Our Trustee Message Message........

As we approach the year 2017, we reflect back and see a year of great significance has passed. Marathwada region is one of the Maharashtra's Drought prone areas. Aurangabad is the district in Marathwada region which is highly affected by drought. The crops are failing since numbers of years because of which farmers are committing suicide and after their death the life of their loving ones is getting destroyed.

Marathwada Gramin Vikas Sanstha (MGVS) has taken an initiative to solve the problem of water scarcity in the villages of Vaijapur block of Aurangabad district. This year Our Water Conservation Project is covering seven villages of Vaijapur Block. Water Conservation project has got full support from the farmers. In the last rainy season more water was conserved at our completed work site because of which the farmers were able to irrigate their crops, and this storage has increase the ground water level and solved the drinking water shortage in the village and made them tanker free village. The farmers were able to get good crops which equals to higher income and improvement in living standard.

Marathwada Gramin Vikas Sanstha's other works on Health, Sanitation, has also achieved significance output in this financial year. In the field of health services our organization has received BEST NGO award for the year 2016 by Maharashtra Government.

Last but not the least I will like to thanks the donors and supporters very much for all of their great help, and congratulations to all the dedicated staff, volunteers for the success achieved so far. Let us continue to work together, so that we can continue to bring positive change to the silently suffering sections of society.

THINK ACT and SEE THE CHANGE HAPPENS
Who We Are?
Marathwada Gramin Vikas Sanstha (MGVS) is a Non-Governmental Organization registered under the Public Trust, Society Registration Act. It is also registered under FCRA Act, and also 12A and 80G.
MGVS is working in the outskirts of Aurangabad, Nasik, Ahmednagar, Thane and Jalna districts of Maharashtra State since 1995-96 for the downtrodden and affected areas. These are some of the most backward districts in Marathwada and western Maharashtra region. MGVS works mainly in the area of health, education, rural water supply and sanitation and women empowerment for the rural and urban poor.

Vision
To make a society where all are equal and have equal access to all the natural resources and basic things required to live life with dignity.

Mission:-
To work for different causes from welfare to development and from scarcity to long term sustainability and bring changes in the life of underprivileged people of the society by our integrating programmes on health, education, livelihood, empowerment, water conservation & sanitation.

We hope to Achieve following things in 2020

- Clean water to every household of our operating area.
- Livelihood security to two member of every family in rural area.
- Healthy community.
- Development of four model villages.

MGVS Programmes and Project Activity

Health
1. Prevention and control of STD & HIV/AIDS among high risk group, vulnerable, bridge and HIV+ve population in Aurangabad District of Maharashtra State
2. Improve the Reproductive Health status of women (age 15 to 49 years) by reduction of maternal mortality, morbidity, totality and STI / RTI.
3. Residential and home base Care and support for orphan children.
4. Community based health care centers for rural community.
5. Project of Prevention of Parent to Child Transmission of HIV/AIDS.
6. Community Support Center (CSC) Vihan for HIV positive person
7. Community Based Health Monitoring Project Under NHM

Poverty relief
8. Provision of Shelter for Beggars.

Vocational Training and women empowerment

Water conservation and sanitation project
11. Toilet construction project for rural household.
12. District resource organization under integrated water management programme.
13. Project training organization (PTO) under integrated water management programme.

Impact
- Water harvesting structures benefitting 9433 hectare of area under protective irrigation in Kharif season.
- Clean, pure and sustain drinking water and toilet available in 8 villages.
- HIV AIDS rate reduced from 7.25 % to 0. 40 %.
- Increased institutional deliveries & Immunization rate in project area.
- 166 orphan children's medical, social and home care are provided by MGVS.
- Residential care and support are available for 50 orphan children
- 120 women and youth have been started their self employment.
Our Achievements and highlights:
Accredited by Credibility Alliance under Desirable norms.
Listed with, GiveIndia, Guide Star India, “SAMMAAN”, 
iCharity and Help your NGO.

Awarded by:
1) MGVS felicitated by Hon. Health Minister for the best 
practices in LWS project for the year 2016
2) Health Department of Govt. of Maharashtra (Best NGO 
Award 2011)
3) S.P. Jain Institute of Management & Research (Social 
Impact Award 2010)

Life Member of:
1) Association of Agricultural Medicine & Rural 
Health in India

MGVS is Member of:
1) Community Enterprise Forum International (CEFI) New 
Delhi
2) Khushii, New Delhi.
3) District & Block Mentoring & Monitoring Committee 
under National Health Mission.
5) Action for Agricultural Renewal in Maharashtra 
(AFARM).
6) Members of District monitoring Committee National 
Tobacco control

Hon. Mr. Shrad Pawar (Agriculture minister Govt. of 
India)

Best NGO 2011 award given by Health 
Dept. (Govt. of Maharashtra) With Secretary Mr. 
Appasaheb Ugale To MGVS

Mr.Appasaheb Ugale (MGVS Project 
Director 
at SP Jain Mgt and Research Inst. Mumbai.

MGVS felicitated by Hon. Health Minister for the best 
practices in LWS project on the occasion of WAD 2016
1. Water conservation and integrated rural development

Introduction:
The nature can only sustain when there is equal balance between ecosystem and human system, the equal balance will create good quality life and unbalanced act will create worst quality of human life. In the rural areas the natural resource such as land, water, vegetation, livestock and livelihood are inter-linked with each other. Approximately 17% in the Indian GDP is contributed from the Agriculture and approximately 60 percent of the population is depending on the income from agriculture.

In the last few decades we are seeing that the environment is getting degraded and destroyed due to human’s greedy activities. This kind of unwanted activity and experiment with the environment has not only threatened to the various species but now human is also suffering from various effect of global-warming. This has breakdown the traditional local management connection between the human and nature.

Brothers from Malisagaj village have bunked their school because they have the responsibility to bring water for their daily needs from distance.

Watershed programme:
Watershed is not simply the hydrological unit but also socio-political-ecological entity which plays crucial role in determining food, social, and economical security and provides life support services to rural people.
At the backdrop of less rainfall, depleted ground water conditions, crop failures, Govt. Of Maharashtra has declared more than 24,000 villages in the state as drought affected during year 2015-16. Out of 1353 villages in Aurangabad district, 237 have been declared as drought affected in year 2015. To deal with the recurrent drought situation, Government of Maharashtra launched Jaluykta Shivar Abhiyan on December 5, 2015 a flagship programme for making ‘Drought Free Maharashtra by year 2019’ enabling water for all. Integrated water and soil conservation Programme According to the Soil Conservation Society of America, a watershed is a geo-hydrological unit comprising land and water within the confines of a drainage divide.

The focus of Proposed project is Soil and water conservation is on i) In situ water harvesting, ii) increasing ground water level, iii) increasing irrigation potential & creating facilities for protective irrigation, iv) creating decentralized water bodies, v) rehabilitation of existing water bodies through de-silting, vi) soil conservation vii) livelihood programme. It has been implemented various water harvesting measures and soil conservation by integrated approach through convergence of various ongoing schemes.
The benefits of the interventions has reach out directly to the villagers in terms of increase in ground water table in dug wells / bore wells, increase in area under protective irrigation, reduction in incidence of crop failures due to longer dry spell, increase in cropping intensity, increase in crop yields, all this has lead to increase in income & development of drought coping mechanism.

Holistic approach of MGVS
- Promotion of modern technologies for maximum output of the programme
- Soil conservation to increase crop productivity.
- Increase the income and income source of underprivileged people.
- Create awareness on natural resource management.
- Livelihood programme by establishing Self help Groups (SHGs)
- Empowering rural women by involving them in the decision making process.

Significant Activities:
Planning and Advocacy: Specific Intervention Plans is prepared with active participation of local community and villagers. Plans prepared by the district authorities are also referred & reviewed and then works is finalized. Detailed technical survey of identified sites have undertaken for preparation of design and estimates. The technical plans & estimates are duly scrutinized by technical team prior to approval.

Water resources development interventions: Based on the local needs & suitability, Water resources development interventions like Cement Check Dam, ENB etc. Nalla/River deepening & widening of streams only black / fertile soil and murum.
Water user group and committees formation: 34 Water user groups / Committees have been formed for around each of the structure for effective operation and maintenance of created structures including effective water management. These committees have been provided training & capacity building inputs for ensuring sustainability. Further Social Mobilization campaign has been conducted in proposed villages with emphasis on increasing water literacy & effective water management.

Implementing approach:
1. Water management and drip irrigation
2. Farmer club
3. Natural resource management
4. Livelihood development
5. Community mobilization.

Role of Stakeholders:
1. Villagers: the villager has contributed in the programme in-kind and in cash 14.10 lakhs for the success and completion of the programme.
2. Local government Authority: the local government Authority support is very important because they are the one who clear the project work and authority like Sarpanch has helped in convincing the villagers for actively participating and supporting us for the work.
A) District and Block Govt. department: the district and block government department help in the project work at the different stages of the project from time to time, like providing no Objection certificate and other required clearance. MGVS has shared all the required project information with the concern department so there is no overlapping/duplication of work.

Outcome of the project
After successful implementation of project under integrated water and soil conservation, following are outcome.
1. 34 Water User Groups have been established from each structure and managing the operation & maintenance of water harvesting structures.
   - Water harvesting structures benefitting 9433 hectare of area under protective irrigation in Kharif season.
   - Water harvesting structures created storing of rain water every year in selected villages.
   - Increased in ground water level of dug well / bore well has lead to assured drinking water throughout the year and livestock. This has lead to tanker free villages. Trained / capacitated water user groups have adopted efficient water management practices. It has lead to increase in crop yield and thereby increased income level.
   - Generation of self employment in watershed programme in the rural area.
   - Women along with men have participated in the decision making process.
   - Awareness on water and soil conservation
   - Agro based small scale income generation has been created
   - Crop growing area has increased.
   - Access to safe drinking water throughout the year for humans and for livestock as well.

Project sustainability
Water User Groups / Committees are formed for around each of the structure for effective operation and maintenance of created structures including effective water management. These committees are provided training & capacity building inputs for ensuring sustainability. Further Social Mobilization campaign is conducted in selected villages with emphasis on increasing water literacy & effective water management Water User Group is ultimately responsible for future operation & maintenance of created structures.

Difficulties in the project:
At the initial stage it is very difficult to convince the farmers to support for the cause because many of the farmers have increased their farm sized in the nearby area of pond and nala therefore they don't agree to give-up that land therefore it become very difficult to began the work. MGVS has made all efforts to convince these farmers so that once the project is started we don't have to face any objection. We have organized PRS meeting at the center of the village with the villagers and then solved all the hurdles with the help of old villagers and other local influential personality of the area to make the thing happen according to the project.
Photos of Water Conservation Project (JAL SE JEEVAN HAI)

Nalla/River deepening & widening of streams

Water storage in Nalla at Karanjgaon

Water storage in Bore Revier (Nadi) at Dhaigaon Tal Vajapur

Village pound at Malisagaj and Hadaspimpalgaon Tal Vajapur
<table>
<thead>
<tr>
<th>Village name</th>
<th>Work name</th>
<th>No/ quantity of work</th>
<th>Total beneficiary</th>
<th>Water storage (M³)</th>
<th>Community contributions</th>
<th>Work expenditure (in Lakh)</th>
<th>Irrigation area (in Ha)</th>
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<tbody>
<tr>
<td>Karanjgaon</td>
<td>Cement Nala band deepening, widening and desilting</td>
<td>3500 x 11 x 2.75</td>
<td>1760</td>
<td>105875</td>
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<td>27.25</td>
<td>1270</td>
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<td></td>
<td>Construction Cement Check Dam</td>
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<td></td>
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<td></td>
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<tr>
<td></td>
<td>Village pond construction</td>
<td>80 x 60 x 2.50</td>
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<tr>
<td>Hadas pimpalgaon</td>
<td>Village pond</td>
<td>100 x 40 x 4</td>
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<td>16000</td>
<td>0.00</td>
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<td>32.00</td>
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<td></td>
<td>Desilting of Percolation Tank</td>
<td>260 x 47 x 1.50</td>
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<td></td>
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<tr>
<td>Shivrai</td>
<td>Village pond</td>
<td>45 x 55 x 3</td>
<td>4227</td>
<td>7425</td>
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<td>3.77</td>
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<td>2.95</td>
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<td>Village pond</td>
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<td>Aghur</td>
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<td></td>
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<td></td>
<td>35495</td>
<td>1.39</td>
<td>16.00</td>
<td></td>
</tr>
<tr>
<td>Kanaksagaj</td>
<td>Cement Nala band deepening, widening and desilting</td>
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<td>1860</td>
<td>16700</td>
<td>0.88</td>
<td>9.55</td>
<td>1270</td>
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<tr>
<td>Dhaigaon</td>
<td>K.T weir deepening, widening and desilting</td>
<td>30 x 2.5 x 500</td>
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<td>37500</td>
<td>5.25</td>
<td>5.25</td>
<td>750</td>
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<td>527155</td>
<td>14.10</td>
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<td>9433</td>
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</table>
2. Sanitation facility In Villages

In rural area yet people are not having household toilet facility because of which they have to go in open for defecation. Open defecation causes number of problem related to health, social, and so on. According to the study of Brian Arbogast, Director of the water sanitation and hygiene programme at the Bill and Melinda gates foundation "in India every year, 200,000 infants die because of open defecation, Open defecation leads to contamination of food and water and transmits diarrhea-related diseases. In addition it can cause mental and cognitive stunting to young children". Doctors have identified several other diseases like, skin disease, scabies, and intestinal parasites resulting in kidney damage, anthrax and tuberculosis.

MGVS is working in water conservation and sanitation project since 1999, Sanitation and toilet facility is providing to 900 rural poor household family and 4500 family member of Karanjgaon, Golwadi, Malisagaj and Dhondalgaon village of Vaijapur taluka, District Aurangabad this villages are located Nagpur- Mumbai highway, 35-45 km long from Aurangabad town.

Sanitation has strong connection not only with health but also with the human dignity. The importance of sanitation cannot be denied at any cost. Due to lack of proper sanitation facility at the village level the project area people used to go for open defecation. This open defecation is not good at all; there is empirical evidence to prove that poor sanitation results into unhealthy and undignified life. Diseases are caused due to poor sanitation in the area, diseases like diarrhoea, dysentery, hook worms, malaria, cholera, typhoid etc. These diseases not only cause health issues but due to poor financial background many people face the financial problems. Women’s in the village face many more problems due to lack of proper sanitation, most of the time women have to go for latrine during the night time because of this there is always the threat to their life due to snake and other animals, the risk increased during the rainy season. Their also a risk of watched by someone, the dignity of women is always on risk.

Almost 90 % populations of proposed village are facing lack of sanitation (toilet) facilities respectively. There is a general lack of awareness and practice of personal hygiene or environmental sanitation, with most community members not washing their hands after going to the toilet or before preparing food.

MGVS has understood the importance of having household toilet and therefore started working in this field in several villages of Aurangabad by identifying the needy people of the village community.

The following are the benefits which the villages are getting from this programme.

1) Fall in diseases cases in the programme implementing area.
2) Improvement in women’s safety and safeguard of their dignity.
3) Clean and hygienic environment in surroundings of the village.

Toilet constructed in rural area: Beneficiaries in front of their Toilet
3. “Beggars care and shelter home”

Provision of Care and Shelter for Beggars an

MGVS called these beggars as “Blesser (the one who gives blessing)” because no matter how much poor they are but they always have blessings to the giver, their pocket may be empty but their heart is full of blessings, whenever anybody donate them even one rupee they just blessed the giver for happy and safe life.

The basic need of any human being is food, cloth and shelter. MGVS focus on in two of these basic needs. In any urban settlement there are many poor people who don’t even have a shelter to live. In Aurangabad there are beggars who don’t have any place to live therefore they use to live at the roadside and under the overfly because of which there is always a risk of life to the beggars due to accident and the bad weather condition which they have to face throughout the year. MGVS has taken the initiative to provide a shelter for this homeless people of the city. At present 40 people are taking benefits at the railway station beggar home at the railway station shelter.

MGVS method of working for the Beggars (BLESSERS)

MGVS approach this Blesser by surveying the city and identifying the possible location of their stay. The trained staffs of MGVS convinces the Beggar to come and stay at the care and shelter and give details of the benefit which they will get after coming to the shelter home. The one of get convinced and agree to come at shelter home then he is brought at night care center and his name is registered at the shelter home.

Facility to the Beggars (Blessers)

1) Shelter: A safe shelter is given at the shelter home to the beneficiary.
2) Food & Water: A onetime hygienic meal in the evening is provided to the beneficiary along with clean drinking water
3) Toilet and bathroom facility: A well furnished toilet and bathroom facility is provided to the beneficiary.
4) Bedding facility: A good quality mattress is provided to the beneficiary for rest and to have his sleep.
5) Medical facility: Many times due to poor health condition this beneficiaries fall ill, MGVS take them to the hospital for the medical treatment.
6) Counseling: Some beneficiaries are addicted to smoking, alcohol and tobacco, MGVS give counseling so that this beneficiary can over come to this addiction.
7) Events at the shelter home: MGVS serve food with special menu on the occasion of women’s day and festivals not only to the Blesser living at the shelter home but also to the beggars of railway station, bus stand and other places by visiting them at their place we serve food to all the beggars, So that they can also connect themselves with the various festivals of the society.

At present there are 50 beggars who are getting the benefit of this facility. Our organization is working hard to increase the number of beneficiaries so that more number of needy people can be covered under this programme.

Challenges: MGVS takes it’s all the challenges as opportunity.

- The first and the basic challenge is to convince the beggar for coming to the shelter home because most of the beggars feels that if they will come to the shelter home then they will not be allowed to beg and by this they will lost their basic earning. The fear of losing the earning does not allow them to come at the beggar’s home.
- The second challenge which we have faced was to convince the beggars to not do drink alcohol and create disturbing atmosphere in the surrounding.

While providing all this facility MGVS doesn’t charge any fees to the beneficiary.
4. MGVS shelter home for orphan child
Karanjgaon (Vaijapur), Aurangabad
Marathwada Gramin Vikas Sanstha is working in the field of health on field; during this working we have encounter numbers of orphan and semi orphan, and child of Sex workers. The children's with whom we have encountered were not in a very good condition. This situation of the children has motivated us in making a shelter home for the orphanage children. At present there are 32 children enrolled at the shelter home. Children's are getting benefited from the various services of the organization like, food, nutrients, medical facility and all other basic facilities required for a have mental and physical status of the child. The shelter home is having indoor and outdoor game facility and television for entertainment. Annual gathering and birthday and festival celebration is organized at the shelter home.

MGVS raise fund from industrial and organization for some children's and many others are supported by the MGVS self generated fund without any external support of any government or private agency. The children's who are living at the shelter home has gone through a tremendous change from before enrolling to the MGVS and after enrollment. At present their health status i.e. physically and mentally is good, the children's previously doesn’t use to go to school but now they are regularly going to the school and improving their education status.

Their smile is our blessings & energy and success of the programme.

Facilities at the shelter home:
1. Residential care: the shelter home is residential that means the beneficiary can stay at the shelter home throughout the year. The facility of toilet, bathroom and all other essential things is available at the shelter home.
2. Food and nutrients supplements: hygienic with rich protein and vitamins food is provided to the beneficiary for their mental and physical development. Nutrients are given to the children in breakfast for strong immunity system.
3. Medical facility: the shelter home has provided medical facility to the children's in which their routine check-up is done and medicine or treatment is given if required.
4. Education: The children's living at the shelter home is enrolled in school so that they can be educated and live their live with dignity in their future.
5. Entertainment: television and indoor and outdoor games facility is available at the shelter home.
6. Events at the shelter home: annual programme, birthday celebration and festival celebrations are arranged.
7. Bedding facility: A good quality mattress is provided to the beneficiary for rest and to have his sleep.

Challenges: Fund Shortage:-
3) Backup for short time of fund shortage if happens (not necessary it will happen because we work hard and see that we don’t have any such shortage): We as an organization from our past experience know well that this kind of situation may come therefore we maintain general fund which we get from GiveIndia if such situation occurs.

The following are the sources of our financial support:
The support which we get is of two types:
1) INKIND Support 2) INCASH support

Our Supporters for Shelter home:
1) GIVE INDIA- It is one of the most trusted and credible online donation raising portal We get support for HIV positive, semi orphan and orphan child for education, nutrition and travel support for ART treatment, this support help us in overcoming from the financial shortage for the child welfare.
2) Other Donors: visitor from other districts and local donors also support us from time to time.
5. Community Support Care Centre (VIHAAN) PROGRAMME

Vihaan Programme is run for the service of HIV/AIDS infected people. MGVS run this programme in Vaijapur, Gangapur, Kannad, Soegaon and Khultabad block of Aurangabad district. The basic aim of the programme is to support the PLHIV. Vihaan enrolled this person to the ART center so that they can have timely and free treatment. The programme supports the individual in getting the benefit of various social scheme of the central and state government. The other programme give motivational support to the patient, help them in generating self employment, library and child play corner for children’s infected by HIV.

Objective of Vihaan
1. Early linkages of PLHIV (person living with HIV) to care, support and treatment services.
2. Improved treatment adherence and education for PLHIV
3. Expanded positive prevention activities expanded positive prevention activities
4. Improved social protection and wellbeing of PLHIV
5. Strengthened Community Systems and reduced stigma and discrimination

Procedure of implementing the project:

Clients are reached at:
CSC:
1. Drop in: the beneficiary visit to the CSC center after visiting to the ART center and getting information about CSC
2. Invitees: Beneficiaries are invited to visit the CSC center to take the benefit of services given at the CSC center.
3. Support group meetings: in the meeting the beneficiary are called and discussion is done on various issues like social scheme and other benefit which are given to them.
4. Referred: the eligible beneficiaries are referred for social schemes.

Services of CSC
1. Drop in service/safe place (rest and relaxation)
2. Regular diagnosis and health monitoring support, treatment registration and access support (pre-ART, ART, OI side effects, second line, TB etc)
3. Adherence support
4. Psycho social support in the form of counseling and support group meetings
5. Social entitlement support and social protection schemes
6. fail to follow up and missed cases brought back
7. positive living, sexual reproductive health, nutrition, prevention, education and referral

On Field:
1. Home visit: ORW, counselor and PC visit to the homes of identified beneficiary
2. Referred: Beneficiary is referred for health and social schemes like Adhaar card, medical certificate etc.
3. ART or Pre-ART list: on the basis of this list we decided the monthly plan of visiting and servicing to the beneficiary.

Activities done in the financial year 2016-2017

<table>
<thead>
<tr>
<th>Activity name</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support Group Meeting (SGM)</td>
<td>48</td>
</tr>
<tr>
<td>Haldi Kumkum</td>
<td>01</td>
</tr>
<tr>
<td>Worlds Aids Day Week</td>
<td>02</td>
</tr>
<tr>
<td>Advocacy</td>
<td>08</td>
</tr>
<tr>
<td>Poster Exhibition</td>
<td>10</td>
</tr>
</tbody>
</table>

Area covered:
• Yeola, Gangapur, Kopargaon, Rahata and Shirampur is covered Partially and Vaijapur block cover complete block

Number of beneficiary covered by the project in this financial year

<table>
<thead>
<tr>
<th>Registration</th>
<th>M</th>
<th>F</th>
<th>M-child</th>
<th>F- Child</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre ART</td>
<td>64</td>
<td>87</td>
<td>10</td>
<td>5</td>
<td>166</td>
</tr>
<tr>
<td>On ART</td>
<td>379</td>
<td>35</td>
<td>25</td>
<td>21</td>
<td>780</td>
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<tr>
<td>Total</td>
<td>443</td>
<td>442</td>
<td>35</td>
<td>26</td>
<td>946</td>
</tr>
</tbody>
</table>

Impact of the project:

➢ The project is giving positive sign of improvement in the targeted community.
➢ The HIV/AIDS infected client now regularly visits to the ART center because they are getting Travelling support from Vihaan. Previously due to financial problem they use to skip their ART treatment. Due to regular treatment the health of the infected person is also good which has resulted in ability to work and earn livelihood for the family.
➢ The level of prevention and precaution about HIV/AIDS has increased in our operated area.
Involvement of the beneficiary and the stakeholders in the project and its activity
1. Times come when beneficiary actively participates in the activity of the project. They also give their suggestions in planning.
2. The stakeholders support our project as and when they can.
3. Sub District Hospital (SDH) plays very supportive role in providing place for conducting activities.

Court Campus - Advocacy meeting at Vihaan CSC

Challenges at the ground while implementing the Project.

At ground level we go through number of Difficulties out of which few can be resolved and few are left as it due to many unsupportive issues.

- The first hurdle is the beneficiary and his relative himself because they hardly accept that they are infected and they need treatment, they threat and refuse to meet. Many times we overcome with this problem with the help of their educated relative but many times its get very tuff to convince them.
- Targeted group hardly agree to allow his/her spouse for HIV testing.
- In new area people are yet not aware about HIV/AIDS therefore they don’t support out team at the early stage therefore we have to take double efforts to convince them.

6. MGVS & Smile foundation Joint Intervention (Smile Twin e-learning Project (STeP)

Marathwada Gramin Vikas Sanstha (MGVS) has thrived to conduct the STeP (Smile Twin e-Learning Program) it is run with the coordination of MGVS and Smile foundation with the goal to provide livelihood opportunities to the underprivileged section of the society. The First batch started with 40 student beneficiaries. MGVS started the class with 3 teachers and a coordinator. We conducted the entrance exam during starting period. All the 40 students have filled the entrance exam and beneficiary profile.

Program Objective: The objective is to provide holistic development for the underprivileged youth and creating awareness about the job opportunities for their sustainable growth.

1. To build capacity of youth by providing grooming, personality development etc.
2. To increase access to information and knowledge sharing among the youth.
3. To provide employment opportunities for 80% of the youth.
4. To provide Computer education to the most backward and poor students of the community and make them sustain.
5. To empower underprivileged students through the education.

Project Location:
The center is located in one of the largest disadvantaged and deprived area of the Thane city. Thus we are amongst the target group. We are located at, Shop no-2, Next to Siddhique building, material supply shop, Azimulla chawl, Farid nagar, Jokkim compound, Pratap nagar road, Mumbai.

Center branch is at", Bhandup Slum. It is surrounded by slum where the lower income group resides, the men of this community are daily wage earners and the class IV employers, some of the women work as maid and as anganwadi sewikas the rest don’t work they are housewives, they are mostly Hindi speaking residents, the children of this community largely goes to the government run schools nearby. We are targeting the youth (18 years to 25 years) who are 10th pass, and making a livelihood on a nominal wage and who adheres to gain a better living condition.

Bhandup west located in central railway line, Bhandup west area is having huge slum population were
Maharashtrian and North Indian Population are residing, 5 to 10 lakhs above population are based in Bhandup area were 3 Hindi medium school runs in the locality were all slum students are studying, most of children are dropout from school to help their parents for services like selling vegetables and other food product at road side.

**Project Target Group:**
Center is based at prime location of Bhandup west where the beneficiaries stayed in many different areas like Hunuman nagar, Pratap nagar, Farid nagar, Tembi pada, Kokan nagar, Jijamata chawk, Ngr, Pratap Ngr, Kokan Ngr, Gaon Devi Road, Tulshet Pada, Tembi Pada, Pachmandir, Fule Ngr and constitute about 10200 families. Most people of the displaced community of Bhandup have come to Mumbai from different parts of India like from U.P., Bihar, rural Maharashtra, etc., to look for some kind of work or means of survival. They have been settled here for more than 20 years, moving from one place to other, and have been in Bhandup for more than 10 years. They belong to different castes but the majorities are from Scheduled Caste communities.

**Execution of the program:**

<table>
<thead>
<tr>
<th>Batch</th>
<th>Beneficiary enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>40</td>
</tr>
<tr>
<td>2</td>
<td>40</td>
</tr>
<tr>
<td>3</td>
<td>40</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
</tr>
</tbody>
</table>

1. **Youth Mobilization:**
   1. 40 under privileged youths have enrolled for the First batch and then after 40 students per batch.
   2. The banner is prepared and displayed at main centre of the communities where people can easily access.
   3. Mouth to mouth publicity is our strength, where we can easily mobilize students by meeting and explaining about the project.
   4. The class is decorated with Posters and Activity Photos with updates to encourage the current beneficiaries and motivate the future students.
   5. Mobilization register maintained at the center has helped in contacting prospective youths for the coming batch.

2. **Enrolments and Examinations:**
   We have conducted Admission test for screening the students and the record has been maintained at the center. We enrolled 40 Student in our batch.

3. **Regular classes at STeP center:**
   As per Smile Foundations guidelines we have successfully enrolled student in our first batch of Beneficiaries. Knowledge has been imparted in accordance with the facilitators guide provided by the Smile Foundation within the prescribed time in all the four subjects. We also organized Career Counseling session for every batch.

4. **Exam & Result:** exam is conducted once the course is over and its result is declared accordingly on time.

Retails and Sales and English Speaking Session.
Major activities organized:

Career Counseling: Yes

Mr. Milind Hatle (Prop Mauli Networks Pvt Ltd) took a career counseling session for our beneficiaries. The session began by focusing on the importance of “Entry Level Jobs and how to groom our personality” for sustainable professional as well as personal career path. Mr. Milind Hatle shared his own example of career growth. Such activity is organized for our every batch for their career development.

Outcome/impact of the program:

- 120 Students has enrolled and successfully completed their courses
- Career counselling session conducted.

Involvement of target group.
1. The target group voluntary help us in our work by introducing new eligible people in the surrounding for the courses.
2. The passed out student support us by doing mouth publicity of the classes, this helps us in achieving our set goal even in the new locality.

Difficulties in implementing the project at ground level.
As the target group belongs to very low economical background of the society therefore they things that they may lose their job if they will give time to learn the course or the course may be very costly therefore in the beginning such of kind thinking creates hurdle in the beginning of the mobilization talk but we clear their all the doubts, some time there are few people how don't agree with the benefit because of some of their pre mind set about the programme.

Overall our programme is getting good response from the concern stakeholders of the society and our target group from targeted area.

7. FSW Unit one HIV/AIDS and STD prevention and control project among HRG

Introduction:
The vulnerable women’s are the prime target, to protect them from getting effected from HIV we conducted various health related test like HIV test, STI test at the interval of every three months. The females who are tested positive are regularly followed up by our staff and they are registered at the ART center for treatment.

Goal of the Project: To halt & reverse the prevalence of HIV/AIDS among the Non Brothel Home Based Female Sex Worker (FSW) population and to provide quality services for their sexual health needs in Aurangabad District.

Objective of the project
1. To set-up project management systems and structure to initiate interventions with Female Sex Workers (FSWs) in Aurangabad District
2. To conduct the mapping and enumeration of the Female Sex Worker (FSW) population project area of Aurangabad District.
3. To increase awareness regarding STI, HIV and AIDS by initiating BCC activities and mobilizing the community.

4. To promote the effective usage of condoms and ensure availability and accessibility of the same among the FSW population.

5. To provide early diagnosis, counseling and treatment/referral to people with STI and HIV.

6. To develop, train, and monitor groups of peer educators from the HRGs and community.

7. To create enabling environment through Advocacy & Networking in the project area.

Activities under TI

Three kind of basic activities are done under the Programme and they are as follow:

1) Behavioral Change Communication (BCC)

The project team undertakes activities to influence change in the mindset through interactive session with the target group. This is done in the form of Behavioral Change Communication (BCC). The Outreach Workers undertake the following activities:

   1. One on one Sessions
   2. Group sessions
   3. Group Discussions
   4. Community events

2) Condom promotion: Active HRG (High Risk Group)

Population is 1031; Condom Distribution is done as per the need. This year 2, 12,392 condoms were distributed.

3) STI Care and Treatment

In this STI petition, identification, counseling and STI treatment is doing. If someone is negative then we give required counselling to her so that she is not infected by HIV in future. If in any case someone is positive then we link her to the ART centre and STI for the further treatment.

Village Level activities

The poster exhibition was also accompanied by several games and prizes for the visitor. The objective behind the game was to give a message to the visitor with different methods.

Involvement of target group in the programme:

The target group actively participates in all the activities organised by the FSW unit one. The target group support us by providing relevant information regarding the Home base sex workers and help us in convincing them for test and counselling. The peer educator and HRG actively help us in identifying new HRG’s. Many times HRG’s actively participates in the planning of various programme and events. In some cases when we need any infrastructure like room for meeting and such other purpose then the Village Sarpanch help us in providing the room for conducting our activities.

Impact of the project

The project has left positive footprint in the mind of the people; previously those villagers who use to keep mum on the topic of HIV/AIDS now actively support us for the cause by participating in the test and spreading the
information regarding the HIV and AIDS. Our field work, exhibition, rallies, seminars, awareness camp has make aware the village community. Those who are infected now visits to the ART center regularly and those who are not, they take all the precaution so that in future they are not infected by HIV/AIDS. This impact is showing that we are on the right track and we will increase our reach to the new people so that our aim is achieved.

Difficulties/challenges at the ground while implementing the Project.
The work is difficult at the ground level because rural people are not open to HIV/AIDS. Talking on the topic of HIV/AIDS is taboo in the village. Many times when we visit at the village for testing and creating awareness we are opposed by the villagers but with the help of local leader and Gram sarpanch we address this difficult and find a solution. Once the villagers understand our motive and get clear their confusion they don't oppose us rather they participate in the testing and other programme.

8. Female Sex Worker Unit Two Programme
Need & Purpose of the Project
Growth began when the Maharashtra industrial development corporation (MIDC) began acquiring land and setting up industrial estates. Aurangabad is now classic example of efforts of a state government towards the balanced industrialization of the state. Major industrial areas of Aurangabad are Chikhalthana, Shendra and Waluj MIDC.
Due to the industrial area there are huge number of FSWs in Aurangabad District which includes non brothel based, Brothel based, and Home based and floating FSWs. The educational level of FSWs is low. Around 60% people migrated to Aurangabad Industrial area in search of work. Aurangabad district is located in the centre of the state & houses many tourist spots like Ajanta, Ellora, and Paithan etc. The in & out migration of people makes it more vulnerable to transmission of HIV/AIDS.

Hence after the research and study MGVS decided on these issues under the “Targeted Intervention Project FSW TI Unit No.2. For the urban area of the Aurangabad districts with the help of “MASACS & NACO” after set the goal and objective of the project for the home based sex worker.

TARGET AREA
Marathwada Gramin Vikas Sanstha implementing" Targeted Intervention (TI) Unit 2 project in urban area for the fulfilled of project goal and the Objective through planning the activities at the project areas. so first offal MGVS registered 1256 home based sex worker of the project area and reached 1069 population of the FSW and gave various types of service and planed the valuable activities for them to stop the HIV/AIDS in Aurangabad.

Following activities and the service implemented by through the project to archive Goal and Object of the project.
1) To fulfilled the first object of the project Sanstha refereed each and every FSW for the regular medical check up on the quarterly basis still end of the March 2017 total 1069 FSW got the check up benefits thrice in a year that mean 3773 FSW have been checked out means 88.54 % got the benefit like internal checkup for the STI & other diseases. Sanstha appointed site doctor for them and also provided refer them for the regular checking for their health and also gave time to time nine types of counseling them like

<table>
<thead>
<tr>
<th>Risk Reduction</th>
<th>PLHA Counseling</th>
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<tbody>
<tr>
<td>STI Counseling</td>
<td>Condom Counseling</td>
</tr>
<tr>
<td>Pre post test counseling</td>
<td>Couple Counseling</td>
</tr>
<tr>
<td>Risk Reduction</td>
<td>ICTC Counseling</td>
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</tbody>
</table>

MGVS arranged various types of activities at the project area like Poster exhibition total 40 poster exhibition programmed arranged and 83% beneficiary aware under this activity at site, ST stand, Weekly market day, Railway station, Rickshaw stand, near the petrol pump, industrial area, school & collage, Transport area, in front of RTO office etc. also arrange 04 rally program for create awareness among the city and celebrated HIV/AIDS day.

2) TI Project distributed 270483 condom by the help of HIV/AIDS control society in high risk area and motivated 1069 female sex worker for use it and also gave demonstration them how to use it. Project staff also imparted their knowledge about the importance of using condom for promote the effective usage of condoms and ensure availability and accessibility of the same among the FSW population. Total 1256 FSW get its benefits under the TI project which implementing through the MGVS.
3) MGVS arranged various type of training program for project staff like project orientation training, HIV/AIDS, STI, Condom demonstration, data technical training, reporting training, etc... developed various types of format for the documentation.

4) Numbers of meeting held at the targeted area with stakeholder, police station, Nagarsevak, key leader of site, government and with non government sector To create enabling environment through Advocacy & Networking with stakeholders in the project area.

Events for awareness:
HALDI KUMKUM PROGRAMME
MGVS arranged HALDI KUMKUM Program at the targeted area under the "Targeted Intervention project Female sex worker unit No.2项目 to create enabling environment for beneficiaries

Women’s Day celebration program
Women’s Day celebration program, arrange under the project program for beneficiary and gave legal knowledge about the women’s right and also gave information about health.

Impact of the project:
- The project has created awareness among the targeted community and general public.
- The level of precaution and prevention has increased, now the aware targeted community (FSW) maintains high level precaution because of which new cases are less.
- The people of our target area previously doesn’t use to allow us to campaign in the urban area because HIV/AIDS is considered as Taboo but now the villagers support us in our activity and voluntary come forward for testing.
- Due to increase in awareness level now the FSW send their children in schools.

Difficulties in implementing the project at ground level.
- Home based female sex worker don’t prefer to disclose their identity.
- Female sex worker unable to understand their benefit under the project due to illiterate in health issues.
- Female sex worker doesn’t want their voter card under the registration name as a female sex worker.
- It’s difficult to linkage female sex worker to give benefit under social sacchems due to their migration, lack of documents, unacceptable as they were female sex worker.
- To complete "ICTC 'testing and 'VDRL' testing were difficult due to ICTC counsellor ask direct quiz to FSW and wants the ID proof.
The link worker scheme (LWS) was started in Jan 2009 with the support of NACO, MSACS, Avert Society and KHPT, the parent organizations for MGVS. MGVS’s LWS scheme has played an instrumental role in creating awareness among the rural population about HIV, AIDS & other STI’s. MGVS have helped to expedite the procedure of identification & mapping and has therefore played an instrumental role in the overall initiative.

**Objective of the scheme:**
The Linked Worker Scheme was started under NACP-III plan by NACO, to create awareness and make the information about HIV and other related STI’s to the High risk groups (HRGs). During the time of launching the scheme, HIV prevention and control program were mostly directed towards urban population. There was no program to help in capacity building & also equip the people with HIV related information. LWS was started to fulfill the basic need of rural HIV prevention to make the villagers self-dependent in dealing with issues related to HIV/AIDS through volunteerism and developing a network of supervisors, link workers, HRGs and vulnerable groups. Following were the basic objective of the scheme:

**Target Group**
Primary Target Group: FSW’s, Clients, Partners, PLHIV’s

Secondary Target Group: Drivers, truckers, pan shop keepers, Petty shop keepers, lodge and hotel owners etc.

**Project Area:** Aurangabad, Paithan, Khultabad, Phulambri, Kannad, Sillod, Soygaon, Gangapur and Vaijapur block. 100 villages from 9 block of Aurangabad District.

**Activities under LWS Scheme**
The activities under LWS are divided into two categories depending upon whether they are done regularly as a part of a linked workers day to day responsibilities or are done occasionally.

**Core Activities**
These activities are performed by the linked workers on day to day basis. A linked worker is expected to carry out these activities as a part of his regular roles & duties. Some examples include

**Condom promotion**
Condom distribution is a core activity of the link workers. Distribution is done on a direct hand to hand basis, through Saiyukta centers, Anganwadi centers and through condom depots installed at local mom and pop stores.

**Inventory management:** Inventory of condoms is managed with the help of a monthly demand estimation system. The demand is estimated during monthly meetings. This is on the basis of previous data. The data is collected with the help of link workers for every village and collated. The link workers have an understanding of the ground reality and can estimate the demand well. The distribution of condoms is recorded under two main headers: Direct Distribution and Depot distribution.

**Social Marketing:** MGVS has adopted a novel social marketing scheme to distribute condoms. The NGO sells condoms to the Link workers at a subsidized rate. The link workers can then sell them at a fixed rate directly to the customers or to the traders/chemists and reap the benefits of the sale.

**HIV testing and STI testing**
Integrated Counseling and Testing Centre (ICTC) and Sexually Transmitted Infection (STI) testing form the core activity of Link workers. The link workers are assigned a target of the population that has to be tested. It is currently 100% for the year. As far as FSWs (Female Sex Workers) are concerned, the target is to test at least 80% of the total population in the district. The current size of FSW population in LWS Project is 620. The Link workers have a line list of the target group namely FSWs, MSMs, IDUs and vulnerable group. It is the objective of the link workers to counsel the villagers, especially the target group to undertake ICTC/STI testing. The link workers also refer them for testing in case of any detection of HIV or other STIs. The link workers also arrange testing camps in villages. These camps are done
generally to villages which are far off from the ART (Anti-Retroviral Therapy) centers to facilitate the access of health and safety for the villagers. The ICTC camps have to be organized at least once in six months as per the directives of NACO.

**Documentation and reporting**

The Link workers use a prescribed format for reporting. Their activities are recorded in the following documents:

- **Line list** – This is a list which contains the names of all the villagers who fall under High Risk Group (HRGs) category or the vulnerable group.
- **FY Format** – This is a data which contains the total target population in the project with the estimate and total achievement monthly till the end of the year.
- **Daily diary (Visit Report)** – The Daily diary is the entry made by the Link workers to specify if any services were provided to the target group during a visit.
- **Monthly summary report** – The monthly summary report contains details of number of visits made by the link worker. The report has separate categories for each target group and the entries are made accordingly. This report mainly contains the statistics and does not mention the names of the target group visited.
- **Condom outlet register** – The condom outlet register is used to estimate the demand for condoms in each of the villages. This is how the inventory for condoms is managed. The link worker gets in touch with each of the target group member and estimates the demand on a daily basis. This is used to extrapolate the demand for the month. The demand for the depot sales is captured with the help of the outlet register and is forecasted as per past data.

**Beneficiary of the project:** HRGs (FSW, MSM, Truker, Migrant male and female, vulnerable population, PLHIVs, CLHIVs, and From 2009 binging of project around 48000 beneficiaries are covered by LWS project.

**Mid-media activities**

Under behavioral change communication about 8-10 people are counseled per day & given information about HIV, STI, Condom usage, government schemes & safer sex practices. Group discussions are held as a part of this communication along with toolkit demonstration & explaining & promoting condom usage through games etc.

The basic aim of conducting these activities is to create awareness among people in rural India about HIV AIDS and inform them about it, through community participation by HRG’s in various social & cultural activities. The main advantages of these activities are community participates in these activities from which they get health related information.

**Melawa cum camp**

**Objective**

- Reduce stigma and discrimination
- Create demand for information and services
- Promote Services for prevention, care & support

Melawa cum camp is one of the socio cultural activities in village level where HRGs and vulnerable communities get an opportunity to come together and spread awareness about HIV AIDS. An important feature of the Melawa cum camp is Fun Melawa & Poster exhibition. In such events, fun-filled games are organized to explain the importance of ensuring protection against HIV AIDS. Several villagers attend these events from the same village & even nearby villages.

**ICTC testing camp at field level**

**Activities in World AIDS day week (WAD)**

World’s AIDS day was celebrated all across the world on 1st December. The theme of this year’s world AIDS day was “HANDS UP HIV PREVENTION” that highlights the need of innovation and vision in the face of AIDS challenge. MGV5 organized various activities at village, block & district level. MGV5 organized activities throughout the World AIDS day week starting from 1st Dec, 2016 to 7th Dec 2016. The activities comprised of candle rallies,
awareness drives, poster exhibitions, small street plays & question answer sessions in which villagers could directly ask questions to DRP’s, supervisors & expert medical professionals. The activities saw great participation from people especially students & young adults.

Outcome and achievement of LWS project 16-17
Outcome and recommendations:
The above table signify that the target for completing ICTC/STI testing was achieved not only did LWS scheme under MGVS meet the targets, which were allotted to it, it also exceeded the expectations in many activities by surpassing that targets. In some activities such as vulnerable population outreach, Bridge population outreach & Volunteer training & identification the target was exceeding by more than 100%. However certain activities concerning HRG population regarding their ICTC testing needs some attention.

Innovations:
- 6 HRGs have the benefit of Sanjay Gandhi Niradhar Yojna and Ration Card at Soygaon Block
- Hoardings on HIV/AIDS & STI/TB Put in the villages for creating awareness.
- Conduct Training of Village level stakeholders on HIV/AIDS & STI with also Link worker scheme objectives and work details.
- Develop new Sanyukta in Jogeshwari, Palkhed and Kerhala Village with full support of Village stakeholders.
- Conduct the activity of drawing competition the subject is stigma and reduction in the school and we distribute the certificate to students those are 1st to 4th no. selected in competition.

Our Learning’s:
- One to one and group sessions with using IPC tools is very useful in the project and it is very effective tool to communicate and BCC activity with target population of project.
- Proper & timely training of linked workers is done to ensure that they are updated & equipped with the latest information.
- Saiyukta centers in villages, which act as single point of information for the village population about HIV/AIDS, are well equipped with relevant posters to make people aware of HIV/AIDS.
- Each link worker is provided as much work as he/she can handle efficiently.
- Each person in the target population is given optimum time by the LWS workers of up to 1-2 hours to inform/counsel him/her about HIV/AIDS.
- Regular follow-ups of PLHA/NON-PLHA are done to ensure regular visits to ART centers by affected population.

Aurangabad LWS NGO MGVS felicitated by Hon. Health Minister for the best practices in LWS project on the occasion of WAD 2016

Linkages: 200 PLHIV are linked under Vihaan Programme for social scheme benefit

Poster exhibition at Bidkin

Marathwada Gramin Vikas Sanstha-Annual Report 2016-17
**Good Practices**

- We had over to CBOs 20 villages from LWS 100 villages and selected new 20 villages.
- Each person accompanying HIV patient to ART center should be gave the travel allowance provisions should be distributed to the patients, currently such an initiative we took up for patients suffering from HIV patients.
- We made the provision to distribute a nutritional support to those patients suffering from HIV/AIDS parents as well as their children’s such type of initiative made the happiness and support to the people suffering from HIV/AIDS.
- Proper & timely training of link workers is done to ensure that they are updated & equipped with the latest information.
- Each person in the target population is given optimum time by the LWS workers of up to 1-2 hours to inform/counsel him/her about HIV/AIDS.
- Regular follow-ups of PLHA/NON-PLHA are done to ensure regular visits to ART centers by affected population.
- Counseling services are provided at field level to beneficiary.

**Impact of the project on community:**

- Peoples are aware about the HIV/AIDS & STI,
- Peoples are freely discussed on sexual problems related to STI
- Peoples are self motivated for HIV Testing
- Specially women’s are aware about HIV/AIDS & STI and they also do the HIV testing regularly with their spouse and children’s
- Involvement of villagers and stakeholders are increased as compared to binging of the project

**Difficulties in implementing project:**

- Coordination among various stakeholders is one of the difficult tasks because of busy schedule of government department.
- The villagers of new selected village opposed to the programme because yet in villages talking on HIV/AIDS is considered as taboo.
- Remote village don’t have road connectivity it become very difficult to reach such villages.

**Road Ahead:**

- As per changes in new LWS Guideline we are developing our activities of project to get more achievement in the project area.
- To increase the follow up of those people suffering from HIV/AIDS and they don’t understand the importance of their health and treatment of the ART with also increase the number of PLHAs visiting the ART center from current 84 % to over 90-95% in the next year plan.
- Improve services in the 100 villages currently marked as the target group, with additional focus on over core villages that have been identified as those having at least 1 PLHAs.
- LWS needs to get help from bodies such as VHSC needs to be taken to implement health programs at village level. LWS should have at least some representation in VHSC panel to ensure such schemes are implemented without any problem and to develop the project activities.

**10. Community Base Health monitoring under National Health Mission (CBHMP)**

MGVS is working CBHMP as a district nodal NGO , CBHMP is a method, which is used to get beneficiary feedback about a particular service. CBM enables to know people’s feeling and satisfaction levels about the service and accordingly explore necessary areas for improvement to satisfy them. CBMP bridges the gap by involving community members in the assessment of services in order to improve them.

**Objectives of Community Based Monitoring are:**

1. To provide systematic information about community needs
2. To provide feedback on the status of functioning and fulfilment at various levels of public health system
3. To ensure equal partnership of community and community based organization
4. To obtain validating data from health workers of public health system

**CBM PROJECT AREA: (Dist: Aurangabad)**

CBM is presently implemented in selected 25 villages of Aurangabad district.

**List of activities endeavoured to be completed from April 2016 to March 2017:**

- Two meetings of District Monitoring and planning committee.
- GRC orientation workshop & block level workshop for GRC committee member and PHC, Block committee members.
- Five District level Review and planning meetings.
- Two Block level Monitoring and planning meeting
- GRC committee meetings.
- RKS Social Audit PHC and Sub district hospital vajapur.
- Six PHC Monitoring and planning meeting.
- Borsar, Gadhepinpalgaon, Manur
- Data collection (Village, PHC, SDH) and filling from the new villages.
- Reporting of PHC Level, SDH Level, and District level.
- Conducted awareness programmes in 10 villages.
- Conduct Volunteers workshop of Mahasangh establishment at PHC & Block level.

**Block monitoring committee visited to Sub District Hospital, Vaijapur**
District level monitoring committee supervises the village, blocks level committee, and handles any issues that remain unsolved at the village and block level. The district health officer holds the office of the vice president of this committee. MGVS plays the role of secretariat.

**District Monitoring and Planning Committee Meeting:**

**Orientation & Grievance Redresal cell with VHSC members and volunteers of new villages and establishment of Federation workshop:**
The workshop for other stakeholders at block level trains the workers on all aspects of rendering health related services including managing the supply and distribution of the medicine and health services, training of members, fund management etc. Participants were trained by the committee.

**Awareness program:** At village level to aware the people about the health facility and CBHM process we conduct the awareness activity in villages and to raise the health awareness level among the villagers. Various tools were used such as rallies with announcement and poster exhibitions, street plays that educated the villagers about the presence, roles and functioning of various committees active in their area distributed the pamphlets and leaflets to the villagers. The villagers were educated about the benefits they can reap by visiting Aanganwadi, sub centers and PHCs (Primary Health Center) and services provided by the rural hospital. The roles of various health officers were also explained to the villagers and they were encouraged to approach them as and when required. As many as 1720 people across 10 villages participated and benefitted from the campaign.

**Monitoring is done at following level:**
1) PHC Level points
   At PHC level lack of health facility is monitored and as per the requirement suggestion is given to the concern authority.
2) District and block level points
   Decentralized Health Planning data was collect from new villages for PIP of 2017 and 2018 Year

**Details on Data Collection at Village, PHC, Aanganwaadi and Sub-Centre**
- MGVS has identified its scope primarily in the Aurangabad district. The districts are divided into Taluka and further into Blocks. This is done to bring ease in allocation and organization.
- At field level, MGVS assesses the schemes of the Govt. conveys it to the people. It is done extensively through. Apart from this, it also holds talks with the Govt. officials to provide the right amenities to the deserving people.
  1. Basically, this exercise is done at 3-4 levels at village scale. They are as listed below.
     a. Aanganwadi
     b. Primary Health Centre (PHC)
     c. Sub centre

**Innovations of the projects:**
- Conducting new 25 villages from the same Primary Health Centres working with them in this year.
- Establishment of PHC & Block Federation committee with conducting training meeting and workshop for them.
- Conducting awareness programme in new 10 villages.
- Projects have the full support from new villages.

**Impact of the Project:**
- Villagers, patients, and public is aware about their health rights and free health services as well as they
have a path with also courage and stage to put their problems in front of the health officers and government authority from the CBMP Process.

- Now the villagers feel free in discussing their health related issues.
- Fear of facing doctors and officers has been reduced in the villagers.

11. Community health centre for rural women and children
Marathwada Gramin Vikas Sanstha (MGVS). MGVS started a community health center for rural women, children at Karanjgaon, Tal. Vaijapur, Dist. Aurangabad. Primary health services are available for the rural community. The centre provides services like primary health care, Antenatal and postnatal care, identification, minor surgeries; it also treats malnourishment and distributes Iron Folic tables, Vitamin A Prophylaxis. MGVS is also providing low cost Pathologist laboratory and transporting service to petitions. MGVS health workers identify cases for antenatal and postnatal care from our project area and refer them to the community health center for further treatment, medical care and safe delivery.

Involvement of the beneficiary and stakeholders:
- The stakeholders actively participate in the activities conducted by CBM.
- The villager participates in the programme at every level and voluntary contribute their time for the programme and help in making the arrangement of campaign.

Our completed project (details can be checked in our previous Annual Report)

1. Education Guarantee Center for school dropout children
2. Vocational training for rural youth and girls
3. Prevention of Parent to Child Transmission of HIV (PPTCT)
4. Pariwarik Mahila Lok Adalat (PMLA)
5. Sport Center for rural Youth
6. Reproductive and child Health (RCH) Phase I and II
7. Rural water Supply project (Jalswrajya and Appla Pani)
8. National Tobacco Control Programme (NTCP)
Credibility Norms Compliance and Financial Statement Details (as on 31st March 2017)


2) MGVS are registered under Section 12 A, registration no. ABD/CIT/TECH/12A (A) 2009-2010 dates. 29/6/2009.


4) MGVS also registered under FCRA 083750093 dated 19/8/2005 valid till 30/4/2021

Governing board details

<table>
<thead>
<tr>
<th>Name G B member</th>
<th>Position in the Board</th>
<th>Age</th>
<th>Gender</th>
<th>Meet. attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Mansukh Manakchand mbad</td>
<td>President</td>
<td>65</td>
<td>M</td>
<td>4</td>
</tr>
<tr>
<td>Mr. Appasaheb Janardhan Ugale</td>
<td>Secretary</td>
<td>43</td>
<td>M</td>
<td>4</td>
</tr>
<tr>
<td>Mr. Popatrao Dasarat. Patil</td>
<td>Vice president</td>
<td>66</td>
<td>M</td>
<td>3</td>
</tr>
<tr>
<td>Mr. Shivaji Bhaurao Aware</td>
<td>Joint Secretary</td>
<td>52</td>
<td>M</td>
<td>4</td>
</tr>
<tr>
<td>MS. Sunita Girjinath Shejul</td>
<td>Treasurer</td>
<td>41</td>
<td>F</td>
<td>4</td>
</tr>
<tr>
<td>Ms. Alka Kishor Patil</td>
<td>Members</td>
<td>39</td>
<td>F</td>
<td>4</td>
</tr>
<tr>
<td>Mr. Bhausaheb Karbhari Gunjal</td>
<td>Members</td>
<td>53</td>
<td>M</td>
<td>4</td>
</tr>
</tbody>
</table>

Distribution of staff according to salary levels

<table>
<thead>
<tr>
<th>Slab of gross salary (in Rs) paid to staff (per month)</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5000</td>
<td>5</td>
<td>37</td>
<td>42</td>
</tr>
<tr>
<td>5,000 - 10,000</td>
<td>23</td>
<td>23</td>
<td>46</td>
</tr>
<tr>
<td>10,000 - 25,000</td>
<td>8</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>25,000 - 50,000</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>50,000 - 1,00,000</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Greater than 1,00,000</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Total Cost of International Travel by all personnel (including Volunteers & board members)
Rs.0.00.00 (No International travel expenses incurred by MGVS board members, staff & VO)

Details of Board Members who have received remuneration / reimbursement during the financial year:
No remuneration or reimbursements paid to board members (Rs. 0.00)

Staff remuneration [Gross yearly + benefits] in Rupees

<table>
<thead>
<tr>
<th>Particular</th>
<th>Name</th>
<th>Designation</th>
<th>Remuneration (in Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational Head of the MGVS (including honorarium):</td>
<td>Appasaheb UGale Mansukh Zambad</td>
<td>Secretary President</td>
<td>40000 40000</td>
</tr>
<tr>
<td>Highest paid person in the MGVS (staff or consultant):</td>
<td>Annapurna Dhore</td>
<td>District Resource person</td>
<td>2,58,000</td>
</tr>
<tr>
<td>Lowest paid person in the MGVS (staff or consultant):</td>
<td>Puspa Magar</td>
<td>Link worker</td>
<td>30,000</td>
</tr>
</tbody>
</table>

Annexure II

Details Of Expenditure On Object Of Trust During The Year 2016-17

<table>
<thead>
<tr>
<th>Sr</th>
<th>Particulars</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A)</td>
<td>Educational Programme</td>
<td></td>
</tr>
<tr>
<td>MGVS -Administrative Expenses</td>
<td>441860.00</td>
<td></td>
</tr>
<tr>
<td>Smile Twin E-Learning Center</td>
<td>782150.00</td>
<td></td>
</tr>
<tr>
<td>A)</td>
<td>1224010.00</td>
<td></td>
</tr>
<tr>
<td>B)</td>
<td>Health &amp; Medical Relief Programme</td>
<td></td>
</tr>
<tr>
<td>FSW TI Project Unit -1</td>
<td>2684011.00</td>
<td></td>
</tr>
<tr>
<td>Give India Project (Health)</td>
<td>2124280.00</td>
<td></td>
</tr>
<tr>
<td>Link Workers Scheme (HIV/AIDS)</td>
<td>3405528.00</td>
<td></td>
</tr>
<tr>
<td>FSW TI Project Unit 2</td>
<td>2146701.00</td>
<td></td>
</tr>
<tr>
<td>PPTCT Project</td>
<td>143506.00</td>
<td></td>
</tr>
<tr>
<td>CHC Center &amp; Shelter Home Karanjaon</td>
<td>642921.00</td>
<td></td>
</tr>
<tr>
<td>Community Based Health Monitoring</td>
<td>392723.00</td>
<td></td>
</tr>
<tr>
<td>Pediatric Aids Initiative</td>
<td>69451.00</td>
<td></td>
</tr>
<tr>
<td>Community Support Centre - Vihaan</td>
<td>863249.00</td>
<td></td>
</tr>
<tr>
<td>B)</td>
<td>12472370.00</td>
<td></td>
</tr>
<tr>
<td>C)</td>
<td>Poverty Relier</td>
<td></td>
</tr>
<tr>
<td>Sheltar Urban Homelss Center</td>
<td>619709.00</td>
<td></td>
</tr>
<tr>
<td>C)</td>
<td>619709.00</td>
<td></td>
</tr>
<tr>
<td>D)</td>
<td>Sanitation</td>
<td></td>
</tr>
<tr>
<td>Give India Toilet Construction</td>
<td>1263020.00</td>
<td></td>
</tr>
<tr>
<td>D)</td>
<td>1263020.00</td>
<td></td>
</tr>
<tr>
<td>E)</td>
<td>Environment</td>
<td></td>
</tr>
<tr>
<td>Water Management Programme</td>
<td>25002.00</td>
<td></td>
</tr>
<tr>
<td>Water Conservation</td>
<td>1340300.00</td>
<td></td>
</tr>
<tr>
<td>water Conservation Give India (HDFC)</td>
<td>2181981.00</td>
<td></td>
</tr>
<tr>
<td>Water Conservation Project (Bajaj)</td>
<td>6932346.16</td>
<td></td>
</tr>
<tr>
<td>E)</td>
<td>10479629.16</td>
<td></td>
</tr>
<tr>
<td>Grand Total (A+B+C+D+E)</td>
<td>26058738.16</td>
<td></td>
</tr>
</tbody>
</table>
### Income and Expenditure Account for the year ending 31st March 2017

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>Amount</th>
<th>Income</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>To Expenditure in respect of properties</td>
<td></td>
<td>By Bank Interest</td>
<td>233011.00</td>
</tr>
<tr>
<td>To Remuneration to trustees</td>
<td>80000.00</td>
<td>On Securities</td>
<td></td>
</tr>
<tr>
<td>To Legal Expenses</td>
<td>20000.00</td>
<td>On loans</td>
<td></td>
</tr>
<tr>
<td>To Audit Fees</td>
<td>35400.00</td>
<td>On Bank Accounts</td>
<td>233011.00</td>
</tr>
<tr>
<td>To Amount Written off</td>
<td>394794.00</td>
<td>By Donation</td>
<td>394997.00</td>
</tr>
<tr>
<td>To Depreciation (As Per Schedule B)</td>
<td>66812.00</td>
<td>(As per Schedule-H)</td>
<td>394997.00</td>
</tr>
<tr>
<td>To Total Expenditure on Object of the Trust</td>
<td>25578738.16</td>
<td>By Grant received during the year</td>
<td>26384499.01</td>
</tr>
<tr>
<td>(As per annexure II)</td>
<td></td>
<td>(As per Schedule -A)</td>
<td>1</td>
</tr>
<tr>
<td>b) Educational</td>
<td>1224010.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Medical relief</td>
<td>12392370.00</td>
<td>By Income from Other sources</td>
<td>1079868.00</td>
</tr>
<tr>
<td>d) Poverty relief</td>
<td>619709.00</td>
<td>Membership fees</td>
<td>1057.00</td>
</tr>
<tr>
<td>e) Environment</td>
<td>10479629.16</td>
<td>Others Income</td>
<td>1078629.00</td>
</tr>
<tr>
<td>F) Sanitation</td>
<td>1263020.00</td>
<td>(As per Schedule -G)</td>
<td></td>
</tr>
<tr>
<td>To Surplus during the year</td>
<td>1516448.85</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>28092193.01</td>
<td></td>
<td>28092193.01</td>
</tr>
</tbody>
</table>

### Balance Sheet as on 31 March, 2017

<table>
<thead>
<tr>
<th>Funds and Liabilities</th>
<th>Amount</th>
<th>Property and Assets</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust Funds or Corpus</td>
<td>52640.00</td>
<td>Fixed Assets</td>
<td>7760484.70</td>
</tr>
<tr>
<td>Other Earmarked funds</td>
<td>200.00</td>
<td>(As per Schedule-B)</td>
<td>3145523.00</td>
</tr>
<tr>
<td>Development Fund</td>
<td>5524941.00</td>
<td>Current Assets</td>
<td>3145523.00</td>
</tr>
<tr>
<td>Building Construction Fund (As per Last B/S)</td>
<td>0.00</td>
<td>Grant Receivables</td>
<td></td>
</tr>
<tr>
<td>Loans (secured or unsecured)</td>
<td>4077265.16</td>
<td>Closing Cash &amp; Bank</td>
<td>9579260.71</td>
</tr>
<tr>
<td>From Trustee (As per Schedule-F)</td>
<td>9992195.40</td>
<td>(As per Schedule-D)</td>
<td></td>
</tr>
<tr>
<td>Income and Expenditure Account (As per Schedule-E)</td>
<td>1516448.85</td>
<td>Loans &amp; Advances</td>
<td>680222.00</td>
</tr>
<tr>
<td>Balance as per last Balance sheet</td>
<td>21165490.41</td>
<td>(As per Schedule-E)</td>
<td></td>
</tr>
<tr>
<td>Less: Surplus During The Year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>21165490.41</td>
<td></td>
<td>21165490.41</td>
</tr>
</tbody>
</table>

As per our Report of even date. The above Balance Sheet to the best my/our belief contains a true account of Funds & Liabilities and of the Property and Assets of the Trust.

Place: Aurangabad
Date: 21.07.2017

For Marathwada Gramin Vikas Sanstha(MGVS) For Sunil Salunke & Associates
Appasaheb Ugale Chartered Accountants
S.R. Salunke (Proprietor) M.No. 105421
News of MGVS and Photo Gallery
MGVS Team With Children

PARTNER AND SUPPORTER

HEAD OFFICE
Gat, 122, At. Post Karanjgaon (Nagpur-Mumbai-Aurangabad Highway)
Tal. Vaijapur, Pin- 423703, Dist. Aurangabad, Maharashtra, India
Email ID: mgvs.vaijapur@gmail.com, Phone: 0240-2341411/12
Website: www.mgvssabad.org

PROJECT OFFICE
MGVS, No.2, MBC building, Opp. to Hotel Raviraj, Adalat Road,
Aurangabad, Pin - 431 001, Maharashtra,
Email ID: mgvs.abd@gmail.com