabetes program) or apps for tracking glucose levels and providing alerts.



- **Capacity Building:** The program involves training local healthcare professionals, Auxiliary Nurse Midwives (ANMs), and community health workers to conduct screenings, provide counseling, and manage the program sustainably.
- **Monitoring And Data Collection:** Robust surveillance systems and monitoring frameworks are essential to track progress, evaluate the program's effectiveness, and inform future policy. Metrics often include tracking HbA1c levels, time-in-range (TIR) for CGM users, and patient engagement.

#### **Examples of Participating NGOs/Societies And Initiatives:**

- **Arogya World:** Utilises a large-scale mDiabetes program in India to educate millions via text and WhatsApp messages on diabetes prevention and healthy living.
- **World Diabetes Foundation (WDF):** Collaborates globally on projects to strengthen NCD care, including the "Changing Diabetes® in Children" partnership which focuses on building holistic care systems for children with Type 1 diabetes.
- **Dr. Mohan's Diabetes Specialities Clinics:** AWHCF has aimed to follow the same model to which has been recognised for conducting extensive screening and awareness camps, reaching hundreds of thousands of patients in West Bengal.
- **Diabetic Association of India:** AWHCF has planned to tie up with the **DAI** which is a long-standing organisation focused on creating awareness among the public, healthcare professionals, and patients.

These programs aim to reduce the burden of diabetes by focusing on prevention, early detection, and ongoing support, particularly in low- and middle-income countries and underserved communities. AWHCF will also focus on the similar programs which will help to early detection of diabetes and other diseases and educate common people on Diabetes and related diseases in the state of West Bengal initially.

## **2. Blood Pressure Monitoring:**

A Blood Pressure (BP) Monitoring Program for any NGO, Society or Foundation focuses on **Community-based Screening, Self-Measured Blood Pressure Monitoring (SMBP)** with patient training, and a clear referral system to healthcare providers. The program should also incorporate **Education on Lifestyle Changes**, such as diet and exercise, and utilise a support network, including community health workers (CHWs) and remote monitoring, to track progress and ensure adherence. **AWHCF** will arrange Daily/Weekly Blood Pressure checks to prevent Stroke, Heart Attack, and Hypertension-related risks.

#### **Program Components -**

- **Community Screening:** Conduct outreach events to screen large groups of people. Patients with an initial high reading ( $>140/90$  mmHg) can receive a second check.
- **Self-Monitoring Program (SMBP):**
  - **Enrollment:** AWHCF aims to train individuals on proper BP Measurement Techniques, emphasising the importance of regular readings. Explain the SMBP process, including a recommended schedule of measurements (e.g., morning and evening for 7 days).
  - **Equipment:** AWHCF will provide or guide participants in acquiring a reliable blood pressure monitor. Some programs may also explore digital tools like cuffless algorithms for a more accessible option.



- **Clinical Referral And Monitoring:**

- **Referral:** AWHCF will refer individuals with consistently high readings to a local clinic or physician for a formal diagnosis and treatment plan.
- **Follow-up:** Establish a system for follow-up monitoring.
  - CHWs can periodically check on patients, record their home measurements, and offer support.
  - Remote monitoring via digital platforms or phone calls can allow for regular data review and adjustments to care plans.

- **Support And Education:**

- **Health Education:** AWHCF will provide ongoing education on managing hypertension, including lifestyle changes like the DASH diet, reducing sodium intake, and engaging in regular physical activity.
- **Coaching:** Offer regular coaching and support to help participants stay motivated and adherent to their treatment plans.

### Program Evaluation:

- Track program-specific metrics like the percentage of participants with controlled BP, the time it takes to achieve control, and patient engagement levels.

### Sample workflow:

1. **Screening:** AWHCF's **Block Level Executives**(Community Health Workers)will screen a community member.
2. **Initial Referral:** If the reading is high, the Community Health Worker performs a second check. If still high, the individual is referred to a local clinic.
3. **Diagnosis And Treatment:** A physician at our clinic confirms the diagnosis and prescribes a treatment plan that includes medication and lifestyle changes.
4. **Self-Monitoring:** The individual is trained on self-measured blood pressure monitoring (SMBP) and provided with a monitoring device.
5. **Remote Monitoring And Coaching:** The AWHCF Team monitors the individual's SMBP readings remotely (via a digital platform or phone) and provides ongoing coaching and support.
6. **Regular Follow-up:** The individual schedules follow-up appointments with their clinic to review their progress and adjust treatment as needed.

## 3. Weight Monitoring:

Tracking Body Weight to maintain overall health and detect obesity-related issues.

A Weight Monitoring Program for an NGO/Society should include a structured plan for enrollment, regular data collection (manual or using devices), nutritional and physical activity guidance, and community-based support. Key components include creating health and





wellness modules, providing access to nutritionists or coaches, and potentially using **Remote Patient Monitoring** (RPM) technology for data driven insights.

### Program Structure And Components

- **Program Goals:** Clearly define the goals, such as weight loss, malnutrition prevention, or overall health improvement for a specific demographic, such as children or a community.
- **Participant Enrollment:** AWHCF will partner with local clinics or health centers for participant referrals to ensure a clear pathway into the program as seen in this **National Institutes of Health** (.gov) study.
- **Data Collection:**
  - **Manual Tracking:** Provide participants with simple logs or charts to record their weight, diet, and activity.
  - **Remote Patient Monitoring (RPM):** For a more advanced program, consider using devices that automatically send data to a central platform.
  - **Smart Scales:** Devices can wirelessly send weight data for virtual review.
  - **Software Platforms:** Utilise platforms that integrate with devices to manage and analyse the data.

### Program Delivery and Support:

- **Personalised Coaching:** Assign a dedicated Coach (nutritionist, health professional) to provide individual guidance through web-based discussions, such as this model from the National Institutes of Health (.gov).
- **Health And Wellness Modules:** Society will develop multi-component modules that cover key areas for a healthy lifestyle, based on this model from the National Institutes of Health (gov).
  - Eating Behaviours
  - Physical Activity
  - Sleep Hygiene
  - Stress Management
- **Group Support:** Organise community-based sessions to foster peer support and share experiences.
- **Referral System:** Establish a clear system for referring participants to other services if needed, such as specialist medical care or mental health support.



### Monitoring And Evaluation:

- **Regular Monitoring:** Schedule regular check-ins, either through the RPM platform or with the coach, to track progress and adjust the plan as needed.
- **Progress Tracking:** Help participants set realistic goals, such as losing 1 to 2 pounds per week, and track their progress over time.

- **Impact Assessment:** Collect data on participants' weight changes, health markers, and overall program satisfaction to evaluate the program's effectiveness and report back to stakeholders.

## 4. Eye Vision Monitoring:

Basic Eye Check-up to identify Poor Vision, Cataract Symptoms, or Other Eye Issues.

Non-Governmental Organisations/Societies (NGOs/Societies) can establish an eye vision monitoring program by partnering with existing governmental initiatives and other eye care organizations. Such programs typically involve screening, treatment, and follow-up care, often leveraging public-private partnerships (PPP) for sustainability and reach.

### Key Components of an Eye Vision Monitoring Program:

An effective program integrates several components to provide comprehensive, people-centered eye care, especially in underserved communities.

- **Primary Eye Care (PEC) Services:** Establishing vision centres, potentially with mobile units, to conduct screenings, diagnose common conditions like refractive errors and cataracts, and provide basic treatments.
- **Capacity Building:** Training local healthcare workers, such as Ophthalmic Assistants (OAs), ASHA workers, and other allied ophthalmic personnel, for early diagnosis, referral, and follow-up care.
- **Referral Linkages:** Creating robust systems to refer complex cases (e.g., glaucoma, diabetic retinopathy, corneal blindness) to secondary and tertiary care hospitals and ensuring patient follow-up after treatment or surgery.
- **Awareness And Education:** Conducting community health education sessions to raise awareness about eye health, preventive measures, and the importance of timely check-ups and eye donation.
- **Data And Monitoring:** Implementing a strong monitoring and evaluation framework, often using technology like the Peek data intelligence platform, to track patients, manage data, and ensure accountability and data-driven decision-making.
- **Resource Provision:** Providing free or affordable spectacles, medicines, and surgical services for economically disadvantaged individuals.

### Partnering With Government Programs:

In India, NGOs can collaborate with the government under the **National Programme for Control of Blindness and Visual Impairment (NPCB&VI)**, which actively encourages NGOs/Societies participation and offers financial assistance under specific schemes.

### Opportunities for Collaboration Include:

- Receiving grant-in-aid for strengthening eye care units, establishing eye banks or vision centers, and performing cataract surgeries.
- Participating in school eye screening programs and providing free spectacles to poor students and older persons.
- Involving private practitioners and NGOs/Societies in the program for effective Public-Private Partnerships (PPP).

## Key Organisations for Collaboration:

Several experienced NGOs, Societies, Foundations and forums offer partnerships, resources, and guidance for implementing eye care programs:

- **VISION 2020: The Right to Sight – INDIA:** A national forum that coordinates with the government and international NGOs (INGO) to advocate for policy changes and share best practices.
- **Sightsavers India:** Works with local partners to screen, refer, and treat people, and trains eye-care personnel.
- **Operation Eyesight Universal:** Partners with local governments and hospitals to make eye health services accessible and affordable.
- **L V Prasad Eye Institute (LVPEI):** A premier eye institute involved in research, training, and eye care delivery.
- **Seva Foundation:** Focuses on restoring sight through vision centers and pediatric programs, and offers technical assistance.
- **RestoringVision:** Provides training and technical assistance, with a focus on addressing presbyopia and myopia through the provision of glasses in low- and middle-income countries.

## 5. Body Temperature & Lifestyle Monitoring:

Detecting Fever, Infection Risks, and guiding healthy Daily Lifestyle Habits.

A **Body Temperature And Lifestyle Monitoring Program for NGOs/Societies** involves leveraging technology like wearable sensors and IoT platforms for data collection, remote monitoring, and proactive health interventions. Such programs are particularly effective in remote areas, during public health crises, or for monitoring chronic diseases.

### Program Components and Implementation:

- **Target Population:** The program should target specific beneficiaries, such as the elderly, individuals with chronic illnesses, or those in remote/underserved communities, as well as the NGO/Society's own field staff/volunteers.
- **Technology Integration:**
  - **Wearable Sensors:** Utilise smartwatches, patches, or bands equipped with biosensors to non-invasively track vital signs like body temperature, heart rate, and physical activity (steps, movement patterns).
  - **Data Transmission:** Sensors can transmit data via Wi-Fi or Bluetooth to a mobile device or a central cloud-based platform for real-time monitoring and storage.
  - **Alert Systems:** The system should include an Automated Alert Mechanism (e.g., SMS, app notification) to notify the individual, their family members, or medical staff of any abnormal readings or health anomalies.
- **Lifestyle Monitoring:** The physical activity data gathered by Accelerometers in the devices can be used to assess lifestyle aspects, encouraging regular activity and helping to adjust health thresholds.





- **Data Analysis:** Collected data can be visualised on a dashboard for analysis by healthcare professionals or the NGO/Society's team to identify trends, assess health status, and recommend timely interventions.
- **Privacy And Ethics:** Strict protocols must be in place to ensure data security and patient privacy, with clear guidelines on data usage and user consent.

#### **Potential Benefits for NGOs:**

- **Improved Health Outcomes:** Enables early detection of health issues, leading to prompt medical advice and potentially better clinical outcomes.
- **Cost-Effectiveness:** Reduces the need for frequent in-person visits and hospital stays, saving time and resources.
- **Enhanced Reach:** Allows NGOs/Societies to monitor the health of people in geographically isolated or hard-to-reach areas, expanding their service delivery.
- **Resource Optimisation:** Medical staff can manage multiple patients remotely, optimising their time and focus for critical cases.
- **Data-Driven Interventions:** Provides valuable data for the NGO/Society to design more effective and targeted public health programs and interventions.

For further information on implementing such programs, NGOs/Societies can explore resources on patient monitoring systems, biosensors, and digital health initiatives from the **National Institutes of Health** or organisations like the **World Health Organisation (WHO)**.

## **6. Oxygen Level Monitoring**

Checking Oxygen Saturation to identify Breathing Problems, Asthma, and COVID-like Symptoms.

An effective Oxygen Level Monitoring Program for an NGO/Society involves the use of **Pulse Oximetry**, **Trained Healthcare Workers**, and robust **Data Management** to identify and manage Hypoxemia (low blood oxygen levels) in community or clinic settings. AWHCF plans to provide support to the common people of West Bengal by measuring their Oxygen Level with the application of Pulse Oximeters.

#### **Key Components of NGO/Society Oxygen Monitoring Program:**

- **Objective:** To reduce morbidity and mortality by accurately diagnosing and monitoring patients with Hypoxemia, facilitating timely referral for appropriate treatment, including oxygen therapy.
- **Target Population:** Often focuses on children under five with respiratory or non-respiratory illnesses, or adults with conditions like pneumonia, asthma, or COPD.
- **Key Partners:** Collaborations between NGOs/Societies, local health ministries, and international bodies like the WHO and UNICEF are crucial for standardised guidelines and equipment.





## Operational Steps And Considerations:

### Equipment Provision & Maintenance:

**Pulse Oximeters:** Provide simple, robust, and cost-effective pulse oximeters to health facilities or community health workers. Organisations like **Lifebox Foundation** work to increase access to these devices.

**Technical Support:** Establish a clear supply and repair circuit for devices, including a plan for calibration and replacement of faulty units or probes.

### Training and Capacity Building:

**Healthcare Worker Training:** Train local Health Care Workers (HCWs) on the proper use of pulse oximeters, interpretation of readings and when to initiate oxygen therapy or refer a patient.

**Guideline Integration:** Integrate pulse oximetry use into existing national guidelines, such as the **Integrated Management of Childhood Illness (IMCI)** approach.

### Data Management and Monitoring:

**Data Collection:** Utilize simple forms (paper-based or electronic via mobile apps) to record SpO2 levels and patient data.

**Real-Time Monitoring:** Implement a system (potentially using IoT and cloud technology) to monitor oxygen availability and patient data in real-time, especially in resource-limited settings.

**Supply Chain:** Link monitoring data with oxygen supply chain management to ensure continuous availability of oxygen concentrators or cylinders.

### Technology Options for Monitoring:

NGOs/Societies can leverage various technologies depending on resources and infrastructure:

- **Basic:** Standard, portable Pulse Oximeters used by trained personnel only.
- **Intermediate:** Mobile health (mHealth) solutions where data is entered into a Smartphone/Tablet app (e.g., CommCare software used in the AIRE project).
- **Advanced/Prototype:** IoT-based systems using microcontrollers and biosensors that automatically transmit data to a cloud or mobile application for remote monitoring by a care team.

By implementing such a program, an NGO/Society can significantly improve the standard of care by providing a reliable, objective measure for detecting Hypoxemia, which is often difficult to identify through clinical signs alone.

## 7. Kidney Function Monitoring:

Basic Urine/Protein checks and symptoms monitoring to prevent Kidney Failure.

A kidney function monitoring program for AWHCF typically focuses on **awareness campaigns, free screening camps for at-risk populations, and patient support initiatives**, often in collaboration with healthcare systems and government programs. Key

components include education on risk factors (diabetes, hypertension) and providing access to early detection tools.

### Key Components of a Kidney Function Monitoring Program:

- **Awareness And Education Campaigns:** These initiatives aim to educate the general public on kidney health and the risk factors for Chronic Kidney Disease (CKD). Campaigns such as "Know Your Numbers" encourage people to monitor their blood pressure, blood sugar, and weight.
- **Free Screening And Early Detection Camps:** Partnering with local medical institutions, NGOs, Societies or Foundations can organise free health check-up camps offering basic tests for early detection.
- **Blood Pressure Checkups:** Hypertension is a major risk factor for CKD.
- **Blood Tests:** Measuring serum creatinine levels to estimate Glomerular Filtration Rate (eGFR) is a primary method for diagnosing kidney disease.
- **Urine Tests:** Checking for albuminuria (protein in the urine) or Hematuria is crucial for identifying kidney damage.
- **Consultations:** Providing free consultations with doctors or nephrologists to discuss test results and next steps.
- **Patient Support And Financial Assistance:** For individuals diagnosed with kidney disease, the program can provide support in various ways:
  - **Financial Aid:** Assisting patients with the costs of dialysis treatments and post-transplant medications.
  - **Community Building:** Organising events for patients and their families to share experiences and provide emotional support.
  - **Logistical Help:** Guiding patients through the complexities of treatment and connecting them with available government schemes like the **Pradhan Mantri National Dialysis Programme** in India, which offers free dialysis services to BPL (Below Poverty Line) patients.
- **Collaboration And Advocacy:** Working with other non-profits, healthcare professionals, and government agencies to improve access to care and advocate for better health policies. This includes aligning with national health missions and global initiatives like World Kidney Day.

### Example of Existing NGO/Society Initiatives:

NGOs like the **Mumbai Kidney Foundation** and **India Renal Foundation** have successfully implemented such programs. Their work includes educational initiatives to promote lifestyle modifications (e.g., reducing salt intake) and providing financial assistance for treatment.

### Next Steps for Our NGO/Society:

1. **Assess Local Needs:** Our society will determine the specific burden of CKD and related risk factors in our target communities.
2. **Establish Partnerships:** AWHCF will collaborate with local doctors, hospitals, and diagnostic labs to provide services efficiently.



3. **Develop Educational Materials:** Our society will create accessible information on kidney health, early detection, and lifestyle changes.
4. **Launch a Pilot Program:** AWHCF will start with targeted screening camps for high-risk individuals (those with diabetes, hypertension, or a family history of kidney disease).
5. **Monitor and Evaluate:** Our Foundation will track the number of people screened, the detection rate of new cases, and the number of patients supported to measure the program's impact.



## 8. Fitness Monitoring:

Full Fitness Tracking—Strength, Stamina, Physical Activity Guidance.

A fitness monitoring program for an NGO/Society is a structured wellness initiative designed to promote health equity, enhance community well-being, and provide measurable social impact data to stakeholders and funders. Such a program often integrates technology, community activities, and educational resources.

### Key Components of a Fitness Monitoring Program for NGOs/Societies:

A successful program requires a clear plan, appropriate tools, and a supportive community environment.

#### 1. Program Planning & Design:

- **Define Mission And Aims:** Clearly articulate the purpose of the program (e.g., "to improve the cardiovascular health of underserved populations in the local community" or "to use fitness challenges to raise funds for our core mission").
- **Identify Target Audience:** Determine who the program will serve (e.g., staff, volunteers, specific community members) and tailor the program to their needs and current fitness levels.
- **Set Measurable Goals:** Establish specific, measurable, achievable, relevant, and time-bound (SMART) goals to track progress effectively.
- **Budgeting & Resources:** Plan for costs associated with equipment, technology, personnel (trainers, M&E specialists), and space.
- **Pilot Testing:** Before a full launch, run a pilot program to gather feedback and make necessary adjustments.

#### 2. Monitoring Tools & Technology:

- **Activity Tracking Technology:** Utilize wearable devices (like Fitbit, Garmin, or Apple Watch) or mobile apps that sync with Smartphone sensors to track metrics like step count, distance, heart rate, and sleep quality.
- **Data Collection & Analysis:** Implement a system (e.g., a custom app or integrated dashboard) to collect data and visualize progress using charts and graphs.
- **AI-Powered Solutions:** Consider utilizing advanced solutions that leverage computer vision (using a webcam or Smartphone Camera) to provide real-time feedback on exercise form and prevent injuries, removing the need for wearable sensors.

### 3. Program Activities & Engagement:

- **Community Fitness Classes:** Offer inclusive group activities such as Yoga& Meditation, Running/LaughingGroups or Physical Strength Training.
- **Workshops & Education:** Provide nutrition education and wellness workshops to promote holistic health.
- **Community Challenges:** Organise fitness challenges (e.g., a virtual walking challenge) with leaderboards and prizes to foster motivation and social wellness.
- **Mental Health Support:** Integrate Mental Health Resources and support sessions as part of a comprehensive wellness strategy.

### 4. Monitoring And Evaluation (M&E):

- **Data-Driven Insights:** Continuously analyse participation data to measure community engagement and program participation rates.
- **Impact Assessment:** Evaluate the program's effectiveness in achieving its mission, such as measurable health improvements in participants or increased volunteer retention.
- **Reporting:** Use data to demonstrate the program's social impact to existing and potential grant funders, improving funding outcomes.
- **Feedback Loops:** Conduct surveys or focus groups to gather qualitative feedback from participants, allowing for continuous improvement.

By implementing a well-designed and monitored fitness program, AWHCF can significantly enhance community health and provide measurable results that align with its charitable goals.

## 9. Heart Monitoring:

Basic Heart Rate, ECG (if available) and Cardiac Risk Tracking.

A **Heart Monitoring Program for an NGO/Society** typically involves leveraging technology and community health workers to provide screening, remote monitoring, and support for underprivileged populations at risk of cardiovascular diseases. The program can range from basic health camps to advanced remote patient monitoring systems using smart devices.

### Key Components of an NGO/Society Heart Monitoring Program;

Effective programs for resource-poor settings often incorporate the following elements:

- **Awareness And Early Detection:** AWHCF will be conducting educational campaigns to inform communities about heart disease risk factors (e.g., Hypertension, Diabetes, Tobacco use) and the importance of regular check-ups.
- **Community Health Workers (CHWs):** Utilising trained local workers for screening (Blood Pressure, Blood Sugar, BMI), follow-up and patient education directly within villages or communities, which improves patient retention in care.
- **Accessible Screening Tools:** Using cost-effective, portable, and validated devices like Blood Pressure Monitors, Pulse Oximeters, and mobile ECG machines to enable data collection in remote areas.



- **Technology & Data Management:** Implementing simple, reliable digital health information systems (e.g., simple apps or web portals) to record and track patient data. This helps healthcare providers monitor progress, receive alerts for potential health deterioration, and manage large patient populations effectively.
- **Treatment Protocols And Medicine Access:** Establishing clear, evidence-based treatment protocols and ensuring a reliable supply of affordable, quality essential medicines.
- **Financial Support & Rehabilitation:** For patients requiring specialised treatment or surgery, the program may include a fund to cover costs and provide access to rehabilitation services for recovery.
- **Partnerships:** Collaborating with local governments, hospitals, and other health organisations to build a sustainable care model.

### **Example of an Established Approach:**

The **WHO HEARTS** technical package, a partnership involving the WHO and Resolve to Save Lives, is a proven model for hypertension control in low- and middle-income countries. NGOs have successfully adapted this framework, which focuses on:

- Healthy lifestyle counseling
- Evidence-based treatment protocols
- Access to essential medicines and technology
- Risk-based cardiovascular disease management
- Team-based, patient-centered care
- Systems for monitoring

### **NGOs/Societies Involved in Heart Monitoring Programs (India specific):**

Several NGOs/Societies in India offer or support heart health initiatives for the underprivileged:

- **Child Heart Foundation:** Focuses specifically on providing medical help and treatment for children with congenital heart diseases.
- **Heart Care Foundation of India (HCFI):** Organises free health camps, promotes awareness, and provides financial assistance for treatments.
- **Heart Health India Foundation:** A non-profit focusing on patient support, awareness, and early detection of heart diseases.
- **Healthier Hearts Foundation:** Conducts screenings and treatment programs for a wide range of heart conditions.



## 10. Daily Diet Monitoring

Preparing Healthy Diet Plans/Charts for the villagers based on Age, Health Condition, and Lifestyle etc.

A daily diet monitoring program for AWHCF involves systematic tracking of food intake and nutritional status of beneficiaries to ensure adequate nourishment and identify areas for improvement. Key Components include data collection, nutritional assessment, intervention, and ongoing monitoring and evaluation (M&E).

### Key Components of a Daily Diet Monitoring Program:

- **Beneficiary Identification And Profiling:** Identify the target population (e.g., children, pregnant women, specific community groups) and collect baseline data on their nutritional status, health conditions (like Anemia or Diabetes), and dietary habits.
- **Data Collection Methods:** To establish routine, user-friendly methods for recording daily food intake. This can range from manual food diaries to digital applications, with careful consideration for the target population's literacy and access to technology.
- **Nutritional Assessment:** Employ tools and standards (e.g., WHO child growth standards, Dietary Reference Intakes (DRIs)) to assess the quality and quantity of food consumed against established nutritional guidelines.
- **Intervention And Counselling:** Based on the assessment, provide targeted interventions such as supplementary feeding, micronutrient supplementation, and personalised dietary counseling by experts.
- **Monitoring And Evaluation (M&E):** Regularly monitor the program's performance using key indicators like changes in height/weight, prevalence of malnutrition/deficiencies, and beneficiary satisfaction. Use this data for continuous improvement and accountability.

### Operational Steps for An NGO/Society or Foundation:

1. **Design The Program:** Define clear objectives, target beneficiaries, and specific metrics for success.
2. **Develop a Standardised Plan:** Create a weekly or daily meal plan that is cost-effective and meets the necessary nutritional requirements, potentially using tools that model low-cost nutritious diets.
3. **Implement Data Tools:**
  1. **Low-tech:** Utilise community health workers or teachers to conduct regular growth monitoring (weight, height, etc.) and collect data via simple forms.
  2. **High-tech:** Explore the use of mobile applications for more automated diet tracking and data sharing, which can provide real-time feedback.

**Ensure Quality And Hygiene:** Implement strict safety and hygiene protocols in food preparation and delivery to prevent contamination and ensure food quality.

**Community Engagement:** Involve local communities, parents, and self-help groups in the process to foster ownership and sustainability.



**Reporting And Transparency:** Maintain meticulous records of all activities and expenditures and make reports publicly available to ensure accountability to donors and beneficiaries.

By following these steps, an NGO/Society can effectively implement a structured program to address hunger and malnutrition within its target community.



## 11. Emergency Help Services

Immediate support for Medical Emergencies and shifting patients to hospitals.

NGOs/Societies can find emergency help through various programs, including government funds like the **State Disaster Response Fund (SDRF)** and **National Disaster Response Fund (NDRF)**, and private initiatives such as the **PM CARES Fund**. Other resources include funding from private foundations like the Ford Foundation and platforms that connect NGOs with donors, such as the **Indian Red Cross Society's SERV** program. When seeking funding, NGOs/Societies should check eligibility criteria, prepare thorough documentation, and write compelling proposals.

### Government And National Funds:

- **State Disaster Response Fund (SDRF) And National Disaster Response Fund (NDRF):** These are government funds that provide assistance for immediate relief efforts following disasters.
- **PM CARES Fund:** This public charitable trust was created to provide relief during public health emergencies and other man-made or natural disasters.

### Private and Foundation Funding:

- **Ford Foundation:** This foundation funds emergency relief efforts that address systemic inequalities worsened by crises.
- **Humanitarian Innovation Fund:** This fund supports NGOs/Societies in developing innovative emergency response strategies.
- **Direct Relief:** A non-profit organisation that works to improve the health of people affected by poverty or emergency situations through charitable giving.
- **Youthhelpingtrust.org And Nirmala Foundation:** These organisations focus on medical emergencies, with some providing direct financial aid for treatments, while others connect patients with donors.
- **Jan Sanjeevani Trust:** This platform connects patients with donors to raise funds for urgent medical needs.

### NGO/Society Specific Programs:

- **Social And Emergency Response Volunteer (SERV) Programme:** This program by the Indian Red Cross Society is designed to build community resilience by training volunteers to act as first responders during disasters.
- **Collaborative Organisations:** Some larger NGOs/Societies partner with government agencies and professional organisations to provide emergency support. For example, some

groups provide 24-hour call centers to respond to crises, involving services like police stations, juvenile justice boards, and hospitals.

- **Skillspedia.in:** This site provides information about Expression of Interest (EOI) for NGOs to provide services under government programs.

#### **How to Apply for Funding:**

- **Research Eligibility:** Carefully review the eligibility criteria and requirements of each funder before applying.
- **Prepare Documentation:** Ensure all necessary documents are included in your application package, such as proof of registration, PAN, GST, and 80G/12A certificates.
- **Write A Strong Proposal:** Create a compelling proposal that aligns with the funder's mission and priorities.
- **Demonstrate Need:** Provide evidence of the emergency, such as data on affected individuals and the severity of the situation, to demonstrate the need for assistance.
- **Follow Up:** Follow up politely on your application status to show continued interest.

## **12. Free Doctor Consultation:**

Experienced doctors availability for Free Primary Health Check-ups for the villagers.

Several government and non-governmental organisations (NGOs)/Societies in India provide **free or highly subsidised doctor consultations and medical aid** to underprivileged populations. These services are often delivered through government schemes, telemedicine platforms, static clinics, and mobile health units.

#### **Government Initiatives:**

The Government of India offers several schemes aimed at improving healthcare access, many of which can be accessed with the support of local NGOs/Societies or government hospitals.

- **eSanjeevani Telemedicine Service:** A national telemedicine platform that provides free online video consultations with doctors and specialists from the comfort of a patient's home. This service is available to all citizens via a website or mobile app and is particularly beneficial for those in rural or isolated areas.
- **Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (PMJAY):** This scheme offers health insurance coverage of up to ₹5 lakh per family per year for secondary and tertiary care hospitalization to eligible low-income families based on the SECC data.
- **Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP):** Aims to provide quality generic medicines at affordable prices through dedicated kendras, reducing the out-of-pocket expenses on medication.
- **National Health Mission (NHM):** This comprises rural and urban health missions, focused on improving healthcare delivery across all areas, including maternal and child health, and non-communicable disease management.



## NGOs Providing Free Consultations:

Various NGOs/Foundations work across India to provide direct medical assistance, including free consultations and medicines.

- **Doctors For You (DFY):** A pan-India humanitarian organisation working in 17 states, providing healthcare to populations affected by poverty and disasters. They focus on primary healthcare, maternal and child health, and nutrition.
- **Rural Health Care Foundation (RHCF):** Operates 17 centres in West Bengal, providing high-quality, affordable primary medical care and a week's supply of free medication to low-income groups.
- **Aarogya Seva (Doctors For Seva Arogya Foundation):** An international volunteer alliance that provides quality healthcare services through micro-volunteering initiatives, including school health programs, mental health support, and women's empowerment.
- **Smile Foundation India:** Their comprehensive and community-centric health program uses mobile healthcare units and static clinics to bring primary healthcare services, including free check-ups and telemedicine, to underserved rural and urban communities.
- **Ek Parivartan Foundation & We Care:** These organizations run medical camps, provide free check-ups, and in the case of We Care, operate a free medical tele-consultation helpline (8 AM to 8 PM) for anyone in the country.

## How to Seek Help

- **Check Eligibility:** For government schemes like PMJAY, you can check your eligibility on the official pmjay.gov.in website or at a nearby Common Service Centre (CSC).
- **Use Telemedicine:** Access free online consultations via the national eSanjeevani platform.
- **Contact NGOs Directly:** Reach out to local or national NGOs/Societies in your area for information on their free medical camps, clinics, or financial assistance programs. Many have helplines or online application processes.

## 13. Low-Cost Blood Test Services

Affordable Blood Tests for Diabetes, Kidney, Liver, Thyroid, Cholesterol, etc.

Non-profits seeking low-cost blood test services can partner with government initiatives, private diagnostic labs, and other healthcare NGOs in India. The **National Health Mission (NHM) Free Diagnostics Service Initiative** is a major government program providing free services at public health facilities.

### Partnering with Government Programs:

The Indian government offers extensive free diagnostic services under the **National Health Mission (NHM)**. NGOs can collaborate with local public health facilities to facilitate access for underserved communities.

- **Free Diagnostics Service Initiative (FDSI):** Launched in 2015, this program aims to reduce out-of-pocket expenses by providing a wide range of pathological and radiological tests free of cost at public health facilities (Sub-Centres, PHCs, CHCs, and District Hospitals).





- **Delivery Models:** States utilize different models for implementation, including strengthening in-house capacity or engaging private service providers through Public-Private Partnerships (PPP). NGOs can explore these established frameworks.
- **Blood Transfusion Services:** The Directorate General of Health Services (DGHS) manages blood transfusion services and supports public and charitable blood banks with equipment, testing kits, and VBD camps.

#### **Collaborating with Private Labs and Other NGOs:**

Many private diagnostic companies and healthcare NGOs organize health camps and offer discounted or free services as part of their Corporate Social Responsibility (CSR) or mission.

- **Organise Health Camps:** NGOs can collaborate with labs like Pathkind Labs or foundations like the Amar Ujala Foundation, which have specific programs and mobile medical units to conduct health check-up camps in remote or urban slum areas.
- **Discounted Packages:** Some commercial labs and health-tech platforms offer affordable general health checkup packages (e.g., Apollo 24|7, Mediwheel) that can be accessed at lower costs.
- **Charitable Diagnostic Centres:** You can search for local charitable diagnostic centres in your operational area using online directories to establish direct partnerships.

#### **Steps for An NGO to Implement A Program:**

1. **Assess Needs:** Identify the specific blood tests required and the target population within your community.
2. **Liaise with Local Health Authorities:** Contact the Chief Medical Officer (CMO) or local NHM officials to understand ongoing Free Diagnostic Service initiatives and potential collaboration opportunities in your district.
3. **Partner With A Lab:** Reach out to private diagnostic labs, other healthcare NGOs (e.g., Mukul Madhav Foundation, Ambuja Foundation), or charitable hospitals to explore partnerships, sponsorships, or discounted bulk testing rates.
4. **Organise Logistics:** Plan for sample collection (e.g., mobile units), transportation to the lab (if needed), and the secure delivery of results back to the patients.
5. **Ensure Quality:** Collaborate with partners to ensure quality assurance mechanisms and timely reporting of results are in place.

## **14. Cancer Treatment Support**

Guidance, Awareness, Early Screening, and referral support for the Cancer Patients.

AWHCF will provide a range of cancer treatment support services, including emotional and psychological counseling, home-based palliative care, financial assistance for treatment, nutritional aid, and help navigating complex hospital systems. These programs are often implemented through initiatives like Can Sahyogi or cancer-specific funds, and can include specialised support like post-operative rehabilitation kits for breast cancer patients or art activities for children.



### **Emotional And Psychological Support:**

- Main objective of AWHCF is to provide counseling and emotional support to patients and their families to help them cope with anxiety, grief, and fear.
- AWHCF will organise support groups and rehabilitation programs, sometimes led by survivors, to share experiences and provide motivation.
- AWHCF will offer activities like art, craft, and music to help patients deal with the emotional and physical trauma of treatment.

### **Logistical And Financial Assistance:**

- AWHCF plans to help patients navigate the complex healthcare system, including booking tests and managing paperwork.
- AWHCF will provide financial assistance for treatment, either through their own funds, partnerships, or by helping families access government schemes.
- AWHCF will distribute necessities like wigs to patients.
- AWHCF aims to offer home-based palliative care for advanced-stage patients, focusing on pain relief and comfort.

### **Medical And Nutritional Aid:**

- AWHCF will provide nutritional support, such as supplements and meals, to help patients maintain their strength during treatment.
- AWHCF will assist with medical needs, including distributing medicines and providing rehabilitation classes after surgery.
- AWHCF will partner with hospitals to fund or provide treatments for eligible patients.

### **Awareness And Community Engagement:**

- AWHCF will conduct awareness campaigns and workshops to educate the public about cancer and encourage early detection.
- AWHCF will organise mobile and community-based cancer screening drives.

## **15. Low Cost Medicine**

The primary program in India providing low-cost, quality generic medicines through dedicated outlets is the **Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP)**. This initiative is implemented by the **Pharma & Medical Bureau of India (PMBI)**, which is a society registered under the Societies Registration Act.

### **Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP)**

The PMBJP scheme aims to make quality generic medicines accessible and affordable to all citizens, significantly reducing out-of-pocket healthcare expenses.



- **Janaushadhi Kendras:** These are dedicated stores opened under the scheme where medicines are sold. There are over 16,000 such Kendras across India.
- **Cost Savings:** Medicines at these stores are priced 50% to 80% less than equivalent branded medicines available in the open market. For example, Amlodipine, a blood pressure medication, might cost Rs. 2.50 for 10 tablets at a PMBJP store compared to a market price of Rs. 14 to Rs. 48 for branded versions.
- **Quality Assurance:** All medicines are procured from WHO-GMP certified manufacturers and each batch is tested at NABL (National Accreditation Board for Testing and Calibration Laboratories) accredited laboratories to ensure quality.
- **Product Range:** The product basket includes over 2,000 medicines and 300 surgical items.
- **Location in Siliguri:** You can find nearby Janaushadhi Kendras using the "Jan Aushadhi Sugam" mobile application or by searching online directories for "Pradhan Mantri Bharatiya Janaushadhi Kendra Siliguri".

#### Other Initiatives

- **Government Hospitals:** Many state governments, including Assam and West Bengal, have "Free Drugs Service Initiatives" where essential medicines are provided free of cost to all patients visiting public health facilities, with systems often managed by state-level procurement bodies or societies.
- **NGOs and Charitable Societies:** Non-governmental organisations such as the Americares India Foundation and Bharat Mata Foundation run medical assistance programs and supply low-priced medicines to affiliate hospitals and clinics across the country to support quality care for indigent patients.

**Cooperative Medical Shops:** In some states, like Tamil Nadu, the government operates cooperative medical shops/pharmacies that provide medicines and surgical equipment at a discount of up to 20% to the public. AWHCF also aims at providing medicines and surgical equipments at a maximum discounted price for the common people of West Bengal since the said foundation has already initiated to go for corporate tie-ups with several medicine suppliers.

## 16. Free Ambulance Assistance

Free ambulance assistance is widely available in West Bengal and India through the government's **National Ambulance Service (NAS)** and various non-governmental organisations (NGOs) and charitable societies.

#### Government-Provided Free Ambulance Services

The government runs free emergency medical transport services across many districts in West Bengal, often in public-private partnerships (PPP) with operators like GVK EMRI and Ziqitza Healthcare in India.

The primary free ambulance operators in West Bengal are the state government's **102 and 108 emergency services**. Dial **108** is for medical emergencies like accidents and critical care, while **102** is focused on patient transport, especially for pregnant women and children. Some non-governmental organizations may also offer free ambulance services.



## Government services

- **Dial 108:** This is the free comprehensive 24/7 emergency number for critical medical emergencies, including accidents and trauma. Ambulances are equipped with trained staff and equipment for in-transit treatment. It is primarily for critical cases, trauma, and accident victims, and is available free of cost.
- **Dial 102:** This free service focuses on patient transport, particularly for pregnant women and children including free transfer from home to a health facility, inter-facility transfers, and drop-back services for mothers and children after birth under the Janani Shishu Suraksha Karyakram (JSSK) scheme,

## Other Options

- **Non-governmental Organisations (NGOs):** Several NGOs in West Bengal may offer free ambulance services, though availability can vary. An example is the **Tarai Ashray Social Welfare Organisation**.
- **Local searches:** You can also try searching online for "free ambulance services near me" or "ambulance services in West Bengal" to find other local or charitable options.

Both numbers are toll-free and should be used for genuine emergencies.

## Free Assistance by Societies and NGOs

Several societies and non-profit organisations also offer free or charitable ambulance services, often focusing on underserved communities or specific locations:

- **Bharat Ambulance Siliguri** (operated by Prayas India Foundation): This Siliguri-based nonprofit offers free ambulance services, focusing on reaching underserved areas and providing timely emergency assistance.
- **St. John Ambulance (India):** A national federation with centers across India, involved in first aid training and, in some cases, ambulance services.
- **Tarai Ashray Social Welfare Organization:** This society offers free ambulance services to all, regardless of background, addressing transportation problems in their operational areas.
- **Parivaar:** This organization operates a free 24/7 ambulance service across 22 districts in Madhya Pradesh, primarily serving tribal pockets.
- **Jagrut NGO:** Provides free ambulance services within specific areas of Mumbai to the needy.
- **Indian Red Cross Society (IRCS):** The national headquarters and its branches are involved in various health and humanitarian activities, including some ambulance services.

## How to Access Services

- For a government ambulance in an emergency, **dial 108 or 102**.
- For services provided by specific NGOs in your locality (like Siliguri), you can find their contact information through local directories or their websites, such as the Prayas India Foundation or Bharat Ambulance Siliguri.



## 17.Low Cost Lab Test Assistance

Various government initiatives and non-profit organizations, often referred to as "societies" or "foundations," provide **free or low-cost lab test assistance**, particularly in India. The primary goal is to reduce out-of-pocket expenditure on diagnostics for underserved populations.

### Government Initiatives (India):

The most significant initiative is the **Free Diagnostics Service Initiative (FDSI)** under the National Health Mission (NHM), launched by the Ministry of Health and Family Welfare, Government of India.

- **Objective:** To provide a minimum essential list of diagnostic tests free of cost to all patients visiting public health facilities (Sub-Centres, PHCs, CHCs, Sub-District, and District Hospitals).
- **Coverage:** The number of free tests varies by facility level, ranging from basic blood and urine tests to more complex pathology, radiology (X-ray, CT scans), and cardiology tests.
- **Implementation:** States implement this initiative either in-house or through Public-Private Partnerships (PPP) with private labs.
- **How to Access:** Visit your nearest government hospital or public health center to inquire about the available free diagnostic services.

### Non-Profit & Charitable Societies

Several non-profit organizations and welfare societies operate charitable clinics and diagnostic centers that offer services at significantly reduced prices, sometimes at a cost-plus model with minimal margins.

- **Examples:**
  - **New Swasti Clinic Welfare Society** and **Shri Radha Swami Welfare Society** in India offer a range of lab tests at low prices.
  - **Life Care Foundation** provides affordable, accurate, and accessible diagnostic services, focusing on economically weaker sections of society.
  - The **Indian Red Cross Society** also engages in social welfare health programs, including blood services.
  - Organizations like Aleef Medical Foundation are setting up diagnostic labs specifically for the poor at very low prices.
- **How to Access:** Search for "charitable pathology labs" or "low-cost diagnostic centers" in your local area using directories like **Justdial** or via local community health resources.

### General Strategies for Affordable Tests

In addition to specific societies, you can explore other avenues to manage lab test costs:

- **Community Health Clinics** often provide sliding-scale payment options based on income.
- **Online Lab Testing Services** can offer tests at a fraction of the cost, with results accessible via a secure portal.
- **Comparison Shopping** between different providers, as prices can vary widely.
- **Health Insurance** may cover preventive and diagnostic tests; check your policy details.



Low-cost lab test assistance in West Bengal is available through both **government health schemes** and various **private diagnostic centers** that offer competitive pricing, discounts, and home collection services.

### **Government Assistance & Initiatives in West Bengal:**

The primary government initiative is the **West Bengal Health Scheme (WBHS)**, which provides health insurance and coverage for medical services, including diagnostic tests, to eligible state government employees and pensioners. While this provides significant assistance, it is generally limited to government employees and their families.

For the general public, government hospitals and health centers often provide essential lab tests at minimal or no cost, although this may involve longer wait times.

### **Low-Cost Private Diagnostic Options**

Several private labs operate in West Bengal (especially in major cities like Kolkata and Siliguri) and offer affordable tests and packages, often with discounts when booked online. Many provide convenient home sample collection at no additional cost.

Key providers offering competitive pricing and extensive networks include:

- **Redcliffe Labs:** Known for aggressive pricing and discounts, they offer a "Vital Screening Package" for around ₹399 and a full body checkup for ₹799 (discounted price) with free home sample collection available across various locations including Kolkata and Siliguri. You can find locations and book via their Redcliffe Labs website.
- **Apollo 24|7 & Apollo Diagnostics:** Offer various health checkup packages starting from basic essential tests for around ₹499. They have numerous centers and offer home collection services. You can use the Apollo 24|7 website to check prices and book.
- **Thyrocare:** This NABL accredited lab offers a wide range of tests at economical prices and is known for general health checkups. They also provide home sample collection services.
- **MedifyHome & Swasthier:** These services partner with NABL-accredited labs to provide convenient and affordable home sample collection in Kolkata and deliver digital reports promptly.
- **Charitable Pathology Labs:** In Kolkata, options like Puspanjali offer diagnostic and pathology services with a charitable focus, which may provide lower-cost options.

To find the most suitable option, it is recommended to:

- **Compare Prices:** Check the websites or call various providers to compare current prices for the specific tests needed, as prices and discounts vary frequently.
- **Inquire About Home Collection:** Many providers offer home collection which can save time and travel costs.
- **Look for Packages:** Often, getting a package of tests (e.g., full body checkup, liver function, and kidney function) is more cost-effective than booking individual tests.



## 18. Low Cost Admission in Nursing Home

Several government schemes and non-governmental organisations (NGOs)/Societies in India provide low-cost or free assistance for senior citizens, including accommodation in nursing homes/old age homes, food, and medical care.

### Government Schemes and Assistance

The Ministry of Social Justice & Empowerment runs programs to support senior citizen homes.

- **Integrated Programme for Senior Citizens (IPSrC):** This scheme provides financial assistance (grants-in-aid) to eligible non-profit organizations for the maintenance of senior citizen homes (old age homes). These homes offer basic amenities like shelter, food, and medical care, primarily targeting indigent, abandoned, or financially weak senior citizens.
- **Atal Vayo Abhyuday Yojana (AVYAY):** This umbrella scheme includes the IPSrC and aims to improve the quality of life of senior citizens. It also has provisions for providing physical aids and assisted living devices to senior citizens below the poverty line (BPL).
- **State Government Initiatives:** Many state governments provide maintenance grants for homes run by voluntary organizations to safeguard destitute elders. These homes often provide food, shelter, clothing, and healthcare facilities.
- **Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY):** This health insurance scheme offers cashless hospitalisation up to ₹5 lakh per family per year at empanelled public and private hospitals. All senior citizens aged 70 and above are eligible for this health coverage.

### Non-Governmental Organisations (NGOs) and Societies

Various NGOs and charitable trusts operate free or low-cost old age homes across India.

- **HelpAge India:** A prominent organization working for the welfare of the elderly, which operates several senior care facilities and provides assistance nationwide.
- **The Earth Saviours Foundation, Janaseva Foundation, and Guru Vishram Vridh Ashram:** These are some of the many NGOs that run free or low-cost care homes for abandoned or poor senior citizens, providing 24x7 healthcare and essential amenities.
- **Missionaries of Charity:** This organization runs homes for the aged, including Mother Teresa's Home for the Aged in Kolkata, serving the needy and abandoned poor for free.
- **Dignity Foundation:** This organization works to ensure elders can age productively and live with dignity across India.

### How to Find and Apply for Assistance

1. **Contact the National Helpline:** The Senior Citizen Helpline number is **14567**. This service, launched by the Union Government, provides information on old age homes, welfare schemes, psychosocial counseling, and legal guidance.
2. **Reach out to Local Social Welfare Departments:** State government Social Welfare Departments maintain lists of government-run and assisted old age homes and can guide you through the application process.
3. **Search for Local NGOs:** Use online directories to find local NGOs and societies in your area, such as in Siliguri or Kolkata, which may offer low-cost or free services.



4. **Visit Organisations Directly:** You can contact organizations like the USHARANI GLOBAL HOSPITALITY FOUNDATION, Helpage India, or the Standard Sunrise Foundation directly to inquire about their admission process and eligibility criteria.

**Check Eligibility:** Admission is typically for indigent persons (those with little to no income/support) aged 60 and above. The application usually requires ID proof, medical reports, and an income certificate for verification.

For low-cost or free admission into nursing homes or assisted living facilities in West Bengal, our Foundation would explore options provided by the state government's Directorate of Social Welfare and various charitable NGOs/Societies. These organisations offer subsidized care primarily for indigent senior citizens.

### **Government Assisted Options**

The state government of West Bengal operates and monitors several facilities and schemes aimed at providing affordable shelter and care for the elderly, especially those who are indigent (lacking sufficient means).

- **APANJAN Home:** This facility, located in South 24 Parganas, is fully funded and run by the State Government. It provides free accommodation, food, clothing, toiletries, medicines, and recreation for eligible senior citizens.
- **Integrated Programme for Senior Citizens (IPSrC) Homes:** The Ministry of Social Justice and Empowerment (Government of India) provides funding for approximately 30 old age homes across West Bengal, which are run by Non-Governmental Organizations (NGOs) based on state government recommendations. These homes are designed for the welfare of older persons, particularly the infirm, destitute, and widows, and aim to improve their quality of life by providing basic amenities.
- **Eligibility:** Admission to these facilities is generally for individuals aged 60 and above, with a focus on those who are indigent or do not have family members capable of financial support. The State Government determines the criteria for "indigent" status.

You can contact the Directorate of Social Welfare, Government of West Bengal, for information on how to apply for admission to these government-run or government-funded homes.

### **Noteworthy Charitable Societies**

Several registered charitable organisations and societies in West Bengal offer low-cost or free services, although they may depend on donations.

- **Jagorani NGO:** This organisation runs "**S C SEN OLD AGE HOME**" and "**Natun Ghar**" (for women), which are noted for being free for destitute residents.
- **HelpAge India:** A well-known charitable organisation that operates multiple affordable old-age homes in Kolkata, with costs ranging from approximately INR 10,000 to INR 15,000 per month, covering basic amenities and healthcare.
- **Missionaries of Charity:** This organisation is known for providing free care for the poor and destitute.



- **Other Options:** Other homes like Alor Disha (approx. INR 7,500-10,000/month) and Anandaashram (approx. INR 4,999/month) offer relatively low-cost options compared to commercial facilities.

### **Actionable Steps –**

1. **Contact the Directorate of Social Welfare:** Reach out to the Directorate of Social Welfare, Government of West Bengal to get official information on eligibility, the application process for government homes like APANJAN, and a list of government-funded NGO-run facilities.
2. **Reach out to NGOs directly:** Contact the charitable organizations mentioned above to inquire about their specific admission criteria, costs, and availability.
3. **Use the Elderline:** The national helpline for senior citizens is a resource for information and support.
4. **Explore Health Schemes:** Check eligibility for health-related government schemes like Ayushman Bharat (PM-JAY) for hospitalisation coverage or the Rashtriya Vayoshri Yojana (RVY) for assisted living devices, which might ease financial burdens on the elderly.

## **19. Low Cost Operation Assistance**

"Low Cost Operation Assistance by a Society" can refer to several types of aid provided by cooperative societies or non-governmental organisations (NGOs), often supported by government schemes. This assistance can be for the operational costs of the society itself, or for individuals (like patients) in need of low-cost operations (medical procedures).

### **For Co-operative Societies (Operational Costs)**

Governments in India, both Central and State, offer various schemes to provide financial and technical assistance to registered cooperative societies to cover operational and expansion costs. This is primarily facilitated through the National Cooperative Development Corporation (NCDC) and respective State Cooperation Departments.

Types of assistance available:

- **Share Capital Contribution & Loans:** NCDC and state governments provide loans and contribute to the share capital of eligible societies for viable projects, expansion, and modernization.
- **Subsidies/Grant-in-Aid:** Assistance is provided in the form of subsidies to meet management costs, purchase equipment, install computers, and cover other operational expenses.
- **Specific Project Support:** Schemes exist for specific types of societies, such as those for processing, marketing, housing, or those focused on specific demographics like women or SC/ST populations.
- **Rehabilitation of Weak Societies:** Financial help is available for weak but potentially viable co-operatives to aid in their revival.

You can find more details and specific schemes on the relevant government portals:

- National Cooperative Development Corporation (NCDC)
- Ministry of Cooperation
- myScheme Portal (Government of India)



### **For Individuals (Medical Operations)**

If "operation assistance" refers to financial support for medical surgeries, several government schemes and charitable organizations offer low-cost or free treatment for poor patients:

- **Government Health Schemes: -**
  - **Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PM-JAY):** Offers health coverage up to ₹5 lakh per family per year for secondary and tertiary care hospitalization to eligible beneficiaries.
  - **Rashtriya Arogya Nidhi (RAN):** Provides financial assistance to poor patients for treatment of major life-threatening diseases at government hospitals.
  - **Chief Minister's/Prime Minister's Relief Funds:** State-specific funds that provide grants for critical medical treatments.
- **NGOs And Charitable Organisations:**
  - Organisations like the Indian Cancer Society, Sankara Nethralaya (for eye surgeries), and online crowdfunding platforms such as Milaap help raise funds for expensive medical operations.
  - Charitable hospitals and trusts often have "indigent patient programs" that reserve beds and offer subsidised care for low-income patients.

For individuals seeking medical aid, it is recommended to speak with the hospital's billing department, a medical social worker, or contact relevant NGOs directly to explore available options.

### **Benefits for Villagers**

The involvement of villagers, particularly through trained community health workers (CHWs) like India's Accredited Social Health Activists (ASHAs), in health monitoring and home services missions offers numerous benefits. These benefits stem from their unique position as trusted, local residents who bridge the gap between their communities and the formal healthcare system.

#### **Key Benefits Include:**

- **Improved Access To Healthcare:** Villagers and CHWs provide "last-mile" connectivity, delivering basic health services and information directly to people's doorsteps in remote or hard-to-reach areas where formal health infrastructure is limited.
- **Community Trust And Acceptance:** Since CHWs are residents of the same village, speak the local language, and understand the cultural nuances, they gain the community's trust and acceptance, which is crucial for effective healthcare delivery and behavior change.
- **Health Education And Awareness:** CHWs conduct door-to-door campaigns and group meetings to educate residents on vital health topics such as hygiene, sanitation, nutrition, maternal and child health practices (e.g., breastfeeding, immunization), and disease prevention, leading to positive behavioral changes.
- **Early Detection And Referral:** They are trained to monitor health conditions, identify early symptoms of diseases (e.g., TB, malaria, diabetes, hypertension), and refer moderate to severe cases to the appropriate health facilities or specialists in a timely manner, preventing complications.



- **Home-Based Care And Monitoring:** Villagers, in the role of CHWs, provide essential home-based care, including monitoring patients with chronic illnesses or those in isolation (e.g., during a pandemic), and ensuring a continued supply of necessary medications.
- **Disease Surveillance And Data Collection:** They act as a vital link for public health surveillance by regularly tracking and reporting births, deaths, and unusual disease outbreaks to the local health centers, enabling prompt public health responses and better health planning.
- **Empowerment And Social Change:** These programs, particularly those engaging women as CHWs, empower individuals by providing them with training, employment opportunities, and a respected social standing within their communities, while also challenging harmful traditional beliefs and practices.
- **Cost-Effectiveness:** Utilising locally-based CHWs is often a more affordable option for delivering primary healthcare services compared to deploying a full cadre of professional health workers in resource-limited settings.

Overall, the involvement of villagers in such missions is indispensable for strengthening the primary healthcare system, improving health outcomes, and achieving universal health coverage, especially in rural contexts.

### Benefits At A Glance:



- Health check-ups at home will save time and save money.
- Poor and middle-class families will get good healthcare at a low cost.
- Major diseases like diabetes, blood pressure, heart issues, kidney problems, and cancer can be detected early.
- Regular diet and fitness guidance will help villagers stay healthy.
- Immediate support will be provided during emergencies and patients will be taken to hospitals if needed.
- Villagers will get free doctor consultation in their own locality.
- Low-cost blood tests make it easier for everyone to get tested.

In brief early detection of diseases will help to provide proper on time treatment to the common people of the villages in West Bengal.

### Main Goal of This Project

To deliver healthcare to every household in the villages and ensure each family becomes healthy, safe, and aware.

The main goal of health monitoring and home services initiatives for villages and municipalities in West Bengal is to improve the overall health and well-being of both the rural and urban populations, particularly vulnerable sections, by **facilitating equitable access to quality primary healthcare and empowering local communities and government bodies to manage public health interventions.**

These objectives are pursued through specific programs such as the Community Healthcare Management Initiative (CHCMI) in rural areas and the National Urban Health Mission (NUHM) in urban areas.

The goal of this mission is to improve health outcomes in villages and municipalities by **ensuring equitable access to quality primary healthcare, enhancing community participation in health management and improving the overall health profile of**

**vulnerable populations**, including urban and rural poor. This is achieved through a combination of **service delivery and awareness initiatives** by government departments and other partners to monitor health, promote preventive and curative care, and increase accountability of the health system to the community.

### **Key Goals:**

- **Equitable Access ToCare:** To make quality healthcare services more accessible to all, especially the urban and rural poor and other vulnerable groups.
- **Improved Health Outcomes:** To lower key health indicators like infant and maternal mortality rates (IMR, MMR) and total fertility rates (TFR).
- **Community Empowerment:** To institutionalize sustainable community-based systems for health management, building capacity of local bodies (like Gram Panchayats) and communities to plan and manage their own health needs.
- **Increased Awareness AndAccountability:** To increase awareness about health rights and entitlements and to improve communication and feedback between communities and healthcare providers.
- **Supportive Infrastructure:** To ensure the necessary infrastructure is in place, such as constructing residential facilities for health workers in sub-centers.

### **Key Objectives for Villages (Rural Areas):**

The rural health initiatives, primarily driven by the Community Healthcare Management Initiative (CHCMI) and the **National Rural Health Mission (NRHM)**, aim for the following:

- **Institutionalise Public health Monitoring** at the local level through Panchayati Raj Institutions (PRIs).
- **Improve Access to Basic Health Services**, especially in unserved and underserved areas, by strengthening **Village Health Sanitation and Nutrition Committees (VHSNCs)**.
- **Build Community Capacity** to plan, implement, and manage health care interventions, fostering a sense of ownership over the local health system.
- **Promote Preventive AndPromotive Healthcare** by generating awareness and bringing about behavioral changes in the community regarding sanitation, safe drinking water, nutrition, personal hygiene, and immunisation.
- **Ensure Interdepartmental Convergence** for addressing various health determinants like drinking water, sanitation, and school health programs.





## Key Objectives for Municipalities (Urban Areas):

The urban health initiatives, mainly under the **National Urban Health Mission (NUHM)**, focus on the following goals:

- **Improve The Health Status of The Urban Population**, with a particular focus on slum dwellers and other vulnerable sections.
- **Facilitate Equitable Access to Quality Healthcare** by strengthening existing infrastructure like **Urban Primary Health Centres (UPHCs)** and **Urban Community Health Centres (UCHCs)**.
- **Provide A Comprehensive Package of Services** including OPD, basic lab diagnosis, maternal and child health services, and screening/treatment for communicable and non-communicable diseases.
- **Ensure Community Participation** through community-based groups like **Mahila Arogya Samitis (MAS)** and **Urban Social Health Activists (USHAs)** for better planning, implementation, and monitoring of health activities.
- **Address Wider Determinants of Health** in urban areas, such as water supply, sanitation, and environmental health, in convergence with **Urban Local Bodies (ULBs)**.

## Community Healthcare Management Initiative (CHCMI) By West Bengal Government

### Notable Achievement: -

| Target of formation of VHSNC | VHSNC formed | Members of VHSNC trained on different issues of Public Health (Since PGE, 2018) |
|------------------------------|--------------|---|
| 58,975                       | 48,429       | 227076  |

In rural West Bengal, awareness generation and behavioural change of community on different public health issues is brought about by the activities of awareness generation which is implemented through **Community Health Care Management Initiative (CHCMI)**, an initiative of Panchayats & Rural Development Department. The focus of this ingenious intervention is to usher in a convergence of services at the community level and to install and institutionalize sustainable systems and processes for community action regarding health care management by developing capacities of the PRI functionaries and the communities, so that they can plan for, implement, manage and own basic health care interventions with support from all departments concerned, institutions and agencies in keeping with the national and state goals.

**“Community’s Health in Community’s Hands”** being the motto of the Programme, the planned intervention seeks to drive home a sense of responsibility among common people towards their own health care management under the leadership of Panchayati Raj Institutions. CHCMI seeks to converge community action at the grass root level to the cause of promoting good health and preventing sickness in the community. Very simply, it seeks to motivate, enlighten, enthuse and involve individuals and institutions to community action for achieving good health and well being of the community.

### **Background of the Initiative:**

Preventive and promotive health care can be improved only by enabling the community to take charge of its own needs and to utilize the health care services, available at the government service terminals in a better way. This requires a huge community mobilization, which could only be organised by the Panchayat Raj Institutions. As such, tasks relating to public health care should be devolved upon the Panchayats, which is also the mandate of the Constitution.

Improvement of public health also requires improvement of all the proximate factors, like female literacy, safe water and sanitation facilities, drainage etc. that require involvement of the Panchayats. The Panchayats also provides with civic services, like registration of birth and deaths. Therefore, it is more logical that the Panchayats are entrusted with the overall responsibility of proper delivery of preventive and promotive health care system.

### **Objectives:**

Health Care Management has three distinctive features i.e. Promotive, Preventive and Curative. Active involvement of the communities is required especially with regard to the first two aspects.

- To institutionalise the system of public health monitoring by the Panchayats.
- To build capacity of the communities to plan, implement and manage health care interventions by developing among them a strong sense of ownership of the system.
- To work out plans at the different levels for improving outreach, particularly in un-served and under-served areas through regular monitoring and facilitation so as to improve access of the communities to basic health services by strengthening VHSNC.

### **Methodology:**

- Since CHCMI is a community-centric activity, none other but the Panchayati Raj Institutions (PRIs) can best implement it. This idea has been adopted in the methodology of CHCMI. Further, as the focus is on the grass root level, the lowest tier of the PRIs, i.e. the Gram Panchayats (GPs) have been made the nodal agency for implementing the initiative. The **Village Health Sanitation & Nutrition Committee** (VHSNC) will monitor the public health indicators in the Gram Samsad areas.
- To sensitize communities on the issues of public health with particular reference disease prevalence, mortality and morbidity pattern, order of birth, nutrition, safe drinking water, sanitation and personal hygiene, immunization, nutritional status, care for adolescent, pregnant and lactating mothers etc.
- Understand the issues relating to public health in their respective area with collaboration of health service providers (ANM, ASHA, AWW etc.), who have a greater outreach among women and children (mostly the vulnerable section).
- Prepare a baseline on various parameters on the situation of various public health issues with the help of VHSNC.

- Set a time bound target for improving the status of the deficiencies identified during the baseline and monthly meeting of VHSNC in a form of monthly work plan and annual health plan.
- Prepare a community monitoring mechanism both at Gram Samsad, through VHSNC and at Gram Panchayat level through 4th Saturday meeting of “Shiksha – O – Swasthya Upasamity”, for reaching the positive outcome.

### **Deliveries / Deliverables:**

In the run so far, considerable progress has taken place under CHCMI resulting in quite a number of deliveries as process and impact indicators.

### **Process Indicators:**

#### **Management At The State And District level –**

- **State Public Health Cell (SPHC)** has been set up at the State level in the P&RD Department to envision, strategise and monitor CHCMI implementation.
- **District Public Health Cell (DPHC)** in the Zilla Parishad functions as Nodal Point for coordinating the activities pertaining to the CHCMI. The Secretary of the Zilla Parishad has been designated as Nodal Officer of CHCMI in the district and a Medical Officer of the Zilla Parishad has been designated as Nodal Medical Officer in the DPHC and he is rendering technical guidance to the DPHC in this initiative. Public Health Programme Coordinator, DPHC implements the program and provides support to the Nodal Officer for monitoring activities.
- At Block/ Panchayat Samiti level, Joint Block Development Officer will act as the Nodal Officer
- Gram Panchayat has been designated as nodal point of convergence with all other related Departments in improving public health indicators in rural areas of all the Districts of West Bengal. At Gram Panchayat level the Secretary of the Gram Panchayat concerned will act as Nodal Officer.

### **Monitoring Mechanism:**

- The Gram Panchayats, being the lowest tier, are the nodal agency driving local health agenda through **Village Health Sanitation & Nutrition Committee (VHSNC)** and the emphasis is on child health and nutrition, maternal health, water, sanitation, and communicable diseases.
- The **Shiksha – O – Janaswasthya Upa Samity** of Gram Panchayat is responsible for the coordination of all CHCMI interventions in its geographical area.
- A joint monthly monitoring meeting in the GP level on Public Health commonly known as ‘Fourth Saturday Meeting’ is regularly organized in all GPs to review the performance of different departments in delivery of various public health related services. A format has been devised known as “**Janaswasthya Bishayak Masik Pratibedan**”, which has to be submitted by every GP with the data/ information generated at the Fourth Saturday Meeting.
- The report compiled at the Panchayat Samity level is sent to Zilla Parishad for onward transmission to the State Public Health Cell. The Gram Panchayat has to ensure that the 4th Saturday Meeting is held regularly and effectively to address the problems related to



public health. For better monitoring purpose a Web Portal, in this regard, has also been devised.

- A monitoring team in three tiers of PRI has been formed.
- In Block level different issues found by the team discussed in the meeting of **Jana Swashya – O – Paribesh Sthayee Samiti** of Block on 2nd Tuesday of every month. The resolution of meeting again discussed in the meeting of **Jana Swashya – O – Paribesh Sthayee Samiti** of Zilla Parishad level.

### **Capacity Building of Facilitators And Functionaries:**

Capacity Development is the most crucial aspect of the entire intervention strategy and it has both training and non-training inputs. Non-training inputs comprise regular interaction and exchange of views at various levels, IEC materials including study materials, guideline etc. On the other hand For better implementation of the above activities and proper utilization of fund, the three tiers of the PRIs along with the VHSNC and Self Help Groups and also the Government officials associated with this program have been sensitized and oriented through intensive training. The training program is conducted on a cascade mode, since it is not possible to arrange direct training for such a huge number of functionaries from the state level itself. The strategy of capacity building hinges on the following:

The State level program functionaries monitor the quality of the training programs for the District functionaries and to a certain extent of the Block functionaries. The nodal functionaries of the Districts, likewise, supervise the training programs for the block and GP functionaries. The block functionaries in turn, are responsible for supervising capacity building interventions for the GP functionaries and the members of VHSNC. The underlying idea is to ensure that experiences and problems of implementation are reflected, analysed and acted upon through capacity building exercises. This is likely to strengthen the 'ownership' of the PRIs at every tier.

### **Village Health Sanitation And Nutrition Committee –**

VHSNC is being constituted at Gram Samsad (Booth/ Ward) level, acts under “**Shiksha –O– Swasthya Upasamity**”, a sub-committee of Gram Panchayat and functions under the overall supervision of Gram Panchayat. In West Bengal, VHSNC is ushering in interdepartmental convergence for several issues like sanitation, drinking water, School Health Programme, child labour etc.

- VHSNC acts as “Para Najardari Committee” for sustaining ODF Status under “**Mission Nirmal Bangla**” program, aligned with the **Swachh Bharat Mission** (Gramin).
- It is also performing as the lower tier of the “Village Water and Sanitation Committee (VWSC)” at GP level, formed by the guidelines of Public Health and Engineering Department, Government of West Bengal.
- The VHSNCs have been encouraged to take up the cue from the dedicated cadre and organize awareness meetings or directly participate in Waste Management Programme towards source reduction at Mosquito breeding places. In this connection, VHSNC acts as the “Citizen’s Task Force” for Vector Borne Diseases prevention at Gram Samsad area.
- A Teacher of any local School of the area has also been included as a member of VHSNC for maintaining liaison between VHSNC and Village Level Child Protection Committee.
- VHSNC, along with SHG members of the Cluster & VO levels, champions the cause of livelihood of SHGs and attracts attention of PRI regarding gender-violence.





**On the other hand, in our State, Village Health Sanitation & Nutrition Committee (VHSNC) is playing an important role:**

- For implementing and monitoring the GP health plans and also to involve the women Self Help Groups to expand community outreach.
- Organizing two monthly meetings to make the community aware of the good practices
- Planning & supervision of public health related issues
- Organizing “**Suswasthya Dibas**” – a special VHSND session at VHSNC level
- Wall writings on public health and referral transport etc. are some of the activities performed by VHSNC.
- Besides, VHSNC has been championing the women’s cause through detection of and moving against early marriage and teenage pregnancy.
- Especially their role in control of Vector Borne Disease Programme has been noteworthy, the way they have participated in surveying, awareness building It is acting as the platform of convergence of different service providing Government and Non-Government sectors at the Gram Samsad level.
- Food, Nutrition, Health & Wash - these agenda need the addressed in the monthly meeting of SHG & Cluster. Since these agenda are coterminous with these of VHSNC, SHGs are greatly benefitted by the advices of Health Frontline Worker – members of VHSNC to deliberate upon their Health, Food, Nutrition & Wash issues.

### **The Way Forward**

The specific goal of the ongoing Community Health Care Management Initiative is to install and institutionalise sustainable systems and processes for community action for health care management by developing capacities of the PRI functionaries and the communities so that they can plan for, implement, manage and own basic health care interventions with support from all Departments, concerned, institutions and agencies in keeping with the global, national and state goals.

CHCMI has already created significant impact at the community level and has potential to empower people by making them central to micro planning process at VHSNC level. Mainstreaming of this kind of community health micro-plan with overall village/GP plan and implementation of micro plan prepared by each VHSNC is now possible since the functional integration mechanism with the active involvement of VHSNC with support of PRI has been rolled out in the State.

The role and responsibilities of **Abutoraab World Humanity Charitable Foundation** (such as a Non-Profit Organisation or NGO) within a mission for "**HEALTH MONITORING AND HOME SERVICES FOR VILLAGES & MUNICIPALITIES**" typically involves working alongside government initiatives like India's **National Health Mission** (NHM) and its sub-missions, such as the **National Urban Health Mission** (NUHM) and the former **National Rural Health Mission** (NRHM).





## Key Roles And Responsibilities include:

### >Community Engagement And Mobilisation

- **Awareness And Health Education:** Informing the community about available government health programs, the importance of hygiene, sanitation, and nutrition, and the need for timely utilisation of health services by conducting educational sessions in local languages.
- **Facilitating Community Action:** Enabling community members to participate in the planning and implementation of health programs and take collective action to improve local health outcomes.
- **Representing Community Concerns:** Acting as a bridge between the community and public health service providers, presenting community needs, experiences, and issues to the relevant monitoring committees.

### >Service Delivery And Support

- **Supporting Frontline Workers:** Providing support and facilitation to frontline health workers like **Accredited Social Health Activists (ASHA)** and **Auxiliary Nurse Midwives (ANM)**, who are the primary link between the community and health institutions.
- **Home-Based Care:** Our Society offers essential home services to vulnerable populations, such as the elderly or those with chronic illnesses, including check-ups, medication management, food assistance, and emotional support. AWHCF will potentially provide or support home-based care services, which can include care for the elderly, disabled, and bedridden patients in urban and rural areas.
- **Promoting Preventive Health:** Focusing on preventive healthcare measures, such as healthy lifestyle promotion, reduction of tobacco and alcohol consumption, and control of communicable and non-communicable diseases.
- **Basic Health Services:** Assisting in basic health screening tests and ensuring access to essential medicines and diagnostics in collaboration with local health centers. AWHCF will Provide basic healthcare services through mobile health units and community health centers, particularly in remote areas poorly served by government facilities.
- **Capacity Building:** Recruit and train local community health workers (CHWs) and volunteers to serve as ongoing support mechanisms, reinforce health messages, and facilitate follow-ups within the community.
- **Linkage And Referral:** Bridge the gap between community members and formal healthcare institutions by guiding patients to appropriate facilities (e.g., district hospitals, specialists) and helping them navigate government schemes and insurance programs (e.g., PMJAY).

### > Monitoring, Planning And Governance

- **Community-Based Monitoring:** Participating in monitoring committees at various levels (village, block, district) to regularly assess if the health needs and rights of the community are being fulfilled and ensuring accountability.
- **Data Collection And Reporting:** Establish standardized tools for data collection at the grassroots level and report relevant health information (births, deaths, disease patterns) to government health departments, thus improving the quality of Health Management Information Systems (HMIS).

- **Inter-Sectoral Convergence:** Addressing determinants of health like sanitation, safe drinking water, and nutrition by coordinating efforts with other sectors as part of a comprehensive village or district health plan.
- **Disease Prevention And Control:** Organise and conduct vaccination drives, distribute preventive supplies (like mosquito nets), and run campaigns on communicable and non-communicable diseases (e.g., tuberculosis, diabetes, mental health).
- **Monitoring Existing Services:** Act as an independent body to monitor the quality and responsiveness of existing government health services, ensuring the availability of essential drugs and supplies, and channeling patient feedback and complaints.

Overall, new societies act as crucial partners in promoting equity, social justice, and universal access to quality healthcare by working closely with the community and local government bodies. They ensure that the specific local context is considered in the implementation of the broader health mission's goals.

### >Mission-Level Responsibilities

- **Advocacy And Policy Influence:** Advocate for pro-poor and equitable health policies, leveraging on-the-ground data and community experiences to influence local and state-level authorities.
- **Community Empowerment:** Involve community members in decision-making processes and empower them to take charge of their own health and well-being, fostering a sense of ownership over health initiatives.
- **Collaboration And Partnership:** Work in partnership with government bodies (like the National Health Mission in India), other NGOs, and private sector entities to avoid duplication of efforts, mobilize resources, and create holistic solutions.
- **Innovation And Adaptability:** Develop innovative, low-cost, and replicable models of care tailored to local conditions, while being flexible and responsive to emerging health crises or natural disasters.

## The Role of NGO for Healthcare in Health Education and Disease

### Prevention in India

Posted on August 15, 2025

India has many issues with healthcare because of its large population and the diversity socio-economically. Although the government has been successful in advancing the level of its health infrastructure, most communities (particularly those living in rural areas and underdeveloped areas) still lack the accessibility to basic health care services and education. This is where the intervention of an NGO/Society as a healthcare provider comes in especially in the areas of health education and prevention.

A healthcare NGO/Society is an interaction channel between the healthcare system and the community. It is critical in developing awareness raising about diseases, healthy practices and early diagnoses and treatment. These agencies usually work in the grassroots areas whereby healthcare awareness is at its lowest level and cultural beliefs can be a barrier to modern medical practice.



## **Health Education**

- **Awareness Campaigns**

Health education is one of the greatest contributions of such NGOs/Societies. They have awareness programs in which they teach individuals, on how to maintain personal hygiene, nutrition, sanitation and the significance of getting health check-ups regularly. Such campaigns are usually customized along regional languages, and using visual aids, the use of street plays, videos and interactive sessions will enable this to be communicated effectively. They destroy social stigma (or taboo) existing around some topics like menstruation, vaccination or tuberculosis, which allows them to model better behaviour.

- **Educational Seminars**

In schools and colleges, an NGO/Society for Healthcare may conduct special sessions on reproductive health, mental health, and the dangers of tobacco or alcohol use. Educating the youth not only empowers them to make informed decisions but also creates ripple effects in the community, as they share knowledge with their families and peers.

## **Disease Prevention**

- **Prevention Drives**

Another pillar of NGO/Society work is disease-prevention. NGOs/Society are proactive in curbing the occurrence of infectious diseases through organizing vaccination drives as well as giving out mosquito nets in malaria infested regions. In the time of pandemics or outbreaks (like COVID-19 or dengue), various NGOs came forward in providing masks, hand sanitizers, and educational informative flyers and encouraged social distancing, and good hygiene.

- **Free Health Check-ups**

Mobile health units run by NGOs/Societies offer free check-ups and screenings in remote areas, helping detect diseases like diabetes, hypertension, or cervical cancer at early stages. Timely detection and referrals prevent complications and reduce the burden on tertiary healthcare facilities.

- **Training Health Workers**

A medical NGO/Society also partners with local health workers to train them to recognize some of the early symptoms and refer those patients to additional care. These volunteers have been trained and serve as an ongoing community support mechanism, reinforcing health education messages as well as doing follow-ups.

- **Government Policies And Health Measures**

Besides, these NGOs/Societies can make government policies informed and support better initiatives of public health by gathering data on the ground and monitoring health trends. They become the advocate of the underserved and advocate fair accessibility to care.





## **Conclusion**

To sum up, the role of an NGO/Society in India in terms of healthcare is not only limited to medical rescue aid- it promotes health literacy culture and pre-emptive approach. These organizations are very effective in making a healthier and more knowledgeable nation by making communities empowered through resources and knowledge. When they keep on supporting and collaborating, there is no more they could do than to have their influence spread stronger and further.

The Role of an NGO/Society for Healthcare in Creating Health Awareness Among Rural Populations

Posted on November 10, 2025

The population of rural India still faces the problem of the inability to access adequate healthcare. Family constraint, to see medical attention in time, is often due to inadequate medical facilities, ignorance, and financial factors. In this case, a healthcare NGO will be crucial as it does not only offer some basic medical assistance but also educates people about preventative measures and healthy lifestyles. Such organizations take health education and services nearer to the people who require them most as well as assist in creating healthier and stronger communities.

## **The Importance of Health Awareness in Rural Areas**

The first step to prevent diseases and guarantee the improvement of the community well-being is health awareness. A lot of rural families do not know simple hygiene practices, immunization schedules, maternal health requirements or symptoms of prevalent the diseases. This ignorance is usually the cause of preventable health complications that may later develop to critical health conditions unless dealt with at an early stage.

A NGO/Society Healthcare strives to alter this factor by informing the population about the relevance of hygiene, nutrition, sanitation, and prevention. Through frequent health walks and awareness campaigns, NGOs assist rural people to make wise decisions regarding their health and healthier ways of life.

## **Sahyog Care's Efforts in Rural Health Development**

One such organisation is Sahyog Care, which has done a lot to enhance the accessibility and awareness of healthcare to rural communities. As a part of its mission, Sahyog Care aims at making sure that vulnerable children get the care they deserve to remain healthy and prosper. The organisation understands that education and health go hand in hand, and as such, it aims at establishing permanent change within the grassroot level.

Sahyog Care operates mobile health clinics whereby free consultations and diagnostic tests are performed at the doorsteps. These camps assist in accessing individuals who may not have access to the medical institution because of the distance or affordability. With such efforts, Sahyog Care has made sure that even the most remote populations are provided with preventive healthcare services.

The difference between Sahyog Care and other services is its holistic nature. The organization pays great attention to the increase of health awareness in the community in addition to delivering healthcare services. It informs families within the field of nutrition, personal hygiene, immunization, and prevention of diseases so that they may take the initiative in dealing with



their health. This combined approach will make sure that medical assistance is not a single intervention, but a permanent solution to the creation of more active lifestyles.

### **Making a Tangible Difference through Awareness**

Through creating awareness, a healthcare-related NGO/Society such as Sahyog Care activates people to be in control of their health. Once individuals realize the importance of preventive care, they will tend to receive the treatment in time and influence others to do so. In the long run, such awareness would result in the reduction of disease rates, better child health, and the perception of a greater sense of community responsibility.

Also, the myths and misconceptions prevalent in the rural areas are also dispelled through health education. Informing people on the necessity to keep clean, use clean water, and vaccination leads to healthy families and safer communities.

### **Conclusion**

The NGO/Society contribution to the healthcare in rural communities is not limited to the medical help, but it is focused on creating awareness and enabling the populations to lead healthier lifestyles. It is proving that where healthcare is made accessible, understandable, and sustainable, meaningful change occurs as organizations such as Sahyog Care are proving. Sahyog Care is also doing a tangible difference through their mobile health camp, free diagnostic services, and their round the clock awareness programs even when the resources available are scarce.

By donating to an NGO/Society to fund healthcare, people can become a part of a greater cause the one that will encourage people to become more proactive in their health, enhance the conditions in their communities, and make sure that all people, no matter their life background, have a chance to have a healthy and decent life.

## **Empowering Women and Children: The Transformative Role of NGOs in Community Healthcare**

Posted on October 20, 2025

Women and children are the backbone of any community, and they tend to struggle with the healthcare problems the most, particularly in poor and rural areas. They do not have the access to the medical facilities they need due to the limited access, absence of awareness, and socio-economic barriers. Such a scenario introduces a transformative role of **NGOs/Society for Healthcare**. These institutions have the mission of delivering affordable, accessible and sustainable healthcare services to enhance the livelihood of both women and children.







## **Maternal Health Programs by NGOs**

Focus on maternal health is one of the key concerns of an NGO/Society for healthcare. A significant number of women do not get the necessary prenatal and postnatal care and it may result in pregnancy and childbirth complications. NGOs attempt to fill this divide by conducting health camps, provision of free check-ups as well as encouraging institutional births.

They are also administering nutritional supplements, iron and calcium pills as well as awareness on vaccination to assure safe motherhood. NGOs offer educational workshops that enable women to learn more about reproductive health, family planning and hygiene that have resulted in healthier pregnancies and lower rates of maternal mortality.

## **Child Health and Nutrition Initiatives**

Another critical area that NGOs/Societies are having an outstanding input is in the child health. NGOs for healthcare aim at decreasing infant mortality rates and fights malnutrition. These organisations will offer the necessary immunisations, stock nutritious food packets, and make sure that children in low-income families are routinely monitored in terms of growth.

NGOs/Societies can help in making sure that children access timely healthcare through their cooperation with government schemes and medical workers. There are also health awareness programs for mothers where they are educated on the practices of breast feeding, hygiene and the need to have vaccinations which in turn breed healthier generations.

## **Community Awareness and Education**

Prevention rests on awareness and NGOs/Societies have a vital role to play in dispensing health education. One of the best NGOs/Societies in healthcare does not simply deliver treatment, but educates the family about the preventive steps and lifestyle changes. They also focus on important issues like menstrual hygiene, early childhood care, and adolescent health through workshops and community meeting.

This strategy encourages the communities to be in the proactive position of their well-being. It also aids in breaking the cultural barriers that tend to stop women using any medical attention or talking about the health issues freely.

## **Mobile Health Clinics and Outreach Programs**

Access to remote locations is also a major challenge but it is conquered by NGOs/Societies using mobile health clinics and outreach programs. Such mobile units offer routine medical examinations, medicine distribution, and consultation services to the women and children living in villages.

A healthcare NGO/Society will often train women in the community about basic first aid, high risk pregnancies and promote immunization by training local women as community health workers. This community based model has made healthcare sustainable and affordable even in the remote areas.

## **Empowering Women and Children through Community-Based Healthcare Initiatives**

A healthcare NGO/Society is important in enabling women and children through the provision of medical services that meet their special needs. These institutions are changing lives and empowering the health sector of the country with efforts that are aimed at maternal health, child feeding, health education, and rural outreach. They are motivated by the passion to make sure that each woman and each child, irrespective of their background, is made to enjoy a healthy life with dignity- creating a status of brighter and healthier future to all.

It is in this spirit that Sahyog Care For You, has been carrying forward its vision of child and community well-being through individual which is used to aid children in healthcare and nutrition. The organization also engages in routine mobile health campaigns where children in the underserved communities receive free check-ups, vaccinations, and medications. It also holds awareness activities regarding water sanitation and hygiene (WASH) and menstruation health care to rural and peri-urban rural communities, which will develop a sustainable intervention on the general health and empowerment of women and children.



# **Organisation Tree of The Foundation**

**(For Field Staff)**

## **District In-Charge**

**Assistant District In-charge  
(1 No.)**

**District Co-ordinator  
(1 No.)**

**Data Entry Operator  
(2 Nos.)**

**Sub-Division In-Charge  
(5 Nos.)**

**Block Team In-Charge  
(26 Nos.)**

**Municipality & GP In-Charge  
(254+8 = 262 Nos.)**

**Booth Level In-Charge  
(As Per Requirement)**

**Booth Level Executives  
(Approx 5,000 – 10,000)**



## Project Cost for Abuturaab World Humanity Charitable Foundation

| Cost of Salary - Per Month  |                 |          |                |        |
|-----------------------------|-----------------|----------|----------------|--------|
| Designation                 | No. of Position | Salary   | Total Salary   | T.A.   |
| District In-charge          | 1               | 45000.00 | 45,000.00      | Actual |
| Asst. District In-charge    | 1               | 35000.00 | 35,000.00      | Actual |
| District Co-ordinator       | 1               | 35000.00 | 35,000.00      | Actual |
| Data Entry Operator         | 2               | 12000.00 | 24,000.00      | N.A.   |
| Sub-division In-charge      | 6               | 28000.00 | 1,68,000.00    | N.A.   |
| Block Team In-charge        | 26              | 24000.00 | 6,24,000.00    | N.A.   |
| Municipality / GP In-charge | 35              | 20000.00 | 7,00,000.00    | N.A.   |
| Booth Level In-charge       | 100             | 18000.00 | 18,00,000.00   | N.A.   |
| Booth Level Executives      | 1000            | 12000.00 | 1,20,00,000.00 | N.A.   |
| TOTAL                       |                 |          | 1,54,31,000.00 |        |

| Cost of Salary - Per Annum |                 |          |                 |        |
|----------------------------|-----------------|----------|-----------------|--------|
| Designation                | No. of Position | Salary   | Total Salary    | T.A.   |
| District In-charge         | 1               | 45000.00 | 5,40,000.00     | Actual |
| Asst. District In-charge   | 1               | 35000.00 | 4,20,000.00     | Actual |
| District Co-ordinator      | 1               | 35000.00 | 4,20,000.00     | Actual |
| Data Entry Operator        | 2               | 12000.00 | 2,88,000.00     | N.A.   |
| Sub-division In-charge     | 6               | 28000.00 | 14,40,000.00    | N.A.   |
| Block Team In-charge       | 26              | 24000.00 | 49,92,000.00    | N.A.   |
| Municipality / GPIn-charge | 35              | 20000.00 | 84,00,000.00    | N.A.   |
| Booth Level In-charge      | 100             | 18000.00 | 1,44,00,000.00  | N.A.   |
| Booth Level Executives     | 1000            | 12000.00 | 9,60,00,000.00  | N.A.   |
| TOTAL                      |                 |          | 18,51,72,000.00 |        |

| Cost of Salary For 10 Years |                 |          |                  |        |
|-----------------------------|-----------------|----------|------------------|--------|
| Designation                 | No. of Position | Salary   | Total Salary     | T.A.   |
| District In-charge          | 1               | 45000.00 | 54,00,000.00     | Actual |
| Asst. District In-charge    | 1               | 35000.00 | 42,00,000.00     | Actual |
| District Co-ordinator       | 1               | 35000.00 | 42,00,000.00     | Actual |
| Data Entry Operator         | 2               | 12000.00 | 24,00,000.00     | N.A.   |
| Sub-division In-charge      | 6               | 28000.00 | 28,80,000.00     | N.A.   |
| Block Team In-charge        | 26              | 24000.00 | 2,01,60,000.00   | N.A.   |
| Municipality / GPIn-charge  | 35              | 20000.00 | 8,40,00,000.00   | N.A.   |
| Booth Level In-charge       | 100             | 18000.00 | 21,60,00,000.00  | N.A.   |
| Booth Level Executives      | 1000            | 12000.00 | 144,00,00,000.00 | N.A.   |
| TOTAL                       |                 |          | 185,17,20,000.00 |        |

| <b>AWHCF Office Expenses</b> |                     |                       |
|------------------------------|---------------------|-----------------------|
| <b>Item Description</b>      | <b>Monthly</b>      | <b>Yearly</b>         |
|                              | <b>Price(Rs.)</b>   | <b>Price(Rs.)</b>     |
| Office Papers (A-4)          | 1800.00             | 14400.00              |
| Cover Files                  | 800.00              | 8400.00               |
| Other Expenses               | 4500.00             | 42000.00              |
| Office Rent                  | 20000.00            | 180000.00             |
| Electricity                  | 3000.00             | 36000.00              |
| Lift Maintenance             | 1200.00             | 12000.00              |
| Maid Salary                  | 4000.00             | 48000.00              |
| Other Staff Salary           | 20000.00            | 240000.00             |
| Mobile Expenses              | 4500.00             | 18000.00              |
| Promotion                    | 20000.00            | 120000.00             |
| Fuel                         | 20000.00            | 120000.00             |
| Car Hire                     | 30000.00            | 288000.00             |
| Misc.                        | 5000.00             | 36000.00              |
| Printing & Stationery        | 10500.00            | 18000.00              |
| Office Maintenance           | 6000.00             | 36000.00              |
| Drinking Water               | 1500.00             | 3600.00               |
| <b>TOTAL</b>                 | <b>18,33,600.00</b> | <b>1,83,36,000.00</b> |

**Total Office Expenses to be incurred in the coming 10 Years will be  
Rs.18,33,000.00/- X 10 Years = Rs. 1,83,36,000.00/-  
(Rupees One Crore Eighty Three Lacs Thirty Six Thousand Only)**

**Therefore, Total Expenses to be incurred by AWHCF in the coming 10 Years  
will be Rs. 1,83,36,000.00/- + Rs. 185,17,20,000.00/-  
= Rs. 187,00,56,000.00/-  
(Rupees One Hundred Eighty Seven Crores Fifty Six Thousand Only)**



## Roles & Responsibility of AWHCF in providing free and low cost medicines in West Bengal

As a newborn Foundation providing free medicines in West Bengal would play a **crucial role in bridging the healthcare gap**, addressing disparities in access, reducing the high out-of-pocket expenditure (OOPE) for poor households, and complementing existing government health initiatives. AWHCF will play an important role to supply low cost medicines to the poor & distressed people of West Bengal to bridge the healthcare gap by collaborating with the State & Central based medicine manufactures.

### Key Roles And Activities:

- **Addressing Healthcare Disparities:** Many rural areas in Murshidabad and West Bengal face a shortage of health centers, medical professionals (doctors, pharmacists, nurses), and a non-availability of essential medicines in public facilities. AWHCF can directly address this by reaching marginalised populations who struggle to access conventional healthcare due to financial constraints or geographical distance.
- **Providing Essential Medicines:** The primary role of AWHCF would be to distribute free medicines for common illnesses and chronic conditions like diabetes and hypertension, which often require long-term medication and impose a significant financial burden on impoverished families of West Bengal.
- **Organising Medical Camps And Mobile Clinics:** AWHCF will organise regular free medical camps or operate mobile clinics that travel to remote villages of West Bengal. These camps facilitate early diagnosis, free consultations, and immediate treatment, acting as a bridge to formal health services.
- **Reducing Financial Burden:** By providing medicines free of cost, AWHCF would significantly reduce the OOPE for patients, preventing them from falling into debt or selling assets to afford essential treatment.
- **Preventive Care And Education:** Beyond distribution, AWHCF will conduct health education sessions and awareness programs on hygiene, nutrition, maternal and child health, and disease prevention to promote healthier lifestyles and empower communities of West Bengal.
- **Strengthening Local Health Systems:** AWHCF will collaborate with existing local healthcare providers, government agencies, and the district administration to create a more integrated and sustainable healthcare support system, potentially leveraging government schemes like the NHM Free Drugs Service Initiative.

### Legal And Operational Requirements

To function effectively and legitimately, AWHCF would need to adhere to specific legal requirements in West Bengal & India.

- **Registration:** The organisation must be legally registered as a **Trust** (under the Indian Trusts Act, 1882), a **Society** (under the Societies Registration Act, 1860), or a **Section 8 Company** (under the Companies Act, 2013). A Section 8 Company is often preferred for its credibility and structured governance, which aids in attracting larger funding.



- **Licensing:** The NGO/Society or Foundation must obtain a **Drug Sale License** from the competent authority to operate a "Drug Bank" or pharmacy for distribution, ensuring compliance with the applicable Drug & Cosmetic Act.
- **Tax Exemptions:** Obtaining **12A and 80G registration** is crucial. The 12A registration provides the NGO/Foundation with income tax exemption, while 80G allows donors to claim tax deductions, incentivizing contributions, including from Corporate Social Responsibility (CSR) funds.
- **Transparency And Compliance:** The NGO/Foundation must maintain transparent financial records, get accounts audited annually, and file tax returns. If foreign funds are to be received, registration under the **Foreign Contribution (Regulation) Act (FCRA)** is mandatory.
- **Government Collaboration:** Registering on the **NGO Darpan Portal** is essential for visibility, collaboration with government bodies, and eligibility for government grants and schemes.



# Medicine Cost

Medicine Cost for Abutoraab World Humanity Charitable Foundation in Murshidabad District.

As per census report of 2011 total population in Murshidabad District is mentioned below -

| Sub-division wise Population of Murshidabad as per Census 2011 |              |                          |                  |                               |
|--|--------------|--------------------------|------------------|-------------------------------|
| S.L NO   | SUB-DIVISION | BLOCK MUNICIPALITIES     | NO OF GP & WARDS | POPULATION AS PER CENSUS 2011 |
| 1  | SADAR        | BERHAMPORE               | 17               | 885651                        |
|  | SADAR        | BELDANGA I               | 13               | 319322                        |
|  | SADAR        | BELDANGA II              | 11               | 250458                        |
|  | SADAR        | HARIHARPARA              | 10               | 257571                        |
|  | SADAR        | NOWDA                    | 10               | 226859                        |
|  | SADAR        | BERHAMPORE MUNICIPALITY  | 25 WARDS         | 195360                        |
| TOTAL POPULATION AT BERHAMPORE SADAR                           |              |                          |                  | 2135221                       |
| 2  | DOMKAL       | DOMKAL                   | 9                | 363976                        |
|  | DOMKAL       | JALANGI                  | 10               | 252477                        |
|  | DOMKAL       | RANINAGAR I              | 6                | 189105                        |
|  | DOMKAL       | RANINAGAR II             | 9                | 190885                        |
| TOTAL POPULATION AT DOMKAL S.D                                 |              |                          |                  | 996443                        |
| 3  | LALBAGH      | LALGOLA                  | 12               | 335831                        |
|  | LALBAGH      | BHAGWANGOLA I            | 8                | 202071                        |
|  | LALBAGH      | BHAGWANGOLA II           | 6                | 158024                        |
|  | LALBAGH      | MURSHIDABAD-JIAGANG      | 8                | 234565                        |
|  | LALBAGH      | NABAGRAM                 | 10               | 227586                        |
|  | LALBAGH      | MURSHIDABAD MUNICIPALITY | 16 WARDS         | 44024                         |
|  | LALBAGH      | JAIGANJ AZIMGANJ         | 17 WARDS         | 231718                        |
|  | LALBAGH      | SAGARDIGHI               | 11               | 310495                        |
| TOTAL POPULATION AT LALBAGH S.D                                |              |                          |                  | 1744314                       |
| 4  | JANAGIPUR    | FARKKA                   | 9                | 253985                        |
|  | JANAGIPUR    | SAMSERGANG               | 9                | 284072                        |
|  | JANAGIPUR    | SUTI I                   | 6                | 179908                        |

|   |           |                       |          |                |
|---|-----------|-----------------------|----------|----------------|
|   | JANAGIPUR | SUTI II               | 10       | 278922         |
|   | JANAGIPUR | RAGHUNATHGANG I       | 6        | 195627         |
|   | JANAGIPUR | RAGHUNATHGANG II      | 10       | 265336         |
|   | JANAGIPUR | SAGARDIGHI DH         | 11       | 310461         |
|   | JANAGIPUR | JANGIPUR MUNICIPALITY | 19 WARDS | 95712          |
|   | JANAGIPUR | JANGIPUR MUNICIPALITY | 20 WARDS | 88131          |
| <b>TOTAL POPULATION AT JANAGIPUR S.D</b>      |           |                       |          | <b>1952154</b> |
| <b>5</b>                                      | KANDI     | KANDI                 | 10       | 220145         |
|   | KANDI     | KHARGRAM              | 12       | 273332         |
|   | KANDI     | BHARATPUR I           | 87       | 172702         |
|   | KANDI     | BHARATPUR II          | 7        | 153474         |
|   | KANDI     | BURWAN                | 13       | 257466         |
|   | KANDI     | KANDI MUNICIPALITY    | 17 WARDS | 55615          |
| <b>TOTAL POPULATION AT KANDI SUB DIVISION</b> |           |                       |          | <b>1132734</b> |

|  |                |
|--|----------------|
| <b>TOTAL POPULATION IN MURSHIDABAD<br/>AS PER CENSUS REPORT 2011</b> | <b>7960866</b> |
|--|----------------|

As per calculation total population in Murshidabad on **CENSUS report 2011: - 7960866**. **AWHCF** is aiming to reach 35% people of total population of Murshidabad within a considerable period of time. The Number of head is **7960866\*35%= 2786303**.

Though World Health Organisation (WHO) does not state a specific percentage of the total population that is "supposed" to take medicine, as medication needs are based on individual health conditions and diagnoses, not a population quota.

Instead of focusing on a percentage of the population taking medicine, the WHO and health bodies focus on **rational use of medicines** and access to **essential medicines** for those who need them.

#### **Key points regarding medicine use and the WHO in India include:**

- **Rational Use:** The WHO promotes the rational use of medicines, which means that each person receives the appropriate medicine, in an adequate dose, for an adequate duration, at an affordable cost.
- **Inappropriate Use:** Globally, it is estimated that more than 50% of all medicines are prescribed, dispensed, or sold inappropriately.



- **Access:** Approximately one-third of the world's population lacks access to essential medicines.
- **Self-Medication:** Studies in India indicate a high prevalence of self-medication practices, with some reports suggesting around 52% of Indians indulge in self-medication, which can be unsafe.
- **Prescribing Indicators:** The WHO uses core prescribing indicators to assess medicine use patterns, such as the percentage of encounters with an antibiotic prescribed (optimally less than 30%). These are performance indicators, not a target for the population as a whole.

### **Per capita medicine consumption in India as per WHO in India:**

While WHO data on *total* per capita medicine consumption isn't directly in these snippets, recent Indian data shows per capita health spending is rising (**around ₹6,602/person in FY22**), but **Out-of-Pocket Expenditure (OOPE) remains high**, with significant private sector medicine use (86% of outpatient care drugs from private pharmacies), indicating a strong reliance on private purchase, even as government spending increases, with antibiotic consumption rates (10.4 DIDs in 2019) showing high use of broad-spectrum and unapproved formulations, highlighting access issues.

### **Key Indicators from Indian Data (not directly WHO-sourced but relevant):**

- **Rising Health Spending:** Per capita health spending in India rose, with Total Health Expenditure (THE) at **~₹6,602 per person in FY22** i.e. **Rs.550.00 per month (Approx)**.
- **High Out-of-Pocket (OOP) Costs:** A significant portion of health spending comes directly from households, especially for medicines.
- **Private Sector Dominance:** Most medicines (86%) for outpatient care are bought from private pharmacies, creating financial burdens.
- **Antibiotic Use:** India had a high antibiotic consumption rate (10.4 DIDs in 2019), with concerning use of "Watch" (broad-spectrum) and discouraged fixed-dose combinations (FDCs).

### **What the WHO Focuses On (And What Data Shows):**

- **Access, Watch, Reserve (AWaRe) Classification:** WHO promotes using "Access" antibiotics, but India shows a reversed ratio, favoring "Watch" group drugs.

- **Financial Protection:** WHO advocates reducing OOPE, but high private medicine reliance remains a challenge, as shown by high medicine OOP costs.

In essence, while overall health spending is up, India faces challenges in equitable access, with high private costs and significant overuse/misuse of certain drugs, even as efforts are made to improve the system.

Therefore, AWHCF will be aiming to provide medicine worth  $(2786303 \times \text{Rs.}550.00/-) = \text{Rs.} 153,24,66,650.00/-$  per month i.e. **Rs.1838,95,99,800.00/-** per annum.

Therefore, Total project Cost of **Jiban Suraksha** will be = **Rs. (1838,95,99,800.00/-X10 Years + Rs.187,00,56,000.00/-) = Rs.22067,51,97,600.00/- + Rs.187,00,56,000.00/- = Rs.**

**22254,52,53,600.00/- (Rupees Twenty Two Thousand Two Hundred Fifty Four Crores Fifty Two Lacs Fifty Three Thousand Six Hundred Only).**

**This Project is Prepared by Me on Dated: - 15/12/2025**



**For SHUBHASHISH SARKAR & CO.**

**Chartered Accountants**

*Shubhashish Sarkar*

**Proprietor**

**SHUBHASHISH SARKAR**

**Membership No.065193**



## OUR MODEL SERVICES

### DOOR TO DOOR SERVICE FOR ALL CITIZEN



### GENERAL CHECK-UP



### HEIGHT MEASUREMENT



### WEIGHT MEASUREMENT





**PULSE RATE MEASUREMENT**



**BLOOD PRESSURE MEASUREMENT**



**BODY TEMPERATURE MEASUREMENT**



**EYE VISION & CATARACT TESTING**



### BLOOD SUGAR TESTING



### BLOOD OXYGEN LEVEL TESTING



### DOOR TO DOOR PATHOLOGY SERVICE



### AMBULANCE SERVICES 24\*7





### FREE CANCER TREATMENT & CARE



### LOW COST NURSING HOME FACILITIES



### HOME TREATMENT FACILITIES



### FREE DIET ADVICE



PROVIDING FREE MEDICINE FOR ALL  
CITIZEN



PROVIDING FREE MEDICINE FOR ALL  
CITIZEN



***THANKING YOU***