



ADA – Project Outline Proposal for Funding

1. PROPOSED PROJECT TITLE:

**MAKE A DIFFERENCE IN THE LIFE OF THE TRIBALS OF DANGS DISTRICT,
THROUGH CARE OF MOTHER AND CHILD.**

**2. NAME OF ORGANIZATION/INSTITUTION CONDUCTING THE
PROPOSED PROJECT:**

CARMELITE SISTERS OF CHARITY, DIVYA CHAYA

3. FULL POSTAL ADDRESS:

CARMELITE SISTERS OF CHARITY, DIVYA CHAYA HOSPITAL,
SUBIR P.O. 394 716. TALUKA AHWA, DISTRICT DANGS, GUJARAT, INDIA.

4. FULL NAME & POSITION OF PERSON LEADING THE ORGANIZATION:

Sr. Carmen Borges CCV

Provincial Superior,

Province of India

5. FULL NAME & POSITION OF PERSON LEADING THE PROJECT:

Sr. Rani Painumkal CCV

Provincial Counselor/Administrator of Divya Chaya Hospital, Subir

6. TELEPHONE/MOBILE-CELL NUMBERS (with Country codes-City codes):

Sr. Carmen: 0091 8652812724, 0091 2226875313

Sr. Rani: 0091 9167473178/ 0091 8108619033

7. EMAIL-IDS:

Sr. Carmen: cborgesdeep@gmail.com

Sr. Rani: raniccv@gmail.com

8. KEY OBJECTIVES OF THE PROJECT:

- a) Prevent Anaemia in young girls
- b) Reduce Infant Mortality Rate
- c) Reduce Maternal Mortality Rate.
- d) Referral Services to the needy
- e) Better health care to the marginalized, elderly and forgotten.

9. AMOUNT OF EXPENDITURE PROJECTED: Rs. 1601000.00

- a) Year 1: Rs.600000.00
- b) Year 2: Rs.530000.00
- c) Year 3: Rs.480000.00

10. AMOUNT OF MAIN ITEMS OF EXPENDITURE (Approximate):

S/No.	KEY ITEMS	YEAR 1	YEAR 2	YEAR 3
1	Treatment of Anaemia for 50 girls: Hematenics, Investigation	Rs.75000.00	75000.00	750000.00
2	Care of 50 under 5 year old children: Immunization, Vitamins, Medicines, Investigations	Rs.195000.00	150000.00	125000.00
3	Ante natal Care of 50 women: USG, Medicines, Investigations	Rs.150000.00	125000.00	100000.00
4	Referral Services: Travel/Diesel	80000.00	80000.00	80000.00
5	Geriatric Care for 50 persons: Medicine, Nutritional supplement, Investigations	100000.00	100000.00	100000.00
TOTAL		600000.00	530000.00	480000.00

11.BENEFICIARIES PROFILE:

Project Location:

SUBIR is a small village in the North East part of the Dangs District in the State of Gujarat, in India. The Administrative Headquarters of the District are located in Ahwa. The Dangs have an area of 1764 kms. As of 2011 it is the least populous District of Gujarat (out of 33). As per the Planning Commission, Dangs is the most backward District in India. According to the 2011 census Dangs District has a population of 226,769. This gives it a ranking of 587th in India (out of a total of 640). The District has a population density of 129 inhabitants per square kilometer (330 /sq mi). Its population growth rate over the decade 2001-2011, was 21.44%.The Dangs has a sex-ratio of 1007 females for every 1000 males, and a literacy rate of 76.8%. It is 123 Kilometers from Bilimora, the nearest city and railway station. It is situated at an altitude of 3000 feet from sea level. The only way to reach the location is by road, either from Bilimora or from Surat railway station. It takes about three and a half hours to cover this distance in a private vehicle, as the roads are very windy and leveled. The capital of the District, Ahwa, though is located only at a distance of 33 kilometers from Subir; it takes an hour of driving to cover this distance.

The region is rocky and hilly, basically forest area. It is far remote from any urban civilization. In the whole of Dangs there is not a single city. The forests are stretched for about 1722 [sq.km](#). Almost half of this region is protected forest and the remaining is reserved forest partly cleared and used by people for cultivation and residence. There is an average rainfall of over 100 inches annually. Despite the rather good Monsoon, due to the sloppy and rocky nature of the land, the soil cannot retain water for a long period. Within a couple of months the land becomes dry. Hence one of the main problems of the people is water shortage and all the consequences thereof. The practical absence of a stretch of flat land imposes severe limitations on the development of agriculture. Hence the crops are few and of low quality.

95% of the people of Dangs are Tribals. They are (Koknas, Bhils, Warlis and Gamits.) the most backward of the Tribals of Gujarat. The Tribals are a harmonious and joyful group, living in the NOW. They neither worry about the future nor about the past. Tribals by nature are peace loving people who would never want to enter into conflicts with anyone. They do not worry much about the future and no one can take away their joy in spite of all the hardships they face. Their belief in nature is unshakable, and they accept life's ups and downs as coming from the Almighty. Therefore there is no tussle with nature, but only a harmonious existence.

Due to infiltration of various outsiders, many changes have taken place. There is development and greater awareness. Yet there is much more to be done at all levels. Education, Health and economic development have to pick up speed, because the Tribals are living in another age, while the rest of the world is progressing fast. Their main income is from agriculture which is dependent on monsoons and their livelihood is from the agricultural products. With very little irrigation facilities, they are unable to do any cultivation during other seasons. The income that they get from fields suffices to feed their family. But, they do not have enough to spend for their medical needs and the education of their children. In many cases people travel many kilometers to gain access to effective and affordable treatment.

Till twenty years ago, the land of the Tribals was blessed by nature: the forests and jungles rich in flora and fauna. Being a hilly and mountainous area, the rivers swelled feeding the land with its foliage. But, as time passed merchants, traders, owners, and money-lenders, invaded this primitive world of the Aborigines. Little by little, with deforestation on the rise, due to lucrative motives, the land is being eroded, the ecological balance upset and sporadic. It is in this context of the Tribals' world crumbling that the education & development became imperative.

In all of Dangs there is only one District Hospital to cater to the total population. There are nine Primary Health Centers catering to the health needs of the people which are dysfunctional due to lack of personnel or materials. The main reason for not getting the qualified personnel to the area is the remoteness of the place and the lack of services, like transport and communication, isolation from social life, and lack of proper educational services for their children. There is no other hospital, either managed by private Non-Government or Government. The only District Hospital lacks minimum facilities, like X-ray or a Sonography, which is a bare minimum requirement for today's diagnosis and treatment. There is no Nursing or Medical College existing in the District. There is no Gynecologist, Pediatrician or any other specialists available in the whole District causing people to travel more than 100 kms. to reach a Hospital either in Surat or Valsad for any medical emergency, if at all they get timely conveyance and financial assistance.

The presence of one of our sisters, who is a Gynecologist, is a great help to respond to this situation more concretely. The Dispensary in Subir is gradually being developed into a small Hospital, so that we can contribute our mite to provide better medical care to the people of this area. It will be a great step towards reducing the mortality and morbidity among the tribal population. A special focus will be given to the health of women and children and they will not have to travel many kilometers in a medical emergency. We are also networking with Government and other Non-Government Organizations in order to attain optimum results in this tough situation. At this point of the 21st century what calls for our attention is that most

of the deliveries are still conducted at home by untrained hands, causing death of mothers, newborns and postpartum complications. Due to lack of health facilities and health personnel in the District, the high-risk pregnancies are not identified and not given due care. A high rate of anemia is prevalent in the area due to malnutrition, especially among women, causing low-birth-weight babies, which is another cause for morbidity and mortality among infants. It also aggravates high chances for pregnancy and delivery related complications. Low immunization coverage is another reason for mortality and morbidity among children below five years of age.

The facilities provided by the Hospital are; daily out-patient and inpatient services, ante-natal, post-natal and delivery services, Immunization program for children & women, Laboratory services, Sonography, awareness programs in the villages, Mobile Clinics, Training for Health Workers and training for Nurse's Assistants.

We, the Vedruna Sisters, on behalf of the people of this area would like to thank you, who would be helping us to make this project a reality. So much has been done over the years and much to be done still. It is definitely going to make a difference in the lives of the poor patients who will be the direct beneficiaries of this program. We will be reaching out to many more in enhancing health and promoting life by assisting the less privileged of our society. We ask for the choicest blessings on you from the Almighty for joining hands with us for this noble cause. THANK YOU, MAY THE GOOD GOD BLESSYOU!

Number of Beneficiaries: Year 1: 300, Year 2: 300, Year 3: 300

12.KEY ACTIVITIES IN BRIEF TO ACHIEVE THE KEY OBJECTIVES.

- a) **To raise the hemoglobin levels of the young girls:** regular laboratory investigations, nutrition and hematinic supplements, health education, and preparation of kitchen garden for the use of green leafy vegetables.
- b) **To reduce infant mortality rate:** Health mothers through care of the young girls as in the above point, Regular ante natal checkups, Hospital delivery, immunization, under five clinics and vitamin supplement.
- c) **To reduce maternal mortality rate:** Home visit by the village level health workers, regular antenatal checkups, Ultrasonography and other investigations, vitamin and nutritious supplements.
- d) **Referral service:** Those patients who require advanced medical care will be taken to Vyara, Surat by our vehicle. They will be accompanied and followed up by our staff.

e) **Geriatric care:** home visits by the village level health worker and staff, community/family mobilization for the care of the elderly, regular checkups at home or at the hospital, nutritional supplement, psychological support and annual get together.

13. ANSWER YES or NO:

- a) IS THE PROJECT NEW? Yes
- b) IS THE PROJECT A CONTINUATION? No
- c) IS THE PROJECT AN EXPANSION OF AN EXISTING PROJECT? No
- d) IS THE PROJECT A REVIVAL OF AN OLD/DISCONTINUED PROJECT? No

FULL NAME OF PERSON SUBMITTING THE PROPOSAL: Sr.Rani George Painumkal

PLACE: Mumbai

DATE: 28-01-2018