

Transforming Health, Empowering Lives

4 Decades of Community Health Initiatives



**AMHI
AMCHYA
AROGYASATHI**

Self-help & Self-governance Movement



About Organization

Amhi Amchya Arogyasathi (AAA) is a 41-year-old NGO in Gadchiroli, Maharashtra. Focused on Gandhian principles, it empowers communities through Health, Children & Education, Livelihood, Women Empowerment & PwD programs. Notable achievements include reducing neonatal mortality and malnutrition rates, with ongoing initiatives targeting maternal and child health in rural villages.

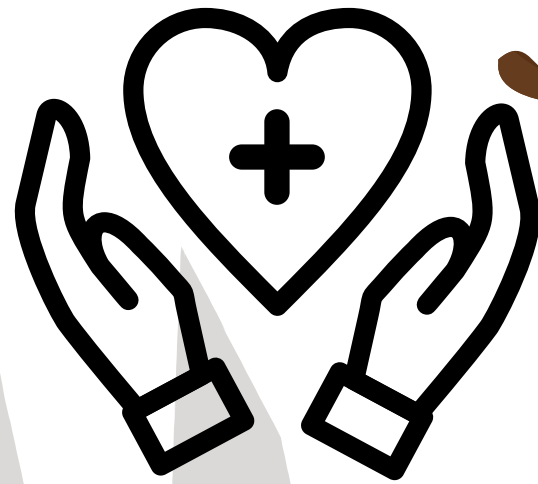


An organized dynamic community which has internalized justice and equity as its basic tenements and sensitive towards all life form.



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.

Thematic Areas



Health



Livelihood



Children & Education



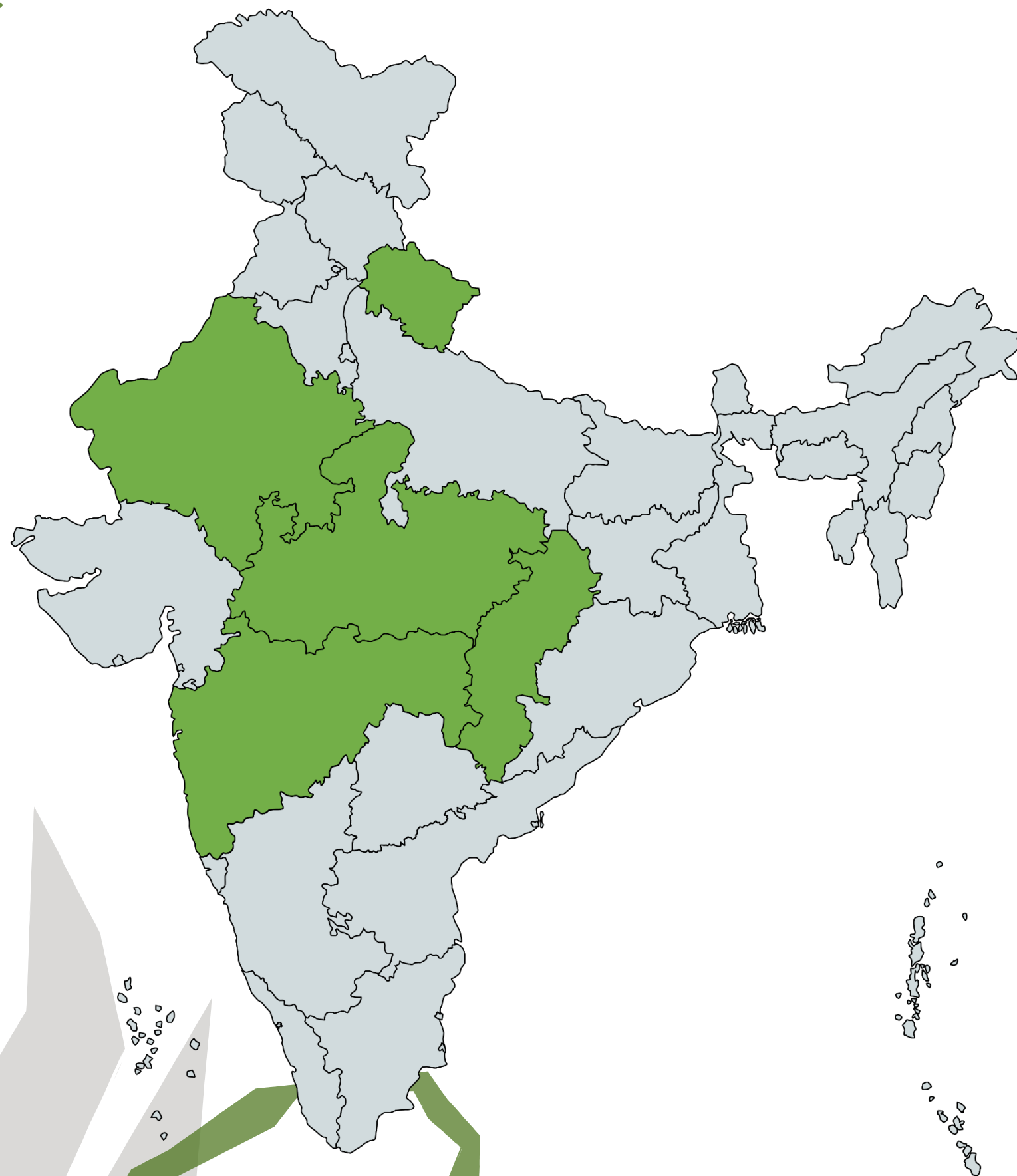
Women Empowerment



Persons with Disabilities

मार्ग शोधूया, जौवन आपुल
लोगो के पास जाओ
उनके ज्ञानको प्रस्थान बिंदू मानो
उनके ज्ञानपर विश्वास करो
उनके साथ काम करो
अच्छा काम वह माना जायेगा
जब काम पुरा होने पर लोग कहे
की यह हमने किया है।

AAA's Areas of Work



Maharashtra

- Bhandara
- Chandrapur
- Gadchiroli
- Gondia
- Nagpur
- Raigad
- Yavatmal

• Madhya Pradesh

- Betul
- Chhindwara

Chhattisgarh

- Mahasamund
- Balodabazar

Rajasthan

- Sirohi
- Abu Road (Sub-district)

Uttarakhand

- Udham Singh Nagar
- Champawat

Journey of Community Health Initiatives

1980s (since 1984)

- Vaidu Training and Herbal Garden
- Forest-based Medicine with SHGs

1990s

- Training of CBO's Volunteers on Herbal Medicines
- Promotion of Local Health Tradition & Research
- Vaidu Sangathan Formation
- Improving Reproductive Health and Family Planning

2000s

- Sampurna Gram Vikas Project
- Ankur Prakalpa (Home-based Newborn Care) in Tribal Area
- Health & Livelihood Security
- Mobile Health Clinic
- Reproductive & Child Health Project
- ASHA Worker Training
- Prevention of Anemia Project
- Comprehensive Eye Services Project
- Women's Health Training
- Community Health Project

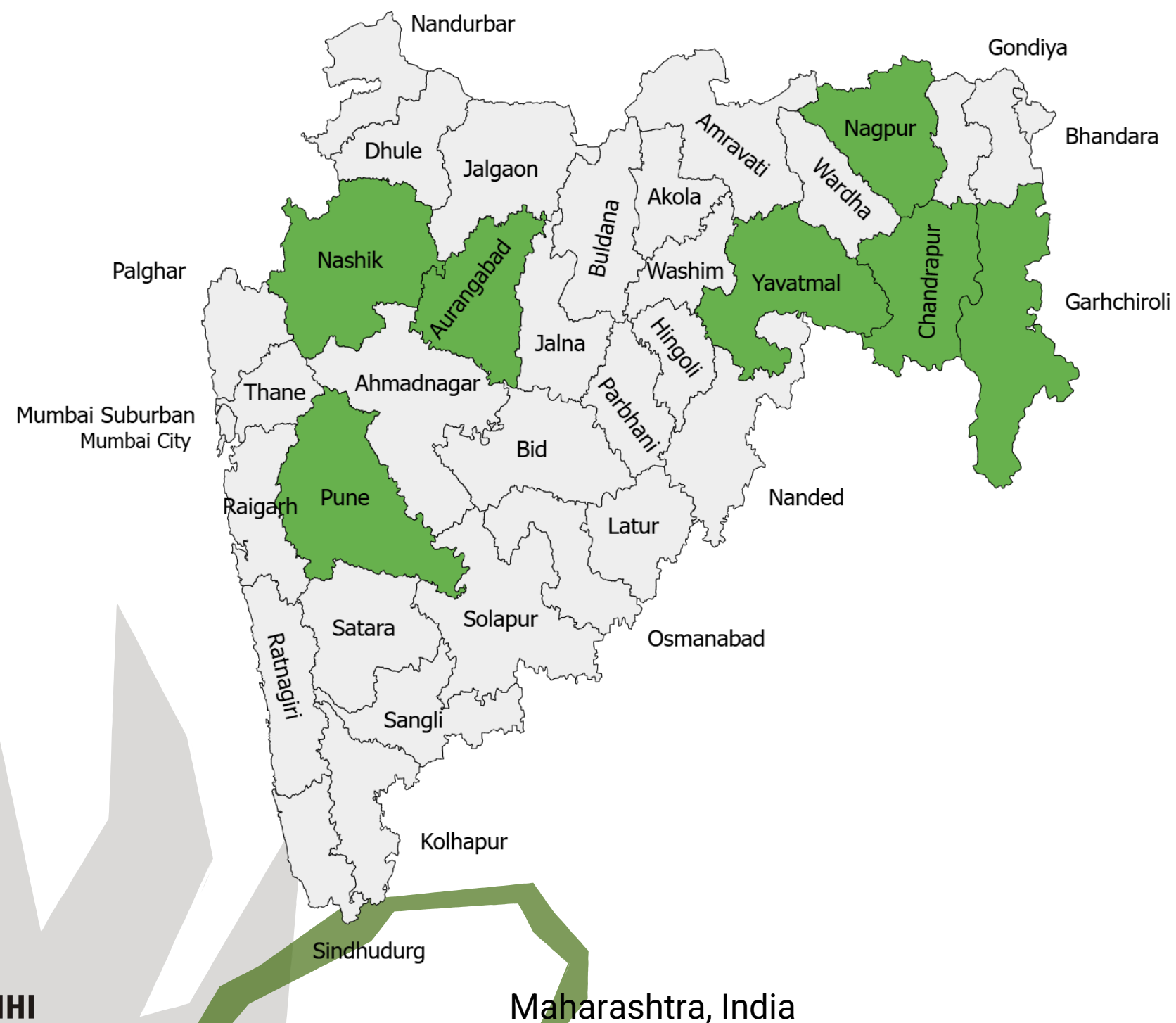
2010s

- Improving Maternal & Child Health Project in Rural and Tribal Areas
- Right to Nutrition Project
- Sure Start (Mother & Neonatal Care) Project in Nagpur Urban
- Urban Nutrition Initiative
- Anemia Reach Project
- DCAN to Improve Nutritional Services
- Community Action for Nutrition
- ICDS System Strengthening & Community Mobilization Project in Tribal & Rural Areas
- Nayee Disha - Awareness on Menstruation, Sanitation, and Hygiene in Urban Municipal Schools
- Kurma Ghar Awareness Program
- Community-based Monitoring of Health Services

2020s (till 2024)

- Improving Nutritional Services & Practices in Tribal Communities
- Covid-19 Ration & Relief Kit Support
- Comprehensive Community Engagement Initiative
- To reduce malnutrition through empowering tribal communities
- Towards provide better mother & child healthcare services in communities
- Research Project on Malnutrition among PVTGs
- Addressing Issue of Infant and Child Malnutrition in Gadchiroli District
- Addressing Issue of Anemia Among Adolescents Tribal Girls

Healthcare Outreach



Maharashtra Districts and Blocks

- Gadchiroli District:
 - Mul
 - Pombhurna
 - Rajura
- Nagpur District:
 - Nagpur Urban
- Yavatmal District:
 - Zari Jamni
- Aurangabad District:
 - Aurangabad
- Pune District:
 - Indapur
- Nashik District:
 - Igatpuri Jamni
- Chandrapur District:
 - Ballarpur
 - Chandrapur
 - Jivati

Other States

- Madhya Pradesh:
 - Shivani District

Health Care Challenges in Gadchiroli

Major Health Issues

- Malnutrition
- Malaria
- Anemia
- Sickle cell anemia
- Childhood mortality
- Tuberculosis
- Snake bites
- Non-communicable diseases like hypertension, diabetes, back pain, and stroke
- Physician to population ratio in Gadchiroli is 1:5032, while the ratio for India is about 1:1500.
- The Government health system is inadequate due to a thin population density and the tribal population's lack of healthcare seeking.
- Unwillingness of health service personnel
- Doctors and health service personnel are unwilling to serve in the district.

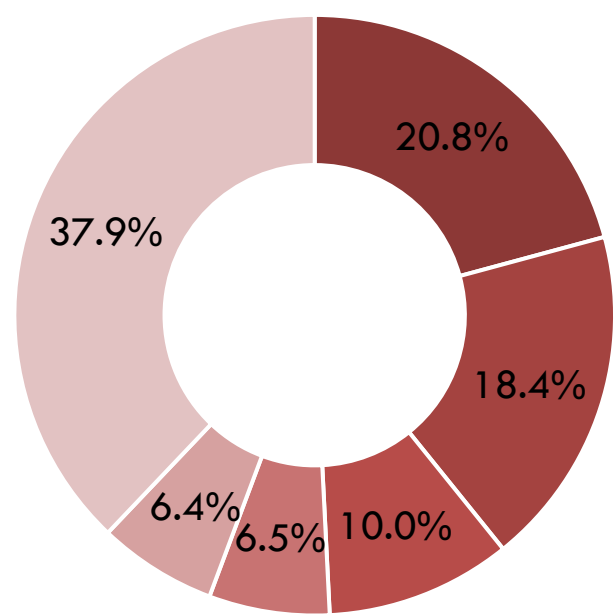


2 out of 5 children under 5 is Malnourished



4 out of 5 age 6-59 months children is Anemic

Leading causes of death in rural Gadchiroli



- Diseases of the circulatory system
- Infections and parasitic diseases
- External injuries
- Diseases in the perinatal period
- Diseases of the respiratory system
- Others

- Stroke accounted for 69% of all deaths due to cardiovascular diseases.
- Among infectious diseases,
 - Tuberculosis was the commonest cause of death (6%)
 - Diarrhoea (4.6%)
 - Malaria (3.9%).
- Among external causes of death, the commonest causes were
 - Suicide (2.5%)
 - Accidents (2%) and
 - Falls (2%).

Kalkonde, Y., Deshmukh, M., Kakarmath, S., Puthran, J., Agavane, V., Sahane, V., & Bang, A. (2019). A prospective study of causes of death in rural Gadchiroli, an underdeveloped district of India (2011- 2013). Journal of global health reports, 3.

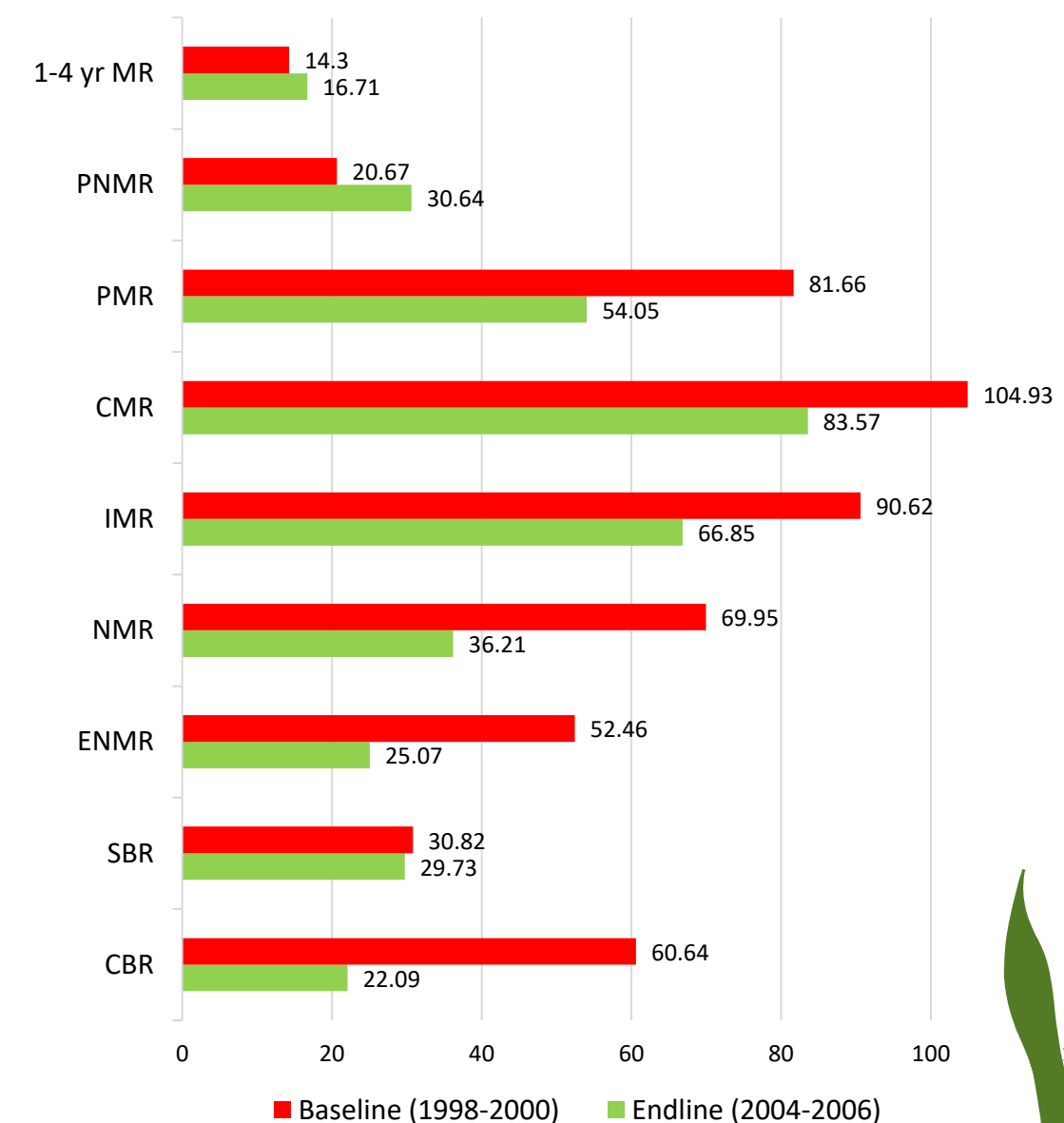
ANKUR

(Home Based Neonatal Care)

The Home-Based Neonatal Care (HBNC) model is a community-driven approach designed to reduce neonatal mortality through home-based interventions. Developed by SEARCH in Gadchiroli, this model was later replicated in multiple regions, including Korchi block (2001-2006), where 95% of total deliveries were home-based. HBNC relies on training community health workers (CHWs) and Accredited Social Health Activists (ASHAs) to provide essential neonatal care at home.

Key Features of the HBNC Model:

- Focuses on high-burden, low-resource tribal and rural areas with high neonatal mortality.
- Involves trained community health workers, ASHAs, and traditional birth attendants (TBAs) to provide care.
- Promotes early identification and management of neonatal health issues at the community level.
- Strengthens linkages with the formal healthcare system for referrals and advanced care when needed.



HBNC to Malnutrition-Free Village Campaign

The **ANKUR project** (2001–2006), implemented in Maharashtra by SEARCH and seven NGO partners one of which is AAAS, successfully reduced infant mortality by 51%. Additionally, an ICMR study conducted across five Indian states confirmed the replicability of the HBNC model, demonstrating that community health workers could be effectively trained to deliver newborn care at the grassroots level.

Today, HBNC is an integral part of India's National Rural Health Mission (NRHM) and has been included in the 11th and 12th Five-Year Plans. The model has also gained global recognition, receiving endorsements from WHO, UNICEF, USAID, the Gates Foundation, and support from Johns Hopkins University and Save the Children as a key global strategy for reducing neonatal mortality.

Under NRHM, HBNC was incorporated into Modules 6 and 7 of ASHA training, enabling 800,000 village women across India to provide essential newborn care. Recognizing its impact, India integrated HBNC into its 12th Five-Year Plan, reinforcing its commitment to lowering infant mortality through community-driven healthcare interventions.

The **HBNC model laid the foundation** for further maternal and child health interventions by AAAS, leading to the **Malnutrition-Free Village Campaign**, which focuses on **maternal nutrition, adolescent health, and early childhood interventions** to break the cycle of malnutrition and improve long-term health outcomes.

MALNUTRITION FREE VILLAGE CAMPAIGN

The Malnutrition Free Village Campaign began with the identification of high malnutrition rates in the Gadchiroli district. The project was designed using evidence-based strategies from past initiatives, including successful models like the 1000 Days Care Model and collaborations with organizations such as Dr. Abhay Bang's SEARCH and OXFAM India. Proof-of-concept activities included baseline data collection and initial community engagement. The project has built strong community support, and influenced local policymakers by demonstrating effective interventions and advocating for comprehensive health and nutrition strategies. Ongoing efforts are focused on scaling interventions and ensuring sustainability.

Malnutrition Free Village Campaign aims to empower tribal communities in the Gadchiroli district to improve nutritional services and practices. It targets pregnant women, lactating mothers, adolescent girls, Village Health, Nutrition, and Sanitation Committees (VHSNCs), Gram Sabha members, and children aged 0-3 years.

The project focuses on early intervention, conducting health-related activities at the village level, engaging communities in health discussions, implementing preventive measures, and collaborating with government health and Integrated Child Development Services (ICDS) officials.

Our Approach

Community Empowerment

- Strengthening (VHSNCs and Gramsabha)
- Conducting Door-to-Door interaction with Committee members
- Community meeting and Baseline survey
- Establishing and Reorganizing Committees
- Developing Skills and Planning for Utilizing Untied Funds
- Providing Supportive Supervision and Advocacy
- Livelihood support to address poverty

Public Health Services

- Supporting the Public Health Department for health camps
- Monitoring Activities and Performance
- Providing Family Planning Services
- Referral and Counselling Services of Malnourished Children and Critical Health Issues and Focusing on High-Risk Antenatal and Postnatal Care, as well as Adolescents
- Supporting Village Health and Nutrition Days (VHSND)
- Door-to-door services to Mobile Health Clinic
- Ayurveda & Panchkarma health services

Capacity Building

- ASHA and ASHA supervisors training
- Health cadre (ANM, CANM, CHO, MO, MPW) training
- Peer Educators training
- AWW and supervisors training
- VHSNC members & Jan Arogya Samitis training
- Traditional healers & Birth attenders training
- Training on herbal medicine identification, preparation & uses to local women and FLWs

Knowledge and Awareness Enhancement

- Conducting community meetings for Antenatal Care (ANC) and Postnatal Care (PNC)
- Organizing Health Camps for (ANC), (PNC) & Children up to 6 years old
- Providing recipe training
- Promoting nutritional organic kitchen garden activities
- Conducting awareness activities for adolescents

Development of IEC Materials

- Creation of booklets in local languages
- Audio and Visuals in local languages for creating awareness about health and nutrition
- Design of posters, calendars with toll-free numbers for emergency services, Social Protection Schemes, Nutritional and Seasonal Foods, Health services etc. (In local languages)

Reduction in Malnutrition Rates

Neonatal Mortality Reduction: Pioneered a Home-Based Neonatal Care Model that halved neonatal mortality, reducing it from 72 to 36 per 1,000 live births from 2001 to 2006 in Korchi, Gadchiroli.

Improving Child and Maternal Health: Through programs targeting slums in Nagpur, reduced maternal mortality from 38 to 28 (MMR) and positively impacted 150,000 people between 2007 and 2011.

Tackling Malnutrition: Addressed malnutrition through interventions in 250 Anganwadis in Nagpur and achieved a significant reduction in malnutrition in 110 villages through the Malnutrition Free Village Programs, reducing cases by 20%.

Community Nutrition Programs: Empowered the tribal community in Korchi Block, Gadchiroli, achieving an 84% reduction in malnutrition rates over three years, and a 43% reduction in Dhanora block within 2 years.

Malnutrition Category	Nagpur Urban (213 AWC)		Korchi Block (40 Villages)		Dhanora Block (40 Villages)	
	Base line	End Line	Base line	End Line	Base line (August 2022)	Latest (September 2024)
Wasted						
Severe Acute Malnutrition	7%	2%↓	8.25%	1.42%↓	6.99%	2.90%↓
Moderate Acute Malnutrition	12.8%	4%↓	6%	1.62%↓	17.15%	4.68%↓
Underweight						
Severely Underweight	6.9%	2.07%↓	13%	1.62%↓	11.96%	4.68%↓
Moderately Underweight	12.7%	6.12%↓	24.25%	4.27%↓	23.92%	17.18%↓

Improvement in Maternal & Child Health Indicators (Nagpur)

S. N	Indicators: -	Base line Analysis (April 2018)			(December 2020)			% Change
		Denominator	Numerator	Percentage	Denominator	Numerator	Percentage	
1	Increase in 4 ANC checkup	672	479	71.28%	1126	836	74.25%	4.16%
2	Increase consumption of 90 iron Folic acid tablet during ANC period	672	42	6.25%	1126	308	27.35%	337.66%
3	Increase in institutional delivery	2155	2050	95.13%	1390	1348	96.98%	1.95%
4	Increase in TT immunisation	672	301	44.79%	1126	863	76.64%	71.11%
5	Decrease in LBW children	5248	3945	75.17%	2099	1412	67.27%	-10.51%
6	Increase in complementary feeding from 6 months	2376	1084	45.62%	706	414	58.64%	28.53%
7	Increase in breast feeding within 1 hour	4717	3518	74.58%	1412	1090	77.20%	3.51%
8	Utilization of ICDS- supplementary food for mother & children (LM)	3333	2244	67.33%	790	577	73.04%	8.48%
9	Increase in complete immunization of children	2084	706	33.88%	303	165	54%	60.74%

Improvement in Maternal & Child Health Indicators (Korchi)

S. N	Indicators: -	Base line (April 2018)			(May 2019)			End line(December 2020)		
		Denominator	Numerator	Percentage	Denominator	Numerator	Percentage	Denominator	Numerator	Percentage
1	Reduction in SUW & MUW children.	400	150	37.05%	492	121	24.59%	491	44	5.91%
2	Increase in 4 ANC checkup	247	35	14.17%	116	50	43.10%	160	154	96.25%
3	Increase consumption of 90 iron Folic acid tablet during ANC period	247	0	0%	116	17	14.65%	160	153	95.60%
4	Increase in ANC registration before 12th weeks	247	78	31.57%	51	42	82.00%	160	146	91.25%
5	Increase in TT immunisation	247	107	43.31%	116	92	79.31%	160	159	99.37%
6	Decrease in LBW children	247	144	58.29%	116	34	29.31%	306	59	19.28%
7	Increase in complementary feeding from 6 months	606	286	47.19%	20	16	80%	306	260	84.96%
8	Increase in breast feeding within 1 hour	606	496	81.84%	120	116	96.60%	306	304	99.34%
9	Utilization of ICDS- supplementary food for mother & children (LM)	247	157	63.56%	51	35	68.62%	160	156	97.50%
10	Increase in deworming of children	606	108	17.82%	35	5	27.77%	30	24	80%

Improvement in Maternal & Child Health Indicators (Dhanora)

S. N	Indicators: -	Base line (Aug 2022)			March 2023			September 2024		
		Denominator	Numerator	Percentage	Denominator	Numerator	Percentage	Denominator	Numerator	Percentage
1	Reduction in SUW & MUW children.	443	159	35.89%	483	109	22.57%	448	91	20.3%
2	Increase in 4 ANC checkup	150	36	24.00%	68	31	45.59%	76	56	73.7%
3	Increase consumption of 90 iron Folic acid tablet during ANC period	150	40	26.67%	68	28	41.18%	76	41	53.9%
4	Increase in ANC registration before 12th weeks	150	105	70.00%	68	56	82.35%	76	74	97.4%
5	Increase in TT immunisation	150	67	44.67%	68	36	52.94%	76	64	84.2%
6	Decrease in LBW children	453	241	53.20%	104	50	48.08%	50	6	12.0%
7	Increase in complementary feeding from 6 months	331	220	66.47%	104	78	75.00%	43	29	67.4%
8	Increase in breast feeding within 1 hour	453	356	78.59%	104	94	90.38%	50	45	90.0%
9	Utilization of ICDS- supplementary food for mother & children (LM)	124	92	74.19%	94	80	85.11%	37	37	100.0%
10	Increase in deworming of children	453	132	29.14%	104	34	32.69%	9	8	88.9%

Other Key Achievements

Maternal & Child Health

- Achieved 87-97% institutional deliveries.
- Improved Antenatal Care (ANC) coverage, including early registration and completion of ANC visits.
- Achieved 94-97% full immunization coverage and high COVID-19 vaccination rates.
- Referred 136 SAM children from Dhanora and 222 from Korchi to NRC, improving their health.

Community Health & Capacity Building

- Formed community-based organizations like Traditional Healers' Organization and VHSNCs.
- Conducted capacity-building workshops for healthcare workers and community volunteers.
- Led community-based health monitoring across Gadchiroli, Kurkheda, and Armori (2011–2024).
- Organized health camps, meetings, and awareness programs on issues like menstruation, sanitation, and hygiene.

Traditional & Holistic Healthcare

- Established ANANDLOK Health Centre in Kurkheda (2010) for Ayurvedic treatments.
- Supported 500 families in developing home herbal gardens for self-reliant healthcare.
- Trained 1,500 SHG women and 500 NGO workers in medicinal plant identification and cultivation.
- Documented and published indigenous health traditions of Gadchiroli.

Nutrition & Livelihood Support

- Provided livelihood support worth Rs. 15,000 to 69 families in Dhanora.
- Established numerous Kitchen Gardens at household and community level.
- Regular nutritional food support to children and mothers.

Healthcare Access & Workforce Development

- Trained 424 ASHA workers in maternal and child healthcare.
- Provided mobile health clinics in remote areas of Kurkheda since 2007.

Current Interventions

Malnutrition Free Village Campaign in Gadchiroli



Malnutrition Free Village Campaign (Improve Nutritional Services & Practices in Tribal Communities):

- **Objective:** To reduce malnutrition by improving nutritional services and practices in tribal communities.
- **Area:** Implemented across 40 tribal villages in Dhanora, Gadchiroli.
- **Results:** Achieved significant reductions in malnutrition rates, including SAM, MAM, SUW, and MUW. Also focused on improving neonatal, infant, and maternal mortality rates.



Aarogya Tai (Towards provide better mother & child healthcare services in communities):

- **Objective:** Enhance maternal and child healthcare services within communities.
- **Area:** Implemented in 10 villages of Zari Jamni, Yatavatmal.
- **Results:** Achieved a 100% institutional delivery rate, zero maternal and infant mortality rates, and notable improvements in ANC coverage and breastfeeding practices.



Research Project on Malnutrition among PVTGs:

- **Objective:**
 - To evaluate project's impact on improving ANC/PNC practices among PVTG mothers.
 - To reduce the prevalence of SAM, MAM, SUW, and MUW among children under two years of age in the PVTG section of Etapalli block.
 - To examine the changes in feeding practices among children under two years of age.
- **Area:** Implemented in 20 villages of Etapalli, Gadchiroli.



Addressing Issue of Anemia Among Adolescents Tribal Girls:

- **Objective:** This project aims to tackle the high prevalence of anemia among adolescent girls in Korchi Block by implementing a comprehensive intervention strategy.
- **Area:** Implemented in 20 schools (14 Zilla Parishad and 6 Ashram schools) in Korchi Block, Gadchiroli.



Partners



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PATH



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SATHI
Support for Advocacy and Training
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Center of Anusandhan trust



Narotam Sekhsaria Foundation



The Sahayak Trust
Education for Health, Agriculture, Livelihood, Ecology
Institute for Rural Education



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Publications, Presentations, and Research Contributions

Conference Papers & Presentations:

1. Gogulwar, S. (2010, October 27–29). *Impact of need-specific interpersonal communication in creating demand for maternal & newborn health services among the urban poor*. Paper presented at the 9th International Conference on Urban Health, New York City, USA.
2. Gogulwar, S. (2017, March 31). *Maternal and child health status in India and the Gadchiroli initiative*. Paper presented at a conference organized by Ambuja Cement Foundation, Mumbai, India.
3. Gogulwar, S. (2017, December 22). *Challenges of public health: Anemia, malnutrition & neonatal mortality interventions in Gadchiroli tribal and Nagpur urban slums*. Paper presented at the Golden Jubilee Function of Indira Gandhi Government Medical College, Nagpur, India.
4. Gogulwar, S. (2018, March 28–30). *Foregrounding community-based accountability and action to tackle malnutrition in the double burden of malnutrition and the changing food environment in South & Southeast Asia*. Paper presented at the South & Southeast Asia Conference, New Delhi, India.
5. Gogulwar, S. (2018, June 26–27). *Community action for nutrition: Experiences from Maharashtra*. Paper presented at the 4th State Level Workshop on Community Action for Nutrition, organized by Jan Arogya Abhiyan Gujarat & ANANDI, Ahmedabad, India.

Books:

1. Gogulwar, S. (2022). *Gondwanaki Vanasushadia* [In Hindi].
2. Gogulwar, S. (2022). *Niwadak Vanaushadi Nirmiti* [In Marathi].

Journal Article:

1. Bokil, M., & Gogulwar, S. (2023, September 16). Gramsabha as a body corporate: The emerging reality. *Economic and Political Weekly*, 58(37).
2. Bhogaonkar, P. Y., & Saudagar, P. N. (2016). Traditional health practices for reproductive disorders from Gadchiroli district, Maharashtra, India. *Journal of Traditional and Folk Practices (JTFP)*, 4(2).
3. Marathe, S., & Yakkundi, D. (2017). Policy level changes in availability of essential medicines: A descriptive study of selected PHCs from Maharashtra. *Medico Friend Circle Bulletin*, 35–37.
4. Shukla, A., Marathe, S., Malti, T., Yakkundi, D., & Fox, J. (2024). *Activating spaces, scaling up voices: Community-based monitoring of health services in Maharashtra, India*.
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6. PATH. (2012, April). *Sure Start brochure (Zindagi Aayi Khushiyan Laayi: Sure Start Ke Sang)*. Retrieved from <https://www.path.org/our-impact/resources/sure-start-brochure-zindagi-aayi-khushiyan-laayi-sure-start-ke-sang/>
7. Joe, W., Kumar, A., Misra, A., Alambusha, R., & Sharma, S. (2022, January). *Project spotlight*. Tata Trusts. Retrieved from https://www.tatatrusts.org/Upload/Content_Files/gadchiroli-evaluation.pdf



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Location

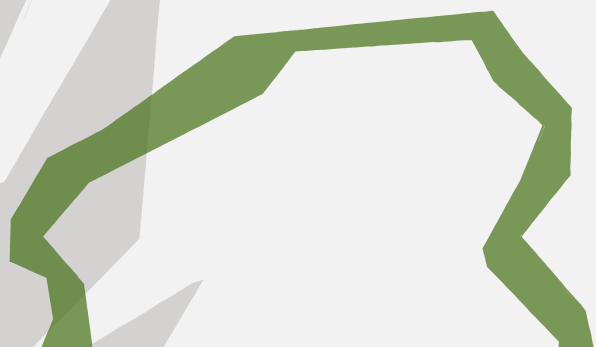
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