



# AMHI AMCHYA AROGYASATHI

Celebrating Self-help and self-governance movement among grassroots

## ANNUAL REPORT 2019-2020



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## **ANNUAL REPORT**

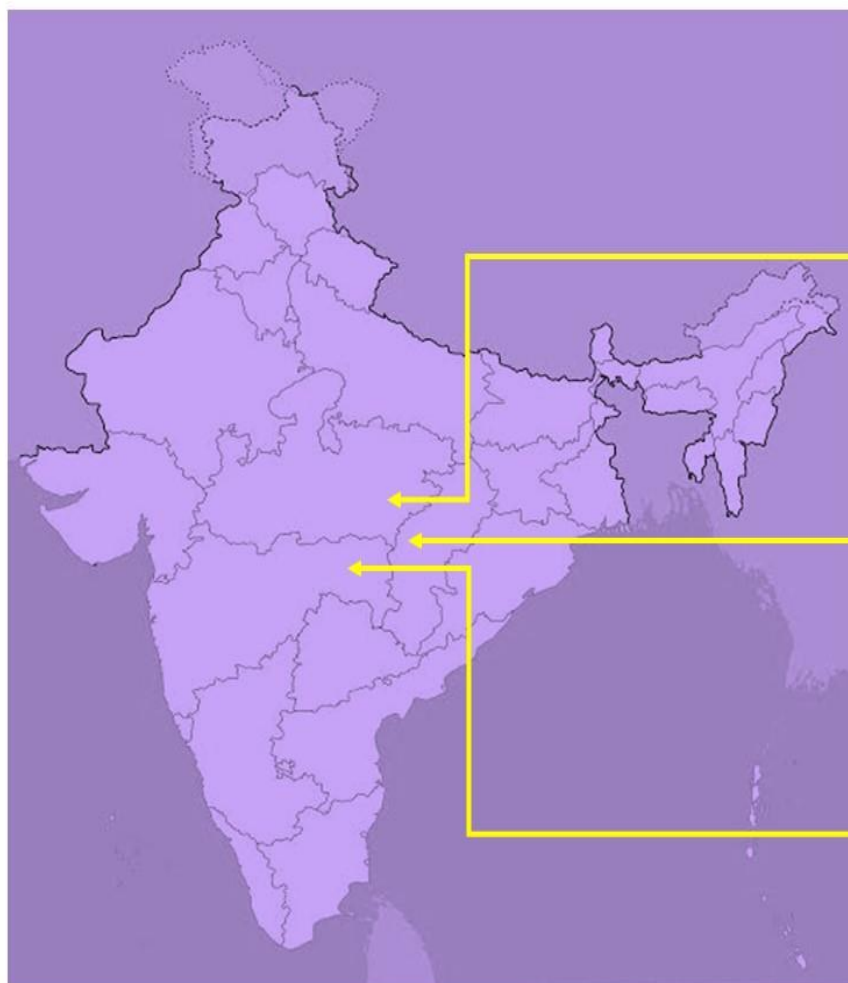
### **2019-2020**

**AmhiAmchyaArogyasathi**

**At Post Kurkheda, District Gadchiroli Pin-441209, Maharashtra State-India**

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## Geographical Presence of Amhi Amchya Arogyasathi

**Madhya Pradesh –**  
Chhindwara and Bhopal districts

**Chhattisgarh –**  
Rajnandgaon, Raipur and Bilaspur districts

**Maharashtra –**  
Interventions are in - 18 districts of Maharashtra

Mapping Our Presence: We have an intensive presence in Gadchiroli followed by Chandrapur, Nagpur, Bhandara and other region of Vidarbha and partly we are working with communities in other parts shown in the map.

Thematically, we have been working on projects on 'Health', 'Livelihood', 'Women and Gender', 'Education' and 'Persons with Disabilities'.

### Vision

An organized dynamic community which has internalized justice and equity as its basic tenements and sensitive towards all life form

### Mission

Justice and equity will be to the denominator for everything we do belief on consensus based non-violent processes for social transformation freedom of expression and equity in opportunities are the driving forces Antyodaya or the priority to work for the needs of the most deprived Create and foster community institutions as a vehicle for sustainable development Internalize and synchronies the governance systems within & outside.

*Dear Friends*

It gives me immense pleasure to publish annual report of the Amhi Amchya Arogyasathi for the year 2019-2020. It's been 36 years the organisation dedicatedly working for the empowerment of communities through strengthening grassroot democracy by forming and empowering community-based institutions to make inclusive and equal society for all. It can be seen that these community organisations are getting stronger and functioning for their wellbeing. The communities we work with are the scheduled tribes and other traditional forest dwellers, urban poor, women and children, youths and the people with disabilities. This is our primary stakeholder and we intend to share this annual report with the community, first and foremost.



Amhi Amchya Arogyasathi today stands to its principals and accountability towards communities and transparency at first. We stand because of the innumerable volunteers who provided valuable inputs, leads, contacts, and with whom we shared the ideas before seeding them. We intent to collect a feedback from all these in a scientific manner where in volunteers' identity not be revealed to anybody including us. This is to ensure that we get objective and unbiased feedback.

We have been supported by donors-individual, Indian Institutional, Indian Government, Foreign Institutional etc. for more than two decades and without this help it would not have been possible for us to be where we are today.

I take this opportunity to thank all my colleagues-village level workers, field supervisors, thematic coordinators, admin and account people, project coordinators, and project directors for adhering to the strict efficiency and effectiveness guidelines set at the outset. I thank with gratitude all the donors who supported us, guided us and partnered for a better future for the downtrodden communities.

Dr Satish Gogulwar  
Convener  
Amhi Amchya Arogyasathi



## BOARD MEMBERS AND GENERAL BODY MEMBERS OF AAA



**DR. SATISH GOGULWAR**

At the very young age he was an active member in Chhatra Yuva Sangharsha Vahini. An allopathic medical graduate from Nagpur University, he is equally interested in homeopathy and indigenous system of medicine. A perfect administrator, manager and network promoter, he hoisted the organization to current position by leading the organization for many years. In capacity of project director in ongoing projects, he is directing the organization to its noble path



**MOHAN HIRABAI HIRALAL**

He was also an active member in Chhatra Yuva Sangharsha Vahini. He is greatly influenced by Gandhian philosophy, and experimenting its practical application in Human-Forest relationship. His initiatives and inputs in empowering Mendha (Lekha) village are famous for proving 'common consensus in village council' as a practical reality and not the utopia. He is the ultimate guide and advisor in organizational matters of all kind. He is the leader of policy making team of the organization.



**SHUBHADA DESHMUKH**

She was an active member in Chhatra Yuva Sangharsha Vahini (Student's movement promoted by Shri Jayaprakash Narayan for 'Sampurna Kranti' Total Revolution) during her college years and later. She is a post-graduate in Social Work from Nagpur University. She is a Strong believer in people's initiatives and empowerment. She is leading the organization with her great strategist skill for building capacities and organizations of marginalized groups, especially women. She was awarded by Maharashtra Foundation Award and many more for her excellent services in empowering women in tribal area.



**SANDHYA EDLABADKAR**

She is a chemical engineer by education and then working with women and farmers for promotion of appropriate technology and science. Bio-diversity documentation and conservation is also her area of interest and expertise.



**DEVAJI TOFA**

Live institute of its kind, he is the affirmative-picker of tribal culture. Well-known for his Mendha (Lekha) initiatives of 'Swarajya', Devaji and his village are immense resource for the organization. He is the initiator to promote the movement and implement the ownership over natural resources in forest in Mendha Gramsabha. The process of local self-governance is well implemented in Mendha is it came to the success.

### **REMEMBERING**



**LATE SUKHDEVBABU UIKE (Founder Trustee of the AAA)**

He was a teacher by profession and was a member of legislative assembly from Armori constituency. He was the successor and follower of socialist movement initiated by great tribal leader Krantiveer Narayansingh Uike. Having command on legal and state policy matters, he was advisor, guide and trainer for the staff. In his presence various meetings and programs were organized with the communities to bring awareness among the tribal communities.

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# 1

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# HEALTH

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# IMPROVING HEALTH SYSTEM BY STRENGTHENING COMMUNITY BASED ORGANIZATIONS AND NUTRITIONAL SERVICES

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Amhi Amchya Arogyasathi (AAA) was founded in the year 1984 with the objective to address the issues of the marginalize community through the community empowerment approach of "Let's find our own way". AAA is known for its role to build the capacities of the community for self-reliance and empowerment. The organization has been active in the programs like women's empowerment and gender sensitization, health education and services, life-oriented informal education, food security and livelihood enhancement, community- based rehabilitation of the persons with disabilities.

Amhi Amchya Arogyasathi is known for its role to build the capacities of the community for self-reliance and empowerment. During 2001-2006 AAA has worked on reduction of neonatal mortality in 30 villages of Korchi block of Gadchiroli district through home based neonatal care (HBNC) program. This program could bring strong outcomes by bringing neonatal mortality from 72 to 36 in five years of interventions. AAA has also worked on "Improving Maternal Health Status in Gadchiroli" during 2012- 2015 with Oxfam India. This has increased awareness about maternal health services in community. Since 2011, AAA is working on Community Based Monitoring and Planning in Health Services program under National Health Mission (NHM) with technical guidance of SATHI, Pune. AAA has become pioneer in decentralized health planning with SATHI, which had been done in Korchi, Kurkheda and Armori block of Gadchiroli district. This has been admired by NHSRC and followed in CBMP in 14 districts of Maharashtra. Currently the organization is working in Korchi for malnutrition free village program with Bajaj CSR and Community Action for Nutrition Program in Kurkheda & Armori block with the support of Tribal Department Maharashtra & SATHI Pune.

The Integrated Child Development System (ICDS) is a centrally sponsored flagship scheme and the world's largest community outreach programme for early child development in India. Linking primary health care and elementary education to women and children, its role has long been considered critical from this perspective. Since the past decade the coherent need for restructuring of the ICDS programme was realized due to implementation gaps consequent from inadequate investment, convergence and accountability issues.

The purpose of the program is to provide regular and systematic information about the community needs, provide feedbacks on functioning of various levels of public health system and service providers, identifying gaps, deficiencies in services and levels of community satisfaction to ensure

efficiency and accountability by enabling community and community-based organisations to become equal partners in health planning process.

### **Formation and Strengthening Community Based Organizations -**

- Formation and Capacity Building of Village Health, Sanitation and Nutrition Committee (VHSNC)
- Formation and Capacity building of block level Mahasamiti (Block level Committee)
- Formation of Mata Samities (Mother's Committees)
- Formation of Adolescents Girls Leaders Group
- Convergence of village level various committees (VHSNC, Forest Rights Committee, Gramkosh Committee, Education Committee, Education Committee)
- Monitoring and Ensuring Effective Implementation of Health Services

### **Advocacy to Improve Effective Health Services of Hospitals (Sub Centers, PHCs, RH, DH)**

- Advocacy with Government Officials of the Health Department
- Advocacy with People's Representatives (Gram Panchayat, Panchayat Samiti and Zilla Parishad Members)
- **Advocacy Tools -**
  - i) Block level and District level Jan Sanvad,
  - ii) Information sharing with village level committees on legal provisions regarding health rights and services.
- Village Level Health Planning (PRA, Survey, FGDs)
- Advocacy for bringing indigenous food in ICDS Services

## **Strengthening Health System and Services through effective governance by community based institutions**

### **Strengthening Integrated Child Development Services (ICDS)**

- Capacity Building of ASHA, Anganwadi Worker and ANM
- Ensuring Effective Implementation of AAA guidelines
- Organising Behavioural Communication Change Activities
- Organising Village Health Nutrition Day at Village Level
- Awareness building among Pregnant mothers, Lactating mothers and Expected Mothers on importance of 1000 days during pregnancy

### **Strengthening Nutritional System of Communities through Awareness and Advocacy -**

- Community Action for Nutrition
- Ensuring implementation of APJ Abdul Kalam Amrut Ahar Yojana
- Promotion of Backyard Kitchen Garden - Diversification of varieties (Tubers, Roots, Legumes, Green leafy vegetables) and increasing duration of availability
- Introducing new recipes - preference given to the indigenous food practices (cultivated and non cultivated food)

## **1.1 Formation and Strengthening Community Based Organizations for Improved Health Services**

### **Formation and Strengthening of Village Health Sanitation and Nutrition Committee (VHSNC) –**

VHSNC is a key element of the National Rural Health Mission that has been formed to take collective actions on issues of health and its social determinants at village level. It's a part of the decentralized health planning process expected to take leadership in improving health awareness and access of community for health services, address specific local needs and serve as a mechanism for community-based planning and monitoring. The main objective of the VHSNC is to provide institutional mechanism for the community to be informed of health programmes and government initiatives and to participate in the planning and implementation of these programmes, leading to better outcomes. VHSNCs visit PHCs or dialogue with service users and use this information to fill a score card with a number of parameters. The VHSNC also plays the role as a forum for grievance redressal on the community level issues related to health, sanitation and nutrition. 40 new VHSNCs were formed in this financial year and 40 village health committees were extended.

### **Mata Samiti (Mother Committees)**

Mother committees are formed with the aim to bring awareness among them on health and nutrition among mothers. These mother committees include pregnant mothers and lactating mothers. Every month meetings of these committees are conducted to ensure improvement in the health of women and services they are getting from Anganwadi and PHCs.

### **Block Level Mahasamiti (Federation of VHSNCs)**

Block level Mahasamiti is a federation of committees formed at village level to monitor village level health services. Meetings of mahasamiti are organised on quarterly basis to discuss health situation and services provided by the health department. Issues are raised and conveyed to the concerned authorities for its smooth functioning.

### **Adolescent Girls Leaders Group**

A new direction (Awareness and Advocacy Programme on Menstruation, Sanitation and Hygiene among Adolescent Girls) program aims to provide awareness, appropriate knowledge and build capacities of the adolescent girls on menstrual hygiene and enable them to seek entitlements of menstruation and sanitation kit and materials at school level. Adolescent Leaders Groups aims to create leadership among girls and enable them to advocate for their rights. Few leaders are selected from every school who represents their schools and raises issues and school and government level.



## 1.2 Strengthening Community based Monitoring of Health Services

Community based monitoring of health services program particularly focuses on strengthening community-based institutions and empowering them monitor health services. It strengthens village level planning and monitoring committee through awareness building in meetings and trainings. It was seen that the people are not aware of their health rights so the VHSNC were formed in villagers and they were given information. Meetings were organised in 23 villages where the roles and responsibilities of the Gramsabha members towards making health services effective and accountable were discussed in the meetings. **194 issues were raised at the village level committees, 71 at Primary Health Centre level Planning and Monitoring Committee, 23 Block Level Planning and Monitoring Committees.** Out of these issues 60 percent of the issues were solved at block & district level committees and else are forwarded to the State level committees. It is very important to strengthen local committees to be accountable to ensure availability of medicine at hospitals, attendance of doctors and other facilities so that the villagers don't have to face any problems.

### **Multi-sectoral monitoring and planning through Convergence of village level committees to enhance accountability and efficiency of social services**

There are multiple committees at village level for different purpose. Every department comes up with their own structure to promote government schemes or to fulfil purpose of decentralized processes of the state. But the interaction of these different committees in between is none. Therefore, to enhance effectiveness of the work and improve village level systems the initiative was taken for a convergence of these schemes. The purpose is to bring different committees at one platform, make them share their information among each other, identify their needs and accordingly plan within their resources to use them for a better purpose. This promotes democratic processes in Gramsabha. Initially this program is being implemented in 10 villages of Kurkheda block of Gadchiroli district. Themes are chosen to start works are nutrition, ration, employment, forest rights and education. The focus is made to bring these different committees together and plan for their better effective implementation. At very first the information of village level committees was collected and profiling was done. Later PRA tools were used at village to identify issues and challenges in the village and the stakeholders were identified by whom the issues and challenges can be resolved. Training was organised for the villagers on the provisions and importance of forest rights act and PESA. Villagers were advocated to fill up their form no 4 under MGNREGS to demand employment as their right. Villagers are encouraged for better use of PESA funds. Capacity building is done to enhance dealing power of the communities which resulted into better prices for bamboo and tendu leaf sell by the Gramsabhas. Convergence between various committees can play vital role in the efficient effective implementation of government schemes to reach out to the expected beneficiaries on time.

## 1.3 Empowering Tribal Community to Improve Nutritional Services and Practices in Gadchiroli District

Amhi Amchya Arogyasathi is located in the tribal areas of Gadchiroli district and working towards improve the health status of the communities. Health status among tribal communities compared to others have seen lower due to many reasons and it has its impact over the overall development of tribal communities. Malnutrition is one among the others a major cause of sickness and mortality among children. Malnutrition is observed as the most important risk factor for illness and death globally and associated of deaths among children. Low birth weight, feeding problems, diarrhea, measles, regular illness and chronic diseases increase the risk factor of malnutrition and these factors are responsible of malnutrition among children in Korchi block. Children with malnutrition have reduced ability to fight with infection and are more likely to die from common disease such as malaria, respiratory infection and diarrheal diseases due to lack of awareness. Hence the project “Empowering Tribal Community to Improve Nutritional Services and Practices in Korchi Block of Gadchiroli District” (malnutrition free village campaign) is proposed to actively work with Tribal communities in Korchi block to improve their nutritional status. The project engages with the pregnant women, lactating mothers and 0-2 years children. Children who are born with low birth weight and have growth retardation are at risk of morbidity and mortality as compared to healthy children. Therefore, it is important to ensure wellness of their health before birth and hence the project intervenes before the birth of child in our work area to reduce malnutrition. This is being done with by conducting various health relevant activities at village level from engaging with communities (VHNSC/Gramsabha) in the discussion on health and introduces preventive work that can be done at the community and family level. Secondly it directly works with the identified beneficiaries to improve their health and also coordinates with government officials of health department in the district. The project is being implemented in the 40 village of Korchi block of Gadchiroli district with aim to investigate and improve nutritional status of children by reducing malnutrition. Activities were implemented in under this program are following:

### **Training of Arogyasakhi, Supervisors and Anganwadi Workers –**

4 Trainings for Arogyasakhi, 2 for Anganwadi and 4 training for Supervisor were organized on different themes to make them understand and learn 1000 days in lives and 10 keys essential nutrition and behavioral change communication (BCC) to reduce malnutrition. About 97 percent participation of Arogyasakhi, Supervisor and Anganwadi staff was in the trainings. The training was organized by Miss. Sunita Bagal from Mumbai and Dr. Satish Gogulwar from Kurkheda in which the following points were discussed. Concept of SAM, MAM, SUW, MUW and 1000 days calendar in Child life, understanding of the role of Arogyasakhi, Supervisors and Anganwadi workers to reducing mal-nutrition, Causes of Malnutrition, taking care of LM, PW, high risk mothers symptoms, Components of nutrition food, Awareness about Gov. scheme, Understand the Form of PW, LM and 0-24 months child. Concept of pneumonia and Sepsis, importance of warm bags/blankets for child health was discussed. Information about still birth, maternal mortality, Infant mortality concepts, AAA GR, Gram Sabha and Govt. schemes. Session on Stress



Management was given to Supervisor. Causes of stress and various techniques to be implemented to avoid the conflict situation have been taken into the session.

### **Home Visits –**

Home visits of the supervisors and ASHA workers are regulated to the identified PW, LM and children between 0-24 months in 40 villages. 100 percent home visits done for counselling and promoting health and nutrition in 40 villages. Initially registration was done at Anganwadi, PHC, Sub centre and Arogyasakhi. The information on the diet and rest schedule in a day was shared to PW/LM, also the techniques of feeding child and 1000 days model of 0-24 month's was discussed. During the home visits ASHA and Supervisors counseled to mothers and family members about taking care during pregnancy and regularly taking folic acid, Calcium tab., Regular cheque up. Also shared information about SAM/MAM children to admit in NRC at Gadchiroli, advised for family planning after 2 children and for institutional delivery.

### **Village Level Mother Group Meetings –**

480 Mother group meetings were organised during the year in which 11531 women and 449 men. Information was shared with PW/LM on 1000 days calendar of Child life. Discussions were held on using flash cards to bring awareness on minerals in vegetables and their nutritional values. Health check of Urine, HTN, BP, Sugar, Blood group, HIV, Weight check in every month and other relevant test during pregnancy. Information about Government Schemes to get maternal benefits and Schedules for rest to LM and regular breast feeding for first six months to their children.

### **Monthly meeting of Arogyasakhi and Supervisors**

Monthly meetings are organised to review, discuss over the observations and plan for future interventions. The monthly data is collected on the SAM, MAM, SUW, MUW, PW and LM for tracking sheet. Monthly payments are given to the Arogyasakhi workers. Review of Supervisor and Arogyasathi has done to check updated knowledge, skills, capacities and improved areas etc. Case studies are prepared in these meetings.

### **Nutritional Recipe Training and Demonstrations –**

100 training on recipes were demonstrated that includes Nutricious Khichadi, Shevayachi Khir and Upma, Kodo Upma, Dhirde, Nachnichi Lapasi, Murmure, Bhel, Ambadi Flower Chatni, Kadipatta Chatni, Gahu Tukadyachi Soji, Mahua sweat pakoda, Groudnut- Jaggary Ladu and Mahua Ladu etc.



## SAM children referred to NRC –

Total 56 children (22 girls and 34 boys) were identified under SAM category in the year and all the 100 percent children were referred to NRC Gadchiroli. The program team had a discussion with the families of the SAM child to counsel them to refer their child to the NRC for better improvement in the Mother and Child health and hygiene.

## Paediatric Camps for SAM/MAM children

Paediatric camps were organized with the aim to examine and provide treatment to the SAM, MAM, SUW, MUW children identified in 40 villages of the project area. Following are the activities undertaken: Identified SAM/MAM/SUW/MUW child and LM/PW, Awareness about health camp to door to door at beneficiaries, NRC staff, RH staff and Paediatrician doctor was attentive participated, 1200 women participated with their SAM, MAM, SUW, MUW children Free check up with medicine.

## Promotion and Training of Ecological Kitchen Garden

Initially training on Kitchen gardening was organized with 40 Arogyasakhi workers and 4 supervisors for promoting ecological kitchen garden in the families of PW/LM and parents of SAM/MAM children. Seeds of diversified vegetables, roots, beans were distributed to the families in 40 villages. Information was shared on preparing of beds, techniques of planting, preparation techniques for vermi compost and bio-pesticides i.e.



Dashparni, livamrut etc. Families prepared vegetable gardens which helped them to get diversifies, organic nutritious green vegetables within the home in 40 villages. Improvement seen in the nutritional status:

	February 2019		September 2019	
SN	Person	HB (Gram)	Person	HB (Gram)
1	253	7 to 8	30	7 to 8
2	338	8.1 to 9	295	8.1 to 9
3	321	9.1 to 10	514	9.1 to 10
4	178	10.1 to 11	712	10.1 to 11
5	7	11.1 to 12	47	11.1 to 12
6			3	12.1 to 13

# ON THE MOVE - Providing health, love and care for a better living

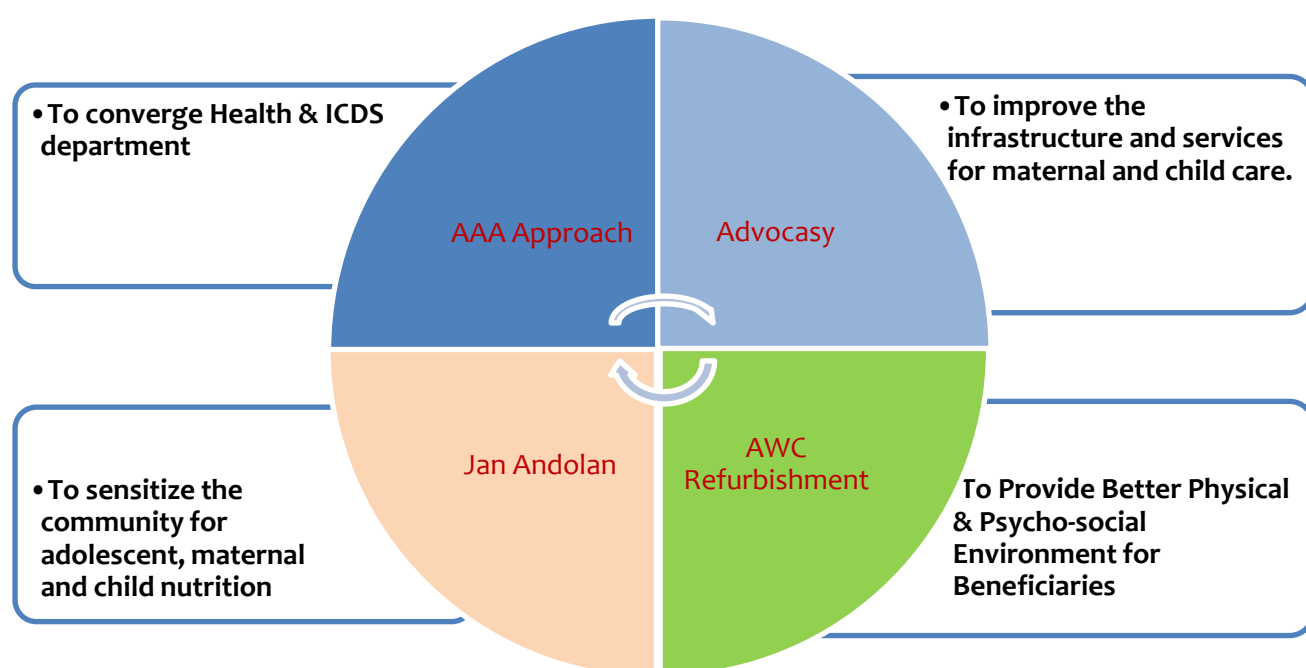
Amhi Amchya Arogyasathi is implementing project of “Malnutrition Free Village”. Through this initiative, project staff surveys villages and find out children who are malnourished and referred them to NRC, Gadchiroli.

Yug Katenge (name changed) was born in Bori Sub centre on 20th August, 2018. His birth weight was 2.7 kg and was a normal child. His growth was going fine till 9 months after his birth. At 9 month of his birth his weight was 7.2 kg. During his 10 months, he was diagnosed with diarrhoea and was ill for 15 days. Also, he was not taking any other dietary supplement and totally depended on breast feeding. Due to unfulfilled appetite, he used to cry all the time. As a result of his illness and inadequate diet, his weight drastically shifted from 7.32 kg to 5.4 kg. He shifted from normal to SAM. Arogyasakhi has informed the family about the current status of the child and asked family to take the child to NRC, Gadchiroli. Arogyasakhi has counselled the SAM child family for 5-6 times still family was not convinced to take the baby to NRC. But his mother was ready to fight against her child malnutrition. Arogyasakhi inform supervisor about the current situation of the family and both tried to convince grandfather, grandmother and father of child. At night 08:00 pm, Supervisor approach Gramsabha and VHSNC member regarding the issue and take them to Raju Katange house. All of them explained the family regarding malnutrition and its effect on child health and its development. They also explain the family about the NRC and facilities available over there. After the rigorous counselling, family got ready to take the child to NRC, Gadchiroli. Child weight was 5.2 kg when he was taken to NRC. Complete care was taken by the NRC hospital staff with proper observation and guidance by doctors and nutritionist team. Mother was taught many things regarding to diet, nutrition and food practices, recipes which are to be followed. She was also told that feeding is a critical aspect of caring for infants and young children. Appropriate feeding practices stimulate bonding with the care giver and psycho-social development. They lead to improved nutrition and physical growth, reduced susceptibility to common childhood infections and better resistance to cope with them. Improved health outcomes in young children have long-lasting health effects throughout the life-span, including increased performance and productivity, and reduced risk of certain non-communicable diseases. He and his mother stayed for 20 days after which his weight got increased to 5.8 kg. Now his current weight is 7.6 kg, height is 74 cm and shifted to MAM status. Her mother found development in Yug’s activity. His family thanked the doctors, hospital staff as well as AAA Team for doing a great job. Yug’s mother was also explained about the diet which should be given to Yug and also a separate diet was chalked out for her. The entire team wished her luck and a healthy life ahead.

## 1.4 ICDS System Strengthening and Community Mobilization in Chandrapur and Gadchiroli Districts in Maharashtra

The Integrated Child Development System (ICDS) is a centrally sponsored flagship scheme and the world's largest community outreach programme for early child development in India. Linking primary health care and elementary education to women and children, its role has long been considered critical from this perspective. Since the past decade the coherent need for restructuring of the ICDS programme was realized due to implementation gaps consequent from inadequate investment, convergence and accountability issues.

Amhi Amchya Arogyasathi and Tata Trusts realized essential to address this chronic problem of under-nutrition and collaborated to implement the system strengthening and community mobilization strategies in Chandrapur and Gadchiroli districts. The System Strengthening of ICDS Project has been started from January 2019 with the goal to improve the quality of life of vulnerable communities in Chandrapur and Gadchiroli, Maharashtra through strengthening the already existing government programmes and mainly convergence of activities of Anganwadi worker (AWW), Auxiliary nurse midwife (ANM) and ASHA worker (AAA), capacity building of frontline workers. While at the facility level, the improvement and leveraging of existent resources of the ICDS will be stressed for more functional responsiveness to the beneficiaries; at the community level, sustainable mechanisms will be positioned for initiating need-based demand for health and nutrition services.





## Highlights: Major activities with Out Come

### Convergence of Health & ICDS department (AAA Approach)

The health and nutrition services are provided through Auxiliary Nurse Midwife (ANM), ASHA volunteers and Anganwadi Workers (all together called as AAA) at village level but there is a difference observed between the coordination and the reporting methodology of the respective departments. There are differences which are observed in maternal & child health services indicators too. Variations noticed in their reports regarding the entries of beneficiary's numbers and their critical data. The information related to the health & nutrition services must be equally similar in reports and registers.

### Block level ToT of Master Trainers for AAA convergence

Block level ToT workshops for Master Trainers have conducted for block level officials & supervisory cadre personnel from Health & ICDS department such as THO, CDPO, Lady Supervisors, Medical officer, Health Assistant and Lady Health Visitor. The master trainers were trained by the internal staff members from the organization. The workshops have conducted by using lecture method, group activities, role play & discussions. The participants were provided with the relevant reference materials published by the respective departments & other district specific circulars along with other required logistic support.

### Sector Level Training workshops for AAA groups

As per the Cascade model of training workshops, village level AAA groups have been trained by the Master Trainers who were earlier trained at the block level. The workshops were further facilitated by the internal team members.

All together 1170 (91%) AAAs have been trained from 27 sectors in the intervention areas. There is a plan to train the remaining AAAs during the subsequent visits to VHSNDs. The details are as follow:

Block	Total Participated	Total Expected	Percentage
Kurkheda	318	329	96.66
Bhamragad	211	246	85.77
Pombhurna	142	165	86.06
Jiwati	237	273	86.81
Mul	262	294	89.12
Total	1170	1307	89.52

## Community level interventions under AAA Convergence

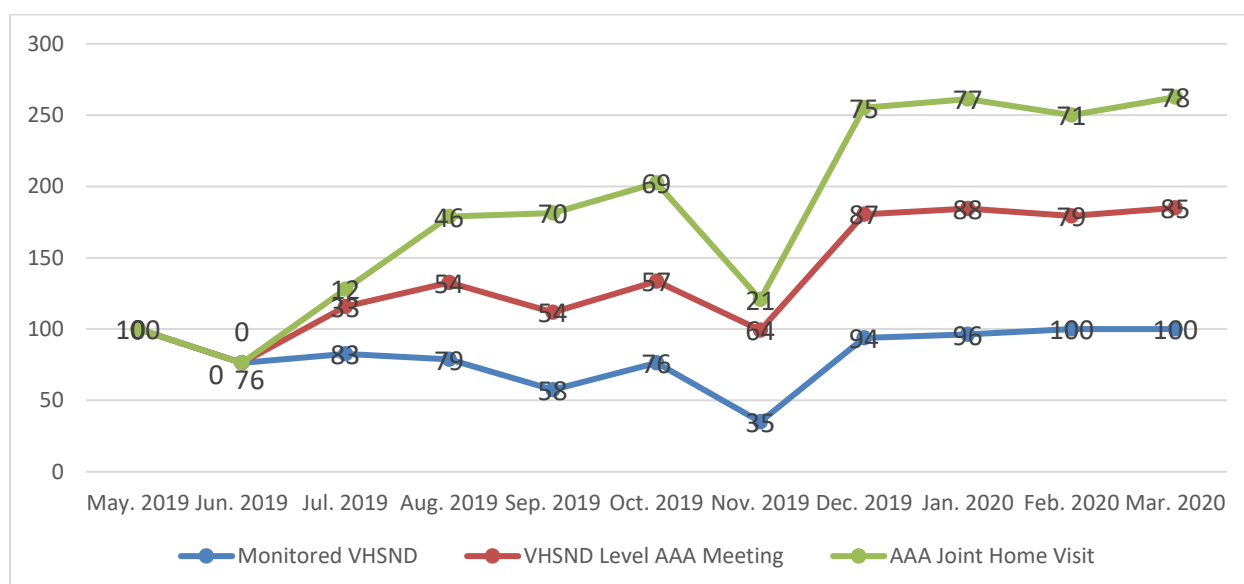
As per the AAA state specific guidelines, preparation of community maps has been one of the critical activities to be followed by the Frontline workers jointly. The field level coordinators have been facilitating this process by using various community level platforms such as VHSNDs, review meetings at the PHC, Sector & ICDS Project level.

By end of March 2020, 589 (80%) Community maps have been jointly prepared by AAA groups. With the handholding support by field team.

### Supportive Supervision during VHSNDs

VHSND has been one of the existing effective platforms to provide health & nutrition related services & counselling to the expected beneficiaries at the community level through the coordinated efforts from public health and ICDS department.

Supportive supervision to monitor the community level convergence & direct observation of the services provided at the VHSNDs are some of the critical objectives covered as part of this intervention.



### Joint Household visits with AAAs

AAA Wise Household Detail		
Visit With	Numbers	Percentage
AAA	1322	19.32
AWW & ASHA	1743	25.48
AWW	2636	38.53
ANM /ASHA	512	7.48
Individual FF	628	9.18
Total	6841	100.00

Household visit is one of the main activity for coordination of AAA under the AAA approach and its effective medium of behavior change communication for beneficiaries. Field facilitator provides hand holding support and facilitate for joint house hold visit to AAA. The objectives of the Joint home visit are to identify high-risk beneficiaries and providing

better counselling, giving quality message regarding mother and child care and also providing referral services to beneficiaries as per need.



Block and Beneficiary wise Home Visit Details: June 2019 to March 2020								
Name of Block	ANC	PNC	New-born (till 42days)	SAM Children	MAM Children	6 to 9 months Children	Other	Total
Kurkheda	527	366	75	41	61	77	45	1192
Bhamragad	847	602	90	82	114	22	60	1817
Mul	537	397	97	31	82	58	218	1420
Pombhurna	427	415	70	38	135	48	0	1133
JIWATI	378	274	210	116	83	145	73	1279
<b>Total</b>	<b>2716</b>	<b>2054</b>	<b>542</b>	<b>308</b>	<b>475</b>	<b>350</b>	<b>396</b>	<b>6841</b>

### Joint Review mechanism

As per the state specific guidelines, the review mechanism has been strengthened at different levels of administration. As part of this intervention, a periodical system of review mechanism has been in place to monitor the convergence related activities & planned accordingly.

### District level AAA Review meeting:



The 1<sup>st</sup> district level AAA review meeting has conducted in Chandrapur on 24<sup>th</sup> December 2019 under the chairmanship of Mr. Rahul Kardile (IAS) CEO, ZP- Chandrapur.

The district & block level supervisory cadre personnel from Public health & ICDS department were also participated in this review meeting.

The current status of convergence related activities as part of the AAA approach, the challenges faced & the way forward were discussed during this meeting. Following major action points have decided during this meeting:

- | Community Maps for all villages within the intervention areas will be completed till 31<sup>st</sup> January 2020.
- | Every VHSNDs will be followed by AAA convergence meeting under the leadership of ANM.
- | Every block will create its own WhatsApp group comprises of block level officials from Public Health & ICDS department & other respective supervisory cadre personnel from both the departments.
- | Representatives from Tata Trusts & Aamhi Aamachya Aarogyasathi will be also added.
- | In to these groups. The daily updates regarding AAA convergence will be shared in these groups by relevant authorities.
- | AAA Joint review meetings will be held on regular basis as per taken required frequency & guidelines mentioned in state directives.



### Block level AAA Review meeting

Block level AAA review meeting is very important to implement AAA approach at ground level. Due to Vacant post of block level officers in Bhamragad, Kurkheda and JIWATI block 13 out of 35 block level review meeting has been conducted from all five block (Bhamragad -1, Kurkheda-, Jiwati-2, Pombhurna-4, and Mul-4) till March 2020 in presence of THO, CDPO, Medical officer, Lady Supervisor, Health Assistant, and Lady Health visitor through the issued letter from block development officer. In the first meeting from all block presented work status of AAA approach, discussed and decided date of monthly AAA review meeting at Sub centre level, PHC level and block level also orientation has been given about AAA management tool and provided hard copy to all participants and fixed the review mechanism of AAA approach according guiding of AAA Approach and from second AAA review meeting review has been conducted as per following points.

- | Status of AAA coordination of at activity at ground level- Joint Family Survey, Prepared village map and painting of Family ID on front of House.
- | VHSND Plan and done and coordination of AAA- joint AAA review and planning meeting, AAA joint home Visit.
- | AAA Review meeting at PHC and Sub centre level and their reports.
- | Data cross verification of ANC and PNC registration, High risk ANC, PNC, SAM and MAM children From ICDS and Health department.
- | Plan for High risk Mother and Children.
- | Status of coordination to implement Anaemia mukt Baharat program.



### PHC level joint review mechanism

As per the state directives, a monthly joint review meeting is supposed to be conducted at every PHC level. Before the implementation of project interventions, there has been no any joint review mechanism followed at the PHC level to review the community level health & nutrition interventions.

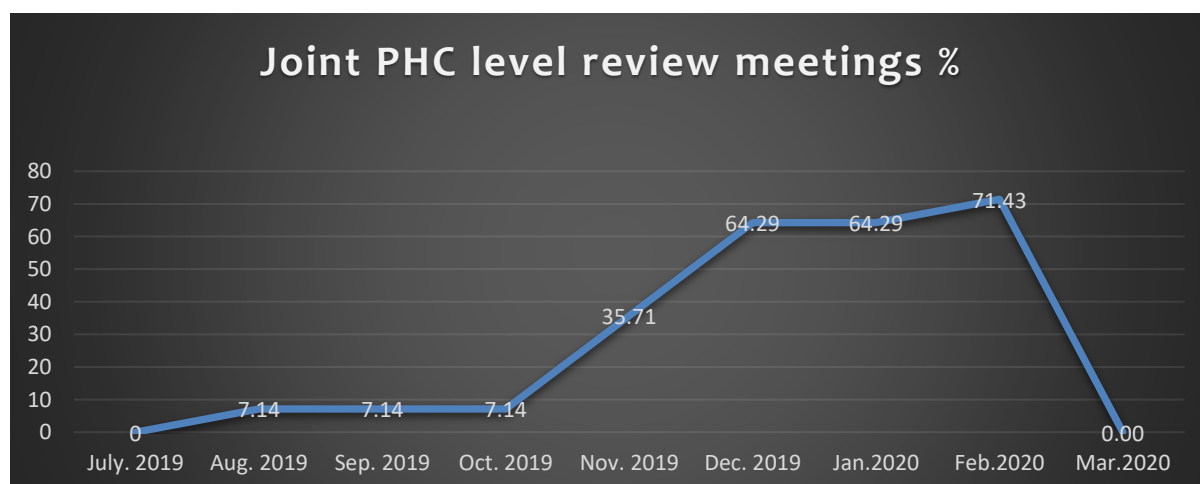


After rigorous advocacy with the respective government departments, the PHC level review meetings have been initiated in Pombhurna, Jiwati, Mul, Kurkheda and Bhamragad block as per decisions taken by both the government departments during in the block- level review meetings.

**Since August 2019, 15 such joint review meetings have been conducted in the intervention area where the internal team has facilitated the process of joint review.**

Major decisions taken by the respective government departments to regularize the joint review mechanism. Some of the major decisions are as follows:

- | HSC level review meetings will be conducted in the presence of all AWWs, ASHA volunteers under the leadership of ANM. HA, LHV & LSs from ICDS department will be monitoring these meetings on regular basis. ANM will submit a report of this meeting in the form of the AAA Management tool to the respective PHC.
- | PHC level review meeting will be conducted under the leadership of MO & in the presence of LS, LHV, HA & all ANMs. The minutes of the meeting will be documented & similarly reported to Block officials as per the AAA management tool/formats.
- | A fixed date will be decided to call the joint meeting & communicated to the expected participants well in advance.





## Health Sub Centre level AAA Review meetings:

A new initiative has been implemented as part of the AAA review mechanism where all the frontline workers under the administrative jurisdiction of Health Sub Centre level will be meeting together on a monthly basis to discuss the achievements under the convergence approach.

It was initiated from August 2019 in Kurkheda block. In the month of December 2019 similar meetings have been started in rest of the other intervention blocks.

Till March 2020, 400 HSC level AAA review meetings have been conducted in the intervention areas.

## Behaviour Change Communication (BCC) through Jan Andolan Event

As part of the POSHAN Abhiyaan (National Nutrition Mission), various themes, platforms & prospective change agents have been suggested in the form of Jan Andolan events to implement the Behavior Change Communication (BCC) activities at the community level.

The team has been supporting respective departments to plan & implement various Jan Andolan events with innovative ways. The entire September month had celebrated as a 'Rashtriya Poshan Month.' During this month, 74 Jan Andolan Events were organized, out of which Mega Events were conducted in Kurkheda (Gadchiroli), Mul, Jiwati (Chandrapur).

There are 553 Jan Andolan events conducted till March 2020 with the coverage of 43097 participants throughout the intervention areas in all 2 districts.

## Awareness Rally

Lactating and pregnant mother, care givers of children, adolescent girls, School teachers and school children, women from local self-help groups, villagers and PRI members, and frontline workers were participated enthusiastically in awareness rallies with banners & posters to spread innovative messages on nutrition, health and sanitation.



## Food Festival



Pregnant and lactating mothers groups were actively participated with their own recipes using the locally available food sources. They were provided the guidance by frontline workers and Field facilitators. Major topics discussed during the food festivals were sources of locally available nutritious food, importance of diet diversity, recommended intake of iron, calcium, protein, Vitamin A and C rich food, and complementary food, cleanliness during cooking and feeding and diet of pregnant and lactating

mother.

## Street Play

With the active participation from frontline workers & internal staff 20 Street plays were organized in Mul. Jiwati and Bhamragad blocks. 3 special street plays were organized by hiring the professionals at the time of celebration of Poshan month in Kurkheda and Pombhurna block to deliver messages regarding the health & nutrition seeking behaviors & to increase the active participation of community to disseminate the messages of healthy food habits and health seeking behaviors.



## Inter AWC Competition



It aims to create the platform for pre-school children at the AWC level for their physical, mental and social development. This activity started in month of December 2019. During these events, the parents and local PRI members showed their active participation. Throwing ball into the net, dancing, singing, identifying alphabets and Puzzle- solving are some of the activities carried out during these competitions. A small token of appreciation in the form of drawing book, color chalks and pencils & other stationary materials were given to the participants.



## Anaemia Camp

During the celebration of Poshan month, T3 (Test Treat and Talk) Anaemia camps were organized for adolescent girls in Mul and Jiwati block of Chandrapur with the collaboration of local Health and ICDS department. Apart from testing the anaemia status, the participants were also counselled for preventive actions for anaemia & importance dietary diversity.

## Community Based Events

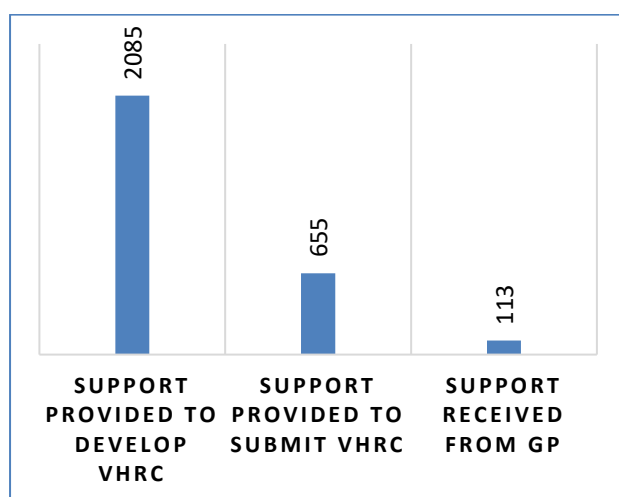


The objectives of Community Based Events (CBEs) are to enhance community participation in promoting good nutrition and health seeking behaviours. As per the POSHAN Abhiyaan guidelines on organizing CBEs, the techno-managerial support has been given to the ICDS department to organize the CBEs with more innovative ways. Focus was given to involve the male counterparts from every family. **By the end**

**of March 2020, 386 such events were supported in the intervention area.**

## Village Health Report Card (VHRC)

VHRC is the tool of advocacy for AWWs at individual GP level to communicate the updated status of Anganwadi services & officially demand the requirements from respective GPs & maintain the Quality services at the AWCs. The field team has been facilitating this process of official communication between two different departments.



## Refurbishment of Anganawadi centers

- | The infrastructural gap assessment survey for all 740 AWCs was conducted & the report had submitted to Tata Trusts & the ICDS department of both the districts.
- | After rigorous process of selection by jointly visiting several AWCs in Bhamragad shortlisted 5 AWCs for the purpose of refurbishment. The joint visits were carried out by representatives from the organization, Tata Trusts & ICDS department of the block.

- | Received the Stability Certificates for all 5 AWCs from Public Works Department, ZP Gadchiroli.
- | Finalized the Contractor and signed contract for refurbishment work.
- | Issued official letter from BDO-Bhamragad to respective GPs to cooperate during the proposed refurbishment activities. Accordingly, the designated places have been identified to shift the AWCs during the ongoing refurbishment activities.
- | Collected the attendance data of registered children from all 5 selected AWCs before the actual intervention.
- | Refurbishment activities has been initiated at Dhodraj and Lahiri AWC.



## 1.5 Community Action for Nutrition

Malnutrition is seen in high rate among tribal communities or in rural areas. While working on helath Amhi Amchya Arogyasathi promotes activities in different approaches at different levels with various stakeholders. At one side it focuses on advocacy with government officials for health services at the same time it also promotes village level services to be implemented effectively. This initiative is called community action for nutrition. Its main focus is spreading awareness of A P J Abdul Kalam Amrut Ahar Yojana among VHNSC, Mother Committees and Food Committees and encouraging them to function in efficiently. It also aims to increase the registration numbers of pregnant women, lactating women and children up to 90 percent and food consumption up to 80 percent under Amrut Ahar Yojana. This program is being implemented in 40 villages of Kurkheda block & 40 villages of Armori block of Gadchiroli district. 80 VHNSC committees under this program were reconstituted and ASHA was made secretary of the committee. Basic information of the 0 – 6 years old children's information was collected from the Anganwadi centers. Sometimes due to irregularities in the funds from the government the food is not served at the Anganwadi centers but here after intervention of this program the village level institutions got aware of the situation and being sensitised towards health nutritional importance, they used funds available with them under Gramkosh Committee of PESA.



## 1.6 Reduction in Maternal & Child Morbidity and Mortality through Mobile Health Clinic in Tribal Villages of Kurkheda Taluka of Gadchiroli District in Maharashtra

(Improving quality health of mother and children through Mobile Health Clinic in Tribal Villages of Kurkheda Taluka of Gadchiroli District in Maharashtra)

Gadchiroli district highly prone to Malaria (Cerebral Malaria). High rate of malaria morbidity and mortality. Kurkheda is one of the 12 blocks of Gadchiroli district near to Chhattisgarh border. There is a high rate of low birth rate children in Kurkheda block. In Kurkheda taluka there are 3 PHC's (Malewada, Kadholi and Deulgaon). In Deulgaon PHC 69000 population is covered. So, in the interior villages of this PHC health services not properly reach. In those villages indicators are high as compare to other area of Gadchiroli district. So, we selected 12 such villages covering near about 10000 populations. By this project, we are providing health services both curative and preventive through Mobile Health Clinic. Mobile Van is equipped with doctor, ANM, Lab Technician. Services like curative services women, children's and all villagers. Two village health workers (1 Male and 1 Female) are selected and trained them about prevention of diseases and health education. They provide primary drugs to the patient. We refer the serious patients to sub-district hospital/district hospital/medical college. We have collected baseline data of all 12 villages about morbidity and mortality due to malaria. Status of low birth weight children, SAM/MAM children, Anaemia status in Female and Adolescent girls. The program aims that in the three years of intervention through curative and preventive methods we will reduce percentage of SAM/MAM children, child Mortality and Morbidity, Mortality and Morbidity due to anaemia, Mortality and Morbidity malaria by 10-20%.



First resolution was passed by each Gramsabha to start Mobile Health Clinic. Baseline information about health status of that villages was collected and analyzed based on that services were provided. Mobile Health Clinic visits each village once in a week. It provides regular health education of villagers through audio visual media on diseases like Malaria, TB, Malnutrition, Anemia, problems in the pregnancy etc. The program also promotes organic kitchen garden in every family.





During this financial year 124 times visits were organised to these villages and camps were organised in which 1370 patients received treatment from mobile health clinic doctors.



100 people has participated in the Consultation that was organised at Rani Durgavati Training Center Yerandi for awareness on types of exercises and health preventions people should follow.

Gynaecological camps were organised in 6 villages in which 210 persons received treatment that includes 22 pregnant mothers, 13 lactating mothers, 66 children and 80 adolescent girls.



## 1.7 A new direction (Awareness and Advocacy Programme on Menstruation, Sanitation and Hygiene among Adolescent Girls) program

Women and girls constitute half of the India's population. Yet, gender disparities remain critical issue in India impacting women and girls' education, health and workforce participation. There are over 355 million menstruating women and girls in India but millions of women across the country still face significant barriers towards comfortable and dignified experience with menstrual hygiene management (MHM). Girls do not consistently have access to education, puberty and menstrual health. In India, 71% of girls reports having no knowledge of menstruation before their first period. Girls often turn to their mothers for information and support, but 70% of mothers consider menstruation as dirty further perpetuating taboos. Secondly girls do not have consistent access to preferred, high quality MHM products. Almost 88% women and girls in India use homemade alternatives, such as old cloths, rags, hay, sand and ash. Girls lack access to appropriate sanitation facilities.

Poor menstrual hygiene manifests in health problems, for instance, it impacts reproductive health, can cause uterine cancer, causes white discharge and leads to infections etc. One of the major reasons why girls avoid going to schools in their monthly periods because schools do not have proper toilets and water to use and maintain them. In absence of these facilities girls do not attend school during their menstrual periods. Menstrual hygiene is a major area of concern as they face its adverse consequences for their lifetime.

There are immediate opportunities to leverage the national momentum in India to improve menstrual health, particularly for the adolescent girls. There can be priorities set towards strengthening capacities of facilitators to deliver awareness trainings, improving the reach and quality of low-costs pads, and improving targeting to influencers. Girls' ability to manage their menstrual in influenced by broader gender inequities across India and can be hindered by the presence of discriminatory social norms. There may be opportunity to leverage MHM as a less sensitivity entry point to address sexual and reproductive health topics, such as reproductive rights and teenage pregnancy prevention, and improve girls empowerment at large.

A new direction (Awareness and Advocacy Programme on Menstruation, Sanitation and Hygiene among Adolescent Girls) program aims to provide awareness, appropriate knowledge and build capacities of the adolescent girls on menstrual hygiene and enable them to seek entitlements of menstruation and sanitation kit and materials at school level. It is expected to engage with Municipal Deputy Commissioner, Education Officer that will issue an order and will ensure that the budgets are allocates to ensure setting up free facilities, such as a sanitary pads, vending machines and disposing units along with comprehensive menstrual hygiene education to 560 girls in Municipal schools of Nagpur city.

Adolescent Leaders Groups aims to create leadership among girls and enable them to advocate for their rights. Few leaders are selected from every school who represents their schools and raises issues and school and government level.

Multiple activities were undertaken under this initiative during the year. As the program particularly focuses on the Municipal Corporation Schools (MCS) of Nagpur city a permission was taken from the additional commissioner and education officer.

#### **Brief on Baseline –**

Baseline study was conducted with 804 adolescent girls from 28 MCS of Nagpur. The purpose of the study was to measure the awareness among adolescent girls on menstruation, hygiene and sanitation and facilities they are getting at school level along with their demands for Improvement. Among respondent 75 percent of the girls were between the age group of 11 to 14 year. Socially representation was 49 percent Hindu, 43 percent Muslims, 6 percent Buddhist and 2 percent others. These girls were 22 percent in 8<sup>th</sup> standard, 48 percent in 9<sup>th</sup> standard and 30 percent in 10<sup>th</sup> standard. The study found that 75 percent of the girls got some information on menstruation is from their mother. 38 percent of the girls do not know why they are having menstruation whereas 8 percent believes that it is curse of God. During menstruation 53 percent girls are restricted accessibility in common places. 65 percent girls expressed that they are not allowed to enter in temple, cooking in prohibited for 66 percent girls so 12 percent girls are left isolated. 71 percent of the girls use sanitary pads during their menstruation but they are not of good quality. 70 of them through these pads in daily waste of households. During menstruation 40 percent of the girls carry sanitary pads to schools whereas 34 percent prefer to go back to their home. 40 percent girls remain absent during menstruation cycles. 72 percent girls expressed their concerns over disposing facilities at school level.

This is notable that 97 percent of the total girls asked for the free availability of sanitary pads for the girls at school level. Also, 98 percent girls want to get aware on menstruation, hygiene and sanitation and expect that programs, sessions, workshops should be organised at school.

#### **Activities Undertaken –**

Adolescent girls leaders were selected in all 28 MCS of Nagpur city. Awareness sessions and workshops were organised on menstrual hygiene. Also, to bring awareness among girls in communities rallies and essay competitions were organised for the advocacy purpose.

Meetings were organised at the school management committee level. 6 meetings were organised with influencers and potential partners who are key decision markers.

The project has focused upon ensuring that the education department organizes regular educational sessions for girls on menstruation that lead to improvement in girl's awareness and health. It also focused on ensuring all girls studying in all Municipal Corporation Schools in Nagpur get adequate facilities, free of cost, to ensure menstrual hygiene in their schools (these include, separate toilet, water supply, sanitary pads, disposing unit along with education about menstruation)

In our advocacy strategy girls and women have played a significant role. The team interacted with them and prepared them so that they themselves are able to talk about their issues and make their



demands. A few representatives were selected from each school, who participated in all meetings and monitored whether the educational sessions are taking place in their schools or not. This group of girls started maintaining a register of topics covered in these sessions and also ensured that if anyone has any problems they are able to talk with the concerned teacher. The parents of the teachers, especially the mothers, were encouraged to be part of these sessions and also to visit school to have a look at the sanitation facilities. The parents were involved in the advocacy activities. SMC members were made aware and motivated to give due priority to this issue.





## Outcomes of the Initiative

The direct benefit of the project reached to the girls in 28 municipal corporation schools, they are being encouraged to share their knowledge with more girls in their communities. Hence the impact can be seen wider. In these regular educational sessions with the girls, they are getting a forum to ask their doubts and share their problems on the sensitive issue like menstruation. As a result, their misconceptions are addressed and they are looking at the period with open and healthy mind. Their monthly periods no longer remained hurdle to come in their way of schooling. The program directly reached out to 2439 girls, 333 women members of school management committees and boys and indirectly it has covered 6000 men and women from the community through various advocacy programs.

AAA had planned the one year process in such a way that the thinking process will be influenced in a desired direction. With the meetings with education officer and other concerned officers, we will form a network, by involving RTE Forum and other like-minded allies, which will pursue for appropriate facilities at the school level (separate toilets, availability of water, sanitary pads and disposing unit along with education and awareness on menstruation). The impact of the advocacy was that the order that the order was passed by the Additional Commissioner of the Nagpur Municipal Corporation to provide free generic napkins to the 32000 girls from 28 schools. All the schools are having disposal units for used napkins. As girls are getting pads at school that is leading to increase their attendance in schools. Now, with better awareness on menstruation they are getting open to talk about their menstruation.



## 1.8 - CHILDLINE 1098

Child protection is a key policy concern in India as children, especially those belonging to the weaker sections of society, are vulnerable to exploitation and harassment of various kinds, child abuse, trafficking, child labour, female foeticide and infanticide, child marriage, undernourishment are amongst the host of issues that affect children. Especially in the cases of children below age of six, children living on the streets, orphaned, children with physical and mental disabilities, affected by HIV/AIDS or other long term diseases, children displaced by conflict/civil unrest/natural disasters, the capacity for self protection risk is limited, putting even more at risk.

Childline India Foundation (CIF) is the nodal agency of the Union Ministry of Women and Child Development acting as the parent organization for setting up, managing and monitoring the Childline 1098 service all over the country. (visit for more details [www.childlineindia.org](http://www.childlineindia.org))

CHILDLINE 1098 is India's first 24-hour, toll free, emergency phone outreach service for children in need of care and protection, linking them to long-term services for their care and rehabilitation. Any child or concerned adult can call 1098 and access the CHILDLINE service, any time of the day or night.

### Amhi Amchya Arogyasathi – Collaborative Organization

Collaborative organizations or collab partners function as the intervention units for CHILDLINE. CHILDLINE collaboratively works with various government departments and non-government organizations. **Amhi Amchya Arogyasathi** also functioning as a supporting organization in Gadchiroli city from April 2019.

**No of Cases Addressed** – Since June, 2019 from the date center started functioning at Gadchiroli till March, 2020 total 85 cases were registered. All the complaints were successfully resolved by the center team members.

**Awareness Building** – Awareness program on CHILDLINE 1098 were organized in 85 primary schools reaching out to more than 7231 children and shared information on importance of CHILDLINE and its toll free number so that they can easily contact to the center in case of need. The Gadchiroli CHILDLINE team also organized awareness programs in 43 Secondary schools reaching out to 14019 youths and 55 Ashram/Residential schools covering 20762 children. It has also organized awareness sessions at Aganwadi centers. Total 39 programs were organized in which





2284 children and youths between the age group of 11 to 18 years has participated. The program going beyond schools and Anganwadi centers it has organized 83 awareness programs at public places in which 5734 people participated. 334 programs were organized in 150 villages which includes Individual and group level programs. Along with children, youth and people from community the awareness sessions were organized for bit level Anganwadi workers. 242 Anganwadi workers attended these sessions.

The method used in these awareness programs includes rally, speeches, signature campaigns, movie presentation, games, street plays, swachhata abhiyan, stalls, essay writing competitions, poster presentation, stalls in programs etc. programs at public places were organized on the occasion of various festivals in which people participated in large numbers. The program has also converged with the swachhata team of Nagar parishad Gadchiroli. Vehicles collecting garbage announces information on CHILDLINE through which people are getting informed about the toll free numbers. The information includes the types of child abuses, preventive and protective methods of child abuse, child marriages, trafficking, child labor, discrimination against caste, class, gender, disability. These has helped to bring awareness among people hence the result of it about 85 cases were registered with the center.



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# LIVELIHOOD

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# STRENGTHENING COMMUNITY BASED INSTITUTIONS FOR SUSTAINABLE LIVELIHOOD DEVELOPMENT

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India has witnessed a substantial increase in agricultural productivity, farming in these project areas is still in the subsistence stage due to a variety of reasons. Production from agriculture at present could sustain them for a period of 5 – 6 months in a year. Though a regular portion of their food requirements (mostly grains) are met through Public Distribution System (PDS), the diversity of food supplied is just limited to rice and wheat which do not provide necessary nutrition to families. 70% of the local communities own livestock for draught purpose as well as small ruminants (goat and sheep) for emergency needs. The quality of veterinary services leaves much to be desired and therefore mortality of livestock is quite high. Though there are a number of sectoral schemes available with different departments of the Government, a majority of them are not known to the local PRIs (Panchayat Raj Institutions) and communities which is a barrier to effective coordination and implementation. Community participation in Gram Sabha is low and they are unable to influence local level development planning. Thus, vulnerable groups are often left out from the process of development. Participation of women in community level decision making is low. Though participation of women in agriculture is quite high in terms of their labour contribution in almost all stages of production, but their role in decision making in agriculture as well as control in process and sale of agricultural commodities is also low. In many of the cases, tribal communities are cheated and under paid for their agricultural commodities and NTFP by established market players due to their low awareness about market information. To strengthen this traditional system the organization has focused on developing capacities of the male and female farmers on ecological farming practices and its techniques.

In Maharashtra, nearly 85 percent of the tribal population is engaged in Agriculture among them 40 percent are farmers and 45 percent are agricultural labourers therefore the mainstay of the tribal economy is still agriculture and allied occupation. Gadchiroli and Chandrapur districts of Vidarbha region has large number of forest and hilly region. The average size of operational land holding in the state is 1.44 hectares per family as per 2011 census. According to Economic Survey of Maharashtra 2018-2019, the Maharashtra state received only 84.3 per cent of the normal rainfall during 2017 - 2018 which was 10.7% less compared to 2016-17. Due to erratic rain and hail about 5094 hectares of land area was affected in 2018. In 2018-2019 kharif season 151 talukas of 26 districts in Maharashtra were affected due to water scarcity. Hence during kharif season of 2017 the production was decrease in cereals by 15.1% and oilseeds by 17.7%. The decrease in vegetables production was 17%.

A World Bank study suggests that the economically backward region of Vidarbha will witness sweeping downward economic impacts in the wake of a changing over the next three decades. The study warns that seven of the 10 climate hotspot districts in India are from this region that has long been in the



throes of a raging agrarian crisis. Though Maharashtra has a reputation for progress and development in the economic terms, but regarding Human Development Index there are widespread inequalities in the state especially in rural areas. Farmers distress is reflected in high levels of indebtedness, disinterest of youth to become farmers. Job creation is weak and most of the policies are based on exploitation of natural resources. Migration from rural to urban areas is increasing due to low employment in rural areas. Poverty levels are getting high among marginal farmers, landless, tribals, Dalits, women, person with disabilities, elderly people.

The economy of Scheduled Tribes and Other Traditional Forest Dwellers in India has traditionally been very strongly dependent and closer to nature with use of indigenous technologies. Dependence on forests and surrounding natural resources available in habitat strengthens the aspect of their lives that they are ecological people. Agriculture and forest-based livelihoods are the cornerstone of many tribal groups and there is a demonstration effect when they come in close contact with other non-tribal groups. Traditionally families which were practising package of practices for livelihood are not getting trapped into mono-cropped agriculture. Low adoptative capacity can be seen due to high dependency in agriculture, less contribution of climate resilient livelihood options like livestock, Non Timber Forest Produce (NTFP), low levels of income from sale of NTFP and agricultural produces. Unsustainable techniques of harvesting/collecting NTFP added with erratic rainfall is resulting in loss of biodiversity. Erosion of community institutions, lack of awareness on rights and entitlements, gender discrimination, poor implementation of government schemes, programmes and unfavourable policies are resulting in food and nutritional insecurities, increasing income insecurities, migration of families, increasing pressure on forest and land degradation, decreasing interest of youths towards agriculture and increasing indebtedness. These are just few examples of the impacts that are intersectional resulting into increasing vulnerability of these communities.

There is a need of the inter-linkages and inter-dependence between ecological farming, soil and water conservation and related traditional systems and their role in adaptation to climate vulnerability and change. Encouraging such practices can strengthen livelihood by increasing income and market access with gender equity. Community based institutions are needed to be strengthened to plan and promote livelihood activities and linkage with government programs for greater and maximum utilization of entitlements that can help in reducing vulnerability.

Community based institutions are legally more empowered in the Gadchiroli and Chandrapur district. These communities are given rights over their forest which were historically denied. The Fifth Schedule of the Constitution of India deals with administration and control of scheduled areas and scheduled tribes and guarantees indigenous people rights over the land they live on. Adding to the Constitutional protection the legal protection especially for Scheduled Areas in the country in form of The Provisions of Panchayat (Extension to Scheduled Areas) Act, 1996 (PESA) provides for the overall socio-economic, cultural, political development of tribal communities by strengthening the local self-governance. Along with this “The Scheduled Tribes and Other Traditional Forest Dwellers (Recognition of Forest Rights) Act, 2006 (FRA) recognised individual and community forest rights and empowers communities protect, conserve, regenerate and manage their forest resources. This has capacity to bring greater improvement in strengthening tribal livelihood.

The main objective of this is securing resources for food security, strengthening of activities allied to agriculture, promotion and strengthening institutions for natural resource management, secure access and control over forests and agriculture lands and community management of forests, increase income through value addition and market engagement, gender sensitization of men and women farmers.

#### Geographical area of the project -



## 2.1 Formation and Strengthening of Community Based Institution to Promote Sustainable Livelihood Practices

### Capacity Building of the CFRMC<sup>1</sup> and Gramsabha Members–

The key progressive legislations as Panchayats (Extension to the Scheduled Areas) Act, 1996 (PESA), The Scheduled Tribes and Other Traditional Forest Dwellers (Recognition of Forest Rights) Act, 2006 (FRA), empowers communities by recognizing their traditional rights over natural resources and also brings them into decision making and planning for their own development. Stepping towards this, AAA organizes trainings for capacity building of Gramsabha and CFRMC members on legal rights, techniques for preparation of NTFP Management Plans, NTFP (Tendu and Bamboo) collection and auctioning processes, Documentation and Financial Records Maintenance etc. CFRMC are formed in communities forest rights recognised Gramsabha are given trainings to initiate the process of preparation of working Plan<sup>2</sup> for their CFR area.

### Capacity Building of Farmer (Men and Women) Groups –

Amhi Amchya Arogyasathi has formed farmers groups of the men and women farmers at village level to discuss, plan and execute ecological farming practices and promote and monitor various activities for vulnerability reduction. Capacity building trainings of the farmer groups members (Including men and Women) are conducted on impacts of climate change and adaptation of climate resilient practices. These farmers groups organise meetings to prepare plan before sowing season, select demonstration plots and organise learning visits of the farmers to the demonstrated plots for cross learning among farmers of the different villages. These farmer groups have become a key institution in the village to plan, monitor and execute agricultural and allied activities in the village. Collectively they are stronger and powerful towards sustainable management of resources.

### Capacity building of fishery groups and Sustainable Management of Ponds and Fishery –

Under PESA and FRA Gramsabha has rights of ownership over community ponds in the traditional boundaries. Also, in some areas out of PESA and FRA traditionally fishery communities have been taking ponds on a lease. These institutions are supported to get their rights over water bodies and trained for the sustainable management of these ponds and fishery. It has seen that the production of fishery decreased due to unavailability of water in the ponds because of the climate change impacts. AAA is providing direct seed support to these communities and also facilitating advocacy for convergence with district fishery departments. There are 17 community ponds in PESA area and 9 community ponds in non-PESA area trained and supported on sustainable management.

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<sup>1</sup> CFRMC- Community Forest Rights Monitoring Committee is provisioned under Forest rights act, 2006 which is supposed to be formed after recognition of community forest rights under FRA.

<sup>2</sup> Community forest rights recognised Gramsabha has a rights and duty their own working plan or can modify existing working plan of forest department and work accordingly.



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## 2.2 NTFP COLLECTION AND SALE BY GRAMSABHA

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This year Mahagramsabha (a federation of the 82 Gramsabha) of the Korchi tahsil organised a collective auction of the tendu leaves. The rights of collection and sale of tendu leaves are given to the gramsabha under PESA nad FRA.

Under Forest Rights Act, 82 Gramsabha in Korchi block are collecting and selling tendu leaves on their own with the help of their federation called “Mahagramsabha”. In Korchi 82 gramsabha are united into 7 (each unit consists group of the 10 – 12 Gramsabha) based on their traditional dependency over their forest area. In 2019 it was very difficult to organised auction and collect tendu leaf due to COVID 19 situation. But gramsabha in Korchi could manage it successfully. 6394 families of 23778 members (11914 men and 11864 women) involved in tendu leaf collection from where they have earned Rs 57741541.5/- includes royalty and wages.

This Mahagramsabha also discusses issues of forest, agriculture, health, education, community governance, indigenous culture etc. It was established I year 2016 since, it is also facilitating tendu leaf collection and auctioning processes for the gramsabhas in Korchi.



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## 2.3 AGRICULTURE

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### Promotion of Ecological Farming Practices among Farmers

Farmers are experiencing impact of climate change on agriculture and its productivity therefore there is a need of use adaptation strategies to increase the resilience of agricultural production. Several improved agricultural practices evolved over times for diverse agro-ecological regions in India have potential to enhance climate change adaptation. The greatest number of families are involved in the agriculture and it is one of the major sources of their income generation also. It has seen that though there is less scope to increase the productivity of the farmers as already they are using high yielding seeds but the adaptation of climate resilient practices is important to reduce the loss of crop production. AAA has stepped over it and organised trainings and awareness building workshops for farmers through farmer groups. The organization is promoting adoption of climate resilient practices such as summer ploughing, seed treatment, cropping techniques as mix cropping, SRI or line sowing technique, use of bio-fertilizers, bio-pesticides, weeding, use of machinery which can do faster work and reduce drudgery of the women. The ecological agricultural practices help to procure moisture in the soil and get nutritious food in the family.

This year 133 farmers had adopted ecological farming practices. Out of 133 farmers, 82 farmers used SRI method, 11 farmers *Tokan* and 40 farmers adopted Mix crop system in Rabi season in 18 villages of Kurkheda and Bramhapuri Blcoks. Farmers have used these techniques on average of 1.15 Acre land.

Seed treatment method was used by 158 farmers. 785 KG seeds were preserved using seed treatment method by applying Bijamrut.

13 Community based events were organised to prepare bio-pesticides, seed treatment with purpose to bring more farmers in to adopt climate resilient practices. The objective of these activities was spreading information of these activities among many farmers and conveying them importance of the climate resilient practices in agriculture.

IEC material in the forms of posters, pomplets in pictorial frames are prepared on nutrition, fishery, goatery and poultry farming. It aims to bring awareness among farmer families on nutritional importance and its consumption required in the family on weekly basis.

Training on Livestock Management - The main objective of this training was to build capacities of the project staff, cadets and CBO leaders on livestock Management. The focus of the discussion was on the general and indigenous breeds of Goatry and Poultry, their shelter, feed and nutrition, Common Decease and Vaccinations. 35 no. of participants were present in the training in which 27 were Male and 8 Female.

Establishment of Custom Hiring Centre – AAA has formed 10 custom hiring centres at farmer groups level that provides agricultural equipment to the needy farmers. Its aim is to reduce the drudgery and expenses of small and marginal farmers.

A training was organised for the staff and village level representatives of farmer groups on collective marketing for agricultural and forest produces.







## 2.4 - Livestock Rearing and Animal Husbandry

Livestock rearing is agricultural allied activity in the rural communities that contributes to the families in terms of consumption at home and to gain income by selling it. The major livestock rearing practices are backyard poultry and Goatary. Lack of knowledge of livestock management and inability to understand impact of climate change results into increased mortality. Therefore, the focus of the intervention was to train families on scientific rearing of goat and poultry and promote such activities among farmers by providing some basic inputs to start livestock rearing. Technical support is ensured through the resource agencies that has expertise of livestock rearing i.e. government veterinary doctors and MSRLM teams to monitor health of the livestock and vaccination.

644 cow, 85 buffalo, 775 goat, 27 Sheep and 570 Bullock in May to August and 535 cow, 61 buffalo, 977 goat, 1015 Bullock in September to December were vaccinated. Enterotoxaemia, Haemorrhagic Septicaemia, Black Quarter these vaccines were given.





## 2.5 - Fishery



307 kg fish from 9 community ponds and 103 kg fish from individual ponds was in 6 villages of Kurkheda and Bramhapuri block of Chandrapur and Gadchiroli district. 7 types local varieties of fish are found in these areas and used mostly for consumption





## 2.6 - Backyard Kitchen Garden

**Winter Kitchen Garden** - AAA is promoting Backyard Kitchen Gardening to ensure diversified nutritional food availability as household. It has been widely appreciated by the families. As most of the expenditure of families is being spent to purchase vegetables from nearby markets this intervention has reduced such expenses. Diversity in vegetables, roots, tubers, legumes, fruit trees grown in backyards have resulted into improved health of families particularly women and children. In summer 222 families and 223 families in winter planted nutritious kitchen garden. Some of the families use for their consumption and some are selling in market.

**Summer Kitchen Garden** - Small irrigation facilities were installed in Backyard Kitchen Gardens after month of October to extend duration of the vegetable production.

**Community Kitchen Garden** - The organization has promoted community kitchen garden in Gaydongari village of Bramhapuri block that is developed by Samruddhi Mahila Bachat Gat. 12 families are collectively engaged in the process of developing Kitchen Garden at one place. Families doing work on field through participatory approach and distributes vegetables equally for self-consumption.

The organization has introduced circle gardens, beds with micro irrigation, strategic reserves (tubers), nurseries, soil pots for irrigation and others. They have also produced bio-fertilizers, compost and bio pesticides for the backyard gardens. It has brought increase in the diversity and production from the backyard kitchen gardens. Here in the backyard garden women plays important role in the families so to strengthen their knowledge the trainings were given to them.



## 2.7 - Effective Planning and Implementation of National Rural Employment Guarantee Scheme (NREGS)–

NREGS guarantees 100 days of work nationally for the rural communities in a year whereas in Maharashtra the work can be provided for all 365 days. But the implementation of this scheme is not effective as expected. Looking at the strong potential in this scheme there is need to strengthen Gramsabha towards planning and implementation of NREGS. Every year planning of the work for NREGS is done at Gram Panchayat level on 15<sup>th</sup> August. The proposed plan gets sanctioned at the district level hence it is most important for each individual household from the village to attain this Gramsabha. But due to lack of awareness and acceptance to poor and marginal families in the meetings such families remain excluded. To erase these gap AAA is working on effective implementation of NREGS in project villages of Gadchiroli and Chandrapur district. Gramsabha are informed about their rights, legal provision under act, number of worked sanctioned under the scheme for the village and relevant documents that has to be submitted. More focus is given on participation of men and women in planning meetings, registration for job cards and filling demand for work that helps in increase in the labour days availability.

## 2.8 - Women's Participation in Decision making and Livelihood Activities –

The conditions of the women in terms of their access & control over tangible resources (land, houses, productive capitals & assets, savings, income etc), intangible assets (education, skills and confidence level, soft skills), mobility, information and decision making, particularly at the CBO level (except women self-help groups) and at the local governance level is very less hence the work of the organisation focuses on ensuring their active and effective participation in all collectivization processes and livelihood & income related activities, along with their focused capacity building, facilitation, linkages and handholding.

Access to and control over tangible assets is one of the key indicators of women empowerment and gender equality. FRA recognises women as owner equal to men which aims to improve their socio-economic status and helps in the process of development through access to resources.

Gender awareness and sensitization meetings with CBOs are organised at village level. The focus is upon women participation in Executive committees of the CBOs (at presidential posts) preferably. Strategic planning workshops are promoted to ensure equal participation of women and gender approaches in execution of project activities. It has seen that women in the family can make her own personal decision at some extent only in all areas except non-farm economic activities where they can take decision to high extent. Therefore, AAA has mandated to focus and ensure project activities are planned as per accessible for men and women too. Village level discussions are organised among farmer group members, women SHGs, Gramsabha, CFRMC to encourage them for building strategies and ensuring opportunities for women into decision making of financial issues also. Farmer groups and Gram sabha are leading such discussions at their level and the organization staff is facilitating these processes.

The result of the intervention started yielding into outcomes. Women are coming forward and participating in Gramsabha and other CBO level meetings. They are proudly saying that they are farmers too. These attitude makes them more confident and gives a sense of dignity and respect.

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# **3**

# **WOMEN**

# **EMPOWERMENT**

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# EMPOWERING WOMEN THROUGH STRENGTHENING COMMUNITY BASED INSTITUTIONS

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After India's Independence, India's secular and democratic constitution was formulated on the principle of social justice to all. It includes laws which have secured equal rights for women. The Panchayati Raj which provided reservations for women is considered a game changer in women's empowerment. It provided women to have an important say in the decision-making process of their village and blocks. This has resulted in the active participation of women in political and developmental process of the country. But, still, most of these benefits have not yet fully percolated to the women belonging to lowest castes and tribal communities. These communities although have greater freedom for women in some ways, they remain predominantly patriarchal in other ways leading to many discriminatory practices and injustices against women, including exclusion in community decision making and no control or rights over land and resources. Like in other societies their role continues to be seen mainly for reproduction and looking after the kitchen and children.

This condition makes women more vulnerable in their family and society that they don't dare to oppose such discriminations. Therefore, it is very important to see the women's struggles against discriminatory, exclusionary and oppressive traditions within their communities and seeking justice for women and their inclusion in traditional institutions.

It was all started in the year 90s when AAA worked closely with the government's programme and was successful in creating 1500 SHGs across Gadchiroli. The programme also provided for creating federations of these SHGs called the Samuhik Mahila Bachat Gat Parisar Sangh (women's SHG area collective) or Parisar Sangh. These SHGs and the Parisar Sangh worked towards legal empowerment of women, monitoring the implementation of laws and schemes that would empower women, monitoring the condition of girls in *ashram shalas* (local residential schools for tribal children), among other socio-cultural issues that women faced. Over a period of time, the SHGs and Parisar Sangh became a support group for women facing injustice, oppression, violence or any other issue within the family or in the larger society. These collectives were coordinated by the scheduled tribes and other traditional forest dwellers women, supported by AAA and the platform was used to voice the day to day struggles. Women began to feel a sense of belonging and ownership towards their SHGs and the Parisar Sangh. For the first time they also had economic independence because of the SHG bank accounts which were in their name.

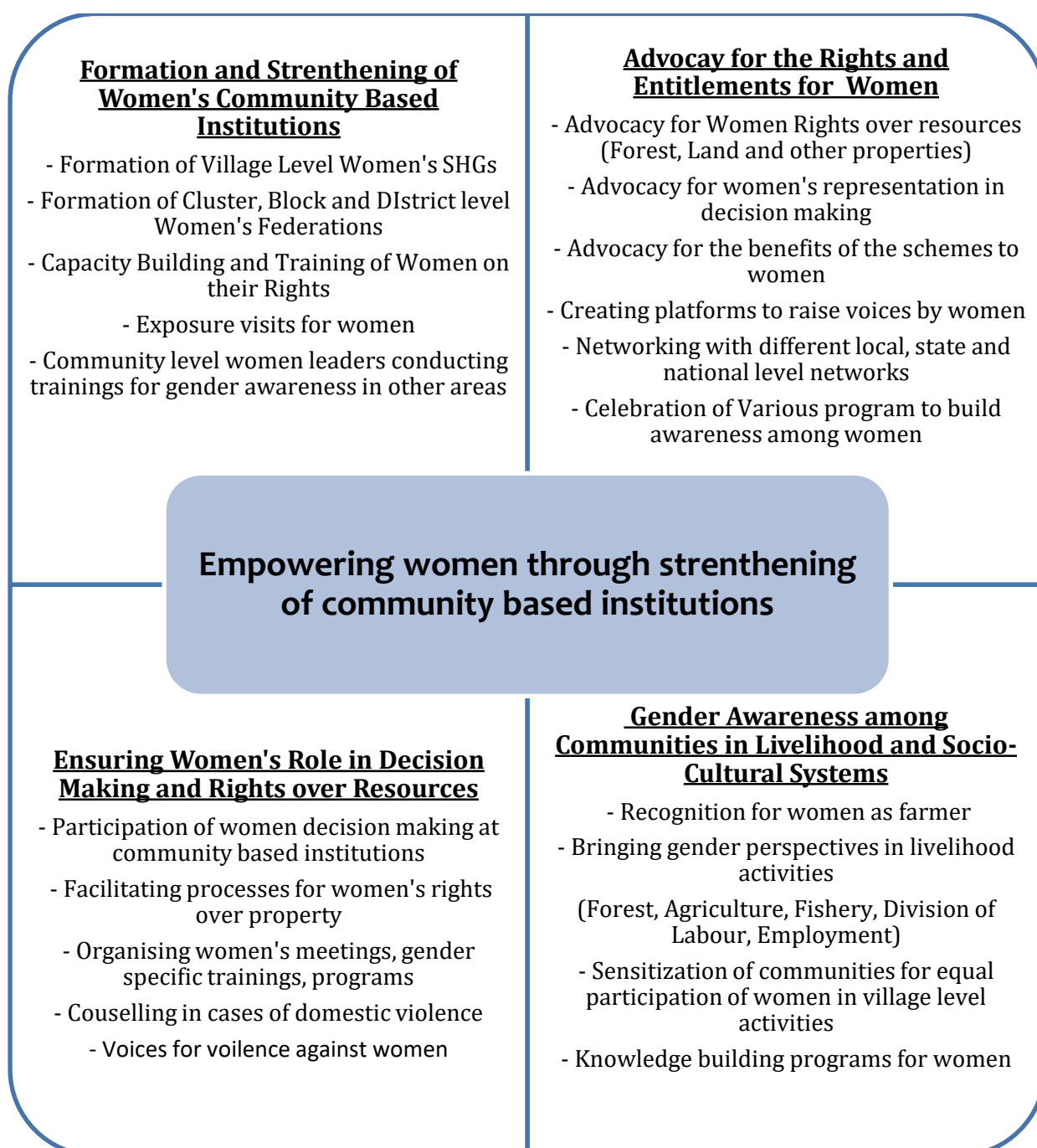
Now after 3 decades the program has reach to beyond its pre-imagination and achieved many milestones towards empowering women. Women are not just mobilized through SHGs and involved in financial issues but they have become very active in the decision making at Gramsabha

and Panchayat meetings. They have gained access and control over individual and common properties. Through participating in Gram Sabha, Women SHGs, Farmer groups and other CBOs at village and panchayat level they are actively raising their voices for justice. It is not so easy that they could get their success but the greater unity and strong enthusiasm helping them to make their home just.

### Geographical area of the intervention–

AAA is working in Gadchiroli and Chandrapur District directly reaching out in 5 blocks, 94 Gram Panchayats, 199 villages with more than 50000 population.

### Conceptual Framework of Working with Women



### 3.1 Formation and Strengthening of Women's Community Based Institutions

Women Empowerment Programme believes that every human being is equal and should be treated accordingly. Any discrimination between men and women will not make us nation. This programme purely stands on the rights based approach for the women. Only its necessity in the field to address women issues triggered AAA to continuous work on it.

#### **Women Self-Help Groups and Federations -**

To empower women financially, legally and socially, AAA started creating women's Self-Help Groups (SHGs). These SHGs led to emergence of local women leaders who facilitated a collective of SHGs called Mahila Parisar Sangh. Mahila Parisar Sangh has since become a support group for women facing injustice, oppression and violence within the family or the community.

Along with this, women are playing an important role in collectivisation and democratic processes. They have played a critical role in the resistance as well as the alternative transformation processes that are emerging in Korchi block of Gadchiroli district. At present Mahila Parisar Sangh is working towards increasing active women's participation in village gram sabha and Mahagrame sabha (MGS) A federation of the Gram Sabha. These parisarsangh worked towards legal empowerment of women, monitoring the implementation of laws and schemes that would empower women. Over a period of time, they became a support group for women facing injustice, oppression, violence or any other issue within the family or in the larger society.

#### **Strengthening of Community Based Institutions and Ensuring Equal Participation of Women –**

AAA have formed few Community based institutions like women SHGs, Gram Sabha, Farmer groups for the empowerment of women through making them aware of their rights, entitlements and ensure their active participation for effective planning and execution of the development work. Apart from these institutions AAA also emphasizes on the existing CBOs at village and panchayat level and advocates to ensure 50 percent participation of women.

This financial year, women's participation in the decision making has increased than earlier period. Women are aware of their rights over forest under FRA and PESA and they are claiming this through participating and raising their voices in village level Gramsabha meetings. They have also started to verify documents and records at the Gramsabha level.

#### **Women's role in decision-making at Traditional Social Institutions**

Traditionally, the only forum for justice for a woman facing harassment within the family or society at a large has been the *jat panchayat* (traditional institution), where male elders deliberate and pronounce judgment. This was followed by many discussions in the Parisar Sangh on this issue and a demand was raised for inclusion of women in the *jat panchayats*. Their demand was accepted and women now participate in the *jat panchayat* meetings. Inclusion of women had led to changes in some cultural practices among both the Gonds and the Kanwar communities. Parisar Sangh also pushed for inclusion of women in all local decision-making bodies – traditional or new.



### 3.2 Women Participation in Economic Activities at Community Level

Parisar Sangh has been crucial in bringing up women leaders and as a platform to narrate their struggles and opinions. The Parisar Sangh's efforts are directed towards not just strengthening women leadership but also articulating the world-view of women for their future. Parisar Sangh efforts have now ensured that Korchi taluka is one of the few talukas with a focus on the rights of women under FRA and PESA. FRA provides for joint land title for a wife and husband. Going a step beyond, a decision was taken in a meeting that women would get the daily wage labour as well as the royalty amount being distributed by the gram sabhas directly in their own bank accounts.

- | This year 432 women 90 villages had participated in the tendu leaf auction in Korchi block.
- | 113 families had decided that the entire family income from the sale of tendu-patta would go to the account of the woman, a revolutionary decision considering the context.
- | 500 women are the members of Van Dhan Yojana, A schemes of the central government which empowers them to collect and sell non-timber forest produces collectively.

Members of the Parisar Sangh regularly visit the health department's Public Health Centre to monitor whether health facilities are effectively being extended to women and children. They also regularly monitor the government ashram shala (government residential schools for tribal children), particularly girls' dorms to ensure that the welfare facilities and services are being provided to them and also to assess their needs. They are particularly watchful of the behaviour of government employees towards young girls and women to address issues of sexual harassment. While minor issues are addressed through discussions within the SHG members and the concerned parties the bigger issues and questions including the ones related to the government employees are taken to the district administration and elected representatives.





### 3.3 Awareness building on women rights through celebrations of women's days

A “World Violence against Women Fortnight” was celebrated by Amhi Amchya Arogyasathi in collaboration with Women's Federation, Federations of Persons with Disabilities, Schools, Colleges from 25th November, 2019 to 10th December, 2019. The theme of the program was “Stop Violence, Build Humanity”. On these occasion various programmes were organized to create awareness about constitutional human rights. These programmes were organised on various places at Kurkheda, Korchi and Armori blocks of Gadchiroli district and in Slums of Nagpur districts.

World Women's Day on 8th March, 2020 was celebrated in which many people from villages participated. A programme was organised to discuss women issues and challenges faced in this society and their rights over CFR and IFR under FRA. Women raised their voices against violence in the rally through poster presentations and slogans.





### 3.4 Amhi Amchya Arogyasathi and MAKAM for Women and Forest Rights

Women empowerment programme of Amhi Amchya Arogyasathi has collaboration with Mahila Adhikar Kisan Mancha (MAKAAM) a national level women's network for women's rights over land and forest. Since 2014, Amhi Amchya Arogyasathi in association with MAKAM organizing various program to sensitize communities to bring equal participation in governance and ownership rights over individual and common properties. This year "Women and Forest Rights campaign" was organised from 10<sup>th</sup> June, 2019 to 10<sup>th</sup> July, 2019 at Gadchiroli, Dhanora, Korchi, Kurkheda and CHamorshi block of Gadchiroli district. Women has a direct connect with forest, land and other natural resources but they have no right over it. Gram Sabha have received community rights over forest but only men are involved in the governance process. Over the land ownership only FRA has given easy entry to the women as an owner of the land but women are not aware of it. So, the network facilitates meetings and shares information on individual and common titles and their meanings to the women.





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# **4**

## **PERSONS WITH DISABILITIES**

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# COMMUNITY BASED REHABILITATION OF PERSON WITH DISABILITIES

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‘The Rights of Persons with Disabilities Act 2016’ in article 34 (1) mandates that at least four percent reservation in all the government sectors in which one percent blindness and low vision, one percent for deaf and hard of hearing, one percent for locomotor disability including cerebral palsy, leprosy cured, dwarfism, acid attack victims and muscular dystrophy and one percent for autism, intellectual disability, specific learning disability, mental illness and multiple disabilities. But in actual the implementation is not followed, and the various reports of government (Annual Report of Ministry of Labour & Employment, Ministry of Public Grievances & Pensions, and Ministry of Rural Development (2007-08) admit the issues in employment of persons with disabilities.

The act makes a provision to ensure the five percent employees in the private sector to be recruited of the persons with benchmark disabilities. There is no data available about the persons with disability employment in the government sector as well as private sector. Some of the private companies are sensitive about PwDs, and employ PwDs, and some of the companies work, through their CSR wing for the cause of persons with disability. But there is no data available about the employment of PwD on the websites of CII, FICCI and NASCOM.

As per 2011 census, India has 26.81 million PwDs of these about 2% are educated and 1% in employment. The schooling environment in the rural areas is far worse than in the urban areas. But together it is a dismal scenario. The reasons for this dismal situation are many but prominent among these are: (i) lack of enabling environment in the school, in the community, and at the homes; (ii) access to resources and information; (iii) discrimination at all levels. These situations have made People with Disabilities live in socially, economically and mentally worsened situations losing their self-respect and dignity as society thinks, they are extra mouth for the family. But the reality there is need to recognise their ability and give them a chance to prove that PwDs have special abilities to be independent.

Since 2003, Amhi Amchya Arogyasathi started working with PwDs. The overall purpose of the project is to foster an enabling environment for PwDs to live a life of dignity. Build awareness among PwDs on their legal rights and available government schemes, encourage and enable an environment for them to live an independent and dignified life through self-earnings, provide access to resources, information and platform for interface for PwDs and enhance employability and working skills of PwDs and develop social entrepreneurship.

AAA works can be seen at 3 levels. First, on awareness building among persons with disabilities about their rights and government schemes available for them. It had started community-based rehabilitation of person with disabilities program in Kurkheda and Korchi block of Gadchiroli district. The program aims to mobilize PwDs from village to block, district and state through formation of SHGs and

federations. Second, runs a training and placement center at Nagpur for the youth with disabilities between the age group of 18 to 35 years aspiring for the employment. Third, social entrepreneurship development, people who are not ready to relocate from their habitat but want to live their life on their own by earning. AAA has started a program called Social Entrepreneurship Development for these people.

### Conceptual Framework of AAA Working with Persons with Disabilities





## 4.1 Formation and Strengthening Community Based Institutions of Persons with Disabilities

Population of persons with disabilities is very scattered and vulnerable in the society than others. They are not mobilized, educated hence remain always excluded from the mainstream society. So, it is very essential to get organised to raise voice against exclusion and vulnerability. At present There are 2091 members, 95 Self Help Groups (SHGs), 15 cluster federations, 11 block level federations and 4 district level federation. This mechanism provides platform to the PwDs to come together, share their experiences, get information of the schemes, legal rights and raise their issues.

This year new 33 SHGs were formed in 33 villages and new 4 block are added. 806 PwDs (361 female and 445 male) joined federations in 2019-2020. There were about 123 meetings organised of the federation attended by 3056 persons with disabilities (1214 female and 1842 male).

Training were organised for SHGs and Federation members on institution strengthening and records keeping and documentation to ensure their work accountable and transparent. 91 members had participated in two trainings (46 and 45) which were organised in the month of May 2019 and September 2019.



## 4.2 Advocacy and Linkages with Government Schemes

Lack of information and reach for the entitlements be one of the major constraints behind vulnerability of persons with disabilities. Despite of several policies and schemes for persons with disabilities implementation is not recognizable. Amhi Amchya Arogyasathi believes that government needs to ensure easy platform for PwDs to avail benefits of the schemes. It has seen that only 10 to 15 percent of the total PwDs have disability certificates. Without disability certificate PwDs are not eligible for any government benefits hence the first need is to ensure certification done. **These year under the guidance of AAA following are the outcomes:**

**Disability Certification** - 215 PwDs (94 female, 122 male) got certification

**Renewal of Certificates** – 30 (14 female, 16 male) renewed their certificates

**Bus Pass Registration** – 99 (40 female, 59 male)

**UDID Card registration** - 90 (41 female, 49 male)

**Sanjay Gandhi Pension Schemes** – 64 (18 female, 46 male)

**Health Check Up** – 57 PwDs benefitted under health check up camp

**RF Fund from MSRLM** – 2 SHGs received RF fund from Maharashtra State Rural Livelihood Mission

**5% funds under Gram Panchayat for PwDs** – 73 Gram Panchayats and 4 city council spent funds

**50% relaxation in house tax under Gram Panchayat** – 21 Gram Panchayats

**Advocacy for electrical bicycles distribution** – 99 PwDs from 10 block received

**Marriage encouragement fund for PwDs** – 3 couples received benefits

**Carrier guidance workshop** – 567 PwDs (289 male, 278 female) participated in 3 workshops





### 4.3 Employability and Skill Enhancement of Persons with Disabilities

Amhi Amchya Arogyasathi runs a placement linked skilling centre for persons with disabilities at Mure Memorial hospital Sitabuldi, Nagpur of Maharashtra state. Youth enrolled are with locomotors, speech and hearing impaired and low vision between the age group of 18 to 35 years. Most of the youths are from rural areas and all are from poor families.

Amhi Amchya Arogyasathi inspiring many unemployed differently able youths through helping them enhancing their skills and placing them in relevant sectors. Having a vision of a better future for Young Person with disability, it provides two months intensive training to differently abled youth and facilitates placements in developing private sector.

The centre started since January 2016 has trained 662 candidates till March 2020 among them 63 percent were placed in various companies.

#### Course Details

The eligible candidates are imparted for the training on the following aspects during the two months period.

- | Computers (Micro Soft Office; Internet; Typing)
- | Spoken English
- | Personality Development
- | Retails; BPO and Hospitality
- | Work Exposure
- | Preparing Individual Profiles and preparedness for Interview

#### Eligibility

- | Primarily the eligibility is having a strong commitment and dedication to undergo the two months training and perform better at workplace.
- | SSC Passed or Fail, and age group should be in between 18 to 35.

**Note:** Physically Challenged youth (having min 40% of disability) and Speech and Hearing Impaired youth (having min 50% of disability) are eligible to this program.

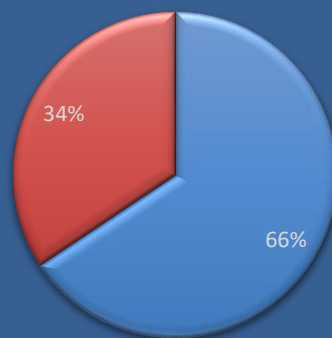
#### Sectors for Employment

- | IT/Ites- data entry/ BPO (voice, non-voice)/ computer operators
- | Manufacturing
- | Hospitality
- | Health care
- | Tele Callers
- | Data Processing, proof reading
- | Retail

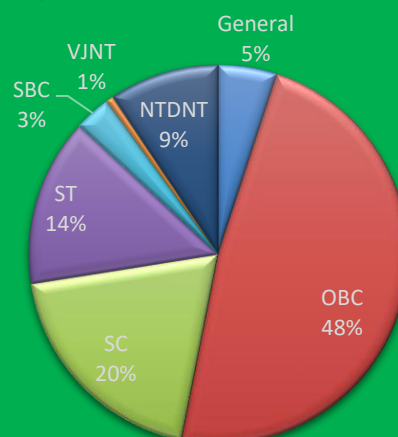


### Candidates Enrollment in Training

Male Female

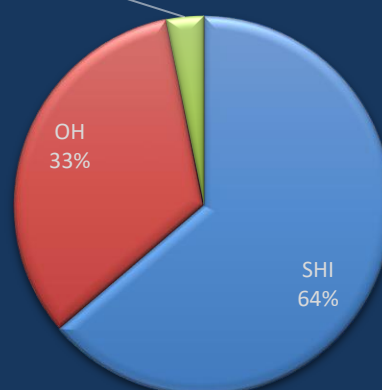


### Social Representation of Candidates



### Disability Type

LV  
3%



**Placement** - 160 candidates were enrolled in 2019-2020 financial year among them 81 were placed till March. There was a placement of 25 candidates done in the month of March, 2020 but they could not join due to COVID-19 situation. Lockdown was imposed in the country and people were restricted to travel. Also, there was a recession in the market due to decreased GDP.

Youth are mobilized from 18 districts of Maharashtra, Madhya Pradesh and Chhattisgarh states of India. The centre has associated with various non-government organisations, government departments i.e. Collectorate, Zilha Parishad, National Rural Livelihood Mission, Colleges, Schools, Sanghatans etc. Mobilization camps and career guidance workshops are organised in collaboration with these stakeholders that helps the centre to reach out to the youths with disabilities. About 35 companies were contacted for the placement from 6 states for placements of these trained youths. Candidates are working in cities like Nagpur, Bangalore, Noida, Pune, Mumbai, Lakhanu, Indore, Raipur, Hyderabad and supporting their families to fulfil their needs. This is how they see themselves living happily independent dignified life.

#### Key Programmes Organized -

### INTERNATIONAL WEEK OF THE DEAF



On 25th September, 2019 Dr Satish Gogulwar, Convener, Amhi Amchya Arogyasathi, was speaking on the occasion of International Week of the Deaf organised by Amhi Amchya Arogyasathi (AAA) in association with Youth4Jobs. International Week of the Deaf is celebrated globally every year in last week of the September to bring sensitivity and awareness in society about deaf people. Towards this to bring inclusion of these youths in workplace the program was aimed. The participants in program were from Corporate, Academicians, NGOs, Government Officials, Youth with Disabilities and their parents who discussed on the opportunities for these youths in companies.



Mr Rajeshwar Uttarwar, Chairman of Sadhnya Sanvardhan Sanstha, Nagpur requested corporate to believe in the ability in disability and asked them to provide employment opportunities to these youths. Dr Vilash Shende, Director of Mure Memorial Hospital, said that with all our Joint efforts we should make Nagpur a Model City for promoting employment of this latent talent which is looked as useless by the society. Mrs Minal Sangole, Principal of The Deaf and Dumb Industrial Institute, Nagpur said Amhi Amchya Arogyasathi and Youth 4 Jobs organizations have proved that youth with disabilities are equally skilled and capable what they need is just an opportunity which is their right too.

The candidates are placed in sectors of Retail, Manufacturing, Hospitality, BPO, Tele-Communication etc. Mr Praful Shinde from CRC, Nagpur said that they are very much satisfied with the performance of the Youth with Disability employee they recruited from the centre. These youths are honest, accountable, punctual and energetic in their work. Their attrition rate is low, absenteeism is low and 15% increase in productivity. These employers from this platform also requested companies from Nagpur to recruit these youth and also promised to recruit such youths in their companies too.



#### **Technical Partners and Associating Organizations –**

Youth4Jobs Foundation | HSBC-SWADESH Foundation – S4L Program | Paul Hamlyn Foundation



## 4.4 Social Entrepreneurship Development for Persons with Disabilities

Social entrepreneurship is an approach to the implementation of the social project which plans to be developed for addressing the social problem of the society to provide a solution. This very approach under certain situations has been contributing in the development of person with disability in some extent because of immobility and exclusion of PWDs at various levels. But apart from that, there are several other challenges and barriers such as caste, gender, tribes, poverty, regions, etc that are responsible to restrict the endeavors. It starts from social acceptance to selecting the venture and enhancing the economic growth. By understanding all these limitations which come in between of implementing this social project, AAAS has initiated some interventions to involve and ensure the participation of PWDs in the small growing and leading social entrepreneurship activities. Before interventions one must be trained in the skill for which he/she aspire. Therefore, organization had organized the trainings on Backyard Goat farming, Poultry farming and mat making.

### Goat Farming

In the year 2019-2020, two successive training of backyard goat farming were organized under 57 PWDs got trained. Out of 57 PWDs, almost 25 PWDs are having their backyard goat farm enterprise with the goat unit in between 4 to 20 goats. After completing successful training as token of appreciation and motivation organization had distributed 36 goats among 19 beneficiaries in which 2, 3, and 1 goat were given to PWDs to establish the unit of 5 after seeing the dedication and commitment for backyard goat farming.



### Intervention details

Sr. No.	Name of the Business	Number
<b>1.</b>	<b>Enterprise started by own</b>	
a.	Grocery Shop	5
b.	Backyard Goat Farming	25
c.	Backyard Poultry Farming	10
d.	Electrical, sweet shop, seasonable business and weepers selling	4
<b>2.</b>	<b>Enterprise Expansion by own</b>	
h.	Grocery Shop	6
i.	Backyard Goat Farming	3
	<b>Total Interventions</b>	<b>53</b>
<b>3.</b>	<b>Organization supported - financial, training and guidance</b>	
j.	Backyard Goat Farming	19
k.	Grocery Shop	1
	<b>Total Interventions</b>	<b>20</b>

### **Foot Mat designing training**

Bharari Mattress enterprise led by rural-based PWDs had two designing workshops. The workshop had been conducted in the village, where 12 and 15 mat makers participated in the new and creative designing of the mat. It was taken due to demand and feedback received from customers to which kind of mat they love to prefer first. So, we are working on the feedback to improve the quality of the product to make more comfortable and preferable. This workshop made a very good impact on the customers which helped us for increasing more demand for the mats.

### **Makreting of Bharari Mattress**

In this phase, PWDs have made appearances at three exhibitions in Pune, Nagpur, and Mumbai which were organized by Center Government Handicraft Department in mid-June. In Mumbai, it was organized by Maharashtra State Rural Livelihood Mission in August 2019. Where, PWDs who makes mat went to sold mat and aware people about the organizational worked happening with PWDs community around Vidarbha region. It was a good platform for learning and provided market to explore it. Also, brilliant changes are being found in their personality that before they used to hesitate to talk with new people but now they have developed confidence and excellent communication.



They also have made appearances at 7 exhibitions at different locations in Nagpur. Exhibitions were organized under the Central Government Handicraft Department, State Government, Nagpur Municipality Corporation, Private Organizer, and Religious Festivals.

### **SEED Linkages Meet**

To strengthen the intervention in order to get support from the government official so that the PWDs led enterprise could sustain after the end of the project. Therefore, the Linkages MEET was taken at two respective levels with the PWDs and Government and other Officials on 26th and 29th Feb 2020. In which District Manager of State Rural Livelihood Mission along with their block coordinators had participated and given lots of input to strengthen the working nature of MSRLM towards PWD's development. It was a good indication from MSRLM that to uphold their working strategies towards the growth and integration of PWDs through their respective interventions.

## Case Study

### **Detail Profile**

Name of the entrepreneur: - Dharmraj Homdev Bhoyar

Category: - OBC, Education: - 10<sup>th</sup> Class

Disability Type: - Loco motor, Disability Percentage: - 45%

Federation Name: - Sankalp Divyang Janparisar Sanghatna

SHG/Bachat Gat: - Prathmesh Divyang Mahila Purush Swayamsahayta Samuh

Address: - Gangalwadi, Bharpuri, Dis. Chandrapur

Dharmaraj Homdev Bhoyar has been living in Gangalwadi since childhood. Dharmaraj is 38 years old and had schooling till 10<sup>th</sup> standard. He married a girl in 2006 and having a son and a daughter from her. His father owns 2 acres of land and the entire family is depending upon it. He has loco motor impairment in which his left leg is handicapped since birth. He has difficulty in walking and stumbling so he could not go outside for working. But after the death of his father, the responsibility of the whole family fell on his shoulder and when he decided to do something, there was a shopkeeper known to his father whose shop was at Gangalwadi provided him a job as a servant. He could not cover all the expenses from his salary, however, simultaneously he started selling GAS in the same shop as a supplier of a GAS agency in Bramhapuri as a supportive livelihood. He also started a business of selling eggs in the same shop and in this way he started a four-way business to support his family. He did this business for only 5-6 years.

After marriage the family's needs increased which he could not manage from the income, which created a serious problem for him. It forced him to think about what to do for fulfilling basic necessities of his family. Then he came up with the option in the end of self-employment. With that in mind, he decided to set up a mini grocery store, since he was having experiences about that business of many years. He planned and set up a shop in a rented room in his village only. He bought goods for this business of Rs. 8,000. In addition, as of interest, he was rearing 1 goat and 1-2 poultry at home for supporting livelihood.

One day, while visiting Gangalwadi, Amhi Amchya Arogyasathi employee Mahesh Nikure met with Dharmraj with the help of ICRP and informed him about the ongoing work of person with disability in Bramhapuri taluka under organization. So he showed his readiness to establish the federation at Gangalwadi. After some months there was a training of backyard goat farming organized under the banner of AAA. Where, he successfully completed training with active participation.

As a result of this training, he is a very good example and successful person who initially had only **01 goat** in June, 2019 but today he has made a unit of **13** goats. He has purchased a breed of goat (Jamnapari) and rearing goats as per the guidelines of the training. He has also prepared maize husk and wheat food for the goats and also he is planning to increase the unit in future and growth his income. This is the outcome of training through which it helped him to grow rapidly. He is using his pension amount which gets from the government under Sajay Gandhi Niraghar Yojna to buy goat to



increase the number of the unit of goats for maximum growth. He is really inspiration for others who aspire to start any enterprise and ready to put efforts to make it successful.

#### Goat Enterprise Details (in a year period)

Goat with Dharmaraj  <b>Jun-2019</b>	Contribution from AAAs	He purchased	Female goat production	Present Total Goats	In 3 months, Goats will be ready for selling  <b>March-2020</b>	Expected earnings after selling goats
1 Goat	2 Goats (female)	3 female and 1 male goats	2 female and 4 male goats	8 female and 5 male goats = <b>13 Goats</b>	<b>3 goats</b> ready	30,000 (2 goats are pregnant, they will reproduce very soon)



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# 5

## EDUCATION

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# EMPOWERING YOUTHS THROUGH INSTITUTION BUILDING, FINANCIAL LITERACY AND LIFE EDUCATION

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Education is widely regarded as the route to economic prosperity, the key to scientific and technological advancement, the means to combat unemployment, the foundation of social equity, and the spread of political socialization and cultural vitality. While progress has been made in increasing the number of children enrolled in schools, there are still many more who are not enrolled and who do not complete. The evidence showed that the strategies needed to tackle schooling problems will vary and needs to be context specific. While many lessons can be got from the experiences to date, there is need for an increased number of studies that should shape policies aimed at making education inclusive, responding to the diverse needs and circumstances of learners and giving appropriate weight to the abilities, skills, and knowledge they bring to the teaching learning process. While the passage of the Right to Education Act, 2009 (RTE) has, at least in principle, sought to guarantee equal opportunity, learning levels and outcomes continue to remain poor for several children, especially those from the most marginalised communities. This is particularly true for children from tribal communities affected by multiple disadvantages of economic, social, cultural and geographical nature. Tribal populations continue to have one of the lowest enrolments and retention rates as well as learning outcomes in the country, despite more than half a century of interventions to improve their educational status.

Realising such situation of education in marginalised communities Amhi Amchya Arogyasathi started working on to improve this status by encouraging dropout students to reenrol in schools and continue their further education. Diverse cultural norms, poverty, marginalization limits continuation of their school education among children in tribal, rural and slum areas at large. Therefore, the program focuses on counselling of parents and dropout students to reenrol them in schools. It also seeks for the resources to support aspirants of higher education. Adolescent girls in schools are given education of menstruation hygiene and sanitation.

Aflateen Program engages with the young people and encourages them to reflect on their lives, provides them learning on issues and problems in society, helps to acquire skills that help them become engaged citizens. The program provides social and financial education which aims helping young people to think critically and learn about their roles and responsibilities as a human being in the society. It also gives them financial knowledge and skills which enables them to make best use of the resources. Social education teaches them responsible citizenship needing to know and being

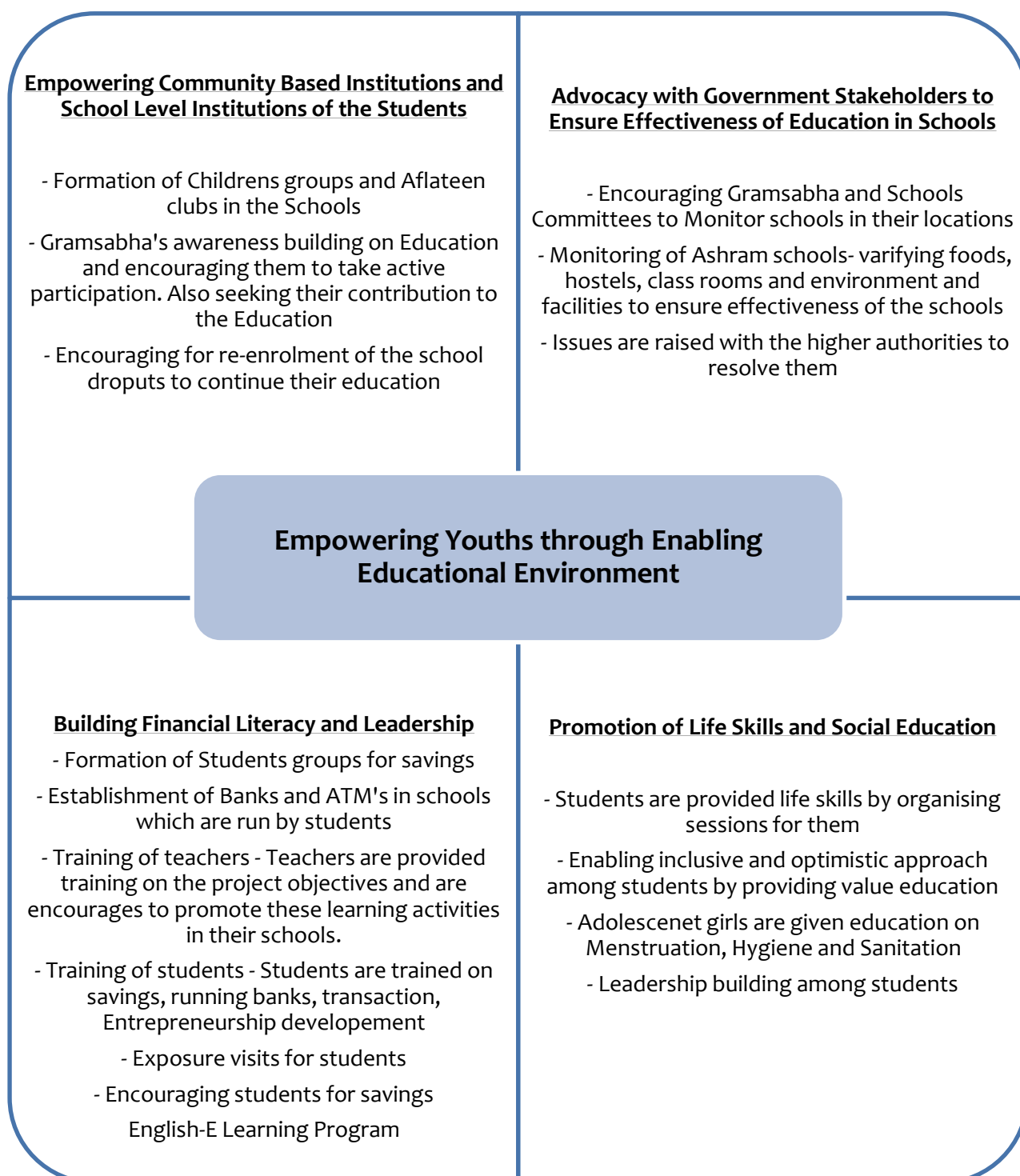


involved in social issues that affect them while financial education teaches them to learn important skills of saving, budgeting and engaging in enterprises.

### Geographical area

Afalateen and English Learning programs are being implemented in the 20 schools of Kurkheda, Korchi Tahsil of Gadchiroli distric.

English E-learning Program – 60 Schools of Korchi and Kurkheda block of Gadchiroli



## 5.1 Building Financial Literacy and Leadership

Aflateen is a progression of MelJol's Flagship program of Aflatoun. The project with Meljol is ended but the model work is continued at the level of Amhi Amchya Arogyasathi. Aflateen (adolescents in 15 – 18 + yrs.) programme is designed as a journey for young people to reflect on their lives, learn to explore issues and problems in society, acquire skills that help them become engaged citizens and enact enterprises and projects with other young people from their communities. Young people have prominent roles in these inspirational stories as well. The Aflateen programme can help young people realize their potential and become agents of change. Children are given space to express themselves, to act on their own, and to solve practical problems together. They act in these situations according to the Aflatoun motto: 'Explore, Think, Investigate and Act'.

Aflateen Financial Entrepreneurship project (AFEP) for adolescents (15 – 18 + yrs.) has evolved as one of the important subsets of the larger Aflateen programme for citizenship. It provides a virtual space for adolescent and youth from underprivileged sections to learn and develop social skills and entrepreneurship attitude and knowledge. It provides opportunities to early learners to think critically and scientifically and act in an enterprising way. It also has a clear focus on building employability skills, and the ability to transfer them to different contexts and work surroundings. Adolescent children would learn about creativity, initiatives and determination. This is to build confidence among them about the financial management of their future.

This program is implemented in 20 schools with around 1000 adolescent youth in Gadchiroli district of Maharashtra. Since the program expects deeper reflections on the thoughts and practices, it needs more time to internalize the values among adolescents.

**Savings Through Aflateen Bank-** The successful implementation of this idea underlines the fact that if you give an opportunity to students in the lagging region, they will latch it up and make the most of it. The fact that small sums of money – RS 1 to RS 10 – saved by extremely poor, almost impoverished students, in 20 schools, collectively raised Rs 20000/- in savings in a short span is no mean feat. This money would have gotten spent on undesirable things.

**Aflateen Entrepreneurship** - Each school came up with a different idea to run their bank and tried different social enterprise projects. There was no copying of the ideas. And it all came from the children, which means at that age, interventions make a difference. It has implications for other programmes that target teenage boys and girls.

**Leadership Building** - The bank representatives were chosen by students themselves through thought-process that was at the play behind those decisions. They chose leaders who demonstrated 1) values and virtues, 2) leaders who could work with all, and 3) students who they thought were honest and outspoken. So, the project readily created 300-400 boys and girls from 85 schools with leadership values. These young leaders showed their readiness to take this concept of Aflateen forward. Aflateen Banks' election of representatives helped inculcate basic democratic values among students. Awareness of an election is another non-tangible result. That students thought about the qualities they want in their representatives speaks volumes about this indirect

outcome. Students learnt the concepts of conciliation and collectivism. It remains to be seen if students would continue with Aflateen Bank in the remaining months of the current financial year and in the years to come. In some cases, they will, with the help of school teachers. The emotional connect it left between parents, teachers, staff and students have an indelible impact. This was one activity that brought all of them together at times, something that students enjoy and covet.

## **5.2 Behavioural Change –**

Though the programme's desired aim was to inculcate financial literacy among students, the programme's outcomes and importance go much beyond the banking literacy, an understanding about their rights among students, and a habit of savings at an early stage. The programme had only just begun to clinch a sweeping behaviour change among the target students, and not just about their bank related transactions, when it got over. The programme, largely achieved what it set out to, though there are great many variations in understanding among students and teachers about the savings-spending and transactions of their bank, and to some extent, how money grows if it were to combine force with entrepreneurship and labour.

Private schools outperform the tribal residential schools in their performance with regard to the project, but interestingly aid the students of tribal residential school in much better way than the students from private schools. It was a mere coincidence that the State Government began the DBT scheme for tribal students in residential ashram shalas from this year – a direct bank transfer of their scholarship money and grant. Aflateen Bank came at a time when they needed just this kind of training. Some students leveraging their collective strength achieved through this activity to buy at a considerably concession their goods – uniforms, grocery, toiletries etc from the open market. This, teachers told, was a spectacular non-tangible outcome of Aflateen Bank.

## **5.3 De-Addiction –**

Tobacco use and consumption is rampant in all villages in Gadchiroli District. But the tremendous awareness among children was seen in the project schools about ill-impacts of tobacco consumption. Students came together through Aflateen clubs to pass resolutions against tobacco consumption. Two schools led campaigns against Pan-Shops and had them shut by the communities.

## **5.4 English Learning –**

English E-Teach program is being implemented in 60 schools of Korchi and Kurkheda block of Gadchiroli district. It is a software base program helps students to learn English easily.

## **5.5 Awareness among adolescent girls on menstruation, hygiene and sanitation –**

There are groups formed of the adolescent girls to bring awareness about menstruation and hygiene. They are supported and counselled to encourage them. Lack of motivation makes them remain alienate from interacting with others. Social barriers don't allow them to go outside. It results into dropout from schools. In such situations this program has become a platform for the girls to bring change in opinion of their parents.



## A. People

(Internal, external, partners, donors, etc and processes like appraisal, organisational development)

Field Centres locations and team members based at each of the locations

<ul style="list-style-type: none"> <li>▪ <b>Kurkheda Location</b> (Directors, Admin, Accounts and Coordination Office) Chatrapal Bhoyar Devid Chaudhari Ghanshyam Gahane Kishor Bawane Laxman Lanje Madhusudan Neware Manoj Chavhan Maya Koche Mukesh Nagapure Naresh Walde Pratima Nandeshwar Rahul Patankar Rajani Dongarwar Roshan Meshram Satish Gogulwar Sangita Tumade Sandip Lade Shubhada Deshmukh Uttamsing Asayya Vinod Lohambare Waman Patankar Yashwant Deshmukh Yadav Deshmukh Zanaklal Daudasare Nitesh Watti Tanmay Bhoyar Vaishali Harde Dr. Anjali Bhurle Pandurang Mandve Pranita Tungusale Shalini Deshmukh Yadunath Neware Dr. Govardhan Gahane Sushil Jadhav Arvind Nikure Kamalakar Mandve Avinash Sayam Chetan Chaudhari</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Korchi Location</b> Bharati Sonagre Ijamsay Katenge Jayshree Mohurle Kalpana Naitam Kanta Katenge Kumaribai Jamkatan Manjushri Sawarkar Omita Bawankar Rajimsay Gangakachur</li> <li>▪ <b>Vairagad Location</b> Leelawati Waghare Sushil Bhannare Pushplata Tirpude Gurudeo Bande Someswar Meshram Jaypal Ghodam Sawant Sahare Arshiya Sayyad Jija Tikale Nisha Jambhulkar</li> <li>▪ <b>Bramhapuri Location</b> Ramdas Maind Chhaya Kharkate Vaishali Shende</li> <li>▪ <b>Gadchiroli Location</b> Hemant Meshram Dinesh Borkute Pankaj Kodap Priti Mogare Ashish Dorlikar Dinesh Kawado Dinesh Julia Bandu Raysidam Yamini Chudhari Monika Wasanik Akash Madavi Trupti Pal</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Nagpur Location</b> Archana Joshi Mangala Ghodeswar Nasareen Ansari Mukesh Shende Manoj Meshram Sapan Waghmare Surya Sharma Yogesh Dhobale Shraddha Nachankar Uttara Chaure</li> <li>▪ <b>Bhamragad Location</b> Gajanan Hingane Bandu Damale Ashwini Golhar Ramesh Wadde Suraj Rapartiwar Shrikant Naitam Rohit Zade Nandu Gedam</li> <li>▪ <b>Mul Location</b> Sagar Dhage Sarika Kasare Tanushri Joshi Damini Shrirame Vaishali Durge Bhumita Urkude</li> <li>▪ <b>Jiwati Location</b> Nikhil Kinhekar Shubham Deshmukh Pratibha Bhagat Bhumesh Kathane Suresh Gavande Arti Adkine</li> <li>▪ <b>Pombhurna Location</b> Kailash Kanklawar Sunil Chaple Ashish Hingole Sushma Bambole Vishal Pawade Manoj Patil Shital Hanumante</li> </ul>
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## Placement of Students

<ul style="list-style-type: none"> <li>• <b>Tata Institute of Social Sciences, Tuljapur</b> Mr. Santosh Vishnu Paulzagade 5<sup>th</sup> April to 5<sup>th</sup> June 2019</li> <li>• <b>Tata Institute of Social Sciences, Mumbai</b> Ms. Pragati Satish Bansod Dr. Mridula Sood Mr. Rahul Pandhari Ahirkar Dr. Akshay Thakur 19<sup>th</sup> August to 12<sup>th</sup> October 2019</li> <li>• <b>Rajagiri College of Social Sciences, Kalamassery, Kochi, Kerala</b> Ms. Sangeeta Ramesh Jadhav Mr. Rajendra Ambudas Shendage 9<sup>th</sup> to 30<sup>th</sup> April 2019</li> <li>• <b>Aniket College of Social Work, Wadsa (Desaiganj)</b> Ms. Kajal Madavi Mr. Bhumesk Kathane Ms. Bhagyashri Meshram Mr. Ganesh Shende Ms. Farin Sheikh Ms. Amrapali Sangole Ms. Prajakta Borkar Ms. Shital Nandeshwar Mr. Balaji Munde 10<sup>th</sup> June to 10<sup>th</sup> July 2019</li> <li>• <b>Fule-Ambedkar College of Social Work, Gadchiroli</b> Ms. Vanshree Bhujangrao Raut Ms. Sapana Gajanan Manapalliwar Ms. Ashwini Narayan Selokar Mr. Shrikant Gurudas Naitam Mr. Dhanraj Dharmaji Korami 10<sup>th</sup> June to 10<sup>th</sup> July 2019</li> <li>• <b>Sushilabai Ramchandrarao Mamidwar College of Social Work, Chandrapur</b> Ms. Rekha Dilip Burade Ms. Rani Arunrao Khadse Mr. Rohit Khushal Zade Mr. Arvind Satyawar Bawane 11<sup>th</sup> June to 11<sup>th</sup> July 2019</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Savitribai Phule Pune University, Pune</b> Mr. Akshay Anil Dhende Mr. Sagar Balasaheb Ubale</li> <li>• <b>School of Social Sciences, KBCNMU, Jalgaon</b> Ms. Damini Rajendra Ambhore Mr. Sandip Kashinath Jadhav Ms. Urmila Govinda Patil Mr. Sanjay Dattu Pawara Mr. Kailas Dashrath Rathod Ms. Rupali Janardan Sonawane 20<sup>th</sup> May to 20<sup>th</sup> June 2019</li> <li>• <b>Yashwantrao Chavan School of Social Work, Jakatwadi, Satara</b> Ms. Rekha Karande 1<sup>st</sup> June to 30<sup>th</sup> June 2019</li> <li>• <b>Azim Premji University, Bangalore</b> Mr. Ashish Shriram Moharle 12<sup>th</sup> November 2019 to 30<sup>th</sup> December 2019 Ms. Sudha Donusao Kadao 10<sup>th</sup> November 2019 to --- November 2019</li> <li>• 10 Students of M.A. Development Program from Azim Premji University, Bangalore under Immersion Programme (9<sup>th</sup> September to 22<sup>nd</sup> September 2019)</li> <li>• <b>Social Work College &amp; NGO Study Visits</b> Tirpude College of Social Work, Nagpur 37 Students &amp; 2 Staff visit on dated 20<sup>th</sup> November 2019 Arohan NGO Dist. Palghar 40 Persons visit on 8<sup>th</sup> January 2020 Yuva Mitra Nasik 6 persons visit on 19<sup>th</sup> &amp; 20<sup>th</sup> December 2019 Saraswati College Social Work Washim 55 persons (Male students – 23, Female Students-26 &amp; Staff-6) visit on 21<sup>st</sup> February 2020 SNEHA NGO Mumbai 6 persons visit on 6<sup>th</sup> &amp; 7<sup>th</sup> March 2020</li> </ul>
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## B. Financial

### Projects & Funding Partners for 2019-2020 Financial Year

S. N.	Name of the Project	Funding Agency Partner	Amount (INR)
<b>FCRA FUND</b>			
1.1	Promotion of Sustainable & Tribal Livelihood in Central in India	SWISSAID, Pune	26,40,975.00
1.2	Employability And Skill Enhancement of Persons with Disabilities (EASE), Nagpur	Paul Hyamlin Foundation, New Delhi (UK)	32,32,597.00
1.3	A Pathway to Efficient Reduction of Maternal Complications from Severe Hypertension in low Resource Environments (GHP)	Gynuity Health Project Solution, New York	7,80,114.00
1.4	Awareness Programme	Letz Dream Foundation, Delhi	5,838.43
		<b>Total -</b>	<b>66,59,524.43</b>
<b>CSR FUND</b>			
2.1	Reduction in Maternal and Child Morbidity and Mortality Through Mobile Health	Bajaj Holding and Investment Ltd, Pune	35,00,000.00
2.2	Sustainable Community Development, Ghuggus, Chandrapur	ACC Cement Work, Chandrapur	4,062.52
2.3	Improve Nutritional Services & Practices in Tribal Communities in Korchi Block of Gadchiroli District	Bajaj Holdings & Investment Ltd. Pune	32,00,000.00
		<b>Total -</b>	<b>67,04,062.52</b>
<b>TRUST &amp; FOUNDATION</b>			
3.1	Nayee Disha -A New Direction (Awareness and Advocacy Programme on Menstruation, Sanitation and Hygiene among adolescent Girls)	Cummins India Foundation, Pune	7,00,000.00
3.2	English E-Tech Programme	Bombay Community Public Trust, Mumbai (Apeksha Homeo Society, Mozari)	3,43,250.00
3.3	ICDS System Strengthening & Community Mobilisation Project in Chandrapur & Gadchiroli District	The India Nutrition Initiative, TINI (An Initiative of TATA Trust, Mumbai)	50,93,000.00
		<b>Total -</b>	<b>61,36,250.00</b>
<b>GOVERNMENT FUND</b>			
4.1	Community Action for Nutrition Project	Tribal Department Maharashtra (SATHI, Pune)	19,18,642.03
4.2	Community Based Monitoring of Health Services	NHM Maharashtra (SATHI, Pune)	18,58,710.77
4.3	Child line 1098 (An Integrated Child Protection Scheme)	Childline India Foundation, Mumbai	13,86,333.00
4.4	Kurmaghar Awareness Programme	ITDP Gadchiroli	36,800.00
		<b>Total -</b>	<b>52,00,485.80</b>

### Individual Donors 2019-2020

Sr. No.	Name of Donor	Amount (INR)
1	Shridhar Swant, Mumbai	2200.00
2	Subhash Gadiwar	5000.00
3	Kalpna Narayan Joge	24115.00
4	Sharmishtha Kher	1000.00
5	Neelima Thatte	10000.00
6	Give India Foundation (Bijotsav)	39700.00
7	Harsha Chara	2000.00
8	S. M. Foundation, Nagpur	100000.00
9	Suniti Deo, Nagpur	5000.00
10	Jagnath Pandharinath Patil, Bhivandi	5000.00
11	Ramchandra Govind Golatkar, Mumbai	2000.00



12	Punam Kale, Pune	30000.00
13	Preetam Prakash Gandhi	66140.00
14	Nitin Jirafe, Pune	100000.00
<b>Total</b>		<b>392155.00</b>

## Training and Other Programmes

Sr. No.	Name of the Training centre & Training Programme	Collaboration
1	Rani Durgawati Training Centre, Yerandi	
2	Narayan Singh Uikey Health Training Centre, Kurkheda	
3	Honey Collection & Training Centre, Kurkheda	
4	Herbal Medicine, Nutrition Food Training Centre, Yerandi	
5	Anandlok Chikitsalaya, Kurkheda	

## Vehicles and Materials Procured in 2019-2020

Sr. No.	Name of Vehicle/Material	Numbers/Quantity
1	Desktop Computer	03
2	Tally ERP9	01
3	Cruizer Ambulance	01
4	LCD Projector with Stand & Screen	05
5	Printer	04
6	Solar Power System	01
7	Cooler	04
8	Laptop	09
9	Xerox Machine (Multifunctionary Printer)	01
10	Office Furniture (Table, Chair)	35
11	Generator	01
12	Refrigerator	01
13	Camera	03
14	Cupboard	05
15	Celling Fan	06
16	Inverter	02
17	Water Filter	04

## 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: Kurkheda, Dist: Gadchiroli, Maharashtra 441209
	Bank of India (Branch Code 9642), Manuja Complex, Main Road, At/post/tal: Kurkheda, Dist: Gadchiroli, Maharashtra 441209
	State Bank of India (Branch Code 1633), Ramdas Peth, Nagpur, Maharashtra
Statutory Auditors	M/s Mamidwar & Company, Sarafa Line, 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 & Company, Nagpur
Legal Counsels	B. G. Chande & Company, Chandrapur
HR, Training & Organisational Development Consultants/Agencies	<ul style="list-style-type: none"> <li>Smt. Sunita Bagal, Mumbai</li> <li>Dr. Vijay Edlabadkar</li> <li>Youth 4 Job, Hyderabad</li> </ul>
Volunteers	<ul style="list-style-type: none"> <li>Dr. Meena Shelgaonkar, Nagpur</li> <li>Dr Jayshree Pendharkar</li> <li>Shri Vivek Wagh</li> </ul>

	<ul style="list-style-type: none"> <li>Shri Kundawar</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>Hiraman 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 society’s 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 12A 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 fulfilments 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 organisations.
- Translation of mission and approach in programmes and activates 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 31<sup>st</sup> March 2015)

S.N.	Name & position	Age	Gender	Occupation	Area of Competency	Meetings Attended
1	Dr. Satish Gogulwar Convener	66	Male	Social Worker	Community Health, Local Health Traditions, Forest based livelihood and administration	All
2	Mohan Hirabai Hiralal Executive Committee Member	69	Male	Social Worker	Tribal, Social Groups, Forest Based Livelihood	All
3	Ms. Sandhya Edlabadkar Executive Committee Member	62	Female	Social Worker	Science & Technology for Rural Development	All

- According to AAA Rules and Regulations, the Executive Committee Serves as Board of Trust
- The Board rotation practice exists and is practiced.
- As an Executive Committee Members and Trustee not receive any remuneration/reimbursement.
- The AAA Executive Committee met 3 times in financial year 2019-2020

1) 25<sup>th</sup> May 2019

2) 12<sup>th</sup> August 2019

3) 3<sup>rd</sup> February 2020

- 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 31<sup>st</sup> March 2015)

Sr. No.	Name & Membership	Address	Area of Competency
1	Shri. Mohan Mutyalwar Founder Member	Backside of Old Mahila Mahavidyalaya, Gadchiroli	Pharmacist & local health tradition
2	Shri. Mohan Hirabai Hiralal Founder Member	Near Dr. Chiddarwar Hospital Shende Plot, Ramnagar, Chandrapur-442401	Tribal Social Groups, Forest Based Livelihood
3	Smt. Savita Tare Founder Member	Near Dr. Chiddarwar Hospital Shende Plot, Ramnagar, Chandrapur-442401	Anthropologist
4	Dr. Satish Gogulwar Founder Member	At. Post Ta. Kurkheda, Dist. Gadchiroli-441209	Community Health, local health traditions, Administration and forest based livelihood
5	Smt. Dr. Meena Shelgaonkar Adopted Member	Nagpur	
6	Dr. Shirish Datar Founder Member	Samarth Nagar, At. Po. Ta. Karjat Dist. Raigad (MS)	Pediatrician
7	Dr. Suman Barant Founder Member	At. Malegaon Camp, Nashik Road, Dist. Nashik	Activists, coordination at state & national level with various movements
8	Smt. Sandhya Edalabadkar Adopted Member	'Jagrut Mahila Samaj' Balaji Ward, Teacher Coloni, Near Water Tank, Ballarpur, Dist. Chandrapur	Livelihood for women
9	Smt. Shubhada Deshmukh Founder Member	At. Post Ta. Kurkheda, Dist. Gadchiroli-441209	Women's Empowerment
10	Smt. Sharmishta Gandhi Adopted Member	Narendra Nagar, Nagpur (MS)	
11	Devaji Tofa	Mendha – Lekha, Dist. Gadchiroli	Empowerment of Gramsabha
12	Ashwini Aurangabadkar	Bharat Nagar, Amravati Road, Nagpur	Chartered Accountant (CA)

- The AAA General Body met 1 time in financial year 2019-20; on 7<sup>th</sup> December 2019.
- 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 on-going monitoring and review

- Apart from well-established project targets and systems for on-going monitoring & review, AAA ensures it through Quarterly meetings with all staff members at organisation 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 Rs 10,000 are sanctioned only by organisation level coordination committee after seeking expert advice on the available quotations.



- Purchase of items less than Rs 10,000 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 & local contribution are maintained up to date and are duly audited every year.

#### 1. Human Resource

##### Details of staff (as on 31<sup>st</sup> March 2020)

Sex	Paid (full time)	Paid (Part time)	Resource Persons	Paid Consultants	Unpaid Volunteers
Male	66	04	00	02	22
Female	43	128	02	00	20
<b>Total</b>	<b>109</b>	<b>132</b>	<b>02</b>	<b>02</b>	<b>42</b>

##### Affiliation of staff to concerned offices

Office	Male	Female	Total
Head office Kurkheda	29	09	38
Branch office, Nagpur	04	06	10
Project office, Gadchiroli	08	04	12
Field office, Vairagad	05	05	10
Field office, Bramhapuri	01	02	03
Field office, Korchi	02	07	09
Project office Bhamragad	07	01	08
Project office, Mul	01	05	06
Project office, Pombhurna	05	02	07
Project office, Jiwati	04	02	06
<b>Total</b>	<b>66</b>	<b>43</b>	<b>109</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 @ Rs 60,000 per month; (ii) Project Coordinator @ Rs 30,000 per month.
- Lowest paid staff if Field Worker/field facilitator @ Rs 10,000 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: All Staff Members
- **Leaves:(i) Average no of leaves taken by the staff in this year is**
- Accidental Insurance Policy: All staff members

The organisation has taken conscious efforts to build family spirit and enabling work culture. Staff with families 'Get-to-gather' was organised in February 2020.

All the project Directors, Project Coordinators (total person 10 that includes 4 females), and Issues Coordinators (total 2 persons that includes 1 females) meet once in a two month, in 'coordinators' meeting to discussed about effective implementation of project and non-project activities.

Monthly meetings of respective projects and departments were organised in the year 2019-20.

Two Four-monthly meeting of full time staff members were organised in this year 2019-20.

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 & 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 Accountants 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 organisational 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.

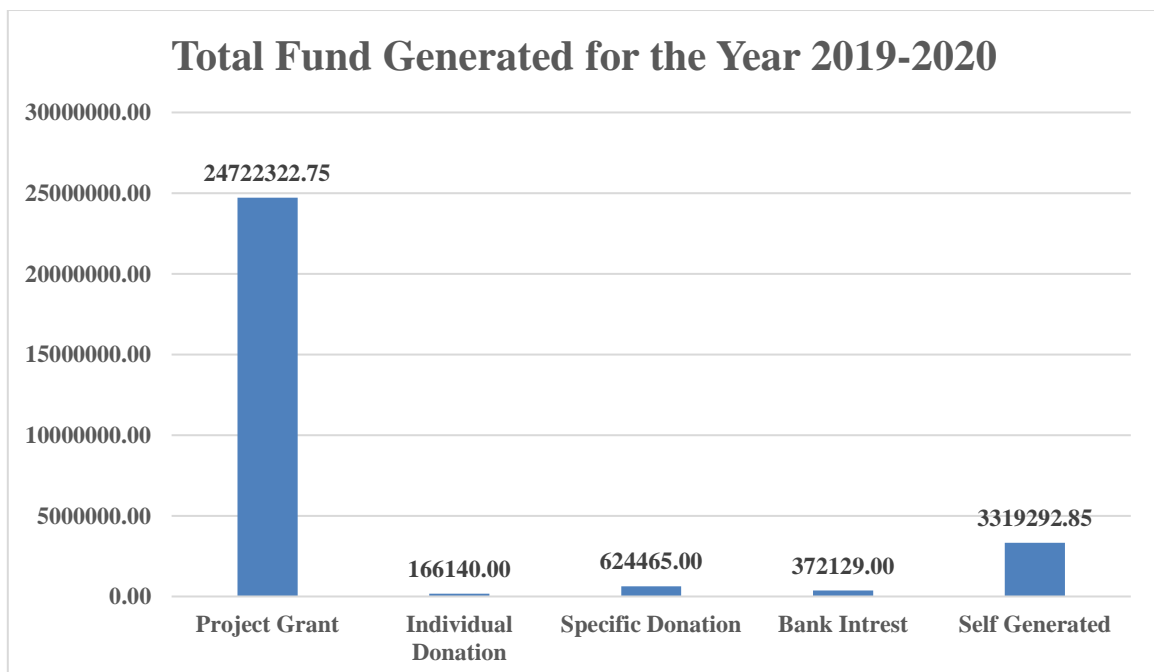
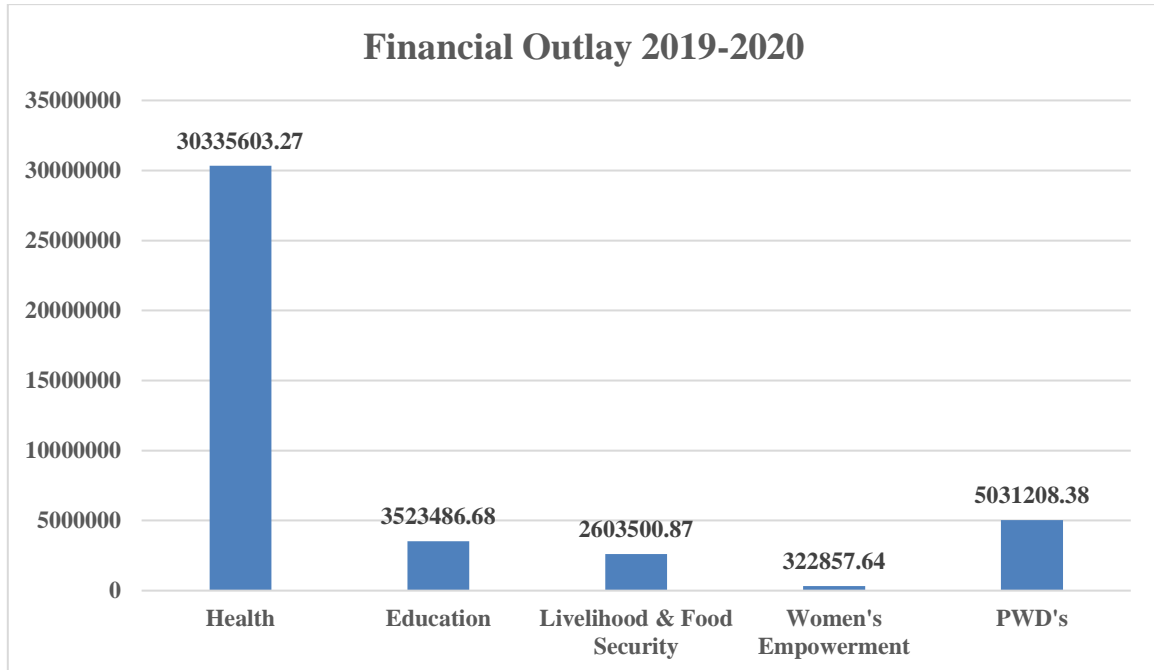
Till now, AAA has carried an external evaluation by external agencies; the exercise is well documented, and reports are available.

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:

## FINANCIAL OUTLAY 2019-2020

### Sector Wise Total Fund Utilization





## NETWORK & ALLIANCE

**Amhi Amchya Arogyasathi is a member of following networks & alliances**

- 1) **Common Health:** National Level Coalition for Maternal & Neonatal Health and Safe Abortion.
- 2) **Jan Arogya Abhiyan:** Member of State Level Network on people's Health Issues and Policies.
- 3) **Right to Food Alliance:** Member
- 4) **VANI (Voluntary Action Network India):** Member of National Network of NGO's.
- 5) **Give India Network:** Member of National Level Network
- 6) **Credibility Alliance:** Member of National Level Network
- 7) **Mahila Arogya Hakka Parishad:** Member of State Level Network on Women Health Rights Issues
- 8) **Vidarbha Arogya Hakka Gat**
- 9) **Mahila Kisan Adhikar Manch:** Member of National Level Network of Female Farmers
- 10) **CFR Learning & Implementation Group:** Member of District Level
- 11) **CFR Learning & Implementation Group:** Member of National Level Network
- 12) **Kisan Mitra Central India Network:** Executive Committee Member
- 13) **Child Rights Alliance Network:** President
- 14) **Nagpur Beej Utsav:** Member of Network of Local Seed Conservers & Organic Farmers.

## 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 Purskar by Dr. Gangadhar Surendra Muddiwar Pratisthan, Nagpur	1999
5	Gaurav Purskar 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, Chanrapur Karyagaurav Puraskar	2006
17	Chhatrapati Shikshan Mandal Karyagaurav Puraskar	2006
18	Basoli Group, Nagpur Karyagaurav Puraskar	2006
19	'Sakal' Karyagaurav Puraskar	2006
20	Jubalee Highschool, Chandrapur Shatabdi Mahotsav 2006 Karyagaurav Puraskar	2006
21	IFC on District Project Awareness towards Health	2006
22	Sanjivani Gadge Pariwar & Tarun Bharat Puraskar	2007
23	Swatantravir Sawarkar Smarak Samitee Nagpur Social Reform Award	2008
24	Late Shakuntala Devikar Smruti Puraskar	2009
25	Dhanwantari Puraskar from Arogya Bharati 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 Purskar to Dr. Satish Gogulwar	2014
32	State Level Smt. Jisna Darda Karyagaurav Puraskar 2 <sup>nd</sup> Dec. 2014 at Pune	2014
33	Smt. Sarswatabai Apate Gaurav Purskar, Bharatiya Shi 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 Purskar Yeshwanat Date Smriti Sanstha Wardha Feb. 2015	2015
36	Matru Sewa Sangh	2016
37	Adiwasi Sewa Sanstha Purskar Maharashtra Government	2017
38	Sadhana Amate Samidha Purskar	2018
39	Yashvantrao Chauvan Gaurav Purskar	2018
40	Girish Gandhi Rastriy Samajik Karya Purskar	2019

## **ORGANISATIONAL REPRESENTATION ON DIFFERENT STATE & DISTRICT LEVEL COMMITTEE**

1. Ms. Shubhada Deshmukh, member, District level women protection committee, Gadchiroli.
2. Ms. Shubhada Deshmukh, member, Prevention of Sexual Harassment of girls from Ashram School Committee (Gadchiroli & Nagpur district)
3. Dr. Satish Gogulwar, Member, District Steering Committee for Community Based Monitoring of Health Services.
4. Ms. Shubhada Deshmukh, member, Jivnnoti Abhiyan Maharashtra, District Steering Committee, Gadchiroli.
5. Dr. Satish Gogulwar, Executive Committee Member, Maharashtra State Forest Development Agency.
6. Dr. Satish Gogulwar, Executive Committee Member, Rugn Kalyan Sub District Hospital, Kurkheda.
7. Dr. Satish Gogulwar, member, Mahatma Gandhi Tantamukt Ganv (Mahatma Gandhi Conflict Free Village) Taluka level committee.
8. Dr. Satish Gogulwar, Programme for quality development of primary education in rural areas, district level committee, Gadchiroli.
9. Dr. Satish Gogulwar, member of technical committee for purchasing of equipment & medicine for Health Facility under District Planning Committee Member, Gadchiroli.
10. Dr. Satish Gogulwar, member of the committee formed by Integrated Tribal Development Project Gadchiroli to review deaths happen in the Ashram School.
11. Dr. Satish Gogulwar, member of the Anti-raging committee formed by Gondwana University Gadchiroli.
12. Ms. Shubhada Deshmukh, member of the social work study board formed under Rashtrasant Tukadoji Maharaj Nagpur University, Nagpur.
13. Dr. Satish Gogulwar, member of the social work study board formed under Gondwana University, Gadchiroli
14. Dr. Satish Gogulwar, member of Kurkheda Taluka Gabha & Sukanu Samiti.
15. Ms. Shubhada Deshmukh, member of the District level committee formed by Primary Education Department (Primary) Zilla Parishad Gadchiroli for the proper implementation of mid-day meal.
16. Dr. Satish Gogulwar, member of the committee formed by collector & district election officer Gadchiroli for awareness about election procedure.





# Amhi Amchya Arogyasathi

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