

## Marathwada Gramin Vikas Sanstha (MGVS)

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**Mansukh Zambad**  
President



**Appasaheb Ugale**  
Secretary

### Trustee Message .....

Marathwada Gramin Vikas Sanstha over the last two decades has established itself as an organization committed towards welfare and empowerment of underprivileged and unreached people of the society. The organization has worked with multiple stakeholders (Rural and Urban Community) governmental bodies, media, private sector, international and national NGOs and multilateral organizations to create a platform and an understanding towards this marginalised and voiceless section of the society.

Marathwada Gramin Vikas Sanstha (MGVS) has taken an initiative to solve the problem of water and sanitation scarcity in the villages of Aurangabad district of Maharashtra, MGVS has focused on the child education and health in rural area of the Aurangabad, Jalna, Ahmednagar and Nasik district of Maharashtra.

Last but not the least MGVS will like to thanks to the donors and supporters for 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.



### 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, water, 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 in 15 villages Aurangabad district.
- Livelihood security to two member of every family in 15 villages of Aurangabad district.
- Healthy education and services to community on reproductive child health and HIV/AIDS.
- Development of four model villages.



### MGVS Programmes and Project Activity

#### Education:

Child enrolment and education programme for underprivileged child through Ankur Project

#### 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)** Vihaan for HIV positive person
7. **Community** Based Health Monitoring Project Under NHM



8. **Advancing** Tobacco Control program through capacity building, Advocacy and enforcement in Marathwada region of Maharashtra state

### Poverty relief

9. **Provision** of Shelter for Beggars.

### Vocational Training and women empowerment

10. Self-Employment Generation Program via Vocational Training for rural and urban women and girls. Self help group's establishment and capacity building.  
11. **Smile E-learning** programme for urban youth

### Water conservation and sanitation project

12. **Integrated Water Management and conservation** for sustainable availability of water in drought effected villages.  
13. **Toilet** construction project for rural household.  
14. District resource organization under integrated water management programme.  
15. Project training organization (PTO) under integrated water management programme.

### Impact

- Water harvesting structures benefitting **10433 hectare** of area under protective irrigation in Kharif season.
- Clean, pure and sustain drinking water and toilet available in 10 villages.
- HIV AIDS rate reduced from 7.25 % to 0. 40 %.
- Increased institutional deliveries & Immunization rate in project area.
- 174 orphan children's medical, social and home base care are provided by MGVS.
- Residential care and support are available for 50 orphan children
- 430 women and youth have been started their self employment.
- 520 2-6 age group children taking quality education from 16 Anganwadi centre

### Our Achievements and highlights:

**Accredited** by Credibility Alliance under Desirable norms.

**Listed with, GiveIndia, Guide Star India, CII ,"SAMMAAN", 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.
- 4) Women & Child Welfare Committee, Aurangabad.
- 5) members of Action for Agricultural Renewal in Maharashtra (AFARM).
- 6) Members of District monitoring Committee National Tobacco control



### Project no 1. Water conservation and integrated water management

#### 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.



**Mr Sudhir Kumar Goyal ( Ex. Agriculture Secretary Govt. of Maharashtra and Ms. Nidhi Pande Collector Arangabad visited to our Project at Malisagaj village**

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.

#### 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 farmers and 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 Jalyukta 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 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 farmers / 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:

Implementation of Integrated Watershed Development Project is planned for four year's ,The key activities proposed for implementation are as enlisted below.

- **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.
- **Community Mobilisation, village institution building & Capacity Building:** awareness creation, group formation, training, exposures, field schools, demonstrations.
- **Area treatments:** Soil conservation measures like Contour trenches with plantation; Crop cultivation area treatments like farm bunds with outlets, bund plantation.
- **Restoration of existing water storage structures:** desilting, deepening of existing water bodies and repairing for restoration of water storage capacity.
- **Water harvesting structures:** Decentralized water bodies creation like Cement Nala Bunds, Earthen Nala Bunds, K.T. Weirs etc.
- **Gully control measures:** small drains in upper & middle catchment has been treated by executing Gully Plugs, Loose boulder Structures, Small Earthen Structures, Gabian Structures.
- **Micro irrigation:** Promotion of drip and sprinkler irrigation. Community lift irrigation based on common wells.
- **Farm production enhancement** through crop demonstrations, farm mechanization and micro irrigation.
- **Livelihoods development-** agriculture, livestock and nonfarm based.
- **Project management,** coordination, documentation.

**Implementation Approach:** MGVS has strong belief in working with community to ensure their participation in project cycle management aspect. Strategically in all projects, organization works with community and village level institutions.

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



**Nalla band deepening, widening and de-silting at Malisagaj village**

## Role of Stakeholders:

- **Villagers:** the villager has contributed in the programme in-kind and in cash 16.10 lakhs for the success and completion of the programme.
- **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. 24 Water User Groups have been established from each structure and managing the operation & maintenance of water harvesting structures.
2. Water harvesting structures benefitting 9433 hectare of area under protective irrigation in Kharif season.
3. Water harvesting structures created storing of rain water every year in selected villages.
4. 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.
5. Generation of self employment in watershed programme in the rural area.
6. Women along with men have participated in the decision making process.
7. Awareness on water and soil conservation
8. Agro based small scale income generation has been created
9. Crop growing area has increased.
10. Access to safe drinking water throughout the year for humans and for livestock as well.
- 11.

## Water conservation work Summary and village profile:

Village Name	Total population	No of HH	Total Land Ha	Total No. of work proposed	Work completed	Contribution from farmers and villagers	Total Expenditure	Water storage capacity (CUM)	Water user group formed
Palkhed	4,022	936	1,667	7	7	5,64,751	4,709,697	87,500	4
Aghur	3,240	648	1,342	6	6	1,33,198	2,364,111	48,900	3
Malisagaj	1,293	348	598	12	12	2,37,579	4,084,281	78,230	8
Shivrai	3,078	864	1,896	3	3	5,452	1,063,993	19,700	1
Kanaksagaj	1,860	412	1,270	5	5	6,66,860	2,703,52	49,150	2
Karanjgaon	1,750	450	890	15	15	15,00,000	12,500,000	116,000	4
Bhivgaon	2,250	650	1,260	1	1	4,95,000	9,95,220	18,094	1
Dahegaon	1,260	350	670	2	1	4,96,700	9,96,670	15,333	1
<b>Total</b>	<b>17,460</b>	<b>4,310</b>	<b>8,995</b>	<b>39</b>	<b>38</b>	<b>5,452,000</b>	<b>24,722,082</b>	<b>432960</b>	<b>24</b>



## Photos of Water Conservation Project (JAL SE JEEVAN HAI)



Water stored in WC work in Vaijapur block



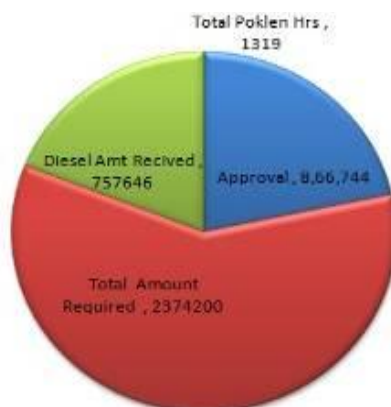
Ground water table increased



Irrigation increased

## De-silting of dam work details

Sr.	Block	Village	Percolat Pond and Gut.No.	Administrative Permission (Sq.Meter)	Administrative Permission (Amount)	Removed silt (Sq.meter)	210 Poclain Hours	Diesel Price INR
1	Vaijapur	Ghaygaon	Satana road	16,237	1,93,555	14,795	159.3	1,88,550
2		Ghaygaon	74 Tidi	23,771	2,83,358	27,650	283	1,94,715
3		Jabargaon	50,56	12,451	1,48,427	17,882	205.2	1,42,714
4		Belgaon	33,34	12,214	1,45,600	12,842	125.4	1,45,600
5		Bhagur	97,98	8,037	95,804	7,412	76.5	91,918
	<b>Total</b>		<b>5</b>	<b>72,790</b>	<b>8,66,744</b>	<b>79,881</b>	<b>1319.30</b>	<b>7,57,646</b>



### Project no 2 : Child Education Project

#### Project Name : "Ankur" : " Promoting School Readiness through Early Childhood Education

In India, the Integrated Child Development Services Scheme (ICDS) is the flagship state run programme with a mandate to deliver services for children below six years of age, pregnant and lactating women and adolescent girls. The services offered are health, nutrition, immunization and non-formal early education. These services are offered through an Anganwadi (courtyard shelter) Centre, by a field worker called the Anganwadi Worker. This is perhaps one of the largest state run networks offering services for early childhood care and development. Typically, a centre is available per 1000 population, thus making it not only the largest free service provider, but also the most accessible one. For various reasons, however, ***it has been noted and well documented that the delivery of services of early childhood education has become neglected in the whole process.*** The reasons for these are several - lack of manpower resources, lack of adequate training and capacity building, lack of awareness regarding the importance of early years with regard to education, etc.



#### Developed Anganwadi Building

After the introduction of the National Early Childhood Care and Education Policy, it has been made mandatory to offer structured preschool education to children aged 3-6 years in the Anganwadi Centre itself. This has also brought into focus the importance of preparing the child for formal schooling and paying attention to the School Readiness skills required for future achievement in formal schooling.

Considering the need and requirement to pre-primary education for 3 to 6 year children, MGVS has decided to work in line with integrated child development department (ICDS), formal and non formal education approach in 32 villages of Aurangabad district around 1000 (3-6 year group) children has been focus from 32 Anganwadi center from 32 villages. Field experience and research leads us to the conclusion that there are three questions that



Group Discussion



Ankur Project Team

#### Focus area:

- A. School Readiness
- B. Anganwadi Centre Infrastructure
- C. Community Readiness & Involvement

#### A. School Readiness

School readiness is defined in various ways. It includes the concept that a healthy and productive interaction between the child and the environment lead to optimal child development. It typically encompasses broad developmental achievements as well as specific skill sets and competencies.



- Physical well being
  - Social and emotional health
  - Independent learning habits
  - Language development
  - Cognitive processes like attention, memory
  - problem solving, creative thinking etc.
  - General knowledge regarding the environment surrounding the child
- Pre-academic skills for learning of literacy and numeracy



**Anganwadi worker during training**

### **B. Anganwadi Centre Infrastructure**

In order to ensure optimal benefits from education and to deliver all the following developments and competencies in the children, an Anganwadi Centre requires certain basic facilities to be provided to the children. This includes a safe and clean environment, facilities for sanitation and clean drinking water, hygienic cooking and storage areas and stimulating learning material.

### **C. Community Readiness & Involvement**

As is a popular belief, it takes an entire village to bring up a child. It truly takes the entire community to ensure maximum outcomes from educational inputs to children. This effort has to start right from birth and encompass each of the following -

- Positive child-care behaviors - regarding all areas including health and nutrition
- Stimulating home environment - healthy, linguistically and intellectually rich
- Parental awareness of the importance of health, hygiene and early education
- Activation of the community towards early childhood health, hygiene and education- through the engaging parent committees.



**2-6 year children promotional activity**

### Project no 3: Toilet construction under Sanitation project

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 780 rural poor household family and 4320 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

### Project no 4. : “Beggars care and shelter home”

#### Provision of Care and Shelter for Beggars an

MGVS called these beggars as **“Blessor” (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 providing two of these basic needs that is food and shelter. 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 37 **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 (Blesser)

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. **Counselling:** Some beneficiaries are addicted to smoking, alcohol and tobacco, MGVS give counseling so that this beneficiary can over come to this addiction.

**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.

### Project no : 5. MGVS shelter home for orphan child at 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.

The support which we get is of two types: **INKIND** and **INCASH** support



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

#### Our Supporters for Shelter home:

**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.

**Other Donors:** visitor from other districts and local donors also support us from time to time.

#### Challenges: Fund Shortage:-

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.

#### 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.



## Project no 6: Community Support and Care Centre (VIHAAN) PROGRAMME

MGVS run this programme in Vaijapur, Gangapur, Kannad and Khultabad block of Aurangabad district, Vihaan Programme is run for the service of HIV/AIDS infected people. The basic aim of the programme is to support the PLHIV. Vihaan enrolled this person to the ART center 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.

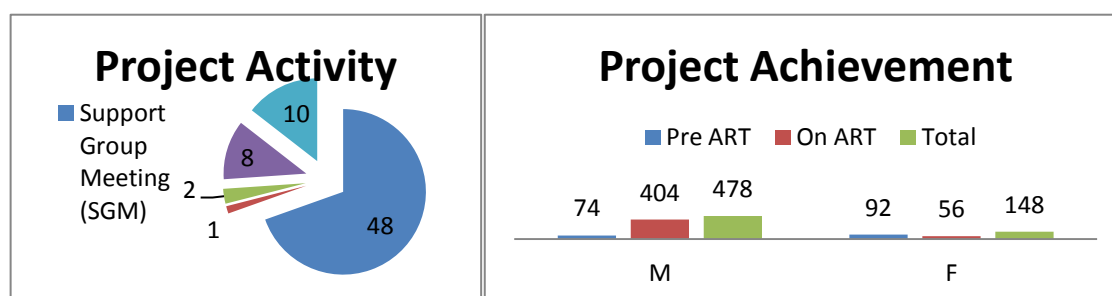
### Services of CSC

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) and Adherence support
3. Psycho social support in the form of counseling and support group meetings
4. Social entitlement support and social protection schemes
5. fail to follow up and missed cases brought back
6. 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.

### No of Activity done and beneficiary covered by the project in this financial year



### Area covered:

- Vaijapur and Gangapur Taluka of Aurangabad Dist.

### 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 - Adovocacy meeting at Vihaan CSC / School bag distribution to PLHI children**

### **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.

### **Project no 7. Smile Twin e- learning Project (STeP) (MGVS & Smile foundation Joint Intervention)**

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 4 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.



**Computer Learning in Lab with Students**

### **Project Location:**

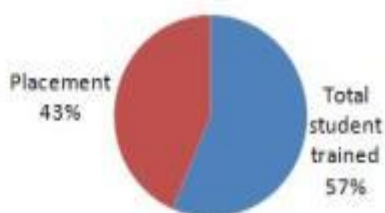
Bhandup Slum area of Mumbai

### **Project Target Group:**

Center is 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



### Project Achievement



#### Youth Mobilization:

1. 160 under privileged youths have enrolled for the four 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.
6. Community mobilization by Centre coordinator

#### Regular classes at STeP center:

As per project guidelines we have successfully enrolled student four batches, 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.

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

#### Outcome/impact of the program:

1. 160 Students has enrolled and successfully completed their courses
2. Carrier counselling session conducted.
3. Coordinator and Faculty are having meetings with various stakeholder and night colleges for creating awareness about the STeP course.
4. Coordinator is also visiting most of the slum areas for mobilization.
5. The students are now able to earn more money because of value added in them with knowledge and skill.

#### 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.

### Project no 8: HIV/AIDS and STD prevention and control project among HRG community

#### Introduction

The vulnerable women's are the prime target, to protect them from getting effected from HIV we conducted test like HIV and VDRL (STI) test at the interval of every six months. The females who are tested positive are regularly followed up by our staff and they are registered at the ART center for treatment.

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.

**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 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, counselling 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 cases, identification, counselling and STI treatment is doing. If someone is negative then we give required counselling to she /hi so that the person not infected by HIV in future. If in any case someone is positive then we link her to the STI for the further treatment.

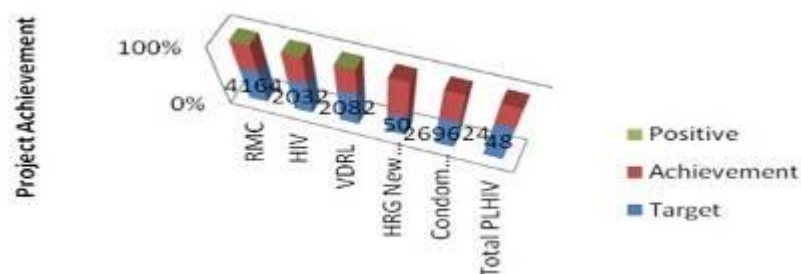
### Filed Level activities

The poster exhibition is 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.



**MGVS staff is giving information to the visitors of the Poster Exhibition in Paithan**

### Number of beneficiary covered by the project



### 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. 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/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.

- 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.

### BCC Event : HALDI KUMKUM PROGRAMME

MGVS arranged HALDI KUMKUM Program at the targeted area under the "Targeted Intervention project Female sex worker project 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.

### Project no 9. Link Worker scheme under HIV/AIDS preventing control programme

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, migrant worker, rural vulnerable youth etc.

**Project Area:** 100 villages from Aurangabad, Paithan, Khultabad, Phulambri, Kannad, Sillod, Soygaon, Gangapur and Vaijapur 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

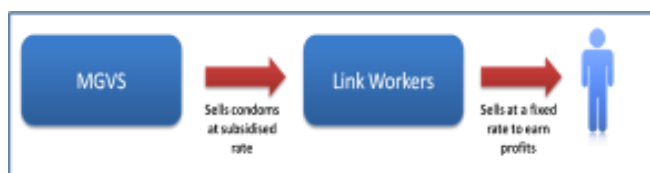
These activities are performed by the linked workers on day to day basis. A linked worker is expected to carry out these activities as a part of his regular roles & duties. Some examples include

#### 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 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 550.

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,Trucker,Migrant male and female, vulnerable population, PLHIVs, CLHIVs, and From 2009 binging of project around 50750 beneficiaries are covered by LWS project till march 2018 .

#### 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

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**



**Awareness activity:**

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

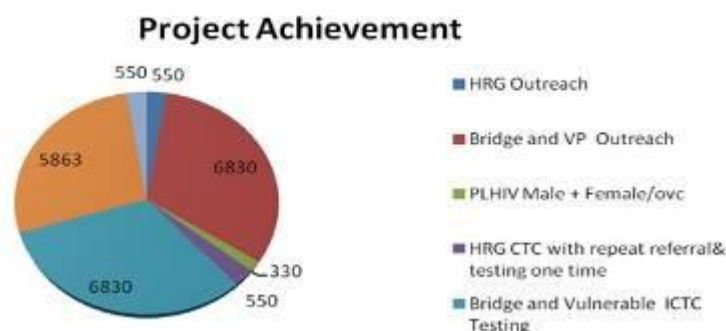
World's AIDS day was celebrated all across the world on 1st December. The theme of this year's world AIDS day was "HANDs UP HIV Prevention" that highlights the need of innovation and vision in the face of AIDS challenge. MGVS organized various activities at village, block & district level. MGVS organized activities throughout the World AIDS day week starting from 1<sup>st</sup> Dec, to 7<sup>th</sup> Dec 2017. The activities comprised of candle rallies, awareness drives, poster exhibitions, street plays & question answer sessions in which villagers could directly ask questions to project staff. The activities saw great participation from people especially students & young adults.



**Aurangabad LWS NGO MGVS felicitated by Hon. Health Minister for the best practices in LWS project on the occasion of World AIDS Day**

### Out come 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:

- 16 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 1<sup>st</sup> to 4<sup>th</sup> no. selected in competition

**Linkages:** 329 PLHIV are linked under Vihaan Programme for social scheme benefit

## 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.



### Project no 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 community feedback about quality and granted health service at Govt. health services . CBHMP enables to know people's feeling and satisfaction levels about the health service and accordingly explore necessary areas for improvement to satisfy them. CBHMP bridges the gap by involving community members in the assessment of health services in order to improve them.

#### Objectives of Project :

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 69 villages from Vaijapur and Gangapur taluka of Aurangabad district.

#### List of activities endeavored to be completed from April 2017 to March 2018:

- ❖ Two meeting of District Mentoring and monitoring committee.
- ❖ Two District Jansanvad Conducted.
- ❖ One District level workshop for Decentralized planning.
- ❖ One district level review meeting for Decentralized planning.
- ❖ 15 District level planning and review meeting conducted
- ❖ Two Block and 6 PHCs monitoring and planning committee meeting .
- ❖ Data collection of SDH two times conducted.
- ❖ District and taluka GRC committee orientation workshop
- ❖ Block level federation workshop
- ❖ 6 PHC RKS Social Audit Conducted.
- ❖ Conducted awareness programmes in 45 villages.
- ❖ Conducted Janmat chachni in 25 villages on health issue .



#### District and Block monitoring committee

District and block level monitoring committee supervises the block and PHC , 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 block level workshop for other stakeholders trains the 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.

**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 21650 people across 69 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

- 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 79 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 34 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.

### 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.

### Project no 11: Community health centre for rural women and children

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.



OPD facility



Amulance for Patients transportation

### Project no 12 : CHILDLINE 1098

The CHILDLINE 1098 service started in Aurangabad District in March 2018 with the support of CHILDLINE INDIA FOUNDATION Mumbai and MGVS as a collaborative organization. CHILDLINE 1098 has played a role for care and protection as well as rights of the children's.

#### The objects and mission statement of CHILDLINE

CHILDLINE is India's first 24-hour, toll free, emergency phone outreach service for children in need of care and protection linking them to long-term services for their care and rehabilitation. Any child and concerned adult can call 1098 and access the CHILDLINE service any time of the day or night.

#### CHILDLINE 1098 service credo:

- CHILDLINE 1098 is a special family
- Every call is important
- CHILDLINE 1098 does not work alone
- CHILDLINE 1098 is transparent and accountable



#### Objectives of CHILDLINE 1098

- To reach out to every child in need of care and protection by responding to emergencies on 1098 and by physically reaching out to children.
- To adapt and integrate telecommunication technology, linking all districts to the service of 1098, and making it available to all children in need of care and protection.
- To provide a platform of networking amongst organizations and to provide linkages to support systems that facilitates the rehabilitation of children in need of care and protection.
- To work together with the Allied Systems (Police, Health Care, Juvenile Justice, Transport, Legal, Education, Communication, Media, Political and the Community) to create child friendly systems.
- To advocate for services for children that are inaccessible, non-existent or inadequate.
- To create a body of NGOs and Government organizations working within the national framework and policy for children.
- To be a nodal child protection agency in the country, providing child protection services to children in need of care and protection.
- To set up innovative child protection services leveraging technological advancements in areas where such services are inaccessible, non-existent or inadequate
- To undertake research with the objectives of strengthening the CHILDLINE 1098 service, and studying new and emerging trends in child protection issue
- To contribute and work towards strengthening and participating in a global movement that addresses issues related to child protection and ensures that children's voices are heard.

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

- Education Guarantee Center for school dropout children
- Vocational training for rural youth and girls
- Prevention of Parent to Child Transmission of HIV (PPTCT)
- Pariwarik Mahila Lok Adalat (PMLA)
- Sport Center for rural Youth
- Reproductive and child Health (RCH) Phase I and II
- Rural water Supply project ( Jalswrajya and Applla Pani )
- National Tobacco Control Programme (NTCP)

#### Upcoming Project

- Advancing Tobacco Control program through capacity building, Advocacy and enforcement in Marathwada region of Maharashtra state
- Integrated water management ( Water Conversation project in 10 villages of Aurangabad dist.



# Marathwada Gramin Vikas Sanstha (MGVS - Annual Progress Report 2017-18)

## Credibility Norms Compliance and Financial Statement Details (as on 31<sup>st</sup> March 2018)

- 1) MGVS is a public Trust and Society registered under Bombay Public Trust Act, 1950, and Societies Reg. Act 1860, Regd. No( MHA -29/95 A, bad Date 10/1/95, F.3290 (A, bad) Date: 27<sup>th</sup> February 1996
- 2) MGVS are registered under Section 12 A, registration no. ABD/CIT/TECH/12A (A) 2009-2010 dates. 29/6/2009.
- 3) MGVS registered under 80G, No. ABD/CIT/TECH/80G/MGVS/46/52/9-10 dated. 29/6/2009.
- 4) MGVS also registered under FCRA 083750093 dated 19/8/2005 valid till 30/4/2021

## Governing board details

Name G B member	Position in the Board	Age	Gen der	Meet. attend ed
Mr. Mansukh Manakchand mbad	President	67	M	5
Mr. Appasaheb Janardhan Ugale	Secretary	45	M	5
Mr. Popatrao Dasar. Patil	Vice president	68	M	5
Mr. Shivaji Bhaurao Aware	Joint Secretary	55	M	5
MS. Sunita Girjinath Shejul	Treasurer	43	F	5
Ms. Alka Kishor Patil	Members	42	F	5
Mr. Bhausahab Karbhari Gunjal	Members	55	M	5

## Staff remuneration [Gross yearly + benefits] in Rupees

Particular	Name	Designati on	Remune ration (in Rs.)
Operational Head of the MGVS (including honorarium):	Appasaheb Ugale	Secretary	40,000
Highest paid person in the MGVS (staff or consultant):	Annapurna Dhore	District Resource person	4,62,000
Lowest paid person in the MGVS (staff or consultant):	Puspa Magar	Care taker	36,000

## 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)

## Distribution of staff according to salary levels

Slab of gross salary (in Rs) paid to staff (per month)	Male	Female	Total
Less than 5000	3	20	23
5,000 – 10,000	27	23	50
10,000 – 25,000	6	11	17
25,000 – 50,000	0	1	01
50,000 – 1,00,000	0	0	0
Greater than 1,00,000	0	0	0

Annexure II Details Of Expenditure On Object Of Trust During The Year 2017-18		
Sr	Particulars	Amount
A)	<b>Educational Programme</b>	
	MGVS -Administrative Expenses	3,72,835.00
	Smile Twin E-Learning Center	8,88,000.00
	Child hood Education ( Ankur Project)	15,72,814.00
	A)	28,33,649.00
B)	<b>Health &amp; Medical Relief Programme</b>	
	FSW TI Project Unit -1	20,37,438.00
	Give India Project (Health )	10,65,743.00
	Link Workers Scheme (HIV/AIDS)	26,83,274.00
	FSW TI Project Unit 2	9,74,096.00
	CHC Center & Shelter Home Karanjgaon	7,91,421.00
	Community Based Health monitoring	10,58,388.00
	Pediatric Aids Initiative	75,518.00
	Community Support Centre - Vihaan	6,23,080.50
	B)	93,08,958.50
C)	<b>Poverty Relier</b>	
	Sheltar Urban Homelss Center	5,75,549.80
	C)	5,75,549.80
D)	<b>Environment</b>	
	Water Management Programme JBGVS/AFARM	40,74,827.84
	water Conservation Give India	13,83,275.00
	Toilet construction	3,49,160.00
	Water Conservation Project MGVS	1,55,000.00
	E)	59,62,262.84
	<b>Grand Total (A+B+C+D+E)</b>	<b>1,86,80,420.14</b>

# Marathwada Gramin Vikas Sanstha (MGVS - Annual Progress Report 2017-18)

## Balance sheet and Income expenditure

THE BOMBAY PUBLIC TRUST ACT, 1950					
SCHEDULE VIII (Vide Rule 17 (1))					
Name of the Public Trust: Marathwada Gramin Vikas Sanstha.(MGVS)					
Balance Sheet as on 31 March 2018					
Funds and Liabilities	Amount	Amount	Property and Assets	Amount	Amount
<b>Trust Funds</b>		52640.00	<b>Fixed Assets</b>		8206436.70
Balance as per last Balance sheet	52640.00		(As per Schedule-B)	8206436.70	
<b>Other Earmarked funds</b>		2000.00	<b>Current Assets</b>		3176262.00
Development Fund	2000.00		<b>Grants Receivables :</b>		
Building Construction Fund	5524941.00	5524941.00	(As per Schedule-C)	3176262.00	
(As per Last B/S)			<b>Closing Cash &amp; Bank Balance</b>		9941645.24
			(As per Schedule-D)	9941645.24	
<b>Current Liabilities</b>		3171189.00	<b>Loans &amp; Advances</b>		2929322.00
(As per Schedule-F)	3171189.00		(As per Schedule-E)	2929322.00	
Grant For 2018-2019		7229113.14			
<b>Income and Expenditure Account</b>		8273782.80			
Balance as per last Balance sheet	11508644.25				
Less : Deficit During the year	3234861.45				
<b>Total</b>		<b>24253665.94</b>	<b>Total</b>		<b>24253665.94</b>

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 : 25.05.2018

For Marathwada Gramin Vikas Sanstha(MGVS)

  
Appasaheb Urale  
Secretary  
Marathwada Gramin Vikas Sanstha (MGVS)  
Karanjgaon, Tq. Valjapur, Dist. A'bad (M.S.)

For Sunil Salunke & Associates  
Chartered Accountants

  
S.R. Salunke  
(Proprietor)  
M.No. 105421



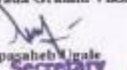
## Income and expenditure

THE BOMBAY PUBLIC TRUST ACT, 1950					
SCHEDULE VIII (Vide Rule 17 (1))					
Name of the Public Trust: Marathwada Gramin Vikas Sanstha.(MGVS)					
Income and Expenditure Account for the year ending 31st March 2018					
Expenditure	Amount	Amount	Income	Amount	Amount
<b>To Expenditure in respect of properties</b>			<b>By Bank Interest</b>		351399.00
Rent, Rates and taxes			On Securities		
Repairs and maintenance			On loans		
Salaries			On Bank Accounts ( As Per Schedule )	351399.00	
Insurance					153737.00
<b>To Establishment expenses</b>			<b>By Donation</b>		
<b>To Remuneration to Trustees</b>			(As per Schedule -H)	153737.00	
<b>To Legal Expenses</b>		20000.00	<b>By Grant received during the year</b>		13963786.69
<b>To Audit Fees</b>		34500.00	(As per Schedule -A)	13963786.69	
<b>To Contribution and fees.</b>			<b>By Income from Other sources</b>		1088479.00
To Amount written off			Membership fees	1057.00	
To Miscellaneous Expenses			Local Contribution		
<b>To Depreciation</b>		57343.00	(As per Schedule -G)	1087422.00	
(As Per Schedule B)	57343.00				
<b>To Total Expenditure on</b>		18680420.14	<b>By Deficit</b>		3234861.45
<b>Object of the Trust</b>					
( As per annexure II)					
a) Educational	2833649.00				
b) Medical relief	9308958.50				
c) Poverty relief	575549.80				
d) Environment	5962262.84				
e) Sanitation.					
<b>Total</b>		<b>18792263.14</b>	<b>Total</b>		<b>18792263.14</b>

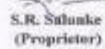
Place : Aurangabad

Date : 25.05.2018

For Marathwada Gramin Vikas Sanstha(MGVS)

  
Appasaheb Urale  
Secretary  
Marathwada Gramin Vikas Sanstha (MGVS)  
Karanjgaon, Tq. Valjapur, Dist. A'bad (M.S.)

For Sunil Salunke & Associates  
Chartered Accountants

  
S.R. Salunke  
(Proprietor)  
M.No. 105421



## News Gallery

**महत्वाचा संदेश**  
 (प्रकाशनासमकालीन दुर्गा अजयाने आलेल्या मुलांना आलेख साहित्य, एकपटाचे वाचन)

**गोरागिबांना लाभ देण्याचा प्रयत्न करा : सोरमारे**

पुनर्निर्माणमात्र दर्था अत्रारामे राखनेन्य मूलम अर्नेत मर्दिन ताख्याने राखप

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Lokmat Times

## Sub-dist hosp gets brickbats

LOKMAT NEWS NETWORK  
MUMBAI: 022-2777

Many complaints poured in during the meeting of the tribal health monitoring and planning committee held at the sub-district hospital here on Friday.

The committee members urged the ex officio committee president and chairperson of the panchayat samiti Indubai Sorasane to solve the problems to provide proper health services to poor people.

At the onset, Annapurna, Dharwad and Arjan, through a video clip provided the information about the working of the planning committee and various activities undertaken by it. After that the committee members started raising the complaints about the ill-functioning of the 100-bed sub-district hospital.

### Absenteeism of doctors routine affair

### Trauma care unit centre still defunct

### Health committee inspects hospital



years, but no medical instruments are fitted for rendering emergency health services to the accident patients.

The medical officers often refer the patients to Aurangabad after the preliminary treatment. Further, the patients are asked to purchase the medicines and the injections from the outside. Ambulance service of 300 vehicle is not provided urgently.

As most of the doctors provide their services by coming from Aurangabad, the sub-district hospital staff works as per the local

way schedule, the committee members agreed.

It was also complained that the health service at the Borsar primary health centre in the tehsil is also poor. Immediate action should be taken against the authorities concerned to improve the situation, they

The meeting was attended by tehsil health officer Dr.G.S.Indurkar, district health committee member Dhyaniramesh Bajpai, tehsil health committee members Kamesh Chavan, Nandabab Shinde, Babasaheb Turise, Suresh Vairai, Kalyani Aute and others. The planning committee president Indubhai Surwase later inspected the sub-district hospital and issued necessary instructions to the staff to improve the health services in the hospital.



## MGVS Project team

	<p><b>Mr. Appasaheb Ugale</b> is working as a Project Director of of MGVS.  <b>Education:</b> Diploma in Mechanical Engineering and B.A  Associated with the organization since its inception, he is the captain of the ship. Mr. Ugale with his honesty and drive to serve the society brings in new projects to the organization and holds everyone together in like family.</p>		<p><b>Mrs. Annapurna Dhore</b>, Admin Head and Project Manager ,<b>Education:</b> BSc &amp; Masters in Social Work  Dedicated, hard working and strong willed Mrs. Annapurna has been working with MGVS since 2012. With her multitasking skills she is very effectively managing Health education and child right project and administration of the organization.</p>
	<p><b>Mr. Vikas Mishra</b>, Consultant of MGVS, Education: M.B.A  With strong moral values and integrity Mr. Mishra has been working with the organization for the past 5 years as a consultant reporting and document specialist for various projects.</p>		<p><b>Mr. Arjun Jagtap</b>, District coordinator, MGVS. ,Education: BA  Loyal and compassionate, Mr. Jagtap has been associated with MGVS since 2004. Currently working for Community based organization and Migrant TI projects.</p>
	<p><b>Mr. Sunil Ugale</b>, Program manager. <b>Education:</b> M.S.W  Hardworking and selfless Mr. Ugale is working with MGVS Since 2004. Currently he is managing Targated Intervention for FSW and taluka coordinator for community based management</p>		<p><b>Mr. Mahesh Vaidya</b>, Project Manager, <b>Education:</b> B.A and Masters Social Work  Active and with a drive to work hard, Mr. Mahesh has new joined MGVS as a project manager for Migrant worker project.</p>
	<p><b>Mr. Ganesh Ugale</b>, Accountant, <b>Education:</b> B.com  Clever and quick with numbers, Mr. Ganesh takes care of the accounts since 2013</p>		<p><b>Mr. Sainath Bargal</b>, Education : Master of social work He is hard working and vey punctual and he work with MGVS as a project manager in health project since 2010</p>
	<p><b>Mrs. Sunita Tarde</b>, Accountant Assist, <b>Education:</b> BA  Working since 2011, loyal and enthusiastic Mrs. Sunita handles the accounts of TI, NCC and MGVS.</p>		<p><b>Mrs. Kalyani Aute</b>, Accountant <b>Education:</b> Persuing M.Com  Intelligent and honest Mrs. Kalyani works as an accountant for Link Worker project since 2015.</p>
	<p><b>Mr. Vijay Joshi</b>, Civil engineer, MGVS, <b>Education:</b> Civil Engineering  Committed and knowledgeable, Mr. Joshi looks after the water conservation project</p>		<p><b>Dr. Akash Kasliwal</b>, State Project Officer, <b>Education:</b> Masters in Dental Surgery (Public Health Dentistry)  Young and dynamic Dr. Kasliwal is working with MGVS and is managing Advancing Tobacco Control Program.</p>
	<p><b>Mr. Ranganath R Joshi</b>, District Manager <b>Education:</b> MSW  Experienced and with an energetic spirit Mr. R R Joshi has recently joined the organization as a project manager for Advancing Tobacco Control Program for Aurangabad, Beed and Jalna district.</p>		<p><b>Mr. Abhijeet Sanghai</b>, Project Manager <b>Education:</b> Pursuing MSW  Vibrant and outspoken Mr. Sanghai working as a project manager for Advancing Tobacco Control Program for Parbhani, Nanded and Hingoli</p>





## Partner and Supporter



### Registered Office

## Marathwada Gramin Vikas Sanstha (MGVS)

(Nagpur-Mumbai- Aurangabad Highway) Gat no 122, A/P Karanjgaon, Tal. Vaijapur,  
Dist Aurangabad – 423703, Maharashtra,, India

Email: [mgvs.vaijapur@gmail.com](mailto:mgvs.vaijapur@gmail.com)

Website : [www.mgvsababd.org](http://www.mgvsababd.org)

### Project Office

In-front to A.S Club , (Aurangabad-Ahmednagar-Pune Highway)  
Gat no.108- Plot no. 34, Near A.S Club, Backside of Chordiya Petrol Pump,  
Aurangabad-431133 Maharashtra ,Phone -0240-2341411 and 12

Email: [mgvs.abd@gmail.com](mailto:mgvs.abd@gmail.com)