

Mukhopadhyay Foundation last Ten Years of Service for Nation
मुखोपाध्याय फाउंडेशन पिछले दस साल राष्ट्र की सेवा
মুখোপাধ্যায় ফাউন্ডেশন বিগত দশ বছর দেশের সেবায়



THEME OF THE PROJECT

INTEGRATION OF 21st CENTURY RURAL HEALTH CARE IN THE DISTRICT OF NADIA, WEST BENGAL AND BIOMEDICAL RESEARCH IN COMPLIANCE WITH SUSTAINABLE DEVELOPMENT GOALS.

NAME OF THE PROJECT:

Swami Vivekananda Homeopathy, Immunization, Cardiac Rehabilitation, Skill Development Training for Persons with Disabilities and Research Center

Project Written & Submitted by
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ABSTRACT: “It is Health that is real Wealth and not pieces of Gold and Silver”. The people can buy Gold or Silver but not Health. Being healthy means that people have the freedom to do what they want to do —freedom that no amount of money can buy. The duty of the Government is to provide Good Health or in other word “Freedom from Diseases.” Health is wealth because people avoid having to pay hefty medical bills. With a healthy body, people are less likely to seek medical attention and accrue hospital expenses. West Bengal a state of India has made significant advances in health of its populations over more than a decade, reducing the gap between rural and urban areas and between the rich and the poor. Huge disparities, however, still remain, and access to healthcare in rural areas remains a huge challenge.

Health Care is very relevant today particularly Rural Health Care in the Nadia District of West Bengal. There is a global acceptance Sustainable Development Goals 3. But rural people of Nadia District how much they know about SDGs 3 still it is a matter of Debate.

SDGs 3 that aspires to ensure health and well-being for all, including a bold commitment to end the epidemics of AIDS, Tuberculosis, Malaria and other communicable diseases by 2030. It also aims to achieve Universal Health coverage, and provide access to safe and effective Medicines and Vaccines for all. Health and Social Wellbeing are determined by many factors outside the Health System which include Poverty, Socioeconomic Conditions, Patterns of Consumption Associated with Food and Communication, Demographic Patterns, Learning Environments, Family Patterns, the Cultural and Social Fabric of Societies; Sociopolitical and Economic Changes, including Commercialization and trade and Global Environmental Change.

In such a situation, Health issues can be effectively addressed by adopting a holistic and sustainable approach through this proposed project which delivers Free Homeopathic Clinic, Immunizations, Cardiac Rehabilitation, Skill Development Training for Persons with Disabilities and Biomedical Research. Thus, this project is undertaken to integrate 21st Century Rural Health Care in the District of Nadia, West

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Bengal, Skill Development Training for Persons with Disabilities and Biomedical Research in Compliance with Sustainable Development Goals.

SWAMI VIVEKANANDA: EPITOME OF HUMANITY: Swami Vivekananda said, "The Land where humanity has attained its highest towards gentleness, towards generosity, towards purity, towards calmness - it is



India." He also said, "I do not ask for health or money or life or salvation. We must not forget that health is only a means to an end." Swami Vivekananda (1863–1902) is best known in the United States for his groundbreaking speech to the 1893 World's Parliament of Religions. Swami Vivekananda not only famous for his speech on religious tolerance and an end to fanaticism and 1898 his 'Plague Manifesto' released after the epidemic broke out in Calcutta (now Kolkata), can help contain the current corona virus outbreak. Thus the name of the proposed

project is selected after the name of Swami Vivekananda:

Swami Vivekananda Homeopathy, Immunization, Cardiac Rehabilitation, Skill Development Training for Persons with Disabilities and Research Center

PROPOSED SITE OF ESTABLISHMENT: Kalyani is a city and a Municipality and Community Development Block of Nadia District in the Indian state of West Bengal. It is located around 50 kilometers from Kolkata



— the capital of West Bengal. Kalyani is the administrative headquarters of Kalyani subdivision. The Chairman of Mukhopadhyay Foundation has the Land near Central Park, Kalyani and the proposed project will be constructed in following Land and address:

BLOCK "B" SUB-BLOCK: 13; KALYANI, NEAR CENTRAL PARK, NADIA 741235

Section 1: INTRODUCTION

INDIA: 21st CENTURY ASIAN GIANT: The 21st century is the current century in the Anno Domini era or Common Era, under the Gregorian calendar. It began on January 1, 2001 and will end on December 31,



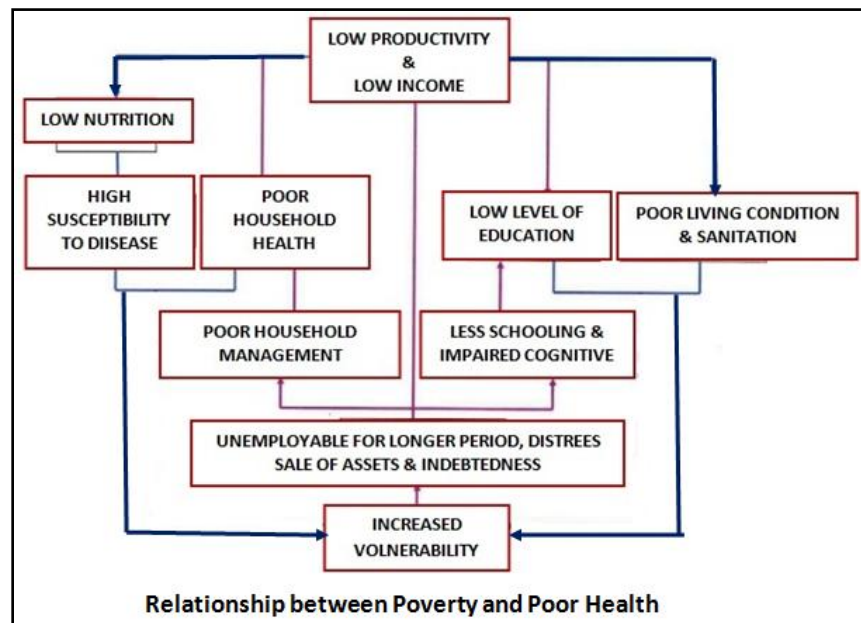
2100. For most of the past 2,000 years, wealth and power were concentrated in those parts of the world with the largest populations - that is, the civilizations of what is today India. With the 21st century well underway, it is becoming clear that the past 200 years have been an aberration. The big nation - India - is making a comeback, and we are now returning to the historical norm. But size itself does not automatically confer either wealth or power. A big state still has to take the right steps to maximize its natural advantage. The Indian Century is the idea that the 21st century will be dominated by India. "Don't forget India, it's the other

giant of Asia" - Wrote by Dominique Moïsi. But we Indian have to prove that India will be the giant of Asia. India has various challenges as per Sustainable Development Goals like:

No Poverty	Zero Hunger	Good Health and Well-being
Quality Education	Gender Equality	Clean Water and Sanitation

POVERTY IS MAJOR CAUSE OF ILL HEALTH - WORLD BANK: According to the World Bank, Poverty is a major cause of ill health and a barrier to accessing health care when needed. This relationship is financial. Poor cannot afford to purchase those things that are needed for good health, including sufficient quantities of quality food and health care. But, the relationship is also related to other factors related to poverty, such as lack of information on appropriate health-promoting practices or lack of voice needed to make social services work for them. Ill health, in turn, is a major cause of poverty. This is partly due to the costs of seeking health care, which include not only out-of-pocket spending on care (such as consultations, tests and medicine), but also transportation costs and any informal payments to providers.

POVERTY IN NADIA DISTRICT OF WEST BENGAL: According to a report published February 23, 2000, in West Bengal, high-poverty districts are Darjeeling, Jalpaiguri, Coochbehar, North and South Dinajpur, Malda, Murshidabad, Nadia and Birbhum, where between 41 per cent to 60 per cent of the people are living below the poverty line. About 31.8% of the total population lives below the poverty line. The district of Nadia as Muslim minority district and belongs to category 'A' of the MCD districts with 25.4% Muslim population and religion specific average socio-economic indicator value 35.3 and average basic indicator value 24.



REPORT – CURRENT POSITION OF INDIA IN SDGs: One report published on March 01, 2022 that "India slipped three spots to rank 120 on 17 SDG goals adopted as 2030 agenda" With the latest rankings, India is now behind all South Asian. India's overall Sustainable Development Goals (SDG) score was 66 out of 100. According to the Centre for Science and Environment's State of India's Environment Report, 2022, released by Union Environment Minister, India's rank dropped primarily because of major challenges in 11 SDGs including Zero Hunger, Good Health and Wellbeing, Gender Equality and Sustainable cities and communities. India also performed poorly in dealing with quality education and life on land aspects, the report stated According to Niti Aayog CEO, "The United Nations' SDG target of 2030 can never be met without India. India is fully committed to achieving the UN's SDG target,"

SDGs RANK OF WEST BENGAL: Niti's SDG Index, Kerala retained its rank as the top state with a score of 70. West Bengal (Rank 14) has also done well in Niti Aayog's SDG Index 2019, but given the education level(in the state), West Bengal should be in top 3 performing states," said Niti Aayog Vice Chairman.

IMPORTANT PUBLIC HEALTH INDICATORS OF NADIA DISTRICT: Public health outcome of Nadia District is measured by following key indicators as follows:



WHY THIS PROJECT IS NECESSARY? World Health Organization (WHO) has shown, substantially improved health outcomes are a prerequisite if developing countries are to break out of the cycle of poverty. Good health contributes to development through a number of pathways, which partly overlap but in each case add to the total impact as mentioned below:

• Improved Human Capital.	• Higher Labour Productivity.
• Higher rates of National Savings.	• Demographic Changes.
• Decrease Infant Mortality Rate	• Decrease Neonatal Mortality Rate
• Decrease Maternal Mortality Rate	• Increase Birth Rate
• Decrease Death Rate	• Increase Total Fertility Rate

Section 2: EXECUTIVE SUMMARY

BACKGROUND: The Sustainable Development Goals (SDGs), also known as the Global Goals, were adopted by the United Nations in 2015 as a Universal call to action to end poverty, protect the planet, and ensure that by 2030 all people enjoy peace and prosperity. The 17 SDGs are integrated—they recognize that action in one area will affect outcomes in others, and that development must balance social, economic and environmental sustainability.

SUSTAINABLE DEVELOPMENT GOAL 3: Sustainable Development Goal 3, regarding "Good Health and Well-being", is one of the 17 Sustainable Development Goals established by the United Nations in 2015. The official wording is: "To ensure healthy lives and promote well-being for all at all ages."

VISION OF THE PROJECT: The vision of the proposed Public Health, Training Project is "Healthy People in Healthy Communities, Cardiac Rehabilitation, Skill Development Training for Persons with Disabilities and Research Center with Reduce Maternal Mortality, Fight against Communicable Disease end all

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Preventable Deaths under 5 Years of Age, Reduce Mortality from Non-Communicable Diseases and Promote Mental Health.”

MISSION OF THE PROJECT: The mission of the proposed project is in Compliance with Sustainable Development Goal 3 which covers a wide range of issues including:

- 1) Reduction of Maternal Mortality.
- 2) Ending all Preventable Deaths under Five Years of Age.
- 3) Fight against Communicable Diseases.
- 4) Reduction of Mortality from Non-communicable Diseases.
- 5) Promote Mental Health and Cardiac Health.
- 6) Provide Cardiac Rehabilitation.
- 7) Free Homeopathy Clinic for all age.
- 8) Establishment of Immunization Center.
- 9) Provide Vocational Training to Disabled people.
- 10) Establish the Excellence for Biomedical Research Center.
- 11) Transportation of Patients for Medical Care through Critical Care Ambulance.

PROBLEMS IN RURAL HEALTH CARE IN NADIA DISTRICT OF WEST BENGAL: Contagious, Infectious and Waterborne Diseases such as Diarrhea, Amoebiasis, Typhoid, Infectious Hepatitis, Worm Infestations, Measles, Malaria, Tuberculosis, Whooping Cough, Respiratory Infections, Pneumonia and Reproductive Tract Infections Dominate the Morbidity Pattern, especially in Rural areas.

BARRIERS TO HEALTH PROMOTION AND DISEASES PREVENTION IN RURAL AREAS IN NADIA DISTRICT OF WEST BENGAL: In rural communities, many factors influence health. Rural communities experience a higher prevalence of chronic conditions than their urban counterparts. Examples of chronic conditions include Heart Disease, Cancer, Chronic Respiratory Disease, Stroke, and Diabetes. Rural communities also experience higher rates of Mortality and Disability than urban communities. Limited access to health promotion and Disease Prevention Programs and Healthcare Services contribute to these health challenges.

SOCIAL DETERMINANTS AS BARRIERS ACCESSING HEALTHCARE: Social determinants that are barriers for Rural Communities in accessing Healthcare include:

- 1) Higher poverty rates, which can make it difficult for participants to pay for services or programs.
- 2) Cultural and social norms surrounding health behaviors.
- 3) Low health literacy levels and incomplete perceptions of health.
- 4) Linguistic and educational disparities.
- 5) Limited affordable, reliable, or public transportation options.
- 6) Unpredictable work hours or unemployment.
- 7) Lower population densities for program economies of scale coverage.
- 8) Availability of resources to support personnel, use of facilities, and effective program operation.
- 9) Lack of access to healthy foods and physical activity options

These shared barriers provide context for the needs of rural communities and an understanding of the strategies that will be most effective to address rural barriers to care.

RURAL HEALTH DISPARITIES: Rural Indian in the District of Nadia in West Bengal is a population group that experiences significant Health Disparities. Health disparities are differences in Health Status when compared to the population overall, often characterized by indicators such as higher incidence of disease and/or disability, increased mortality rates, lower life expectancies, and higher rates of pain and suffering. In addition to that the following disparities are observed among the rural population of Nadia District:

- 1) Higher mortality rate from heart disease and stroke.
- 2) Higher infant mortality and lower quality prenatal care.
- 3) Higher rate of diabetes and diabetes complications.
- 4) Higher rate of drug overdose and opioid misuse.
- 5) Higher rates of sexually transmitted infections (STIs)

ACCESSIBILITY IN RURAL HEALTH: Health problems are intensified by living in a rural area of Nadia District. Rural communities have fewer Medical Professionals and facilities, especially those providing unique specialties. This includes primary care Doctors, Medical Specialists, and Hospitals. Not having enough primary care Doctors is a problem because people in rural areas are not receiving preventive care. Preventive care includes Cancer Screening, Nutrition Counseling, Immunizations, and Blood Pressure Monitoring. Without preventive care, Medical Professionals cannot catch illnesses early and the Community suffers. Preventive care also provides access to important health information for individuals and families about healthy eating and exercise behaviors. Without that education, rural communities have higher rates of alcohol use, tobacco use, and obesity. The simplest solution to the accessibility problem is to have more Weakly Health Camp with Medical Professionals and facilities in rural areas. To do this, the proposed project is mostly suitable.

HEALTH EDUCATION CAMPAIGNS: When preventive care is not accessible, communities don't receive proper health education. And without health education, the risk for Diabetes, Obesity, STIs, Heart Disease, and Cancer may increase. Through local health education campaigns, volunteers and community health workers can help address these issues.

OVERALL GOAL: The present project long term project, which is proposed, has to contribute to development and implementation of efficient public health care, to provide free Homeopathic Clinic, Free Immunization, Cardiac Rehabilitation, Vocational Training for Disabled and to do Biomedical Research at the local level, based on the population health needs and participatory approach.

OBJECTIVES: To achieve this goal project has several specific objectives, which are planned to be accomplished within parallel and successive phases:

- 1) Improving appropriate health-promoting practices decreases poverty.
- 2) Facilities for Free Homeopathy Treatment.
- 3) Provide Immunization to all as per guidelines of Government of India.
- 4) Free Deworming Camp in Rural area of Nadia District.

- 5) Conduct Awareness on Improving Sanitation at School.
- 6) Control of Anemia Weekly Iron Folic Acid Supplementation (WIFS).
- 7) Free Cardiac Rehabilitation to Old age and Cardiac patients.
- 8) Provide Skill Development Training for Persons with Disabilities.
- 9) Do Biomedical Research necessary for Public Health.
- 10) Provide transportation of patients from Village through Critical Care Ambulance.

BRIEF DESCRIPTION OF THE PROJECT: Project, with duration of one year, will be developed in the following phases:

- Construction of Building and fitting of electricity, Water Connection and Installation of Lift.
- Purchase of Instruments and Homeopathy Medicine.
- Requirement of Health Personals.
- Inauguration of the project.

DESCRIPTION OF THE ACTIVITIES PHASE WISE: The activities of the proposed project will be as follows:

First Phase: In the first phase, free Homeopathy Clinic will start and provide free Medical Assistance and Medicines to the patients, free distribution of Iron and Vitamin and Deworming the School Children.

Second Phase: In the second phase free Immunization to all and cardiac rehabilitation to Cardiac Patients.

Third Phase: In the third phase Skill Development Training for Persons with Disabilities

IMPORTANT PUBLIC HEALTH INDICATORS OF NADIA DISTRICT: Public health outcome of Nadia District is measured by following key indicators such as



PROJECT METHODS: The foundations of the project are contemporary and have the following methods:

1) Treatment of Patients by Homeopathy Medicines: India is a unique country of great cultural diversity and social plurality. People talk in different languages in different places, and practice different religions, traditions and customs. Such diversity is also visible in the practice of medicine and its acceptance by the people. Even though India is the seat of one of the richest ancient medical practices, Ayurveda, a large number of people follow Homeopathy. Homeopathy is one of the seven Ayush systems. It is most

preferred system of complementary medicine. Homeopathy is a distinct medical specialty being practiced across the world. It is a recognized medical system in India through the Homeopathy Central Council Act, 1973. The system has blended well into the ethos and traditions of the country that it has been recognized as one of the national systems of medicine. Qualified Doctors of Homeopathy will treat the Patients

2) Immunization under Expanded Programme on Immunization (EPI): As soon as India was declared smallpox free in 1977, the country decided to launch a National Immunization programme called Expanded Programme of Immunization (EPI) in 1978. The Immunization programme of the proposed project will follow the Universal Immunization Programme (UIP)

Under UIP, following vaccines are provided*	
BCG (Bacillus Calmette Guerin)	DPT (Diphtheria, Pertussis and Tetanus Toxoid)
OPV (Oral Polio Vaccine)	Measles
Hepatitis B	TT (Tetanus Toxoid)
JE vaccination (in selected high disease burden districts)	
Hib containing Pentavalent vaccine (DPT+HepB+Hib) (In selected States)	
Diseases Protected by Vaccination under UIP*	
Diphtheria	Pertussis.
Tetanus	Polio
Tuberculosis	Measles
Hepatitis	Japanese Encephalitis
Meningitis and Pneumonia caused by Haemophilus Influenzae type b	

* <https://main.mohfw.gov.in/.../files/5628564789562315.pdf>

Implementation of Routine Immunization will be strictly follow the guideline of Government of India and Government of West Bengal

3) Free Deworming Camp in Rural area of Nadia District: Deworming can boost your child's immunity, help control infections and increase nutritional uptake. Worms are a common problem not only occurring in kids but adults too. The potential sources of these infections are contaminated food and water, having undercooked meat, poor hygiene, and when soil from the playground comes in direct contact with the kids. The symptoms that indicate the presence of the worms are poor appetite, unintentional weight loss, rashes on the buttocks, stomach pain, constipation or diarrhoea, frequent urination and fatigue. The Method of Deworming will be followed as per guidelines of the Ministry of Health and Family Welfare, Government of India.

4) Awareness on Improving Sanitation at School: Deworming is not the only solution, however. "Improving basic hygiene, sanitation, health education and providing access to safe drinking-water are also keys to resolving the health and nutritional problems caused by intestinal worms," said the Director of WHO's Department of Nutrition for Health and Development.

Swami Vivekananda Homeopathy, Immunization, Cardiac Rehabilitation, Vocational Training for Disabled and Research Center will organize a monthly awareness camp among the villagers surrounding Kalyani. This type of Awareness program on Sanitation will progress in Health Education among the Village Students. Awareness program will also decrease the School Dropout rate. There are two different perspectives of School Dropout namely (1) from the parents' perspective (2) from the child's perspective. From a child's perspective, one of the causes is School Sanitation.

5) Control of Anemia Weekly Iron Folic Acid Supplementation (WIFS): The Ministry of Health and Family Welfare has launched the Weekly Iron and Folic Acid Supplementation (WIFS) Programme to meet the challenge of high prevalence and incidence of anaemia amongst adolescent girls and boys. WIFS is evidence based programmatic response to the prevailing anaemia situation amongst adolescent girls and boys through supervised weekly ingestion of IFA supplementation and biannual helminthic control. The long term goal is to break the intergenerational cycle of anaemia, the short term benefits is of a nutritionally improved human capital. The programme, implemented across the country both in rural and urban areas. The Intervention for Control of Anemia Weekly Iron Folic Acid Supplementation will be followed as per guidelines of The Ministry of Health and Family Welfare, Government of India, Ministry of Women and Child Development, Government of India, and Ministry of Human Resource Development.

6) Vocational Training to Disabled: Vocational Training to Disabled program for Persons with disability addresses the requirements of persons with disability aged between 18-35 years by providing vocational skill building training and sustainable employment opportunities. This program aims at enabling youth with disability to live financially independent lives through vocational skill building and placement support creation. Through directed efforts in the direction of skill building and employment support, trainees would get employed, and sustain them with quality performance. The project focuses on aspects like - Employability Enhancement (Skill Development) and Sustainable Employment (Employment Generation) of persons with disabilities. The Skill Development Project aims to create the demand of the skilled workforce of persons with disability in various industries by way of carrying job mapping drives and making the candidates competent and skilled to perform the job.

7) Cardiac Rehabilitation Programme: Cardiovascular Disease (CVD) is one of the leading causes of death worldwide and is the leading cause of death in the India. Cardiac rehabilitation, also called Cardiac Rehab, is a customized outpatient program of exercise and education. The program is designed to help people to improve his/her health and recover from a heart attack, other forms of heart disease or surgery to treat heart disease. Cardiac rehabilitation programs aim to limit the psychological and physiological stresses of CVD, reduce the risk of mortality secondary to CVD, and improve cardiovascular function to help patients achieve their highest quality of life possible. Cardiac rehabilitation is a complex, interprofessional intervention customized to individual patients with various cardiovascular diseases such as:



Heart Attack	Coronary Artery Disease
Heart Failure	Myocardial Infarctions

Patients who have undergone cardiovascular interventions such as coronary angioplasty or Coronary Artery bypass grafting

Accomplishing these goals is the result of improving overall cardiac function and capacity, halting or reversing the progression of atherosclerotic disease, and increasing the patient's self-confidence through gradual conditioning. Under the guidance of Cardiologist/Physician and co-coordinator to lead cardiac rehabilitation, Clinical Nurse Specialist, Physiotherapist, Clinical nutritionist/Dietitian and Occupational Therapist will provide Cardiac rehabilitation programs. All cardiac rehabilitation staffs have appropriate training, qualifications, skills, and competencies to practice within their scope of practice and recognize and respect the professional skills of all other disciplines involved in providing comprehensive cardiac rehabilitation.

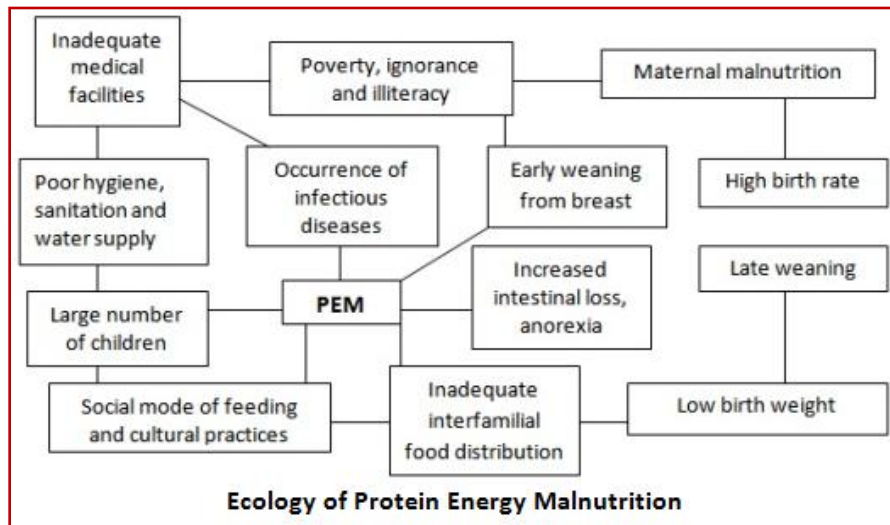
Medical Research Programme: Medical research, also known as experimental medicine, encompasses a wide array of research, extending from "Basic Research", – involving fundamental Scientific principles that may apply to a preclinical understanding – to clinical research, which involves studies of people who may be subjects in clinical trials. Medical research involves research in a wide range of fields, such as Biology, Chemistry, Pharmacology and Toxicology with the goal of developing new Medicines or Medical procedures or Improving the application of those already available.

Health Care Challenges of 21st Century: The best thing about living in the 21st century has to be the rapid rate of change in every sector of society. There are many health related challenges in the 21st century and they are:

Patient Safety.	Healthcare for an aging population.
Healthcare in the age of climate change.	Healthcare and multimorbidity.
Healthcare and mental illness.	Healthcare for Cardiac Disease
Healthcare for pregnant women.	Healthcare for Newborn.
Discovery of new Homeopathy Drugs.	Research on prevention of diseases.
Development of Immunizations.	Prevention of Anemia.
Deworming the School Children	Supplementation of Iron and Vitamins
Prevention of Anemia	Prevention of Cardiovascular Diseases
Prevention of COVID -19	Prevention of Cancer

GROWTH MONITORING ASSESSMENT UNDER 5 YEARS - DETECTION OF PEM: According to WHO, Nutrition may be defined as the science of food and its relationship to health. It is concerned primarily with the part played by nutrients in body growth, development and maintenance. Therefore it is quite evident that a balanced nutritious diet is required for proper functioning of the body. Protein Energy Malnutrition (PEM) and growth retardation are probably the most widespread health and nutritional problems of the developing countries including India (Mehta, 2000). Swami Vivekananda Homeopathy, Immunization, Cardiac Rehabilitation, Vocational Training for Disabled and Research Center will fulfill several objectives noted below:

- 1) To understand the maternal and child health scenario in Kalyani and surrounding Kalyani.
- 2) To assess the coverage and success of child nutrition programmes
- 3) To take note of the inter-district disparities in coverage of Supplementary Nutrition Programme (SNP)
- 4) To identify the factors responsible for malnutrition among children and pregnant women
- 5) To analyze the spatial variations of malnutrition and its causes in Kalyani and surrounding Kalyani.



RESEARCH AND PREVENTION ON NONCOMMUNICABLE DISEASES: A non-communicable disease (NCD) is a disease that is not transmissible directly from one person to another. NCDs include Parkinson's disease, autoimmune diseases, strokes, most heart diseases, most cancers, diabetes, chronic kidney disease, osteoarthritis, osteoporosis, Alzheimer's disease, cataracts, and others. The 2030 Agenda for Sustainable Development recognizes Noncommunicable Diseases (NCDs) as a major challenge for sustainable development. As part of the Agenda, the proposed project committed to reduce by one-third premature mortality from NCDs through prevention and treatment. Report revealed by the West Bengal Government on the current trends of Public Health, 62.4% of NCD deaths were caused by Heart Diseases and Strokes. But on an internet survey, no data was found on NCD of Kalyani and surrounding villages of it. Children, Adults and the Elderly are all vulnerable to the risk factors contributing to NCDs, whether from unhealthy diets, physical inactivity, exposure to tobacco smoke or the harmful use of alcohol. NCD management interventions are essential for achieving the reduction in the risk of premature mortality from NCDs

RESEARCH ON HEALTHCARE FOR CARDIAC DISEASE AND SCREENING FOR HTN: Hypertension is a major public health challenge affecting more than one billion people worldwide. No data are published among the population of Kalyani and surrounding Kalyani. But in Rural Village of West Bengal, it has been observed that overall prevalence of hypertension was 24.7% and that of pre-hypertension and tachycardia was 40.8% and 6.4%, respectively. Both hypertension and pre-hypertension were seen to increase with age. Over the long term, hypertension leads to risk for



cardiovascular events, such as heart disease, stroke, kidney failure, disability, and premature mortality. Early detection in the form of screening for hypertension (and associated risk factors) can help identify high-risk groups, which can result in timely treatment and management of risk factors. Ultimately, early detection can help reduce morbidity and mortality linked to it and can help contain health-related costs, for example, those associated with hospitalization due to severe illness and poorly managed risk factors and comorbidities. Thus it is necessary to assess the effectiveness of different screening strategies for hypertension (mass, targeted, or opportunistic) to reduce morbidity and mortality associated with hypertension among the population of Kalyani and surrounding Kalyani.

END PREVENTABLE NEONATAL DEATHS: With the birth of 25 million children each year India accounts for nearly one fifth of the world's annual child births. Every minute one of those babies dies. Nearly 46



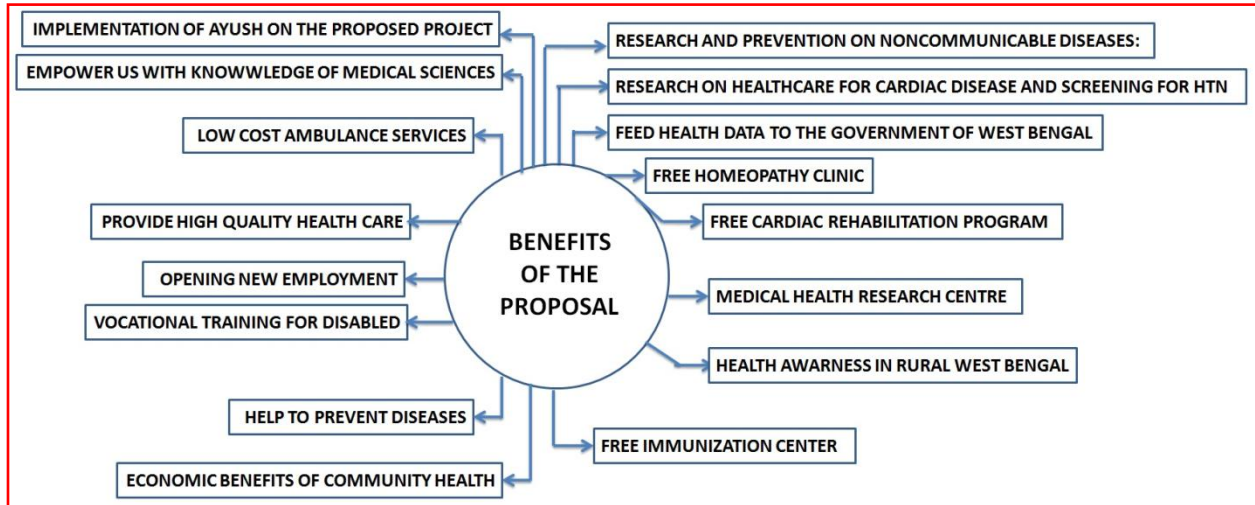
per cent of all maternal deaths and 40 per cent of neonatal deaths happen during labour or the first 24 hours after birth. Pre-maturity (35 per cent), neonatal infections (33 per cent), birth asphyxia (20 per cent) and congenital malformations (9 per cent) are among the major causes of new-born deaths. In 2018, infant mortality rate for West Bengal was 22 deaths per 1000 live births. Infant mortality rate of West Bengal fell gradually from 52 deaths per 1000 live births in 1999 to 22 deaths per 1000 live births in 2018. The most common cause of neonatal death

- The most common causes of neonatal death are premature birth, low birth weight and birth defects.
- An autopsy may help you find out why your baby died.
- Mother health care provider or a genetic counselor may help Mother to learn why her baby died and if she may have the same problems in another pregnancy.

Why this Project is Necessary? World Health Organization (WHO) has shown, substantially improved health outcomes are a prerequisite if developing countries are to break out of the cycle of poverty. Good health contributes to development through a number of pathways, which partly overlap but in each case add to the total impact as mentioned below:

• Improved Human Capital.	• Higher Labour Productivity.
• Higher rates of National Savings.	• Demographic Changes.
• Decrease Infant Mortality Rate	• Decrease Neonatal Mortality Rate
• Decrease Maternal Mortality Rate	• Increase Birth Rate
• Decrease Death Rate	• Increase Total Fertility Rate

Benefits of the Project- Provide Employment to Youth of Nadia District: The government believes that the domestic healthcare industry, going ahead, will be one of the largest generators of employment, especially in rural West Bengal. There is immense scope of provide Employment to the Youth of Nadia District of West Bengal and many benefits of the proposed project:



Facilities Available from the Proposed Project: The overall purpose of the proposed project delivers the following:



BUDGET AND FINANCIAL INVILVEMENT

Why is Investment in SDGs3 Important? Ensuring healthy lives and promoting the well-being at all ages is the third SDG included in the 2030 Agenda for Sustainable Development. The development of cities and nations is not possible without the guarantee of a good quality of life for its citizens. After all, as the 2030 Agenda by the UN reinforces, the planet’s prosperity will only be achieved when basic rights are guaranteed for everyone. And one of the basic rights is Health Care.

Why Financial Assistance require for Proposed Project? Swami Vivekananda Homeopathy, Immunization Cardiac Rehabilitation, Vocational Training for Disabled and Research Center” is based on SDG 3.

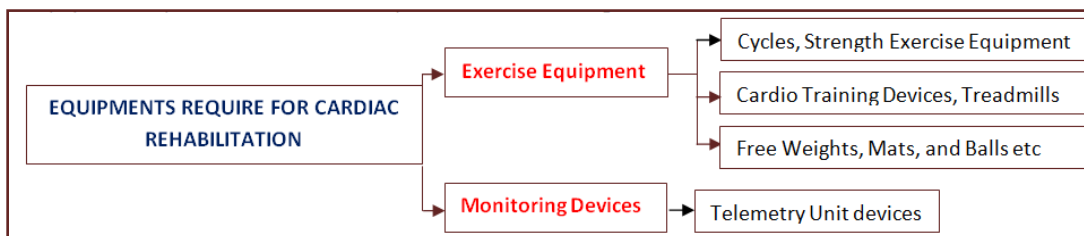
Total Financial Involvement: The total cost of the project is ₹ 75000000.00 (₹7.5 Cr). In which Mukhopadhyay Foundation contributed ₹3.5 Cr. Mukhopadhyay Foundation will provide Approx 8 Katha or 2140.49 square meters of land and the present price of the land ₹3.5 Cr. Mukhopadhyay Foundation requires financial assistance of ₹4Cr.

Details of Financial requirement for the Project: Health financing like the financial assistance for the proposed project is a core function of health systems which is under the control of Government of West Bengal. The progress of SDGs3, Good health and well-being in West Bengal depends on investment of money in various Health Care project. If the Government of West Bengal helps financial assistance in the proposed project then the proposed project in turn can help the Government to address various issues to improve free Homeopathic service, Immunization, Cardiac Rehabilitation, Vocational Training for Disabled and Medical Research at Kalyani and surrounding it. Finance require by Mukhopadhyay Foundation:

Sr. No	Descriptions of Items	Amount Required	
1	Construction of four storied building (Approximately 15000sqft) including Lift Facilities, Electricity, Water Connection, Generator.	₹ 20000000	00
2	Purchase of Furniture, Equipments for Cardiac Rehabilitation, Homeopathy Drugs and Salary for Human Resources and Critical Care Ambulance	₹ 20000000	00
Total Financial assistance require from Government		₹ 40000000	00

Descriptions of Items	Expenditure	
Contribution from Mukhopadhyay Foundation in terms of Land	₹ 3.5000000	00
Financial Assistance require from Government	₹ 40000000	00
Total Project Cost	₹ 7.5000000	00

Equipments require for Cardiac Rehabilitation: Medical rehabilitation equipment, Multifunction physiotherapy exercise equipment exercise frame and Medical intelligent rehabilitation exercise bike etc are essential for the proposed project. Equipment requirements can be broadly divided into two categories:



Conclusion: “Dream is not what you see in sleep; it is the thing which doesn’t let you sleep.” We as a team are obliged to spend sleepless nights in the hope of providing updated and holistic healthcare for

care seekers and consequently increase their quality of life of poor. Our Charitable Organization has a dream. The Dream is to construct Swami Vivekananda Homeopathy, Immunization Cardiac Rehabilitation, Vocational Training for Disabled and Research Center. Our dream is to provide prudent effort in providing high-quality and affordable healthcare for all sections of the society, perform high-end diagnostic, therapeutic, preventive, and rehabilitative research and act as an education cum awareness hub. We do believe that “A dream doesn't become reality through magic; it takes sweat, determination and hard work.” Thus we do believe “Take up one idea. Make that one idea your life – think of it, dream of it, live on that idea. Let the brain, muscles, nerves, every part of your body, be full of that idea, and just leave every other idea alone. This is the way to success.”

The ethos of Kalyani is established by the brainchild of the great Dr. Bidhan Chandra Roy. Swami Vivekananda Homeopathy, Immunization Cardiac Rehabilitation, Vocational Training for Disabled and Research Center which is proposed to build at Kalyani will surely prove as a boon to the community. On the other hand, with the kind consideration of the proposed project by Government of India and Government of West Bengal, and provide financial assistance to the proposed project will further nourish in the positive vibration of Kalyani and surrounding villages through the proposed project.

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ABOUT CHARITABLE ORGANIZATION – MUKHOPADHYAY FOUNDATION

Mukhopadhyay Foundation is a non-profit, non-government development organization committed to improving the lives of children and people less fortunate in West Bengal, India, through participation and empowerment. It was established in the Siliguri, Darjeeling District region of West Bengal and was registered in 2009 under the West Bengal Societies Registration Act 1961 and has been working since 11 years. From its humble beginnings, Mukhopadhyay Foundation has grown into a vibrant organization working with a range of people across multiple sectors. Mukhopadhyay Foundation implements programmes in various sectors, catering to the needs of vulnerable communities. The organization believes that there is no simple solution to reduce/eradicate poverty. As such, in order to overcome poverty, it is necessary to address the range of issues that poor children and people face on a daily basis. Tackling issues in an integrated, sustainable manner, Mukhopadhyay Foundation has been working to improve the quality of life of the most vulnerable people of the communities. Mukhopadhyay Foundation is functional in Siliguri, Darjeeling, and Jalpaiguri Districts, and the surrounding area of Siliguri.



FIELD OF OPERATION OF MUKHOPADHYAY FOUNDATION: Mukhopadhyay Foundation adopts an Integrated Sustainable Development Model, which works in five main thematic areas:

Health and Nutrition	Water, Sanitation and Hygiene
Education	Protection
Livelihood and Women's Empowerment	Environment and Disaster Response

HEALTH AND NUTRITION – BE HEALTHY NOT HUNGRY PROGRAMME: Health programme of the organization has broadly in two components; Community health and Institutional health. It has own trained health workers who actively disseminate health information on pregnant mother care, child health and immunization, hygienic practices, and motivate pregnant mothers for institution delivery. Mukhopadhyay Foundation feed thousand of poor children through “Be Healthy Not Hungry program.”

WATER, SANITATION AND HYGINE: The organization has wide experience working in this sector. Over the years Mukhopadhyay Foundation implemented few of household toilets in the District of Darjeeling, educated people on both infrastructural and personal hygiene and succeeded in preventing open defecation. Initiatives were taken to sensitize people on water, sanitation and hygiene through wide community level campaign, demonstration, using IEC etc. Mukhopadhyay Foundation implemented school sanitation programme in number of schools both surrounding Siliguri and rural areas. This programme includes distribution of school sanitary block with toilet, urinal, hand washing and drinking water stations with multiple tap, running water facility and incinerator (for adolescent girl students) emphasizing hygiene education and maintenance of the asset created.

Mukhopadhyay Foundation last Ten Years of Service for Nation

मुखोपाध्याय फाउंडेशन पिछले दस साल राष्ट्र की सेवा

মুখোপাধ্যায় ফাউন্ডেশন বিগত দশ বছর দেশের সেবায়



EDUCATION AND PROTECTION: As an effort of preventing violation of child rights, Mukhopadhyay Foundation runs coaching centres for dropout. Mukhopadhyay Foundation donates study materials like Copy, Drawing Copy, Pencils, etc of ITC product.

LIVELIHOOD AND WOMEN EMPOWERMENT PROTECTION: Hundreds of women Self Help Groups have been formed primarily for growing saving habits and internal lending to initiate petty business venture for income.

ENVIORNMENT AND DISATER RESPONSE: Since the Siliguri and neighboring Country Nepal is highly earthquake prone, Mukhopadhyay Foundation handed over huge quantity of relief material to Government of Nepal through Nepal Army.

LEGAL STATUS: Nature of the organization is 'Society' Registered under Society Registration Act Government of West Bengal

GOVERNANCE: The Governing Body sets Mukhopadhyay Foundation's strategic direction, ensures organizational values are adhered to, and ensures resources are well managed, and approves all budgets and audited financial statements. The Governing Body also ensures the organization's compliance with laws and regulations.

GLIMPSES OF MUKHOPADHYAY FOUNDATION'S ACTIVITY

