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PROJECT PROPOSAL

on

WOMEN HEALTH CARE

(Specialization in Gynecology and obstetrics)

(GYNIC HOSPITAL)

Submitted by:-

Prathyusha Charitable Trust

Reg. No.100/2002

Hyderabad-Telangana State

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Website:-www.prathyusha.org

For Prathyusha Charitable Trust

B. Srinivas

Chairman



PRATHYUSHA CHARITABLE TRUST

1-42, II nd Floor, Rose Villa, Panchavati Colony, Road No.14, Manikonda, - 89,
R.R.Dist. Hyderabad, Telangana State.

To

Most Respected Sir,

Sub:- Implementation of PROJECT to promote women health care, specialization in Gynecology and obstetrics through Non- Government Organization (NGO) – submission of proposal to implement the clinics in Hyderabad and Rangareddy Districts Regarding.

We would like to introduce ourselves as “PRATHYUSHA CHARITABLE TRUST” Hyderabad Telangana State, which is a Registered Non Government Trust working for the upliftment of down trodden communities in Telangana State.

Prathyusha Charitable Trust was established at Hyderabad in the year 04-10-2002. Since its inception, the trust has been totally committed to the cause of the downtrodden and oppressed sections of society and also expanded its coverage to include other vulnerable communities.

The activities of the organization have spread to cover the fields of community organization Gender, Health, Women empowerment, Women entrepreneurship, Rural Live hood, Water, Sanitation, Disaster Management Programmes, Agricultural Programmes, Award Programmes.

Prathyusha Charitable Trust has developed expertise in training, awareness and publications thereby consolidation its work and real firming its commitment.

By taking this opportunity, we are here by submitting a project in detail for “Women health care specialization in Gynecology and obstetrics”. It is designed with a view to create awareness among lives in and around Hyderabad and Ranga Reddy District.

For Prathyusha Charitable Trust



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We feel by establishing the hospital to give the awareness and medical treatments to women and to make their live's happy.

Our trust Registered in NITI Ayog- Unique ID number- AP/ 2014 /0076106.

Copy enclosed.

Our trust Registered in PFMS

PFMS Unique Agency Code- TLHY000011 We are having Income Tax Exemption -63.

We intend to establish this medical hospital in the above said areas

Thanking you sir,

Address:

Prathyusha Charitable Trust
2nd Floor, H.No.1-42
Rose Villa, Road No.14
Near Mana Studio
Panchavti Colony,
Manikonda-500089.
Hyderabad, Telangana.

Your's faithfully

for Prathyusha Charitable Trust

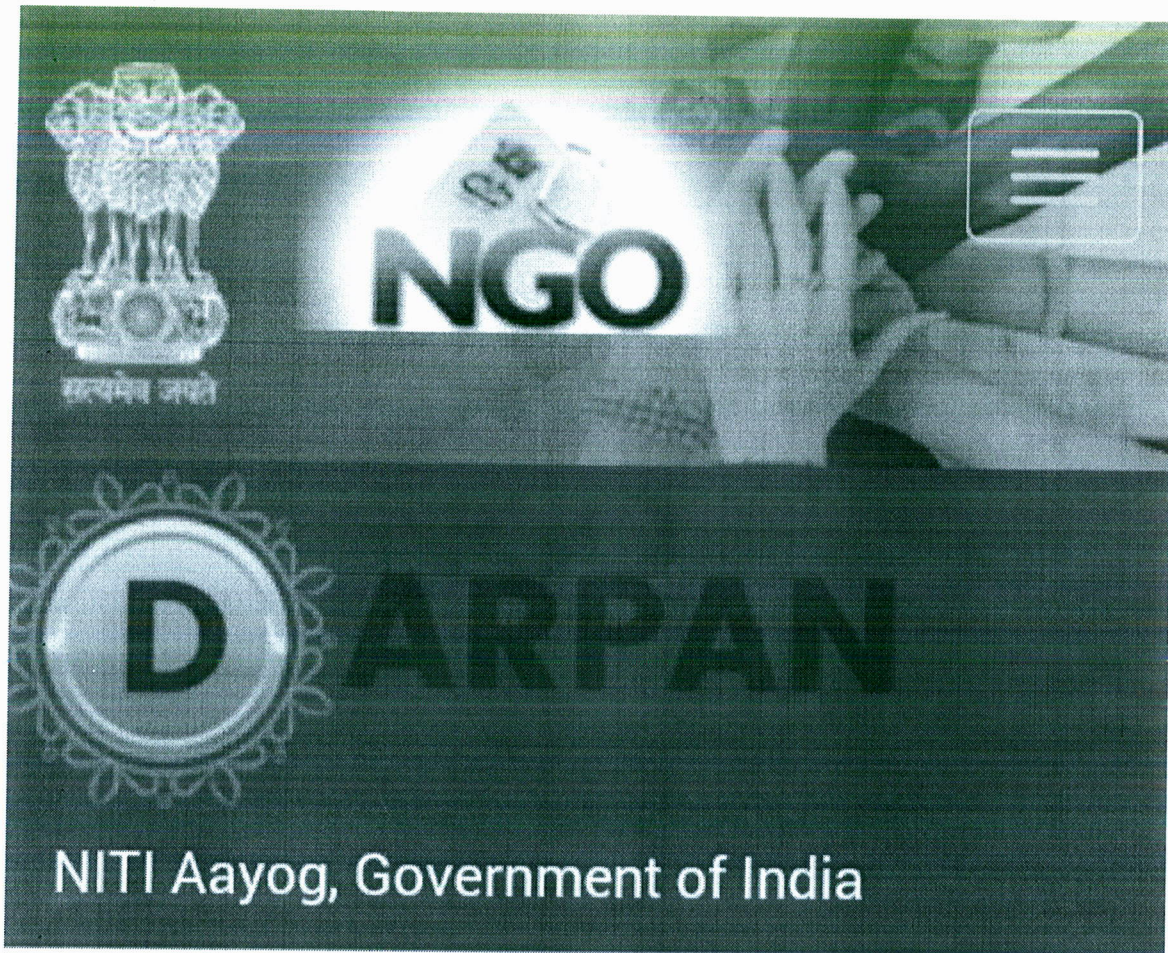


Chairman

Website: www.prathyusha.org

Email-ID: prathyushacharitabletrust@gmail.com

Mobile: 9848507676, 99499000884.



Registration Progress

100% Completed

Your Unique Id: AP/2014/0076106



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Foreword By your organization

Health and social care in our clinic to be the best. We want our hospitals to be providing safe, efficient, high quality care that meets patients' needs – and that's what this document is about.

We're aiming to offer higher standards of health care to women through our services.

Our Organizationwas started inand aims at.....

Following is a proposal for a new outlook and change in gynaecology services. The proposal gives more detail on how we might get novel changes for the betterment of women especially in rural areas.

We are proposing inpatient and day case gynaecology services in rural areas surrounding Hyderabad and Secunderabad.

We want setup free services to women and parallely ensure the patients get the best treatment possible, by the right person, in the right place, at the right time.

First, we want to listen to you. I hope you will take the time to read this document and let us know your views on the proposal. We remain committed to making improvements and delivering the type of service you expect. Help us to get it right.

For Prathyusha Charitable Trust.

B. Srinivas

Chairman



Executive Summary

- Two lines About your organization
- The Target group would include girl children and women living in the slum areas in and around Hyderabad and also a few backward villages and districts surrounding the twin cities.
- Rural women experience poorer health outcomes and have less access to health care than urban women. Many rural areas have limited numbers of health care providers, especially women's health providers. They have to reach cities to get proper treatment. Also such treatments are also too expensive for them. The aim is to educate people living in remote areas about the gynaecological issues and also treat them simultaneously.
- The organization proposes to setup Out-Patient Clinics for consultation and also small facilities for In-Patient Services for the rural women free of cost. For chronic care the patient would be referred to multi-speciality hospitals in the city bearing partial treatment expenses (depending on the situation)
- Consequently foreseeing a positive outcomes like,
 - ✓ Declining the mortality rate due to Gynaecological issues in rural and slum areas.
 - ✓ Provide an enhanced reproductive health to the women in rural areas.
 - ✓ Access to knowledge to improve the local diet and household behaviours through nutrition/health education so as to enhance their quality of life.
 - ✓ End health care discrimination between the rural and urban india by focusing on improving the health conditions of poor people by addressing health problems.

What does this mean for patients?

- The development of a dedicated gynaecology services in rural areas will facilitate a more focused approach for patients, resulting in a more responsive, higher quality service that is currently not available there.
- Patients will be provided free consultation, medical and diagnostic services in their neighborhood. They need not rush pillar to post to get proper and accurate treatment.

For Prathyusha Charitable Trust



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Objectives:

- a. To reduce the incidence of women mortality and girl child mortality.
- b. To educate the community as to the concept and philosophy of Reproductive Health Care and its importance for the family, community and society and to create confidence among the people in adopting this practice.
- c. To support and supplement special health related activities and preventive programs such as literacy training for female and sanitation etc.
- d. To treat needy patients particularly to destitute women and children, to admit them in the hospital for their treatment and to supply nutritious and food for bed patients.
- e. To raise the nutritional status of the community, especially mothers and children by the use of cheap, locally available and nutritious foods. To impart nutrition, education and nutrition cooking demonstration to convince women.
- f. To arouse adequate consciousness about health and hygiene among villagers.

Need Assessment:

Women's health is an integral part of overall health system of any country. They are the one who takes care of the health of the whole family. Good health of the children to a greater extent depends on the good health conditions of women. They are the foundation of health system/status of family/community. ***'The woman is the pilot around which the family, the society and humanity itself revolves. It is well said that 'the hands that rock the cradle, rule the world'.*** Welfare of a country directly depends upon the welfare of its women and women's health and nutritional status is inextricably bound up with social, cultural and economic factors that influence all aspects of their lives, and it has consequences not only for the women themselves but also for the well-being of their children (particularly females), the functioning of households, and the distribution of resources.

As Jawaharlal Nehru also aptly remarked that ***'one can tell the condition of a nation by looking at the status of its women'***. Thus, women's stable and good health is the top indicator of any country's overall development. Therefore, there should not be any hiccups in providing at least primary health service to women. However, our country hardly gained any success in providing easy and free access of health to women. ***Women are discriminated against from womb to tomb.*** In all the fields, they enjoy only subordinate status. In this state of affairs, women's health has hardly gained prominence. People, community society at large under estimated the importance of women's health. It is sad to note that Indian women have high mortality rates, particularly childhood and in their reproductive years.

Women are often believed to be of a lower value in society due to their non-breadwinner status. Financial support, old age security, property inheritance, dowry and beliefs surrounding religious duties all contribute to the preference of sons over daughters.

Women's health in India can be examined in terms of multiple indicators, which vary by geography, socioeconomic standing and culture. To adequately improve the health of women in India multiple dimensions of wellbeing must be analysed in relation to global health averages and also in comparison to men in India. Health is an important factor that contributes to human wellbeing and economic growth.

Currently, women in India face a multitude of health problems, which ultimately affect the aggregate economy's output. Addressing the gender, class or ethnic disparities that exist in healthcare and



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improving the health outcomes can contribute to economic gain through the creation of quality human capital and increased levels of savings and investment.

There are many circumstances due to which women in India face hindrances to attain enhanced healthcare.

- **Gender inequality:** Gender Inequality in India is exemplified by women's lower likelihood of being literate, continuing their education and participating in the labour force. Gender discrimination begins before birth; females are the most commonly aborted sex in India. Once born, daughters are prone to being fed less than sons, especially when there are multiple girls already in the household. As women mature into adulthood, many of the barriers preventing them from achieving equitable levels of health stem from the low status of women and girls in Indian society, particularly in the rural and poverty-affected areas. Men use greater privileges and superior rights to create an unequal society that leaves women with little to no power. Indian women are more likely to have difficulty traveling in public spaces than men, resulting in greater difficulty to access services.
- **Healthcare System:** At the turn of the 21st Century India's health care system is strained in terms of the number of healthcare professionals including doctors and nurses. The health care system is also highly concentrated in urban areas. Of all health workers in the country, nearly two thirds are men. This especially affects rural areas where it has been found that out of all doctors, only 6 percent are women. This translates into approximately 0.5 female allopathic physicians per 10,000 individuals in rural areas.
- **Malnutrition among women:** Nutrition plays a major role in and individual's overall health; psychological and physical health status is often dramatically impacted by the presence of malnutrition. India currently has one of the highest rates of malnourished women among developing countries. A study in 2000 found that nearly 70 percent of non-pregnant women and 75 percent of pregnant women were anemic in terms of iron-deficiency. One of the main drivers of malnutrition is gender specific selection of the distribution of food resources. The rate of malnutrition increases for women as they enter adulthood. Furthermore, it was found that malnutrition increased for ever-married women compared to non-married women.
- **HIV/ AIDS:** India has the third largest HIV epidemic in the world. With 1,721 new cases reported in 2015, Hyderabad and Rangareddy district have jointly topped the list in the number of HIV positive cases in Telangana. The number of infections is rising in many locations in India; the rise can be attributed to cultural norms, lack of education and lack of access to contraceptives. The current mortality rate of HIV/AIDS is higher for women than it is for men. As with other forms of women's health in India the reason for the disparity is multidimensional. Due to higher rates of illiteracy and economic dependence on men, women are less likely to be taken to a hospital or receive medical care for health needs in comparison to men. This creates a greater risk for women to suffer from complications associated with HIV. There is also evidence to suggest that the presence of HIV/AIDS infection in a woman could result in lower or no marriage prospects, which creates greater stigma for women suffering from HIV/AIDS.

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Major Gynaecological issues faced by women in General:

Gynaecological (GYN) problems occur in all women. They're also some of the most common complications experienced by women living with HIV. GYN problems can be more serious and difficult to treat in women with weak immune systems. Many GYN problems lack obvious symptoms and can remain undetected. Left untreated, they can further weaken the immune system. Therefore, regular exams to detect problems are crucial, even when you're feeling well and even when you don't have symptoms. Detection and treatment are critical steps to prevent a GYN condition from getting out of control.

A gynaecological disorder is a condition which affects the female reproduction organs, namely the breasts and organs in the abdominal and pelvic area including the womb (uterus), ovaries, fallopian tubes, vagina and vulva. Virtually every woman will suffer a gynaecological condition at some point in her life. For most, it will be minor and easily treatable, but for others their condition may have devastating consequences - impacting their ability to have children and even, with some illnesses, threaten their life.

Types of problems:

- ✓ **Menstruation Disorder:** A woman's body usually prepares for pregnancy about every 28 days. Her cycle begins on the first day of bleeding and continues to the first day of the next menstrual period. Every woman's body is unique. For some, a cycle is as short as 21 days or as long as 35 days, and for some women, each cycle is different from the previous. What is irregular for one woman may be normal for another. If a woman has irregular or abnormal menstrual bleeding, a doctor may prescribe hormones or other therapies (including different birth control methods) to help regulate her period.
- ✓ **Prolong Menses:** Menstruation at regular cycle intervals but with excessive flow and duration is defined as Menorrhagia and is one of the most common gynecologic complaints in contemporary gynecology.
- ✓ **Menorrhagia:** At some time in reproductive life, a women could experience heavy bleeding during menstrual period. The medical term for periods like these — excessive or prolonged or both — is menorrhagia. Although heavy menstrual bleeding is a common concern among premenopausal women, few women experience blood loss severe enough to be defined as menorrhagia.
- ✓ **Spotting:** Normally, women experience their periods every twenty three to thirty five days. Periods mark the end of a reproductive cycle and the start of another on. Bleeding during periods can be heavy or light, it can last from two days to several days. Abnormal vaginal bleeding is that which is unrelated to this reproductive cycle. The bleeding may be in the form of spotting after period or it may even be heavy bleeding, sometimes lasting for up to a week.
- ✓ **Clots:** Blood clots are the clumps that occur when the blood hardens from a liquid to a solid (coagulates). A blood clot that forms inside a blood vessel or within the heart and remains there is called a thrombus. A thrombus that travels from the blood vessel or heart to another location in the body is called an embolus. The disorder is called an embolism. An embolus that occurs in the lungs is called a pulmonary embolism.
- ✓ **White Discharge:** There is lot of secretions in our body from mucous membranes and



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glands, which have their own function, depending upon the place. Normally, the secretions protect our body by forming a slimy lining over the skin or mucous membrane. If this secretion becomes very low, everyone will feel dryness and cracked skin which paves way for infection. Likewise, vaginal glands also secrete some secretions to keep the organ moist, flexible and to prevent it from infection by its acidic nature. White discharges are cloudy secretions from the female reproductive tract especially from the vagina or cervix or both. Leucorrhoea is a medical term for white discharges which is an excessive secretion of the vagina. It is very common in females nowadays, i.e. more than 30 per cent of girls suffer from leucorrhoea and feel discomfort and pain. It may be mild to severe, and varies from person to person.

- ✓ **Polycystic Ovarian Disease:** Polycystic ovary syndrome is a condition in which there is an imbalance of a woman's female sex hormones. This hormone imbalance may cause changes in the menstrual cycle, skin changes, small cysts in the ovaries, trouble getting pregnant, and other problems. Female sex hormones include estrogen and progesterone, as well as hormones called androgens. Androgens, often called "male hormones," are also present in women, but in different amounts. Hormones help regulate the normal development of eggs in the ovaries during each menstrual cycle. Polycystic ovary syndrome is related to an imbalance in these female sex hormones. Too much androgen hormone is made, along with changes in other hormone levels.
- ✓ **Menopausal Syndrome:** Menopause is a natural hormone (estrogen) deficient state that occurs at the age of 45-55 years. After the age of 40 years, ovaries reduce their production of sex hormones. As a result, the menses as well as other body functions are disturbed. Finally the menses cease permanently. This ultimate pause is described as menopause. Needless to say that this phase also marks the end of fertility in a woman. Irregular periods, hot flashes, night sweats, vaginal dryness and itching, and mood swings-- all these are typical symptoms of menopause. Osteoporosis, heart disease, and Alzheimer's disease (progressive loss of memory and concentration) are the long-term hazards of menopause. With an increase in life expectancy, menopause has become an inevitable phenomenon in a woman's life and many years are spent in the postmenopausal phase.
- ✓ **Breast cancer:** India is facing a growing cancer epidemic, with a large increase in the number of women with breast cancer. It is foreseen that by the year 2020 nearly 70 percent of the world's cancer cases will come from developing countries, with a fifth of those cases coming from India. **The high incidence of breast lumps among Adivasi women of Adilabad in Telangana has created apprehension of more serious health impacts for this remote population.** "Leave alone breast cancer or any other type of carcinoma, even routine mammarian infections were unknown among indigenous people belonging to the Gond, Pardhan, Kolam and Thotti," points out Dr. Thodsam Chandu, the District Immunisation Officer, himself a Gond.
- ✓ **Reproductive Health:** The lack of maternal health contributes to future economic disparities for mothers and their children. Poor maternal health often affects a child's health in adverse ways and also decreases a woman's ability to participate in economic activities. Although India has witnessed dramatic growth over the last two decades, maternal mortality remains stubbornly high in comparison to many developing nations. The primary reasons for the high levels of maternal mortality are directly related to socioeconomic conditions and cultural constraints limiting access to care.
- ✓ **Leiomyomata uteri (Fibroids):** This condition is seen in 20-30% of women 35 years and older. It is often a symptomatic. There could be Uterine enlargement and the adnexa



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This condition is common and malignant degeneration is rare. But in some women there could be abnormal uterine bleeding unresponsive to hormonal management, a hysteroscopy or ultrasound may reveal a submucosal fibroid. Hysteroscopic resection or hysterectomy is the usual treatment after failure of medical management. Fibroids which outgrow their blood supply may become painful.

- ✓ **Gynaecologic Cancers:** Gynaecologic cancer is any cancer that starts in a woman's reproductive organs. The five gynaecologic cancers begin in different places within a woman's pelvis. Each gynaecologic cancer is unique, with different signs and symptoms, different risk factors, and different prevention strategies. All women are at risk for gynaecologic cancers, and risk increases with age. When gynaecologic cancers are found early, treatment is most effective. Five main types of cancer affect a woman's reproductive organs: cervical, ovarian, uterine, vaginal, and vulvar. As a group, they are referred to as gynecologic cancer. (A sixth type of gynecologic cancer is the very rare fallopian tube cancer).
- ✓ **Infertility:** Infertility may describe a woman who is unable to conceive as well as being unable to carry a pregnancy to full term.
- ✓ **Infections:** Infections of the vagina, cervix and uterus are common infectious conditions which may recur if untreated.

Statement of Need:

The need of the hour is to provide access to quality services for women during their reproductive years and as they age can help prevent long-term illness and disability. Services related to women's mental health, reproductive health, domestic and sexual violence, oral health, and preventative care (i.e., cancer screening), need to be available in all parts of the state and accessible to those who need them most.

Project Implementation

Project Beneficiaries (Target area/ kind of beneficiaries)

Plan of Action : (Organisation plan and how your gonna implement it)

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PROPOSED BUDGET

Total 1 Gynic hospital Funds – Rs.5,40,80,000/-

Note:- The following Tablular formed pertains to one hospital in and around of Rangareddy and Hyderabad Districts.

This Project is implemented successfully in 17 months time with infrastructure and service.

PROPOSED GRAND BUDGET OF GYNIC HOSPITAL

Gynic Hospital Total Budget – 5,40,80,000/-



S.No.	Particulars		One Year In Rs.
1.	Land and Building Construction	1,10,00,000	2,80,30,000
		1,70,30,000	
2.	Furniture (Chairs – 50, Tables-15, Wardrobes 10, Executive Chairs-8, Lockers-8, Stools-20 Small Desk - 15, Beds-30, Fans-50)	14,60,500	14,60,500
3.	Ambulance -3	12,97,500	12,97,500
4.	Lab Infrastructure	5,70,000	5,70,000
5.	Lab Equipments, Medical Equipments	10,00,000	13,00,000
		3,00,000	
6.	Administration (Office Equipments)	5,00,000	5,00,000
7.	Medical Staff Salaries (Dorctos-5 Nurse-10, Aayas – 12, 4 th Class Employees 05, Sweepers-4, Lab Staff-5	5,00,000x12	60,00,000
8.	Administration staff (Receptionist -1, Manager-2, Attender-4)	2,00,000x12	24,00,000
9.	Medicines	3,00,000x12	36,00,000
	Regular Medicines Emergency Medicines	1,50,000x12	18,00,000
10.	House Keeping & Laundry (Bed Sheets Washing & Cleaning)	50,000x12	6,00,000
11.	Building & Wards Cleaning Material	20,000x12	2,40,000
12.	Weighing Machines-50	25,000x5	1,25,000
13.	Kitchen Equipments	1,00,000	1,00,000
14.	Radiology & Other Machines	10,00,000	10,00,000
15.	Computers – 05 Scanner and Printer-03	4,50,000	4,50,000
16.	Telephones 3 & Monthly Bills	1,20,000	1,20,000
17.	Miscellaneous	44,87,000	44,87,000
	Total Amount		5,40,80,000



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[Signature]

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