

# PROJECT REPORT

On

## STRENGTHENING WATER AND SANITATION SITUATION

Initiated by – **MEDICARE HEALTH SERVICES SOCIETY**

( A Charitable Society registered under The Societies  
Registration Act 1860)

(Address- D 35/77, Jangambadi , Varanasi, Uttar Pradesh, 221001)

( Area of Operation- Uttar Pradesh)



# Table of Contents

<u>Topics</u>	<u>Page No</u>
Introduction	2-3
About the Society	4-4
Objective	5-5
Target Area	6-8
Impact on Health	9-9
Solution for Drinking Water Problem	10-11
Solution for Sanitation Problem	12-12
Financial analysis and Cost of Project	13-15
Sources of Fund	16-16
Legal status of the Society	17-17
Annexure	18-22

## I. Introduction

The vital need for people living in India to access safe drinking water, utilize toilets and practice good hygiene cannot be underestimated. Of the 1.1 billion people in the world who defecate in the open, 59% live in India.

Global development agencies use the acronym WASH to refer to the three interrelated public health areas that require urgent attention – **water, sanitation and hygiene (WASH)**. It is the neglect of these three areas that has led to the current sanitation crisis in the country.

Poor sanitation, water and hygiene can have serious repercussions on healthcare, education and the economy. The inability to access improved sources of drinking water leaves 97 million people in India vulnerable to many communicable diseases that are spread through ingesting unsafe water. 88% of diarrhoeal deaths globally are due to a lack of access to proper sanitation facilities. An emerging body of research on malnutrition also suggests that the root cause of stunting in India may be due to an abundance of human waste polluting soil and water, rather than food scarcity.

Such problems are compounded in urban slums, where the close proximity of living spaces, open drainage and poor maintenance of existing facilities cause significant health-risks for those residing in such areas. While 63% of urban populations have access to improved sources of sanitation, the quality of these services remain inadequate and unequally divided amongst citizens. Meeting the increased sanitation requirements of a rapidly growing urban population is a

cause for concern. Poor WASH services contribute to significant economic losses as well. India loses up to \$600 million on medical treatment and lost production and 73 million working days are lost each year due to waterborne diseases.

However, increasing the number of toilets or promoting better infrastructure is not the only solution to the problem – in North India over 40% of rural households with a working latrine have at least one family member who continues to defecate in the open, suggesting the need for an equal focus on changing behaviour and attitudes towards open defecation.

Realizing the critical need for action, the Swachh Bharat Mission (SBM) was inaugurated on 2nd October 2014. It put India's sanitation crisis at the forefront of national priorities by setting itself an ambitious goal of eradicating open defecation by 2019. One of the key differentiators from previous sanitation campaigns like the Nirmal Bharat Yojna and the Total Sanitation Campaign, is the SBM's proactive engagement with the corporate sector, which leverages corporate social responsibility opportunities created by Section 135 of the Companies Act, 2013.



## II. About the Society

**Medicare Health Services Society** is a charitable society registered under the Societies Registration Act 1860 in 2006 with a focus on achieving public health outcomes for those who are socially excluded and poor. We are a niche service provider in the public health sector, delivering end-to-end solutions as well as short and long term support and facilitation, combining research and practice. Known to implement focused initiatives for marginalized communities, we balance passion and professionalism with cross-sectoral experience.

We believe that health and well-being can be best addressed when all three aspects - behaviours, systems and social determinants are addressed together. We recognise that the challenges to well-being are not only limited to health, and hence need to address the key enablers, in an integrated way. The need is to focus on outcomes and scale with high quality. We believe that this vision requires a multitude of approaches and financing streams, ranging from grant based support to market based models. Our strategic framework reflects this belief.

Our efforts in water, sanitation and hygiene are important contributions as the need in the community, particularly in India, is very high. It is important to address barriers to WASH at various levels – including discrimination, infrastructure, geography, education and awareness. We focus on access for vulnerable and marginalized populations, such as the rural and urban poor, especially women and girls, as they are disproportionately affected by the lack of adequate and approved WASH facilities.

### **III. Objective of the Project**

The main objectives of the project were to identify and implement an appropriate policy framework to promote long-term sustainability of the rural water supply and environmental sanitation sector and deliver sustainable health and hygiene benefits to the rural population through improvements in water supply and environmental sanitation services.

The specific objectives of the project are to:

- Identifying and implementing an appropriate policy framework to promote long-term sustainability of the rural water supply and environmental sanitation sector.
- Delivering sustainable health and hygiene benefits to the rural population through improvements in water supply and environmental sanitation services.
- Improving rural economy through income-generating opportunities for women.
- Testing alternatives to current supply-driven delivery mechanism.
- Promote sanitation and gender awareness.
- Building and maintaining public toilets.
- Building and maintaining public water tanks to provide clean drinking water.

## IV. Target Area : Uttar Pradesh

### Access to Drinking Water and Sanitation in Uttar Pradesh

Water supply is a state subject, where Union Government is only responsible for setting water quality standards, but State Government has to establish departments or special agencies for supply of domestic water to urban and rural areas. These State government agencies are also responsible for monitoring the quality of water supplied.

Uttar Pradesh is the most populous State having the largest urban system in the country with 628 municipalities. However, it ranks 18th in the level of urbanisation. The process of urbanisation in the State has been favourable towards larger cities. The emerging trends of urbanisation in the State necessitate two-pronged strategy for balanced regional urban development, i.e., better management of large cities and inducing planned growth of small and medium towns (Uttar Pradesh Annual Plan, 2010-11).

***Extent and Composition of Drinking Water*** : Uttar Pradesh State Water Policy, 1999 says, “Water for drinking and domestic use has the highest priority while allocating the water resource of the state. The state has to provide adequate drinking water facilities (both for people and livestock) to the entire population in both urban and rural areas up to the year 2025. Sanitation facilities for entire population in urban areas and most of the rural areas should also be provided.”



There are significant disparities between Uttar Pradesh and India in regard to use of sources for drinking water. The bulk of the households in urban India depend on the municipal water supply for their daily needs, i.e., more than 70 per cent depend on tap water. It may be noted that about 63.4 per cent of urban households in Uttar Pradesh use tubewell / handpump as their major source. This means that the main source of drinking water in urban Uttar Pradesh is tubewell/handpump. One noticeable feature of urban households during 1998-99 to 2005-06 can be observed from NFHS (2&3) that there has been a gradual decrease in the share of “piped water”. On the other hand, there has been a gradual increase in the share of “tubewell / handpump” for both Uttar Pradesh and India. The penetration of municipal water supply is not only low, but also quite poor in terms of access. Most households depend on tap water either from neighbours, or on basis of group sharing, or both.

***Extent and Dimension of Sanitation*** : Sanitation was defined to include connection to a sewer or septic tank system, pour-flush latrine, simple pit or ventilated improved pit latrine, with allowance for acceptable local technologies. The excreta disposal system was considered adequate if it was private or shared (but not public) and if it hygienically separated human excreta from human contact (NSS Report No. 535, 2010, p.26). Definition of sanitation facilities are provided in detail in Notes. Based on these definitions, the structure and extent of sanitation facility has been assessed as follows.

The toilet coverage both in rural and urban areas of Uttar Pradesh is much lower compared to all India level. About 50 per cent of households in India have toilet facility, while only about 35 per cent households in Uttar Pradesh have toilet facility (NSS Report, 2010). In Uttar Pradesh, there are large disparities between urban and rural areas in access to toilet facility. About 85 per cent of households in urban areas have toilet facility; on the other hand, only 20 per cent of households have toilet facility in rural areas.



The general rural population is of the opinion that owning and using a toilet is not a household priority but a luxury. Open defecation continues to be the norm in large parts of the State especially in the rural areas.

According to census 2011 data, only 46.9 per cent of Indian households and 35.6 per cent of households in Uttar Pradesh have latrine facility. Open defecation continues to be a big concern. Sanitation facility in urban areas is better than rural areas. Various studies find urban-rural disparity in provision of drinking water and sanitation facility. It may be noted that sanitation facility is not as much improved in Uttar Pradesh as compared to India. Census data show that the percentage of Indian households having no latrine declined from 78.1 to 69.3 in rural areas and from 26.3 to 18.6 in urban areas. In other words, there is 8.8 per cent improvement in rural areas and 7.7 per cent improvement in urban areas at all India level. While a mere 2.6 per cent improvement in rural areas and 3.1 per cent improvement in urban areas took place in Uttar Pradesh during last 10 years.



## V. Impact on Health

The physical health of a person is dependent on the hygiene activities he or she follows as many diseases are transferred by poor hygienic practices. One of the first steps of maintaining proper hygiene is having access to proper water and sanitation facilities.

Poor water quality continues to pose a major threat to human health. Drinking water must be free from chemical substances and micro organisms, which might be dangerous to the health of the user. Source of water supply like well, tube wells, ponds, hand pump, tanks, rivers and municipal taps are sometimes contaminated with organic matter which makes the water unhygienic and unfit for human consumption. Impure drinking water leads to various dreadful water borne diseases. As per WHO estimates, 3.4 millions people mostly children die every year from water related diseases. Diarrhea disease alone amount to be estimated that, 4.1 per cent of the total disability. Adjusted life years global burden of disease is responsible for the death of 1.8 millions people every year. The level of contaminates, which available in drinking water are seldom high enough to cause acute (immediate) health effects. Example of acute health effects are nausea, lung irritation, skin rash, vomiting, dizziness, and even disease contaminants are more likely to cause chronic health effects that occur long often repeated exposure to small amounts of a chemical. Examples of chronic health effects include cancer, liver and kidney damage, disorder of nervous system damage to the immune system and birth defects

## **VI. Solution for Drinking Water Problem.**

- **Installation of Hand Pumps in rural and slum areas.**



- **Construction and Maintenance of Water Centre area wise**



- **Installation and maintenance of Water vending machines.**



- **Installation and maintenance of RO Plants in Primary Schools.**



## **VII. Solution for Sanitation Problem.**

- **Construction of Toilets in villages.**



- **Construction and maintenance of Public Toilets.**



## VIII. Financial Analysis and cost of project

### A) Cost Sheet for Drinking Water Problem

PARTICULARS	AMOUNT ( in Lacs)
(i) Cost of Hand Pumps (3000.00 each) ( 500 Hand pumps projected to be installed in 1 <sup>st</sup> year)	15.00
(ii) Installation Cost of Hand Pumps (Rs. 3000.00 Each )	15.00
(iii) Cost of Construction of Water Centre ( Rs. 300000.00 each including the Pump and plant) ( 50 Water Centre to be constructed in Uttar P Pradesh in 1 <sup>st</sup> year)	150.00
(iv) Maintenance and Operational Cost of water centre per year ( Rs. 15000 per centre per month)	90.00
(v) Installation of Water Vending machines ( Rs. 50000.00 each) ( 100 Water vending machines to be installed in Uttar P Pradesh in 1 <sup>st</sup> year)	50.00

(vi) Maintenance and Operational Cost of water vending machines per year ( Rs. 5000 per Vending machine per month)	60.00
(vii) Installation of RO Plants in Schools ( Rs. 50000.00 each) ( 100 Water vending machines to be installed in Uttar P Pradesh in 1 <sup>st</sup> year)	50.00
(viii) Maintenance and Operational Cost of RO Plants per year (Rs. 2000 per Plant per month)	24.00
<b>Total Cost</b>	<b>454.00</b>

## B) Cost Sheet for Sanitation Problem

PARTICULARS	AMOUNT ( in Lacs)
(i) Construction of Toilets in Villages and slum areas ( Rs. 25000.00 per Toilet) ( 400 Toilets to be constructed in Uttar Pradesh in 1 <sup>st</sup> Year)	100.00
(ii) Construction of Public Toilets ( Rs. 100000.00 per Toilet) ( 100 Toilets to be constructed in Uttar Pradesh in 1 <sup>st</sup> Year)	100.00
(iii) Operation and Maintenance of Public toilets ( 5000 per toilet per month)	60.00
<b>Total</b>	<b>260.00</b>



### **(C) Total Cost of Project and Sources of Fund**

<b>PARTICULARS</b>	<b>AMOUNT ( in Lacs)</b>
(a) Total Cost for Drinking Water Problem	454.00
(b) Total Cost for Sanitation Problem	260.00
(c) Total Cost of Project	714.00
(d) Society's Contribution	214.00
<b>(e) Financial Support Required</b>	<b>500.00</b>

## **IX. Society's Legal Status**



Medicare Health Services Society is a society registered under The Societies Registration Act 1860, in the year 2006 bearing the registration number 84/2006-07 with its registered office at D 35/77, Jangambadi, Varanasi, Uttar Pradesh. The Permanent Account Number of the society is AABAM4978M. The Society is also approved by Medical Council, Varanasi, and Institute of Medical and Technological Research, West Bengal.

### **Documents showing legal status of the Society –**

- (a) Registration Certificate
- (b) PAN
- (c) Approval from Medical Council
- (d) List of Members
- (e) Affiliation from Institute of Medical and Technological Research

## Annexure A - Registration Certificate

संख्या - 3267 दिनांक 8.07. 2016



**सोसाइटी के नवीनीकरण का प्रमाण-पत्र**  
नवीकरण संख्या - 344 / 2016-17  
फाइल संख्या V- 32470

एतद्वारा प्रमाणित किया जाता है कि मेडिकेयर हेल्थ सर्विसेज सोसाइटी,  
डी0 35/77, जंगमवाड़ी, वाराणसी ।  
को दिये गये रजिस्ट्रीकरण प्रमाण-पत्र संख्या - 84 / 2006-07  
दिनांक 19-04-2006 को दिनांक 18-04-2016 से पॉच वर्ष की अवधि के  
लिए नवीनीकृत किया गया है।

1200/- रुपये की नवीकरण फीस सम्यक रूप से प्राप्त हो गयी है।  
दिनांक 08-08-2016

सोसाइटी के रजिस्ट्रार  
उत्तर प्रदेश

(P.F. 01)



## Annexure C - Affiliation with Institute of Medical and Technological Research

**INSTITUTE OF MEDICAL & TECHNOLOGICAL RESEARCH**  
Regd. With Govt. of West Bengal based on Central Govt. Act.

Office: 3, Bow Street, 1st Floor, Kolkata- 700012, ☎ 033 - 22117376, 033 - 22415853, 033 - 32576730  
(Near Bow Bazar Post Office & Behind Ganguram Sweets)

---

Ref. IMTR/DPC/MHSS/TA/07/3319. Date. 04. 10. 2007.

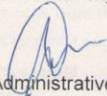
To,  
DR. D. P. CHAKRABORTY (CHAIRMAN),  
MEDICARE HEALTH SERVICES SOCIETY,  
D. 35/77, JANGAMBARI, VARANASI - 221001.

**Ref: Allotment of Affiliation Registration Number.**

Dear Sir,

With due respect we are very much pleased to inform you that your affiliation Registration No. IMTR/MHSS/07/459 Dated 04.10.2007. has been allotted as per our rules for one year. You are being requested to mention the above said number in all your future correspondence.

Further, you are being requested to renew your affiliation on or before 31st March in every year. Failure of renewal and also violation of our rules and regulations will be treated as cancellation of your Affiliation automatically, which please note.

Thanking you,  
Yours faithfully,  
  
(Administrative Officer)

*Administrative Officer*  
Institute of Medical & Technological Research

---

Training Available: Pathology • X-Ray • E.C.G • Physiotherapy • Home Nursing  
"Health for all & Education for all"

## Annexure D - List of members

५- प्रबंधकारिणी समिति के पदाधिकारियों एवं सदस्यों के नाम,पता,पद एवं व्यवसाय जिनको संस्था के नियमों के अनुसार कार्यभार सौंपा गया है।

क्र०सं०	नाम,पिता/ पति का नाम	पता	पद	व्यवसाय
१-	श्री डी० बी० चक्रवती पुत्र श्री एस० एन० चक्रवती	श्री-३५/७७ जंगमबाड़ी वाराणसी	अध्यक्ष	व्यापार
२-	श्री सौरभ चक्रवती पुत्र श्री डी० पी० चक्रवती	" " " "	सचिव	"
३-	रीता चक्रवती पुत्री अमरनाथ शर्मा	३७/२ कबीरनगर, दुर्गाकुण्ड, वाराणसी	उपाध्यक्ष	समाजसेविका
४-	श्री सुरेन्द्र कुमार तिवारी पुत्र स्व० अवधकिशोर तिवारी	जे०-११/ ६-बी० ईश्वरगंगी वाराणसी	कोषाध्यक्ष	व्यापार
५-	श्री विजय कुमार पाठक पुत्र स्व० बलराम पाठक	सोनबरसा सेवापुरी वाराणसी	सदस्य	अम्बर कॉन्सल्टिंग
६-	श्री बी०टी० सिन्हा पुत्र स्व० जगरनाथ प्रसाद	कृष्ण कुंज कटरा लंका, वाराणसी	सदस्य	"
७-	श्रीमती पुष्पा तिवारी पत्नी श्री सुरेन्द्र तिवारी	जे ११/६-बी. ईश्वरगंगी ३७/२ कबीरनगर दुर्गाकुण्ड वाराणसी	सदस्य	गृहिणी
८-	अनुराधा कुमारी पुत्र श्री ३२.५१. ११२५११	गोआसी, काशी	सदस्य	गोआसी

६- हम निम्न हस्ताक्षरकर्ता संस्था को उपरोक्त स्मृति पत्र के अनुसार सोसाइटीज रजि० एक्ट की धारा २१ सन् १८६० के अन्तर्गत पंजीकृत कराना चाहते हैं :-

*Shakuntla*

राजेश कुमार  
सिंह

*Singh*

*Sharma*

*Sharma*

Pushpa Tiwary

Rachakabarty

## Annexure E - Pan Card and Contact Person Details



### Contact Person Details-

**Dr. Saurabh Chakrabarty,**

**Sri Surendra Kumar Tiwari**

D 35/77, Jangambadi, Varanasi, Uttar Pradesh.

Contact Number- 9628370050, 9628370052

E-mail id- [medicarehealthservices2003@gmail.com](mailto:medicarehealthservices2003@gmail.com)

Bank details- Account No. 100225

IFSC- ALLA0212095

ALLAHABAD BANK , Ravindra Puri Colony, Varanasi,  
UP.

\*\*\*\*\*-----\*\*\*\*\*

**Prepared By-**



**HEMANT TIWARI**  
( FCA, B.Com, DISA)

**MYFINCONSULTANTS INDIA PRIVATE LIMITED**

**H.O-**  
D 63/13-7 Annapurna Colony,  
Mahmoorganj, Varanasi , 221010,  
Uttar Pradesh,221010  
Contact No . 9198343662, 9044753291

**Branch Office -**  
47/11 , Old Rajinder Nagar ,  
Rajendra Place Metro Station,  
New Delhi , 110060.  
Contact No. 9198343662, 9044753291,  
011-45768278

**Overseas Office-**  
**DUBAI, UAE**  
IT Centre, Burdubai, Dubai, UAE  
Ph No: +971 507603857

Website: [www.myfinconsultants.com](http://www.myfinconsultants.com)  
Email-id: [info@myfinconsultants.com](mailto:info@myfinconsultants.com)



