



Marathwada Gramin Vikas Sanstha (MGVS)

Annual Report
2019-2020



Annual Progress Report 2019-2020

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Mr. Mansukh Zambad
President



Mr. Appasaheb Ugale
Secretary

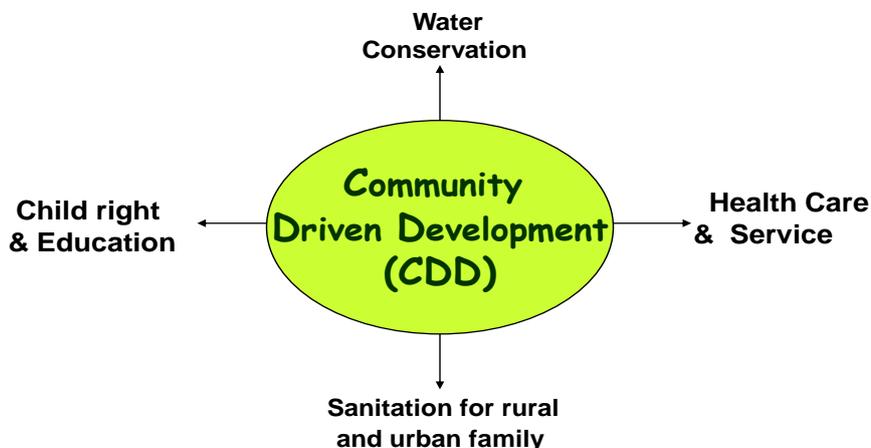
Trustee Message

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 marginalized 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 Ahemadnagar and Aurangabad district of Maharashtra, MGVS has focused on the child education and right, health, water and sanitation in rural area of the Aurangabad, Jalna, Beed, Nanded, Hingoli, Parbhani, 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 MGVS Team, 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.

MGVS' COMMUNITY DRIVEN DEVELOPMENT APPROCH



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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, Jalna, Beed, Nanded, Hingoli, Parbhani, Ahmednagar and Nasik district 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 and sanitation empowerment for the rural and urban poor.



MGVS Vision

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

MGVS 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, water conservation & sanitation.

We hope to Achieve following things in 2022

- Clean water to every household in 24 villages Aurangabad district.
- Livelihood security to two member of every family in 24 villages of Aurangabad district.
- Healthy education and services to community on reproductive child health and HIV/AIDS.
- Development of 4 model villages in Aurangabad district.
- Smoke free city of Maharashtra



MGVS Programmes and Project Activity

Education:

Child Education Project: "Promoting School Readiness through Early Childhood Education: 30 villages from Phulambri and Aurangabad block

Health

1. **Prevention** and control of STD & HIV/AIDS among high risk group, vulnerable, bridge, Youth and HIV+ve community in Aurangabad District of Maharashtra
2. **Residential** and **home** base care and support for orphan vulnerable children.
3. **Community** based health care centers for rural community.
4. **Community** Based Health Monitoring Project ni 11 PHCs Under NHM
5. **Advancing** Tobacco Control program through capacity building, Advocacy and enforcement in 10 district of Maharashtra state



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Poverty Relief:

"Building resilience of marginal farmers to recurrent drought through community participation and improving deliveries of government programmes in 30 villages of Jalna, Beed and Osmanabad districts of Maharashtra State".

Water conservation and sanitation project

6. **Integrated Water Management and Conservation** for sustainable availability of water in 24 drought effected villages.
7. **Toilet** construction under sanitation project for rural household.
8. District resource and Training organization under integrated water management programme.

Women and child development

CHILDLINE 1098: A child-friendly nation that guarantees the rights and protection of all children

Impact

- Water harvesting structures benefitting **13,538 hectare** of area under protective irrigation in Kharif season.
- 4 lakh Cum water storage capacity created in 24 village
- Clean, pure and sustain drinking water and toilet available in 24 villages
- HIV AIDS rate reduced from 7.25 % to 0.40 %.
- Increased institutional safe deliveries & Immunization rate in project area.
- 194 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 30 Anganwadi centre

Our Achievements and highlights:

Accredited by Credibility Alliance under Desirable norms.

Listed with GiveIndia, Guide Star India, CII, "SAMMAAN", and Danamojo

Awarded by:

- 1) MGVS felicitated by Hon. Health Minister for the best practices in HIV/AIDS 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)
- 4) Best Water conservation Award 2018

MGVS is Member of:

1. **Life Members** of Association of Agricultural Medicine & Rural Health in India
2. Community Enterprise Forum International (CEFI) New Delhi
3. Khushii, New Delhi.
4. **District & Block Mentoring & Monitoring** Committee under National Health Mission (NHM).
5. **Women & Child Welfare** Committee, Aurangabad
6. **Members of Action for Agricultural Renewal in Maharashtra (AFARM).**
7. **Members of District monitoring Committee National Tobacco control**

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Project no 1. Integrated Water Management and Water Conservation Project

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.

Integrated 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 2020' enabling water for all.

Integrated water management 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.

Implementation Approach and Significant Activities:

i) Water Resources Development comprising Nala Deepening & Widening based on existing & proposed water harvesting structures, Construction of Cement Nala Bunds, Repair of existing KT Weirs, Farm Ponds etc.

ii) Promotion of Micro Irrigation system including drip and sprinkler irrigation.

iii) Agriculture Productivity Enhancement through demonstrations on biopesticides and fertilizers, horticulture development and community threshing units.

iv) Livelihoods Development for resource poor households through promotion of SHGs and taking up small enterprises like dairy, goatry, poultry and off farm activities like tailoring, paper dish making etc.

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v) **Community mobilisation and capacity building** through trainings, exposure visit and awareness campaigning.

vi) **Project management**, coordination, documentation.



Project Work Inauguration during year

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.
- **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.

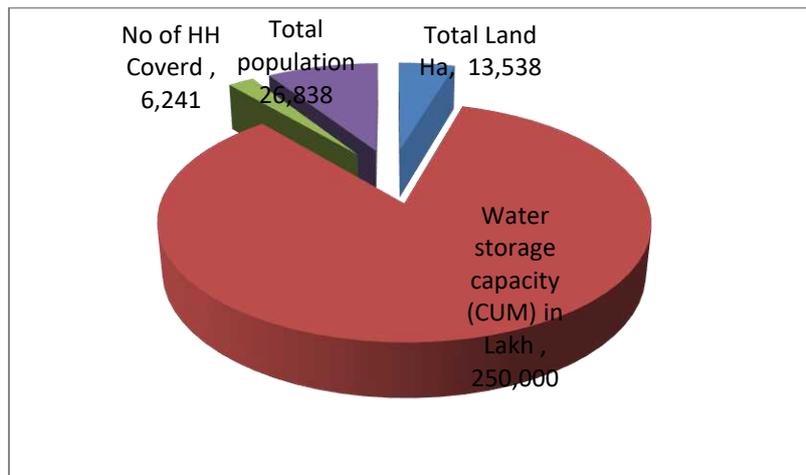
Outcome of the project

After successful implementation of project under integrated water and soil conservation, following are outcome.

1. 33 Water User Groups have been established from each structure and managing the operation & maintenance of water harvesting structures.
2. Water harvesting structures benefitting 13538 hectare of area under protective irrigation in Kharif season.
3. Water harvesting structures created storing of rain water 2, 50,000 cum in 7 villages.
4. Increased in ground water level of dug well / bore well has led to assured drinking water throughout the year and livestock. This has led to tanker free villages. Trained / capacitated water user groups have adopted efficient water management practices. It has led 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 management 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.

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Water conservation work Summary and village details



Ground water table increased and Water stored in De-silting, deepening & widening of Nalla



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.

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 30 villages of Aurangabad district around 1000 (3-6 year group) children has been focus from 30 Anganwadi

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center from 30 villages Field experience and research leads us to the conclusion that there are three questions that



Children teaching each other through education material



Training of Anganwadi worker how to handle education material and Exposure visit of child

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



Developed Anganwadi Building

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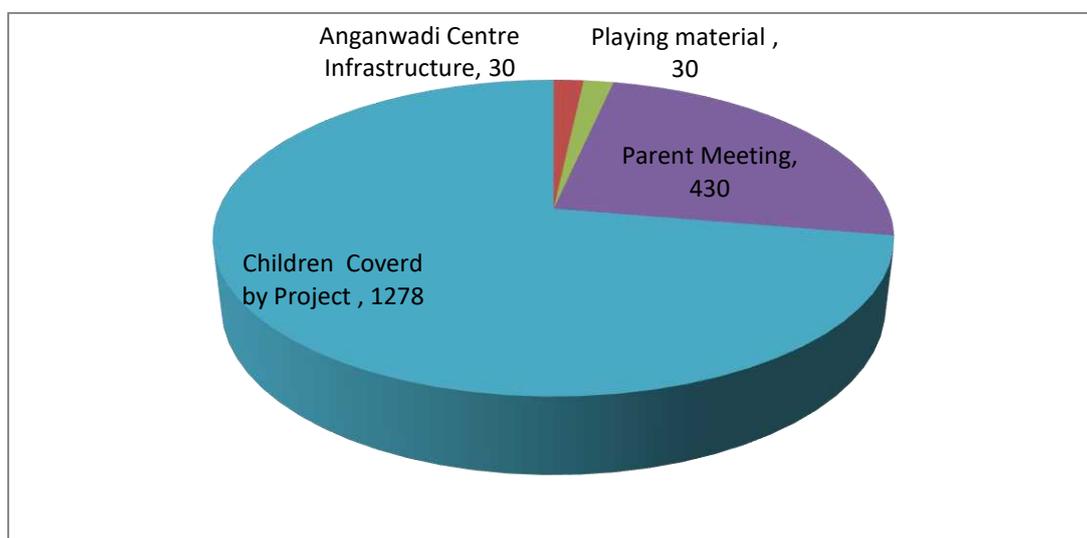
B. Anganwadi Centre Infrastructure

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 energization parent committees.



Outcome of Project

1) Infrastructure improvement.

The infrastructure has improved and become more children friendly. The overall infrastructure is well design for helping the children learning easily.

2) Health and education improvement of the child.

The health of the child has improved, their weight and height has increased from the time of their registration compare to their earlier weight and height.

The intervention has resulted in an increase in attendance of children and quality of pre-school education at AWCs

3) Training of Anganwadi staff.

The 30 Anganwadi centers have now well trained staff. The trained AWW are more capable of teaching children in a friendly and easy learning environment.

4) Social and Behavior Change

The Social and Behavior change of the community has changed now the parents, community and other stakeholders are more active and willing to participate in the activities of the Anganwadi with child.

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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, during Reporting year toilet facility has provided to 492 rural poor household family and 2988 family member from Karanjgaon, Manur, sasegaon, and Dhondalgaon village of Vaijapur and kannad taluka, District Aurangabad .

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. 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



Mass event organized with the present of Mr.C.P Tripathi (Chairman JBGVS) & other stack holder

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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

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.

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

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Project no 5: Advancing Tobacco Control program through capacity building, Advocacy and enforcement in Nasik region of Maharashtra state



Tobacco use kills nearly six million people worldwide each year. According to the World Health Organization (WHO) estimates, globally, there were 100 million premature deaths due to tobacco in the 20th century, and if the current trends of tobacco use continues, this number is expected to rise to 1 billion in the 21st century.

In **Maharashtra**, according to Global Adult Tobacco Survey-2 in 2016-17 a total of 26.6% adults (men-35.5% and women-17%) use tobacco (smoked and smokeless). The prevalence of tobacco use among persons **aged 15-17** has increased from 2.9% in GATS-1 to **5.5%** in GATS-2. The mean **age at initiation** of tobacco use has decreased from 18.5 years in GATS 1 to **17.4 years** in GATS 2. Every fifty adult was exposed to second-hand smoke at any

public place.

Based on the findings of GATS-2 although it is appreciable that the prevalence of smoking has reduced overall in the state, the increase in use of tobacco by people aged 15-17 years, the reduced mean age of initiation of tobacco use and the increase in exposure to second hand smoke call of immediate action. These findings call for an immediate action so as to prevent the younger generation from initiating tobacco use and to protect vulnerable population from second hand smoke. This can be controlled through effective implementation and enforcement of COTPA 2003. Thus based on the guidelines of National Tobacco Control Program, MGVS has been working for tobacco control in Marathwada region of Maharashtra since 2007; recently in October 2019 MGVS has started a new project **“Advancing Tobacco Control Program through Capacity building, multi-stakeholder engagement and enforcement of legislation”** with the technical support of The Union-International Union against Tuberculosis and Lung Disease.

Project Objectives:

1. To establish and strengthen politico administrative framework and institutional system at state and district level.
2. To build capacity of stakeholders to improve monitoring and compliance of tobacco control laws at district level.
3. To develop network and coalitions with government and non-governmental organization to ensure multi-stakeholder engagement.
4. To identify and monitor tobacco industry interference in Tobacco control and support development and strengthening of FCTC Article 5.3 in the state.
5. To support policy focused research, monitoring and evaluation of tobacco control program
6. To support policy focused research, monitoring and evaluation of tobacco control program

Progress in establishing and strengthening politico-administrative framework at state and district level

Sr. No	NTCP Framework	Situation in April 2019 (beginning of the project)	Situation in March 2020 (end of the project)
1.	DTCC and DLCC	Established in all 6 project districts	6 project districts DLCC 6 project districts DTCC
2.	Regular review meetings	Conducted in 2 project districts	Conducted in all 6 project districts
3.	TCC	Established in 4 project districts	Established and working in all 6 project districts
4.	Enforcement squad	Established in 4 project districts but active in 2 project districts	Established and active in all 6 project districts
5.	SLCC	Established but no meetings conducted	2 meetings conducted

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6.	FCTC Article 5.3	No notification	Circular issued by director of health services
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Summary of population reached by various tobacco control activities

Sr. No	Activity	Population Reached		
		Direct	Indirect	Total
1.	One-to-one meetings	1750	2555000	2556750
2.	Group Meetings	575	839500	840075
3.	Sensitization/Capacity building workshops	729	1064340	1065069
4.	Enforcement training	312	455520	455832
5.	DLCC review meetings	225	328500	328725
6.	Piggy bag workshops	500	730000	730500
7.	WNTD Activities	1100	1606000	1607100
8.	Sensitization through media and news	9300	6770400	6779700
9.	Total	14491	1,43,49,260	1,43,63,741

Major Achievements:

With the efforts of MGVS TC teams along with the support from STCC-Maharashtra and DTCC of respective districts following notifications/circulars/letters were issued at state and district level by different government officials for effective implementation and enforcement of COTPA 2003:

1. Notification by MD NHM- Make all government offices tobacco free
2. Letter by Special IG of police to all SP to increase challaning under COTPA and include COTPA in monthly crime review.
3. State education department- Make all schools tobacco free by following "tobacco free school" guidelines
4. Joint Dir. Health services (NCD)- regular enforcement drives with a specific time table; support letter for Advancing tobacco control project by MGVS.
5. Circular issued by Director of health services to implement guidelines based on FCTC Article 5.3
6. Circular by Joint Director of Health Services (NCD) for daily enforcement drives for COTPA 2003 on at least 10 to 15 Point of sale.
7. COTPA Section 4 compliance letter by district collectors of Aurangabad, Jalna, Hingoli, Parbhani and Nanded
8. COTPA Section 4 compliance letter by ZP-CEO of Aurangabad, Beed, Parbhani and Hingoli
9. COTPA Section 4 compliance and tobacco free WCD organization letter from Dy. Director of WCD.
10. Tobacco free schools letter by primary and secondary education officers of all six project districts
11. Tobacco free govt and semi govt residential schools letter by Dy Comm of social welfare of Aurangabad, Jalna, Beed, Parbhani and Hingoli
12. Initiated "Yellow Line Campaign" to make tobacco free schools in all project districts
13. Conducted Signage campaign for tobacco free government offices and public places in all project districts

Photographs:



District level sensitization workshops at Aurangabad

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District level enforcement training with police Beed and Jalna



Project no 6: HIV/AIDS and STD prevention and control project among HRG community

Marathwada Gramin Vikas Sanstha under Maharashtra state Aids control society (MSACS) is running targeted group interference programme in Aurangabad district in which it cover 1000 female sex worker (FSW). The programme provides following free services to the FSW.

- | | |
|--|---|
| 1. Free condom distribution | 2. Sexually transmitted diseases test |
| 3. HIV and VDRL test | 4. Linkage with government scheme |
| 5. HIV positive Patient linkage with ART | 6. HIV positive female's regular checkups |

The programme covers 750 females in urban and 275 females in rural. The rural area of Paithan and Khultabad and in urban area of Aurangabad town and MIDC area Waluj and Pandharpur.

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 health services for their sexual health needs .

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:

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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:

One on one Sessions

Group sessions

Community events

2) Condom promotion: Active HRG (High Risk Group) Population is 1031; Condom Distribution is done as per the need. This year 2, 95 lakh 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/he 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.



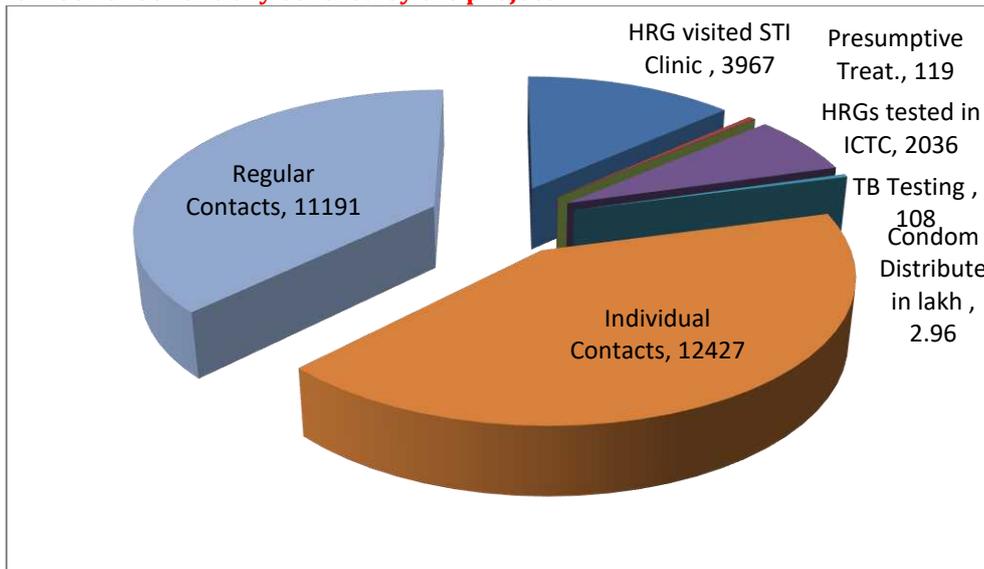
During Peer Meeting and Awareness Rally at filed



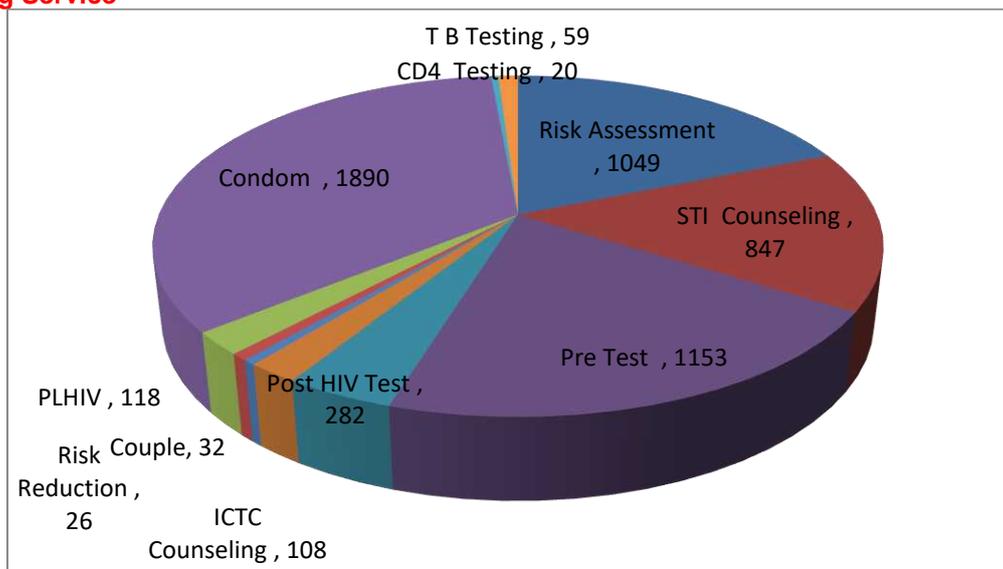
Project Activity

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Service and Number of beneficiary covered by the project



Counselling Service



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.

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Difficulties/challenges at the ground while implementing the Project.

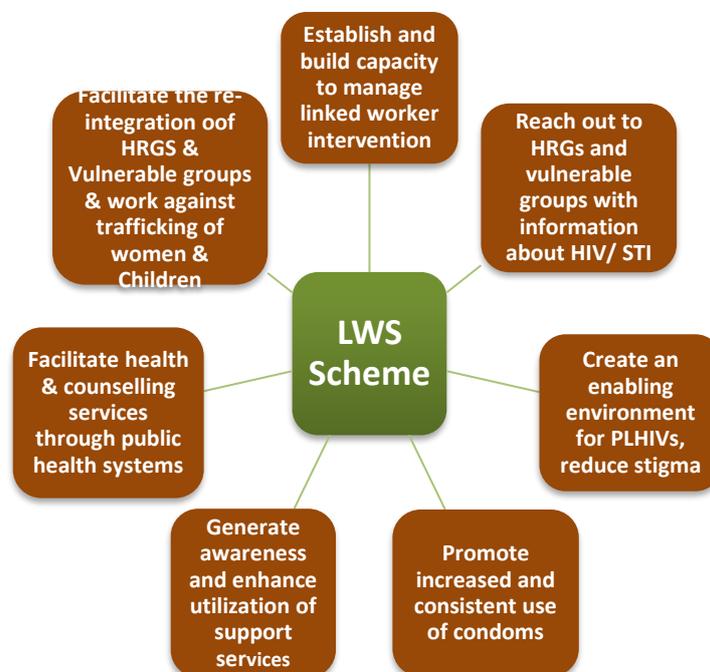
The work is difficult at the ground level because rural people are not open to HIV/AIDS. Talking on the topic of HIV/AIDS is taboo in the village. Many times when we visit at the village for testing and creating awareness we are opposed by the villagers but with the help of local leader and Gram sarpanch 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.

Project no 7. 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.



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 link workers on day to day basis. A link 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.

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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 through 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 & STI testing

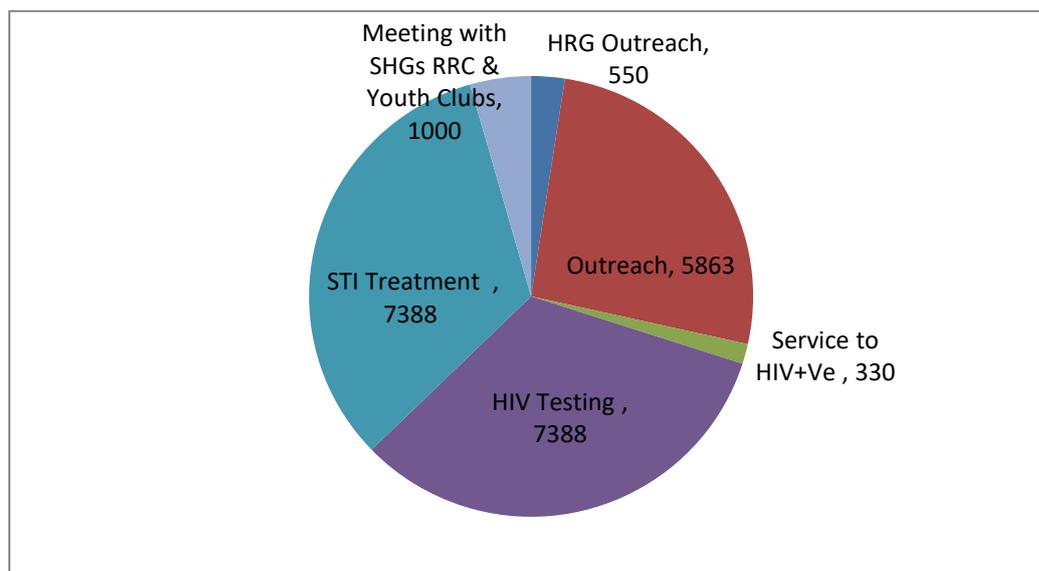
HIV and Sexually Transmitted Infection (STI) testing form the core activity of project. The link workers are assigned a target of the population that has to be tested. It is currently 100% for the year. As far as FSWs (Female Sex Workers) are concerned. The current size of FSW population in LWS Project is 556. The link workers refer them for testing in case of any detection of HIV or other STIs.

Mid-media activities and Health Melawa

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 et.. Health 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.

Activities in World AIDS Day (WAD) 2019

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, 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.



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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 67500 beneficiaries are covered by LWS project till march 2020



Health Checkup camp at field level



HRG Social benefit to HRG :

Out come and recommendations:

- Target population of project 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

Innovations:

- ❖ Conduct IPC Session by using Body mapping tool with the target population at the time of BCC
- ❖ Conduct sessions of HIV/AIDS & STI with also Link worker scheme objectives and work details in WAD program for Village level stakeholders and for target population.
- ❖ Conduct 35 Awareness programs in 35 schools and gave detail information on HIV/AIDS &STI
- ❖ Distribute educational material and nutrition as well as travel support to CLHIVs.

Linkages: 330 PLHIV are linked under Vihaan and PAI Programme for social scheme benefit

Good Practices

- We reached out population more the 95 percent from all targets set by the project
- 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.

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- 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.
- 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.

Project no 08 Community Base Health Monitoring (CBHMP) under National Health Mission

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. Hospital. 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.

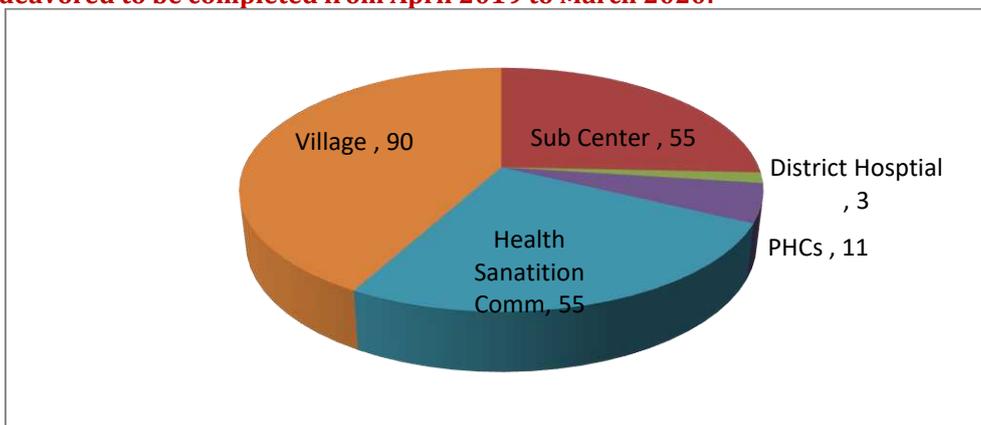
Objectives of Project:

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

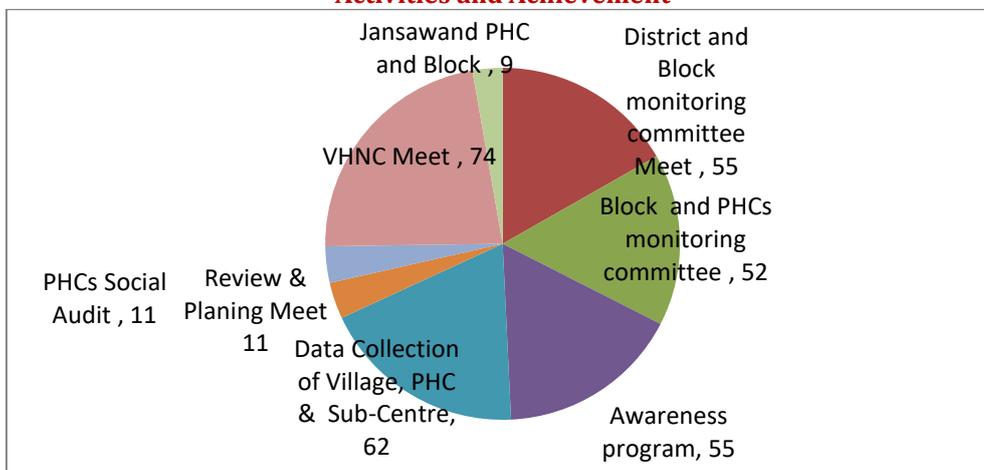
CBHM PROJECT AREA: (Dist: Aurangabad)

CBM is presently implemented in selected 90 villages from Vaijapur and Gangapur taluka of Aurangabad district.

Activities endeavored to be completed from April 2019 to March 2020:



Activities and Achievement



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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 taluka and PHC level . The district health officer holds the office of the vice president of this committee. MGVS plays the role of secretariat



During Block Monitoring and Planning Committee Meeting & Social Audit of PHC



PHCs and District level Jansanwad (Public Hearing)

The block level workshop for other stakeholder's 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 at Govt... Health Center and CBHM process we conduct the awareness activity in villages and to raise the demand of quality health services at health centers. Various tools were used such as rallies with announcement, poster exhibitions, group meet, workshop; 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 24200 people across 90 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 2020 and 2021 Year

Details on Data Collection at Village, PHC, Aanganwadi 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.

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a.) Aanganwadi , b) Primary Health Centre (PHC), C) Sub centre

Innovations of the projects:

- Conducting new 55 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 55 villages.
- Projects have the full support from new Sub Centre under PHCs .

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 CBHMP.
- 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 09: Community health centre for rural women and children



MGVS run a community health center for rural women, children at Karanjaon, Tal.Vaijapur, Dist. Aurangabad. Primary health services are available for the rural community. The centre provides services like primary health care, Ante natal 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 project village and refer them to the community health center for further treatment, medical care and safe delivery.

Ambulance for Patients transportation

Project no 10 :CHILDLINE 1098

CHILDLINE was founded by Ms. Jeroo Billimoria, who was then a professor at the Tata Institute of Social Science (TISS), Mumbai. Initiated in June 1996 as an experimental project of the department of Family and Child Welfare of TISS, CHILDLINE has come a long way today, to becoming a nationwide emergency helpline for children in distress. CHILDLINE Project across India is supported by the Union Ministry of Women and Child Development (MWCD) under the Integrated Child Protection Scheme (ICPS).

The 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.

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Objectives of CHILDLINE 1098

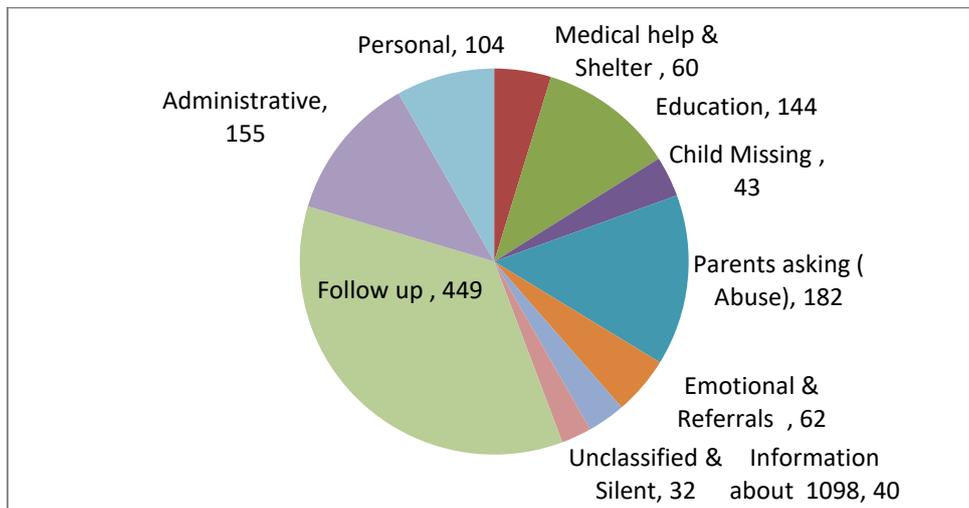
- i) To reach out to every child in need of care and protection by responding to emergencies on 1098 and by physically reaching out to children.
- ii) To adapt and integrate telecommunication technology, linking all project area to the service of 1098, and making it available to all children in need of care and protection.
- iii) 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.
- iv) 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.
- v) To set up innovative child protection services leveraging technological advancements in areas where such services are inaccessible, non-existent or inadequate

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



Cases and Support during reporting period



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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 and Smile Twin e- learning Project (STeP)
- 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 Appla Pani)
- National Tobacco Control Programme (NTCP)
- Beggars care and shelter home in Aurangabad

Upcoming Project

- Advancing Tobacco Control program through capacity building, Advocacy and enforcement in Nasik region of Maharashtra state
- Extenuation of Integrated water management (Water Conversation project in 10 villages of Aurangabad dist.
- Improving Water, Sanitation & Hygiene (WASH) in Aurangabad, Pune and solapur District

Annual Progress Report 2019-2020

Credibility Norms Compliance and Financial Statement Details (as on 31st March 2020)

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: 27th 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 FCRA083750093 dated 19/8/2005 valid till 30/4/2021

Governing board details

Name G B member	Position in the Board	Age	Gender	Meet. attended
Mr. Mansukh Manakchand Zmbad	President	71	M	5
Mr. Appasaheb Janardhan Ugale	Secretary	47	M	5
Mr. Popatrao Dasarath Patil	Vice president	71	M	5
Mr. Shivaji Bhaurao Aware	Joint Secretary	57	M	5
MS. Sunita Girjinath Shejul	Treasurer	46	F	5
Ms. Alka Kishor Patil	Members	45	F	5
Mr. Bhausaheb Karbhari Gunjal	Members	58	M	5

Staff remuneration [Gross yearly + benefits] in Rupees

Particular	Name	Designation	Remuneration (in Rs.)
Operational Head of the MGVS (including honorarium):	Appasaheb Ugale	Project Director	2,86,000
Highest paid person in the MGVS (staff)	Annapurna Dhore	District Resource person	4,80,000
Lowest paid person in the MGVS (staff)	Puspa Magar	Care taker	42,000

Total Cost of International Travel by all personnel (including Volunteers & board members)

Rs.0.00.00 (No International travel expenses incurred.)

Details of Board Members who have received remuneration / reimbursement during the financial year:

No remuneration 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	12	24	36
5,000 - 10,000	25	15	40
10,000 - 25,000	13	13	26
25,000 - 50,000	3	1	04
50,000 - 1,00,000	0	0	0
Greater than 1,00,000	0	0	0

Marathwada Gramin Vikas Sanstha (MGVS)
At Karanjgaon, Tal. Vajapur, Dist. Aurangabad.

Schedule F : Details Of Expenditure On Object Of Trust (2019-20)

Particulars	Amount
Educational Programme	
MGVS -Administrative Expenses	733757.58
Education (Ankur Project)	3075103.71
	3808861.29
Health & Medical Relief Programme	
FSW TI Project Unit -1	2185498.00
Link Workers Scheme	2844574.00
Advancing Tobacco Control Program	3172012.00
CHC Center & Shelter Home Karanjgaon	901072.48
Community Based Health Monitoring	1591250.00
Pediatric Aids Initiative (P.A.I.) Project	70500.00
Childline Project Aurangabad	1344281.20
Migrant TI Project / HIV AIDS	1638459.00
Give India Project	777711.00
Bidi/ SLT And Film Rule Survey	38200.00
	B) 14563557.68
Poverty Relief	
Sheltar Urban Homeless Center	38516.00
	C) 38516.00
Sanitation	
Give India Toilet Construction	672817.90
	D) 672817.90
Environment	
Water Conservation Project (Bajaj/ Afarm)	640920.72
Coca-Cola Water Conservation Project	1507307.70
Increasing Resilience to Recurrent Drought Project Aurangabad	647439.00
Water Conservation (Give India)	101010.00
Water Conservation Project (SRM)	2415395.00
Bajaj Water Conservation Project (BWCP)	20644478.56
	E) 25956550.98
Grand Total (A+B+C+D+E)	45040303.85

For Marathwada Gramin Vikas Sanstha (MGVS)

Appasaheb Ugale
Secretary

Marathwada Gramin Vikas Sanstha (MGVS)



Annual Progress Report 2019-2020

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)
At Post Karanjgaon, Tal. Vaijapur, Dist. Aurangabad
Balance Sheet as on 31 March 2020

Funds and Liabilities	Amount	Amount	Property and Assets	Amount	Amount
Trust Funds		52640.00	Fixed Assets		16418708.02
Balance as per last Balance sheet	52640.00		(As per Schedule-E)	16418708.02	
Other Earmarked funds		2000.00	Current Assets		1531005.00
Development Fund	2000.00		Grants Receivables :		
Building Construction Fund	5524941.00	5524941.00	(As per Schedule-G)	1531005.00	
(As per Last B/S)			Cash & Bank Balance	27384838.80	27384838.80
Current Liabilities		2200092.00	(As per Schedule-H)		
(As per Schedule-J)	2200092.00		Loans & Advances	185012.00	185012.00
Advance Grant for F.Y. 2020-21		22399747.50	(As per Schedule-I)		
(As per Schedule-K)					
Income and Expenditure Account		15340143.32			
Balance as per last Balance sheet	10059169.80				
Surplus During the year	5280973.52				
Total		45519563.82			45519563.82

As per our Report of even date.

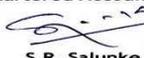
The above Balance Sheet to the best my/our belief contains a true account of Funds & Liabilities and of the Property and Assets of the Trust

For Marathwada Gramin Vikas Sanstha(MGVS)


Appasaheb Ugale
Secretary

Marathwada Gramin Vikas Sanstha (MGVS)
 Place : Aurangabad
 Date : 18.08.2020
 Karanjgaon, Tq. Vaijapur, Dist. A'bad (M.S.)

For Sunil Salunke & Associates
 Chartered Accountants


S.R. Salunke
(Proprietor)


 M.No. 105421

UDIN : 20105421AAAACN6657

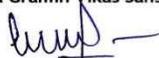
THE BOMBAY PUBLIC TRUST ACT, 1950
SCHEDULE VIII (Vide Rule 17 (1))
Name of the Public Trust: Marathwada Gramin Vikas Sanstha. (MGVS)
At Karanjgaon, Tal. Vaijapur, Dist. Aurangabad
Income and Expenditure Account for the year ending 31st March 2020

Expenditure	Amount	Amount	Income	Amount	Amount
To Expenditure in respect of properties			By Bank Interest		821124.82
Rent, Rates and taxes			On Securities	-	
Repairs and maintenance			On loans		
Salaries			On Bank Accounts (Sch-A)	821124.82	
Insurance			By Donation		227100.00
To Establishment expenses			(As per Schedule -B)	227100.00	
To Remuneration to Trustees			By Grant received during the year		47652468.65
To Legal Expenses			(As per Schedule -C)	47652468.65	
To Audit Fees			By Income from Other sources		2318019.90
To Contribution and fees.			Membership fees	1057.00	
To Amount written off			Local Contribution		
To Miscellaneous Expenses			(As per Schedule -D)	2316962.90	
To Depreciation		844653.00			
(As Per Schedule -E)	844653.00				
To Total Expenditure on Object of the Trust		45040303.85	By Net Amount Write Off		147217.00
(As per Schedule -F)					
a) Educational	3808861.29				
b) Medical relief	14563557.68				
c) Poverty relief	38516.00				
d) Environment	25956550.98				
e) Sanitation	672817.90				
To Surplus		5280973.52			
Total		51165930.37	Total		51165930.37

Place : Aurangabad
 Date : 18.08.2020

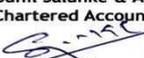
As per our report of Even date .

For Marathwada Gramin Vikas Sanstha(MGVS)


Appasaheb Ugale
Secretary

Marathwada Gramin Vikas Sanstha (MGVS)
 Karanjgaon, Tq. Vaijapur, Dist. A'bad (M.S.)

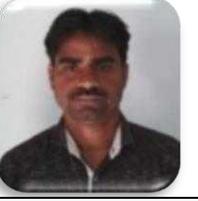
For Sunil Salunke & Associates
 Chartered Accountants


S.R. Salunke
(Proprietor)

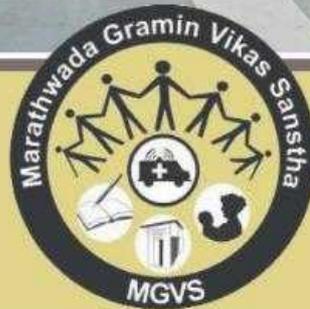

 M.No. 105421

UDIN : 20105421AAAACN6657

Annual Progress Report 2019-2020

	<p>Mr. Appasaheb Ugale is working as a Project Director of ofMGVS. Education: 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</p>		<p>Mrs. Annapurna Dhore, Admin Head and Project Manager, Education: B.Sc & 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</p>
	<p>Mr. Vikas Mishra, Consultant Education: M.B.A With strong moral values and integrity Mr. Mishra has been working with the organization for the past 6 years as a consultant reporting and document specialist for various projects.</p>		<p>Mr. Arjun Jagtap, District coordinator, Education: B.A Loyal and compassionate, Mr. Jagtap has been associated with MGVS since 2004. Currently working for Community based organization and Migrant TI projects.</p>
	<p>Mr. Sunil Ugale, Program manager. Education: M.S.W Hardworking and selfless Mr. Ugale is working with MGVS Since 2004. Currently he is managing Targated Intervention for FSW .</p>		<p>Mr. Durges Khainar Technical Supervisor , Education: B.Tech Agri , working with MGVS as Technical Supervisor from 2018 in water conservation project</p>
	<p>Mr. Ganesh Ugale, Accountant, Education: B.Com Clever and quick with numbers, Mr. Ganesh takes care of the accounts since 2013</p>		<p>Mr. Sainath Bargal Program manager. Education: M.S.W Hardworking and selfless, working with MGVS Since 2005. Currently he is managing Targeted Intervention for high risk group under HIV/AIDS project</p>
	<p>Mrs. Sunita Targe, Accountant Assist, Education: B.A Working since 2011, loyal and enthusiastic Mrs. Sunita handles the accounts of TI, NCC and MGVS.</p>		<p>Mr. Sagar Tyde Sr. Education: B.Tech Agri , Working in MGVS water conservation project as Watershed Engg from June 2018</p>
	<p>Mr. Omkar Ugale, Technical Supervisor , MGVS, Education: Mechanical Engineering Committed and knowledgeable, Mr. Omkar looks after the water conservation and livelihood project</p>		<p>Dr. Akash Kasliwal, State Project Officer, Education: Master' in Dental Surgery (Public Health Dentistry) Young and dynamic Dr. Kasliwal is working with MGVS and is managing Advancing Tobacco Control Program.</p>
	<p>Mr. Ranganath R Joshi, Divisional Manager Education: MSW Experienced and with an energetic spirit Mr. R R Joshi is working with MGVS from two year as a project manager for Advancing Tobacco Control Program for Aurangabad, Beed and Jalna district.</p>		<p>Mr. Abhijeet Sanghai, Divisional Manager, MSW Vibrant and outspoken Mr. Sanghai working as a project manager for Advancing Tobacco Control Program for Parbhani, Nanded and Hingoli</p>

Annual Progress Report 2019-2020



Partner and Supporter



Registered Office

Marathwada Gramin Vikas Sanstha (MGVS)

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

Email : mgvs.vaijapur@gmail.com

Website : www.mgvdabad.org

Project Office

In-front to A.S. Club, Back Side of Petrol Pump , Plot no 34, Gut no 108
Aurangabad - 431136 Maharashtra. Phone : 0240- 2341411 and 2984416

Email : mgvs.abd@gmail.com