

## **MAHILA AVAM BAL VIKASH SANSTHAN**

There are organizations which are rendering basic services- education, health, nutrition. We shall have a policy to work with both and have a strategy to educate, organize and develop by clienteles efforts. Therefore the convergent plan shall be to work both with public and private.

There are enactment of Acts, Prime Minister's health mission, nutritional improvement through government subsidies and support. All these shall be made knowledgeable to the SC, ST, Muslims and other excluded communities through different programmers of awareness creation like awareness camps, workshop, symposium, seminar etc. after the first step, we shall make group effort by organizing the beneficiaries including women and disable to secure these services through their own organization.

Lastly our convergent plan shall be to participate in the existing and coming programme negotiate for the benefits and if there is a need, create pressure for our rightful services of education, health and nutrition, and safe defiance child & women.

- Functional elementary and secondary schools, discrimination free class room and school practices, Enrolment and attendance of children in elementary and secondary schools, retention and transition of children of socially excluded, teachers attendance in above schools,
- Active participation of women and socially excluded groups in decision making committees, increase in learning achievement of children.
- Functional PHC, HC and CHC. Discrimination free public health services, increase in regular tracking of women, teenage girl and children, regular and systematic maternal and neonatal death audit. Increase in awareness of women's health and productive rights by men, women and adolescent girl. Non-discriminately access to water and sanitation, health system awareness and capacity to respond academic outlets of vector born food and drinking water diseases.

- **Registration and coverage for nutrition plan of children under two years.**
- **Discrimination free access to nutrition and health services, children breast fed in first six months, timely introduction of complementary feeding,**

**Children care facilities at work sites and places, children receiving diarrhea treatment, women's status and decision making power in the household, fully functional and accessible ICDS centres to its clientele, coverage of ICDS with health, education, PRI and other local level functionaries role of representative from socially excluded communities women and persons with disability in planning and monitoring of plans**