

PROJECT PROPOSAL
FOR
MOBILE MEDICAL CARE PROJECT



[DEVELOPMENT FORUM](#)

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NEED OF THE PROJECT

Sensing that Medicare is the most important component of village life, DEVELOPMENT FORUM has proposed a unique project Mobile Medicare Unit. There are persons who are too vulnerable and old to visit hospital for treatment & are too poor to afford it. It hence, becomes necessary to bring medical facilities at their doorsteps.

This tragedy of old age magnifies in proportion, if elderly person is financially poor. He not only faces neglect of family, but does not receive proper nutrition, medical facilities & various things necessary in twilight years of life.

Considering the size of population, who cannot afford medical treatment, this number is a drop in ocean. Deployment of MMCUs to various uncovered areas is a major challenge.

MMCUs are highly potential projects & have the ability to penetrate deeper into the society. Since a social worker always accompanies MMCUs, wide reaching effects can be created through medical & other kinds of care. This potential is yet to be realized.

OBJECTIVES OF THIS PROJECT

1. To provide mobile health care services in Ankola Taluk by covering 50 villages where the basic access to health service is lacking.
2. Increase access to health care in an underserved area: The primary objective of the mobile clinic is to bring health care into a community with limited access, specifically to those who are uninsured or underinsured.
3. To ensure curative health care: To prescribe and dispense medicines on the spot for the common ailments and referral to hospital for other cases.
4. To educate and build health awareness: To raise awareness about preventive health care issues including family planning, communicable and other diseases, audio visual equipment and a large screen will be fitted in the van. With the help of this facility educational films can be shown in villages.
5. The clinic also integrates patients into existing social services and health care systems through referrals.



6. To provides free episodic care at a time and place chosen to best serve our target population.

IMPLEMENTATION METHODOLOGY

It is proposed to run a Mobile medical care unit (MMCU) in form of a van to provide primary medical care to those, who due to age and poverty cannot approach regular doctors, in the targeted 50 backward villages.

Social worker associated with the MMCU will reach out to society by involving the local community and organizes them for health care. Besides providing medical consultancy most of the medicines at practically no cost are also made available.

Mobile Medical Staff

Doctor: A qualified M.B.B.S doctor will be appointed as Medical Officer for the MMCU.

Nurse: A qualified nurse (B.Sc./Diploma in Nursing) person would be appointed as nurse.

Health Worker: The concerned person must have at least three years of work experience in the event of not being professionally qualified.

Pharmacist: A qualified pharmacist would be appointed for drug distribution.

Social Worker: An experienced social worker with at least three year of work experience will be appointed.

Driver: A committed driver with a valid driving license will be appointed for this post.



ACTION PLAN OF MMCU

S.I.	Activity	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
1	Covering 10 villages per day	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Addressing Curative health care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Health Awareness Education	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Referral services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Audio visual programmes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Distribution of medicines	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7	Networking with community	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8	Awareness on Human Rights, IGP Mother & Child Health, HIV/AIDS	✓		✓		✓		✓		✓		✓	
9	Education and Communication	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10	Project Monitoring & Reporting	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
11	Project Evaluation												✓
12	Project Auditing			✓	✓								



PROJECT IMPACTS

1. There would be mobile health care services in Ankola Taluka for 50 villages where the basic access to health service is lacking.
2. There would be an increase access to health care in underserved villages of Ankola Taluka.
3. Curative health care part of villagers in 50 villages would be ensured
4. Children, Women, Adults and Aged in the 50 villages would have raise awareness of their personal health, hygiene and sanitation.
5. Epidemics, communication diseases and sexually transmitted diseases would come down in the targeted 50 villages.

SUSTAINABILITY

The mobile unit would become sustained after three years of time by getting support from the beneficiaries and local well wishers.

MONITORING REPORTING & EVALUATION

This medical staff of DEVELOPMENT FORUM would monitor the health care project on monthly basis and the same staff would report to the management board of DEVELOPMENT FORUM. Concurrent evaluation would be done on monthly basis however an annual evaluation will be done the external agency with the support of DEVELOPMENT FORUM.



BUDGET

Sl.	Particulars	Calculation	Rupees
I. Non-Recurring Expense			
1.	Equipped Van for Mobile clinic	Tempo Traveler	25,00,000
Non-Recurring			25,00,000
II. Recurring Expenses			
1.	Doctor	Rs.60000 x 12 months	7,20,000
2.	Health Nurse	Rs. 15000 x 12 months	1,80,000
3.	Pharmacist	Rs.15000 x 12 months	1,80,000
4.	Social Worker	Rs.10000 x 12 months	1,20,000
5.	Driver	Rs.10000 x 12 months	1,20,000
6.	Health Care (Doctor, Medicines etc.) Nutrition and hygiene (Oil, Soap, Clothing etc.)	Rs.1,00,000 x 12 months	12,00,000
Recurring			25,20,000
Grand Total (Recurring-3 yrs & Non-Recurring)			1,00,60,000
(25,20,000 x 3) + (25,00,000)			