



# Amhi Amchya Arogyasathi

Celebrating Self-help and self-governance movement among grassroots



## Annual Report 2014-2015







## *From the Convener's Desk*



*Dear Friends,*

*It gives me great pleasure in placing the Annual Report 2014-15 before you all. With your active support, and collaboration, we could achieve the plans set out, and in lieu with the objectives marked for the year, I'm glad our achievement rate was about 60% against the set targets.*

*This is the second year in succession that one of our senior member, and the member of the core group, Ms Kumaribai Jamkatan was given the "C S Subramaniam Fellowship for Voluntary Workers" for the year 2014-15. National Foundation of India, New Delhi had given the same fellowship last year to Mr Izamsai Katenge, and this year, of the total 11 fellows, Ms Kumaribai Jamkatan is the lone representative from Maharashtra. This is a great honour to us all, and it is the token of acknowledgement of the work Ms Kumaribai has been doing for the tribal community, and in rural area, too.*

*"Late Jyotsna Darda Award for Lifelong work" was awarded this year to Ms Shubhada Deshmukh, and it is the work of the organisation which gets felicitated through this and other awards. IBN Lokmat, featured Amhi Amchya Arogyasathi in its prime-time 'Ekla-Chalo-Re' programme. The work of the organisation was shown through personal interviews of Dr Satish Gogulwar, Ms Shubhada Deshmukh, and the Gramsabha members in one hour telecast. Through this programme, our work has reached to all the corners of Maharashtra.*

*One of the major setbacks for us was the sad demise of our senior trustee, Shri Sukhdev Babu Uikey. His guidance was a constant source of inspiration for us in last thirty years. We certainly miss him.*

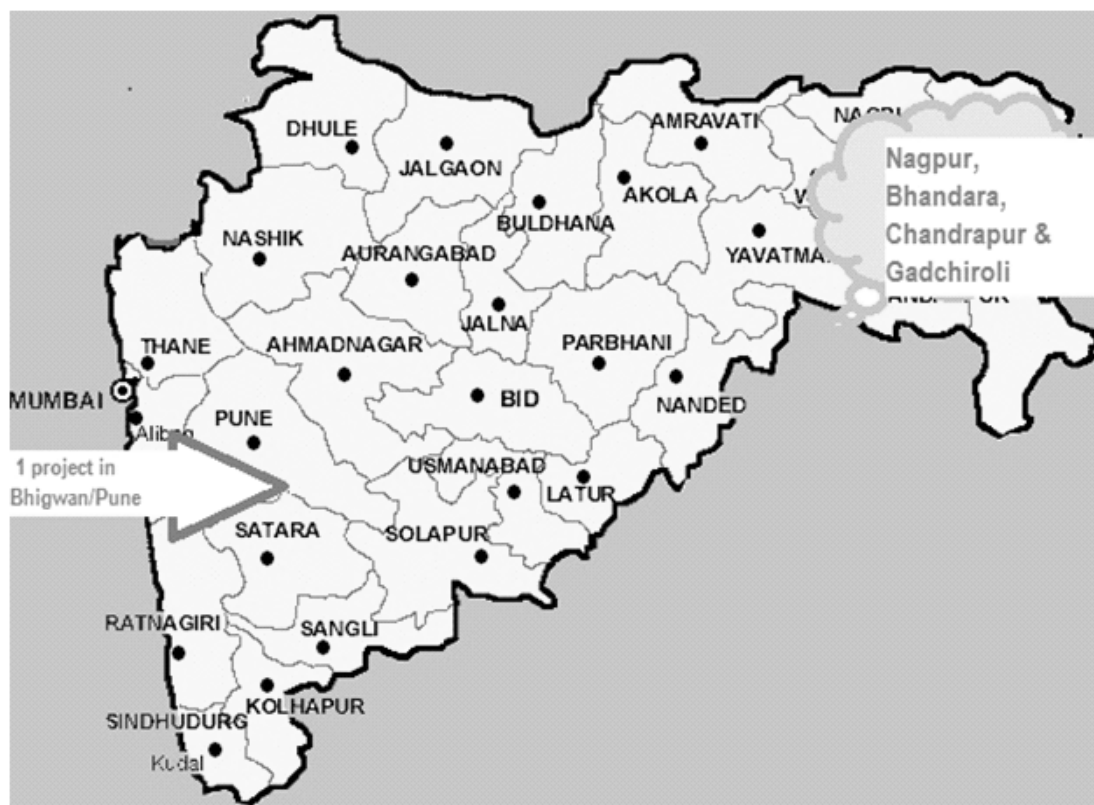
*You have participated in different activities and programmes of the organisation, you helped to develop and train the people, communities, helped to develop peoples' organisations, and helped to take forward the enriching processes. I take this opportunity to thank you all, and expect the participation, and cooperation from you all.*

*Thank you.*

**Dr Satish Gogulwar**  
Convener  
Amhi Amchya Arogyasathi







**Mapping Our Presence:** We have an intensive presence in Gadchiroli (with eleven projects), followed by Chandrapur (five projects), and one project each in Nagpur, Bhandara, and Pune.

Thematically, we have seven projects on '**Health**' followed by three on '**Livelihood**', two on '**Women and Gender**', one each on '**Education**' and '**PWD**', and one an 'Integrated Development Project, that includes health, education, livelihood, PWD, and Youth Development.

Partner wise, we have five projects with **CSR**, five in multi-stakeholder partnership with **government-Indian Foundations-NGOs**, one with **Indian donor agency**, and two with **foreign donor agencies**. Two of the projects, viz. 'PWD' and 'Women and Gender', we run **without any institutional donor partner**.







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### 'UHC project is only solution to stop illegal practices in health care'

सोसायटीच्या वरिष्ठ नेत्यांनी याबाबतचे मत व्यक्त केले आहे. त्यांनी म्हटले आहे की, 'UHC' प्रकल्प हाच अयोग्य प्रथांना थांबवण्यासाठी एकमेव मार्ग आहे. त्यांनी याबाबतचे मत व्यक्त केले आहे. त्यांनी म्हटले आहे की, 'UHC' प्रकल्प हाच अयोग्य प्रथांना थांबवण्यासाठी एकमेव मार्ग आहे.

### 'मटा'ने वास्तव मांडताच हलले प्रशासन

सोसायटीच्या वरिष्ठ नेत्यांनी याबाबतचे मत व्यक्त केले आहे. त्यांनी म्हटले आहे की, 'मटा'ने वास्तव मांडताच हलले प्रशासन. त्यांनी म्हटले आहे की, 'मटा'ने वास्तव मांडताच हलले प्रशासन.

### पर्यावरण, आरोग्यासाठी तणनाशक घातकच

नागपूर बायोलायटून तज्ज्ञांनी मांडले आहे. सॅन्डीय शोटी हाच पर्याय. त्यांनी म्हटले आहे की, पर्यावरण, आरोग्यासाठी तणनाशक घातकच. त्यांनी म्हटले आहे की, पर्यावरण, आरोग्यासाठी तणनाशक घातकच.

### हला नागपूर

नागपूरत 4 हजार बालक कुपोषित. शासनाचा दावा फोल. त्यांनी म्हटले आहे की, हला नागपूर. त्यांनी म्हटले आहे की, हला नागपूर.

### लोकोमत

लोकोमत वुमेन समिट २०१४ विरोध. त्यांनी म्हटले आहे की, लोकोमत. त्यांनी म्हटले आहे की, लोकोमत.

### नागपूर Times

नागपूर Times. त्यांनी म्हटले आहे की, नागपूर Times. त्यांनी म्हटले आहे की, नागपूर Times.

### रुग्णांना चॉकलेट, डॉक्टरांना संरक्षण..!

रुग्णांना चॉकलेट, डॉक्टरांना संरक्षण..! त्यांनी म्हटले आहे की, रुग्णांना चॉकलेट, डॉक्टरांना संरक्षण..!

### TODAY

TODAY. त्यांनी म्हटले आहे की, TODAY. त्यांनी म्हटले आहे की, TODAY.

### हॅलो नागपूर

हॅलो नागपूर. त्यांनी म्हटले आहे की, हॅलो नागपूर. त्यांनी म्हटले आहे की, हॅलो नागपूर.

### मातामृत्यु थांबविण्याची प्रामाणिक धडपड

मातामृत्यु थांबविण्याची प्रामाणिक धडपड. त्यांनी म्हटले आहे की, मातामृत्यु थांबविण्याची प्रामाणिक धडपड.

### रुग्णांच्या अधिकारांची काळजी घ्या

रुग्णांच्या अधिकारांची काळजी घ्या. त्यांनी म्हटले आहे की, रुग्णांच्या अधिकारांची काळजी घ्या.

### महाराष्ट्र टाइम्स

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### पडपट्टीतील मुले लसीकरणापासून वंचित

पडपट्टीतील मुले लसीकरणापासून वंचित. त्यांनी म्हटले आहे की, पडपट्टीतील मुले लसीकरणापासून वंचित.

### राष्ट्रवादी काँग्रेसच्या शिष्टमंडळाची सूचना

राष्ट्रवादी काँग्रेसच्या शिष्टमंडळाची सूचना. त्यांनी म्हटले आहे की, राष्ट्रवादी काँग्रेसच्या शिष्टमंडळाची सूचना.

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### उठसूट सिझेरियन होतातच कसे?

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### किट फूड नको, पर्यायी आहार

किट फूड नको, पर्यायी आहार. त्यांनी म्हटले आहे की, किट फूड नको, पर्यायी आहार.

### रोहयोच्या माध्यमातून गावांचा सर्वकष विकास

रोहयोच्या माध्यमातून गावांचा सर्वकष विकास. त्यांनी म्हटले आहे की, रोहयोच्या माध्यमातून गावांचा सर्वकष विकास.

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# Health

## 1.1. PROJECT : COMMUNITY HEALTH PROJECT-ASHTI

(Community health with a focus on maternal and neonatal health care in the remote and tribal area of Gadchiroli district)

**BACKGROUND:** Ashti is a small village in Chamorshi taluka of Gadchiroli district. The village has a Ballarpur Industries Limited (BILT) manufacturing plant. Amhi Amchya Arogyasathi was approached by BILT CSR for exploring working on community health in its operational area. As we have had worked in Chamorshi taluka earlier, the area was known to us. Besides, we proposed to carry out an explorative situation analysis of the area with special reference to maternal and neonatal mortality, health care system, and health education. As we found a need for intervention in the thematic area, and as BILT CSR agreed to the programmatic approach, Amhi Amchya Arogyasathi began working on maternal and neonatal health care in 11 villages from July 2010 onwards.

Ashti is village from Chamorshi taluka in the central part of Gadchiroli district bordering Chandrapur district. There are migrants as well as tribal communities living in this area, and people speak Marathi, Hindi, Gondi, Bengali, and Telgu.

**AREA OF OPERATION:** The project works in 11 villages around Ashti (Chamorshi taluka/Gadchiroli district).

	2012-13	2013-14	2014-15
Total Population	15039	15482	15159
No of villages	11	11	11
No of Arogyasakhi	15	15	15

**PROJECT PERIOD:** The project started in July 2010, and has so far completed five years (four years and nine months till the reporting period). The project period is July to June, and the reporting is synchronised for April to March.

MNC at Ashti: progressive comparison	2012-2013	2013-14	2014-15
total pregnancies	465	460	438
Registration within 12 weeks of pregnancy	298	311	298
Total deliveries	324	321	295
Home deliveries	65	56	258
Institutional deliveries	259	265	37
Live births	320	317	293
still births	4	5	3
PNC (4 times)	295	305	275

Comparison over three year period: Ashti	2012-13	2013-14	2014-15
Percentage of within 12 weeks registration of pregnancy	64%	68%	68%
Percentage of Institutional deliveries	80%	83%	13%
Percentage of PNC (4 times)	91%	95%	93%







## OBJECTIVES-ACTIVITIES-STRATEGIES

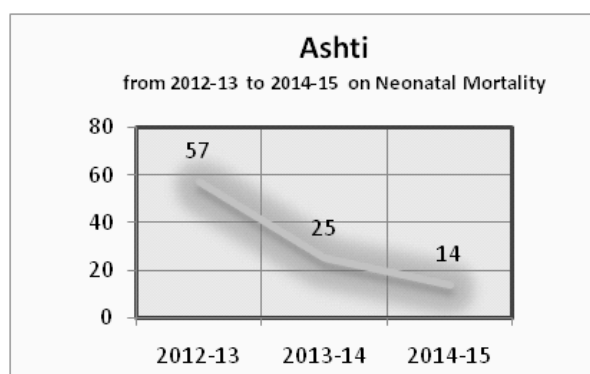
### Objective 1: To reduce the maternal and neonatal mortality in the operational area

- **Surveillance:** This is the important activity of the project, and the first stepping stone for achieving the desired results. The project has trained Arogyasakhis in each village (in some villages there are more than one AS). The Arogyasakhi goes house-to-house to carry out the survey of the village, has the details of the household on the tip of her lips, and talks to the ever married women. Through this exercise, the Arogyasakhi makes a list of the houses/women to be put under surveillance. After the pregnancy is being identified or reported, the registration of the pregnant woman is carried out.
- **Registration within 12 weeks of pregnancy:** This is crucial, and the complications and providing solutions depends on the early registration. While in 2012-13 the project had achieved 64% within 12 weeks of registration, and it had increased to 68% in 2013-14, and has stabilised at 68% only. It is here, the target for the next year has to be increased by 10% if we are to work on the other key indicators;
- **ANC:** Ante natal care (along with health education) is the key to avoid complications, take precautions, and adhere to the suggested regime of diet and medication. It is mandatory that the pregnant woman undergoes at least one ANC in each trimester.
- **Institutional Deliveries:** Most of the complications can be minimised if the deliveries are done by a trained health/medical worker/doctor, and with appropriate facilities. The percentage of institutional deliveries has gone up from 80% (in 2012-13 and 2013-14) to 87% in 2014-15.
- **PNC:** Post natal care is the most important aspect after the delivery, and a lot is dependent on this aspect for the well being of the mothers, as well as infants. PNC has been constant above 90% (93% this reporting period)

Ashti on Key child health Indicators			
	2012-13	2013-14	2014-15
Neonatal Mortality	57	25	14
Maternal deaths	0	0	0

All these steps are processes that influence the maternal deaths and neonatal mortality.

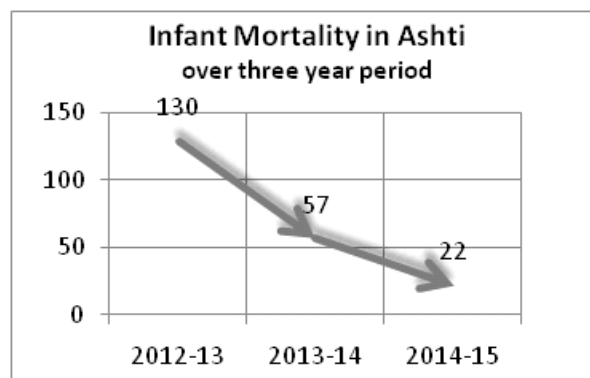
So while the neonatal mortality was 57 (per 1000 live births) in 2012-13, it has been brought down to 14 in the year 2014-15.



### Objective 2: To reduce the health concerns of the new born babies

ANC check-ups and Institutional Deliveries reduce the risk of new born babies but at the same time, there are a few other concerns that need to be taken care of after the delivery for the care of new born babies. This has following major concerns and the project planned accordingly:

- **Visits to the new born babies during the 0-28 day's period:** The percentage of home visits during the



<sup>1</sup> Arogyasakhi is a trained maternal and neonatal care health worker. She is provided training in all aspects of pregnancy (including deliveries), and some of the Arogyasakhis have carried out emergency deliveries (in auto rickshaw on way to hospital).





0-28 days of the new born has come down from 90 and 93 per cent to 77 percent in year 2014-15. The programme needs to analyse the decline in home visits, and its effects on the health of the new born

- **Breastfeeding within half an hour of the delivery:** breastfeeding within half an hour has been around 77% from 2012-13 onwards.
- **Weight of the new born:** percentage of low weight (less than 2.500kg) has come down from 14% in 2012-13 to 9% in 2013-14 and 2014-15, too.
- **Premature and weight of the new born:** the percentage of premature with low weight is steady at 4%, 3% and 3% in year 2012-13, 2013-14, and 2014-15.
- **Worming:** Children suffering from diarrhoea have been 6%, 4% and 4% respectively in years 2012-13, 2013-14, and 2014-15.
- **Asphyxia:** 1.56% of the children had problems of asphyxia in 2012-13 while 0.95% and 1.02% respectively in 2013-14 and 2014-15 had the same problem.
- **Pneumonia:** 1.25% newborns had pneumonia in 2012-13 while in 2013-14 and 2014-15 about 0.95% and 2.05% respectively had pneumonia.
- **Problems (for mother or the child) during breastfeeding:** 3.13% cases had problems during breastfeeding in 2012-13; while in 2013-14 and 2014-15 this was about 1.89% and 1.02% respectively.

The project has taken into consideration the health concerns of the newborn babies, and the Arogyasakhis are trained to take care of these health concerns. In this project area about 30% of the newborn had one or the other health concern in 2012-13 while about 20% had one or the other health concern in 2013-14 and 2014-15. This along with breastfeeding practices (only 77% breastfeeding within half an hour of delivery) makes the need of a competent Arogyakhi a must in this area.

This has of course resulted in reducing the infant mortality of the project area in Ashti. It has come down from 130 in 2012-13 to 57 in 2013-14 and still down to 22 in 2014-15. This is due to the home visits of the Arogyasakhis for post natal care.



*Arogyasakhis : Learning to carry out scientific Interventions*

### **Objective 3 : To strengthen the health care system at hamlet and village level**

- **COMMUNITY MEETINGS:** a total of 106 community activities were organised in Ashti this year. Most of the community meetings/activities are held with active participation of the community members where in the community shares the expense for the programme.
- **ADOLESCENT GIRLS HB CAMPS:** 38 Adolescent girls meetings were held in 11 villages, and besides 24 HB testing camps were organised. We found out that 62 adolescent girls who had less HB. Chandankhedi village had the highest number of anaemic girls (68%) followed by Jairampur (65%), Anandgram (64%) and Ankhoda (63%). Overall 52% of the adolescent girls are anaemic.
- **CAPACITY BUILDING OF AROGYASAKHIS :** One capacity building workshop was held for the Arogyasakhis while a training was organised for supervisors and coordinators by FHI 360
- **HEALTH CAMPS:** 2 Health camps were organised;
- **COMMUNITY EVENTS:** two events, viz. 'Choli Bangadi Programme', and 'Let's give up violence' were







organised in the project villages. In the first programme, those couples who have done their family planning after two girls were born were felicitated at a function. While in the latter, the campaign was to highlight the bad effects of the violence against women, and pledge taken by the people to end it.

## 1.2. PROJECT : COMMUNITY HEALTH PROJECT-BALLARPUR

(Community health with a focus on maternal and neonatal health care in the remote and tribal area of Chandrapur district)

**BACKGROUND:** Ballarpur or Ballarshah is the second largest city in Chandrapur district (population: 89995), and has a population of 133,722 that includes villages under Ballarpur tahsil. Ballarpur has 9 coal mines, and this attract a large number of migrants to the town. In 1945, Lala Karam Chand Thapar established Ballarpur Paper and Straw Board Mills Limited (which later on changed to Ballarpur Industries limited in 1975, and BILT in 2002).

Due to the industries and mines in the area, the town and its immediate surrounding villages attract a large number of migrants from all over the country, and especially from other districts of Vidarbha region, and adjoining Telangana State.

BILT CSR approached Amhi Amchya Arogyasathi to partner and work on key health determinants in the area, and after a due diligence, the Community Health Project was started in July 2010 in 10 villages around Ballarpur and 4 wards in the Municipal area (population covered: 35014). At present, during the reporting period, the project is implemented in 13 villages around Ballarpur and 3 wards of the Municipal area (population covered: 32387). The project started with 27 Arogyasakhis and at present 25 Arogyasakhis work in 13 villages and 3 wards.

**AREA OF OPERATION:** The project works in 13 villages and 3 wards in and around Ballarpur (Ballarpur taluka/Chandrapur district).

	2012-13	2013-14	2014-15
Total Population	35014	32345	32387
No of villages	13 villages/3 wards	13 villages/3 wards	13 villages/3 wards
No of Arogyasakhi	27	25	25

**PROJECT PERIOD:** The project started in July 2010, and has so far completed five years (four years and nine months till the reporting period). The project period is July to June, and the reporting is synchronised for April to March.

Maternal & Neonatal Care: Comparative for three years at Ballarshah			
Key parameters in MNC	2012-2013	2013-14	2014-15
total pregnancies	904	785	751
Registration within 12 weeks of pregnancy	486	498	579
Total deliveries	638	526	490
Home deliveries	25	20	14
Institutional deliveries	613	506	476
Live births	622	520	484
still births	16	8	9
PNC (4 times)	484	496	475





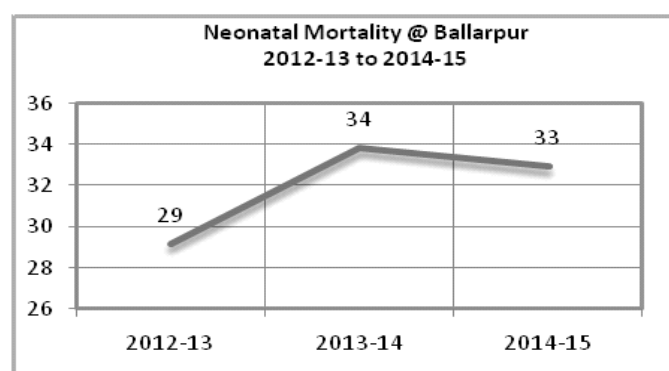
Comparison over three year period: Ballarshah	2012-13	2013-14	2014-15
Percentage of within 12 weeks registration of pregnancy	54%	63%	77%
Percentage of Institutional deliveries	96%	96%	97%
Percentage of PNC (4 times)	76%	94%	97%

## OBJECTIVES-ACTIVITIES-STRATEGIES

### Objective 1: To reduce the maternal and neonatal mortality in the operational area

- **Surveillance:** This is the important activity of the project, and the first stepping stone for achieving the desired results. The project has trained Arogyasakhis in each village (in some villages there are more than one AS). The Arogyasakhi goes house-to-house to carry out the survey of the village, has the details of the household on the tip of her lips, and talks to the ever married women. Through this exercise, the Arogyasakhi makes a list of the houses/women to be put under surveillance. After the pregnancy is being identified or reported, the registration of the pregnant woman is carried out. The surveillance for three year period has been: (i) 87.10% in year 2012-13; (ii) 89.41% in year 2013-14, and; (iii) 85.95% in year 2014-15.
- **Registration within 12 weeks of pregnancy :** This is crucial and the complications and providing solutions depends on the early registration. While in 2012-13 the project had achieved 66.27% within 12 weeks of registration, and it had increased to 71.55% in 2013-14, and has stabilised at 77% in 2014-15. It is here, the target for the next year has to be increased by 10 % if we are to work on the other key indicators;
- **ANC:** Ante natal care (along with health education) is the key to avoid complications, take precautions, and adhere to the suggested regime of diet and medication. It is mandatory that the pregnant woman undergoes at least one ANC in each trimester.
- **Institutional Deliveries:** Most of the complications can be minimised if the deliveries are done by a trained health / medical worker / doctor, and with appropriate facilities. The percentage of institutional deliveries has been in the best anywhere in India 96% (in 2012-13 and 2013-14, and 97% in 2014-15).
- **PNC:** Post natal care is the most important aspect after the delivery, and a lot is dependent on this aspect for the well being of the mothers, as well as infants. PNC has moved from 76% in 2012-13 to 94% in 2013-14, and has touched 97% in 2014-15.

Ballarpur on Key child health Indicators			
	2012-13	2013-14	2014-15
Neonatal Mortality	29	34	33
Maternal deaths	1	0	0



All these steps have lead to the processes that influence the maternal deaths and neonatal mortality. So while the neonatal mortality was 29 (per 1000 live births) in 2012-13, it went up to 34 in year 2013-14 and stayed at 33 in the year 2014-15.

<sup>2</sup>Arogyasakhi is a trained maternal and neonatal care health worker. She is provided training in all aspects of pregnancy (including deliveries), and some of the Arogyasakhis have carried out emergency deliveries (in auto rickshaw on way to hospital).







All these steps have lead to the processes that influence the maternal deaths and neonatal mortality.

So while the neonatal mortality was 29 (per 1000 live births) in 2012-13, it went up to 34 in year 2013-14 and stayed at 33 in the year 2014-15.

### Objective 2: To reduce the health concerns of the new born babies

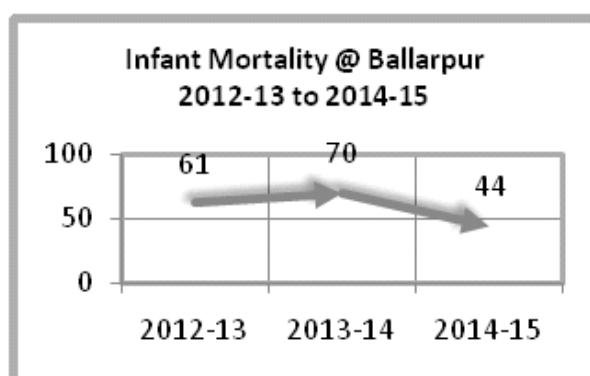
- **ANC check-ups and Institutional Deliveries reduce** the risk of new born babies but at the same time, there are a few other concerns that need to be taken care of after the delivery for the care of new born babies. This has following major concerns and the project planned accordingly:
- **Visits to the new born babies during the 0-28 day's period:** The percentage of home visits during the 0-28 days of the new born has been steady at 93% (2012-13), 94% (2013-14) and 95% (2014-15). Home visits post natal are very important in identifying the health concerns, and addressing the issues. It has a telling effect on the infant mortality, also.
- **Breastfeeding within half an hour of the delivery:** breastfeeding within half an hour has been hovering around sixty percent (67% in 2012-13, 58% in 2013-14, and 66% in 2014-15). The project will have to look into this aspect in the next year, and try to raise the breastfeeding by at least 5 to 10 points.
- **Weight of the new born:** percentage of low weight (less than 2.500kg) has come down from 12% in 2012-13 to 3% in 2013-14 and 2014-15 too.
- **Worming:** Children suffering from diarrhoea have been 1%, 34% and 2% respectively in year 2012-13, 2013-14, and 2014-15. This is attributed to the health education given by the Arogyasakhis.
- **Problems (for mother or the child) during breastfeeding:** 4.18% cases had problems during breastfeeding in 2012-13; while in 2013-14 and 2014-15 this was about 1.92% and 3.51% respectively.

The project has taken into consideration the health concerns of the newborn babies, and the Arogyasakhis are trained to take care of these health concerns. In this project area about 17% of the newborn had one or the other health concern in 2012-13 while about 8% had one or the other health concern in 2013-14 and 2014-15. This along with breastfeeding practices (around 60% breastfeeding within half an hour of delivery) makes the need of a competent Arogyakhi a must in this area.

This has of course resulted in reducing the infant mortality of the project area in Ballarpur. It went up from 61 in 2012-13 to 70 in 2013-14 and came down to 44 in 2014-15. This is due to the home visits of the Arogyasakhis for post natal care.

### Objective 3: To strengthen the health care system at hamlet and village level

- **COMMUNITY MEETINGS:** a total of 159 community activities were organised in Ballarpur this year. Most of the community meetings/activities are held with active participation of the community members where in the community shares the expense for the programme.
- **ADOLESCENT GIRLS HB CAMPS :** 69 Adolescent girls meetings were held in 13 villages and 3 wards, and besides 43 HB testing camps were organised. Out of total 1090 adolescent girls 390 (close to 36%) are anaemic. The highest number of anaemic girls is found in Visapur Ward No 4 (60%), followed by Kawadjai (56%), Gokulnagar ward/Ballarpur(54%) and Nandgaon Sakhya (52%).
- **CAPACITY BUILDING OF AROGYASAKHIS :** One capacity building workshop was held for the Arogyasakhis while





a training was organised for supervisors and coordinators by FHI 360

- **HEALTH CAMPS :** 2 Health camps were organised;
- **COMMUNITY EVENTS:** two events, viz. 'Choli Bangadi Programme', and 'Let's give up violence' were organised in the project villages. In the first programme, those couples who have done their family planning after two girls were born were felicitated at a function. While in the latter, the campaign was to highlight the bad effects of the violence against women, and pledge taken by the people to end it.

### 1.3. PROJECT : COMMUNITY HEALTH PROJECT-BHIGWAN

(Community health with a focus on maternal and neonatal health care in the remote and tribal area of Chandrapur district)

**BACKGROUND:** Bhigwan is a small dusty town on the border of Pune and Solapur district in Central Maharashtra. It is located on the Pune-Solapur Highway-about 105 km from Pune city. South of Bhigwan town exist a widespread backwater formed due to the dam built on the Bhima River. The dam is called Jakni dam.

BILT CSR approached Amhi Amchya Arogyasathi to partner and work on key health determinants in the area, and after a due diligence, the Community Health Project was started in July 2010 in seven villages around Bhigwan (population covered: 7483). The Community Health Project was started in July 2010 in 9 villages around Bhigwan Municipal area (population covered: 5787). At present, during the reporting period, the project is implemented in 9 villages around Bhigwan Municipal area (population covered: 8589). The project has 9 Arogyasakhis at present.

**AREA OF OPERATION:** The project works in 8 villages around Bhigwan (Indapur taluka /Pune district).

	2012-13	2013-14	2014-15
Total Population	5787	7483	8589
No of villages	9	9	9
No of Arogyasakhi	9	9	9

**PROJECT PERIOD:** The project started in July 2010, and has so far completed five years (four years and nine months till the reporting period). The project period is July to June, and the reporting is synchronised for April to March.

Bhigwan: Maternal and neonatal health			
	2012-2013	2013-14	2014-15
total pregnancies	398	236	250
Registration within 12 weeks of pregnancy	204	133	161
Total deliveries	219	169	200
Home deliveries	28	16	9
Institutional deliveries	191	153	191
Live births	219	168	200
still births	0	1	0
PNC (4 times)	111	138	158







Comparison over three year period: Bhigwan	2012-13	2013-14	2014-15
Percentage of within 12 weeks registration of pregnancy	51.26%	56.35%	64.2%
Percentage of Institutional deliveries	87.21%	90.53%	95.5%
Percentage of PNC (4 times)	27.89%	58.47%	64.2%

## OBJECTIVES-ACTIVITIES-STRATEGIES

### *Objective 1: To reduce the maternal and neonatal mortality in the operational area*

- **Surveillance** : This is the important activity of the project, and the first stepping stone for achieving the desired results. The project has trained Arogyasakhis in each village (in some villages there are more than one AS). The Arogyasakhi goes house-to-house to carry out the survey of the village, has the details of the household on the tip of her lips, and talks to the ever married women. Through this exercise, the Arogyasakhi makes a list of the houses/women to be put under surveillance. After the pregnancy is being identified or reported, the registration of the pregnant woman is carried out. The surveillance for three year period has been: (i) 86.3% in year 2012-13; (ii) 88.14% in year 2013-14, and; (iii) 98% in year 2014-15.
- **Registration within 12 weeks of pregnancy** : This is crucial and the complications and providing solutions depend on the early registration. While in 2012-13 the project had achieved 66.27% within 12 weeks of registration, and it had increased to 71.55% in 2013-14, and has stabilised at 77% in 2014-15. It is here, the target for the next year has to be increased by 10 % if we are to work on the other key indicators;
- **ANC**: Ante natal care (along with health education) is the key to avoid complications, take precautions, and adhere to the suggested regime of diet and medication. It is mandatory that the pregnant woman undergoes at least one ANC in each trimester.
- **Institutional Deliveries** : Most of the complications can be minimised if the deliveries are done by a trained health/medical worker/doctor, and with appropriate facilities. The percentage of institutional deliveries has been in the best anywhere in India 87% (in 2012-13), and 90% 2013-14, and 95% in 2014-15.
- **PNC**: Post natal care is the most important aspect after the delivery, and a lot is dependent on this aspect for the well being of the mothers, as well as infants. PNC has moved from 27% in 2012-13 to 58% in 2013-14, and has touched 64% in 2014-15.

Bhigwan on Key child health Indicators			
	2012-13	2013-14	2014-15
Neonatal Mortality	0	0	2
Maternal deaths	1	0	0

### **Objective 2: To reduce the health concerns of the new born babies**

ANC check-ups and Institutional Deliveries reduce the risk of new born babies but at the same time, there are a few other concerns that need to be taken care of after the delivery for the care of new born babies. This has following major concerns and the project planned accordingly:

- **Visits to the new born babies during the 0-28 day's period**: The percentage of home visits during the 0-28 days of the new born has been steady at 92% (2012-13), 95% (2013-14) and 96% (2014-15). Home visits post natal are very important in identifying the health concerns, and addressing the issues. It has a telling effect on the infant mortality, also.

<sup>3</sup>Arogyasakhi is a trained maternal and neonatal care health worker. She is provided training in all aspects of pregnancy (including deliveries), and some of the Arogyasakhis have carried out emergency deliveries (in auto rickshaw on way to hospital).





- **Breastfeeding within half an hour of the delivery** : breastfeeding within half an hour has been hovering around sixty percent (53% in 2012-13, 64% in 2013-14, and 65% in 2014-15). The project will have to look into this aspect in the next year, and try to raise the breastfeeding by at least 5 to 10 points.
- **Weight of the new born** : percentage of low weight (less than 2.500kg) has come down from 10% in 2012-13 to 5% in 2013-14 and 6% 2104-15.
- **Worming** : Children suffering from diarrhoea have been 1%, 34% and 2% respectively in year 2012-13, 2013-14, and 2014-15. This is attributed to the health education given by the Arogyasakhis.
- **Problems (for mother or the child) during breastfeeding** : 5% cases had problems during breastfeeding in 2012-13; while in 2013-14 and 2014-15 this was about 1.18%.

The project has taken into consideration the health concerns of the newborn babies, and the Arogyasakhis are trained to take care of these health concerns. In this project area about 17% of the newborn had one or the other health concern in 2012-13 while about 8% had one or the other health concern in 2013-14 and 2014-15. This along with breastfeeding practices (around 60% breastfeeding within half an hour of delivery) makes the need of a competent Arogyakhi a must in this area.



*Arogya Sakhi Training in Progress*

This has of course resulted in reducing the infant mortality of the project area in Ballarpur. It went up from 61 in 2012-13 to 70 in 2013-14 and came down to 44 in 2014-15. This is due to the home visits of the Arogyasakhis for post natal care.

### **Objective 3: To strengthen the health care system at hamlet and village level**

- **COMMUNITY MEETINGS**: a total of 58 community activities were organised in Bhigwan this year. Most of the community meetings/activities are held with active participation of the community members where in the community shares the expense for the programme.
- **ADOLESCENT GIRLS HB CAMPS**: 57 Adolescent girls meetings were held in 9 villages and besides 9 HB testing camps were organised. We found out that 5 adolescent girls who had less HB
- **CAPACITY BUILDING OF AROGYASAKHIS** : One capacity building workshop was held for the Arogyasakhis while a training was organised for supervisors and coordinators by FHI 360
- **HEALTH CAMPS**: 2 Health camps were organised;
- **COMMUNITY EVENTS**: two events, viz. 'Choli Bangadi Programme', and 'Let's give up violence' were organised in the project villages. In the first programme, those couples who have done their family planning after two girls were born were felicitated at a function. While in the latter, the campaign was to highlight the bad effects of the violence against women, and pledge taken by the people to end it.







## 1.4. PROJECT : COMMUNITY HEALTH PROJECT-GATTA

(Community health with a focus on maternal and neonatal health care in the remote and tribal area of Gadchiroli district)

**BACKGROUND :** Gatta is a small village in Etapalli taluka of Gadchiroli district. The taluka is the southern-most part of the district as well as the state, and borders Chhattisgarh towards its east side. Gatta though is near to Mulchera taluka.

People are mostly tribal, but there are some Telugu, and Bengali speaking migrants in the area. It is due to the affinity to Telangana, and also the employment opportunities in forest based activities.

The village has a Raw Material Depot of BILT, and has high percentage of malnourished children. The health conditions are poor, and maternal and neonatal health care is at a premium. Against this background, BILT CSR approached Amhi Amchya Arogyasathi, and after a situation analysis of the area, it was decided to implement the home based neonatal care model in five villages near Gatta village (including Gatta). At present the work is carried out in 16 small villages with the help of 6 Arogyasakhis.

**AREA OF OPERATION:** The project works in 16 villages around Gatta(Etapali taluka/Gadchiroli district).

	2012-13	2013-14	2014-15
Total Population	5269	5370	5387
No of villages	16 villages	16 villages	16 villages
No of Arogyasakhi	6	6	6

**PROJECT PERIOD :** The project started in July 2010, and has so far completed five years (four years and nine months till the reporting period). The project period is July to June, and the reporting is synchronised for April to March.

Maternal and neo natal health at Gatta: three years' overview			
	2012-2013	2013-14	2014-15
total pregnancies	269	266	225
Registration within 12 weeks of pregnancy	123	134	149
Total deliveries	110	107	111
Home deliveries	60	46	71
Institutional deliveries	50	61	40
Live births	108	106	108
still births	2	1	3
PNC (4 times)	56	63	75

Comparison over three year period: Gatta	2012-13	2013-14	2014-15
Percentage of within 12 weeks registration of pregnancy	46%	50%	66%
Percentage of Institutional deliveries	45%	57%	36%
Percentage of PNC (4 times)	51%	59%	68%



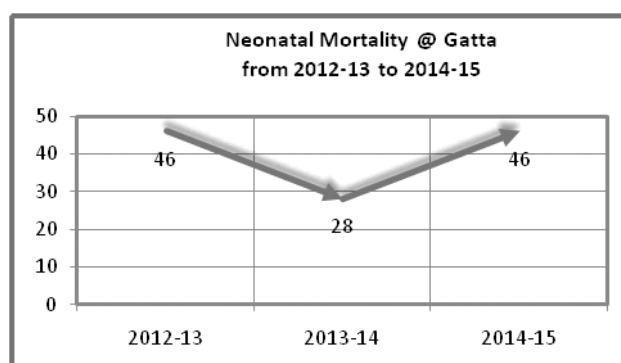
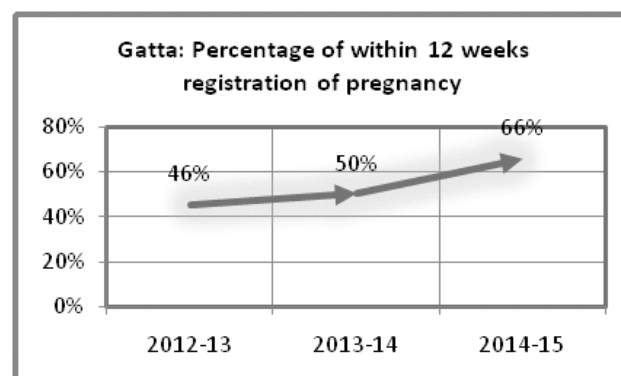


## OBJECTIVES-ACTIVITIES-STRATEGIES

### Objective 1: To reduce the maternal and neonatal mortality in the operational area

- **Surveillance:** This is the important activity of the project, and the first stepping stone for achieving the desired results. The project has trained Arogyasakhis in each village (in some villages there are more than one AS). The Arogyasakhi goes house-to-house to carry out the survey of the village, has the details of the household on the tip of her lips, and talks to the ever married women. Through this exercise, the Arogyasakhi makes a list of the houses/women to be put under surveillance. After the pregnancy is being identified or reported, the registration of the pregnant woman is carried out. The surveillance for three year period has been: (i) 82.26% in year 2012-13; (ii) 85.09% in year 2013-14, and; (iii) 87.59% in year 2014-15.
- **Registration within 12 weeks of pregnancy:** This is crucial and the complications and providing solutions depend on the early registration. While in 2012-13 the project had achieved 46% in within 12 weeks of registration, and it had increased to 50% in 2013-14, and went further up to 66% in 2014-15. It is commendable considering the terrain, approach roads, and number of villages one Arogyasakhi has to visit (2.5 villages on an average per AS), and cultural background of the tribal communities.
- **ANC:** Ante natal care (along with health education) is the key to avoid complications, take precautions, and adhere to the suggested regime of diet and medication. It is mandatory that the pregnant woman undergoes at least one ANC in each trimester.
- **Institutional Deliveries:** Most of the complications can be minimised if the deliveries are done by a trained health/medical worker/doctor, and with appropriate facilities. The percentage of institutional deliveries has been very low in this area and in 2012-13 it was around 45%, went up to 57% in 2013-14, and came down to 36 % in 2014-15. The Institutional deliveries depend on the government health care system, and due its remoteness the facilities are not good. Besides, the transport facility is not available in this part, and complications could occur while taking the pregnant women to the hospitals. Here, and in these conditions, a trained Arogyasakhi could be useful in attending the delivery.
- **PNC:** Post natal care though is increasing, and it has gone from 51% in 2012-13 to 59% in 2013-14, and still moved to 68% in 2014-15. Still there is some sort of resistance, and the project will have to overcome the local traditions in coming years.

Neonatal mortality in Gatta is still considerable at 46 (2014-15); in 2013-14 it had come down to 28 from 46 in 2012-13. Maternal deaths, though, have been averted in these remote and inaccessible villages.



<sup>4</sup>Arogyasakhi is a trained maternal and neonatal care health worker. She is provided training in all aspects of pregnancy (including deliveries), and some of the Arogyasakhis have carried out emergency deliveries (in auto rickshaw on way to hospital).





## Objective 2: To reduce the health concerns of the new born babies

ANC check-ups and Institutional Deliveries reduce the risk of new born babies but at the same time, there are a few other concerns that need to be taken care of after the delivery for the care of new born babies. This has following major concerns and the project planned accordingly:

- **Breastfeeding within half an hour of the delivery:** breastfeeding within half an hour has been hovering around fifty five percent (41.27% in 2012-13, 57.52% in 2013-14, and 55.56% in 2014-15). Due to the strong tribal beliefs, the project has still to work on this aspect. Nevertheless, more than 55% newborns getting breastfed within half an hour is a great achievement in this part of the state.
- **Arogyasakhi attending the delivery:** in the absence of proper institutions, Arogyasakhi attending the delivery has increased from 12% in 2012-13 to 28.89% in 2014-15.

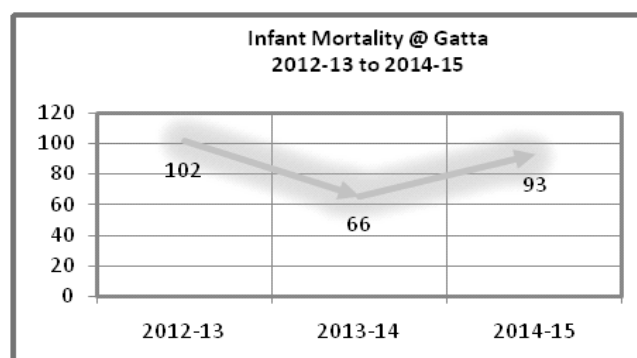
## Objective 3 : To reduce the malnutrition of children in the area

Malnutrition is very rampant in the area, and due to non-functional aspect of the government health system combined with the local beliefs and practices, about 52 malnourished children were reported in the baseline in 2009. By working constantly on the health and nutrition education, educating the mothers about nutrition, the malnutrition scare has been brought down. This year only 6 children were reported malnourished, and the Arogyasakhis, helped the mothers and the AWC in addressing the issue.

## Objective 4: To strengthen the health care system at hamlet and village level

- **COMMUNITY MEETINGS :** Meetings are held regularly in all the 16 villages.

- **ADOLESCENT GIRLS HB CAMPS :** The adolescent girls HB level in this area was as low as 6 gm/dL and the Arogyasakhis worked exclusively on this aspect with the adolescent girls and with their mothers. Across all the girls in this age group, the HB level has been increased to 12gm/dL. Of the total 69 adolescent girls, 62 girls are anaemic. In Andage village all (100%) girls are anaemic; while in Gatta 94% girls are anaemic. Overall 90% girls are anaemic in the area.



Still, as we look at the infant mortality in Gatta, it has moved from 102 (in 2012-13) to 66 (in 2013-14) and again climbed to 93 in 2014-15. We need to strategise and do some course correction to reduce the infant mortality in this area. When we started the rate, though was very high, but we cannot be satisfied till it breaches the 50 mark.

## 1.5. PROJECT : COMMUNITY BASED MONITORING OF HEALTH-KURKHEDA

(Community based monitoring of government health care services ( HCS) is a project in collaboration/partnership with SATHI and NRHM with a focus on strengthening community institutions to whom the HCS has to be accountable for)

**BACKGROUND:** Community Based Monitoring (CBM) of Health Services is a flagship programme of National Rural Health Mission. The CBM was started with an underlying principle that the health services should be accountable to the community it serves, and the planning process should be participatory starting from village level and moving upwards to district level from a bottom-up approach. The programme is implemented in 13 districts of the state, in 36 talukas, 118 Primary Health Centres (PHCs), and covering 625 villages.







The CBM of the Health Services was initiated in Gadchiroli district in 2011 in Kurkheda taluka (with 15 villages). From April 2013 onwards the CBM of Health services covered 25 villages while 15 villages from Armori taluka have been added since October 2013. In both, Kurkheda and Armori talukas, Primary Health Centre Monitoring and Planning Committee have been formed, and Taluka Monitoring and Planning Committees have also been formed in two taluka.

**AREA OF OPERATIONS :** 25 villages in Kurkehda taluka and 15 villages in Armori taluka. Kurkheda and Armori are tribal dominated areas of Gadchiroli district.

Name of PHC	total no of villages in each PHC	total population under the PHC	No of villages taken for operations	total population covered under each PHC	SC population	ST Population
Kadholi	23	16836	8	6992	875	4280
Deulgaon	74	56924	9	6463	1406	2701
Malewada	52	17468	8	3916	289	549
	149	91228	25	17371	2570	7530

The project covers about 19% of the total population in the three PHCs (Kadholi has the highest coverage of 42% followed by Malewada with 22% while Deulgaon has 11%). The project area has 15% SC population while ST population is 43% (Kadholi : SC/13%; ST/61%; Dulgaon: SC/22% and ST/42%, and Malewada SC/7% and ST/14%).

In Armori taluka, the project works in three PHCs viz. Vadadha (7100 population) Vairagad (7827 population) Bhakroni (3147).

**PROJECT PERIOD:** The project started from 2011, and the current reporting period is April 2014 to March 2015.

## OBJECTIVES-STRATEGY-ACTIVITIES

**Objective 1 : To build capacities of the village institutions for effective monitoring of government health services**

**Strengthening Village Health Water Nutrition & Sanitation Committees:** The Village Health Water Nutrition & Sanitation Committees are formed in 39 villages, and regular meetings take place in some of the villages. This year, of the planned 480 VHWNS Committee meetings, only 31% meetings took place. But the participation in the committee meetings was quite good (on an average 9 members participated in the meetings). The committee meetings took stock of the village health and sanitation issues, like in Borichak, the committee wrote a letter to the Village Panchayat requesting to construct toilets for each household, and make the village hygienic.

In Kurkehda block, 4.5 meetings per village were held this year. The main decisions/work done through the meetings are: (i) Managing/planning the funds; (ii) review of the ASHA's work and the issues faced by them; (iii) assessment of the village health scenario; (iv) AWC and its assessment; (v) planning and execution of awareness programme in the village; (vi) sanitation and hygiene situation in the village.

**Community Meetings:** This year only 43 community meetings took place and the realisation was a mere 18 % of the planned meetings. But each meeting was well attended (32 people on an average attended each meeting). In the community Meetings following seven issues were discussed: (i) to acquaint the community with the work of the committee; (ii) give information about the health services; (iii) discuss the critical issues of the village;





(iv) information sharing about the AWC services; (v) information sharing about the activities in the village; (vi) share information about malnutrition, and; (vii) to prepare a plan of the village.

On an average 3.2 meetings per village were held: Sonerangi and Navargaon had the most six meetings this year followed by Chichewada (5 meetings).

As a result of the above activities and processes, one of the major outcomes has been the planning of the committee funds to include health diagnosis, awareness programme, activities to disseminate information etc.

Communities from six villages, viz. Gangoli, Sonerangi, Yengalkheda, Navargaon, Shirpur, and Deulgoan have started to monitor the other services (apart from Health care) in their respective village.

**Awareness Programmes :** we have had planned about 40 awareness programmes this year but we could organise 33% of these planned awareness programmes. The average attendance in the awareness programmes was about 52 (total 13 awareness programmes organised this year). Due to awareness programme, the people realised the dangers in chewing tobacco, and the people came to know about the CBM process.

Due to the awareness programme, the people realised about the nature of the services from the government health department, and, in one instance for example in Vadadha, the driver from the PHC was asking money from the patients, and a complaint was registered with the Chief Executive Officer. The driver was duly laid off the duty, and this sent a strong message across all the government workers. People have started calling 102/108 services, and the functionality of the services has increased.

**Mothers' Meetings :** We held 38 meetings of the Mothers' Group in which the participation was about 19 mothers per meeting.

**Adolescent Girls :** we had 19 adolescent girls meetings with an average participation of 30 girls per meeting.

## **Objective 2: To make government health services accountable to the community**

**District Steering Committee Meetings :** three meetings were mandatory this year, but as the Chief Executive Officer was enthusiastic about the process, four meetings were held. Some of the planned meetings had to be called off (and postponed) due to the election code of conduct.

**Formation and Meetings of PHC Monitoring and Planning Committee (MPC) :** We had planned for about 24 meetings of PHC MPC, and we could conduct 22 (about 92% realisation v/s achievement) in which 212 members participated (on an average 10 members participated in each village). These meetings discussed the issues in villages and at the health care centres. For example, when the information reached the PHC monitoring and planning committee about dengue patients in Dongar Savangi and Borichak, a decision was taken to organise camps there. There were other issues related to sonography, the complaints regarding the health workers, and there is a readiness to take these issues upfront.

**District Jan Samvad Programme :** the Jan Samvad was organised two times this year-on 30th June 2014 and then on 17th March 2015. Last year, (2013-14) the information about the district hospital was collected. But due to the Lok Sabha elections (code of conduct), the programme was rescheduled in June. This year, the data was not collected as there were chances of a new code of conduct, but it did not happen. But simultaneously the taluka Jan Samvad programmes (from the three talukas) had thrown enough issues to be taken at the district level, so the Jan Samvad was again organised this year a second time.

**Wider Outreach and Dissemination of CBM :** Appended with the Jan Samvad, a wider outreach and dissemination workshop was organised on 18th March 2015. The workshop was well participated by the print media journalists





from two districts (Gadchiroli and Chandrapur) but due to some or the other reasons, the government officials' participation was lukewarm.

**Training of health care providers :** Two workshops for the health care providers were conducted where Arogya Sevak and Sevika (total 54) from PHCs participated. In the workshop, a video, 'Sarankari Davakhana Hotoy Janatecha' was shown, and through these media tools, the design of the health care system from village onwards, the roles and responsibilities of the various stakeholders, and the accountability issues were discussed.

**Village Health Plan:** Village Health Plans were prepared of 19 villages. The Village Health Plans involved the issues related to the villages that included sanitation.



Taluka Monitoring & Planning Committee Meetings	6	8	115
Jan Sanvad at PHC level	6	3	378
Jan Sanvad at Taluka level	2	2	265
District Coordination Committee Meetings	3	3	56
District Monitoring & Planning Committee Meeting	4	2	52
PIP Workshops	1	1	50
Video Conference		2	30
Jan Sanvad at District level	1	2	156

As a result of the above activities, some of the things that have moved in right direction are:

- Dr Dakhore, the Medical Officer from Bhakroni PHC lives in the PHC campus 24 by 7;
- As the Medical Officer from Bhakroni PHC has started making field visits, the Arogya Sevak and Arogya Sevikas have been regular in doing the village rounds, too.
- Post the Jan Samvad programme, the drains in Pathargota, Ravi, Shivani Buj were sprayed;
- The work of the Arsodi Sub Centre was not done for last sixteen years. It was started this year. While post Taluka Jan Sunvahi, the AWC building work at Thanegaon and Tolivar has begun.
- In Kadholi, the pharmacist is available 24x7, while the work on construction of the residential quarters for Arogya Sevika has begun full swing.
- The Taluka Medical Officer has prepared a monthly chart of the AWC children's check-up., while the Sub-District hospital at Armori is in the process of becoming a model health care centre. The people's

<sup>5</sup>Government Hospital is becoming People's Hospital







representatives have started visiting the health care centres unannounced. This has resulted in better cleanliness at the Sub-District Hospitals. The local MLA raised questions regarding the health issues of the region in the assembly.

## 1.6. PROJECT : RIGHT TO NUTRITION-RURAL/TRIBAL: KURKHEDA

(Community based monitoring of government health nutrition programme, especially the government's flagship malnutrition therapy programme of ICDS with a focus on Child Rights -Survival in the early stages, and Child Development in the latter stages)

**BACKGROUND:** The malnutrition scenario in Maharashtra is too bad. More than fifty percent of the small children, and one third of the women are malnourished; more than fifty percent of the women are anaemic, about forty percent are born low weight, and about twenty seven percent of the children have access to nutritional food. The situation in Maharashtra is as bad as that of Orissa.

In the tribal districts of Gadchiroli, the situation is abysmally bad. The inaccessible roads, non-functional ICDS services, and poverty are some of the reasons. Against this backdrop, Community Based Monitoring of the ICDS services was launched in Maharashtra with SATHI as the nodal and resource agency with support from Narottam Sekhsaria Foundation, Mumbai. We work in 15 villages on CBM of ICDS services covering about 10867 population.

**AREA OF OPERATION:** 15 Villages from Kurkehda Taluka viz. Anjan Tola, Hetinagar, Chandona, Raanvahi, Dhanegaon, Kharmat Tola, Deulgaon, Navargaon, Vagheda, Gangoli, Kharkala, Savalkheda, Sonerangi, Uradi, and Vaasi.

**PROJECT PERIOD:** The project started from 1st November 2012, and will conclude on 31st October 2015. The present reporting period is 1st April 2014 to 31st March 2015.

## OBJECTIVES-STRATEGY-ACTIVITIES

### Objective 1: To make the ICDS services at AWC level accountable to the community

**Activation of Village Health Water Nutrition and Sanitation Committees:** One of the objectives under the National Rural Health Mission was to make the government health and nutrition system accountable to the community. In each of the revenue villages Village Health Water Nutrition and Sanitation Committees were formed. The programme aimed at strengthening the VHWNS Committees so that the ICDS services become effective. This year, 59 meetings of the VHWNS committees were held in which 971 people (535 female and 436 male) participated.

**Activation of Mothers' Committees:** As per the guidelines, a mothers' committee needs to be formed at AWC level and it is expected that this committee meets every month to take a stock of the AWC and the malnutrition situation. But it was found out that the mothers' signatures were being taken on vaccination days on the meeting register. So we decided to regularise the Mothers' Meetings every month in the operational villages. This year, we conducted 23 meetings in which 454 people participated (434 female and 20 male members) participated.

**Child Rights Support Group:** In order to monitor the ICDS services in the operational area villages, we formed Child Rights Support Groups by selecting a few active women, and youths (girls and boys). In each group there are four to five members, and these members are provided information about the ICDS services at the village level. So this group monitors the AWC working (from the AWC workers regularity, content of the food provided etc). This year, we have had 23 meetings of the Child Rights Support Group in which 454 members (434 female and 20 male).

**The Child Rights Support Groups' capacity building** was done this year at Kadholi where the Medical Officer from PHC Kadholi was a resource person. In the workshop, the CRSGs were provided inputs on CTC, VDCC guidelines, food and nutrition for the children, and health and sanitation measures.





### Key highlights (achievements)

The various committees at the village level at Uradi combined to get the health check-ups of the children in the AWC, and found out 4 SAM children. These were provided with VCDC. In Anjontola the CRSG found out THR<sup>6</sup> packets beyond expiry date so these were returned back to AWC and new THR packers were made available. The VHWNS took initiatives to provide land for the infrastructure development of the AWC, and also replaced the water filter. In Dhanegaon, Sonerangi and Anjantola, the committees at the village level took lead to re-open the toilet at the AWCs, and the children have started using the toilets in these AWCs. In Ranvahi, Dhanegaon, Hetinagar, Anjantola, Savalkheda, Vagheda and Uradi, the electronic weighing machine is being regularly used. In Deulgaon and Sonerangi, the VHWNS used the money from its fund to increase the level of the AWC courtyard and made it safe for use during the monsoon. The VHSNC used its fund to provide extra food and nutrition supplement to the four malnourished children which resulted in an increase of 300 gm in the weights of the respective children. The VHNSC used its funds to provide safe water.

In all the AWCs, the taste register is being kept where the members of the committees inspect and note their findings in the taste register.

### Objective 2: to increase the effectiveness of the AWC and its programmes

**Awareness programmes:** awareness programmes were organised in 8 villages where the community members and committee members participated. Information was provided about the roles of the community members in bringing quality to the AWC programmes, and rights of the people in monitoring the various activities under AWC. As an illustration, the tasting of nutritional supplement was carried out in all the awareness activities, and the findings of each member were recorded in the register. The interface gave confidence to the participants and clarity about their roles.

In another activity, the parents and mothers were shown how to take the weights and heights, refer the growth chart, and decide about the grade/s in which their children belonged to. This was done in Anjantola, Vashi, and Vaghoda. During this time, films on illnesses and malnutrition were screened for the villagers.

In another activity, the 26 malnourished children, and their parents were taken to Nutrition Resource Centre (NRC) at Gadchiroli, and shown around the centre. The exposure was to acquaint the parents and the children about the facilities at NRC.

In all the 15 villages, the committee members were taught to fill in the specially designed tool to collect the information about their respective AWC.

### Key highlights (results and achievements)

As an outcome of the exposure trip to NRC at Gadchiroli, four SAM children from Ranvahi and Dhanegaon were admitted in NRC for fourteen days treatment. In Ranvahi, the CRSG conducted the tasting of the nutrition food, and as a result, the weight of Ms Laxmi R Sayam, went from 9.600 kg (from 4th June 2014) to 9.900 kg (by 28th June 2014). Mother of another malnourished child, Muskan Madavi started feeding her child with extra nutrition. Mothers from the operational area have started to feed their above six month old children properly.

### Objective 3: research/studies to increase nutritional and food security

The AWC tool was filled in two rounds at the village level, and the issues that came out of this tool/study were taken at village, taluka, and district level meetings.

### Objective 4: to strengthen the government health and nutrition services

**At the Beat level :** A meeting takes place at the Beat level of all the AWC workers and their supervisors; in this

<sup>6</sup> THR : Take home ration is the packaged nutrition food supplied to pregnant and lactating mothers and children





meeting the findings from the study/tool were shared (like health check-ups of the adolescent girls, unsafe drinking water at the AWC, the quality of the nutrition at the AWC, discrepancies in the weight and heights of the children, meetings of the pregnant women etc). This year, the team participated (along with the committees members) in six Beat level meetings. These were used to address the issues of the AWCs. As a result, the Mothers' meetings at all the fifteen AWCs have become regular; the food that was earlier cooked at home in Chandona and Vagheda, is now prepared in the AWC precincts; and a day-to-day schedule of the nutrition distribution chart has been displayed in all the AWCs.

**Taluka Monitoring and Coordination Committee:** Under the CBM of ICDS process, a taluka level monitoring and coordination committee is being designed, and this committee is to meet every quarter to discuss the critical issues of the AWC/ICDS at taluka level and address those issues. This year, we participated in all the four meetings held at Kurkheda along with the village level committee members. As a result of our intervention, the Taluka Committee provided utensils to Dhanegaon, Chandona and Hetinagar AWCs to cook the food; health check up of adolescent girls was carried out in all the fifteen villages; all the Medical Officers have been asked by the Taluka Medical Officer to carry out quarterly health check-ups in every AWC.

**District Monitoring and Coordination Committee:** The district committee is to look into the issues that could not be solved or addressed at the AWC or the Taluka level mechanisms. The plan is to have a meeting at the district level after the meeting at taluka level (all the talukas in the district) take place. As such the frequency of the meetings is every four months (three meetings at the district level against four at the taluka level). We participated in the meetings held at the district level.

**Taluka Jan-Sanvad Programme:** Jan-Sanvad is a social audit of the programme where the people's representatives and the administrative officers participate and answer the queries from the people, and fact finding teams. This year Kurkheda taluka Jan-Sanvad was held on 12th February 2015 at Yerandi village. Member of the Legislative Assembly from Armori constituency, Mr Krushnaji Gajbhiye, Chairperson of Women and Child Welfare, Jilla Parishad (District Council), Gadchiroli, and Village Panchayat Samiti (Panchayats Council at the taluka level) member from Kurkheda taluka, Mr Changdev Faye were present for the programme. Mr S.T.Turkar, Project Officer, Kurkehdha was also present

while Adv. Varsha Jaamdaar, Mr Bandu Sane (Khoj Amravati) and Mr Ram Bhau Lanjevar (journalist) were present as social judges.

**Key Outcomes from the process :** in order that the grains should not get damaged and wasted, the women and child welfare committee (WCWC) was requested to sanction storage bins at each AWC. The WCWC sanctioned the purchase of storage bins in the meeting. Each AWC was equipped with a medical kit and water purifier by making the purchases from the funds of Rugn Kalyan Samiti<sup>7</sup>. The children from the AWCs had their check-up done by RBSK squad, and the needy children were referred to PHC and ICDS. All the due allowance (of last two years) of the AWC workers was immediately remitted to their accounts.



Rugn Kalyan Samiti is Patient Welfare Committee formed at the PHC level

<sup>7</sup> Rugn Kalyan Samiti is Patient Welfare Committee formed at the PHC level







## 1.7. PROJECT : RIGHT TO NUTRITION-URBAN SLUMS/MIGRANTS: NAGPUR

Community based monitoring of government health nutrition programme, especially the government's flagship malnutrition therapy programme of ICDS with a focus on Child Rights -Survival in the early stages, and Child Development in the latter stages.

**BACKGROUND:** Nagpur is the second capital and the third largest city in Maharashtra after Mumbai (that includes Navi Mumbai, Thane, Kalyan etc) and Pune. It is the 9th largest urban agglomeration in India.

As of the 2011 census, Nagpur Municipal Corporation had a population of 2905421, and the urban agglomeration had a population of 3123911. About 9.9% of the population were under six year old.

Slums are increasing at an alarming pace in the city, and at the last count there were about 447 slums in Nagpur. Of the city's total population, about 36% (or slightly more) lives in the slums of Nagpur. Most of the families living in slums are poor (there are about 99,011 BPL families in Nagpur city-close to 18% of the families are BPL and most of these are from slums).

Against this backdrop, the health and nutrition status of more than 100,000 children from 0-6 age group living in slums is at risk of being vulnerable to malnutrition and further health hazard. With this in mind, we started working in seven slums, with estimated population of about 21000 (about 2000 children in the age group of 0-6) on their access to nutrition and health.

The project is technically supported by SATHI, Pune and the funding partner is Narottam Sekhsaria Foundation, Mumbai.

**AREA OF OPERATION :** The project works with 22 AWCs in seven slums of Nagpur, viz. Bhandevadi, Chandmari, Padole Nagar, Hivari Nagar, Kumbhartoli Tajbaug, and Bhandeplot.

**PROJECT PERIOD:** The project started from 1st November 2012, and will conclude on 31st October 2015. The present reporting period is 1st April 2014 to 31st March 2015.

### OBJECTIVES-STRATEGY-ACTIVITIES

#### Objective 1: To make the ICDS services at AWC level accountable to the community

**Activities at Community level:** Following activities were carried out to mobilise the community, to develop capacities of the various CBO Institutions so that the CBOs become proactive.

Activity	Process
Mothers' Committee Meetings	Mothers' Committees are formed in all the 22 AWCs, and their regular meetings were organised about the AWC services and the role they have to play.
Child Rights Support Group	22 CRSG have been formed, and they do the monitoring of the AWCs day-to-day routine, and activities.
Monitoring Committee (at slum level) Meetings	7 committees were formed and bimonthly meetings were planned for the monitoring committees. This year 28 meetings took place in which stock of the situation was taken
Action Programme Demonstration	One programme each in 22 AWCs carried out.
Breastfeeding and nutrition programme	Dr Meena Shelgaonkar did two workshops (one at Tajbaug and one at Kumbhartoli) using pictorial stories and charts.
Women empowerment programme	Commemoration of Kranti Jyoti Savitribai Fule birth anniversary was done in 3 slums (Chandmari, Bhande Plot and Kumbhartoli) in collaboration with Pandharipande Social Work College students and Professors.





Adolescent girls empowerment and awareness programme	With tools such as songs group discussions, plays, the resource persons guided the girls on health education, and carried out health check-ups in 5 slums viz. Tajbaug, Bhande Plot, Kumbhartoli, Padole Nagar, and Hivri Nagar.
Study Tour	Study tour was organised for the team members (eight people) to Ekjut NGO in Chakradharpur, Jharkhand from 17 <sup>th</sup> to 19 <sup>th</sup> December 2014. Ekjut works on similar themes, and the team visited the field area, had meetings with field staff, and observed the field staffs conduct/facilitate meetings.
Diarrhoea awareness week	The programme was organised in all seven slums with guidance from the resource persons from ICDS department
Nutrition supplement and health education for pregnant women	Workshop on awareness and health education for pregnant women was organised in collaboration with Government Medical Hospital (Dr Smriti Gedam and Dr Kanchan Jaiswal participated), Government of India's Nutrition Department (Mr Mukund Mahore participated), ICDS (Ms Usha Vankhede and Ms Kavita Padole participated), and local councillor (Mr Sagar Lokhande).
Nutrition supplement (meals) tasting	Nutrition expert, Ms Jaishree Pendharkar demonstrated the use of available resources (material/grains) at home to cook tasty nutritional recipes. Mothers of 0-2 age children from all the seven slums participated
Half Yearly Birth Day Programme	Half yearly birth day programmes were organised in all the 22 AWCs to focus on the child corner in AWC as well as at home as a measure of child nutrition and development.
Child Nutrition, Sanitation & Cleanliness Campaigns	A campaign on the thematic was conducted in each of the slums where in the team along with the community members, committee members, and AWC workers cleaned the slum surroundings.

## Objective 2: to increase the effectiveness of the AWCs and its programmes

Activities at the project level to increase the effectiveness of the ICDS programme at the operational area level. Three main activities that helped to enhance the effectiveness were:

**Project level monitoring committee:** the operational area AWC are part of two projects at the city level, and so two project level monitoring committees are formed. It was planned to have eight meetings in a year and we conducted seven meetings.

**City Steering Committee:** At the Nagpur city level (district level), a City Steering Committee is formed for the effective functioning of the programme. Three meetings were planned for CSC but only two meetings were organised this year.

**Jan Samvad:** Jan Samvad is a question-answer social audit tool for analysing the issues with all the stakeholders involved in the planning and implementation of the programme. Two Jan-Samvads were organised in the project area this year-one at Tajbaug, and the other at Kumbhartoli. In the Jan-Samvads, community people, various CBO Institutions/Committee members, peoples' representatives (councillors), government officials from concerned departments (ICDS, WCD, MNC etc) participated. Through the Jan-Samvad some of the issues (that were raised) were addressed this year, while in the remaining a strategy to find solutions was discussed. Key highlights:





Issue	Addressed/solutions found (Green Flag)	Issue still to be addressed (Red Flag)	Steps for issues to be addressed (decisions taken)
Drinking water	Drinking water available in all the 22 AWCs	Safe (filtered and treated) drinking water is not available in any of 22 AWCs	Councillors have promised to help the AWC workers to get the treatment material from the MNC
Vaccination	Vaccination taking place in 10 AWCs	Vaccination not taking place in 12 AWCs	The committees members need to follow the matter with municipal corporation health department, local councillors, Child Development officers, Commissioner of MNC, Chairperson of Standing Committee on Health of MNC, Chairperson of standing committee of women and child development of MNC, and the Mayor
Child Corner	Child corner available in 11 AWCs	Child Corner not available in 11 AWCs	The funds required for raising child corner could be raised through local contribution, and at the same time advocacy should be done with the state government to make provision for child corner budgeting in the Women and Child Development Department
Weighing machines	Weighing machines are up-to-date in 9 AWCs, and weighs, heights and growth chart in accord with norms	Weighing machines in 13 AWCs not in working condition; weights, heights and growth chart not in accord with norms	The women and child welfare department should make provisions in its budget, the state monitoring committee should follow up the issue at the state level, and efforts should be made to mobilise the local resources
NRC facilities availability	Health care facilities available for SAM and MAM children at NRC	Norms/parameters (for growth ) vary at AWC and NRC	The state government should make a demand for the same parameters at NRC and AWC level with the Women and Child Welfare Department of the central government, and the state monitoring committee should follow it up till the end
Housing for AWCs	10 AWCs are housed in proper rooms	14 AWCs are not properly housed	The issue is of rental (Rs750 per month), and a joint effort from CDPO, councillors, NGO representatives, and various committee members at slum level to press the demand, and the state monitoring committee should follow it up
Quality of Nutrition Supplement	Quality of nutrition supplement is good at 14 AWCs	nutrition supplement is of poor quality at 10 AWCs	The SHG coordinated by Mr Ashok Vankhede supplies the nutrition supplement to Tajbaug, and the quality is sub-standard The samples of the sub-standard nutrition supplied by the SHG should be sent to concerned officers in the MNC, Commissioner of MNC, Social Welfare Officer and Chairperson of the Standing Committee, and a written complaint should be registered by the Mothers' Committee
Staff postings in ICDS	CDPO as well as staff from other project area have been given additional charge of the project area	CDPO and other staff unable to do justice to the workload due to additional charge	Financial constraint is the reason put forth by the department. But this is not a valid reason, and state monitoring committee should follow it up;







### Objective 3: research/studies to increase nutritional and food security

Anganwadi Study tool is one of the important studies which the project does every quarter, and the findings are then disseminated, and or taken at the project and state monitoring committee level. Some of the issues are taken up in Jan Samvad activity, too. This year the tool was filled in every quarter (four rounds of data collection). Besides the tool, the project needs to collect data, and document the issues for advocacy. So a training on documentation and advocacy was conducted by Hemraj Patil (SATHI Pune), in which the workers were given inputs on positive and proactive case studies writing, data collection etc. In the training workshop, inputs were given about the use of mass media tools, difference between medium and tools, and preparation of documents for arbitration with proper witnesses.

### Objective 4: to strengthen the government health and nutrition services

All the above measures directly or indirectly contribute to the strengthening of the government health and nutrition services. Besides this, Project level monitoring committee meetings (seven meetings) and City/district steering committee meetings (two meetings) are part of the strengthening process. An action plan on the Steering Committee resolutions was made for following issues:

Issues	Action Plan
Vaccination not taking place in 12 AWCs	Ms Shubhada Deshmukh (Project Director), Ms Lilatai Chitale (social activist and Gandhian worker), Adv Rekha Barhate, Ms Jyoti Kadu (CDPO), Ms Archana Urkude (Project Coordinator) along with committee members met Municipal Commissioner, Dy. Commissioner, Chairperson of Women and Child Welfare, and Mayor of Municipal Council, presented the demands and discussed the issues.
Supply of new weighing machines	
Independent housing for AWC and increase in rental	
To organise VCDC or CTC at ICDS level	
Expansion of outreach of NRC	





## Education

### 2.1 PROJECT : AFLATOON

(A financial literacy and child rights programme in the rural and tribal areas of Korchi, Armori, Dhanora and Kurkehda taluka of Gadchiroli district in partnership with Meljol, Mumbai)

**BACKGROUND:** Gadchiroli is a tribal district, and the status of education in the district is very poor. Though all the villages in the selected four talukas have at least a primary school, and a middle school within 5-8 km, the quality of education is very poor because of certain factors that have to do with the state policies and the overall deteriorating quality of education in the state<sup>8</sup>. A few years back, we have had conducted a language and maths proficiency test, and found out that the children in standard 5<sup>th</sup> to 7<sup>th</sup> are unable to read or write in what they were supposed to do at 2<sup>nd</sup> or 3<sup>rd</sup> standard.

A lot of this is to do with the general educational scenario in the state of Maharashtra, but added to this are the other factors that are distinct to the tribal areas of Gadchiroli (and perhaps other tribal areas of the state).

Against this backdrop, we started a programme for financial literacy and a general awareness on child rights in the area.

**AREA OF OPERATIONS :** the AFLATOON project is implemented through 151 primary and 90 middle schools from Korchi, Dhanora, Armori and Kurkheda blocks of Gadchiroli district. The project covers 276 villages, 180,000 population, and caters to 6307 primary and 9553 middle school children.

	Korchi	Kurkheda	Armori	Total
Primary School (1 <sup>st</sup> to 4 <sup>th</sup> standard)	48	27	76	151
Boys	587	587	2237	3246
Girls	612	388	2061	3061
<b>Total</b>	<b>1199</b>	<b>810</b>	<b>4298</b>	<b>6307</b>
Middle School	18	48	24	90
Boys	679	2791	1556	5026
Girls	647	2425	1455	4527
<b>Total</b>	<b>1326</b>	<b>5216</b>	<b>3011</b>	<b>9553</b>
<b>Total Primary plus middle</b>	<b>2525</b>	<b>6026</b>	<b>7309</b>	<b>15860</b>

**PROJECT PERIOD :** The Project had started in July 2011 and has concluded in June 2015. For the purpose of reporting, activities from April 2014 to March 2015 have been taken.

### OBJECTIVES-STRATEGY-ACTIVITIES

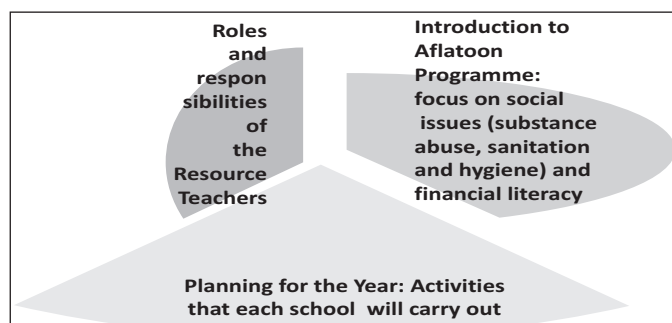
The AFLATOON programme is implemented in government primary and middle schools, and nobody can visualise the interventions without the active support of the teachers. In fact, the main plank on which the programme rests is the resourcefulness of the mainstream teachers.

<sup>8</sup>ACER Annual Report prepared by PRATHAM has placed the state below some of the BIMARU states in terms of teaching-learning capabilities.





**Resourceful Teachers Workshops :** In all six workshops were organised for the teachers in three blocks where in 303 teachers participated to shoulder the responsibility in their respective schools. The main aspects of the workshops are :



	Work shops	Women Resource Teachers	Men Resource Teachers	Total Resource Teachers
Korchi	2	34	98	132
Kurkheda	2	22	76	98
Armori	2	29	44	73
	6	85	218	303

As a direct outcome of the training workshop (and the facilitation by the project team members), the Resource Teachers enthusiastically implemented the programme activities in their respective schools. As a result the Aflatoon Bank (which was started earlier) has been moving on smoothly with new children in 215 schools.

**Self Development:** The children in rural areas, and especially from tribal areas of Gadchiroli, get few opportunities to peep into the self, and to know ones strengths, weaknesses, and the opportunities to express themselves. The project provided them opportunities to perform, organise, come forward and express their aspirations. This was a path-breaking exercise for the children and they started to

**Child Rights:** The project emphasised that the children know the framework of their basic rights. Through different activities, the children were introduced to the United Nations Covenant on Rights of the Children, its historical perspective, the Indian context, and the violation of the rights at home, in school, right to education, right to development, and also the responsibilities that come along in lieu with their rights. As a consequence, the project assessed the child rights realisation quotient of the children across the schools and found out that:

- Out of 90 middle school children from 5<sup>th</sup> to 7<sup>th</sup> , children from 85 schools know their rights and the responsibilities;
- We found that the children are expressive about their rights;
- Children also have realized the importance of nutritional food, and the consequences of wasting food;
- Children are determined that their friends and other children from the school should not be out of school, and they have shown a high alertness to bring any out of school or irregular child to the school;
- After the child rights being disseminated, the Aflatoon clubs are formed at the school level. The children plan and monitor the Aflatoon Clubs formation by democratically electing their leaders and managers.



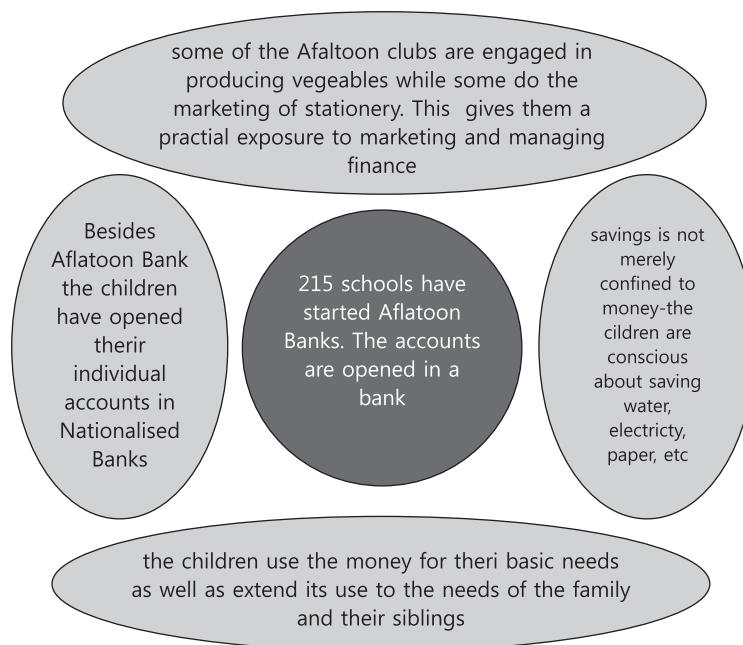




Financial Literacy and cultivating habit of saving: One of the main objectives of the project is financial literacy, and Aflatoon Clubs is a tool towards this objective. The children save regularly from the pocket money they receive, collect the money, open the accounts, do the banking operations, and also discuss about the use of the money. Children have started realising the importance of savings, and also to base their needs on whatever resources at their disposal. Some of the highlights of the activity are:

#### Some illustrations

- A girl from ZP School from Shivani used her savings to procure cooking gas connection at home. This has made cooking easier for her mother, and also the girl has realised the importance of savings;
- Jitendra from ZP School Shivani bought a bicycle from his savings from Aflatoon Bank;
- Aflatoon clubs from seven schools have started collecting dried leaves to make compost fertiliser. They have also used ipomoea to construct walls for the compost pits.
- Aflatoon club from ZP School Jogisakhara raised/cultivated paddy in a plot of 15 by 15 feet in the compound of the school premises. The children acquired SRI methodology to cultivate the paddy in this plot. In the same school children have been cultivating vegetables which they sell in the nearby market, and put that money in the bank.
- 35 schools have declared themselves tobacco free schools; 15 schools from Kurkheda, Korchhi and Armori taluka took a cleanliness drive in their villages on 2<sup>nd</sup> October. They collected the empty pouches of the tobacco, and other toxic material, and calculated the amount being spent in their villages on useless and harmful material. They also learned about the toxicity of the non-biodegradable material that was being used to burn in the kitchens and tried to spread the awareness in their homes.
- Entrepreneurship projects are being implemented in 75 middle schools where the Aflatoon clubs are engaged in stationery marketing, compost making, vegetable garden etc.



Some of the Resource Teachers, when transferred to other schools, carried their enthusiasm and started Aflatoon activities in these schools. The details of such endeavour are:

School	Taluka	District
ZP Primary School Yegala	Chamorshi	Gadchiroli
ZP Middle school Pimpalgaon	Bhandara	Bhandara
ZP Middle School Matora	Bhandara	Bhandara
ZP Primary School Ireetola	Gondia	Gondia
ZP Primary School Yenkalpur	Vadsa	Gadchiroli





**Dialogue/Advocacy with government:** The Aflatoon Mandals from Korchi, Kurkehda and Armori met their respective sub-divisional offices on 14<sup>th</sup> November (Children's Day) to facilitate the Adhaar Card for all the children. As a result 8680 children from 217 schools have got the Adhaar Card. In another instance, the headmaster of ZP School Navargaon had not distributed the scholarship money to the children but had taken the signs of the parents. The Aflatoon members met the SMC members, and along with them met the Block Education Officer; as a result, the headmaster was forced to return Rs96000 to the children.

**Chemical Free Holi :** The Aflatoon Club from ZP School Saigaon is an active club, and for last three years have been carrying out innovative programmes in the village such as tobacco de-addiction drive, village cleanliness etc. This year the children decided to make the holi celebration chemical free in the village. The group discussed the Holi celebration that was taking place in the village, and realised that apart from spending huge money on buying chemical colours, the children and elders were exposed to the side effects of the chemicals in the colour. So they enquired about how Holi was

being celebrated in the villages before the advent of chemical colours a few years back. They came to know about the palash (flame of the forest or Butea Monosperma) flowers were crushed into beautiful colours. So they collected the flowers of the Flame of the Forest, and prepared natural colours. This colour they distributed among themselves and also the villagers, and celebrated the Holi festival.

## भाकरोडी जि. प. शाळेत मंत्रीमंडळाचे गठण

**शालेय मतदान प्रक्रियेत सहभागी होऊन मतदान करतांना विद्यार्थिनी**

**आरमोरी :** जिल्हा परिषद प्राथमिक शाळा भाकरोडी येथे नुकतेच शालेय मंत्रीमंडळाचे गठण करण्यात आले. शाळा नायक म्हणून करण जाळे तर उपशाळानायक म्हणून दीक्षांत जनबंधू यांची निवड करण्यात आली.

मंत्रिमंडळाची निवडणूक मुख्याध्यापक यादव बोधणकर यांच्या मार्गदर्शनात पार पडली. यावेळी डॉ. बाबासाहेब आंबेडकर, शिवाजी महाराज अशा दोन पॅनलचे उमेदवार उभे करण्यात आले होते. चुरशीची निवडणूक होऊन सांस्कृतिक प्रमुख रोहिणी सहारे, स्वच्छता प्रमुख आकांक्षा भोयर, भोजन प्रमुख काजल पुळो, क्रीडा प्रमुख दुशांत सहारे, मुलींची प्रतिनिधी म्हणून अमिषा सहारे यांची निवड करण्यात आली.

मतदान अधिकारी म्हणून शोभराव कोडाप, प्रभा चोपडे यांनी तर मतमोजणी अधिकारी म्हणून जीवन शिवणकर, राजेश पोफळी, अल्का बावणकर यांनी काम पाहिले. (प्रतिनिधी)





## Livelihood

### 3.1 PROJECT 1: CLUSTER FACILITATION TEAM/CFT FOR LIVELIHOOD CONVERGENCE

(Convergence of MNREGS with NRLM for livelihood opportunities, and optimisation at the Kurkehda block level with Cluster Facilitation Team (CFT) Concept)

**BACKGROUND:** In accordance with the Project for convergence of MNREGS with NRLM, Cluster facilitation teams were proposed through civil society organisations. In Maharashtra 13 blocks from 8 districts were selected for the convergence of the programme, and for Kurkehda block (two blocks from Gadchiroli were selected for the MNREGS convergence with NRLM, the other being Etapalli). Amhi Amchya Arogyasathi was selected as a civil society organisation to lead the CFT for the convergence.

As Amhi Amchya Arogyasathi has been working on MNREGS and NRLM, as well as governance issues with strong community presence, the organisation was selected as a civil society organisation. We have two clusters (till the reporting period) in which we cover 30 Village Panchayats (VP) and 88 villages.

**AREA OF OPERATION:** 30 Village Panchayats (2 Cluster Facilitation Teams), and 88 villages. The Teams and VP are as follows:

CFT	Village Panchayats
CFT 1 (Ms Manisha Lade, Mr Rajesh Shende and Mr Sunil Vati)	(i) Kumbhitola; (ii) Maldugi; (iii) Nanhi; (iv) Talegaon; (v) Vadegaon; (vi) Yengalkheda; (vii) Andhali (N); (viii) Sonerangi; (ix) Gothangaon; (x) Begaon; (xi) Jambhulkheda; (xii) Khedegaon; (xiii) Palsgad; (xiv) Antargaon; and (xv) Kurkheda
CFT 2 (Mr Shrikant Vairagade, Mr Mahendra Meshram, and Mr Chetan Choudhari)	(i) Chirchadi; (ii) Bhategaon; (iii) Ramgad; (iv) Purada; (v) Dadapur; (vi) Shivani; (vii) Chikali; (viii) Dhanegaon; (ix) Malewada; (x) Raanvahi; (xi) Navejhari; (xii) Uraadi; (xiii) Andhali (S); (xiv) Khobramendha; and (xv) Katalvada

**PROJECT PERIOD:** The convergence at the National level in 184 blocks was initiated in November 2013, and the project got off in Kurkehda in 2014. The project is still continuing, and the reporting period is April 2014 to March 2015

### OBJECTIVES-STRATEGIES-ACTIVITIES

#### 1. Awareness and Demand for work under MNREGS

**Preparatory Meetings & Information Collection:** community meetings were held, information was collected from the community regarding the work done under MNREGS last year, and wages earned. In the preparatory meetings the process of demanding work, the type of works which the Village Panchayat can initiate, and the methodology of preparing and proposing a work plan under MNREGS for the year.

The work plans were to be prepared and placed on the agenda of the 15<sup>th</sup> August Gramsabha. The CFT team guided the community in preparing the work plan, and made sure that the plans are placed in the respective gramsabhas.

As a preparation for demand of work, and the processes to be followed, capacity building exercises were done for the SHGs in the selected villages. 35 meetings of 59 SHGs (52 existing and 7 new formed during the process) from 21 villages were conducted in which 353 women participated (average participation per meeting-10 women; average participation per SHG-5 members).







**Demand for work campaign:** as part of the demand for work under MNREGS, a campaign for demand for work was organised in 50 villages from 30 Village Panchayats. The details of the campaign:

**2. Integrated Participatory Planning Exercise (IPPE):** was first piloted in Chandona village in Shivani Village Panchayat before training the resource persons for carrying out IPPE in other villages. Ms Rekha Pimparde and Nitin Taarekar (from Amravati) were the resource persons for the pilot IPPE process carried out in Chandona village.

	CFT 1	CFT 2	Total
No of Villages	16	34	50
No of families demanded work under MNREGS	1185	5741	6926
No of SC families demanded work under MNREGS	358	1940	2298
No of ST families demanded work under MNREGS	683	2680	3363
Total No of person days of work demanded under MNREGS	76239	246738	322977

Ms Rekha Pimparde and Nitin Taarekar (from Amravati) were the resource persons for the pilot IPPE process carried out in Chandona village<sup>9</sup>.

IPPE block level training was conducted from 18<sup>th</sup> December 2014 to 21<sup>st</sup> December 2014 in which 20 Gram Sevaks 20 Gram Rojgar Sevaks 20 Agriculture Assistants, 20 members from women's SHGs, and 20 community members (who were part of the persons that had demanded work under MNREGS).

For the block level training, MNREGS APO from Korchi Panchayat Samiti, and the CFT team worked as resource persons. Before conducting the block level training, the CFT team had participated in the State level training at Nagpur, and also carried out a pilot IPPE in Chandona.

Till date IPPE of 45 Village Panchayats have been done in which team members did the transact walk of the village, constructed the village resource map, and conducted house-to-house survey.

Under IPPE, the social mapping of the village, resource mapping of the village, and seasonal mapping of the village was done from village to village. As the work plans were presented in the gramsabha as per the IPPE, 18232 person days were sanctioned in 45 panchayats.



**Village Mapping in progress**

**3. Employment Day Celebration:** During the reporting period, Employment Day was celebrated in 17 Village Panchayats (from 30 Village Panchayats) in which 752 men and 258 women (a total of 1007) participated (on an average 59 people per meeting/event).

**4. Village Social Audit :** Village Social Audit Facilitators training was organised for the village youth to carry out the social audit of their respective villages. Dr Satish Gogulwar, the Convenor of Amhi Amchya Arogyasathi was the chief mentor and expert on the Social Audit and 80 youths from the villages participated in the training.

<sup>9</sup>At the beginning of the year the work was started with 30 panchayats and 2 CFTs; as the work progressed, 15 more panchayats and 1 more CFT team was added.





### 3.2 PROJECT : ECOLOGICAL FARMING & LIVELIHOOD

Ecological agriculture with gender equity as a rider, and convergence with government policies and schemes for tribal and rural communities

**BACKGROUND :** A great agrarian crisis is impacting the rural livelihood, and is shaping the future of the children and youths in an adverse manner. The women, who run the household, are denied the basic rights of partnership in decision making, and it is telling on the decisions taken by the men on the financial, economic and social well being of the rural landscape.

The agrarian crisis has highlighted the farmers' suicides in Vidarbha. In the Zadpatti region, where the main crop is rice, the suicide wave has not yet reached due to the nature of cropping pattern-priority over food grains needs of the family over market/cash crops. But at the same time, there is an ever increasing trend of malnutrition engulfing the region (Gadchiroli, Bhandara, Gondia and Chandrapur form the Zadpatti). Traditional paddy cultivation has given way to mechanised and chemical hybrid paddy cultivation. Against this backdrop, gender and livelihood was conceived to intervene in the process, and address some of the issues:

- Moving from perennial-annual judicious mix to only annual cropping pattern, thereby increasing the water needs, degradation of soil etc;
- Moving from family decision making to male member taking inputs from seed, fertiliser, and pesticide company representatives. This has increased the dependency on the market, increased the cost of production, and decreasing knowledge bank of the farmers.
- Non-adaptability to new techniques suitable for erratic rainfall, and to increase the yield;

**AREA OF OPERATION:** 11 villages from Kurkehda block and 5 villages from Korchi block (Gadchiroli district), and 5 villages from Brahmapuri block of Chandrapur district from April 2014 to December 2014, and 11 villages from Kurkheda block (Gadchiroli district) and 10 villages from Brahmapuri block of Chandrapur district.

**Reasons for omitting 5 villages from Korchi block:** The villages were selected mainly for Individual Forest Rights (IFR, and its integration with agriculture to form the overarching livelihood combination. But, as a separate project for Korchi block with primary focus on IFR and CFR, these villages were omitted. Five more villages from Brahmapuri block were selected to form a compact cluster.

**PROJECT PERIOD:** The first phase of the agriculture intervention programme, 'Gender and Livelihood Project' was for two years from January 2013 to December 2014. The reporting period for this report is April 2014 to December 2014. The second phase of the agriculture intervention programme, 'ecological farming' is for two years duration from January 2015 to December 2016. Only the part till March 2015 has been taken for this year's reporting.

### OBJECTIVES-STRATEGIES-ACTIVITIES

**Overall Overarching Objective:** to develop capacities of the community, and especially increase the participation of women in all processes, so as to ensure balanced diet to at least hundred families

**Community Forest Rights:** As most of the villages were from scheduled area or with high tribal or traditional dwellers, it was decided to help/develop capacities of the community to press for community forest rights under the FRA 2006. In lieu with this, of the total 21 villages, 16 villages got CFRs, while 2 villages from the project area are still in process of getting the CFR. The project has also helped 2 villages from non-project area (March to December 2014) to access the CFR, viz. Katlichak and Savardandchak. There are 3 villages for which CFR demand from the Gramsabha has not been done yet.





**Individual Forest Rights (Land Holding Pattas):** A lot many farmers from the project area have been farming the area without getting the pattas or rights to the land they cultivate. The FRA 2006 had made possible this access to the IFR. We had planned to help fifty farmers to demand for land rights. We in fact helped 668 farmers to put their demands in proper manner; of these, 441 farmers got the IFR (62%), while 257 (38%) claims are pending with the authorities. Of the total individual claims, 32 are women while 379 are male farmers.



Kitchen Garden

While we had planned for a modest 50 claims, we helped put in almost 1336% more claims, and helped to get about 822% more than we had initially planned for, and most importantly, 7% of the claims recipient were women farmers.

**Forest Resource Management Planning (Natural Resource Management Planning):** We had planned to work with three villages with community forest rights. This year the project facilitated the 'Forest Management Plan' of Anjantola village with a nursery in 25 ha of land, and a forest pond with a stream diversion. In Chichevada, the project facilitated a nursery (10 ha) in collaboration with forest department, and plantation in 7 ha of land.

**Development of farms with access to soil and water management:** we had set to work with 100 farmers, and the project worked with 221 farmers to increase the irrigation potential and better soil management. The details are:

Soil management	
Women farmers	11 farmers
Male farmers	59 farmers
Total area	159 ha
Open well for irrigation	57 farmers
Farm pond	21 farmers
Oil engine	21 farmers
Pipes and fixtures	41 farmers
Electricity connection	2 farmers
	159 ha 221 farmers

**Development of farms with access to soil and water management:** we had set to work with 100 farmers, and the project worked with 221 farmers to increase the irrigation potential and better soil management. The details are:

**Propagation of 'System of Rice Intensification (SRI)'<sup>10</sup>:** is a methodology aimed at increasing the yield of rice with low water, labour intensive, organic environment. The team has had training in SRI cultivation, and we had planned to propagate the methodology with 100 farmers. We did it with 51 women farmers and 79 male farmers on a 100 acre land. This being the first year, we have had following observations:

<sup>10</sup>The System of Rice Intensification (SRI) is a methodology aimed at increasing the yield of rice produced in farming. It is a low water, labour-intensive, organic method that uses younger seedlings singly spaced and typically hand weeded with special tools. It was developed in 1983 by the French Jesuit Father Henri de Lautanei in Madagascar.

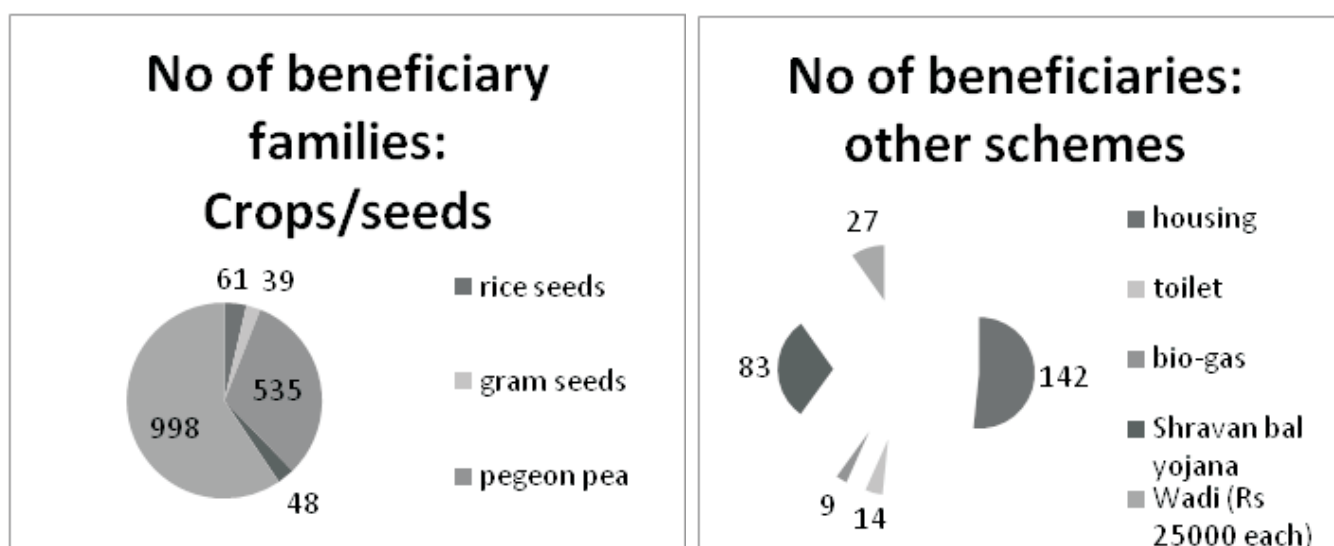






Parameters	Traditional or Conventional cultivation methods	SRI methods	Difference
Seed requirement per acre	45 kg	10 kg	35 kg
Nursery operations (cost per acre)	Rs.800	Rs.100	Rs.700
Plantation (cost per acre)	20 person days	12 person days	8 person days
Weeding (per acre)	20 person days	4 person days	8 person days
Total no of shoots /tiller	7 to 10	25 to 45	18 to 35
Length of the panicle	10 to 14 cm	15 to 18 cms	4 to 5 cms
Empty grains	8 to 12 in single tiller	5 to 7 in a single tiller	3 to 5
Yield per acre	11 to 13 quintals	14 to 17 quintals	1 to 4 quintals

**Linkages with government schemes:** Planning was carried out in 15 villages under MNREGS programme. 2471 women and 1866 men got average 40 days of work from MNREGS this year. Below is the snapshot of the beneficiaries under various government schemes:





### 3.3 PROJECT : COMMUNITY FOREST RIGHTS & LIVELIHOOD

(Community Forest Rights (CFR) & Livelihood based on CFR-Sustainable harvesting of NTFP in cohort with homestead agriculture improvement, and capacity building of community institutions to anchor their development)

**BACKGROUND :** Gadchiroli is one of the tribal districts of Maharashtra, and it shares its boundaries with Chhattisgarh and Andhra Pradesh states. Amhi Amchya Arogyasathi works in almost all the blocks of the district, but it has worked on strengthening of Gramsabha against the backdrop of PESA<sup>11</sup> for more than two decades in Kurkheda and Korchi blocks of the district. Since the enactment of Tribal and Traditional Forest Dwellers Rights Act (hitherto referred to as Forest Rights Act 2006)<sup>12</sup>, it worked with the tribal communities for Individual as well as Community Forest Rights (CFR) in lieu with the FRA 2006. The organization focused more on the CFR, and as a result, 85 villages from Kurkheda and Korchi blocks have been granted CFR. In the context of the Community Forest Rights, Kurkheda and Korchi has secured an unique place, not only in the district and state, but across the country.

The next logical step, after realization of the goal of securing CFR<sup>13</sup> for the villages, is the responsibility of conservation, and sustainable harvesting of the forest, and forest produce from the CFR areas. We had in mind that the communities getting CFR is a means (the level one goal) and not an end in itself.

Against this backdrop, the project was designed for eight villages - two from Kurkheda block and six from Korchi block. In Korchi block the selected villages have more than 80% tribal population (Nandali 88%; Zende par 98%, Sohale 98%, Bharitola 88% Salhe 100%, and Kalhe 92% while in Sawalkheda 50% and Jambhali 45%).

Though the background of the project was the CFR entitlement, the project also included agriculture and convergence with government schemes for livelihood as two other components. This was done mainly to maintain equilibrium between the community forest, and the individual land that the tribal households have, and to develop sustainable models of livelihood with collectivism as an underlying strand.

**AREA OF OPERATION :** Eight villages<sup>14</sup> from Korchi (6 villages) and Kurkheda (2 villages) blocks form the operational area for intensive operations. The Project works with 2826 population from 8 villages of which 2100 are ST population (about 74% of the total population, and consists mostly of Gonds and Kanwar tribal communities), and 3% SC population. Together, these eight villages have accessed 1894.22 acres of community forest or close to 237 (on an average) acres of community forest per village. The main focus of the operation (area and geographical thrust area) is community forest (roughly about 3/5th of the focus) and backyard kitchen garden (1/5th). The community institutions and systems is about 1/5th of the focus roughly.

District	Gadchiroli						
Block		Village	Village Panchayat	Total Population	SC Population	ST Population	Community Forest Rights Area (in acres)
Korchi	1	Nandli	Nandli	553	40	489	512.73
	2	Zende par	Nandli	227	00	222	99.31
	3	Sohale	Nandli	200	04	196	20.02
	4	Bharitola	Navargaon	236	00	208	288.08
	5	Salhe	Navargaon	210	00	210	110.16
	6	Kalhe	Satputi	204	00	188	476.23
Kurkheda	7	Sawalkheda	Sawalkheda	1017	55	506	261.79
	8	Jambhali	Sawalkheda	179	00	81	125.90

<sup>11</sup> PESA: Panchayat Extension to Scheduled Areas

<sup>12</sup> Forest Rights Act 2006 has recognized the need to protect and manage the community forest resource, restore and manage ecosystem by forest dependent communities. Biological Diversity Act 2002 has recognized the need to protect the knowledge (Intellectual Property Rights) of ecological system depending communities through documentation in Peoples Bio-diversity Registers (PBR).

<sup>13</sup> We worked with other organisations in the block/district, viz. SRUSHTI, Gram Arogya, and Lekha-Mendha Gramsabha towards the realisation of the goal of getting CFR for the villages.

<sup>14</sup> These villages are representative nature, and we don't intend to cover all the villages for the next step as we do work on the next steps, we intend to build capacities of the communities that could take the responsibility of the other villages. Simultaneously, there could be some rub-off effect on the other villages.





**PROJECT PERIOD:** The project period (first phase of the current project) is from 1st December 2013 to 30<sup>th</sup> November 2016. For the present reporting purpose, activities from 1<sup>st</sup> April 2014 to 31<sup>st</sup> March 2015 have been taken into account.

## OBJECTIVES-STRATEGY-ACTIVITIES

**Objective 1: Develop capacities of the community, Gramasabha, Forest Management Committee, and bio-diversity committee Exposure of CFR Committee Members (18<sup>th</sup> to 20<sup>th</sup> November 2014):** A three day exposure was organised for the CFR committee members to acquaint with three aspects of the project objectives:

- Bamboo as an important part of the livelihood,** and in the context of the CFR areas, only one village has bamboo in the CFR area. Bamboo has a very fast vegetative growth, and could be a good livelihood option. Retrospectively, it was imperative that the CFR committee members (and the Gramsabha) get a first hand exposure to the bamboo nursery. The CFR committee members interacted with Mr Salim Sayyad, the Round Forester, and In-Charge of the Forest Department Bamboo Nursery at Amravati. Mr Salim Sayyad, who has been instrumental in keeping the nursery, and also making it one of the best nursery in the Central India, told the CFR committee members about different aspects of the raising of the nursery while taking them around for a physical tour of the nurseries.
- Integrating ecological techniques into indigenous farming practices** is the other aspect of the project, and in lieu with this, the CFR committee members visited Ravala, where Mr Vasant Futane has been practising natural farming for more than two decades.
- Gramsabha strengthening:** visited Panchgaon, where Paryavaran Mitra<sup>15</sup> has taken initiative to develop a model Gramsabha. The CFR committee members have had interactions with the CFR committee members, and the gramsabha about its functional methodologies.

**Community Resource Persons (CRP) Study Group Meeting :** Community Resource Persons (CRPs) are community representatives from the operational area, and meet to discuss the issues related to Gramsabha, CFR, bio-diversity etc. In the meetings inputs were given about:

- Writing the Bio-diversity register, to collect information by forming groups, and how to identify the compartment.
- The information to be collected should be based on manual provided during the training on preparation of working plan.
- The working plan prepared by Lekha-Mendha Gramsabha was read, and discussed. It was decided to collect information as done by Lekha Mendha Gramsabha;
- A list of information to be collected was prepared in the meeting.



**Study Group (Community) Meeting on CFR**

**Community Resource Persons (CRP) training on PESA 1996 rules 2014 :** The workshop had two resource persons, viz. Dr Satish Gogulwar, the Convenor of the organisation, and Mr Mahesh Raut of Bharat Jan Andolan, Gadchiroli. Some salient features of the training are:

<sup>15</sup>Mr Vijay Dethe, who is the founder of ParyavaranMitra, has been instrumental in developing Panchgaon as a model gramsabha. It also works on CFR and bamboo.





- a. Panchayat Extension to Scheduled Areas came into existence in 1996, and is applicable to 12 districts in the state. Gadchiroli district is one among these 12 districts in the state. The Act is important in the context of the tribal culture, its social and community sovereignty, and gives self governance to the tribal communities under its jurisdiction.
- b. The Act gives governance level decisions making rights to tribal Gramsabhas about safeguarding social/community interests, protection of its natural resources, land acquisition, NTFP, minor minerals, money lending, village development, financial management, and control over government offices.
- c. The new ordinance that has been issued by the state in 2014, states that there will be 100% reservation of 'C' and 'D' type of appointments (in the government offices) for tribal communities in the PESA area. Against this backdrop, some of the other communities are agitating to cancel the PESA legislation. With this regard, there is a need for educating the other communities so as to avoid frictions within the society.

**Gramsabha and its Committees training on PESA and FRA:** Ten representatives each from six villages of Nandali, Bharitola, Kalhe, Salhe, Temli and Zendepr (total 60 community members) participated in the training. In the training workshop, following issues were discussed:

- a. PESA 1996, Rules 2014, and ordinance 2014-general understanding and misunderstanding;
- b. FRA 2006, Rules 2008-features and issues related to its implementation;
- c. Co-management Committees rights and duties and responsibilities;
- d. Preparation of the village plan.

The people narrated the situation with regards to the forest: the use of forest in their day-to-day life.

## **Objective 2: Conserve, and enhance the forest under CFR, increase its diversity to satisfy the year-round needs of the community and sustainable harvesting of the forest produce including bamboo**

**Nurseries :** Not all the villages have bamboo in the CFR area, and in the village Temli which has got bamboo in its CFR area, it would not last long if used in an unsustainable way. As bamboo is an important part in the collective livelihood, as well as for the day-to-day life (from construction to household storage bins), it was decided to raise nurseries in the villages as well as at the organisation's Yerandi campus. The latter decision was taken as Yerandi is covered and fenced from encroachers (animals and people), has ample water facility, and there are twenty four-by-seven personnel available to watch, observe and take measures.



**Eight months old bamboo nursery at Salhe**

Since the first batch of *Bambusa Affinis* (Kankaich) rhizomes that were brought from Tripura, and *Dendrocalamus Sricltus* (Manvel) brought from SRUJAN, Pandharkawda, the project has successfully raised nine varieties of the bamboo in Yerandi campus.







Bamboo Nursery Details (At Yerandi campus)							
S.N.	Variety	No of Seedlings/saplings/rhizomes	Procured from	Nursery developed from	Nursery developed on	Date of Plantation	Rhizomes multiplied in June, 2015
1	Bambusa Affinis (Kankaich)	2000	Tripura	Rhizomes	Plain Land	July 14	923
2.1	Denrocalamus Longispathus (Rupai)	4	Amravati	Rhizomes	empty cement bags	Feb 15	33
2.2	Denrocalamus Longispathus (Rupai)	230	Transferred from beds	plants	Polythene bags	Jun-15	
3	Schizostachyum Pergracil (Noliedi)	3	Amravati	Rhizomes	empty cement bags	Feb-15	29
4.1	Malocanna Baccifera (Basri)	3	Amravati	Rhizomes	empty cement bags	Feb-15	15
4.2	Malocanna Baccifera (Basri)	8	SRUAN	Seeds	empty cement bags	Apr-15	10
5	Phyllostachys Aurea	2	Amravati	Rhizomes	empty cement bags	Feb-15	6
6	Bambusa Wamin	3	Amravati	Rhizomes	empty cement bags	Feb-15	7
7	P. Japanica	2	Amravati	Rhizomes	Polythene bags	Feb-15	24
8	Bambusa Vulgaris (Stricta) (Yellow bamboo)	3	Amravati	Rhizomes	empty cement bags	Feb-15	14
9.1	Dendrocalamus Sstrictus	2900	Temli Gramsabha	Rhizomes	3 Beds	Mar-15	
9.2	Dendrocalamus Sstrictus	30 kg	Collected from forest	Seeds	5 beds	Apr-15	

Besides the Yerandi nursery, the CRPs motivated their Gramsabhas to raise nurseries in their respective villages for planting in CFR area. Below is the detail of the nurseries being developed in six villages of Korchi block:

Bamboo Nursery Details- Six Villages in Korchi Block								
S.N.	Village	Bamboo variety	No of seedlings/saplings/seedlings/plants	Brought from	Nursery developed from	Nursery developed on	Date of Plantation	Note
1	Salhe	Dendrocalamus Sstrictus		SRUJAN, Pandharkawda	seeds	Beds	Mar-14	Transferred in polythene bags in the month of March
2	Bharritola	Dendrocalamus Sstrictus		SRUJAN, Pandharkawda	seeds	Beds	Mar-14	Transferred in polythene bags in the month of March





3	Kale	Dendrocalamus Sricikus		SRUJAN, Pandharkawda	seeds	Beds	Mar-14	
4	Nandali	Dendrocalamus Sricikus		SRUJAN, Pandharkawda	seeds	Beds	Mar-14	Planted in CFR area in June, 2015
5	Zendepar	Dendrocalamus Sricikus		SRUJAN, Pandharkawda	seeds	Beds	Mar-14	Transferred in polythene bags in the month of March
6	Salhe	Dendrocalamus Sricikus	700	Transferred from beds	rhizomes	empty cement bags	Mar-15	Planted in CFR area in July, 2015
		Dendrocalamus Sricikus	700	Forest	rhizomes	Polythene bags	Mar-15	Planted in CFR area in July, 2015
		Jamun Tree	500	Forest	Plants	Polythene bags	Mar-15	Planted in CFR area in July, 2015
7	Bharritola	Dendrocalamus Sricikus	450	Transferred from beds	rhizomes	empty cement bags	Mar-15	Planted in CFR area in July, 2015
		Dendrocalamus Sricikus	750	Transferred from beds	rhizomes	Polythene bags	Mar-15	Planted in CFR area in July, 2015
8	Zendepar	Dendrocalamus Sricikus	815	Transferred from beds	rhizomes	empty cement bags	Mar-15	
		Dendrocalamus Sricikus	350	Transferred from beds	rhizomes	Polythene bags	Mar-15	
		Dendrocalamus Sricikus	700	Forest	rhizomes	Polythene bags	Mar-15	

**Bamboo Clump Management:** The other activity that was carried out with regards to the conservation, propagation and sustainable harvesting was the Bamboo Clump Management. Bamboo grows fast and regenerates giving rhizomes every year. The number of new rhizomes rises to more than twelve feet (on an average) in a single year, and then competes and struggle for air and light. After a few years the bamboo stem instead of going straight vertically gets entangled with each other. This further constricts the vegetative growth, and propagation. So it is advisable to clean the clump every three to five years, and sustainably harvest the bamboo. This year the bamboo clump management training was provided by Mr Salim Sayyad, and based on this training, a further hands-on-experience training was organised at Yerandi (which has a sizable no of bamboo clumps). The CRPs from all the villages participated in the hands-on-training, and there were a few Gramsabha members from Temli, which is the only village from amongst the six operational area villages having bamboo in the CFR area.

Post the training, bamboo clump management was first discussed in the Gramsabha, and the Gramsabha then planned the activity to be carried out in the CFR area. A total of 3378 person days were dedicated to the cleaning, thinning, extraction, and stacking the bamboo. Of the total Rs675600 being spent on the activity, the Gramsabha contributed Rs135120 (about 20%).

Clump Management Activities at Temli				
	Clump Management Activities	No of person days	Total wages (INR)	Contribution from the Gramsabha (INR)
1	Cleaning and thinning (for aeration) of Bamboo clump	3045	609000	121800
2	Collection and stacking of extracted bamboo	333	66600	13320
	Total	3378	675600	135120





**Plantation in CFR area:** Plantation in the CFR areas (along with bamboo varieties) has also been done this year. For example in Bharritola 11100 saplings were planted in 2014, and by the time of reporting, the survival rate is 81.89%. In Jambhali 3878 saplings were planted of which the survival rate is 68.54% while in Salhe the survival rate is about 70.11. Below is the brief account of Village Bharritola's plantation details which the Gramsabha took to increase the plant-fall per sq acre of area.

Gramsabha Bharritola							
Plantation - Year 2014 (Convergence with Forest Department)							
	Plant Name	Number	Date/Month of Plantation	Brought from	Survival till reporting period (no)	Mortality (Number)	Survival %
1	Bamboo (Dendrocalamus Strictus and Bamboosa Bambus)	6000	Jul-14	SRUJAN	4578	1422	76.3
2	Sitafal	1000	Jul-14	Ramgad Nursery	842	158	84.2
3	Karanji	1000	Jul-14	Ramgad Nursery	960	40	96
4	Chinch	1000	Jul-14	Ramgad Nursery	871	129	87.1
5	Avla	500	Jul-14	Ramgad Nursery	439	61	87.8
6	Mango tree	500	Jul-14	Mohgaon Nursery	470	30	94
7	Karanjapapal	1100	Jul-14	Mohgaon Nursery	930	170	84.54
		<b>11100</b>			<b>9090</b>	<b>2010</b>	<b>81.89</b>

### Objective 3: Integrate ecological farming techniques with the indigenous farming system to satisfy the year-round food and nutritional needs of the community/families

The tribal communities, over the years have changed from indigenous farming techniques to a mix of modern and traditional farming. But over the years, the nutritional content available to the members of the household has declined substantially. A rapid survey was done of the perennial trees that provided the nutrition, and Bahunia (locally known as Koliari) was found to be effective. So an idea was mooted where an individual from the village will develop the nursery, and sell the saplings to the villagers. Instead of having an entrepreneur in each of the village, it was decided to have one in a cluster of



**Izamsai Katenge satisfied with paddy nursery**

villages. So two villagers from Korchi area, and three from Kurkheda were selected to raise Bahunia nursery. Seeds were procured locally, and these saplings will be sold locally to the households. The idea is each youth (or group of youths) earns about Rs10000 from the first year onwards and over two to three year period stabilises to earning about Rs30,000 from raising the nursery for sale of saplings.





Bauhinia Nursery Development as a source of Livelihood for the nursery owner and nutrition for the kitchen garden owner.							
S.N.	Name of the Place	Nursery Owner	Plants	Brought from	Nursery developed from	Nursery developed on	Date of Plantation
1	Bharritola	Mr.Kumarsai and group	1370	Purchased from villagers	Seeds	Polythene bags	Apr-15
2	Yerandi	Rani Durgavati Training Centre, Yerandi	1500	Purchased from villagers	Seeds	Polythene bags	Apr-15
3	Zendepar	Gramsabha, Zendepar	3000	Purchased from villagers	Seeds	Polythene bags	Apr-15

#### Objective 4: Liaison with government and other agencies for networking, alliance building, policy advocacy, and convergence of schemes.

- **Meeting at Bamboo Consortium, BAIF Pune (28th and 29th November 2014):** the meeting was organised at BAIF Pune of the organisations working on Bamboo at different levels. These included Pride India, Sampoorana Bamboo Kendra, Shrishti, Srujan, Dhruva, BAIF, SSM, AAA, Wonder Grass etc. The Bamboo Consortium discussed the issues related to the bamboo, its role with regards to livelihood of the tribal in the context of the CFR, different uses of bamboo (for example: for construction, furniture, artefacts etc has not been fully recognised, while it is being widely misunderstood that bamboo has only use in paper and pulp). The meeting group discussed about the different varieties of the bamboo and its uses, the most easily available bamboo species in the state, ways of propagation of the bamboo, and policies regarding the harvesting and transportation.

A short film on bamboo nursery was screened in the workshop by Mr Jagtap.

- **State level consultation on FRA and PESA (Nagpur/9th September 2014):** A state level consultation on FRA and PESA was organised at Nagpur. The NGOs working in the scheduled area (PESA) had participated in the workshop. The convenor of Amhi Amchya Arogyasathi (and the Director of the Project) along with the coordinator participated in the workshop. The workshop discussed the fine print of the FRA and PESA legislation, and also issue related to its implementation, especially concerned with Forest Department. The consultation came out with following resolutions;
  - A time limit should be placed for the IFR and CFR claims to be met. The concerned officers should be hold accountable and responsible if the claims are not settled within the time frame;
  - Government should prepare and follow an action plan to develop capacities of the Gramsabha in lieu with the FRA, and form CFR committees under section 4 (1) e of the FRA 2006, Rules 2008. The government should allocate funds for the preparation and implementation of the working plans of CFR area;
  - All the government schemes should be made mandatory to be implemented by the committees formed by Gramsabha under FRA and PESA;
  - Demarcation of the CFR area should be completed (by the government departments) within three months.







- **Study Group Meeting (11th November 2014):** The NGOs working in the district (Gadchiroli) have formed a District Coordination Group, a sort of informal group which works as a study group to cross share the learning, discuss policies and critical issues at the implementation level. Amhi Amchya Arogyasathi participated in the meeting held at Lekha-Mendha. The meeting was attended by Devaji Tofa (social activist, and gramsabha member from Lekha-Mendha), Mohan Hirabai Hiralal (Vruksh Mitra), Keshav Gurnele (Shrishti), and about forty representatives from various NGOs and village gramsabhas. Participants highlighted the situation of their respective villages. The key issues that came up for discussions were:
  - a. **We have received the community forest rights, now what next:** participants shared their activities so far with regards to the work post getting CFR. One of the activities that could be done by Gramsabha was planning and implementation of MNREGS and to use it to develop CFR area (Mendha-Lekha). To take this activity further, it was necessary to train the youths from the village to effectively and holistically manage the forest so that every person from the village gets enough employment opportunities in the village itself. With regards to this, community members from different villages shared their experiences but most notably the experiences from the project area viz. Kalhe (Vilas Kumbhare), Bharitola (Govindsingh Holi), Temli (Madan Karsi) shared the activities like plantation of different varieties of trees in CFR area, measures taken for providing protection to the CFR area, and the work that was done so far on maintaining the Bio-diversity Register. The meeting also raised concerns about the methodology of the forest department vis-a-vis the CFR it was asked whether the working plan prepared by the Forest Department was mandatory for the Gramsabha to implement.
  - b. There is some forest area besides CFR area between the two villages. How to manage this forest: the forest area besides the CFR area has to be managed. But before going to the non-CFR area forest, the state should first allocate the CFR area to the respective villages, and then about 10-12 villages should take the responsibility of managing the non-CFR area forest with a proper plan.
  - c. There are still some issues related to the collection and NTFP and timber from the CFR areas. The critical issue is the Transit permit required for transportation of the timber that includes bamboo. The issue of the trees being still cut (for timber) by Forest Department was discussed, and in lieu with that whose right it was over timber from CFR area was discussed. Regarding this, preparation of a working plan of the CFR area is in progress in some of the villages, but due to some difficulties the work is not progressing on this front. But once the CFR has been allocated, the working plan prepared (earlier) by the Forest Department becomes null and void.
  - d. The implementation of Van Bandhu Scheme: the central government has decided to allocate about Rs100 million to every taluka for its development under this scheme (loosely translated, Van Bandhu means-Friends of Forest). So the distribution of the money under this scheme should be done according to the CFR area.

<sup>6</sup> The consultation was anchored by Dr Madhukar Gumble of Apeksha Homeo Society, Amravati.





## Women and Gender

### 4.1 PROJECT : WOMEN SELF HELP GROUPS PROGRAMME

(Formation and strengthening of women SHGs in Kurkheda and Korchi blocks of Gadchiroli, and make their bank linkages for economic development. The project is supported by NABARD)

**BACKGROUND:** Early in its work in Gadchiroli district, the organisation worked with women on social issues. In early nineties, the organisation saw a great potential in Self Help Groups movement, and proceeded to form and strengthen a chain of women SHGs across the district. As the decade came to a close, and as the organisation had by then forayed into other thematic areas, the organisation took a decision to limit itself to Kurkheda, Armori, Korchi and Brahmapuri areas. Later on, as the organisation developed enough capacities of the SHGs and their federation, it took on the role of mentoring the leaders from the Parisar Sangh. But by the end of the first decade of the new millennium, we realised that formation and strengthening of the SHG as a movement cannot be entirely left to the Parisar Sangh, and especially those who were engaged in entrepreneurship. So by 2012 we took a decision to again go back to formation and strengthening of the SHGs albeit in a limited way.

**AREA OF OPERATION :** Kurkheda and Korchi blocks of Gadchiroli district. A total target of 200 women SHGs from the two blocks was planned. Of these 88 were attained last year (2013-14) and 24 this year (2014-15). So the domain is 112 women SHGs across two blocks.

**PROJECT PERIOD:** Initially two years from April 2013 to March 2015 with support from NABARD; for the reporting purpose the activities from April 2014 to March 2015 are being considered.

#### OBJECTIVE-STRATEGY-ACTIVITIES

**Formation and strengthening:** This year 85 SHGs were provided inputs in the formation of the SHG, Rules and Regulations, Internal lending, record keeping and its importance etc. 1937 women participated in these workshop meetings. Besides these, another 43 SHGs were shortlisted for continuous guidance, monitoring, hand holding through 39 interactive meetings where 398 members participated.

**Bank Linkages and audit:** 20 SHGs were selected for auditing processes as a pre-requisite for bank linkages. For this process, we conducted 14 workshops in which 198 women took part. Besides this group (of 20 SHGs), we have had clubbed another 80 groups for preparation for linkages. For this group of SHGs, we conducted 16 interactive workshop mode meetings (326 participants) where the preparatory steps for audit and bank linkages were explained to the group. From within this fairly large group, we further filtered another 26 SHGs for hoisting them to the next level of bank linkages, and provided training in record keeping, documentation needed, processes to be carried out (internal lending) etc. Through nine workshops, 111 women were trained from 26 SHGs.

**Awareness on Social Issues:** Though the main focus of the project is on financial freedom of the women, awareness on social issues is an underlying current in all the activities we do. This year, we celebrated 'International Day for Elimination of Violence Against Women' in Kurkheda on 10th December 2014 with a workshop for women. In the workshop we took three important aspects: (i) policies and legislations to protect women from domestic violence; (ii) directives on sexual harassment at workplace-1994, and; (iii) legislation against sex selective diagnosis and abortion.

#### Some key highlights of the project:

**Target Achievements:** We have had set a target of formation and strengthening of 200 SHGs in two years. Last year we could form 88 SHGs while this year we could form 24 SHGs. So a total of 112 SHGs were formed, their accounts opened in the bank, and through this process mobilised 1443 women and a saving of Rs1333280. We did not hurried





things, and waited for the women's SHGs to get stabilised, matured and increase the frequency of their meetings before taking to the next step. So a 56% target achievement does not put us down. Of the 112 SHGs, 110 SHGs are maintaining the record up-to-date. Of these, some of the women are doing it by themselves, but a few are taking help from their community members to write the books of accounts.

**Credit and loans:** 9 SHGs got the credit-loan last year while this year another 17 SHGs got the credit-loan. Of this, 8 from the last year and 9 from this year repaid the loan back (total repayment Rs481000). The credit access helped the agricultural operations.

**Business Operations:** two SHGs are doing a collective (partnership) business. Both the groups, Jai Laxmi Savings Group from Kanhartola, and Sarasvati Saving Group from Chipari have started Public Distribution Shop (PDS but popularly known as ration shop)

## 4.2 PROJECT : WOMEN SELF HELP GROUPS PROGRAMME

(Creating an enabling environment for women from the area with particular focus on ending violence against women, sexual abuse, trafficking and participation in political processes. The project is self financed through organisation's internal resources)

**BACKGROUND:** In the nineties decade, the SHG movement spread across the country, and Gadchiroli was not exception to this phenomenal rise. Before the advent of the SHG movement, in 1991 to be precise, the financial transactions, the financial planning and spending was the male prerogative, at least in this part of the country. Besides, the moneylenders were the only option for all and sundry needs of the family, and at premium interest rates. It was one of the reasons for widespread poverty in the rural and tribal belts of Gadchiroli. But the situation changed drastically post the SHG movement in 1990s and women started doing financial transactions, and more importantly began the process of participation in the financial planning and decision making at the household level.

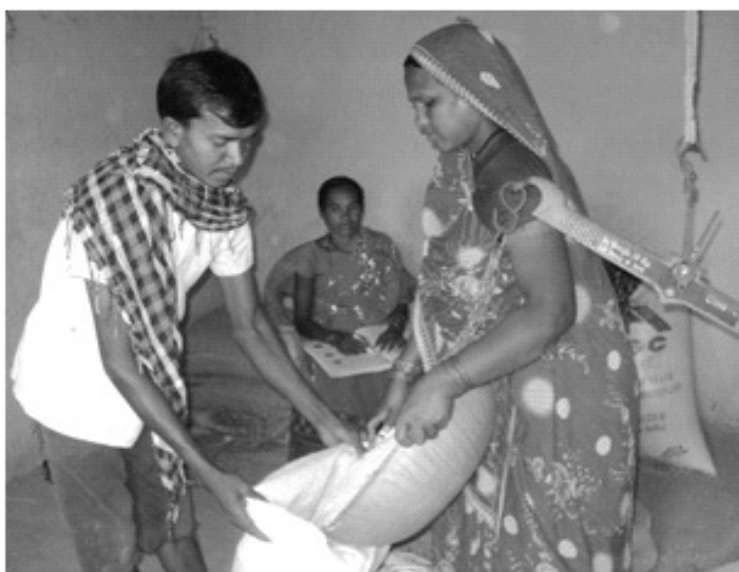
It gave a sense of purpose to the lives of the rural women, and provided an excuse to go out of the house on their own, to the other villages without accompanied by the male member of their family, and a road to freedom.

But as the SHG movement evaporated, the situation started going back to the olden days. But we have had created a mass base of women SHGs in the district, and put down layers from village to district level, that we knew would

sustain by themselves. Eventually, some of the groups, and cluster level federations starting oozing out, and we had to re-think of our strategies of leaving the groups and Parisar Sanghs to themselves. Against this backdrop, we have re-aligned our strategies, and started to rebuild the federate nature of the women self help groups. This is project that is conceptualised and funded from organisation's own resources.

**AREA OF OPERATION S:** Kurkehda, Korchi, Armori, and Gadchiroli (Gadchiroli district) and Nagbhid and Brahmapuri (Chandrapur district)

**PROJECT PERIOD :** The work on developing Parisar Sangh and federations started in nineties, and strategically we restarted the work in 2012-13, and this is its third year.





## OBJECTIVE-STRATEGIES-ACTIVITIES

### Objective 1: To organise and strengthen women for financial inclusion

**Strategy:** To achieve the goal of financial inclusion of women, the project has put in place a two tiered strategy:

Motivate the existing SHGs to become functional, and viable for linkages for doing business; in the process, if the need arises, give inputs and handholding for operational enhancement of the individual SHGs

Motivate the existing Parisar Sangh (the cluster level federation of SHGs) to become functional and pro-active in providing inputs to the member SHGs, provide bank/credit linkages to the member SHGs, and develop its own model of business for its sustenance

**Activities:** the set of activities that were carried out this year were Records/book keeping/documentation Inputs: As the most of the SHGs were formed earlier, the need for freshening up the knowledge was needed. So, 43 key members from 18 SHGs from Korchi (6), Kurkehda (3) and Mendki (3) Parisar Sangh were given inputs about records, bank linkages, and audit process. Contacts were made and meetings were organised of the Parisar Sangh from Korchi, Kurkehda, Chandona, Ranvahi, Balapur, Vairagad, and Mendki so as to motivate them to become functional. This year 43 meetings were organised for the Parisar Sangh motivation in which 837 women members from 111 SHGs took part. Below is the status of the Parisar Sangh:

	Parisar Sangh	Meetings (Regular of Irregular)	Ap	Ma	Jun	Jul	Aug	Se p	Oc t	No v	De c	Jan	Fe b	Ma r	Au dit	AG M
1	Korchi Samuhik	R	Y		Y	Y	Y			Y	Y	Y	Y	Y		
2	Sanjivani Kurkheda	R	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
3	Vishakha Ranvahi	I							Y	Y	Y	Y				
4	Ujjvala Chikhali	I	Y	Y		Y			Y		Y					
5	Gangasagar Vairagad	I		Y		Y	Y	Y		Y	Y		Y			
6	Sangharsh Thanegaon	R	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y		
7	Pragati Balapur	I		Y	Y	Y	Y	Y		Y	Y	Y	Y	Y		
8	Jagruti Mendki	R		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
9	Triveni Moshi	Closed														
10	Kranti Bodadha	I		Y	Y		Y			Y		Y	Y	Y		
11	Vishwas Chandona	I					Y				Y					

#### Some observations about the SHG and Parisar Sangh:

We last carried out an enumeration of the SHGs that we had endeavoured to form and strengthen, and which were still active to a certain degree. This rapid survey was done in 2012, and as per the enumeration, 508 women SHGs from these clusters that are functional or still trying to be alive. 9441 women members from these SHGs have cumulatively done a saving of Rs3116305.

For past few years, the organisation has not employed any full time or part time worker to facilitate the SHG process. But despite this, 508 women SHGs are holding the group meetings as per their convenience, maintain the records as they could, and carry out the process somehow.

41 women SHGs are engaged in group partnership business: PDS (ration shop), trading of fertilisers, moha, provision stores, production of bamboo artefacts, dairy, production of hand pond rice, production of edible materials etc. Through this, 574 women are getting employment.







51 women from the SHGs are engaged in individual small/micro enterprises. They trade in vegetables, provision stores, sewing and tailoring, hawking fast foods, selling shrungar/Beauty parlour material, dairy, trading of rice, moha, bricks, goat rearing, poultry etc.

Five Parisar Sangh are facilitating the access to micro-credit to SHG members. This year these five Parisar Sangh collectively distributed Rs712200 to 39 SHGs and 622 women members. A snapshot:

	Total Savings	Loan/credit distributed	Beneficiary SHGs	Beneficiary women
Samuhik Parisar Sangh Korchi	58160	40000	03	39
Sanjivani Parisar Sangh, Kurkheda	73800	560000	15	345
Sangharsh Parisar Sangh, Thanegaon (Armori)	51400	18500	05	44
Pragati Parisar Sangh Balapur (Nagbhid)	58740	61700	09	108
Jagruti Parisar Sangh, Mendki, Brahmapuri	41430	32000	07	86
<b>Total</b>	<b>283530</b>	<b>712200</b>	<b>39</b>	<b>622</b>

**Challenges :** The organisation has had facilitated the formation and functioning of 16 Parisar Sangh as an anchor to facilitate the lower down handholding, as well as carrying out its own business model for its sustenance. But last few years, the organisation could not depute any worker or a team to handhold the Parisar Sangh. As a result, the Parisar Sangh from Moshi, Belgaon, Usral Mendha, Marakbodi, and Delanwadi (total 5 PS) are totally closed. Chikhali, Vairagadh, and Bodadha are very irregular and almost on their way out (unless something is not done to re-invigorate them). Last two years, we have put efforts to bring back some of the Parisar Sangh back to life, and as a result, Chandona, Ranvahi, and Balapur have started regular meetings, and is on its way of recovering to old self. Only Korchi, Kurkheda, Thanegaon, and Mendki Parisar Sangh are functioning smoothly.

## Objective 2: To address social and community issues

**Strategy :** the project has put in a three pronged strategy for this objective: De-addiction of the men and guidance; Provide help and cooperation to the people (women) in distress and rehabilitate them; Address the women's issues through Taluka level Mahila Lok Ayog Committee

**Situation Analysis:** While working with the SHG we came across many women who were distressed and were facing one or the other problems at home. One of the main issues was domestic violence from the in-laws and or from alcoholic husband. Besides these, the other issues that came across were: (i) sexual abuse and rape; (ii) children born out of wedlock; (iii) no stake or say in decisions related to marriage or selection of partner; (iv) prevention to take part in social functions and events; (v) denial or late access to health care; Besides these domestic issues, there are a score of issues that are related to traditions, and myths. These are like: (i) importance of education and priority; (ii) censors during menstruation etc.

## Activities

**MAITRI:** We established a 'Maitri (Friendship) Counselling Centre/MCC' at Kurkehda which was open to the women from all over the district. The MCC was connected to the other programmes that the organisation run, and the facilitator of the MCC visited the field areas of other projects to do the counselling but more importantly to spread the word about MCC in the area. So, Maitri is known in Kurkehda, Korchi, Wadsa, and Armori taluka. This year we addressed 22 cases directly through MAITRI. The details are:

Domestic violence	Sexual abuse	Suicide	Trafficking
9	9	1	1
1 cases were put under Domestic Violence Act 2 In 15 cases due diligence was carried out and communication done with all the stakeholders including police and executive officers 3 3 of the adult sexual abuse women were married off 4 85 cases are being put under Domestic Violence Act, and are pending.			





**PARISAR SANGH/CLUSTER DEVELOPMENT:** The other activity was to strengthen the cluster level organisation of the women (PARISAR SANGH) to take social and community issues, and guide them through. So we have made it our priority to participate in the Annual General Body Meeting of the PARISAR SANGH as well as at least one Committee meeting. This year, one of the three from the core group members, viz. Ms Shubhada Deshmukh, Ms Kumari Jamkatan and Ms Sudha Nakade participated in the AGM and committee members meetings of the PARISAR SANGH.

**NETWORK/ALLIANCES/PEOPLES ORGANISATIONS:** We participated in the different networks/alliances and people's organisations to highlight the women's issues, and bring them on the policy agenda. Some highlights of the activity:

- As part of the Centenary celebration of the women's day, a two day brainstorming was arranged in Nagpur on 15th and 16th February 2014. As a driver of the women's issues in Vidarbha, and especially in Gadchiroli, Chandrapur and Nagpur urban, we played a pivotal role in organising the meet in which the participants brainstormed on the status of equity issues among women and men.
- The organisation took a lead in organising Maharashtra Women's Health Conference on 28<sup>th</sup>, 29<sup>th</sup>, and 30<sup>th</sup> November 2014. Apart from organising the event, we anchored the preparatory phase, and also mobilised other organisations from Vidarbha and Maharashtra.
- We lead the Maharashtra Lok Ayog at Taluka level, and member of the Gadchiroli District Maharashtra Lok Ayog.
- We are active in motivating and counselling women from colleges, and especially from Kurkehda, Gadchiroli and Chandrapur.
- We organised de-addiction and anti-alcoholism programmes in nine villages.

**Objective 3: To create an enabling environment for increasing participation of the women in political processes.**

**Community Panchayats and women:** Meetings were organised at village, field and district level to increase the participation of the women in Community Panchayats. This year we organised 11 meetings of the women in which 321 women took part, and discussed about Community Panchayat, its role, and how to influence it to cover the women's issues. A team was constituted of 9 women members to study the constitutions, and rules and regulations of the Community Panchayats. As a result of our efforts, some changes have taken place in the Community Panchayat structures. In the Gond Community Panchayat (GCP), 4 women take part in the meetings at the village level and cluster level regularly, while at the district level meetings, 3 women participate. Even in the decision making process of GCP, 3 Gond women participate. In the Kanwar Community Panchayats, all the women are allowed to take part in the meetings. In the cluster level meetings, six women take part regularly while at the district level structures, 3 Kanwar community women participate in the decision making processes.

**Maharashtra Lok Ayog:** Facilitation of Maharashtra Lok Ayog is one of the important aspects of creating an enabling environment for the participation of women in political processes. Besides anchoring the process at Kurkheda, we have contributed to the enhancement of the process at different levels in the state:

No.	Place/Taluka/District	No of participants	Issues discussed
1	Sewagram	70	Reservation for women, right to protection, and dignity and respect for women (Ms Varsha Deshpande was the resource person)
2	Gadchiroli	<ul style="list-style-type: none"> <li>• 7 meetings</li> <li>• 1 workshop</li> <li>• 105 participants</li> </ul>	<ul style="list-style-type: none"> <li>• Discussion on Ashram School Monitoring;</li> <li>• Bi-monthly district level meeting</li> <li>• Discussion on peoples manifesto</li> <li>• Letter to District Collector and Chief Executive Officer about implementation of Domestic Violence Act, and Sexual Abuse</li> </ul>





3	Armori	<ul style="list-style-type: none"> <li>• 10 meetings</li> <li>• 118 participants</li> </ul>	<ul style="list-style-type: none"> <li>• Discussion on Ashram School Monitoring forms;</li> <li>• Discussion on Violence against women;</li> <li>• Discussion on sexual abuse cases</li> </ul>
4	Wadsa	<ul style="list-style-type: none"> <li>• 8 meetings</li> <li>• 90 participants</li> </ul>	<ul style="list-style-type: none"> <li>• Discussion on Ashram School Monitoring forms;</li> <li>• Discussion on Violence against women;</li> <li>• Special discussion on sexual abuse and rape of a 4 year old girl child and filing case</li> </ul>
5	Chamorshi	<ul style="list-style-type: none"> <li>• 9 meetings</li> <li>• 150 participants</li> </ul>	<ul style="list-style-type: none"> <li>• Discussion on Ashram School Monitoring forms;</li> <li>• Discussion on Violence against women, child sexual abuse;</li> <li>• Discussion on programmes to increase awareness</li> </ul>
6	Korchi	<ul style="list-style-type: none"> <li>• 2 meetings</li> <li>• 66 participants</li> </ul>	<ul style="list-style-type: none"> <li>• Discussion on Ashram School Monitoring forms;</li> <li>• Discussion on Violence against women, child sexual abuse;</li> <li>• Discussion on trafficking cases being reported</li> </ul>
7	Kurkheda	<ul style="list-style-type: none"> <li>• 4 meetings</li> <li>• 86 participants</li> </ul>	<ul style="list-style-type: none"> <li>• Discussion on Ashram School Monitoring forms;</li> <li>• Discussion on Violence against women, child sexual abuse;</li> </ul>
8	Satara	1 workshop	<ul style="list-style-type: none"> <li>• State level workshop on status of women, violence against women</li> </ul>

**End Violence Against Women Fortnight :** This was the platform we used to organise meetings in Korchi, Soni, Chaprad, Lakhandur, Bamni, Pandharkawda, Anjantola, Mohgaon, Armori, Jairampur, Bothali, and Kurkehda to highlight the status of women, the legislation and its implementation hurdles, and emerging new issues of the region like trafficking. The average attendance for the ten programmes we organised was 84 people per event. Apart from the workers from various NGOs, government officers participated in the meetings.





## People with Disabilities

### 5.1 PROJECT : COMMUNITY BASED REHABILITATION OF PEOPLE WITH DISABILITIES

(Developing and strengthening PWD Peoples' Organisations to address the issues of discrimination, access to livelihood, and life with dignity)

**BACKGROUND :** The organisation started working with People with Disabilities from 2002 onwards. It was during the Integrated Tribal Development Project, in partnership with Action Aid India, that we were introduced to the issues of the people with disabilities from a new perspective.

Most of the work and rehabilitation is institutional based. As we started the work, we realised the need for a 'community based rehabilitation' of the PWDs. Later on we partnered Sightsavers International to work with visually impaired people. The partnership concluded in 2012, and for last two years, we have chalked out a new strategy of building people's organisations, to equip them, and to put them in the driver's seat to work to address some of the issues PWDs face.

**AREA OF OPERATION :** we work in three districts, four blocks with 8 peoples' organisations. The details are:

Peoples' Organisations of PWD										
Peoples' Organisation	Taluka	District	No of villages	No of members	no of male members	no of female members	Engaged in Business of own	Persons having online certificates	male members having online certificates	female members having online certificates
Vairagad	Armori	Gadchiroli	20	91	59	32	6	45	30	15
Deulgoan	Armori	Gadchiroli	15	99	66	33	3	61	36	26
Vadadha	Armori	Gadchiroli	9	45	28	17	3	38	21	17
Kurkheda	Kurkheda	Gadchiroli	25	150	80	70	5	89	52	37
Kadholi	Kurkheda	Gadchiroli	6	79	51	28	2	46	27	19
Yngalkheda	Kurkheda	Gadchiroli	3	15	10	5	2	13	9	4
Balapur	Nagbhid	Chandrapur	5	43	21	22	4	35	20	15
Chaprad	Lakhandur	Bhandara	8	83	50	33	3	33	18	15
<b>Total</b>			<b>91</b>	<b>605</b>	<b>365</b>	<b>240</b>	<b>28</b>	<b>360</b>	<b>213</b>	<b>148</b>

The Peoples' Organisations are active in 91 villages, and have 605 members in 8 organisations

**PROJECT PERIOD:** The project, 'Building people's organisations towards addressing issues faced by PWD' was started in April 2013 and for the purpose of the reporting, activities carried out from April 2014 to March 2015 are taken into consideration.

### OBJECTIVES-STRATEGY-ACTIVITIES

**Objective :** To strive for an enabling environment for PWD

**Vision Centre at Kurkehda :** The Vision Centre is being run on every Saturday, and last one year 106 people got benefitted from the free eye check up. Of these, the project provided free glasses for 49 people. Further, the project helped 55 people to have cataract operation.







**Savings and Credit for Livelihood:** in five blocks, SHGs of PWDs are formed and last one year, we organised 101 meetings of the PWD's SHGs.

In Armori Taluka, there are 6 SHGs of PWDs and this year 56 meetings were held (average 9 meetings per group). In these meetings 93 women (15 women per meeting), and 116 men (19 men per meeting) participated. In Nagbhid taluka there are two SHGs (in Balapur cluster and village) where 18 meeting were conducted (9 meetings per group) with 22 women attendance per meeting and 26 men. In Kurkhehda there are two SHGs with 5 meetings per group (16 women and 14 men per meeting) while in Lakhandur 2 SHGs have had 8 meetings per group (one group is exclusive men while the other is mixed group; in the mixed group 23 women and 22 men participated).

Through SHGs, the individuals are linked to the bank, and are motivated to start their own business. This year 4 people with disabilities had accessed credit to start kiosk in their respective villages. Two SHGs (from Soni and Mendha) have got credit of Rs30,000 each, and they are in a process of planning for their micro enterprises. In fact, the group from Soni has already started trading enterprise this year with rice as their first commodity.

**Peoples' Organisation Meetings:** This year 84 meetings were held of the PWD peoples' organisation at Lakhandur, Vairagad, Deulgaon, Kurkheda, Kadholi, and Balapur. Though the meetings were almost regular and with good frequency, the average participation per meeting was just 12 (the meetings are held at the cluster of villages level, but mostly the people from the village or surrounding make it to the meeting). The average participation of women was 5 per meeting and 7 men per meeting. In the meetings following issues were discussed: (i) online certification process and how all the members can do that in time; (ii) identification and enrolment of new members in the PWD Peoples' Organisation; (iii) Motivation and counselling to start one's own enterprise; (iv) awareness programme; (v) to do advocacy for 3% funds (of the total budget) of the Gram Panchayat for PWDs; (v) To do advocacy to get the PWDs registered in Gram Panchayat.

#### As a result of these efforts:

- 127 PWDs have got their online certificates;
- 93 PWDs got their concessional bus pass while 2 availed off concessional railway pass for daily commuting;
- 20 new PWDs were identified and enrolled with PWD Peoples' Organisation;
- Three guidance and information dissemination centres have been started this year. These are: (i) PWD guidance and information centre, Kadholi; (ii) Helen Keller Public Library and Information Centre, Soni; (iii) Louis Braille Centre at Balapur. These centres provide guidance to PWD, and also organise programmes. At Soni, the library is an interaction place for PWD and other people.
- As a result of the advocacy for 3% fund for PWDs, 5 Gram Panchayats from Armori, 1 from Nagbhid, 3 from Lakhandur, 1 from Brahmpuri, and 10 from Kurkheda have earmarked these funds for PWDs. And all these Gram Panchayats have started PWD register.
- Sanjay Gandhi Niradhar Schemes was accessed by 90 PWDs while 52 people started working on MNREGS

**Peoples Organisations and advocacy:** The cluster level PWD Peoples' Organisations have come together to form the District level Peoples Organisation named Jan Kalyan District PWD Peoples' Organisation. This organisation have had 5 meetings this year, and discussed following issues: (i) the 3% fund earmarked for PWDs in Panchayats is not spent; (ii) the PWD is being discriminated for MNREGS employment, and denied a livelihood; (iii) Physiotherapy Centre should be opened in every PHC with trained technicians/experts; (iv) all the AWCs and PHCs should have a day-care centre for mentally challenged children; (v) the sub-district hospitals should have a health care centre for mentally challenged children; (vi) the online certificates should be one-time affair and doing the process every year should be stopped.





Helen Keller Library & Resource Centre, Soni (Tal: Lakhandur, Dist: Bhandara)

Andanwan and learnt about: (i) social rehabilitation; (ii) economic rehabilitation; (iii) family life and marriages; and (iv) political participation. The group also observed the various livelihood skill training and work that is going on at Anandwan.

The PWD Peoples Organisation members also visited Janarth, Aurangabad, and learnt about the physiotherapy centres run by the organisation.

As a result of the advocacy endeavour, some of the issues have been addressed this year. For example the health care facility for mentally challenged children has been started at all the 12 talukas for once in a month. In Kurkheda, for example, it is scheduled on 4th Friday of every month. The 3% fund utilisation process has also begun in about 20 Gram Panchayats.

**Exposure for members of PWD Peoples' Organisations:** two exposures were arranged this year: One exposure was arranged for the PWD Peoples' Organisation members from Ghugghus area. The members visited





## Integrated Development

### 6.1 PROJECT : SUSTAINABLE COMMUNITY DEVELOPMENT PROJECT

(Sustainable Community Development Project is being implemented for ACC-CSR in 13 villages from the plant and mines affected villages from Chandrapur and Yeotmal district)

**BACKGROUND:** Sustainable Community Development Project is being implemented for ACC-CSR in 13 villages from Chandrapur and Yeotmal districts for last four years. The project is in its last year of operation in the first phase. The project works on an 'Integrated Thematic Areas' of Health Care Services, Education, Increasing land under irrigation, supporting farmers for better farming, providing health care and skills to adolescent girls, helping PWDs with certification and developing their CBOs, and conducting health camps. This is the fifth year of the project (last year of phase one).

**OPERATIONAL AREA:** The project is being implemented in 13 villages (5 from Chandrapur district and 7 from Yeotmal district). The total population covered is 20760 with 4178 families. Below is the snapshot of the operational area

Sr. No.	District	Village	No of Families	Population	Male	Female
1	Chandrapur	Usgaon	358	1508	795	713
2	Chandrapur	Nakoda	679	6002	3183	2819
3	Chandrapur	Pandharkawda	277	1223	649	574
4	Chandrapur	Shengaon	225	979	438	541
5	Chandrapur	Ghugghus Amrai	980	4322	2194	2128
6	Yeotmal	Paramdoh	181	734	393	341
7	Yeotmal	Chanakha	125	512	273	239
8	Yeotmal	Shindola	496	2056	1066	990
9	Yeotmal	Yenak	348	1423	729	694
10	Yeotmal	Shivani	200	796	399	397
11	Yeotmal	Govari	110	446	217	229
12	Yeotmal	Chincholi	81	303	158	145
13	Yeotmal	Hanuman Nagar	118	456	249	207
			4178	20760	10743	10017

**PROJECT PERIOD:** The project started in January 2010 (project cycle January to December) and concluded in December 2014. For the present reporting, activities from April 2014 to December 2014 have been taken into consideration.

### OBJECTIVES-STRATEGY-ACTIVITIES

#### 1. People with Disabilities

**Cluster Federation :** At the cluster level, a Parisar Sangh (cluster federation) has been formed. The cluster federation has had two meetings. In the Parisar Sangh meeting the main issues discussed were: (i) the formation of a people's organisation; (ii) to get the online certificates of all the PWDs; in the two meetings held this year 20 PWDs participated. So far 4 women and 3 men have had their certificates done.

**PWD SHG formation :** five SHGs of PWDs were formed with 64 members (35 women and 29 men), and groups are doing savings regularly. The groups are also meeting regularly.





## 2. EDUCATION

- **School Management Committee Meetings:** 4 meetings were held in which 23 members (12 women and 11 men members) participated. The issues discussed were (i) the roles and responsibilities of the SMC, and; (ii) the life school education.
- **Picnic of School children:** was taken to the bank where the children interacted with the bank officers, and observed the transactions being done in a bank. The bank Manager Mr Rai gave valuable inputs to the children. From here the children visited the post office and observed the post office routine and work being done.
- **Reading Enhancement Programme:** 134 children participated in this activity for reading enhancement programme where in each village had a reading centre with Bal Sakhi as its facilitator. Bal Sakhis were trained by Rishita Patil.
- **Motivational Workshop:** 64 children participated in the motivational workshop conducted by Mr Champat Bobde where the main focus was ill effects of tobacco.
- **Skill building workshop for Bal Sakhis:** in partnership with Magic Bus, we conducted skill training for Bal Sakhis in activity based learning. The activities or games were taught by Mr Sandesh Chunarkar, and Ms Mehernusha from Magic Bus;
- **Teachers' Day Celebration across all the schools:** 5th September, the teacher's day was celebrated in all the 13 schools with a competition for students on the theme, 'If I were a teacher', and 'Science a boon or disaster' ; 143 students participated in this event. In the debate competition, Mast Ankit Helwate (7th standard), walked away with best debater while Ms Priti Dhanki (6th) and Chandresh Atram (7th) were first and second runners up respectively. In the essay competition, Ms Mrunali Thakre (7th) bagged first rank while Ms Shbufa Sayyad (6th) and Mast Shubham Madavi (7th) were second and third best respectively.
- **Children's Day celebration:** Children's day was celebrated at two places in the project in which 143 children participate.
- **ATM:** From our financial inclusion programme, we installed an ATM machine for children at Usgaon. This machine acquaints the children of ATM machines being used in banks.
- **Monthly meetings of the Bal Sakhis:** Monthly meetings of the Bal Sakhis were organised to take a stock of the things.

### As a result of these activities, we have found out that:

Out of 23 members from 4 School Management Committees (SMC), 10 members regularly visit the Jeevan Shikshan Kendra run by the project. These members also visit regularly to the school and observe the day-to-day routine there. Due to Reading enhancement campaign, reading of books is going on in 7 schools regularly.

## 3. LIVELIHOOD

**Farmers' Meetings:** Four farmers' group meetings were organised to plan about the exposure to progressive farmers, to look into animal husbandry activities, and plan about lift irrigation in Usgaon and Paramdoh. A total 33 farmers were part of this process.

**Exposure to progressive farmers:** a nine member representative farmers' group went on an exposure-cum-study tour of Dongar Sawangi and Dudhwahi. Here the group observed poultry business, and interacted with the farmers.

**Farmers' Groups:** Two farmers' groups were formed and trained in record keeping.







**Herbal Garden at Ghugghus:** an herbal garden and nursery was developed at ACC Plant site office in Ghugghus where in about 25 varieties of plants were grown (total 403 saplings).

**CAP Committee meetings:** CAP Committees are formed to plan and monitor the financial assistance to the farmers for existing or starting new businesses. 3 meetings of the CAP Committee were held this year where in the return of advances, advances of new loans and a new CAP Committee formation were discussed.

#### 4. HEALTH

**Health Care Services at Nakoda:** A regular weekly clinic is being run by the project at Nakoda (around 42 clinics per year on an average for last three years). The clinic caters to the health needs of the communities from Ghugghus-Amrai, Nakoda, Usgaon and Pandharkawda villages. This year about 602 people took the health care services from the Nakoda centre. Dr Suraj Biyani from Chandrapur is the visiting doctor while Ganesh Dorlikar manages the health centre.

**Health check-up of pregnant women:** Dr Prerna Dakhane from Chandrapur was engaged in carrying out health check-up for pregnant women. A total 29 pregnant women had their ANC's done through this initiative.

**Vision Centre:** Mr Manoj Hanmalwar, a trained ophthalmologist conducted 4 clinics in the area for detection of vision ailments and corrections. A total of 250 people were diagnosed through the vision centre initiative.

**Dental Clinic:** a dental clinic was organised at Ghugghus where in Dr E Nirmala gave advice to about 155 people about the care and treatment of the teeth.

#### 5. ADOLESCENT GIRLS

**Adolescent girls meetings:** three meetings of the adolescent girls were organised to discuss the health issues of the girls especially during the menstruation cycles. 24 girls were regular in these discussion meetings.

**Skill training:** skill training was organised for the girls who were interested to work independently for their livelihood. Ms Megha Motghar was the expert engaged in giving the bag making skill training to the girls. A total 10 girls participated.

**Record Keeping Training:** Three record keeping trainings were conducted for the girls groups where in the two documentation experts, viz. Hemant Meshram and Sangita Tumde trained the girls in record keeping.





## People

(Internal, external, partners, donors, etc and processes like appraisal, organisational development)  
Field Centres locations and team members based at each of the locations

### ■ Kurukheda

(Directorate, Admin, Accounts and Coordination Office/ in alphabetical order)

Anandrao Kapoor  
Amar Raipure  
Amrit Shastrakar  
Asha Tulavi  
Bharati Sonagre  
Chanda Daudasre  
Chetan Chaudhari  
Devanand Janbandhu  
Dhananjay Patankar  
Dineshkumar Lonarkar  
Divya Sonkusare  
Jaydeo Bansod  
Kishor Bawane  
Manisha Lade  
Maya Koche  
Pratima Nandeshwar  
Rahul Khobragade  
Rajani Dongarwar  
Rajesh Shende  
Sayam Guruji  
Satish Gogulwar  
Sandip Sahare  
Seema Panchabhai  
Sunil Wati  
Shubhada Deshmukh  
Uttamsing Asayya  
Vinod Lohare

Vidya Sonkusre

Vijayalaxmi Waghare

Vishwanath Kamble

Waman Patankar

Yeshwant Deshmukh

Zanaklal Daudasre

### ■ Korchi Location

Baburao Madavi  
Deshirbai Ghataghumar  
Izamsai Katenge  
Janaki Bansode  
Kumaribai Jamkatan  
Sandeep Bansod  
Mansuram Gawde  
Mukesh Shende  
Ramdas Kallo

### ■ Ghugghus Location

Sarita Walkar  
Ganesh Dorlikar  
Ganesh Hulge  
Mahesh Lade  
Nisha  
Hemant Kapse  
Hemant Meshram  
Madhusudan Neware

### ■ Ballarpur Location

Vidya Kongre  
Archana Derkar  
Smita Kamble  
Dnyaneshwar Bawane

### ■ Gatta Location

Kalpana Kumre  
Vimal Topa  
Ashti Location  
Seema Nagulwar  
Pushpa Botawar

### ■ Bigwan Location

Jyoti Kale

### ■ Nagpur Location

Archana Joshi  
Archana Urkude  
Mangala Ghodeshwar  
Nasreen Ansari

### ■ Barela (MP)

Rajani Dehriya  
Sanjay Dehariya  
Sandhya Dubey  
Divya Pande  
Gayatri Prasad  
Sushma Mahale

### ■ Mumbai

Chandrakant Shetkar

### ■ Bramhapuri Location

Ramdas Maind  
Chhaya Kharkate  
Vaishali Shende  
Manda Sahare

### ■ Armori Location

Dinesh Kirange  
Sanghadip Khobragade





### Placement of Students

- Shri Vijay Mane & Shri Ajit Chavhan  
Yashwantrao Chavan School of Social Work  
Jakatwadi, Satara, Maharashtra  
26<sup>th</sup> May to 26<sup>th</sup> June 2014
- North Maharashtra University, Jalgaon  
5 Students (2 Female + 3 Male)  
5<sup>th</sup> June 2014 to 5<sup>th</sup> July 2014
- Tata Institute of Social Sciences, School of Health System Study, Mumbai  
Smt. Shruti Samant & Smt. Sneha Kuralkar  
11<sup>th</sup> August 2014 to 5<sup>th</sup> Oct. 2014
- S.P. Jain Institute of Management & Research, Mumbai, Maharashtra  
Shri Nikhil Nagare & Shri Datta Patil  
2<sup>nd</sup> June to 15<sup>th</sup> June 2014
- Sushila Ramachandra Mamidawar College of Social Work, Chandrapur  
8 Students (6 Female + 2 Male) Block Placement  
23<sup>rd</sup> May to 12<sup>th</sup> June 2014
- School of Rural Development TISS Tuljapur Campus, Maharashtra  
6 Students (3 Female + 3 Male) Block Placement  
22<sup>nd</sup> Sept. 2014 to 13<sup>th</sup> Oct 2014

### FELLOWSHIP

**Shri Izamsai Katenge**, a senior worker, and core group member working on tribal governance and sustainable livelihood was awarded fellowship for one year as 'Community Leader 2014-15' by National Foundation of India's (NFI) '**C. S. Subramaniam Fellowship**'. Shri Izamsai Katenge was one amongst the eight persons selected for the national level fellowship.

**Smt. Kumaribai Jamkatana** senior workers & core group member working on women empowerment in tribal & rural area was awarded fellowship for one year as "**Voluntary Sector Worker**" for year 2015-2016 by National foundation of India's (NFI) '**C. S. Subramaniam Fellowship**'. Smt. Kumaribai Jamkatan was among the eleven people selected for this coveted fellowship, and the only candidate from Maharashtra selected for the National level Fellowship.





## Financial

### Projects & Funding Partners for 2014-15 financial year

Sr. No.	Name of the Project	Funding Agency Partner	Amount (INR)
1	Improving Maternal Health in six states of India	Oxfam, Mumbai	3,492,077.00
2.1	Gender & Livelihood (Phase I)	SWISSAID, Pune	1,197,404.00
2.2	Ecological Farming (Gender & Livelihood extension Phase II)	SWISSAID, Pune	761,348.00
2.3	Promotion of Sustainable Livelihood	SWISSAID, Pune	1,192,865.00
3.1	Aflatoon	Meljol, Mumbai (CITI Foundation)	167,345.00
3.2	Aflateen	Meljol, Mumbai (CITI Foundation)	30160.00
3.3	Aflateen II	Meljol Mumbai (CITI Foundation)	578,217.00
4	Sustainable Community Development, Ghugghus, Chandrapur	ACC, Chandrapur	1,679,345.92
5	Maternal & Child Health Care, Barela, MP	Jhabua Power Ltd., Barela, MP	1,574,125.00
6	Community Health -Ashti, Ballarpur, Bhigwan, Gatta	BILT, Ballarpur, Chandrapur	3,169,578.50
7	Community Based Monitoring of Health Services	SATHI, Pune	121,979.00
8	Right to Nutrition	Narottam Sekhsaria Foundation, Mumbai	1,746,495.00
9	Improving Capacities of Tribal Communities & CBOs	Tata Education Trust, Mumbai	4,371,000.00
10	Convergence of MNREGA & NRLM -CFT Project	MORD, New Delhi	233,333.00
	Total		

### General Donors 2014-15

Sr. No.	Name of the Donor	Amount (INR)
1	Shri Gangadhar Chilwarwar	5000.00
2	Dr. Pramod Bankar	2500.00
3	Smt. Sushilabai Mamidwar Social Work College, Chandrapur	1000.00
4	Late C.M. Patel Charitable Trust, Yavatmal	5000.00
5	Help Your NGO.Com	1000.00
6	Smt. Shubhada Deshmukh	30000.00
7	Late Vishwanath Birewar Trust	50000.00







## Training and Other programmes

Sr. No.	Name of the Trg or Programme	Collaboration
1	Arogya Mitra Training, Yerandi	YCMOU
2	Rani Durgavati Training Centre, Yerandi	
3	Narayan Singh Uikey Health Training Centre, Kurukheda	
4	Honey Collection & Training Centre, Kurukheda	SHG groups, PARISAR SANGH
5	Herbal Medicine Training Centre, Yerandi	
6	Anandlok Chikitsalaya, Kurukheda	
7	Samadhan Kendra (legal aid), Kurukheda	
8	Mahila Utpidan Samadhan Kendra ( Counseling and legal aid centre), Kurukheda	

## Vehicles and Materials Procured in 2014-15

Sr. No.	Name of Vehicle/Material	Numbers/quantity
1	Instrument	1
2	GPS Device, Korchi Office	1
3	Computer and Printer, Korchi Office	1
4	Plastic Fibre Chairs (Korchi Office)	6
5	Inverter with Battery (Kurukheda Office)	1
6	HP Printer (Kurukheda Office)	1
7	Maruti Ciaz (car)	1
8	Camera	1
9	Desert Cooler	1
10	Moisture Meter	1





## Professionals, Services & Vendors

Type of Services	Name of Service Provider with address
Banking	State Bank of India (Branch Code 5909), Main Road, At/post/tal: Kurukheda, Dist: Gadchiroli, Maharashtra. 441 209
	Bank of India (Branch Code 9642), Manuja Complex, Main Road, At/post/Tal: Kurukheda, Dist: Gadchiroli, Maharashtra 441 209
	State Bank of India (Branch Code 1633), Ramdas Peth, Nagpur, Maharashtra
Statutory Auditors	M/s Mamidwar & Company, Sarafa Lane, Near Gandhi Chowk, Chandrapur, Maharashtra 441 001 Phone: 07172-252692 Email: <a href="mailto:ajaymamidwar@gmail.com">ajaymamidwar@gmail.com</a>
Internal Auditors	CA Amit Joshi and Co., CA Sanjay Choubey, Chandrapur
Legal Counsels	B.G.Chande & Company
HR, Training and Organisational Development Consultants/Agencies	<ul style="list-style-type: none"> <li>• Mr Chandrakant Shetkar, Mumbai</li> <li>• Dr Lalita Mahajan, Nagpur</li> <li>• Dr Mohan Deshpande, Pune</li> <li>• ABHA Group, Pune</li> <li>• Family Health India, New Delhi</li> <li>• Ms Bipasha Majumdar, Mumbai</li> </ul>
Volunteers	<ul style="list-style-type: none"> <li>• Dr Meena Shelgaonkar, Nagpur</li> <li>• Shri Ajay Ganpawar</li> <li>• Shri Vivek Wagh</li> </ul>
Printers	<ul style="list-style-type: none"> <li>• M/s Mayur Arts, opposite Bus Stand, Adhyapak Bhawan, Ganeshpeth, Nagpur 440 018</li> <li>• Dinesh Graphics, Nagpur</li> <li>• Hiranman Prakashan Kendra, Chandrapur</li> <li>• Pageline Nagpur</li> </ul>
Vendors	<ul style="list-style-type: none"> <li>• Janai Enterprises</li> <li>• Atul Udgaonkar for website</li> <li>• Adv. Dhoke</li> </ul>





## COMPLIANCE REPORT

Amhi Amchya Arogyasathi (AAA) is registered with "GIVE INDIA" and "Credibility Alliance"& CSR Hub TISS Mumbai

### 1. Registration

- AAA is a registered non-governmental organisation under Societies Registration Act 1860 (Reg. No. MAH/10/84 Gadchiroli, 13/02/1984) and Mumbai Public Trust Act 1950 (Reg. No. F/134 Gadchiroli 26/04/1984);
- AAA is entitled to receive foreign grants under section 6(2) of Foreign Contribution (Regulation) Act 1972 (Reg. No. 083810020 dated 07/08/1985);
- AAA is registered under section 12 A of Income Tax Act 1960;
- Donations to AAA are subjected to tax exemption according to section 80G of Income Tax Act 1960 (Reg. No. CIT-IV/NGP/Tech/80G/34/2010-11);
- AAA is having statutory fulfillments under Employees Provident Fund Act, Professional Tax Act, and Pension & Gratuity etc.

### 2. Clarity and Commitment about Mission & Approach

- Well defined and articulated mission and approach in Memorandum of Association, Policy Documents, and various internal reports of the organisation;
- Translation of mission and approach in programmes and activities is well ensured;
- Special efforts are taken through participatory processes towards developing clarity and acceptance of the mission and approach among staff members, beneficiaries, and partner communities.

### 3. Governance and Programme Operations

Executive Committee Members and their positions on the Committee (as on 31st March 2014)

Sr. No.	Name & Position	Age	Gender	Occupation	Area of Competency	Meetings Attended
1	Dr Satish Gogulwar Convener	59	Male	Social Worker	Community Health, Local health traditions, forest based livelihood, and administration	
2	Mohan Hirabai Hiralal Executive Committee Member	65	Male	Social Worker	Tribal Social Groups, Forest based livelihood	
3	Ms Sandhya Edlabadkar Executive Committee Member	58	Female	Social Worker	Science & Technology for Rural Development	





- According to AAA Rules and Regulations, the Executive Committee serves as Board of Trust
- The Board rotation practice exists and is practiced;
- There is no remuneration/reimbursement to Executive Committee Members
- The AAA Executive Committee met 3 times in financial year 2014-15  
1) 27/07/2014 2) 15/10/2014 3) 19/02/2015
- The Executive Committee has approved projects, programmes, budget, annual reports, and financial audit reports. The Executive Committee has ensured the organisation's compliances with laws and regulations

**4. General Body of the organisation-Members of the organisation (as on 31st March 2014)**

Sr. No.	Name & Membership	Address	Area of Competency
1	Mr. Sukhdeobabu Uikey Founder Member	Rajendra Ward, at/post/Tal: Wadsa, Dist: Gadchiroli, Maharashtra	Governance, Govt. Administration, Tribal Social Groups
2	Mr. Mohan Hirabai Hiralal Founder Member	Near Chiddawar Hospital, Ramnagar, Chandrapur, Maharashtra	Tribal Social Groups, forest based livelihood
3	Dr Satish Gogulwar Founder Member	At/post/Taluka: Kurukheda, dist: Gadchiroli, Maharashtra	Community health, Local health traditions, Administration, and forest based livelihood
4	Ms Shubhada Deshmukh Founder Member	At/post/Tal: Kurukheda, Dist: Gadchiroli, Maharashtra	Women's Empowerment
5	Ms Savita Tare Founder Member	Near Chiddawar Hospital, Ramnagar, Chandrapur, Maharashtra	Anthropologist
6	Dr Sujan Baranth Founder Member	At Malegaon Camp, Nashik Road, Dist: Nashik, Maharashtra	Activists, Coordination at state and national level with various movements
7	Dr Shirish Datar Founder Member	Samartha Nagar, At/post/Tal: Karjat, Dist: Raigad, Maharashtra	Pediatrician
8	Mr Mohan Muttelwar Founder Member	Behind Old Mahila Mahavidyalaya Building, Gadchiroli, Maharashtra	Pharmacist and local health tradition
9	Ms. Sandhya Edlabadkar Adopted Member	'Jagrut Mahila Samaj', Balaji Ward, Teachers' colony, Near Water Tank, Ballarpur, Dist: Chandrapur, Maharashtra	Livelihood for women







- The AAA General Body met 1 time in financial year 2014-15; On 15th November 2014
- The General Body has approved projects, programmes, annual reports, financial audit reports. The General Body has ensured the organisation's compliances with laws and regulations;

#### Activity Targets and systems for ongoing monitoring and review

- Apart from well-established project targets and systems for ongoing monitoring and review, AAA ensures it through bi-monthly meetings with all staff members at organization level;
- AAA has also promoted external review;

#### Formation of Advisory Committee

- The Advisory Committee is active for issues related to human resource and community development initiatives;
- The Advisory Committee met quarterly this year

#### Policy for purchase, storing and issuing

- Well defined policy for purchase, storing and issuing is in place;
- Purchase of items more than Rs10,000 are sanctioned only by organisation level coordination committee after seeking expert advice on the available quotations;
- Purchase of items less than Rs10,000 are sanctioned by the project director or equivalent positioned officer, duly verified by convener of the organisation.

#### Maintenance of Asset Books

- Separate asset books for foreign and local contributions are maintained up to date, and are duly audited every year.

### 1 Human Resource

#### Details of staff (as on 31st March 2015)

Sex	Paid (full time)	Paid (part time)	Paid Consultants	Unpaid volunteers
Male	39		01	2
Female	39	92	00	1
<b>Total</b>	<b>78</b>	<b>92</b>	<b>01</b>	<b>03</b>

#### Affiliation of staff to concerned offices

Office	Male	Female	Total
Head office Kurukheda	21	13	34
Branch Office, Nagpur	01	05	06
Project office Ghugghus	06	02	08
Project Office Ballarpur	01	03	04





Field office Bhigwan	00	02	02
Field Office Gatta	00	02	02
Field Office Ashti	00	02	02
Project Office Barela	02	04	06
Project Office Korchi	06	03	09
Project Office Bramhapuri	01	03	04
Project Office Bramhapuri	02	00	02
<b>Total</b>	<b>39</b>	<b>39</b>	<b>78</b>

### Salaries and benefits of the NGO head, the highest paid staff member and the lowest paid staff member

- No remuneration for the post of Convener (NGO head);
- Two highest paid staff are: (i) Programme Director @Rs60,000 per month; (ii) Project Coordinator @Rs50,000 per month
- Lowest paid staff is Field Worker/Field Facilitator @Rs3000 per month
- Formal appointment orders and booklet on AAA Norms, and Rules & Regulations are issued to all staff

### 2 Eligible and additional benefits for staff

- Employees Provident Fund: (i) No of staff members: 31; (ii) transfer and termination cases: 02;
- Pension and gratuity scheme: (i) no of staff members: 17
- **Leaves: (i) Average no of leaves taken by the staff in this year is 92**
- Accidental Insurance Policy: All Staff members

The organization has taken conscious efforts to build family spirit and enabling work culture. Staff with families 'Get-to-gather' was organized in April 2014

All the Project Directors, Project Coordinators (total 10 persons that includes 5 females), and Issues Coordinators (total 5 that includes 4 females) meet every month (on the month end) in 'coordinators' meeting' to coordinate effectively project and non-project activities.

Monthly meetings of respective projects and departments were organized in the year;

Bi-monthly meetings of full time staff members were organized in this year;

AAA encourages, and makes available, opportunities to all staff members for capacity building and professional development through relevant trainings, workshops and conferences at regional and national level.

### 3 Accountability and Transparency

AAA publishes its annual report every year, especially for stakeholders, well-wishers and funding partners. From this year onwards, AAA has started to publish report in a printed as well as e-version (Universal PDF through website). Audited Accounts are included in the annual report.

Project wise yearly budget exercise and monthly financial review is worked out in the staff meetings whereas at the organizational level, executive committee exercised in the EC Meetings.





AAA has well laid out accounts and administration manual in line with standard accounting practices, and is ensuring practicing it systematically.

Emphasis on receipts and bills for every transaction including in-kind donations;

Accounts monitoring with accounts and finance department is held every month, while closing balance and cash scroll is verified every day.

AAA accounts are audited by professional experts, and are published every year;

AAA is moving in the direction of sharing its accounts and expenditure with local community through get-together meetings;

Till now, AAA has carried an external evaluation by external agencies; the exercise is well documented, and reports are available;

AAA is taking conscious efforts in implementing and having strict adherence for norms of statutory requirements like Foreign Contribution Regulation Act, Income Tax, Professional Tax, Charity Commissioner etc. Acknowledgement of relevant letters, challans and reports duly filed.

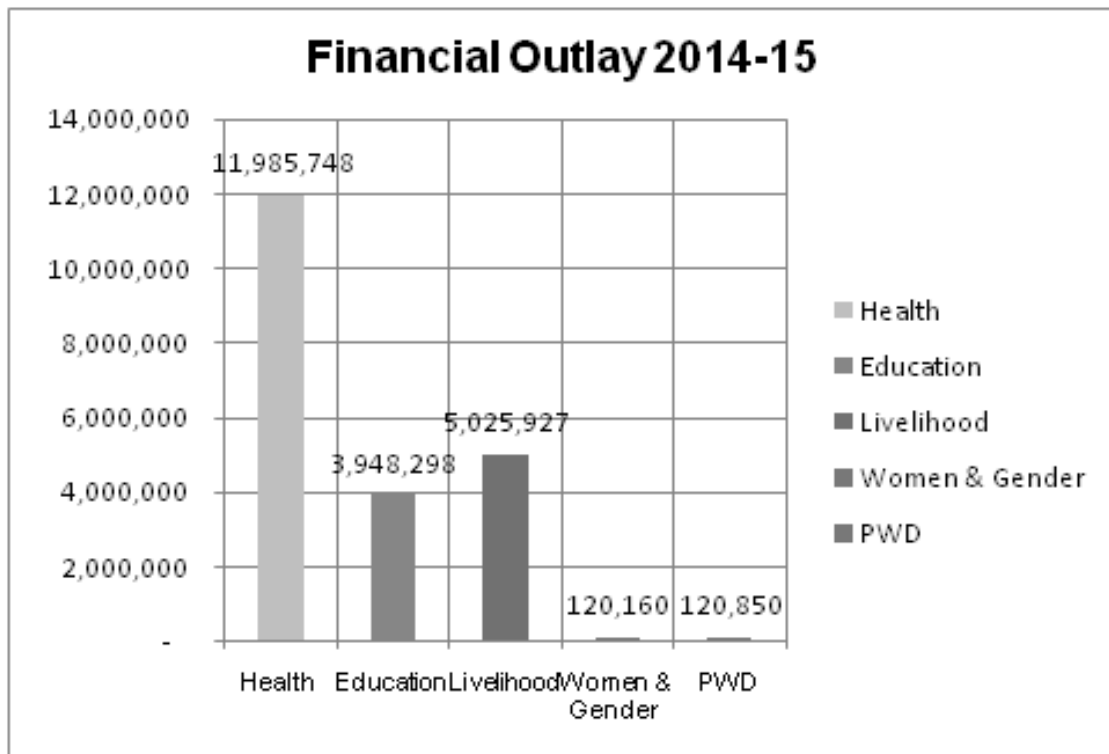
Domestic Air Travel: Smt. Shubhada Deshmukh and Dr. Satish Gogulwar from Mumbai to Delhi supported by SAHAJ, and Nagpur to Delhi (twice) supported by Oxfam and SATHI respectively.



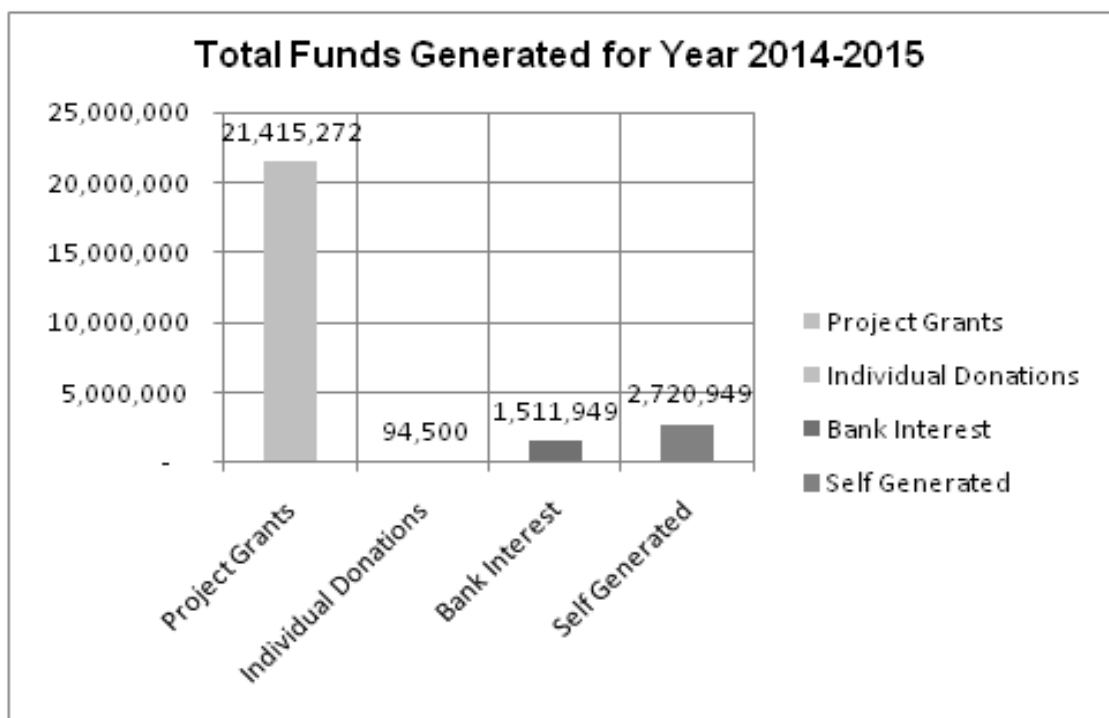


## FINANCIAL OUTLAY 2014-2015

### SECTOR WISE TOTAL FUND UTILISATION



### TOTAL FUNDS GENERATED FOR 2014-2015







## AWARDS

Sr. No.	Title	Year
1	Maharashtra Foundation-Keshav Gore Memorial Trust, Mumbai	1997
2	M.B. Gandhi Charitable Trust, Nagpur	1997
3	Social Work Commendation Award by Vidyarthi Sewak Samiti, Warora	1998
4	Samajsewa Gaurav Puraskar by Dr. Gangadhar Surendra Muddiwar Pratisthan, Nagpur	1999
5	Gaurav Puraskar by Indian Medical Association, Chandrapur	2000
6	Late Prabhakar Datake Memorial Award	2001
7	Adv. Keshvarao Nalamrao Prerana Puraskar, Chandrapur	2002
8	S.M. Joshi Samajik Puraskar, Pune	2002
9	Sahitya Sammelan Karyagaurav Puraskar	2003
10	Natu Foundation Puraskar	2004
11	Sardar Patel Mahavidyalaya, Chandrapur Karyagaurav Puraskar	2004
12	Rotary Club, Chandrapur Karyagaurav Puraskar	2004
13	Kusumtai Chaudhari Smriti Puraskar	2006
14	Palikarma Sahayak Foundation Karyagaurav Puraskar	2006
15	Rotary Club, Chandrapur Karyagaurav Puraskar	2006
16	Rotary Club Inner wheel, Chandrapur Karyagaurav Puraskar	2006
17	Chhatrapati Shikshan Mandal Karyagaurav Puraskar	2006
18	Basoli Group, Nagpur Karyagaurav Puraskar	2006
19	'Sakal' Karyagaurav Puraskar	2006
20	Jubilee High School, Chandrapur Shatabdi Mahotsav 2006 Karyagaurav Puraskar	2006
21	IFC on District Project Awareness towards Health	2006
22	Sanjiwani Gadge Pariwar & Tarun Bharat Puraskar	2007
23	Swatantravir Sawarkar Smarak Samittee Nagpur Social reform Award	2008
24	Late Shakuntala Devaikaar Smruti Puraskar	2009
25	Dhanwantari Puraskar from ArogyaBharati Nagpur	2009
26	Maharashtrachi Kanya Puraskar from 'Milun Saryajani', Pune	2009
27	Samaj Gaurav Puraskar from District Patrakar Sangh	2010
28	Lifetime Achievement Award IMA	2011
29	Mahatma Gandhi Manav Sewa Puraskar from Mahatma Gandhi College, Armori	2011
30	Felicitation of Network of Amhi Amchya Arogyasathi & Dr. Satish Gogulwar & also of Smt. Shubhada Deshmukh in 8 <sup>th</sup> European Marathi Sahitya Sammelan at Cardiff Wales UK on April 2012	2012
31	Mahatma Gandhi Manav Sewa Puraskar to Dr. Satish Gogulwar	2014
32	State Level Smt. Josna Darda Karyagaurav Puraskar 2 <sup>nd</sup> Dec. 2014 at Pune	2014
33	Smt. Sarswatibai Apate Gaurav Puraskar, Bharatiya Shri. Jiwan Vikas Parishad Thane. Jan. 2015	2015
34	IBN Lokmat, 'EKALA CHALORE' 1 Hour Interview on AAA work on 19 March 2015	2015
35	Harish Mokalker Samajik Krun Puraskar Yeshwant Date Smriti Sanstha Wardha Feb. 2015	2015





### Organizational Representative on Different State & District Level Committee

1. Ms Shubhada Deshmukh, President, District Committee under "Prevention of Sexual Harassment of Women at Workplace;
2. Ms Shubhada Deshmukh, member, District level Women Protection Committee, Gadchiroli;
3. Ms Shubhada Deshmukh, member, Prevention of Sexual Harassment of girls from Ashram School Committee (Gadchiroli and Nagpur districts)
4. Dr Satish Gogulwar, member, District Steering Committee for Community Based Monitoring of Health Services;
5. Ms Shubhada Deshmukh, member, Jivnnoti Abhiyan Maharashtra, District Steering Committee, Gadchiroli;
6. Dr Satish Gogulwar, Executive Committee Member, Maharashtra State Forest Development Agency;
7. Ms Shubhada Deshmukh, member, District level Tendu Leaves collection and marketing Grievance Committee;
8. Dr Satish Gogulwar, Executive Committee Member, Rugn Kalyan Sub District Hospital, Kurkheda;
9. Dr Satish Gogulwar, Member, State level Monitoring and Planning Committee under Community Based Monitoring;
10. Dr Satish Gogulwar, Member, Mahatma Gandhi Tantamukt Ganv (Mahatma Gandhi Conflict Free Village) Taluka level Committee;
11. Dr Satish Gogulwar, Programme for quality development of primary education in rural areas, district level committee, Gadchiroli.





**R. MAMIDWAR & CO.,**  
 CHARTERED ACCOUNTANTS,  
 A. RAMESH R. MAMIDWAR  
 B.Com., LL.B., F.C.A.  
 A. JAY D. MAMIDWAR  
 B.Com., LL.B., F.C.A.  
 A. PIYUSH R. MAMIDWAR  
 B.Com., LL.B. (HONS) F.C.A.

SARAFA LINE,  
 CHANDRAPUR (M.S.)  
 Pin Code : 442 402  
 PHONE NO.:  
 © 256392, 255034, 251392  
 (O) 252692, 264669

**SCHEDULE VIII**  
**[Vide Rule 17(1)]**

Name Of The Public Trust: **AMHI AMACHYA AROGYASATHI, KURKHEDA, DISTT. GADCHIROLI (M.S.)**  
**CONSOLIDATED BALANCE SHEET AS AT 31-03-2015**

FUND AND LIABILITIES	AMOUNT	AMOUNT	PROPERTIES & ASSET	AMOUNT	AMOUNT
<b>TRUST FUND OR CORPUS:</b>			<b>IMMOVABLE PROPERTIES: (At Cost)</b>		
Balance as per last Balance sheet		74382.18	Balance as per last Balance sheet		
Adjustment during the year (give details)			Additions during the year		
			Less: Sales during the year		
			Depreciation up to date		
			As Per Schedule Enclosed		4682787.02
<b>OTHER EARMARKED FUND:</b>		14762161.28	<b>INVESTMENTS : Fixed deposit</b>		
As per Schedule "A"			As per Schedule "D" Enclosed		16063911.86
Accrued under the provisions of the trust deed					
(From Income or out of the Income)					
Depreciation Fund		Nil	<b>DEPOSITS:</b>		
Sinking Fund		Nil	As per last B/sheet		21000.00
Reserve Fund		Nil			
<b>ANY OTHER FUND (NON-RECU. GRANT):</b>		Nil	<b>FURNITURE &amp; FIXTURES:</b>		
As per last B/sheet	3251640.50		Balance as per last Balance sheet		
Add: Transfer to I/E A/c	143057.50	3394698	Additions during the year		
			Less: Sales during the year		
			Depreciation up to date		
<b>LOANS (Secured or Unsecured)</b>			<b>TDS ON STDR:</b>		
From Trustee		Nil	As per last B/sheet	117573.23	
From Others		Nil	Add: During the year	6242.00	
				123815.23	
<b>UNSPENT BALANCE GRANT:</b>			Less: Refund during the year	54139.00	69676.23
As per list enclosed	4101409.00				
Less: Transfer to I/E A/c	4101409.00		<b>WORK ADVANCES:</b>		
	0.00		As per Schedule "H"		692981.93
Add: Transfer from I/E A/c	4145477.50	4145477.50			
<b>LIABILITIES: As per Schedule "B"</b>		789030.50	<b>LOANS (Secured or Unsecured): Good/Doubtful)</b>		Nil
For expenses		Nil	Loans Scholarship		
For Advances		Nil	Other Loans		
For Rent and other Deposits		Nil			
For Sundry Credit Balance		Nil	<b>OTHER LIABILITIES: During the year</b>		Nil
<b>INCOME &amp; EXPENDITURE ACCOUNT:</b>			<b>ADVANCES :</b>		
Balance as per Balance sheet	7798140.87		To Trustee		Nil
Less: Appropriation, if any			To Employees		Nil
Less: Deficit As per Income and	325023.30	7473117.57	To Contractors		Nil
Less: Surplus Expenditure Account			To Lawyers		Nil
			To Others		
			<b>INCOME OUTSTANDING</b>		Nil
			Rent		
			Interest		
			Other Income		
			Grant Receivable (KVIC) (O.B.)	91875.00	
			Grant Receivable MCCH Project	0.00	
				91875.00	
			Less: Receivable Grant Recd.	0.00	91875.00
			(MCCH Project)		
			<b>CASH AND BANK BALANCES: (As per list encl.)</b>		9016634.99
			(a) In Current Account with		
			In Fixed Deposit Account with		
			(b) With the Trustee		
			(c) With The manager		
<b>TOTAL</b>		<b>30638867.03</b>	<b>TOTAL</b>	<b>0</b>	<b>30638867.03</b>

The above BALANCE SHEET to the best of our belief contains a true account of FUNDS & LIABILITIES AND PROPERTY & ASSETS

of the Sanstha.

CHANDRAPUR  
 RPD/11/2/  
 DATED

24 SEP 2015

CONVENOR

CONVENOR

Amhi Amchya Arogyasathi  
 Reg. No. FID4/Gao



AS PER OUR REPORT OF EVEN DATE  
 FOR R.R. MAMIDWAR & CO.,  
 CHARTERED ACCOUNTANT

**AJAY D. MAMIDWAR**  
 (PARTNER)



**R.R.MAMIDWAR & CO.,**

CHARTERED ACCOUNTANTS,

CA RAMESH R.MAMIDWAR

B.Com., LL.B., F.C.A.

CA AJAY D.MAMIDWAR

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Pin Code : 442 402  
PHONE NO.:  
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**SCHEDULE IX**

[Vide Rule 17(1)]

Name Of The Public Trust: **AMHI AMACHYA AROGYASATHI, KURKHEDA, DISTT.GADCHIROLI (M.S.)**  
**INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED ON 31-03-2015**

EXPENDITURE	AMOUNT	AMOUNT	INCOME	AMOUNT	AMOUNT
TO			BY		
EXPENDITURE IN RESPECT OF THE PROPERTIES:			Rent (building)		Nil
As per Schedule "K" Encl.		925159.50	(accrued)		
Rates, Taxes, Cesses			(realised)		
Repairs and Maintenance			Interst(Bank) accrued:		
Salaries			(realised):		
Insurance			On Fixed Deposits (Accrued)	1406192.00	
Depreciation (by way of Provision of adjustments)			On Saving Account (As per Such as "J")	105757.00	1511949
As per Schedule "C"		649865.20			
OTHER EXPENSES:		Nil	On Securities		Nil
ESTABLISHMENT EXPS:			On Loans		Nil
As per Schedule "I"		529266.66	On Bank Account		Nil
REMUNERATION TO TRUSTEES		Nil	Dividend		
REMUNERATION( in the case of a math) to the head		Nil	Donation in cash or Kind		94500.00
of the math including his household expenditure in any			Donation from R.R.Foundation		
LEGAL EXPENSES		Nil	Grant in Aid		
AUDIT FEE		Nil			
CONTRIBUTION AND FEES		Nil	INCOME FORM OTHER SOURCES:		
Amount written off			As per Schedule "M"		8300388.5
(a) Bad Debts		Nil	GRANT ACCOUNT:		
(b) Loan Scholarship		Nil	Recd.During the year (As per list)	21566440.42	
(c) irrecoverable rents		Nil	Add: Unspent As per last B/sheet	4101409.00	
(d) Other items		Nil		25687849.42	
Miscellaneous exps.		Nil	Less: Non-Recurring Grant Tr.to B/sheet	143057.20	
Depreciation		Nil		25624792.22	
Amount transferred to Reserve or Specific fund		Nil	Less: Unspent Bal.Grant Tr.to B/sheet	4145477.50	
EXPENDITURE OF THE OBJECT OF THE TRUST:				21379314.72	
(a) Religious		Nil	Less: Grant Refund	1337013.86	20042300.86
(b) Educational (As per Schedule "E")	13859570.50		Transfer from reserve		Nil
(c) Medical Relief (As per Schedule "E")	14310299.50	28169870	Deficit: Carried Over to Balance Sheet		325023.30
(d) Relief of Poverty		Nil			
(e) Other Charitable Objects		Nil			
TOTAL		30274161.36	TOTAL	0	30274161.66

CHANDRAPUR

RPD/1+2/

DATED

24 SEP 2015

*Reggubhar*  
CONVENOR

CONVENER

Amhi Amchya Arogyasathi  
Reg. No F134/Gao



AS PER OUR REPORT OF EVEN DATE  
FOR R.R.MAMIDWAR & CO.,  
CHARTERED ACCOUNTANT

*Amidwar*  
**AJAY D. MAMIDWAR**  
(PARTNER)



*Reggubhar*











## Amhi Amchya Arogyasathi

At post Kurkheda, District Gadchiroli Pin-441209, Maharashtra State-India  
 Mobile No. 0941006699, Tel. No. 07139-245903  
 Email ID : arogyasathi@gmail.com Website : <http://arogyasathi.org>