

1. Objective of the assignment:
 The objective of the consultancy study is to verify the quality of the works under

JalyuktShiwar Abhiyaan in the Pune District. The different works are taken up under the Programme such as:

- 1.1. Soil & Water Conservation Works: Continuous Contour Trenching(CCT), Deep Continuous Contour Trenching(DCCT), Compartment Bunding, including Terracing, Graded Bunds, Loose Boulder Bunds, Small Earthen Bunds, Earthen Structure, Gabion Structure, Cement Nalla Bunds(CNB), CNB in Chains, Farm Ponds, Micro Irrigations – Drip Irrigation System and Sprinklers Irrigation Sets, Nalla Deepening and/or straightening and/or widening, Desilting of storages (with Govt Funds &/or on Participatory basis), Repairs to Earthen Nalla Bund and to CNB etc.
- 1.2. Works Related to Minor Irrigation Schemes (MIS) : Pazar Tanks(PT), Kolhapur Type Weirs(KTW), Diversion Weirs(DW), Irrigation Well, Repairs to (i) Minor Irrigation Tanks, (ii) Storage Tanks(ST), (iii) KTW, (iv) PT, (v) Canal, Desilting of Storages of Minor Irrigation Schemes. Strengthening of Water Users Associations(WUAs) etc.
- 1.3. Works Related to Forest Department : Forest Tanks, Nursery, Tree Plantation etc.
- 1.4. Water Supply Schemes/Works (WSS) : Dug & Bore Well Recharging, Recharge Trench, Recharging Shaft, Nalla Linking, Water Distribution/Supply Scheme, Repairs to the WSS etc.

The Agency will evaluate selected projects/works taken up under the Programme in Pune District in 13 Talukas.

The Agency will evaluate the selected projects/works on Technical and Financial aspects.

2. Methodology :

2.1. INITIAL LIST : With the work/Job order, the Collector will provide to the Consulting Agency a list of all projects/works taken up in 13 Talukas, with following details:

- A. Name of Work/Project.
- B. Place/Location.
- C. Implementing Agencies details.
- D. Amount administratively sanctioned, amounts released under the Programme and Amounts paid to the contractors by Implementing Agencies.
- E. Present status.
- F. A District Map showing all work/project site locations.

2.2. ON OF SITES TO BE VISITED : Once the Consultancy Agency has the above details, the Agency will group the works cost-wise, and select the works/sites to be evaluated in the percentage/proportion given below. The percentage/proportion are applicable to works (mentioned below in the table) in a Talukas:

Work	Sites to be visited as Percentage of total sites in a Taluka
All works (i) Soil & Water Conservation, (iii) Forest Deptt Works,	(ii) MIS Works, (iv) WSS Works.
1). Up to Rs. 10.0 lakhs (including)	10 %
2). Above Rs. 10.0 Lakhs up to 20.0 Lakhs (including)	All sites
2.a). CNB	All sites
2.b). Other sites	All sites
3). Above Rs. 20.0 Lakhs	All sites

Overall, the Consulting Agency will adopt following approach in selecting the sites :

a) **Visit to Each Village :**

The Consultancy Agency will visit each village under the Programme. In other words, at least one work/project will be selected from each village under the Programme.

b) **Importance to Works :**

First, the Agency will sort the list received from the Collector taluka-wise, and cost wise. And then apply the above percentage/proportion in selecting the works for evaluation. The Agency will take care to select at least one work of different types from each Taluka. Due to this, the taluka-wise sites may exceed to some extent above the applicable percentage/proportion, mentioned above.

c) **Completed Works :**

Completed works will be visited on priority.

In view of the nature of the works, spread-up of the area, construction stage, expectation/need to cover all villages, type of works etc., the random sampling will not suite to the selection of sites/works/projects to be visited.

Once the list of works to be evaluated, is finalised, the Agency will present the same to the Collector and discuss the same with him.

3. DATA REQUIRED FOR EACH WORK/PROJECT SITE TO BE VISITED :

The Agency will request the Implementing Agencies through the Collector, to provide photo copies of following documents for each selected work/project for the evaluation of quality, under the Programme :

- A. Order of Administrative Approval.
- B. Survey/Investigation details, Design notes (if any), Plans & Estimates and the Technical sanction for the same.
- C. Work order to the contractor and details of the "Defect Liability Period", extension granted for the period for the completion of construction etc.
- D. Work order book, important letters, demands etc.
- E. Letters regarding Material Testing, and Test results, rejection etc.
- F. Photographic data, if any.
- G. Copies of the all bills, saving & excess statement, notings of total payment including release of the retention amounts, completion certificate etc.
- H. Other correspondence regarding the work such as Inspection Notes & compliance; if any, Objections/Complaints; if any, Changes made in the Components of the works/projects, approval to the same etc.

This is the initial list for documents, which will be updated by the Consulting Agency, as the evaluation work progresses. These documents can be given in lots of works/projects by the Implementing Agency, which can be decided from time to time in the meetings between the Collector &/or and the Implementing Agencies and the Consulting Agency.

Following are the other documents, which the Consulting Agency will require from the Implementing Agencies in due course of the assignment:

- A. Soft copy of the typical tender document for different type of works.
- B. Set of Specifications applicable for different type of works.
- C. Files of Govt and Implementing Agencies' orders, circular, regarding designs, construction procedures etc.

The Consultancy Agency will finalize the set of its data collection tools for the projects. The tool will be designed considering various types of work and their requirement.

SITE VISIT PROGRAMME :

Once the Consultancy Agency has above data, it will chalk out the programme for site visits, which will depend on various factors already mentioned in this section above at "2.2", and also on other factors such as (i) construction stage of work, (ii) total works in the village and surrounding area, (iii) season/weather condition etc.

- A. The Consultancy Agency will study the project/work files of Implementing Agencies on the background of the photocopies already provided by Implementing Agencies. Such study will be done before the actual visit. If any 3 The material and mixture testing etc. will be carried out by the Implementing Agency, as per the procedure set and/or as given in the tender documents and/or manuals and/or as per the various standards applicable. The Consultancy Agency will not carry out any actual testing of material and mixtures etc. additional documents will be required from the files, it will request the Implementing Agency after the study. Those files will be returned to Implementing Agency, after the site visit.
- B. For site visit the Implementing Agency will direct the concerned Sectional/Assistant Engineers to accompany the team of Consultancy Agency. However, if he is busy, other knowledgeable member of the concerned sub-Dn should accompany the Agency during the site visit.

5. OTHERS:

- A. The Consultancy Agency will deploy the team of trained man power for visit and inspect the works.
- B. The Consultancy Agency will tabulate the observations for all works for various items.
- C. The Consultancy Agency will present a consolidated report for all projects together. The report will cover various aspects Technical Financial and Training needs of the project staff.
- D. The whole purpose of exercise is to focus attention on outcomes instead of outputs.
- E. Timely completion of the assignment depends on timely availability of (a) documents from the Implementing Agencies and (b) availability of officers to show the sites.

Output:

The Consultancy Agency will present a consolidated report for all works/projects together. The report will cover various aspects Technical, Financial and Training needs of the project staff.

The Consultancy Agency will make available three hard copies of the report in English with equal no. of Executive Summary in Marathi as well as in English. The Executive Summary will be a single report covering comments in general on all type of works for all talukas together.

The work/project-wise photos will be given on a CD which will be the part of the report. A soft copy of the report will also be made available on CD.

Necessary presentations will be made to the Collector. To the possible extent, the main part of the presentation will be in Marathi, except technical issues.

Responsibilities of the (i) Collector as a Chairman, Jalyukt-Shiwar Abhiyaan District Committee, Pune; (ii) Implementing Agencies and (iii) the Consultancy Agency :


As mentioned in Methodology, making available in time, various lists and documents by various Implementing Agencies is the prime responsibility of the two units/agencies mentioned at (i) & (ii) above, for smooth completion of the assignment. And after getting the documents and Implementing Agencies' Personnel for site visits, completing notes on works/projects accordingly (and subsequently the Evaluation Report) are the responsibility of the Consultancy Agency.


Property of the Collector :


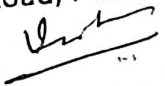
All documents and reports prepared and delivered to the Collector under this MoU while rendering the Services shall become the property of the Collector. The Institute will in no way be liable to any defect, damage or loss thereof once the same has been delivered to the Collector by the Consultancy Agency.

Confidentiality :

All documents and reports prepared and delivered to the Collector under this agreement shall be treated as confidential.


तालुका कृषि अधिकारी
पुरंदर


उपाधिभागीय आधिकारी टॉड-पुरंदर
उपाधिभाग-पुरंदर


PRINCIPAL
Bharati Vidyapeeth
(Deemed to be University)
College of Engineering
Pune-Satara Road, Pune-411 043


M 11015/166/2020 PRI
Government of India
Ministry of Panchayati Raj

11th Floor, Jeevan Prakash Building,
25, K.G. Marg, New Delhi-110001
Dated: 22nd July 2020

To,
The Pay & Account officer
Ministry of Panchayati Raj
Krishi Bhawan, New Delhi.

Subject: Release of funds for conducting the study for spatial planning in the Gram Panchayats.

I am directed to convey sanction of the Competent Authority for releasing of Rs. 5,00,000/- (Rs. Five Lakhs only) to Bharati Vidyapeeth College of Architecture, Pune, for conducting the study for spatial planning in the Gram Panchayats mentioned below:

#	District	Block	Gram Panchayat
1.	Pune	Junnar	Rajuri
2.	Pune	Junnar	Belhe

2. The Section Officer (Cash) of the Ministry of Panchayati Raj would be the Drawing and Disbursing Officer for this purpose. The amount shall be drawn and remitted electronically in favour of Bharati Vidyapeeth College of Architecture, Pune. The bank details are as follows:

Name of the institute	Bharati Vidyapeeth College of Architecture, Pune
Name of Bank	Bharati co-operative Bank Ltd., Pune
Branch Name	Bharati co-operative Bank, Dhankawadi Branch
Account Number	200503130005715
IFSC Code	SVCB0010005

3. The expenditure is debitable to the following heads of account:

2515	Other Rural Development
33	Rashtriya Gram Swaraj Abhiyan (RGSA)
33.01	National Level Activities- Central Component
33.01.28	Professional Services

4. This issues with the concurrence of the Integrated Finance Division vide their Dy. No. 56/IFD/MoPR/2020-21 dated 22.07.2020 and approved by competent authority.

Bharati Vidyapeeth (Deemed to be University) College of Architecture, Pune-43
Inward No.: 57
Date: 20/8/20
Sign:

Vijay Kumar

(Vijay Kumar)

Deputy Secretary to the Government of India

Phone: 011 23746557

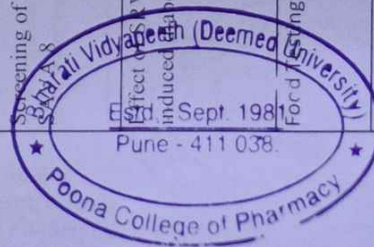
E-mail: vijay.kumar68@nic.in

Copy to:-

1. Prof Dr. B.H. Sutar, Principal, Bharati Vidyapeeth College of Architecture (MH-19), Pune.
2. Sr. PPS/PPS/PS to SPR/SS&FA/JS(CB)/JS(SKP)

3.1.6 Number of departments with UGC-SAP, CAS, DST-FIST, DBT, ICSSR and other recognitions by national and international agencies during the year						
Name of the Scheme/Project/ Endowments/ Chairs	Name of the Principal Investigator/ Co Investigator (if applicable)	Name of the Funding agency	Type (Government/Non-Government)	Department	Year of Award	Funds provided (INR in lakhs)
Fund for Improvement of Science and Technology	Dr K R Mahadik	DST-FIST	Government	Pharmaceutics	18 th Feb 2021	32
3.2.1 Extramural funding for Research (Grants sponsored by the non-government sources such as industry, corporate houses, international bodies for research projects) in Lakhs)						
Name of the Scheme/Project/ Endowments/ Chairs	Name of the Principal Investigator/ Co Investigator (if applicable)	Name of the Funding agency	Type (Government/Non-Government)	Department	Year of Award	Funds provided (INR in lakhs)
Effect of SAVA-1 on Cyclophosphamide induced neutropenia.	Dr. Arulmozhi. S	SAVA Health Care Limited-R & D, Plot No. 17/6, Block DI, MIDC, Chinchwad, Pune 411019, Maharashtra.	Non-Government	Pharmacology	12/14/2020	0.7485
In-vivo Studies on the Antidiabetic activity and toxicity of copper oxide nanoparticles using Wistar Rats	Dr. Urmila M.Aswar	Dr Anirudh Vasant Pethkar, Department of Microbiology, Institute of Science, Aurangabad	Non-Government	Pharmacology	28-Jan-21	0.5
Investigation of immunomodulatory activity of SAVA3 in experimental animal models of immunity.	Dr. Arulmozhi. S and Dr. Deepa Mandlik	SAVA Health Care Limited-R & D, Plot No. 17/6, Block DI, MIDC, Chinchwad, Pune-411019, Maharashtra.	Non-Government	Pharmacology	4/1/2021	0.5209
E.Tect of SAVA-4 and SAVA-5 on Cyclophosphamide induced neutropenia in mice.	Dr. Arulmozhi. S and Dr. Amol Muthal	SAVA Health Care Limited-R & D, Plot No. 17/6, Block DI, MIDC, Chinchwad, Pune 411019, Maharashtra.	Non-Government	Pharmacology	5/2/2021	0.60168

Effect of SAVA 3, SAVA 5 and SAVA 6 on Cyclophosphamide induced Neutropenia	Dr. Arulmozhi S and Dr. Amol Shinde	SAVA Health Care Limited-R & D, Plot No. 17/6, Block D1, MIDC, Chinchwad, Pune 411019, Maharashtra.	non-Government	Pharmacology	6/18/2021	0.75498
Effect of SAVA ED on Paroxetine-induced erectile dysfunction in rats	Dr. Arulmozhi S and Dr. Deepa Mandlik	SAVA Health Care Limited-R & D, Plot No. 17/6, Block D1, MIDC, Chinchwad, Pune 411019, Maharashtra.	Non-Government	Pharmacology	7/2/2021	1.57416
Ocular pharmacokinetics study of SAVA 7 in Wistar rats	Dr. Arulmozhi S and Dr. Deepa Mandlik	SAVA Health Care Limited-R & D, Plot No. 17/6, Block D1, MIDC, Chinchwad, Pune 411019, Maharashtra.	Non-Government	Pharmacology	7/2/2021	0.3649
Screening of Hepatic Profile of animals treated with SAVA 8	Dr. Arulmozhi S and Dr. Deepa Mandlik	SAVA Health Care Limited-R & D, Plot No. 17/6, Block D1, MIDC, Chinchwad, Pune 411019, Maharashtra.	Non-Government	Pharmacology	6/28/2021	0.70805
Effect of SAVA V0001979 on streptozotocin nicotinamide induced diabetes mellitus in rats.	Dr. Arulmozhi. S	SAVA Health Care Limited-R & D, Plot No. 17/6, Block D1, MIDC, Chinchwad, Pune 411019, Maharashtra.	Non-Government	Pharmacology	3/20/2021	1.03984
	Sangram Patil	Poona College of Pharmacy,	Non-Government	Insitute	4/3/2021	1.18
	Upendra Pendse	Poona College of Pharmacy,	Non-Government	Quality Assurance	28/11/20	0.984
3.2.2 Grants for research projects sponsored by the government agencies during the year (INR in Lakhs)						62.6927



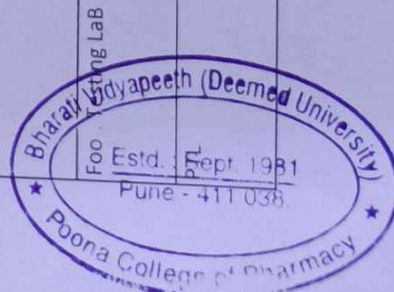
Name of the Scheme/Project/ Endowments/ Chairs	Name of the Principal Investigator/ Co Investigator (if applicable)	Name of the Funding agency	Type (Government/Non-Government)	Department	Year	Funds provided (INR in lakhs)
Nil	Nil	Nil	Nil	Nil	Nil	Nil

3.2.3 Number of research projects per teacher funded by government and non-government agencies during the year

Name of the Scheme/Project/ Endowments/ Chairs	Name of the Principal Investigator/ Co Investigator (if applicable)	Name of the Funding agency	Type (Government/Non-Government)	Department	Year	Funds provided (INR in lakhs)
Fund for Improvement of Science and Technology	Dr K R Mahadik	DST-FIST	Government	Pharmaceutics	18 th Feb 2021	32
Effect of SRV0001908 on Cyclophosphamide induced neutropenia.	Dr. Arulmozhi. S	SAVA Health Care Limited-R & D, Plot No. 17/6, Block D1, MIDC, Chinchwad, Pune 411019, Maharashtra.	Non-Government	Pharmacology	12/14/2020	0.7485
In-vivo Studies on the Antidiabetic activity and toxicity of Copper oxide nanoparticles using Wistar Rats	Dr. Urmila M.Aswar	Dr Anirudh Vasant Pethkar, Department of Microbiology, Institute of Science, Aurangabad	Non-Government	Pharmacology	28-Jan-21	0.5
Investigation of immunomodulatory activity of SAVA3 in experimental animal models of immunity.	Dr. Arulmozhi. S and Dr. Deepa Mandlik	SAVA Health Care Limited-R & D, Plot No. 17/6, Block D1, MIDC, Chinchwad, Pune 411019, Maharashtra.	Non-Government	Pharmacology	4/1/2021	0.5209
Effect of SAVA-4 and SAVA-5 on Cyclophosphamide induced neutropenia in mice.	Dr. Arulmozhi. S and Dr. Anol Muthal	SAVA Health Care Limited-R & D, Plot No. 17/6, Block D1, MIDC, Chinchwad, Pune 411019, Maharashtra.	Non-Government	Pharmacology	4/5/2021	0.60168

Effect of SAVA 3, SAVA 5 and SAVA 6 on Cyclophosphamide induced Neutropenia	Dr. Arulmozhi S and Dr. Amol Shinde	SAVA Health Care Limited-R & D, Plot No. 17/6, Block D1, MIDC, Chinchwad, Pune 411019, Maharashtra.	non-Government	Pharmacology	6/24/2021	0.75498
Effect of SAVA ED on Paroxetine-induced erectile dysfunction in rats	Dr. Arulmozhi S and Dr. Deepa Mandlik	SAVA Health Care Limited-R & D, Plot No. 17/6, Block D1, MIDC, Chinchwad, Pune 411019, Maharashtra.	Non-Government	Pharmacology	7/5/2021	1.57416
Ocular pharmacokinetics study of SAVA 7 in Wistar rats	Dr. Arulmozhi S and Dr. Deepa Mandlik	SAVA Health Care Limited-R & D, Plot No. 17/6, Block D1, MIDC, Chinchwad, Pune 411019.	Non-Government	Pharmacology	7/5/2021	0.3649
Screening of Hepatic Profile of animals treated with SAVA 8	Dr. Arulmozhi S and Dr. Deepa Mandlik	SAVA Health Care Limited-R & D, Plot No. 17/6, Block D1, MIDC, Chinchwad, Pune 411019, Maharashtra.	Non-Government	Pharmacology	7/5/2021	0.70805
Effect of SRV0001979 on streptozotocin nicotinamide induced diabetes mellitus in rats.	Dr. Arulmozhi. S	SAVA Health Care Limited-R & D, Plot No. 17/6, Block D1, MIDC, Chinchwad, Pune 411019, Maharashtra.	Non-Government	Pharmacology	4/12/2021	1.03984
	Sangram Patil	Poona College of Pharmacy,	Non-Government	Insitute	4/3/2021	1.18 62.6927
	Upendra Pendse	Sahayadri Hospital Ltd 30C Erandwane Pune	Non-Government	Quality Assurance	28/11/20	0.984

Incharge Principal
Bharati Vidyapeeth Deemed University
POONA COLLEGE OF PHARMACY
Erandwane, Pune - 411 038.



No SR/FST/College-2019-526 (C)
 GOVERNMENT OF INDIA
 MINISTRY OF SCIENCE & TECHNOLOGY
 DEPARTMENT OF SCIENCE & TECHNOLOGY
 R & D (Infrastructure) DIVISION

Technology Bhawan,
 New Mehrauli Road,
 New Delhi -110016

18th February, 2021

ORDER

Subject: Financial assistance (1st installment) to the POONA COLLEGE OF PHARMACY, BHARATI VIDYAPEETH UNIVERSITY, PAUD ROAD, ERANDWANE PUNE, MAHARASHTRA - 411038 under FIST Program.

Sanction of the President is hereby accorded to the approval of the aforesaid project at a total cost of Rs.72,00,000/- (Rupees Seventy two lakh only) for 5 years. The detailed breakup of the grant for General as well as Capital Components are given below:

To strengthen the research facilities in the College (Being Govt. Aided College the amount would be shared on 50:50 ratio)
Capital Assets: Rs.69.0 L

E-Rs. 64.0 L [Flow Through cell apparatus - Rs 45.0 L, FT Raman Spectrometer - Rs. 19.0L]

NW-Rs. 5.0L. Setting up computer lab (15 Desktop PCs, 1 server and UPS)]

General Components: Rs.3.0L

M- Rs.3.0 L

Total : Rs. 72.00 Lakh

[DST's contribution Rs.36.0 lakh & College's Share-Rs.36.0 lakh]

2. The total budget recommended for 5 years has been phased as below: (Rs. In lakh)

Budget Heads	1 st year	2 nd year	3 rd year	4 th year	5 th year	Total
Equipment	64.0	-	-	-	-	64.0 (DST- 32.0L, College- 32.0L)
NW	-	5.0	-	-	-	5.0 (DST- 2.5L, College- 2.5L)
Maintenance	-	0.75	0.75	0.75	0.75	3.0 (DST- 1.5L, College- 1.5L)
Total	64.0	15.75	0.75	0.75	0.75	72.0 (DST- 36.0L, College- 36.0L)

3. The sanction of the President is also accorded to the release of Rs 32,00,000/- (Rupees Thirty two lakh only) to the Principal, POONA COLLEGE OF PHARMACY, BHARATI VIDYAPEETH UNIVERSITY, PAUD ROAD, ERANDWANE PUNE, MAHARASHTRA - 411038 under FIST Program as a 1st installment of the grant in 2020-2021 under 'creation of capital assets' head for the maximum cost of the aforesaid Equipment including (9.4%) Custom Duty & other duties under the 'Equipment'. The break-up of the 1st installment grant released now would be 'Equipment': Rs. 32.0 lakh for procurement of the equipments mentioned above [Equipments of Foreign Origin to be acquired on FE Terms only and should not include charges for any comprehensive Maintenance and training personnel from the vendors during procurement process].

4. The Department/Institute will appropriately limit the expenditure within the sanctioned amount in case of any expected excess expenditure. The Department is requested to utilize the released funds in first one year from the date of sanction order.

5. This sanction is subject to the condition that the grantee organisation will furnish to the Department of Science & Technology, financial year wise Utilization Certificate (UC) in the proforma prescribed as per GFR 2017 and audited statement of expenditure (SE) along with up to date progress report at the end of each financial year duly reflecting the interest earned / accrued on the grants received under the project. This is also subject to the condition of submission of the final statement of expenditure, utilization certificate and project completion report within one year from the scheduled date of completion of the project.

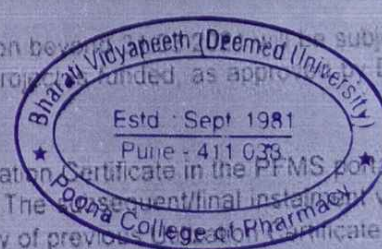
6. The aforesaid concurrence is subject to the stipulation that continuation beyond the first year will be subject to appraisal and approval of the continuation of the Schemes(FIST) under which this project is funded, as approved by DoE's vide their OM No 42(02)/PF-II/2014, dated 06.08.2020.

7. The grantee organisation will have to enter & upload the Utilization Certificate in the PFMS portal besides sending it in physical form to this Division with UC id generated in PFMS Portal. The subsequent/final installment will be released only after confirmation of the acceptance of the UC by the Division and entry of previous installment in the PFMS.

Bhattacharya

Incharge Principal

Bharati Vidyapeeth Deemed University



If the grant has been released under Capital head/General through separate sanction order(s) under the same project for purchase of equipment, separate SE/UC has to be furnished for the released Capital head/General grant.

9. There is no pending SE/UC on this Project as per details in the PFMS also. This is the first release of this project under FIST Program, which has been initiated, in this financial year so no previous UC is attached with this sanction order.

10. The grant-in-aid being released is subject to the condition that:

(a) a transparent procurement procedure in line with the provisions of General Financial Rules 2017 will be followed by the University/Institute under the appropriate rules of the grantee organisation while procuring capital assets sanctioned for the above mentioned project and a certificate to this effect will be submitted by the University/Institute immediately on receipt of the grant, and

(b) while submitting Utilization Certificate/Statement of Expenditure, the University/Institute has to ensure submission of supporting documentary evidences with regard to the purchase of equipment/capital assets as per the provisions of GFR 2017. Subsequent release of grants under the project shall be considered only on receipt of the said documents.

c) Grantee Institute may furnish copy of invoice in respect of equipments worth Rs. 5.0 L and above along with customs clearance certification (in case of imported equipments) after procurement of the equipments

d) Goods (consumables/equipment/Networking items) available in GeM portal may be procured through GeM (Government E-Market) platform only and the University/ Institute will also follow DOE's DoE's guidelines for incurring expenditure under the different sub-head.

e) The Grantee Institution is advised to start using EAT module and next release will be made only after mapping and following EAT modules by the grantee institutions

f) Grantee Institute will furnish copy of bills showing expenditure incur on maintenance of the equipments after warranty period of respective equipments are over

11. In terms of Rule 230(8) of GFR 2017, the grantee organization will maintain separate audited account for the project and the entire amount of grant will be kept in an interest bearing bank account. For Grants released during F.Y. 2017-18 and onwards, all interests and other earnings, generated against released Grant shall be remitted to Consolidated Fund of India.

12. DST reserves sole rights on the assets created out of grants. Assets acquired wholly or substantially out of government grants (except those declared as obsolete and unserviceable or condemned in accordance with the procedure laid down in GFR 2017), shall not be disposed of without obtaining the prior approval of DST. The ownership of the equipment/facilities created will vest with DST.

13. The account of the grantee organisation shall be open to inspection by the sanctioning authority and audit (both by C&AG of India and Internal Audit by the Principal Accounts Office of the DST), whenever the organisation is called upon to do so, as laid down under Rule 236(1) of General Financial Rules 2017.

14. Due acknowledgement of technical support / financial assistance resulting from this project grant should mandatorily be highlighted by the grantee organisation in bold letters in all publications / media releases as well as in the opening paragraphs of their Annual Reports during and after the completion of the project

15. Failure to comply with the terms and conditions of the scheme will entail full refund with interest in terms of Rule 231 (2) of GFR 2017.

16. The expenditure involved is to be debited to

Demand No -87 Department of Science & Technology

"3425" -Other Scientific Research (Major Head)

60-Others (Sub-Major Head)

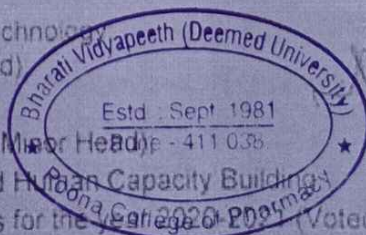
60 200-Assistance to other Scientific Bodies (Major Head)

68- Science and Technology Institutional and Human Capacity Building

68 04 35-Grants for creation of capital assets for the (Voted)

[Previous: R&D Support: 3425.60.200.68.00.35]

The above release is made under 'R&D' Scheme



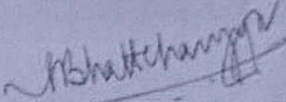
Incharge Principal
Bharati Vidyapeeth Deemed University
POONA COLLEGE OF PHARMACY
Eradwani, Pune - 411 036

The amount of Rs. 20,00,000/- (Rupees Twenty lakh only) will be drawn by the Drawing and Disbursing Officer, DST and will be disbursed to the Principal, POONA COLLEGE OF PHARMACY, BHARATI VIDYAPEETH UNIVERSITY, PAUD ROAD, ERANDWANE PUNE, MAHARASHTRA - 411038. The bank details for electronic transfer of funds through RTGS are given below:-

1. Name of the Account Holder: Principal, POONA COLLEGE OF PHARMACY, BHARATI VIDYAPEETH UNIVERSITY
2. Name of the Bank: IDBI Bank
3. Bank Account Number: 0653104000125093
4. IFSC Code: IBKL0000653
5. MICR Code: 411259015

18. As per Rule 234 of GFR 2017, this sanction has been entered at S. No. 190 in the register of grants maintained in the Division for the scheme (R&D Support).

19. This issues with the concurrence of IFD Vide their Concurrence Dy.No.5123 dated the 17.02.2021.


(Arindam Bhattacharyya)
Scientist 'E'

Email: a.bhattacharyya@nic.in

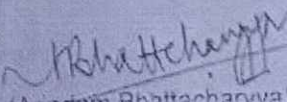
To
The Pay and Accounts Officer,
Department of Science & Technology,
New Delhi.

Copy forwarded for information and necessary action to

1. Cash Section (with two spare copies)

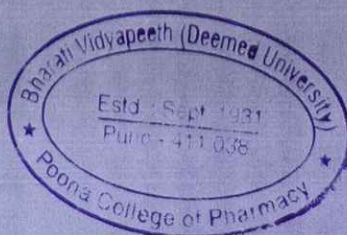
1. **Principal**
POONA COLLEGE OF PHARMACY,
BHARATI VIDYAPEETH UNIVERSITY,
PAUD ROAD, ERANDWANE PUNE,
MAHARASHTRA - 411038

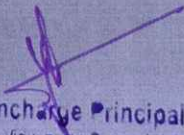
2. Office of the Director & Audit, Scientific Department, AGCR Bldg, 3rd Floor, IP Estate, New Delhi - 110002
3. Office of Account General, Maharashtra, Mumbai
4. FIST-Secretariat
5. CoA / IFD, DST, New Delhi.
6. Head, R & D (Infrastructure), DST New Delhi.
7. Sanction Folder.


(Arindam Bhattacharyya)
Scientist 'E'

Email: a.bhattacharyya@nic.in

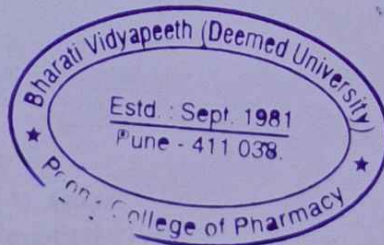
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Incharge Principal
Bharati Vidyapeeth Deemed University
POONA COLLEGE OF PHARMACY
Erandwane, Pune - 411 038.

1) Effect of SRV0001908 on Cyclophosphamide induced neutropenia.

SAVA HEALTHCARE LTD							
Billing Address: Sava Healthcare Ltd - R & D, PLOT NO-176, BLOCK-D1, MIDC, CHIRCHWAD, PUNE - 411019, MAHARASHTRA, INDIA Insurance Policy No.: CRI No: 1U51397033659PLC074903 GSTIN: 27AAEC43454012M PAN No: 1AAEAS469E Mfg Lic No: Drug Lic No:							
PURCHASE ORDER							
Kind Attention: Mobile No:							
Vendor: Principal Poona College of Pharmacy Bharati Vidyapeeth Educational Complex, Erandwane, Pune - 411038, MAHARASHTRA, INDIA Tel No: 2038001241 Fax No: Email: purchase@bhavaglobal.com	Delivery Address: Sava Healthcare Ltd, Sava Healthcare Ltd - R & D, PLOT NO-176, BLOCK-D1, MIDC, CHIRCHWAD, PUNE - 411019 Tel No: 2038001241 Fax No: Email: purchase@bhavaglobal.com						
P.O. No.: SRD/2021/PO5/WOC/100106	Date: 14/12/2020						
PK No.: BRD/2021/PO5/WOC/00113	Quotation Ref:						
Place of Supply: 27 - MAHARASHTRA, India State							
GSTIN: 27AAEC43454012M							
Kindly deliver material as per terms and conditions mentioned below in purchase order.							
Sl.	Item Code & Description	Quantity	UOM	Basic Rate (RS)	Basic Value (RS)	Tax/Charges	Total (RS)
1	SRV0001908 - Cyclophosphamide induced neutropenia SCOPE OF WORK: 1. SWISS ALBINO MICE, TOTAL 40 ANIMALS & TRANSPORTATION OF ANIMALS 2. COST OF CYCLOPHOSPHAMIDE TOTAL AND DIFFERENTIAL WBC COUNT, NO. OF OBSERVATION - 3 (DAY 0, DAY 3 & DAY 10), ALSO DDST OF GCSF INCLUDED 3. MISCELLANEOUS (ANAESTHETICS, BLOOD COLLECTION KIT'S AND VACUOTAINER, IAEC STATIONERY ETC) 4. OVERHEAD CHARGES (20% OF TOTAL COST) 5. CONSULTANCY CHARGES (20% OF TOTAL COST) Manufacturer: HSN/SAC Code: 385346 Delivery: 14/12/2020	1,000	NOB	63432.00	63432.00	CUST @ 0.00 - 6160.00 1.1 SGST @ 9.00 - 5709.36	74850.36
					63432.00	11417.36	74849.36
Amount in Words: (INR - Seventy Four Thousand Eight Hundred Fifty Only)							
Payment Terms:							
PAYMENT: 80% PAYMENT TO BE RELEASED BEFORE START OF THE PROJECT & REMAINING PAYMENT TO BE RELEASED AFTER APPROVAL OF DRAFT REPORT							
							Discount: 0.00
							Round-Off: 0.24
							Total Value: 74850.30
Prepared By: <i>[Signature]</i> Checked By: <i>[Signature]</i> Attended By: <i>[Signature]</i>							



[Signature]
 Incharge Principal
 Bharati Vidyapeeth Deemed University
 POONA COLLEGE OF PHARMACY
 Erandwane, Pune - 411 038.

2) In-vivo Studies on the Antidiabetic activity and toxicity of Copper oxide nanoparticles using Wistar Rats



Prof. Dr. Shivajirao Kadam
M.Sc., Ph.D.
Chancellor

DR. ATMARAM PAWAR
M.Pharm., Ph.D.
IN-CHARGE PRINCIPAL

Bharati Vidyapeeth
(Deemed to be University)
Founder Chancellor : Dr. Patangrao Kadam

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- Accredited (2004) & Reaccredited (2011) with 'A' Grade by NAAC
- Category-I University Status by UGC

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- Reaccredited by NBA & NAAC
- ISO-9001:2015 Certified Institute



Bharati Vidyapeeth Education Trust
Erandwane, Pune - 411 004 (M.S.) India
Tel: 020-25443251 Fax: 020-25443252
E-mail: info@bharativedu.com
Website: www.bharativedu.edu
www.poonacollege.edu

Date: 28th Jan 2021

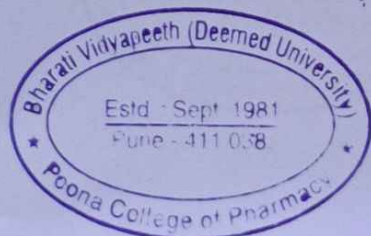
Quotation for the study- 'Evaluation of anti-diabetic potential of Copper oxide nanoparticles in Wistar Rats'

Budget parameters	Cost (Rs.)	Total
1. Cost of animals: Wistar rats @Rs. 300/-per animal Total 42 animals & Transportation of Animals	12,600/ 1000/	13,600/
2. IAEC approval and Maintenance of animals during study: Rs. 2/ per day per rat with 42 rats for 60 days	2000/ 5040	7040
3. Drugs and Chemicals Streptozotocin, Metformin, miscellaneous for experiment- sample collection tubing's, eppendorf's, containers, markers etc.	30,000/	30,000/
4. Biochemical estimation kits- Biochemical kits- Blood glucose, SGOT, ALT, SOD, Cholesterol, Creatine, total protein, HbA1C.	25,000	25,000
4. Cost of histopathological studies of diabetic rats Rs. 300 per sample	3900	3900
Total		79540
4. Overhead Charges (15 % of the Total Cost)		11930
5. Consultancy Charges (15 % of the Total Cost)		11930
Grand Total		1,03,400

* At actual



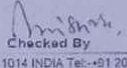
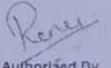
Dr. Urmila M. Aswar
(Principal Investigator)

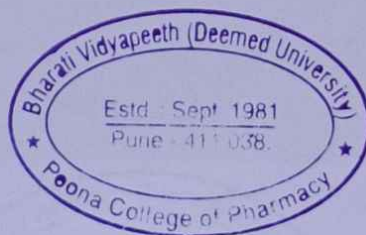
Incharge Principal
Bharati Vidyapeeth Deemed University
POONA COLLEGE OF PHARMACY
Erandwane, Pune - 411 038.

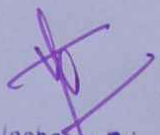


Incharge Principal
Bharati Vidyapeeth Deemed University
POONA COLLEGE OF PHARMACY
Erandwane, Pune - 411 038.

3) Investigation of immunomodulatory activity of SAVA3 in experimental animal models of immunity.

SAYA HEALTHCARE LTD							
	Billing Address Sava Healthcare Ltd - R & D, PLOT NO-17/6, BLOCK-D1, MIDC, CHINCHWAD PUNE - 411019 MAHARASHTRA, INDIA Tel No : Fax :						
Insurance Policy No. :							
CIN No : U51397GJ2004PLC074963							
GSTIN : 27AAECA9456D1ZM							
PAN No : AAECA9456D							
Mfg Lic No :							
Drug Lic No :							
PURCHASE ORDER							
Kind Attention :	Mobile No :						
Vendor Principal Ponna College of Pharmacy Bharati Vidyapeeth Educational Complex Erandwane Pune - 411038 MAHARASHTRA, INDIA TelNo.: Email : GSTIN: 27AAATB1836D5Z2	Delivery Address Sava Healthcare Ltd., Sava Healthcare Ltd - R & D, PLOT NO-17/6, BLOCK-D1, MIDC, CHINCHWAD PUNE - 411019 Tel No.: 2030601241 Fax No.: Email id: purchase@savaglobal.com						
P.O. No. : SRD/2122/POS/WOC/00001	Date : 01/04/2021						
PR No. : SRD/2122/PRO/PWO/00001	Quotation Ref:						
Place of Supply : 27 - MAHARASHTRA Intra State							
Kindly deliver material as per terms and conditions mentioned below in purchase order.							
Sr.	Item Code & Description	Quantity	UOM	Basic Rate (RS)	Basic Value (RS)	Tax/Charges	Total (RS)
1	SRV0001979 - Testing Charges To Investigate the immunomodulatory activity of SAVA-3 in experimental animal models of immunity. 1. Cost of animals: Swiss Albino mice @Rs. 140/-per animal. Total 60animals RS. 8400 & amp Transportation of Animals RS 1000 Feed and maintenance of animals (Rs. 2 per animal per day for 60 animals x 35 days) RS 4200 IAFC Approval Charges RS 10000 2. Cost of the experimentation: Cost of Cyclophosphamide RS 9352 Cost of SRBC's RS 9600 Miscellaneous (Anaesthetics, Blood collection kits and vacoutainer, 96 well plates, Stationery) RS 10000 3. Contingency (5 % of Total expenditure) RS 2628 4. Consultancy Charges (20 % of Total expenditure) RS 16511 5. Overhead Charges (15 % of Total expenditure) RS 7883 Manufacturer : HSN/SAC Code 998346 Delivery 01/04/2021	1.000	NOS	73574.00	73574.00	CGST @ 9.00 6621.60 SGST @ 9.00 5621.60	86817.32
Prepared By 		Checked By 		Authorized By 			
Corporate office: SAVA House, Off New Airport Road, Viman Nagar, Pune -411014 INDIA Tel: +91 20 30516100 Fax No: +91 20 30516161							




Incharge Principal
Bharati Vidyapeeth Deemed University
POONA COLLEGE OF PHARMACY
Erandwane, Pune - 411 038.

4) Effect of SAVA-4 and SAVA-5 on Cyclophosphamide induced neutropenia in mice.



Prof. Dr. Shivajiroo Kodam
M.Sc., Ph.D.
Chancellor
DR. ATMARAM PAWAR
M.Pharm., Ph.D.
IN-CHARGE PRINCIPAL

Bharati Vidyapeeth
(Deemed to be University)
Founder Chancellor : Dr. Patangrao Kadam

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- Category I University Status by UGC

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Bharati Vidyapeeth Educational Complex,
Erandwane, Pune - 411 038 (M.S.) INDIA
Tel: (020) 25437737 Fax: (020) 25437382
E-mail: pcp.bv@gmail.com
Website: pcp.bharativedyapeeth.edu
www.bharativedyapeeth.edu.in

Date: 2/05/2021

To
SAVA Healthcare Ltd - R & D,
Plot No. 17/6, Block D1, MIDC,
Chinchwad Pune-411019.
GSTIN: 27AAECA9456D1ZM
Quotation for screening "Effect of SAVA 3 and SAVA 4 on cyclophosphamide induced neutropenia in mice"

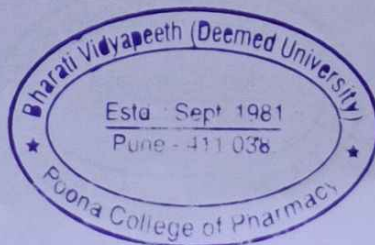
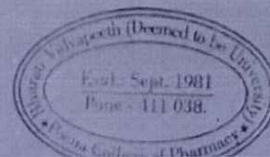
1. Cost of animals - Swiss albino mice @ Rs. 140/- per animal Total 24 animals and Transportation charges Feed and maintenance of animals (Rs. 2 per animal per day for 17 days) IAEC Approval Charges	Rs. 3360/- Rs. 1000/- Rs. 816 /- Rs. 10,000/-	Rs. 15,176/-
2. Cost of Experimentation - i. Cost of cyclophosphamide ii. Total and Differential WBC count No. of observations - 3 (Day 0, Day 3 and Day 10) 3 x 24x 150 iii. Cost of C-GSF iv. Cost of AST,ALT v. Miscellaneous (Anaesthetics, Blood collection Kits, Vacoutainer, 96 well plates, stationery)	Rs. 9352/- Rs. 10,800/- Rs. 1800/- Rs. 3400/- Rs. 5000/-	Rs. 30,352/-
3. Contingency (5% of total Expenditure)		Rs. 2,276
4. Consultancy Charges (20% of total Expenditure)		Rs. 9,105
5. Overhead Charges (15% of total Expenditure)		Rs. 6,829
	Total	Rs. 63,738
	18% GST	Rs. 11,473
	Grand Total	Rs. 75,210

80 % of the cost to be released before the start of the project. Remaining 20 % of the cost to be released after approval of the draft report.

Payment mode: Cheque or NEFT in favour of Principal, Poona College of Pharmacy, Pune

Sava Health care Limited will provide with test substance 1 week prior to the start of the study.

Dr. Arulmozhi S
Head,
Department of Pharmacology



Incharge Principal
Bharati Vidyapeeth Deemed University
POONA COLLEGE OF PHARMACY
Erandwane, Pune - 411 038.

5) Effect of SAVA 3, SAVA 5 and SAVA 6 on Cyclophosphamide induced Neutropenia



Prof. Dr. Shivajiroo Kadam
M.Sc., Ph.D.
Chancellor
DR. ATMARAM PAWAR
M.Pharm., Ph.D.,
IN-CHARGE PRINCIPAL

Bharati Vidyapeeth
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Founder Chancellor : Dr. Patangrao Kadam

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Bharati Vidyapeeth Educational Complex,
Erandwane, Pune - 411 038. (P.A.S) 9804
Tel. : (020) 25437237 Fax : (020) 25439383
E-mail - pcph.bvu@gmail.com
Website - pcph.bharatvidyapeeth.edu,
www.bvuuniversity.edu.in

18/06/2021

To
SAVA Healthcare Ltd - R & D,
Plot No. 17/6, Block D1, MIDC,
Chinchwad Pune 411019.
GSTIN: 27AAECA9456D1ZM

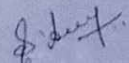
Quotation for Screening "Effect of SAVA 3, SAVA 5 and SAVA 6 on cyclophosphamide induced neutropenia in mice"

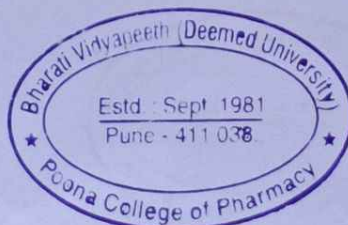
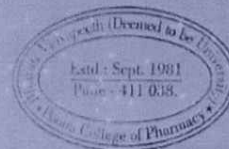
1. Cost of animals: Swiss Albino mice @Rs. 140/- per animal		Rs. 20,264
Total 36 animals &	Rs. 5040	
1 Rabbit	Rs. 3000	
Transportation charges	Rs. 1000	
Feed and maintenance of animals (Rs. 2 per animal per day for 17 days)	Rs. 1224	
IAEC Approval Charges	Rs. 10000	
2. Cost of the experimentation:		Rs. 29,152
Cost of Cyclophosphamide	Rs. 9352	
Total and Differential WBC count, blood platelet counts	Rs. 16,200	
No. of observations - 3 (Day 0, Day 3 and Day 10) 3 x 36 x 150	Rs. 3600	
Cost of AST, ALT		
3. Miscellaneous (Anaesthetics, Blood collection kits and vacoutainer, Stationery etc.)	Rs. 13000	Rs. 13000
4. Overhead Charges (20% of the Total Cost)		Rs. 12,483
5. Consultancy Charges (20% of the Total Cost)		Rs. 12,483
Total		Rs. 87382
18% GST		Rs. 15729
Grand Total		Rs. 1,03,111


80% of the cost to be released before the start of the project. Remaining 20% of the cost to be released after approval of the draft report.

Payment mode: Cheque or NEFT in favour of Principal, Poona College of Pharmacy, Pune

Sava Health care Limited will provide with test substance 1 week prior to the start of the study.


Dr. Arulmozhi S.
Head,
Department of Pharmacology




Incharge Principal
Bharati Vidyapeeth Deemed University
POONA COLLEGE OF PHARMACY
Erandwane, Pune - 411 038.

6) Effect of SAVA ED on Paroxetine-induced erectile dysfunction in rats



Prof. Dr. Shivejrao Kadam
M.Sc., Ph.D.
Chancellor
DR. ATMARAM PAWAR
M.Pharm., Ph.D.
IN-CHARGE PRINCIPAL

Bharati Vidyapeeth
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Founder Chancellor : Dr. Patangrao Kadam

Accredited with 'A+' Grade (2017) by NAAC
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Category 3 University Status by UGC

POONA COLLEGE OF PHARMACY

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Bharati Vidyapeeth Educational Complex,
Erandwane, Pune - 411 038. 28.51.9284
M: 9228 3543/3237 Fax: 4228 2542/2822
E-mail: pco@bharati.ac.in
Website: www.bharati.ac.in
www.poona.edu.in

Date: 20/08/21

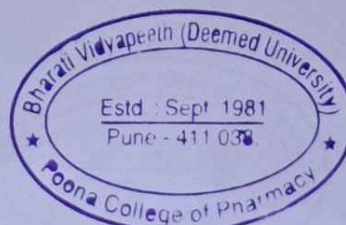
To
SAVA Healthcare Ltd - R & D,
Plot No. 17/B, Block DI, MIDC,
Chinchwad Pune 411019.
GSTIN: 27AAECA9456D12M
Effect of SAVA ED on Paroxetine-induced erectile dysfunction in rats

*1. Cost of animals: Wistar rats @Rs. 300/-per animal		
Total 20 animals &	Rs. 9000	Rs. 21,800
Transportation charges	Rs.1000	
Feed and maintenance of animals (Rs. 2 per animal per day for 30 days)	Rs.1800	
IAEC Approval Charges	Rs.10000	
2. Cost of the experimentation:		Rs. 63,488
Sildenafil citrate, Paroxetine		
Vanadium chloride, Sulphanilamide		
Ethylenediaminedihydrochloride, Progesterone, estradiol benzoate	Rs. 63,488	
3. Miscellaneous (Anaesthetics, Blood collection kit, Travel, vacutainer, Stationery etc.)	Rs. 10000	Rs. 10,000
5. Manpower (10% of the Total Cost)		Rs. 9,529
4. Overhead Charges (15 % of the Total Cost)		Rs. 14,293
5. Consultancy Charges (15 % of the Total Cost)		Rs. 14,293
Total		Rs. 1,33,403
18 % GST		Rs. 24,013
Grand Total		Rs. 1,57,416

80 % of the cost to be released before the start of the project. Remaining 20 % of the cost to be released after approval of the draft report.
Payment mode: Cheque or NEFT in favour of Principal, Poona College of Pharmacy, Pune

Sava Health care Limited will provide with test substance 1 week prior to the start of the study

Dr. Arulmozhi S.
Head,
Department of Pharmacology



Incharge Principal
Bharati Vidyapeeth Deemed University
POONA COLLEGE OF PHARMACY
Erandwane, Pune - 411 038.

7) Ocular pharmacokinetics study of SAVA 7 in Wistar rat
 r) Ocular pharmacokinetics study of SAVA 7 in Wistar rat



Prof. Dr. Shivajirao Kadam
 M.Sc., Ph.D.

Chancellor

DR. ATMARAM PAWAR
 M.Pharm., Ph.D.,
 IN-CHARGE PRINCIPAL

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Bharati Vidyapeeth Educational Complex,
 Erandwane, Pune - 411 038. (M.S.) INDIA
 Tel : (020) 25437237 Fax : (020) 25439383
 E-mail : pcp.bvu@gmail.com
 Website : pcp.bharativedyapeeth.edu
 www.bvuuniversity.edu.in

Date: 2/7/2021

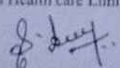
To
 SAVA Healthcare Ltd - R & D,
 Plot No. 17/6, Block D1, MIDC,
 Chinchwad Pune-411019.
 GSTIN: 27AAECA9456D1ZM
 Quotation for "Pharmacokinetics of SAVA 7 in wistar rats"

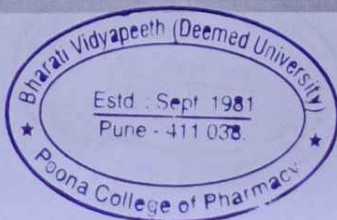
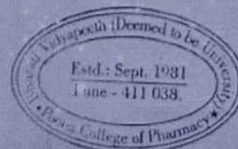
1. Cost of animals: Wistar rats @Rs. 300/-per animal		
Total 12 animals & Transportation charges	Rs. 3600 Rs.1000	Rs. 15,088
Feed and maintenance of animals (Rs. 2 per rat per day for 17 days and Rs. 4 per rabbit for 10 days)	Rs. 488	
IAEC Approval Charges	Rs.10000	
2. Miscellaneous (Anaesthetics, analgesics, Blood collection kit, solvent, vacoutainer, Stationery etc.)	Rs. 7000	Rs. 7000
3. Manpower (10 % of the Total cost)		Rs. 2209
4. Overhead Charges (15 % of the Total Cost)		Rs.3313
5. Consultancy Charges(15 % of the Total Cost)		Rs.3313
Total		Rs. 30,923
18 % GST		Rs. 5,567
Grand Total		Rs. 36,490


80 % of the cost to be released before the start of the project. Remaining 20 % of the cost to be released after approval of the draft report.

Payment mode: Cheque or NEFT in favour of Principal, Poona College of Pharmacy, Pune


Sava Health care Limited will provide with test substance 1 week prior to the start of the study.


 Dr. Arulmozhi. S
 Head,
 Department of Pharmacology




 Incharge Principal
 Bharati Vidyapeeth Deemed University
 POONA COLLEGE OF PHARMACY
 Erandwane, Pune - 411 038.

8) Screening of Hepatic Profile of animals treated with SAVA



Prof. Dr. Shivajirao Kadam
M.Sc., Ph.D.
Chancellor


DR. ATMARAM PAWAR
M.Pharm., Ph.D.
IN-CHARGE PRINCIPAL

Bharati Vidyapeeth
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• Accredited (2004) & Reaccredited (2011) with 'A' Grade by HAAC
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Celebrating

and Beyond
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E-mail: pcc@bvdyapeeth.com
Website: www.bvdyapeeth.edu
www.poonacollegepharmacy.in

28/06/2023

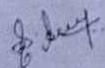
To
SAVA Healthcare Ltd – R & D,
Plot No. 17/6, Block D1, MIDC,
Chinchwad Pune 411019.
GSTIN: 27AAECA94S6D1ZM
Quotation for "Screening of Hepatic Profile of animals treated with SAVA 8"

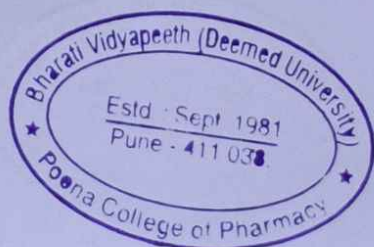
1. Cost of animals: Wistar rats @Rs. 300/-per animal		
Total 26 animals & Transportation charges	Rs. 7800	Rs. 20,360
Feed and maintenance of animals (Rs. 2 per animal per day for 30 days)	Rs.1000	
IAEC Approval Charges	Rs.1560	
	Rs.10000	
2. Cost of the experimentation: SGPT, SGGT, ALP and Bilirubin kits Histopathology (15 Samples)	Rs. 7000 Rs.7500	Rs. 14,500
3. Miscellaneous (Anaesthetics, Blood collection kit, Travel, vacoutainer, Stationery etc.)	Rs. 8000	Rs. 8000
4. Manpower (10 % of the total cost)		Rs.4286
5. Overhead Charges (15 % of the Total Cost)		Rs.6429
5.Consultancy Charges (15 % of the Total Cost)		Rs. 6429
Total		Rs. 60,004
18 % GST		Rs. 10,801
Grand Total		Rs. 70805


80 % of the cost to be released before the start of the project. Remaining 20 % of the cost to be released after approval of the draft report.

Payment mode: Cheque or NEFT in favour of Principal, Poona College of Pharmacy, Pune

Sava Health care Limited will provide with test substance 1 week prior to the start of the study


Dr. Arulmozhi S
Head,
Department of Pharmacology




Incumbent Principal
Bharati Vidyapeeth Deemed University
POONA COLLEGE OF PHARMACY
Erandwane, Pune - 411 038.

9) Effect of SRV0001979 on streptozotocin nicotinamide induced diabetes mellitus in



Prof. Dr. Shivajirao Kadam
M.Sc., Ph.D.
Chancellor

DR. ATMARAM PAWAR
M.Pharm., Ph.D.,
IN-CHARGE PRINCIPAL

Bharati Vidyapeeth
(Deemed to be University)
Founder Chancellor : Dr. Patangrao Kadam

- Accredited with 'A+' Grade (2017) by NAAC
- Accredited (2004) & Reaccredited (2011) with 'A' Grade by NAAC
- Category-I University Status by UGC

POONA COLLEGE OF PHARMACY

- Reaccredited by NBA & NAAC
- ISO-9001-2015 Certified Institute



Bharati Vidyapeeth Educational Complex,
Erandwane, Pune - 411 038, (M.S.) INDIA
Tel. : (020) 25437237 Fax : (020) 25439383
E-mail : pcp.bvu@gmail.com
Website : pcp.bharativedyapeeth.edu
www.bvuniversity.edu.in

TAX INVOICE

20/03/2021

PCP/M.Pharm/141/2020-21

Invoice No. 33/2020/21

To
SAVA Healthcare Ltd - R & D,
Plot No. 17/6, Block D1, MIDC,
Chinchwad Pune-411019.
GSTIN: 27AAECA9456D1ZM
PO Reference Number: SRD/2021/POS/WOC/00127

"Effect of SAVA1(SRV0001979) on Streptozotocin-Nicotinamide induced diabetes mellitus in rats"

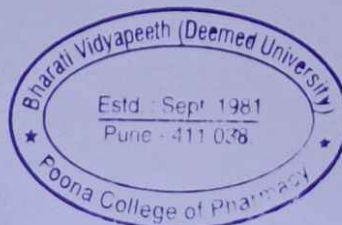
1. Cost of animals: Albino Wistar rats @Rs. 300/- per animal	Rs. 7200	Rs. 9544
Total 24 animals & Transportation of Animals	Rs. 1000	
Feed and maintenance of animals (Rs. 2 per animal per day for 24 animals x 28 days)	Rs. 1344	
2. Cost of the experimentation:	Rs. 36500	Rs. 41,400
Cost of Streptozotocin	Rs. 3500	
Cost of Nicotinamide	Rs. 1400	
Blood Glucose Kits	Rs. 12000	
3. Miscellaneous (Anaesthetics, Blood collection kits and vacoutainer, 96 well plates, Histopathology containers IAEC Stationary etc.)		Rs. 12000
4. Overhead Charges (20 % of the Cost)		Rs. 12,589
5. Consultancy Charges (20 % of the Cost)		Rs. 12,589
Total		Rs. 88,122
18 % GST		Rs. 15,862
Grand Total		Rs. 1,03,984

GST No. 27AAATB1836D522
PAN No. AAATB1836D
TIN No. PNEB00400B

[Signature]
Signature of Study Director
Dr. Arulmozhi.S

[Signature]
Signature of Head of the Institution
Dr. A.P. Pawar
Incharge Principal

rats.



[Signature]
Incharge Principal
Bharati Vidyapeeth Deemed University
POONA COLLEGE OF PHARMACY
Erandwane, Pune - 411 038.

10) Food Testing Laboratory (PTL)

11) PTL

Bharati Vidyapeeth (Deemed to be University), Pune (India)

Name of College / Institute : - Poona College of Pharmacy, Pune - 411038 (PTL)

Receipt and Payment 2020-2021

Receipt	Amount	Payment	Amount
		Salary & Allowances	65,394
Chemical Testing Charges	1,77,206	Salary	
		Honorarium	14,979
		Administrative Expenditure	
		III) Educational Expenses	
		Labrotary/Chemical Exps	18,601
		Bank Charges	
		Telephona Exp	
		Miscellenous	
Sub-Total	1,77,206	Sub-Total	98,974

Janle

Mrs. Upendra S. Pendte

22/09/2021

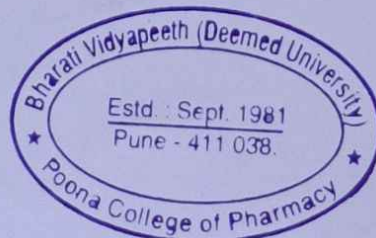
Head

Poona College Of Pharmacy
Public Testing Laborat
Pune

ABHIS

ACCOUNTANT

Bharati Vidyapeeth (Deemed to be University)
POONA COLLEGE OF PHARMACY
Erandwane, Pune - 411 038.



ABHIS
Incharge Principal
Bharati Vidyapeeth Deemed University
POONA COLLEGE OF PHARMACY
Erandwane, Pune - 411 038.

BVDU Centre for Food Testing Laboratory, Pune 2021-22

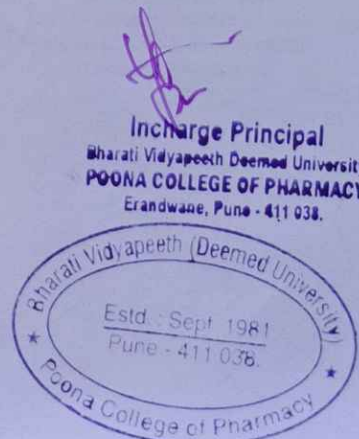
LBS Road
Pune

Income and Expenditure Statement

1-Apr-2020 to 31-Mar-2021

Particulars	1-Apr-2020 to 31-Mar-2021	Particulars	1-Apr-2020 to 31-Mar-2021
Purchase Accounts		Sales Accounts	41,88,536.92
Indirect Expenses		Sample Testing Fees	41,88,536.92
Administrative Expenditure	4,98,470.55	Bank Interest	16,163.00
Application/ Registration Fee Charge	34,000.00	Bank Interest	16,163.00
Audit Fee Charges	5,000.00	Other Receipts	
Bank Charges	820.40	Excess of expenditure over income	20,64,570.69
Cleaning & Maintenance Expenses	23,200.00		
Computer Repairs & Maintenance	23,196.57		
Conveyance Expenses	10,996.00		
Electrical Repairs & Maintenance	22,302.00		
Generator (Diesel) Expenses	4,000.00		
Insurance Charges (Machinery)	76,088.00		
Miscellaneous Expenses	30,720.58		
Postage & Courier Expenses	1,04,965.00		
Printing & Stationary	26,312.00		
Professional Fee Charges	60,760.00		
Repairs & Maintenance	48,987.00		
Telephone Expenses	2,406.00		
Transport Charges	2,400.00		
Travelling Expenses	22,317.00		
Depreciation	6,68,160.00		
Depreciation	6,68,160.00		
Laboratory Expenditure	26,24,440.06		
Equipments Repair & Maintenance	7,31,942.47		
GST Expenses (SGST & CGST)	30,076.00		
Internet /Website Expenses	2,497.00		
Journals & Reading Room Expenses	10,000.00		
Lab Consumable Material	14,04,879.59		
Laboratory Expenses	1,575.00		
Sample Collection Charges	1,80,370.00		
Sample Testing Charges	2,63,100.00		
Salaries & Allowance	24,78,200.00		
Provident Fund- Mangt Share	93,241.00		
Salary & Allowances	23,00,971.00		
Honorarium	83,988.00		
Total	62,69,270.61	Total	62,69,270.61

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Bharati Vidyapeeth (Deemed to be University), Pune (India)

Name of College / Institute : - Poona College of Pharmacy, Pune - 411038 (PTL)

Receipt and Payment 2020-2021

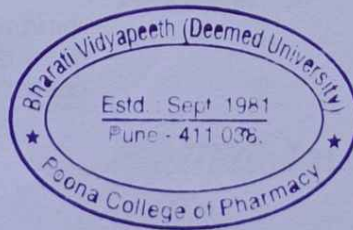
Receipt	Amount	Payment	Amount
		Salary & Allowances	
Chemical Testing Charges	1,77,206	Salary	65,394
		Honorarium	
		Administrative Expenditure	14,979
		III) Educational Expenses	
		Labrotary/Chemical Exps	18,601
		Bank Charges	
		Telephone Exp	
		Miscellaneous	
Sub-Total	1,77,206	Sub-Total	98,974

Jante

Mr. Upendra S. pendte

22/09/2021

Head
Poona College Of Pharmacy
Public Testing Laboratory
Pune



[Signature]
Incharge Principal
Bharati Vidyapeeth Deemed University
POONA COLLEGE OF PHARMACY
Erandwane, Pune - 411 038.

[Signature]
ACCOUNTANT

Bharati Vidyapeeth (Deemed to be University)
POONA COLLEGE OF PHARMACY
Erandwane, Pune - 411 038.

BVDU Centre for Food Testing Laboratory, Pune 2021-22

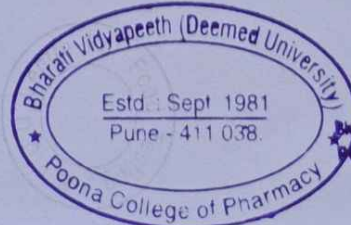
LBS Road
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Depreciation	6,68,160.00		
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Equipments Repair & Maintenance	7,31,942.47		
GST Expenses (SGST & CGST)	30,076.00		
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Laboratory Expenses	1,575.00		
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Sample Testing Charges	2,63,100.00		
Salaries & Allowance	24,78,200.00		
Provident Fund- Mangt Share	93,241.00		
Salary & Allowances	23,00,971.00		
Honorarium	83,988.00		
Total	62,69,270.61	Total	62,69,270.61

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Handwritten signature
Incharge Principal
 Bharati Vidyapeeth Deemed University
POONA COLLEGE OF PHARMACY
 Erandwane, Pune - 411 038.

Annexure 3: Proposal

Section - A

Title of the intervention	Integrated Community Health Care : Promote and sensitize preventive health care – Anemia, Malnutrition, Breast Feeding, Health Behavior Change Communication
Location(s) of the Intervention	Mulshi
Name of applicant (organization)	BharatiVidyapeeth Social Sciences Centre, Pune
Legal Status of the applicant	Registered Society, Reg. No. 90186 under Societies Registration Act 1950. Income Tax 12A Certificate
Total cost of the intervention	Rs. Six Lakh
Total duration of the Intervention	10 Months
Contact details of the applicant	BVDU Social Sciences Centre, New Law College Building, ErandwaneCampus, Pune 411 038 Email : drgrs@gmail.com Mobile : 9850773178
SPOC/Contact Person	Dr. Ganesh R. Rathod

Section -B

1	Executive Summary <p>Rural population in catchment area is remotely located and do not have easy access to health care facilities. Due to lack of proper transportation, women and mothers of children are ignorant towards the health of self and their children. Less nutritional food, wronglife style and food habits result in to health problems such as Anemia, malnutrition etc. Lack of proper physical exercise, incorrect postures (farm work etc.) leads too many health issues such as back pain, leg pain, hand pain, body pain etc. Elderly population in catchment area villages have cataract issues and for them cataract surgeries are not possible within the vicinity.</p> <p>Hence need was assessed to carry out health care interventions such as awareness about COVID-19 virus, reduction in anemia, malnutrition, to conduct health and nutrition awareness programs on breastfeeding, nutrition for targeted beneficiaries from catchment Mulshi and Bhira plant area.</p> <p>Reduction in Anemia: Anemia is one of the most widespread nutritional deficiency disease and a major public health concern all over the world affecting all the ages and both gender. It is a one of the most prevalent health issue among women within reproductive age group. WHO has estimated that prevalence of anemia among reproductive age women is 14% in developed and 51% in developing countries while it is 65-75% in India. Anemia is not a specific disease state but a sign of an underlying disorder. It is so far is a most common hematology condition. Anemia is a condition in which Hemoglobin concentration is lower than normal, reflects presence of fewer than normal RBCs with in circulation of oxygen delivered to body tissues.</p> <p>Iron deficiency anemia is one of the commonest forms of anemia whose prevalence is high among reproductive age women. The main reason is excessive loss of iron or demand of iron associated with menstruation and child birth. It is a critical health concern as it effect growth, energy levels and also leads to various health problems. It is one of the main causes of</p>
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morbidity, mortality in reproductive age and a key factor to low birth weight. Due to inadequate diet, pregnancy, lactation, poor educational level and poor access to health services women become an easy prey for anemia. The reason for the high morbidity and mortality rates among women can be that the manifestations of anemia among women in reproductive age may not be noticeable easily in the beginning as it is like an ice berg. But Paleness, fatigue, low blood pressure can be manifested later. In severe cases, there will be shortness of breath and chest pain, which is an evidence of inadequate perfusion and oxygenation of the major organs. These factors can worsen the health conditions of women and lead to various secondary health problems such as lung diseases, cardiovascular diseases and heart attack, ultimately death. Whereas severe anemia is closely related to risk of high mortality even mild anemia carries health risks and reduces capacity to work. In spite of various programmes started by government of India, there is no significant decline in the prevalence of anemia. Still a large chunk of women falls into deadly jaws of anemia.

Risk for anemia is aggravated by poverty, illiteracy, ignorance and lack of knowledge regarding iron deficiency in food. Social habits (women often take food left over by their husband, women eat last and poorly)

Multiple cases of anemia in reproductive age can be observed in community and lack of knowledge about anemia and lack of its prevention is one of the main causes for its high prevalence. Rural women do not have easy access to health facilities and they were ignorant about their health. Keeping this background in mind it, need was felt to conduct the study assessing the prevalence and knowledge of anemia among the women and conduct intervention amongst the women regarding anemia prevention by creating awareness, providing iron folic acid tablets and bringing change in their life style especially food habits.

Proposed intervention will cover 300 adolescent girls and women from villages in Mulshi Khurd, Warak, Tamhini, Nive, Sambhave, Male, Jamgaon, and Valane Gram Panchayat in Mulshi block.

The intervention will begin with baseline survey of reproductive age women, hemoglobin examination to identify anemic women. This will be followed by medical and social intervention to treat anemic women. Medical intervention will cover medication (supply of iron folic tablets), treatment of severe anemic cases in medical Centre. Social intervention will include awareness programs, counseling of anemic women for their life style, especially their food habits through active participation of Anganwadi and ASHA Workers, Social workers and Peer Educators. After 6 months of medical and social intervention hemoglobin examination will be carried out to assess the impact of intervention on anemic women in these above mention villages.

COVID-19 Awareness: Corona virus pandemic has gripped the world and India, and now it is spreading in rural areas also. Many deaths have caused in India and Maharashtra and Pune district is also a measure hotspot for this virus. For prevention and cure of Corona virus, awareness and counseling on major scale in villages of Mulshi dam and Bhira plant area.

Reduction in Malnutrition :

Malnutrition is not to be viewed merely as an offshoot of poverty having adverse effects on health and development of individuals but as a national problem that results in loss of productivity and economic backwardness. It is important to create a movement so as to improve nutrition at the individual level. Hence series of convergent and well-coordinated actions are required to be undertaken in the mission mode approach to address this problem of malnutrition.

In spite of State Government's efforts to curb malnutrition, prevalence of malnutrition has been observed in rural areas. There are various reasons for existence of malnutrition. Some important reasons are inability of registering children in rural areas due to non-appointment of Anganwadi workers, non-reporting of malnutrition cases by ICDS staff to higher authorities, lack of awareness and ignorance among mothers of malnourishment children in rural areas, low birth weight and ignorance by mothers of infants. Few cases of malnutrition exist in catchment area villages, which needs to be handled with an health care initiative so that, malnutrition in catchment areas can be reduced.

Proposed intervention to reduce malnutrition will be carried out in villages of Mulshi Khurd, Warak, Tamhini, Nive, Sambhave and Valane Gram Panchayat and will cover following stages-

- Identification, registration, measurement of anthropometric parameters (Age, Height, Weight) of children between 0 to 6 years with the help of local Anganwadi worker / assistant.
- Classification of identified children according to malnutrition categories.
- Reporting malnourished cases to ICDS department and Block Medical Officer.
- Refer acutely (SAM categories) malnourished children for medical facilities.
- Conduct frequent awareness & counseling for mothers of sever and medium malnourished children with the help of Anganwadi workers / assistants
- Ensure accurate anthropometric measurements with the help of calibrated equipment's every month through Anganwadi workers.
- Review malnutrition status after six months.

Awareness on Breastfeeding Practices & Nutrition :

In India there are many program that provide food and nutrient supplements as well as health and nutrition education, including the Integrated Child Development Services (ICDS) of the Government of India and others run by various voluntary agencies. Most of these program attempt to monitor immunization, morbidity, mortality, growth promotion and other parameters of health from women & children.

Tata Power Community Development Trust (TPCDT) through assessment, identified the need for creating awareness and education about infant and breast-feeding practices amongst mothers from remote villages in catchment area of Mulshi dam. Intervention was implemented by TPCDT with the support of local NGOs with the objective of educating and creating awareness about breast feeding practices, supplementary nutrition amongst lactating mothers having children between the age group of 0 to 3 years.

WABA organization developed technical training modules and that can be used to raise technical awareness on breastfeeding, share experiences on social media platforms and stay updated. The Tata Power Community Development Trust considers preventive health care awareness of the target beneficiaries and community. Since 2012 Tata Power Community Development Trust actively involved in celebration of Breast Feeding week and National Nutrition Week every year in and around Mulshi catchment and Bhira Hydro Power Plant area villages with the coordination of Government and Local NGOs.

Breastfeeding is the foundation of life, vital to a sustainable. World Breast Feeding Week -2020 focuses on how breastfeeding helps prevent malnutrition in all its forms, is crucial for the health of our planet and its people, and is the great equalizer that can help break the cycle of poverty. Engage with each other to achieve greater impact and galvanize a social movement to early breastfeeding as part of good nutrition, food security and poverty reduction.

	<p>Behavior Change Communication – Health :</p> <p>While going through above phase, adolescents need guidance and exposure to health related information. Adolescents in rural area lack awareness about good health behaviours and lack access to health services. This could be effectively done through behavior change communication model.</p> <p>The behavioral change model is a preventive approach and focuses on lifestyle behaviours that impact on health. It seeks to persuade individuals to adopt healthy lifestyle behaviours, to use preventive health services, and to take responsibility for their own health. The behavioral change model is based on the belief that providing people with information will change their beliefs, attitudes, and behaviours.</p> <p>Behavior Change Communication is a process of working with individuals, communities and societies to develop communication strategies to promote positive behaviours related to health and to provide a supportive environment which will enable people to initiate and sustain positive behaviours.</p>
2	<p>Problem statement/rationale of the intervention</p>
	<p>COVID-19 Awareness :</p> <p>Many deaths have caused in India and Maharashtra. Pune district is also a measure hotspot for this virus. Many people who were working or studying in cities like Pune have returned to villages in Mulshi block. This pandemic destabilized the entire world and needs precautions as far as health is concerned. For prevention and cure of Corona virus, awareness and counseling sessions will be required on major scale in villages of Mulshi dam and Bhira plant area. Digital mediums will also be used to create awareness and prevention of COVID-19 virus.</p> <p>Anemia Intervention :</p> <p>Risk for anemia is aggravated by poverty, illiteracy, ignorance and lack of knowledge regarding iron deficiency in food. Most of the Indian women often take food left over by their husband or family members. In some societies, men eat first and women last and poorly. This is increasing the burden of iron deficiency, anemia among them.</p> <p>The social workers during their community interactions observed multiple cases of anemia in reproductive age and felt that lack of appropriate knowledge about anemia and its prevention is one of the main cause for its high prevalence. Above all most of the rural women do not have easy access to health facilities and they were ignorant about their health status. So keeping this background in mind it was felt the need to conduct the study assessing the prevalence and knowledge of anemia among the women and conduct intervention amongst the women regarding anemia prevention by creating awareness and bringing change in their life style especially food habits.</p> <p>Malnutrition: There are various reasons for existence of malnutrition in catchment area. Some important reasons are inability of registering children in rural areas with Anganwadi due to non-appointment of Anganwadi workers, non-reporting of malnutrition cases by ICDS staff to higher authorities, lack of awareness and ignorance among mothers of malnourishment children in rural areas, low birth weight and ignorance by mothers of infants. Few cases of malnutrition exist in catchment area villages, hence it is important to reduce the malnutrition cases by creating awareness and counseling mothers of malnourished children especially for nutritious food. This intervention will be carried out in villages of Mulshi Khurd, Warak, Tamhini, Nive, Sambhave and Valane Gram Panchayats.</p>

Behavior Change Communication – Health :

While going through phase, adolescents need guidance and exposure to health related information. Adolescents in rural area lack awareness about good health behaviours and lack access to health services. This could be effectively done through behavior change communication model.

The behavioral change model is a preventive approach and focuses on lifestyle behaviours that impact on health. It seeks to persuade individuals to adopt healthy lifestyle behaviours, to use preventive health services, and to take responsibility for their own health. The behavioral change model is based on the belief that providing people with information will change their beliefs, attitudes, and behaviours.

Behavior Change Communication is a process of working with individuals, communities and societies to develop communication strategies to promote positive behaviours related to health and to provide a supportive environment which will enable people to initiate and sustain positive behaviours.

2.1 Baseline Data on community needs**Target population for COVID-19 Awareness**

Area	No. of Villages	Total Population
Mulshi Dam Area	52	16716

Name of Gram Panchayat	Total Female Population	No of Women (18-40)	No. of Adolescent Girls	No. of Pregnant & Lactating Women	Children between 0 to 3 years	Total
Tamhini	403	81	20	12	36	149
Mulshi (Kh)	386	77	19	12	35	143
Nive	374	75	19	11	34	139
Valane	295	59	15	9	27	110
Warak	238	48	12	7	21	88
Sambhave	219	44	11	7	20	82
Total	1915	383	96	58	173	710

Mulshi and Bhira catchment area has 8 high schools out of them 2 schools have been identified and selected to implement BCC 20 session to adolescents. Details of probable beneficiaries are given below.

Sr.No.	Name of High School	No. of Students 8th Std	Total
1	Shri Vinzaidevi High school, Tamhini	45	45
2	Senapati Bapat Madhyamik Vidyalay, Male	60	60
	Total	105	105

2.1.1	Quantitative: Secondary data						
	As per secondary data target population of female is 8249 and we will focus on adolescent girls and reproductive female group (16 to 35 years) for conducting breast feeding week, nutrition week and celebration of women's day in both locations (Male, Mulshi & Bhira).						
	Name of Gram Panchayat	Total Female Population	No of Women (18-40)	No. of Adolescent Girls	No. of Pregnant & Lactating Women	Children between 0 to 3 years	Total
	Tamhini	403	81	20	12	36	149
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	Warak	238	48	12	7	21	88
	Sambhave	219	44	11	7	20	82
	Total	1915	383	96	58	173	710
2.1.2	Quantitative: Primary Data						
	Name of Gram Panchayat	Total Female Population	No of Women (18-40)	No. of Adolescent Girls	No. of Pregnant & Lactating Women	Children between 0 to 6 years	Total
	Tamhini	403	81	20	12	36	149
	Mulshi (Kh)	386	77	19	12	35	143
	Nive	374	75	19	11	34	139
	Valane	295	59	15	9	27	110
	Warak	238	48	12	7	21	88
	Sambhave	219	44	11	7	20	82
	Total	1915	383	96	58	173	710
	Population for Breastfeeding awareness, promotion of institutional deliveries, breastfeeding and nutrition awareness						
	Name of Gram Panchayat	Total Female Population	No. of Adolescent Girls	No. of Pregnant & Lactating Women	Children between 0 to 3 years		
	Patnus	1174	59	35	106		
	Ambavane	1115	56	33	100		
	Vandre	782	39	23	70		
	Male	734	37	22	66		
	Bhambarde	506	25	15	46		

Jamgaon	410	21	12	37
Tamhini	403	20	12	36
Mulshi (Kh)	386	19	12	35
Pomgaon	377	19	11	34
Nive	374	19	11	34
Vadgaon	316	16	9	28
Kumbheri	296	15	9	27
Valane	295	15	9	27
Shedani	265	13	8	24
Warak	238	12	7	21
Sambhave	219	11	7	20
Chandivali	183	9	5	16
Barpe	176	9	5	16
Total	8249	412	247	742

Target Beneficiaries for BCC

S.No.	Name of High School	No. of Students 8th Std	Total
1	Shri Vinzaidevi High school, Tamhini	45	45
2	Senapati Bapat Madhymik Vidyalay, Male	60	60
	Total	105	105

Pre intervention assessment will be conducted for 105 adolescent students in 2 high schools. This assessment will be administered with structured interview schedule to ascertain

- What are their knowledge, attitudes, and beliefs about health?
- What factors affect their health behaviors?
- What access do they have to information, services, and other resources?
- Where do they currently stand in the stages of behavior change?
- Are there different groups of people who have similar needs, preferences, and characteristics (stakeholder segments)?

Similarly post intervention assessment will be also conducted to measure the impact.

2.2 Qualitative: Stated / Unstated / Felt Needs / Aspirations / Stakeholder (or Beneficiary) Testimony

Anemia :Interaction with persons working with government rural health department (Block medical officer, PHC medical staff, sisters, ASHA workers etc.), local villagers, revealed that anemia in rural women has not reduced much. According to Government of Maharashtra, Health Department Report (2017) 48% women in rural areas are anemic. Previous implementation of similar intervention in adjacent villages (Vandre ,Bhambarde, Tamhini, Nive) also confirmed 48% anemic women.

	<p>Malnutrition: Stake holders have observed following medico-social reasons underlying the health issues :-</p> <ol style="list-style-type: none"> 1. Dietary habits, Leading to under nutrition and malnourishment. 2. Negligence about health issues especially in females 3. Wrong working habits, and wrong postures 4. Lack of preventive and curative medical services. 5. Lack of availability of food markets 6. Poverty (Especially in Katkari community). <p>Capacity Building of Govt Health Functionaries : Ineffective Government policies, lack of budgets, lack of coordination and absence of better monitoring system are constraining observance and success of special days or weeks related to health and empowerment of women such as celebration of breastfeeding week, National Nutrition Week and International Women’s Day. In addition, in rural areas population is scattered or remotely located and lack ease of transport and communication. Therefore it is important to encourage these programs and support government functionaries in rural areas.</p> <p>Behaviour Change Communication – Health : During the implementation of health related programs, interaction with teachers of high schools revealed that there is a need to implement BCC-Health program for adolescents studying in high schools in rural areas. Schools in catchment area are remotely located and these students do not have information about healthy lifestyle and behavior in their school curriculum.</p>
2.3	Conclusion: Need for the CSR Project
	<p>Due to lack of health care facilities, lack of proper transportation, women and mothers of children are ignorant towards the health of self and their children. Less nutritional food, wrong life style and food habits result in to health problems such as Anemia, malnutrition etc. Lack of proper physical exercise, incorrect postures (farm work etc) leads to many health issues such as back pain, leg pain, hand pain, body pain etc. Elderly population in catchment area villages have cataract issues and for them cataract surgeries are not possible within the vicinity.</p> <p>Ineffective Government policies, lack of budgets, lack of coordination and absence of better monitoring system are constraining observance and success of special days or weeks related to health and empowerment of women such as celebration of breastfeeding week, National Nutrition Week and International Women’s Day. In addition, in rural areas population is scattered or remotely located and lack of transport and communication. There is need to create awareness about Corona virus as rural population is not taking the precautions such as using of mask, social distancing, hand wash with soap. Therefore it is important to encourage these programs and support government functionaries in rural areas.</p> <p>Behaviour Change Communication – Health : Adolescents need guidance and exposure to adopt healthy lifestyle behaviours, awareness to use preventive health services, awareness to take responsibility for their own health, positive change in their health related beliefs, attitudes, and behaviours. Adolescents in rural area lack of access to information healthy lifestyle practices and health related services as their high school curriculum do not provide this information as a school</p>

	<p>curriculum. Hence there was a need of BCC-Health program for adolescents studying in high schools situated in catchment area.</p> <p>Hence there is need for CSR project for integrated community health care initiative.</p>
3.	<p>Abstract Goals of the interventions</p> <p>To improve technical knowledge and counseling skill on Nutrition and Health from Government Service providers (AWW & ANM/ASHA) and Community Members (Women Self Help Group Members) approximately 1500 Adolescent girls, Pregnant, Lactating women of reproductive age group in and around Mulshi Dam and Bhira hydro plant area.</p> <p>Overall development and readiness for future of adolescents through BCC.</p>
4.	<p>SMART Objectives (Specific, Measurable, Achievable, Realistic and Time bound)</p> <p>1) COVID-19 Awareness:</p> <ul style="list-style-type: none"> ➤ To create awareness about COVID-19 virus amongst 4500 villagers. ➤ Use digital medium such as COVID-19 Awareness quiz in local language, awareness through video conference meetings, Whatsapp, SMS, communicating through Anganwadi, ASHA, health workers. <p>2) Anemia Intervention</p> <ul style="list-style-type: none"> ➤ To assess the Knowledge regarding anemia among women of reproductive age group. ➤ To Develop a demographic database of Women in reproductive age and their awareness level and knowledge about Anemia, ➤ To study the current health status of women in reproductive age, their food consumption and cooking practices and utility of health facilities ➤ To identify the Peer Educators from Mulshi Khurd, Warak, Tamhini, Nive, Sambhave and Valane grampanchayat. ➤ To measure the Hb count and the existing health conditions of women in reproductive age. ➤ To improve Hb level of anemic women in reproductive age through social work intervention. <p>3) Malnutrition</p> <ul style="list-style-type: none"> ➤ Register, measure height and weight of 100% children under age of six years. ➤ Classify children into nutrition categories based on their nutritional status (normal, or grades I–IV of malnourishment as classified by the Indian Academy of Pediatrics), ➤ Refer acutely malnourished children to medical facilities ➤ Counsel mothers on feeding and care practices. <p>3) Breast feeding week: (1st to 7th August 2020)</p> <ul style="list-style-type: none"> ➤ To Conduct breastfeeding awareness programs with coordination of Government functionaries, local NGOs and CSR volunteer families. ➤ To mobilize pregnant and lactating women and adolescent girls for participate in breast feeding week in 10 villages. ➤ To cover 700 women and adolescent girls on awareness of importance of breastfeeding during 7 days of breast feeding week celebration. ➤ Involve health research institute / NGO Pune, Food and Nutrition Board, Government of India and Technical Training material to be used from published by BPNI , WABA. <p>4) Nutrition Week : (1st to 7th September 2020)</p>

- To conduct nutrition awareness programs with coordination of government functionaries and local NGOs.
- b) To mobilize pregnant and lactating women and adolescent girls for participate in Nutrition Week events from 7 villages.
- c) To cover 1500 women and adolescent girls on awareness of basic nutrition, balanced diet, vitamins etc. during 7 days of Nutrition Week celebration.
- d) Involve health research institute i.e. SAMAVEDANA, Pune, Food and Nutrition Board, Government of India and technical material to be used from published by Food & Nutrition Board, Government of India.

5) Women’s Day Celebration : (8th March 2021)

- To organize International Women Day (2021) program in Male and Bhira between 8th to 15th March 2021 in collaboration with local Government and Local NGOs and involve 1500 stakeholders from Mulshi catchment and Bhira plant area.

6) Behavior Change Communication - Health

- 1) Assess the awareness about knowledge, attitudes, and beliefs about health amongst the students in selected six high schools.
- 2) Assess the factors which affect health behaviors of adolescents.
- 3) Assess current status of adolescents in the stages of behavior change.
- 4) To identify different groups of people who have similar needs, preferences, and characteristics (stakeholder segments).
- 5) Come together as a group that supports and works together for adolescence health empowerment.
- 6) Raise awareness about the problems associated with sex abuse and underage marriage.
- 7) Learn about how to help raise the quality of health and nutrition especially for girls and women in their communities.
- 8) Assess the impact of program on the adolescent students in selected schools.

5. Target Population and Geography

Name of Gram Panchayat	Total Female Population	No. of Adolescent Girls	No. of Pregnant & Lactating Women	Children between 0 to 3 years
Patnus	1174	59	35	106
Ambavane	1115	56	33	100
Vandre	782	39	23	70
Male	734	37	22	66
Bhambarde	506	25	15	46
Jamgaon	410	21	12	37

Tamhini	403	20	12	36
Mulshi (Kh)	386	19	12	35
Pomgaon	377	19	11	34
Nive	374	19	11	34
Vadgaon	316	16	9	28
Kumbhori	296	15	9	27
Valane	295	15	9	27
Shedani	265	13	8	24
Warak	238	12	7	21
Sambhave	219	11	7	20
Chandivali	183	9	5	16
Barpe	176	9	5	16
Total	8249	412	247	742

Anemia Intervention :

Target population for anemia intervention is 300 women in reproductive age residing in villages of Shedaani and Mulshi Khurd grampanchayats.

Malnutrition :

Target population for reduction of malnutrition is 173 children in 0 to 6 years of age residing in villages of Shedaani and Mulshi Khurd grampanchayats.

Special Days / Week :

Target population for breast feeding week and nutrition week are 1500 each.

Behaviour Change Communication – Health :

Target population is 105 adolescent students residing in Mulshi catchment area villages with studying in 8th class from high schools of Male and Tamhini. Total 23 villages will be covered in and around Male and Tamhini villages.

6. Target beneficiaries

	Anemia	Malnutrition	Breastfeeding Week	Nutrition Week	BCC	Total
Direct Beneficiaries:	383	173	700	750	105	2111
Indirect Beneficiaries:	780	516	3000	3500	400	8196
AA (SC/ST) beneficiaries:	52	34	130	150	25	391

7. Proposed strategies for the intervention

1) Anemia Intervention

- a) Baseline survey of Women and Girls in Reproductive Age in villages of Mulshi Khurd, Warak, Tamhini, Nive, Sambhave and Valane grampanchayat
- b) Hb examination of identified women and girls in Reproductive Age
- c) Classification of Hb Examination Results in to severe, moderate, mild and normal categories.
- d) Selection of peer educators from community
- e) Training of Trainers (peer educators and social workers) by expert
- f) Village level Anemia Awareness Programmes, distribution of score cards and distribution of iron folic acid tablets to anemic women through ASHA worker.
- g) Follow up with Peer Educators and Beneficiaries
- h) Review Meeting and Training for Peer Educators after 2 months.
- i) Village level Anemia Awareness Programmes and distribution of iron folic acid tablets to anemic women through ASHA worker.
- j) Follow up with Peer Educators and Beneficiaries
- k) Post intervention Hb examination of anemic women and girls.
- l) Measure impact of intervention by comparing pre and post intervention Hb examination results.

2) Reduction in Malnutrition

- a) Identification, registration, measurement of anthropometric parameters (Age, Height, Weight) of children between 0 to 6 years with the help of local Anganwadi worker / assistant.
- b) Classification of identified children according to malnutrition categories.
- c) Reporting malnourished cases to ICDS department and Block Medical Officer.
- d) Refer acutely malnourished children for medical facilities
- e) Conduct frequent awareness & counseling for mothers of sever and medium malnourished children with the help of Anganwadi workers / assistants
- f) Ensure accurate anthropometric measurements with the help of calibrated equipments every month through Anganwadi wrokers.
- g) Review malnutrition status after six months.

3) Breast feeding week: (1st to 7th August 20)

- a) To Conduct breastfeeding awareness programs with coordination of Government functionaries, CSR Volunteers families and local NGOs.
- b) To mobilize pregnant and lactating women and adolescent girls for participate in breast feeding week from 10 villages of Mulshi lake and Bhira plant area.
- c) To cover 700 directly and indirectly women and adolescent girls (age group of 16 to 40) on awareness of importance of breastfeeding during breast feeding week.
- d) Involve health research institute, NGO Pune, Food and Nutrition Board, Government of India and technical material to be used from published by WABA.

4) Nutrition Week: (1st to 7th September 2020).

To conduct nutrition awareness programs with coordination of government functionaries and local NGOs.

b) To mobilize pregnant and lactating women and adolescent girls for participate in Nutrition Week events from 7 villages.

c) To cover 750 directly and indirectly women and adolescent girls on awareness of basic nutrition, balanced diet, vitamins etc. during 7 days of Nutrition Week celebration.

d) Involve health research institute i.e., NGO Pune, Food and Nutrition Board, Government of India and technical material to be used from published by Food & Nutrition Board, Government of India.

5) Behavior Change Communication - Health: UNICEF and YASHADA (Yeshwantrao Chavan Academy of Development Administration), Pune (Government of Maharashtra) has developed a training module on Life Skill Education for Adolescents. The same module of 10 session has been adopted by Bharti Vidyapeeth Social Science Centre, Pune for conducting life skill education program since four years in and around Mulshi catchment and Bhira plant area.

The trained and well experienced resource persons and trainers would be imparting the BCC to the students of 8th. Module consists of 10 sessions/ topics which will be delivered in interactive method using various tools such as case stories, group discussions, role play, presentations, songs, slogans. This makes sessions interesting unlike other traditional methods of teaching.

S.No	Session / Topic
1	Social Powers and Social Discrimination
2	Know the healthy life practices
3	Sex and Gender discrimination
4	Adolescence Health, Balanced Diet and De-addiction
5	Body mapping
6	Reproductive Health and Menstruation Care
7	My relations (Interpersonal relation skills)
8	Exploitation, Violence and Harassment
9	Sexually transmitted diseases, HIV/AIDS
10	Emotional & Stress Management

- Pre assessment would be carried out with the help of well-structured questionnaire to understand the level of knowledge about various life skills / existing life skills among adolescents.
- Post assessment would be carried out with the help of well-structured questionnaire to understand the level of knowledge about various life skills and grasped life skills among adolescents after the implementation of program.
- Individual and overall Impact will be assessed after comparing pre and post assessment for each adolescent.

8. Major Inputs or Activities with plan																	
Sr.	Inputs/activities	Key Deliverables	UOM	Plan	Month	Semester 1						Semester 2					
						1	2	3	4	5	6	7	8	9	10	11	12
1	Anemia : Baseline survey	Baseline survey of reproductive age women	No.	1	Sept 2020					1							
2	Anemia : Hb Examination Camp	Hb examination of identified women	No.	1	Sept 2020					1							
3	Anemia : Appoint Peer Educators	Appoint Peer Educators	No.	1	Sept 2020					1							
4	Anemia : Training of trainers	Training about anemia to Peer educators and social workers	No.	1	Sept 2020					1							
5	Anemia : Awareness / Counseling sessions	Awareness Programs / Counseling sessions for anemic women at village level	No.	20	Oct2020 to Feb 2021							10		10			
6	Anemia : Follow up Visits	Follow up with peer educators and Anemic women	No.	40	Oct'20 to Feb 21							10	10		10	10	
7	Anemia : Hb Examination Camp	Hb examination of identified women	No.	1	Feb 21											1	
8	Malnutrition : Meeting with ICDS Staff	Meeting with ICDS staff (Anganwadi Workers- AWW , Supervisor)	No.	1	Sept 2020						1						
9	Malnutrition : Registration of Children	Registration of 0 to 6 yrs children from villages	No.	1	Sept 2020						1						
10	Malnutrition : Anthropometric measurements & Classification	Conduct anthropometric measurements of children in villages along with AWW and Classification in malnutrition categories	No.	7	Sept 2020 to Feb 2021						1	1	1	1	1	1	1
11	Malnutrition : Counseling to mothers	Individual counseling to mothers of malnourished children	No.	3	Sept 2020, Nov 2020, Jan 2021						1		1		1		
12	BFW : Coordination meeting with Govt. officers and NGOs	Planning of conduct 10 breast feeding sessions in Mulshi catchment area	Number	10	August, Sept & Oct 2020					2	8						
13	BFW : Identification and selection of villages (GP) for conduct IBW program	Select villages with consultation of ICDS and Health Govt. Officers 1) Last year number of misconception of breastfeeding practices and	Number	10	August & Sept 2020					10							

		morbidity has been happened based on field staff visits																	
14	BFW : Awareness Programs : Breast Feeding Week	To improve knowledge and adopt practices based on knowledge received on breast feeding	Number	3	August-2019	-	-	-	-	3	-	-	-	-	-	-	-	-	-
15	Nutri. Week: Coordination meeting with Govt. officers and NGOs	Planning of conduct 3 balance diet & supplementary nutrition sessions in Mulshi catchment area	Number	3	August, Sept & Oct 2020					1	2								
16	Nutri. Week: Identification and selection of villages (GP) for conduct National Nutrition program	Select villages with consultation of ICDS and Health Govt. Officers 1) Last year number of malnourished children and morbidity has been happened based on their monthly report	Number	10	August & Sept 2020					2	8								
17	Awareness Programs : Nutrition Week	To improve knowledge and adopt practices based on knowledge received on basic nutrition and balanced diet	Number	7	Sept-2020	-	-	-	-	-	7	-	-	-	-	-	-	-	-
18	Compilation of breastfeeding week and nutrition week reports	To cover 1450 women and adolescent girls under this program Share activity program report with Govt. officials	Number	2	Aug and Sep-2020					1	1								
19	Program report share with WABA & BPNI Delhi organization	Based on Program report reward and recognition certificate will be acknowledged to TPCDT	Number	2	Oct-2020						2								
20	Reward & Recognition to Best Anganwadi Worker & ANM / ASHA Worker	Tracking of Malnourished children and anemic women and data will share with GP during Gramsabha meeting	Number	1	March 21														1
25	BCC : To arrange meeting with Headmasters and trainers	Plan & Streamline BCC Health sessions in 2 high schools	Number	2	July 2020- Feb 2021						2								
26	BCC : Pre Assessment	Base line survey of 105 students from 2 schools	Number	2 Schools	July/Aug 2019	-	-	-	-	-	2	-	-	-	-	-	-	-	-

27	BCC : Life Skill Sessions	Conduct 10 Sessions in 2 classes in 2 schools= (10*2=20)	Number	20	Aug 2019 to March'2020	-	-	-	-	-	-	6	6	6	2		
28	BCC : Arrange TOT for conduct session	Effective use of Ex-students (as a co-trainer) during sessions	Number	1	Sept 2020								1				
29	BCC: Conduct session in 2 villages	coverage 100 adolescent girls in health related issues from 2 villages	Number	4	Sept 2020 to March'2021								1	1	1	1	
30	BCC : Post Assessment	Assessment of Life Skills in 2 schools of 105 students	Number	1	March'21	-	-	-	-	-	-	-	-	-	-	-	1

9. Staffing and Administration (Roles and Responsibilities)

Social Worker = 1

- Communicate with digital platforms to create awareness about COVID-19.
- Mobilize women and mothers of malnourished children for awareness and counseling sessions
- Conduct awareness sessions at village level for anemic women
- Take Follow up with community workers and anemic women, mothers of malnourished children.
- Coordinate TOT for anemia and malnutrition
- Coordinate pre and post HB test camp
- Coordination an mobilization for awareness and counseling sessions for women
- Coordinate follow up meetings with community workers and anemic women, mothers of malnourished children.
- Coordination, correspondence with schools, monitoring, record keeping, reporting.
- Conduct Sessions on BCC in 2 high schools.
- To conduct pre and post assessment of program.
- To conduct session at community level
- To identify master trainers from adolescent students to conduct similar session at community level as a sustainability part.

10. Monitoring Plan (Who? How? What? When?)

Monitoring Action	Who	What	When	How
Coordination meeting with ANM, Anganwadi Workers, ASHA workers at TPCDT training Hall, Mulshi	Social Sciences Centre	Quality & Quantity	As per decided schedule	Visit
Training to Field investigators	Social Sciences Centre	Quality	As per decided schedule	visit
Training of trainers	Social Sciences Centre	Quality	As per decided schedule	visit
Baseline Survey (Preparation of Interview Schedule, Printing of Int. Schedules,	Social Sciences Centre	Quality & Quantity	As per decided schedule	Visit

Data Collection, Data Entry, Analysis & Report) (383 households)				
Pre and Post HB Test Camp at village level	Field Coordinator	Quality and Quantity	As per decided schedule	Visit
Awareness / Counseling Sessions	Field Coordinator	Quality and Quantity	Monthly	Visit
Follow up meeting with Community workers and beneficiaries	Field Coordinator	Quality and Quantity	Monthly	Visit
Cataract Surgeries	Project Coordinator	Quality and Quantity	As per decided schedule	Reports
To improve knowledge and adopt practices based on knowledge received on breast feeding	TPCDT Officer	Quality & Quantity	September'20	Focus Group Discussion & Personal Interview
To improve knowledge and adopt practices based on knowledge received on basic nutrition and balanced diet	TPCDT Officer	Quality & Quantity	October'20	Focus Group Discussion & Personal Interview
Learning and sharing experiences from different stakeholders on various CR initiatives	TPCDT Officer	Quality & Quantity	March'21	Focus Group Discussion & Personal Interview
BCC : Pre Assessment Base line Survey	Social Sciences Centre	Quality	Before Intervention	Questionnaire Method
BCC Sessions in two high schools	Field Coordinator	Quality	Weekly	Personal Visits
Impact Assessment of BCC-Health Program	Social Sciences Centre	Quality	After Intervention	Post assessment & correlation with pre assessment

11. Evaluation Plan (Midline and End line)

Mid Line		End line	
Objectives	To review the progress of Anemia and Malnutrition intervention	Objective	Assess the outcome of anemia and malnutrition intervention by comparing pre and post assessment.
Survey Sample Size	40	Survey Sample Size	383

	Survey Frequency	3 months	Survey Frequency	End of Program
	Survey Mode	Questionnaire & FGD	Survey Mode	Pre and Post HB tests and Anthropometric measurements.
12	Sustainability Plan			
	<p>Anemia and Malnutrition This initiative will be taken care by the Government functionaries (Anganwadi & Health Department) to continue these villages and replicate in other villages of Mulshi block.</p> <p>Special Days / Weeks After successful completion of this event, local NGO (Symbiosis Community Outreach Program) will take over (50% contribution from SCOPE) next year for continuation of this program.</p> <p>Behaviour Change Communication – health The BCC-Health program covers issues related to health, physical changes, behavioral changes, social adjustments which leads to remove the misunderstanding among the adolescents and this program helps to maintain safe and healthy life. These communications continue to be useful for life time of an individual especially for adolescent girls. Trained students will conduct sessions in villages for longer period in their respective villages.</p>			
13.	Resource leveraging plan			
	<p>Anemia and Malnutrition Involvement of Government Service Provider (Anganwadi Workers, ASHA Workers & ANM) Involvement of woman Panchayat representatives (Mahila Sarpanch, SHG members, Community influence women etc.)</p> <p>Special Days / Weeks</p> <ol style="list-style-type: none"> 1) Technical training material designed and published by WABA and Food & Nutrition Board to be used during these campaigns. 2) Training resource persons and transportation arrangement by SCOPE agency. 3) Government contribute Rs. 0.50 lakh for transportation of community members. <p>Behaviours Change Communication : Apart from TPCDT, the remaining resources will be mobilized from the Bharati Vidyapeeth University , Social Science Centre.</p>			
15	Exit Plan			
	<p>Anemia and Malnutrition After 3 years, this initiative will be taken care by the Government functionaries (Anganwadi & Health Department) to continue these villages and replicate in other villages of Mulshi block.</p> <p>Special Days / Weeks After successful completion of this event, local NGO (Symbiosis Community Outreach Program) will take over (50% contribution from SCOPE) next year for continuation of this program.</p> <p>Behaviours Change Communication : Since last 4 years, Social Sciences Centre has implemented this program benefited more than 1000 adolescent students of Mulshi Lake area. Apart from this some of the trained students are involved for conducting BCC sessions in respective villages. This year 5 students will be trained and will conduct sessions through community meetings at respective villages. The refresher training of trained students (Master Training) will be organized.</p>			

16	Budget				
Integrated Community Health Care : Promote and sensitize preventive health care – Anemia, Malnutrition, Breast Feeding, Health Behavior Change Communication					
#	Intervention costs	Unit	No. of Units	Unit Rate (INR)	Amount
1	Direct Costs				
1.1	Anaemia Baseline Survey (Preparation of Interview Schedule, Training to Field investigators, Printing of Int. Schedules, Data Collection, Data Entry, Analysis & Report) (383 households)	No.	383	60	22980
1.2	Pre and post Haemoglobin Test (August'20 and March'21)	No.	600	50	30000
1.3	Training of trainers for Anemia & Malnutrition (2 Days)	No.	2	20000	40000
1.4	Pre & Post Assessment of Life Skill Education for 105 students (Data collection, Data Entry, Analysis)	No.	105	50	5250
1.5	Awareness Programs : Breast Feeding Week	No.	3	7000	21000
1.7	Awareness Programs : Nutrition Week	No.	3	7000	21000
1.10	Annual Report (Anemia + Malnutrition+BCC)	No.	1	9770	9770
1.11	Traveling expenses to conduct Anaemia baseline survey, Anthropometric measurements, Anaemia Review Meetings, BCC sessions, Pre & Post tests	No.	40	3000	120000
1.12	Specialized / General Health Camps, Lectures on Health, COVID-19 awareness programs	No.	20	6000	120000
	Subtotal -Direct Costs				3,90,000
2	Overheads				
2.1	Salary to Social Worker	No.	10	18000	180000
2.2	Institutional Charges (5% of total budget)				30,000
	Subtotal-Overheads				210000
	Total Cost (1+2)				6,00,000

17. Details about previous/other similar projects/interventions and funding sources.

Anemia Intervention

Anemia intervention to reduce anemia in catchment area villages was implemented in 2017-18 at villages in Vandre and Bhambarde Gram Panchayat villages. Total 247 adolescent girls and women of reproductive age were identified and HB test was performed. Before intervention 118 (48%) women found to be anemic out of 247. During the intervention iron folic tablets were provided to anemic women through government health department and social intervention in the form of awareness / counseling sessions was implemented to reduce anemia among women in selected villages. Community workers were also appointed to follow up with anemic women. After the intervention HB test was conducted. Difference between pre and post HB test is given in the following table.

Anemia Level (Before)	No. of Beneficiaries according to Anemia Level (After Intervention)						Not Tested (After)	Total
	Non Anemic	Severe	Moderate	Mild	Sub Total			
Severe	0	0	0	0	0	0.0%	1	1
Moderate	8	0	9	8	25	23.6%	0	25
Mild	65	0	3	13	81	76.4%	11	92
Total	73	0	12	21	106	100.0%	12	118
	68.9%	0.0%	11.3%	19.8%	100.0%			

Mean HB of anemic women before intervention was 11.08 which increased to 12.25 after the intervention.

Special Days / Weeks

In collaboration with WABA and BPNI New Delhi used technical training resource material designed by them and after completion of this event compiled program report sent to them and received recognition certificate and award from them in the year of FY21.

Project:Micro Enterprises for Women

Section - A

Title of the intervention	Micro Enterprises for Women (DHAAGA)
Location(s) of the Intervention	Tata Power Community Development Trust Training Hall, At & Post- Male, Taluka - Mulshi, District- Pune, Pincode: 412108
Name of applicant (organization)	BharatiVidyapeeth Social Sciences Centre, Pune
Legal Status of the applicant	Registered Society, Reg. No. 90186 under Societies Registration Act 1950. Income Tax 12AA Certificate
Total cost of the intervention	Rs.13,00,000.00 (Rupees: Thirteen Lakh only)
Total duration of the Intervention	12 Months
Contact details of the applicant	BVDU Social Sciences Centre, New Law College Building, ErandwaneCampus, Pune 411 038 Email : drgrrs@gmail.com Mobile : 9850773178
SPOC/Contact Person	Dr. Ganesh R. Rathod

Section -B

1	<p>Executive Summary</p> <p>Since October 2017, SAKHI MAHILA SANGH,with the support of Tata Power Community Development Trust, is working for providing vocational tailoring training to women from low socio economical background, widows, Dalits, backward classes. Since April 2019, BharatiVidyapeeth Social Sciences Centre Pune is working in collaboration with TPCDT to support SakhiMahilaSangh. Till March 2020, total 120 women has been trained under the DHAAGA initiatives on their capability for small mini business of stitching and selling of different types of Jute/ Synthetic cotton bags, pillow cover, purse, handbags,Kurti and Salwar. The total turnover was Rs. 8.17 Lakhs by the end of March-2020. During the FY 20, SakhiMahilaSangh obtained PAN and GST number.</p> <p>Currently 53 women are well expert in measuring, cutting, stitching, finishing of different types of ladies dress, Jute/ synthetic bags and Kurti/ salwar in different type of fashion of ladies and girls. After completion of course, it is seen that all participants are very sincere and active and gain Rs.200/- per day from this initiatives.Since May-2019, SakhiMahilaSanghreceived order of stitching 250 Aprons per month, as of FY:20completedorder of 2000 aprons with turnover in terms of money is Rs. 2.20 Lakhs.</p> <p>Current Intervention: (DHAGA - Garment Unit)</p> <ul style="list-style-type: none"> • In FY:20SakhiMahilaSangh (SMS) trained and already skilled 46 women/Girls will have linkages entrepreneurship business. • To make cloth face masks, hand bags, jute bags,aprons, blouse, Kurti, salwarPlazo from April-2020 onwards and to get monthly income of Rs.2000/- to each woman. • 400 women/Girls direct or indirect linkages with DHAAGA / Garment unit by the end of March-2021. • SakhiMahilaSangh (DHAAGA Unit) will be recognized branding name in Mulshi block for getting various type of stitching orders from Government/Institution. • Market linkages for all products will be done in different Malls, Government agencies (NABARD, NRLM) Pune, Hotels (for Aprons), online portals (Amazon, Indiamart).
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2	Problem statement/rationale of the intervention			
	Mulshi catchment community are always dependents on agriculture work other than agriculture no other income sources for the people especially women. Therefore based on community need initiated and established DHAAGA (Garment unit) known as a SakhiMahilaSangh, Mulshi.			
2.1	Quantitative Data			
	Sr. No	Name of Villages	Total Population	Female Population (Age 18 to 28)
	1	Male	1512	146
	2	Jamgaon&Disali	781	80
	3	Sambhave	428	45
	4	Valne	632	60
	5	Shedani&Nandivali	545	48
	6	Mulshi (Kh)	788	77
	7	Varak / Palse	429	41
	8	Nive	772	75
	9	Tamhini	808	81
	10	Pomgaon	786	75
	11	Kolawali	166	15
	12	Kumbheri	471	44
	13	Bhadas	521	52
	14	Akole	544	53
	15	Shere	811	78
		Total	9994	970
2.2	Qualitative: Stated / Unstated / Felt Needs / Aspirations / Stakeholder (or Beneficiary) Testimony			
	DHAAGA (Garment Unit) under the branding name of SakhiMahilaSangh will be working independently after 7 years. They will get work orders such as cloth masks, bag making, apron, kurti, salwarpalazzo, school and employ uniform of ITI staff and different agencies as well as Education department. After 5 years, 400 women will become financially independent and run Garment unit in a sustainability mode.			
2.3	Conclusion: Need for the DHAAGA -CSR Project			
	SakhiMahilaSangh is formed and working in Mulshi block since 2017. To work for the women in many aspects and need financial support. As per the community need assessment report, the economic condition of women from rural area is very poor and after the initiation and establishment of SAKHI MAHILA SANGH (Dhaaga) initiative, women are getting additional income other than farming which was not available earlier in this area.			
3.	Goals of the interventions			
	400 women from Mulshiblock will be financially independent through this initiative by March 2021.			
4.	SMART Objectives (Specific, Measurable, Achievable, Realistic and Time bound)			
	<ul style="list-style-type: none"> 400 women will become self-sufficient through professional and need base stitching skill training and garment business (DHAAGA) activities by the end of March-2021. Enhance annual income of Rs.30, 000/- from each member through this initiative. To make 2 lakh cotton masks, 2000 cotton, synthetic jute bags, 1500 aprons and 100 			

	school student and 80 ITI youth/ staff uniform will be made by the end of March-2021.			
5.	Target Population and Geography			
	Sr. No	Name of Villages	Total Population	Female Population (Age 18 to 28)
	1	Male	1512	146
	2	Jamgaon&Disali	781	80
	3	Sambhave	428	45
	4	Valne	632	60
	5	Shedani&Nandivali	545	48
	6	Mulshi (Kh)	788	77
	7	Varak / Palse	429	41
	8	Nive	772	75
	9	Tamhini	808	81
	10	Pomgaon	786	75
	11	Kolawali	166	15
	12	Kumbheri	471	44
	13	Bhadas	521	52
	14	Akole	544	53
	15	Shere	811	78
		Total	9994	970
6.	Target beneficiaries			
	<ul style="list-style-type: none"> • Direct Beneficiaries: 400 • Indirect Beneficiaries: 2550 • AA (SC/ST) beneficiaries: 75 			
7.	Proposed strategies for the intervention			
	<p>Professional Skill Enhancement Training: 400 Women and youth will be trained with special skills in Garment making business through professional trainer on upgrade skill enhancement. Skill enhancement training will be provided to existing members of Dhaaga unit with the help of Professional trainers from Pune. Professional trainer will provide training in different areas such as designing pattern for latest kurtis, selection of fabric, selection of accessories for kurtis, measurements for different sizes, cutting of fabric, quality sewing techniques, precautions and tips for quality of kurtis. Similarly professional skill enhancement training will be provided for Palazzo making with variety of fabrics as well as arrange professional gentleman trainer for stitching of uniform to school going children and ITI student and employees.</p> <p>Garment Making: Quality garment making by skilled women and girls for Kurti, Palazzo and variety of bags. Target: 2 lakh Masks, 2000 cotton, synthetic and jute bags, 2000 aprons will be made and fulfill commitment of Taj Hotel Mumbai and 180 children and student uniforms by the end of March-2021.</p> <p>Marketing / Sale of Garments: Thus created quality garments will be sold in various exhibitions, stalls at StriAadhar Kendra in Municipal Ward offices. Products will be marketed through linkages with Malls, Government Agencies (NABARD etc.), Hotels (for Aprons) and Online portals (AmazonSaheli, Indiamart).</p>			

9.	Staffing and Administration (Roles and Responsibilities)				
	<p>Role and responsibility</p> <p>1)Project Coordinator = No of Post: 1</p> <ul style="list-style-type: none"> • Coordinate project management activities, resources, and equipment's as well as sharing information and best practices from other garment making shops / malls. • Planning, Monitoring and Evaluation of Dhaga Project into doable actions and set timeline preparation of all monthly reports (financial and Achievement), PPT, cash book, ledger, minutes of meeting. • Liaisoning with Government functionaries, Malls (D-Mart, Abhiruchi Mall, Reliance Fresh etc.) and other agencies for mobilization of resources and funding for SMS. • Submission of monthly reports (Finance & Progress) with Quality check and error free. • Preparation of Project Proposal, budget, financial resources and other documents. • Monitor project progress and handle any issues that arise with smooth manner. • Preparation of comprehensive project annual document with financial resources. <p>2) Field Assistant = No of Post: 1</p> <ul style="list-style-type: none"> • Mobilization - To mobilize 400 girls / women for linkage with micro enterprises from Mulshi area by the end of March 2021. • Record Keeping - He / she should keep ready and record of all concern items related to the Tailoring Material i.e. clothes and stitching materials. Enter data in software for sale of products such as stock, sale, invoice, bank transactions etc. • Marketing - in order to prevent the plastic ban in the catchment area and surrounding area, Centre Assistant shall find a suitable marketing strategy to campaign of the plastic ban and shall give the alternate options of the Clothing Bags. • Time Management - He / she should be punctual in time management of the Centre and shall keep record of the all trainees who comes for the training. • Quality Check: Field Assistant shall quality check the stitched bags, aprons, Kurti, Plazo etc. • Banking Transactions: Field Assistant shall maintain the banking transactions by depositing and withdrawing money when and where required in the interest of the project. 				
10.	Monitoring Plan (Who? How? What? When?)				
	Monitoring Action	Who	What	When	How
	1. Stitching and finishing of Product (Kurti, Palazzo, Handbags & Uniforms)	Project Coordinator & Field Assistant	Quality and finishing of uniform.	Daily	Daily observation by Field assistant & Project coordinator Weekly cross verification by TPCDT associate
	Review of linkages with self employed	Project Coordinator	Quantity	Six months	Attendance register, monthly reports, income

11.	Evaluation Plan (Midline and End line)					
	Mid Line			End line		
	Objectives	400 Women and Girls will be in Garment making business through linkages	Objective	400 women will become self-sufficient through this tailoring and garment business by the end of March-2021.		
	Survey Sample Size	Random	Survey Sample Size	40		
	Survey Frequency	Six monthly	Survey Frequency	Six monthly		
	Survey Mode	Interaction with women beneficiaries, Review of reports and records, Attendance register, income etc.	Survey Mode	Review of reports and records Assess getting daily in come of Rs.200 for a period of 6 months.		
12	Sustainability Plan					
	400 women will have linkages with SakhiMahilaSanghfor financiallyindependent within 5 year. Based on that to get order for masks, bags, apron, kurti and palazzo.					
13.	Resource leveraging plan					
	Cloth for bag making worth Rs.2.00 lakh will be mobilized from other agency.					
15	Exit Plan					
	400 women will have linkages with SakhiMahilaSangh for financially independent within 5 year. Based on that to get order for masks, bags, apron, kurti and palazzo.					
16	Budget 1ST April 2020 to 31March 2021					
	#	Intervention costs	Unit	No. of Units	Unit Rate (INR)	Amount (INR)
	1	Direct Costs				
	1.1	Raw Material for Dhaga Garment Unit (Fabric for apron Rs. 50000, Fabric for cotton/Jute Bags Rs. 50000, Fabric for cloth Face Mask Rs. 50000, cloth for kurti / palazzo Rs. 60000/-, Fabric for Uniform Rs. 100000. Total amount for cloth = Rs. 310000/-, Lining, Button, Thread, needle, Collar, Nylon Thread Scissors etc. Machine oiling & servicing = Rs.100000/-, Contingency charges - Need based hiring of professionals Rs. 150000/-)	No.	1	560000	560000

	1.2	Specialized training to members for skill enhancement (Training of gents and ladies Uniform stitching, Training of Kurti, Palazzo of latest fashion)	No.	9	15000	135000
	1.3	Refreshment for entrepreneurs during monthly meeting	No.	10	3000	30000
	1.4	Exposure visit (for 30 participants)	No.	1	20000	20000
	1.5	Salary to Project coordinator	No.	11	20000	220000
	1.6	Salary to Field Assistant	No.	11	10000	110000
		Subtotal -Direct Costs				1075000
	2	Overheads				
	2.1	Misc. cost (cleaning, sanitizer, soap)	No.	10	2000	20000
	2.2	Traveling expenses (Rs. 5000 pm for Project coordinator)	No.	11	5000	55000
	2.3	Traveling expenses for Field Assistant (Rs. 5000/- pm for 1 year)	No.	11	5000	55000
	2.4	Transportation cost for raw material, goods delivery	No.	10	3000	30000
	2.5	Institutional Charges (5% of Total Budget)				65000
		Subtotal-Overheads				225000
		Total Cost (1+2)				1300000
17.	Details about previous/other similar projects/interventions and funding sources:					
	<p>Since March 2019, BVDU Social Sciences Centre is working in collaboration with TPCDT to support SakhiMahilaSanghfor providing vocational training to women from low socio economical background, widows, Dalits, backward classes. 400 beneficiaries (Direct 100 and Indirect : 300) women have been trained under the fashion design tailoring course. After completion of fashion designing course 46 women were selected for stitching and selling of different types of masks, bags, apron, purse, handbags, sags etc. currently all women are well trained in measuring, cutting, stitching, finishing of different types of cloths, bags and apron.</p>					