

2020-2021

# ANNUAL REPORT



**AMHI  
AMCHYA  
AROGYASATHI**

**Amhi Amchya Arogyasathi**

**Annual Report**

**2020-2021**



# Amhi Amchya Arogyasathi

Celebrating Self-help and self-governance movement among grassroots

## ANNUAL REPORT

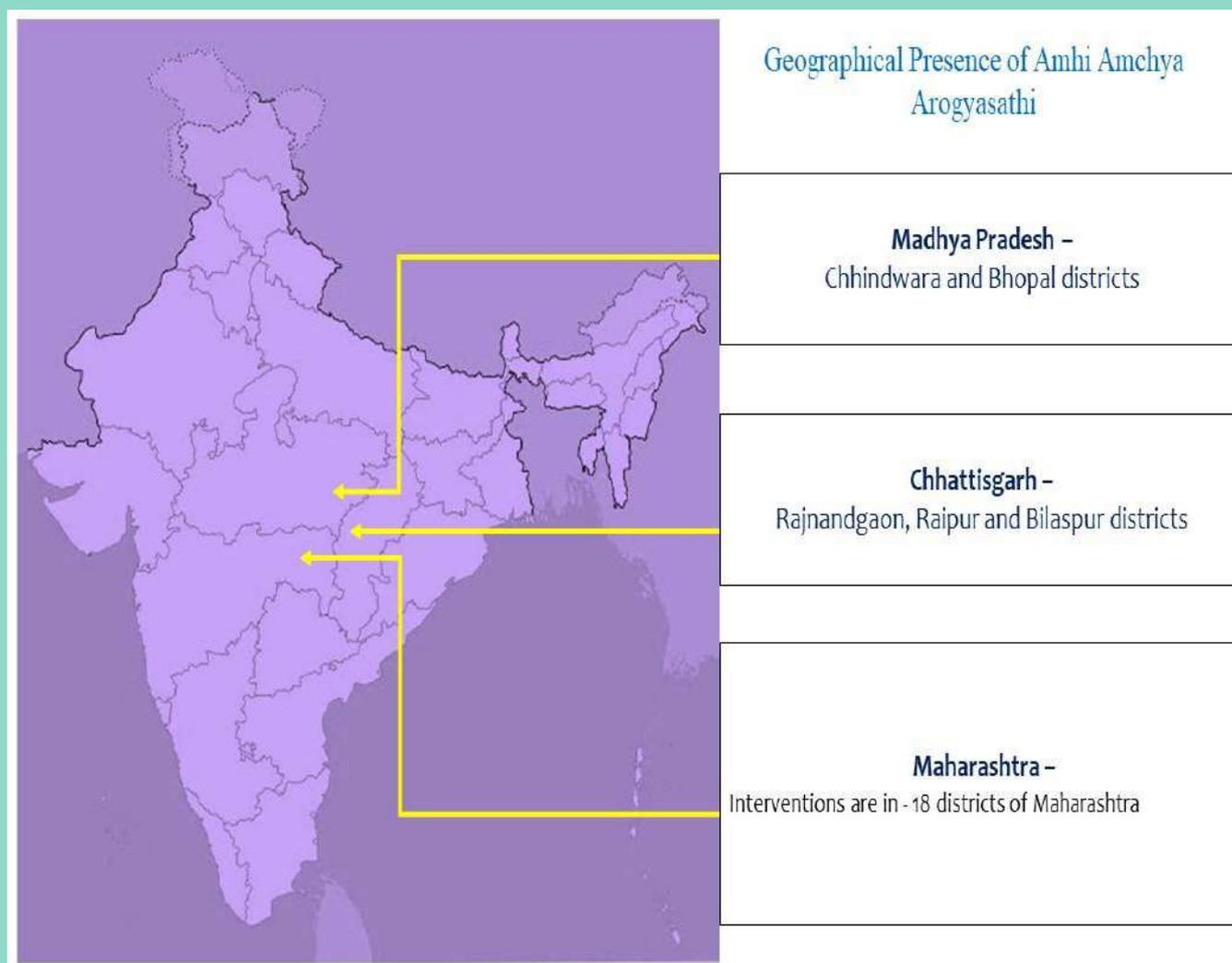
2020-2021

### Amhi Amchya Arogyasathi

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**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.

**From the Convener's Desk**

Dear Friends,

It gives me immense pleasure to publish annual report of the Amhi Amchya Arogyasathi for the year 2020-2021. It's been 37 years the organisation dedicatedly working for the empowerment of communities through strengthening grassroots 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. These are our primary stakeholders and we intend to share this annual report with the community, first and foremost.



This year wasn't easy for all the world, the COVID pandemic has adversely impacted socio-economic life of the marginalized communities. Amhi Amchya Arogyasathi realized its emergency and shifted programmatic supports to support families in emergency of food and other basic needs.

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 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 UIKEY (*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 Uikey. 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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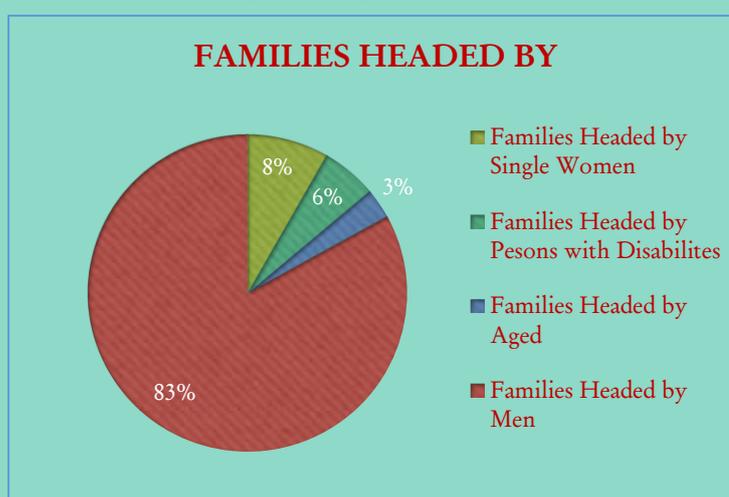
## COVID 19 – INITIATIVES DURING PANDEMIC

### SUPPORT FOR EMERGENCY AND RECOVERY

The worldwide health crisis around COVID-19 has affected all walks of life. Protecting lives of people suffering from the disease as well as frontline health responders has been the priority of nations. India had declared a three-week nation-wide lockdown till mid-April 2020 in the initial phase, which was subsequently extended time to time. However, as COVID-19 cases were increasing fast, it was great concern about the disease's potential spread and impact. The complete shutdown of all economic activities except essential services had created an economic crisis and misery for the poor, with massive job losses and rising food insecurity. The economy got worsened as it was already slowing down, compounding existing problems of unemployment, low incomes, rural distress, malnutrition, and widespread inequality. India's large informal sector is particularly vulnerable. Out of the national total 465 million workers, around 91% (422 million) are informal workers. Already amongst the most vulnerable in normal times, informal sector workers find themselves bearing the brunt of this economic fallout. According to an estimate of the total informal sector workers 55 million are migrants. Lacking regular salaries or wages, these agriculture, migrant, and other informal workers had been hardest-hit during the lockdown period. The Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) scheme had been officially shut down across all the districts. Halt of wage employment had impacted cash flow of wage laborers small & marginal farmers. The lockdown had badly impacted livelihood of forest-dependent communities. The buyers had stopped coming to villages and weekly markets in rural areas were closed. Thus, the NTFPs collected by villagers had not been disposed of. Village level traders were buying these forest produces at lower price. The lockdown had stalled the harvesting of winter sawn crop due to labor shortage and harvesting got delayed. In this situation without having hard cash in hand It became very difficult for small and marginal farmers to carry out normal agricultural operation in coming monsoon season. The lockdown situation has threatened the livelihoods and food security of many rural families like landless, old age, single women, persons with disabilities, migrants.

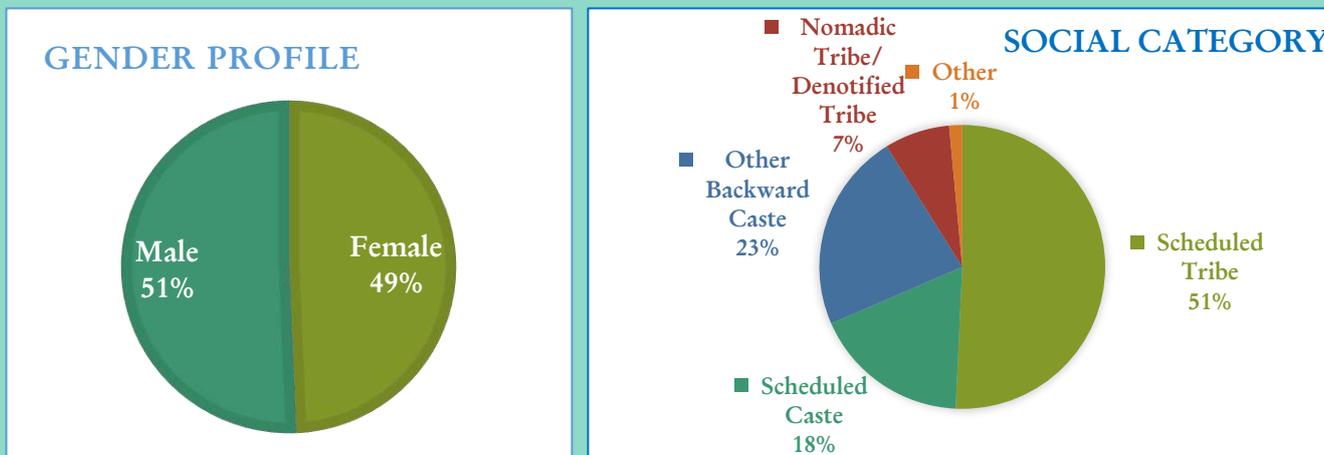
#### A study on Impact of Lockdown on Livelihood of Tribes in Gadchiroli and Chandrapur District

Looking at the crisis Amhi Amchya Arogyasathi conducted a study to understand the impact of lockdown on livelihoods of communities. The study was conducted between 25<sup>th</sup> April, 2020 to 30<sup>th</sup> April, 2020. Total 203 families of 18 villages in 5 blocks



of Gadchiroli district were interviewed. The respondents were of homogenous and mix populated villages of scheduled tribes and other traditional forest dwellers, dependent on forest, agriculture and wages for their livelihood. 83 percent of the families were headed by men, 8 percent headed by single women, 6 percent by PwDs and 3 percent families were headed by elderly people.

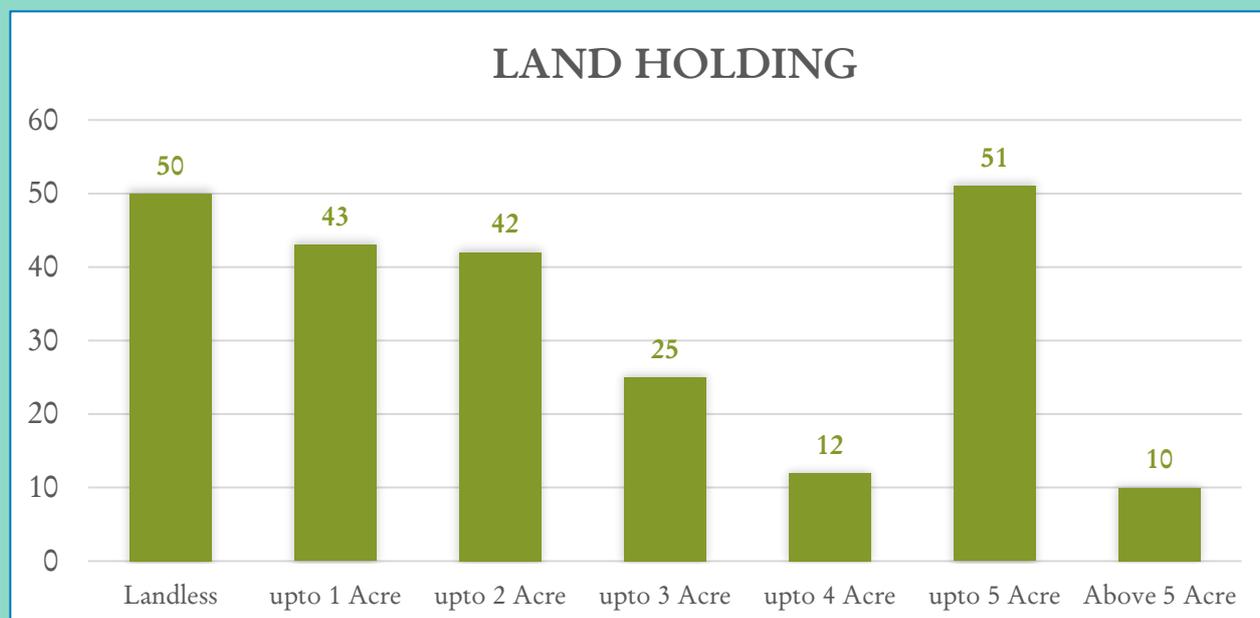
**| SOCIAL REPRESENTATION OF THE RESPONDENTS**



Among 203 respondents, 51 percent were Scheduled Tribes, 18 percent families were of Scheduled Castes, 23 percent were Other Backward Classes, 7 percent NT/DNT and 1 percent families were others.

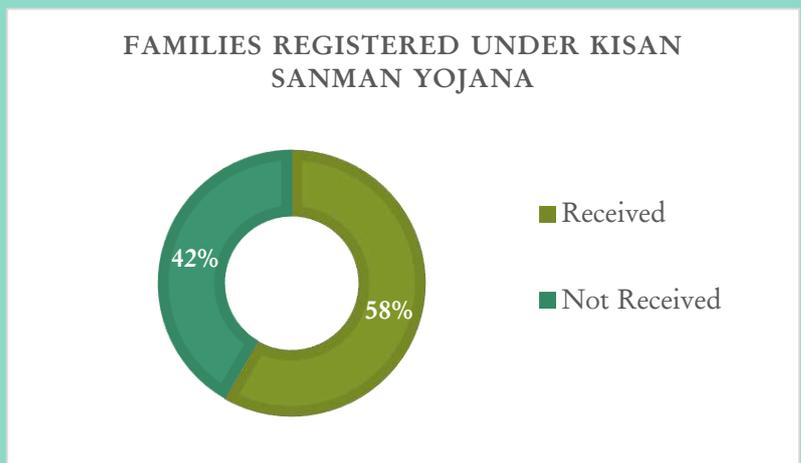
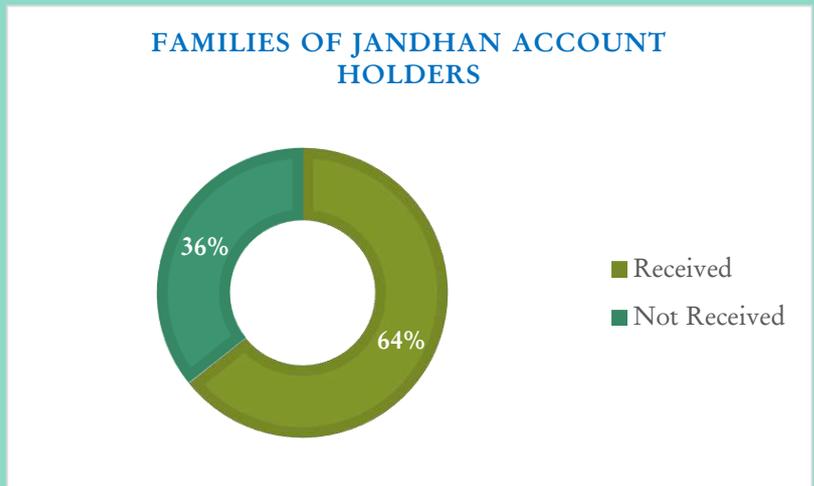
**| LAND HOLDING**

25 percent of the families were landless and 42 percent of the families own land but below 2 acres. 80 percent among families headed by single women and 55 percent families headed by PwDs are landless or own land below 2 acres. Only 24 percent families have irrigation facilities.



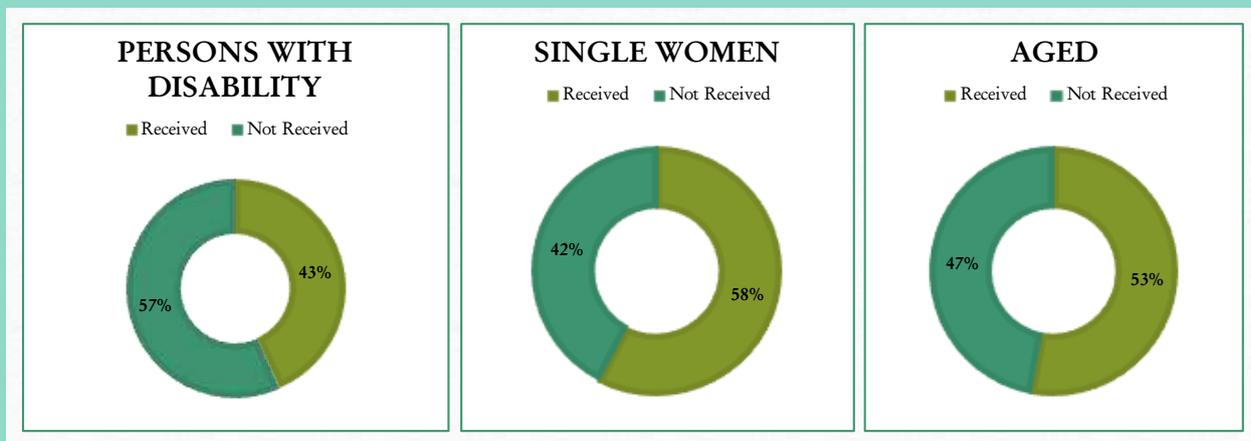
**| IMPLEMENTATION OF PRADHAN MANTRI GARIB KALYAN PACKAGE**

To cure the impact on livelihood of vulnerable and disadvantages communities the central government had announced Pradhan Mantri Garib Kalyan Package but its implementation was not adequate till the end of April, 2020. The study had found that only 64 percent of the families of Jandhan bank account holders and 58 percent families registered under kisan sanman yojna had received money in their bank accounts. But they were unable to withdraw it due to unavailability of transportation facilities.

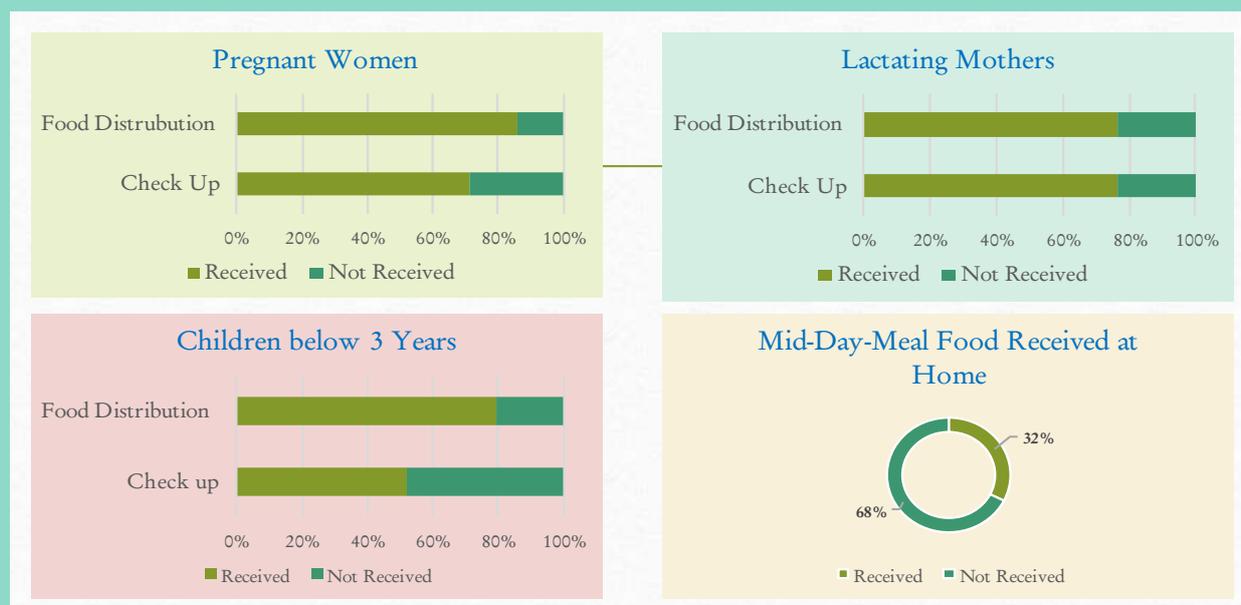


**| STATUS OF PENSION DISTRIBUTION IN LOCKDOWN**

57 percent PwDs, 42 percent single women and 47 percent elderly people had not received pension.



## | FUNCTIONING OF GOVERNMENT INSTITUTIONS IN VILLAGES DURING LOCKDOWN



Study has found that 11 percent of the families do not have ration card, 80 percent of them are landless and marginal farmers below 2 acres. Only rice and wheat were distributed in the ration shops. Families who had taken loan expressed that they won't be able to repay it. Families had reduced consumption of vegetable and non-veg during lockdown in absence of money. 45 percent of the families had not purchased groceries in lockdown. 66 percent of the families had said that they do not have enough food for next three months. No employment was available in the villages.

This situation led to the further impacts on increased food crisis, irritability, stress and anxiety in the family. The atmosphere of depression increased among the family members. Cases of domestic violence and pressure on vulnerable groups was increased. Hence the organization thought and decided to support as much as families possible in its capacity.

### Geographical Coverage during Pandemic:

SN	District	Blocks	Villages
1	Gadchiroli	Korchi, Kurkheda, Dhanora, Gadchiroli, Armori, Wadsa, Bhamragad (7 Blocks)	165
2	Chandrapur	Bramhapuri, Nagbhid, Jlvati (3 Blocks)	35
3	Bhandara	Lakhandur	5
4	Nagpur	Nagpur City - Tajbag and Indora (2 Wards)	

### Support Provided by Amhi Amchya Arogyasathi

The organization sought support from various organizations and since April, supported more than 3000 families in Chandrapur, Gadchiroli and Nagpur districts. Families in emergency need were supported with ration kits. Small and marginal farmers, families of persons with disabilities and single women were supported with the paddy seeds and manure to enhance their capacity for kharif crop cultivation. Also, families were supported 19 types of vegetable seeds to grow their kitchen gardens with diverse varieties of vegetables. Micro entrepreneurs who lost income during covid 19 and the savings were spent to fulfil their basic needs during lockdown. Such families were supported with basic funds to restart their businesses. Not limiting its reach, the team of the organization had consulted with the government departments on issues of persons with disabilities like delay in pension, support from 5 percent funds reserved at Gram Panchayats, pensions for single women and elderly, distribution of foods from Anganwadi centres for children and mothers, work for PwDs at NREGS sites has benefitted many families and enhanced their power to deal with the crisis.

SN	Types of Benefits	Beneficiary Numbers
1	Ration Kit Distribution	1940
2	Paddy Seeds and Bio Manure Distribution to the small and marginal farmers, single women farmers, persons with disabilities farmers	937
3	Nutritional Food to Children under Malnutrition and Mothers	520
4	Diversified Vegetable Seeds for Backyard Kitchen Gardens	947
<b>Total</b>		<b>4344</b>

#### Ration Kit Distribution

Vulnerable families particularly single women, old age, persons with disabilities, landless, marginal farmers were provided with food items consisting of grains, pulses, oil, spices, salt, sugar, onion, potato etc. for a month, some families were supported for two

months. Food items were as per consumption habit of people in Vidarbha region of Maharashtra. Though there was a support of grains through government scheme of PDS system, there were vulnerable families who had no access to this scheme. For



many families the entitled grains were insufficient. Families were selected by the members of federations, SHGs in villages and the village and cluster level staff of the organization who was much familiar with the situation of needy families. Total 1940 families were supported with the ration kit.

#### Agriculture - Paddy Seeds and Manure

Agriculture was largely affected by the lockdown as there was a harvesting time and peoples gathering were restricted. Farmers who could manage to harvest their crops, faced challenges to sell in the market. Some of them could manage to sell in local market at lower prices. Secondly these families had spent their savings to fulfil their needs during lockdown. So, nothing or less amount was remained with them to purchase seed, manure and manage labor costs for kharif crop cultivation.

In such case small & marginal farmers and single women owning land were provided agriculture input support such as paddy seeds, organic manure to continue their normal agricultural activities. Seed support was based on cropping systems of adjoining blocks of Gadchiroli, Chandrapur and Bhandara district in Maharashtra. Pollinated certified seeds (Not hybrid) were procured from public sector / local vendors and distributed to farmers. Farmers were encouraged to harvest seeds from existing crop for next season.

A survey was conducted to identify families in need from Kurkheda, Korchi, Wadsa and Armori blocks of Gadchiroli district and needy families were selected to support them. Paddy seed and manure could support families and lowered their financial burden. Most of the families could successfully cultivated their lands for kharif crop and were expecting fair production that would help them in future. But initially drought



situation and later heavy and uncertain rain, pest attack destroyed the yields from crop. 60 percent of the families could get only 50 percent average production in paddy. 10 percent families could not even harvest their crops due to drought and heavy rain.

#### 🌱 Backyard Kitchen Gardening – Diversified Vegetable Seeds

Almost every family in the rural area has land in their backyards which they use for kitchen gardening. During rainy season they grow vegetables, roots, legumes and use it for consumption at household. This situation is changing as land areas are reducing and people are not taking much interest that results into underutilization of lands. Backyard kitchen garden provides vegetables at free and reduced financial burden on them. To mitigate the challenge of nutrition during rainy season, families of small & marginal farmers, single women, persons with disabilities were given vegetables seeds to sow in their Kitchen gardens. The families were harvesting vegetables from kitchen gardens during this difficult period.

The seed support was given to 947 families that includes 19 types of vegetable seeds (fruit plants, green leafy vegetables, legumes). Accordingly, brief training was given by the staff to the families to increase their skills and knowledge about kitchen gardening. This venture is laterally contributed in some way to mitigate their situation when they were not having money for consuming most needed vegetables to increase immunity power to fight with this virus.



### **Support to restart micro enterprises**

Families of Persons with Disabilities, single women, elderly people, small and marginal farmers, landless labors who were running pan shops, mechanical shops, foot mat making units and other micro enterprise were remained closed due to lockdown since March 2020. Whatever earnings they had, most of it had been spent on fulfilling basic needs during the lockdown. Hence enterprise revival grant was proposed to support 30 families to restart their micro enterprises.

24 families were supported with Rs 10000 each to restart their micro enterprises which were closed down during lockdown and they had no money to restart. Initially assessment was conducted of the families by collecting their socio-economic information. Its aim was to understand the genuine need of the family and support them. So, the families were given preference from Gadchiroli, Chandrapur, Bhandara and Nagpur district in areas where Amhi Amchya Arogyasathi is functioning.



### **ADVOCACY FOR ENTITLEMENTS OF GOVERNMENT SCHEMES**

- | Both central and state governments had announced various relief measures for the affected population such as cooked meal support for vulnerable families, advance distribution of ration for three months through public distribution system, pension to widows, isolation centres at panchayat and block level. Government had allowed Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) with social distancing. But there was a gap in implementing the Government orders and delay in reaching to the beneficiaries. Therefore, it was decided of local level advocacy with block & district administration and panchayat for proper implementation of these orders and help administration in identification of vulnerable beneficiaries.
- | During pandemic Amhi Amchya Arogyasathi engaged in dialogue with Government officials on issues of pensions for PwDs, single women and elderly, utilization of 5% funds reserved for PwDs at village panchayat, block and district level, ration distribution at PDS and employment under MGNREGS. As a result, 1200 families of PwDs received ration kits under 5% reserved fund and 14<sup>th</sup> finance commission at village panchayats.
- | MGNREGS works were started late in the month of April and May but were closed due to rain and agricultural activities. Later in May MGNREGS works resumed village panchayats PwDs were not allowed on the work. Government had issued a letter asking authorities to identify possible work for PwDs and issue them job cards and work. But the numbers of implementation were less.

### **AWARENESS ON PRECAUTIONS AND CARE IN COVID-19**

In order to prevent the spread of the COVID-19, it is important to create awareness in the rural communities around basic hygiene, cleanliness, use of mask, maintaining social distancing. IEC materials like poster of dos don'ts, several informative audios and videos were used to create awareness in rural community. In every possible way we provided and spread up information among the masses related to covid-19. In which the organization emphasized on the safety practices for avoiding more savior situation.

### **AWARENESS AND SENSITIZATION ON DOMESTIC VIOLENCE**

Lockdown has also impacted on the relationship within family members in which more stress and burden increased for women. Economic burden has risen these issues enormously resulting into increased cases of domestic violence. This has made women more vulnerable. In the similar way the most vulnerable communities such as persons with disabilities, elderly people and single women have been affected a lot in this difficult situation. Subsequently, organization at villages level wherever it possible has given counseling and also virtually sensitized and shared authentic information of helpline and contacts of concerned officials. Village level SHGs and committees have become a platform for the women to share their feelings among each other and gave them some support.

## **INTEGRATED CHILD DEVELOPMENT SYSTEM (ICDS) - SYSTEM STRENGTHENING AND COMMUNITY MOBILIZATION**

The Integrated Child Development System (ICDS) is a centrally sponsored flagship scheme of the Indian government with a strong focus on improving nutrition, health, and non-formal education outcomes during early childhood years, and for pregnant and lactating mothers, and women of reproductive age. While the ICDS is one of the world's largest community outreach programmes – there is pressing need for restructuring the programme as it currently exists. Specifically, ICDS functioning has been adversely impacted due to inadequate investment, lack of convergence between different implementing agencies, and scant accountability for action. Valuable suggestions such as updating of infrastructure, capacity building of staff, community ownership, and transparency in tasks will be provided, to address the lacunae in ICDS implementation. Gadchiroli and Chandrapur districts in Maharashtra have a significant percentage of tribal populations viz. 38.7% and 17.7% respectively. This population is severely afflicted with high rates of stunting, wasting and underweight prevalence in children less than five years of age, as also staggering levels of anaemia among children, and women of reproductive age. This is corroborated with other poor determinants of malnutrition such as age of marriage, girl's education, women's economic and social status, dietary diversity, utilization of maternal and child health care services, poverty and illness and water, sanitation and hygiene. While the district is gripped with alarming rates of malnutrition, there equally exists hope and opportunity for realizing transformative positive impact by adopting corrective action.

The overarching goal of the project is to improve the quality of life of vulnerable communities, through strengthening the already existing government programmes; ensuring convergence of activities of Anganwadi worker (AWW), Auxiliary Nurse Midwife (ANM) and Accredited Social Health Activist (ASHA) worker (collectively the AAA); contributing towards capacity building of frontline workers; and mobilizing community to address the malnutrition burden by undertaking initiatives themselves. The project focuses on strengthening ICDS services by building capacities of AAA staff for ensuring efficient real time health and nutrition services through convergence with local health administration.

### **Geographical area of the project and Population–**

SN	State	District	Tahsil	Gram Panchayat	Village	Population
1	Maharashtra	Gadchiroli	Kurkheda	42	124	86073
2			Bhamragad	19	125	36325
3		Chandrapur	Mul	49	80	114611
4			Pombhurna	31	58	50781
5			Jiwati	36	83	61820
6	Total			177	470	349610

## **A. Convergence of Health & ICDS department (AAA Approach)**

### **A.1. Formation of AAA WhatsApp group at Sub centre level:**

The objective of creating the AAA & Beneficiaries WhatsApp group is to counselling to pregnant women and Lactating mothers through sharing the information and message regarding COVID 19, Antenatal care, and postnatal care as considering vulnerable groups for COVID 19 Pandemic. Total 91 WhatsApp group from all 5 blocks has been formed from by issued official letter with joint Signature of Taluka Health Officer and CDPO. ANM is the admin of this WhatsApp group and AWW, ASHA, Block facilitator of ASHA, Pregnant and lactating mothers from respective Sub centre has added to this group. AAA shares information and messages about how to prevent COVID-19, Hygiene, Diet, rest, consuming Calcium and IFA tablets regularly, and exclusive breastfeeding for beneficiaries.

### **A.2. Tele Counselling to Beneficiaries with/without AAA:**

Tele counselling, this is one of the effective initiatives that has been taken under this project as considering the COVID 19 situation. The aim of this activity is to interpersonal counselling to Pregnant women, lactating mother, Parents of 7th month to 2 years children, and parents of high-risk children about Antenatal care, postnatal care, breastfeeding, complementary feeding, and Diet for Malnourished children as well as to build the capacity of AAA on IYCF through the joint counselling call. Total 3775 out of targeted 3360 Teleconsultation calls were done across form 5 blocks.

### **A.3 Handholding support to AAA convergence Activity:**

The field team has been providing a continuous handholding support through 3177 out of planned 3276 Angnawdi visits to AAA groups to implement following village level convergence activities. The outcome of handholding visits is that the AAA convergence activities have been completed by more than 80% of Anganwadi centres (Villages).

### **A.4. Supportive supervision of Village Health Nutrition & Sanitation Day:**

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. Hand holding support has been provided by Field team in 1031 VHSND sessions throughout the intervention area by the end of project.

#### **A.4.a Counselling Session:**

Counselling session is one of main activity of VHSND program. The objective of counselling session is to create awareness about mother and child health and nutrition and public health in community. The total 994 counselling session were felicitated by Project field team and covered 11909 beneficiaries in these sessions.

### A.5 Home Visit for Identification of High-risk Pregnant women and lactating mothers and children:



The home visit is one of the main activities for coordination of AAA under the AAA approach and is an effective means of changing the behaviour of beneficiaries. The field facilitator provided handholding support and facilitates joint household visits to AAA. The objectives of the Joint home visit was to identify high-risk beneficiaries and providing better counselling, giving quality messages regarding mother and

child care, and also providing referral services to beneficiaries as per need. Total 7104 out of target 6867 home visits have been done by the end of project. Out of the total home visits, 32% of home visits were done jointly with AAA, 19% home visits were done jointly with Anganwadi worker and Asha Worker, and 4% home visits were done with Lady Supervisors and AAA. Overall, about 55% of the home visits were made jointly with AAA, 9% of the home visits were made personal by the project team and the remaining 36% of the home visits were done with Anganwadi worker and ASHA worker separately. A total of 571 high-risk pregnant women and 44 high-risk lactating mothers were identified during these home visits, of which 92 were referred to the Primary, secondary and tertiary health institution as per need.

### A.6. Joint AAA Review Meeting

#### A.6.1. Joint AAA Review Meeting at Village level:



Village level AAA review meeting is one of the effective activities of AAA convergence at field level to planning and review of service provided to the beneficiary through convergence. This meeting conducted by initiative of ANM and Minutes of meeting has been maintained in form of AAA management tool no.1.

The target for AAA village level meeting had been set at 2520 (More than 70 % against total VHSND.) but a total of 2652 (64.32%) meetings were conducted out of 4123 VHSND held from the health department of all 5 blocks of Chandrapur and Gadchiroli from June 2020 to March 2021. Due to the revised plan of VHSNDs from Jiwati and Bhamragad Health Department, more VHSNDs were conducted than the initial plan.

Out of the total VHSNDs conducted, 64% were conducted the review meetings in VHSNDs. Of these, more than 90% in Pombhurna, More than 80% in Mul, 70% in Kurkheda, 64% in Jiwati, and the lowest in Bhamragad block was 35%. Of the total village level review meetings, 35% (932) were monitored by the project team and the remaining 65% were conducted by the AAA itself.

### A.6.2 Joint AAA Review Meeting at Sub Centre:

Total 770 Sub centre level AAA review meetings were conducted by AAA in leadership of ANM as per decided AAA review mechanism as per AAA approach guideline. Out of that Project team has facilitated to 255 review meeting. This is one of the successful and sustainable activity as per planed. Except for Bhamragad, review meetings are being held regularly in the rest of the other four blocks as per the resolution of the Block level meeting. In this meeting reviewed, discussed and planned on following.



*AAA Review Meeting at Sub centre-Khedegaon, Kurkheda, Date-24<sup>th</sup> Jan 2021*

- | Total no of High Risk pregnant and lactating mother and referral services.
- | Status of high-risk Children and referral services.
- | Review of low-birth-weight children, Infant and child death.
- | Status of AAA Activities: Painting of Family number on front of house, Village Map updating and Display, Preparing home visit planning, Joint Home visit and Joint meeting at Village level,
- | Growth monitoring of children and plotting on Growth chart in MCP card in VHSND
- | Planning and held of VHSND.

### A.6.3. Joint AAA Review Meeting at Primary Health Centre:

As per the guideline of AAA approach, a monthly joint review meeting is supposed to be conducted at every PHC level. In phase-I, the project team had been advocacy with respective Health and ICDS departments through block-level joint meetings and decided the Date for PHC level review meeting and also initiated. As per that, in this Phase total of 61 joint review meetings have been conducted in all 5 blocks area in leadership of medical officers and lady supervisors of ICDS. Where the project team has facilitated the process of joint review.

### A.6. 4 Block Level Advocacy:

Block-level meetings were one of the best platforms to highlight the issue regarding Nutrition and Health services and AAA convergence under the block to strengthening the system. Due to the workload of COIVD -19 pandemic on the health department, conducting a meeting was a major challenge. However, 18 out of 41 joint AAA review meetings were conducted from all 5 blocks under the leadership of THO and CDPO. Out of that 2 meetings were conducted virtually. As well as submitted monthly report to CDPO and THO and had discussion at individual level whenever could not possible joint review meeting.



These review meetings were facilitated by the project team. Medical Officers, Health Assistant, Lady Supervisors, Lady Health visitors, block facilitators were participated during these meetings.

Following points were discussed in meeting:

1. Status update of convergence activities at the village/community level.
2. Orientation about new GR and office order of State Government and District Administration regarding providing service of Mother and child health and nutrition in Covid-19 Pandemic Situation.
3. Update of project strategies in Covid-19 Pandemic Situation.
4. Status update of severe acute Malnutrition children and their Management.
5. Status of joint AAA review meetings at PHC, Sub centre and Village level.
6. Health check-up of Anganwadi's children
7. Screening for identification of SAM children.
8. Supply of IFA tablets for pregnant women, lactating mothers and Adolescent girls.

#### **A.6.5. District level Advocacy Meetings:**

Total 31 Meeting has been conducted meeting with the Dy.CEO-Women and child development, District Health officer, DY. CEO-Grampanchayat, CEO of ZP - Chandrapur and Gadchiroli district and District Magistrate of Gadchiroli.



**A.7.a. Felicitation Program Block level:**

The objective of this activity was to motivate AAA to improve and sustain the AAA convergence activity at the field level. Selected 27 best AAA group sector wise from 5 blocks and felicitated to 81 frontline workers (ANM-27, AWW-2, ASHA 27) with the certificate and Memento in presence of BDO, THO and CDPO.



*Block level AAA Felicitation program, Kurkheda*



*District level AAA Felicitation program, CH.*

**A.7.b. Felicitation Program District level:**

Due to continuous handholding of the project team, AAA convergence has been improving consistently at the ground level. And to sustain AAA convergence need to monitor at PHC and Block level. Because effective monitoring leads to the best implementation of the activities, that's why a district-level felicitation program was held at Zilha Parishad Chandrapur on 19th March 2021 to recognise efforts of supervisory staff of Health and ICDS

department to implementation of AAA convergence. PHC-Rajoli, Pombhurna, and Patan from Mul, Pombhurna, and Jiwati block respectively were selected as the best implementation of AAA convergence as per the following Criteria. And felicitated to 8 Supervisory cadre Staff (Medical officer and Lady Supervisors) with the Certificate and Memento from selected best PHCs.

**B. Community IYCF Training:****B.1. Capacity Building of AAA on IYCF**

A total of 324 AAA who could not participate in sector-level IYCF training in Phase-1, were trained on IYCF. And provided IYCF kit including Flipchart of Food Groups, 1000days, 45 Points of Breastfeeding and Training manual to 680 Angnawdi workers with Proper orientation of how to use IYCF kit.



*During Providing the IYCF Kit by CDPO to AWW in the Bit meeting at Kurkheda.*

## B.2. Community IYCF Training Session:

The objective of this activity is to spreading awareness and build the capacity of communities on Basic Nutrition, dietary diversity, Breastfeeding, Complementary feeding And In addition, to link the knowledge with the importance of antenatal care services, postnatal care services, growth monitoring, and various schemes to be availed from Angnawdi Centres. Out of planned 400, a total of 405 Community IYCF Training has been conducted with the coverage of 14209 participants throughout the intervention areas in both districts.

## C. Community Mobilization Initiative:

### C.1 Celebration of Poshan Maha:

As part of the POSHAN Abhiyan (National Nutrition Mission), various themes, platforms & prospective change agents have been suggested in the form of Jan Andolan events to implement the Behaviour Change Communication (BCC) activities at the community level. The team was supported the frontline workers & respective government departments to plan & implement various Jan Andolan events with innovative ways. The objective of this activity to sensitize communities on importance of health, nutrition and sanitation. In this quarter celebrated National Nutrition month (Poshan Maha). As per schedule and theme of Poshan maha Project team conducted 551 Activity with coverage of 5294 participants from all 5 block of Gadchiroli and Chandrapur District.

### C.2 Jan Andolan Event: Food Festival

A total 107 out of planed 105, food festival event conducted and reached to 3000+ beneficiaries from all 5 blocks. Around 800 beneficiaries (Mothers) has been actively participate in recipe competition with different food dish made from THR and local grains, vegetables and fruits. Angnawdi workers and project team members explained about nutritious value and benefit of particular food dish.



The program held at Jamtukum no. 2 from Pombhurna block of Chandrapur District, date on 21<sup>st</sup> January 2021.

Displayed the informative materials on health & Nutrition. In addition to this, the locally available nutritious raw food materials had been also displayed to orient the beneficiaries on healthy food habits. Similarly the participants got oriented about different recipes which could be prepared from the locally available food materials especially complementary feeding like egg pest, Amylase powder, Pest of mix grains, Sesame, peanut and moha's laddu etc. 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. Local community leaders (Sarpanch, Gram-Panchayat members, etc.) had been participated in the program and motivating the targeted beneficiaries to follow the good practices of child nurturing & health-seeking behaviours. Appreciated with a gift to selected Beneficiaries who made nutritious dishes.

### C.3. Inter Angnawdi Competition:

It aims were to create platform for preschool children at the AWC level for their physical, mental and social development and to promote the importance of pre-school education offered at Angnawdi Centres for children in the village. These events organised in presence of parents and PRI member. In the Inter Angnawdi Competition conducted indoor and outdoor child friendly game and activity like Basket Ball, Sack jump, running, Spoon-Lemon, Self-introduction, Singing, dancing and Puzzle's game activities as a competition for 3 to 6 years children of Angnawdi. The key message as mentioned below from Field facilitators.

- | To send the children to the Anganwadi Center for pre-school education daily.
- | To keep children away from diarrhea, make sure to wash your hands regularly before meals and give them filtered and boiled water for drinking.
- | To avail the services of THR, Health and Nutrition Education, Amrut Ahar at the Anganwadi Center regularly.

Ensure that the children are weighed every month at the Anganwadi Center. And to take necessary action to improve the nutrition status as per the advice of the Anganwadi worker of children by knowing the nutrition status.

### C.4. Community Based Events:

The objectives of Community Based Events (CBEs) were to enhance community participation in promoting good nutrition and health seeking behaviours. As per the update guidelines of CBEs, handholding support has been provided to Angnawadi worker to organize the CBEs with participants of Family members of Beneficiaries. A total 271 (86.03%) out of planned 315 CBE conducted



including New ANC registration (Panjikaran), Annaprashan Diwas, Suposhan and Health Message.

**During this event Counselling to Mothers and family members on following.**

- | Antenatal care: Importance of IFA and calcium tablets, diet, and regular check-up,
- | Complementary feeding: about complementary food, quantity and frequency of feeding. Cleanliness and hygiene before cooking food and while feeding to child, regular immunization and growth monitoring.
- | Health Message: Cleanliness and hygiene, importance and techniques of handwashing.

**C.5. Adopt Beneficiary:**

The objective of the adopt beneficiaries was to change Positive Behaviour towards better health & feeding practices through interpersonal communication and subsequent follow up with the beneficiaries and their family members. Taken follow-up of through the home visit and Phone call on a monthly and need basis. During this follow-up counselling about antenatal care, diet breast feeding complementary feeding, growth monitoring and insured the awareness and availed the benefit of health and nutrition schemes and services including immunisation and check-up. Total 260 (Pregnant women-130 and Children/Lactating Mother -130) Beneficiaries had been adopted. And tracked to all beneficiaries by taken follow-up on a monthly and need basis. 107 out of 130 adopted pregnant women have delivered safely. Except one from Bhamragad, all deliveries from all 5 blocks were institutional.

**D. Physically Tracking Severely Acute Malnourished:**

The objective of the activity was to reduce the number of SAM children. The project team collects a list of SAM Children as per CAS from the ICDS office and identifies SAM children through verifying the list with Anganwadi worker and also identify suspected SAM Children by doing anthropometry during their field visits. The field team maintained the record and monitors the weight, services provided by the Anganwadi worker, and counsels the family about the nutrition intake of children and the need of maintaining good hygiene.

A total of 309 SAM children were identified and follow-up was taken of all children during the project period. Out of that 153 children improved as MAM and Normal from SAM Category.

**E. Joint training with PRI and ICDS:**

The objective of training was to build convergence between PRI and ICDS department at the last mile and to leverage convergence matrix to bring together. Block wise 5 trainings were conducted at block level under the theme of the role of PRI members and CDPO to create ideal Anganwadi centre and malnutrition free village with issued proper officer order from District and block level.

## F. VHNC Meetings for finding gaps in health and nutrition related services:

VHNC is the existing committee under the gram panchayat. Sarpanch or Gram panchayat member is the chairperson and ASHA is the secretary of the VHNC. Anganwadi worker, ANM, SHG member, and other active persons from the village are members of this committee. The role of the VHNC is to identify and solve health and nutrition issues and ensure the execution of Health and Nutrition Services in the respective village. But due to a lack of training about the role of VHNC the committee is only on paper. The aim of attending the VHNC meeting is to identify gaps in health and nutrition-related services and facilitate to VHNC for work on that issue. But the Most of the Gram Panchayat Committee's term had completed and due to that VHNC committees were dismissed and it were non-functional, however 29 VHNC meeting attended and facilitated by field team during the project period.



*VHNC meeting at Erkadi Village from Kurkheda on 23<sup>rd</sup> September 2020.*

## G. Handholding to AWWs for Preparing and submitting VHRC to gram panchayat:

Village health Report Card (VHRC) is the tool of advocacy for AWWs at the individual Gram panchayat (GP) level to communicate the updated status of Anganwadi services and officially demand the requirements from respective GPs & maintain the Quality services at the AWCs. The field facilitators had been facilitated this process of official communication between ICDS and the Panchayat Raj Institution. Filed team-oriented to all Anganwadi workers during their field visits and Bit meetings about how to fill out VHRC and how to presenting it in Gram Panchayat meeting and Gram Sabha. Provided direct support to 512 AWW by field facilitators to present VHRC in Gram panchayat and out of that 25 Anganwadi centres were received support from Gram panchayat.

## H. Refurbishment of Angnawdi Centres.

The refurbishment of AWC aims to create a model Angnawdi which will be child-friendly and provide a better Physical & psycho-social environment to Beneficiaries. Five Anganwadi centres namely, Dhodraj, Lahiri no. 2, Kudkeli, Dhudepalli, and Tekla were selected for refurbishment from the Bhamragad block of Gadchiroli district for refurbishment work. Out of that two Anganwadi centre's work had completed and three Anganwadi centre's refurbishment work had the need to complete. Which we had proposed to carry forward and complete in Phase-2. As per that, through an appointed local contractor, three Anganwadi centres (Kudkeli, Tekla, and Kosfundi) have been refurbished including Roof, flooring, kitchen, varhanda shed minor repairs of Door and windows, internal and external painting. And also provided mats and toys for 5 Anganwadi centres. And handed over all 5 refurbished Anganwadi centres to ICDS, Bhamragad and Gram panchayat.

### Glimpses of Refurbishment work



AWC: Kudkeli before refurbishment



AWC Kudkeli during work in Progress



AWC: Kudkeli after Refurbishment



Hand over to ICDS and Grampanchyat

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## ***EMPOWERING TRIBAL COMMUNITY TO IMPROVE NUTRITIONAL SERVICES AND PRACTICES IN KORCHI BLOCK OF GADCHIROLI DISTRICT (MALNUTRITION FREE VILLAGE CAMPAIGN)***

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**“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 year’s 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 and ICDS departments in the district. The project is being implemented in 40 village of Korchi block of Gadchiroli district with aim to investigate and improve nutritional status of children by reducing malnutrition.

The project area of Korchi block comes under the scheduled 5<sup>th</sup> of the constitution and Gramsabha are strengthened by giving them various rights under Panchayat (Extension to the Scheduled Areas) Act, 1996 (PESA) and The Scheduled Tribes and Other Traditional Forest Dwellers (Recognition of Forest Rights) Act, 2006 (FRA). Consent of the Gramsabha needs to be taken before to initiate any activity within the village. Hence in its execution of the project initial discussions were held with the Gramsabhas and their consents through resolutions were taken before starting the project activities in their villages.

The project activities were started from the month of January, 2018 onwards with training on baseline household survey in 40 villages. After recruitment of the staff a two days training was organized on “first 1000 days of the child life”. The project was inaugurated at Panchayat Samitee office of Korchi block in presence of Government officials of health departments, ICDS CDPO, Supervisors, ASHA workers, Community leaders and representatives of the Amhi Amchya Arogyasathi. Later on the training on nutrition recipe and its demonstrations were organized for Arogyasakhis and Supervisors at Kurkheda. Subsequently another training was conducted on promotion of backyard kitchen garden (Nutritional vegetable garden) to promote diversity, durability and availability of the vegetables at family level. Continues home visits by ASHA worker and supervisors are ensured for observation and guidance. Children in critical case under SAM/MAM are referred to the NRC in Gadchiroli. These interventions are

reflecting into the progress in health status. Awareness among communities over causes and preventive methods for malnutrition is increasing and it reflected into their increased participation in the monthly meetings of VHNSCs and Gramsabhas. It has brought continuity and efficiency in the works of ASHA workers and supervisors.

### Key Achievements of the Project -

**20 to 30 % reduction in SAM-MAM/SUW-MUW Baseline, after 15 months & after 15 months to be added**

S.N.	Indicators: -	Base line Analysis			After 15 months			After 15 months		
		Apr-18			May 2018 to May 2019			Jun 2019 to Nov 2020		
		Numerator	Denominator	Percentage	Numerator	Denominator	Percentage	Numerator	Denominator	Percentage
1	10-12% reduction in SUW & MUW children.	400	150	37.05%	492	121	24.59%	491	44	8.96%
2	30-40% increase in 4 ANC checkup	247	35	14.17%	116	50	43.10%	160	154	96.25%
3	10-15% 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 30% in ANC registration before 12th weeks	247	78	31.57%	51	42	82.00%	160	146	91.25%
5	Increase in 30-40% in TT immunization	247	107	43.31%	116	92	79.31%	160	159	99.37%
6	15-20% decrease in LBW children	247	144	58.29%	116	34	29.31%	306	59	19.28%
7	30-40% increase in complementary feeding from 6 months	606	286	47.19%	20	16	80%	306	260	84.96%
8	Increase 20-30% breast feeding within 1 hour	606	496	81.84%	120	116	96.60%	306	304	99.34%
9	30-40% in utilization of ICDS- supplementary food for mother & children	247	157	63.56%	51	35	68.62%	160	156	97.50%
10	Increase 20-30% deworming of children & Mother	606	108	17.82%	35	5	27.77%	30	24	80%

### ***Increased Percentage of full antenatal care***

The project team is taking regularly follow up of pregnant women in every month to know their updated health status. Arogyasakhis (Village level worker) and field supervisors are providing counseling for regular health checkups, nutritional diet and adequate rest to ANCs and PNCs. According to baseline 4 ANC checkup 14.17%, Iron Folic Acid intake 0%, Registration before 12<sup>th</sup> week 31.57% whereas at the end of the project, this have been increased as follows: 4 ANC checkup up to 96.25%, Iron Folic Acid 95.60%, ANC registration before 12<sup>th</sup> week 91.25% requires data of nov/ dec 2020

### ***Increased an active role of Gramsabha/VHNSC in village***

Arogyasakhis are organizing meetings with Gramsabhas and VHNSCs to make them participate in the discussions over malnutrition. Additionally, The Mahagramsabha (a block level organization of Gramsabhas) is active and providing perspective of health care in their meetings. This reflected in active and increased participation of women and men of targeted population and all members in their respective meetings have increased. As we observed, 75% attendance of men and women in gramsabhas is in 32 villages, 60% attendance in 6 villages and below 40% attendance in 2 villages. In many villages, VHNSCs members had taken leading role in counseling to SAM children's parent for admitting child in NRC at Gadchiroli. At the end of the project, we discussed with Gramsabha's for getting proper information regarding health status of children and referring them to respected institution and community leader's agreed to play role through VHNSCs. When there was shortage of fund from Dr. A.P.J. Abdul Kalam Amrut Ahar Yojana in district, none of these 40 villages' services were hampered. Either Gramsabhas or Grampanchayat provided funds for the scheme. It proved that they had taken up ownership.

### ***Behavioural change in Ante natal care (ANC) and Post-natal care (PNC) and feeding practices in children up to 2 years***

As per the activities undertook during the project period, it has been observed that there was remarkable improvement in the ANCs and PNCs. Lactating mothers are feeding their children within an hour after baby birth. Awareness sessions were organized with demonstration to provide information to the mothers over proper way of breast feeding to neonatal. Breastfeeding within one hour at the time of baseline is 81.84% it increased after 15<sup>th</sup> month 99.34%. Before intervention no single SAM children is referred to NRC (Nutrition Rehabilitation Centre) Gadchiroli.



## Case Story- 1

### *Pursuing a dream.....*

*Darmba (Arogyasakhi): An ambitious women, filled with hopes and aspiration, she belongs from Allihola village block korchhi dist Gadchiroli, dreamt of becoming Aganwadi Sevika and good education, being from an economically and socially low background, she was married at the age of 17 . Once again, she then thought of pursuing her dream to become an Anganwadi worker, but was repeatedly denied.*

*Come what may, her flame was still alive and she tried her best to live her dream through her husband. She transferred her focus and energy, and greatly supported by him in the process and today she serves as an ASHA Worker.*

*However, in Jan 2018, she came to know about “Kuposhan Mukh Gav Abhiyan” project and passionate to work with the team. Considering her abilities and enthusiasm to serve her community, she was selected as a Arogyasakhi in “Kuposhan Mukh Gav Abhiyan” project. Being a housewife in a joint family, Darmbha had to overcome a lot of hurdles in regard with the societal norms and the traditional approach followed by her family. In spite of these limitations, she worked hard to accomplish her dreams, With the Help of “Kuposhan Mukh Gav Abhiyan” project; she re-defined her dreams, and reshaped them in a manner that would help a larger section of society. Today, a strong willed darmbha serves to different section of the society, perhaps not by being a trainer, but even better, by being guardian and a guide to many. In the short span of 3 month, Darmbha has been able to transform the lives of 45 children in respect to nutrition and growth; moreover, now she conducts Focus Group Discussions (FGD) and has been able to benefit 196 people so far. Darmbha strongly believes that helped her with providing another opportunity her goals.*

## CASE STORY - 2

### *The Journey towards a wholesome health.....*

*Priti Anil Barkar (F) aged 23, was always feeling tired and especially 5 days of menstrual cycle was very painful for her. Being women and hailing from labour community, she was always eating last in family and not sufficient. Apparently, she was having pregnant and very low Hemoglobin. In one of focus groups discussions conducted by Arogyasakhi Sunanda Gavade, “Kuposhan Mukh Gav Abhiyan” project, of village Navargav, she learned about anemia and the ill effects of anemia. She continued to attend subsequent discussions and after the 6 times discussion, she asked arogyasakhi to help her, as she started suspecting about her low hemoglobin. Arogyasakhi, with the help of project team took her to the local hospital, where her hemoglobin was found to be 6 gm, in severe anemia category. Doctor advised her to take iron supplements and with appropriate change in diet.*

*Subsequently, arogyasakhi approached her husband and explained to him about anemic condition. She explained to him about her needs for iron rich sufficient food such as leafy green vegetables, Jaggery, Amrut Ahar, Nachani Satva and milk products. She sensitized him for nutrition requirements of her wife. Her husband realized the importance and started monitoring the food and iron supplement of his wife. Moreover, he brought about a drastic behavior change to the family which was the entire family to eat together.*

*All these positive changes had impacts on Priti. During the next follow-up visit to the hospital, after 60 days on 24 Jan 2020 doctor appreciated the change in her health. The HB of Priti had increased to 11.2 gm. Priti was also happy with the positive change in her health. She was feeling more energetic and happier. Now all the all members including Priti take care of their iron rich food requirements. The success proves the need to sensitize immediate family about anemia for sustained results.*

**Three Years Summary of Achievement - (Quantitative Achievements)**

Activities	Targets	Achieved
Nutritional recipe Demonstration at all villages	40 village's women will educate from nutritional recipes.	All 40 villages covered and women 2428 & men 980, and child 2155 were a participant. Total 60 Training completed.
Mother group meeting with mother groups (village level)	480 mother group meeting (Focus Group Discussion) in 40 villages. Women	480 mother group meetings organized in 40 villages 8837 women, 126 Men, and 4488 children have participated in it.
Monthly meeting of Arogyasakhi and supervisors	12 meeting	12 meeting completed
Home visits (intervention)	100% completion of home visits to PW, LM, mothers of the children of 0-24 months	100% Completion of all home visits to PW, LM, mothers of the children in the age of 0-24 months.
Maintain data tracking sheet of SAM/MAM/SUW/MUW children)	Fill up data of all children in tracking sheet (SAM/MAM/SUW/MUW children)	100 % Properly record-keeping in the tracking sheet
Capacity building & meeting with VHNSC members	480 VHNSC meeting in 40 village.	480 VHNSC meetings organized in 40 villages 4062 women, 3295 Men.
Health camp of pediatrician for SAM/MAM Children	1 camp	1camp complete (385 women and 380 child participant)
Monthly meeting of supervisors	12 meeting	12 meeting completed
Reduction of SAM/MAM/SUW/MUW	Baseline April 2018 - SAM 33 (8.25%), MAM 24 (6%), SUW52 (13%), MUW 98 (24.25%)	December 2020 – SAM-7 (1.42%), MAM-8 (1.62%), SUW-8 (1.62%), MUW-21 (4.27%)
Referral Expenses to NRC Gdchiroli	20 children SAM/ MAM/ SUW/ MUW	10children refer to NRC Gadchiroli (Male 6, Female 4)

## **REDUCTION IN MATERNAL & CHILD MORBIDITY AND MORTALITY THROUGH MOBILE HEALTH CLINIC IN TRIBAL VILLAGES**

Maternal and child mortality and morbidity are high in the Gadchiroli district. And typhoid, malaria, jaundice, anemia, malnutrition, low birth weight are the main causes of death. Under the project, various health-related initiatives are being implemented at the village level and preventive measures can be taken at the community and family level. Secondly, it works directly to improve the health of the beneficiaries and to coordinate with the government officials of the health department in the district. The project is being implemented in 12 villages of the Kurkheda block in Gadchiroli district and takes care of the health and hygiene of the people in the villages by increasing the nutritional status, health status, and immunity level.

### **Project Objectives -**

1. To provide curative and preventive services to villagers through Mobile health clinic (MHC).
2. Reduce percentage of malnourished children, child mortality and morbidity, mortality and morbidity due to anaemia, morbidity and mortality due to malaria by 10-20%.
3. To establish strong referral system at village for early diagnosis and timely treatment.

### **Geographical area of the project and Population- (State - Maharashtra, District- Gadchiroli)**

SN	Tahshil	Village	Male	Female	Scheduled Tribe		Scheduled Caste	
					Male	Female	Male	Female
1	Kurkheda	Warvi	282	263	187	168	45	38
2		Laxmipur	164	186	151	141	4	3
3		Chichewad a	287	293	226	232	17	15
4		Salaitola	223	236	214	231	9	5
5		Mohgaon	263	227	263	227	0	0
6		Chandona	175	256	125	210	50	46
7		Bijapur	161	140	161	140	0	0
8		Andhali	212	211	173	170	38	40
9		Dongargao n	228	181	186	144	0	0
10		Neharpayl	156	146	119	118	5	4
11		Joshitola	93	80	23	23	0	0
12		Salangtola	99	90	90	90	0	0
<b>Total</b>			<b>2343</b>	<b>2309</b>	<b>1915</b>	<b>1894</b>	<b>168</b>	<b>151</b>

## Key Achievements of the project

### | Mobile health Clinic (MHC) Camp

553 MHC camps were organized in 12 villages in financial year 20-21. 4107 patients received treatment and medicine through these camps.

### | Gynic Gamp

4 Gynic camp Covered Adolescent girls- 107, Children- 69 (0 to 6 Years), Women-91.

(12 Women and 1 Adolscent girl identified with complications, referred to Datta Meghe Hospital, Wardha for treatment). 17 Severe acute malnourished (SAM) children identified and referred to (Nutrition Rehabilitation Centre (NRC), Gadchiroli.

### | Health Education Programme

130 health education programme covered. In health education program Guided to 1400+ beneficiaries on Anemia, care in pregnancy, importance of first 1000 days of children, feeding practices for children, importance of NRC for malnourished children, Malaria, COVID-19 and importance of Covid19 Vaccination.

### | Volunteer training

10 Training session has been conducted. 9 Training sessions conducted for capacity building of village health volunteers. In this training focused on following topics.

- 1) What is Anaemia? red blood cell production, symptoms, causes, and diet, medications.
- 2) Introduced to medicinal plants. inform about the properties of herbal medicinal plants,
- 3) Information about malnutrition eradication and nutrition diet. Causes of Malnutrition, Types of Malnutrition, and Nutritional Diet, as well as NRC Reference Information
- 4) Herbal medicinal plants, their use in the preparation of simple Medicine.
- 5) Pregnancy, Importance of health Nutrition vitamins & drugs witch taken in the pregnancy period. As well as the Importance of days of 1000. Information pregnancy
- 6) information about the cause of anaemia, metabolism, worms, loss of appetite
- 7) visited Nutrition Rehabilitation Center Gadchiroli and take the information about the function, facilities, and services,
- 8) Women's health in terms of fetal and breast cancer, menstruation, anaemia, self-breast examination.
- 9) One day training on herbal information and basic first aid
- 10) Kitchen Garden 500 women trained on Organic kitchen garden.
- 11) 347 women was trained on Organic kitchen garden.
- 12) 347 women has developed kitchen garden.

### Case study 3

*Mrs. Sunanda Gurudeo Pradhan is a hardworking woman from the tribal community she is 37 years old she lives in the village of Chichewada in Kurkheda taluka. After marriage, she was always engaged in farming activities and housework. Due to the heavy work on the farm, she started Constant Back pain she examined by a private Doctor they suggest for an X-ray.*

*The X-ray showed a gap in the lumbar vertebrae she treated by allopathy medicine but didn't get relief. (Her expenditure on all these Allopathic medicine and X-ray was near above Rs. 2000-3000) She was informed by our village volunteers about Mobile Health Unit. she visited MHC on*

*14th January 2020 She was examined by MHU Doctor treated by AYUSH medicine (Ayurvedic medicine Sinhnar Guggul, Amwat Wati, Sutshekhar wati, Virechan wati, Gulwel wati, Ashwagandha wati, Castor oil, Oil for masaj, and Shatavari Kalp.) This AYUSH medicine was given continuously for three months. The doctor also suggested to her about Yoga, Suryanamashkar, Bhujangasan, and Chakrasan. She has taken this medicine regularly and done Suggested Exercise regularly. Now Sunanda Pradhan got relief from Backpain and she can work in the field, walk comfortably, and feel fresh. (Sunanda treated in Mobile Health Clinic without any expenditure)*



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## **COMMUNITY ACTION FOR HEALTH**

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Community action for 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 98 villages where the roles and responsibilities of the Gramsabha members towards making health services effective and accountable were discussed in the meetings. 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.

### **The Role 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 visits 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. This year 11 Primary Health Centre level federations were formed and strengthened. Also, district level resource centre was formed.

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## CHILDLINE 1098

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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.

**Awareness Building** – Awareness program on CHILDLINE 1098 were organized in primary schools, Secondary schools, Ashram/Residential schools. It has also organized awareness sessions at Anganwadi centers. The program going beyond schools and Anganwadi centers it has organized awareness programs at public places, 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.

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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## **STRENGTHENING LOCAL SELF GOVERNANCE AND PROMOTION OF SUSTAINABLE LIVELIHOOD**

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The objectives of the livelihood program are to strengthen community-based organizations and build their capacities for democratic inclusive local self-governance. It also aims to enhance adaptive capacities of small and marginal farmer community to climate change and social shocks, improve livelihood of small holder farmers and build community institutions so that they become strong and effectively promote/support livelihood activities of their members.

### **Geographical Area and Population:**

The livelihood program covers majorly three blocks i.e., Kurkheda and Korchi block of Gadchiroli district and Bramhapuri block of Chandrapur district of Maharashtra State in India and engages with more than 8000 families.

### **Key Interventions:**

#### **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

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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.

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.

### **Non-Timber Forest Produce (NTFP) Sale (Mahua and Tendu Leaf)**

COVID-19 lockdown had coincided with the non-timber forest produce harvesting season. The lockdown had badly impacted livelihood of forest-dependent communities. Forest products are seasonal in nature (March-June) with major sources of incomes for tribal, forest dwellers, other families. Tendu leaves, Mahua flower, sal leaves and bamboo are major NTFP. The



buyers had stopped coming to villages and weekly markets in rural areas were closed. Thus, the NTFPs collected by villagers had not been disposed of village level traders were buying these forest produces at lower price.

It was expected to guide Gram Sabhas on protective measures to be taken during its collection and transportation of forest produce. District departments of collectorate and forest were asked to grant the permission to gram sabha to conduct auction of tendu leaf.

Due to lockdown, it was become difficult to conduct auction and sell tendu leaf to the contractors. If the tendu leaf were not sold that would have impacted families in large scale because tendu leaf sale is major income generation source for families in Gadchiroli along with Mahua. With the support of Amhi Amchya Arogyasathi, 80 Gramsabha in Korchi successfully completed their auction and sold tendu leaf. More than 3000 families were involved in collection and have earned Rs 4,74,72,990 (4.75 Crore).

### **Collective Marketing through Van Dhan Kendra**

Secondly buyers were not coming to the villages to buy mahua due to lockdown. So, with the support of Amhi Amchya Arogyasathi 5 Van Dhan Kendra (of 1500 members) formed under Pradhan Mantri Van Dhan Yojana received Rs 5 lack each for mahua collection. There are 10 Van Dhan kendras<sup>3</sup> formed under Pradhan Mantri Van Dhan Yojana (PMVDY) in Gadchiroli and Chandrapur districts to support the purchase of forest produce at the village level. These Kendras have purchased mahua flower and mahua seeds from the amount and now they are buying seeds of casia tora (locally called "tarota"). Mahua was sold in the market at no profit no loss but it has helped families to get higher price during lockdown also. Now the government is also planning to provide training to these van dhan kendras on entrepreneurship that is scheduled in the month of February and March 2021.

### **Individual Backyard Kitchen Garden:**

Families are cultivating vegetables in their backyard since many years as conventionally. But kitchen garden cannot long last and families are required to depend on market in terms of vegetables. With aims to promote nutritious kitchen gardening with variety of practices in their existing area. 150 families from respective project area are supported 19 varieties of certified seeds includes fruits, legumes, green leafy vegetables. A total of 7.572 acre are covered under this Kitchen Garden for all 150 families. Required guidance with follow up from land treatment to diseases control with ecological practices are provided to the community by the project staff. Also record of self-consumption and selling has taken with respective formats.

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<sup>3</sup> The Van Dhan Scheme is an initiative of the Ministry of Tribal Affairs and TRIFED. Under Van Dhan, 10 Self Help Groups of 30 Tribal gatherers is constituted. The establishment of "Van Dhan Vikas Kendra" is for providing skill upgradation and capacity building training and setting up of primary processing and value addition facility.

### Community Kitchen Garden:

Communities planted kitchen gardens in the summer season in their homes. But many families do not have irrigation facilities in summer so do not get vegetables to eat in summer and have to depend on the outside market. As an intervention to this, a new community kitchen garden has been started in 8 villages in the AAAs project area. In every group 5 to 10 families came together and started collective kitchen gardening. Total 2.56 acres land are brought under Community Kitchen Garden in 9 villages. In case of irrigation, these community kitchen gardens have been set up in places where borewells, wells, ponds, etc. are available, considering the arrangement and space that will supply water in summer. This includes mainly 79 families and 344 members. In order to encourage them, 17 to 18 types of seeds have been given to them and in order to sustain this garden in summer, they have been given pipes for irrigation and labor cost for fencing for protection. Continuous follow up from the project staff is also taken for these activities.



### Agricultural Practices:

In order to increase the yield of farmers with promotion of package of ecological practices, small and marginal farmers were provided seed support for the kharif season. According to the demand of the beneficiary families, mainly improved varieties of paddy seeds like 1010, Shabari, Sarathi, RPN, Jai Shriram etc. varieties and Tuar seeds were included. Paddy seeds weigh about 20 to 25 kg per acre per families as total 125 small and marginal farmers covered. In it, farmers have planted paddy using SRI method and various ecological methods like bio-pesticides, bio-fertilizers and Dashparni Arka, Neem arka etc. have been adopted. Project staff were involved from the beginning i.e. during pre-cultivation and planting as well as during the guidance required while collectively prepare Bio pesticides and Biofertilizer.

Support includes certified seeds of gram, lentils, lakh, coriander, urad, mung bean, barbati, pea etc. that was given to 125 small and marginal farmers for 1 acre land. It's aim is to promote ecological practices that includes practices like mixed farming method, use of indigenous seeds, short duration seeds, intercropping crops etc. This year variety of seeds for Kharip and Rabbi crops are distributed among the small and marginal farmer families. Farmers prepared bio-pesticides at community and individual level and applied in their farms. Also, they have sold it to the farmers in within and nearby villages. While giving the names of the beneficiaries and giving support, priority was given to women farmers.



**Facilitation of Livestock vaccination camps:**

1757 cow, 143 buffalo, 1151 goat, 1464 Bullock vaccinated.

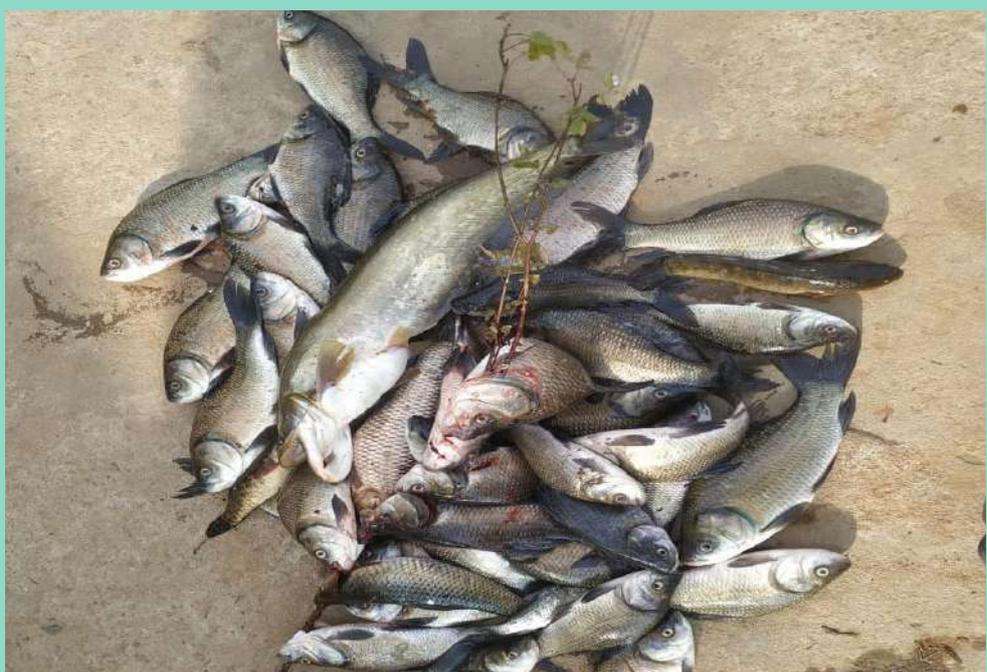


**Fishing in community pond:**

325 kg fish were collected from 12 community pond in 8 villages. 7 types local varieties of fish are used in this area.

**Fishing in Individual Pond:**

144 kg fish were collected on 23 individual level in 6 villages. 7 types local varieties of fish are used in this area.



### Convergence with Govt. schemes:

Two Pheromone trap to each 20 farmer, Green Manure to 50 Families, 100 chicks each to 2 families, seed includes Chana, Paddy and Makka to each 42 farmers.

### Promotion of Goatry through CBOs:

To promote goatry through CBOs. The planned activity aims to provide allied resource for the families for income generation by rearing goats. Families will have minimum two goats in their household. The project will provide some support up to Rs. 4500 and families will contribute upto Rs 4000. In this activity total no. 70 farmers were given goats.



### Promotion of backyard poultry through CBO:

Poultry is practiced mostly as there is space in front and backyard gardens. The main objective of this poultry is to increase the income of the family and to expand this as a business with food for self-consumption. A total of 5 groups includes 50 families were supported to raise one male and 4

female chickens of the local breed for each family. In terms of poultry, families were selected who are vulnerable and who have been interested to expand as a business.

## CASE STUDY - 4

*Name: Mrs. Mirabai Bandu Madavi. (At - Dhamangaon, Tah - Bramhapuri, Dist - Chandrapur)*

*India is an agricultural country and 75% of India's population is directly or indirectly dependent on agriculture. In this regard, considering East Vidarbha, the production of rice is higher. This means that the natural resources required for the rice crop are mainly water, determining the grade, quality and yield of the crop. But the Climate Change changes that have taken place over the last few years are having a negative impact on human life and Livelihood.*

*One such family caught up in such a negative change is 'Mrs. Mirabai Bandu Madavi.' While living in the 'centre family system'. There are four-member in her family. Her main occupation is 'Agriculture' and current annual income is up to Rs 24,000. Dhamangaon, where Mirabai resides, is about 7 km south of Bramhapuri tehsil and is completely surrounded by forest. The total number of households here is up to 137 and it includes smallholders, landless agricultural labourers and migrants. When considering their livelihood, they are generally closely related to minor forest produce and agricultural producers.*

*Mirabai's family is considered to be socially and culturally backward. This is because considering the status, condition and lifestyle of the Scheduled Tribes from the point of view of the society, this category seems to be deprived of development. The root of this situation lies in the social, economic and political structure of the society. This leads to social inequality, discrimination and imbalance.*

*A review of Mirabai's condition gives evidence of her personal and community authenticity. That is, Mirabai is a farmer by profession, For this, there is a well in her field, but due to irregular and uncertain water supply, the well has been dry for the last several days. Therefore, the water from the nearby little dam is of little use to agriculture. This means that Mirabai's farm is not only dependent on the water of that little dam but also the farms of the surrounding farmers. So many times the crops in Mirabai's field died due to lack of water, As a result, their economic situation deteriorated, As the standard of living became scarce and deteriorated, they were generally counted in the 'below poverty line' category. Evidence of all this is the fact that both of Mirabai's children dropped out of school halfway through.*

*On the same day, while Mirabai's family was struggling with all these conditions, under a project of Amhi Amchya Arogyasathi organization, Mirabai met field staff (Vaishalитай Shende) working in Dhamangaon area. For the first time, the organization has come up with all the information that gave to Mirabai. Mirabai started her journey through Sustainable Tribal Livelihood project from 2016. It was decided to produce kitchen garden and rice in the form of 1.5 acre. Fortunately, Mirabai was convinced to succeed on the first try. Later in 2017, Mirabai decided to take a mixed crop and taking paddy crop by SRI method by adopting an ecological farming practices. Fortunately, staff successfully managed to provide information about the*

*farm pond scheme that was launched around the same time and the future benefits of the farm pond. Also, for official technical information in this regard, all doubts related to farm ponds were resolved by meeting with the Department of Agriculture (Brahmapuri block). Thus, after the successful completion of the concept of farm pond, around 2020, the working staff of the organization, Vaishalita and Agriculture Department informed Mirabai about the orchards scheme. For this, Mirabai filled up an orchard scheme form in her own name and received a cash benefit of up to Rs. 35,000 /- From there, they planted mangoes, guava etc. trees.*

*We still remember Mirabai's emotional statement while reviewing all these situations, "With the right guidance and the strength of a self-confidence, a person can do anything impossible, and the support you have given me seems very helpful. Thank you, Team AAA".*



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## COMMUNITY BASED REHABILITATION OF PERSON WITH DISABILITIES

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A full-fledged census of People with Disabilities was included only in 2011 census. It has reported 26.8 million **People with Disabilities** (15 million males and 11.8 million females). This is 2.21 per cent of the total population and much below the World standards. So, there is still cause for concern with regards to identification and enumeration of the **People with Disabilities** in the country. About 69 percent the People with Disabilities live in rural areas (18.6 million), Identification of People with Disabilities among SC male population is the highest (2.68 per cent). Identification and enumeration of People with Disabilities among ST female population is the lowest (1.92 per cent).

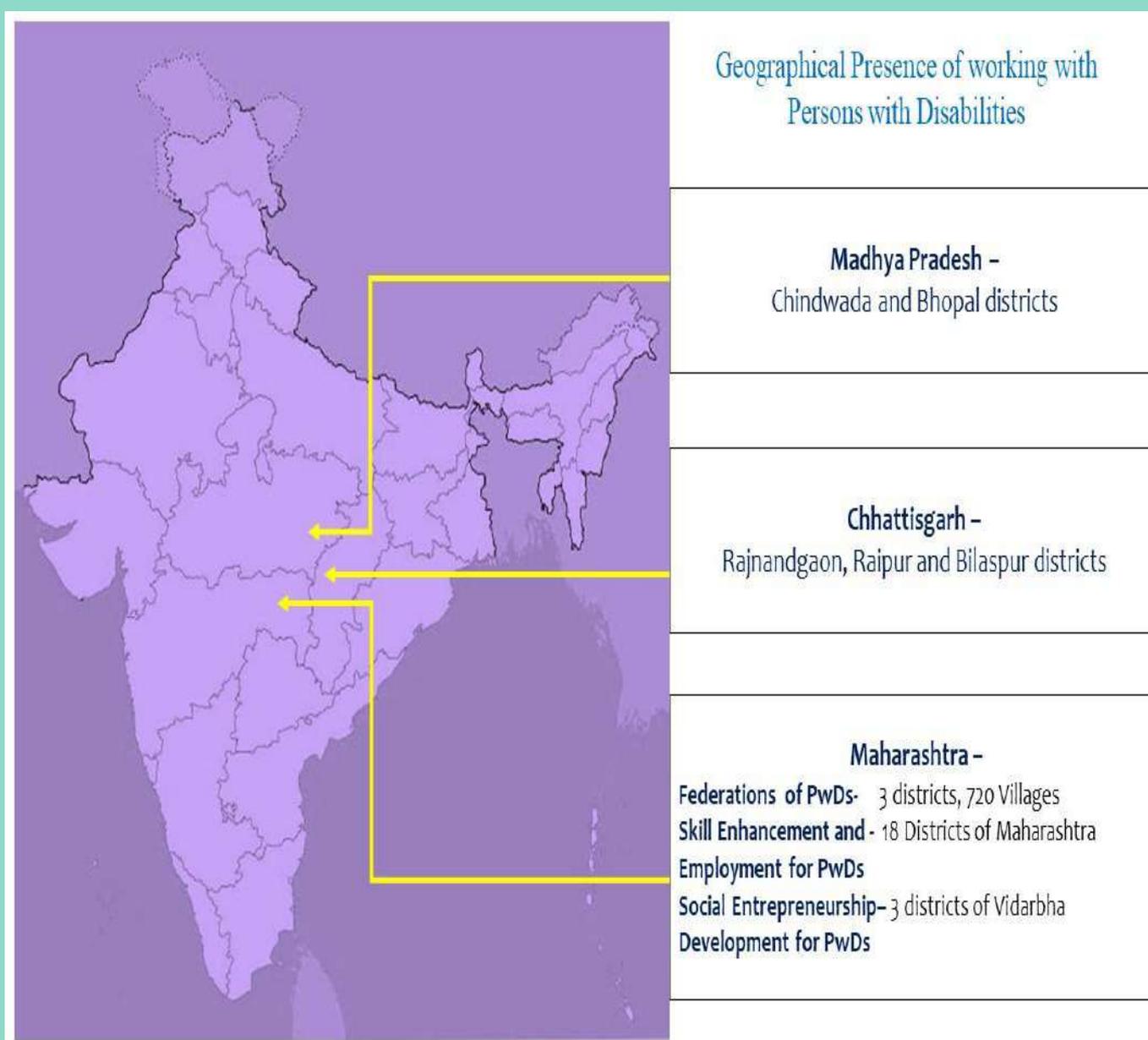
As per 2011 census, India has 26.81 million PwD. Of these, about 2% have had some kind of education and 1% in gainful employment. The schooling environment in the rural areas is far worse than in the urban areas. But together it is a dismal scenario. The reasons for this dismal situation are many but prominent among these are: (i) lack of enabling environment in the school, in the community, and at the homes; (ii) lack of inclusive education facilities in schools; (iii) Schools catering exclusively to CwSN concentrated in big towns or cities (iv) access to resources and information; (iii) discrimination at all levels.

AAA has 2 decades of experience for working with PwDs and empowering them for self-reliance and make them act themselves for their own development. The independent federations working for PwDs rights and entitlements are the proof of its work. AAA started its work with PwDs having community-based rehabilitation approach by forming SHGs of PwDs at village level, their federations at cluster and district level. Currently there are 2300 members in 90 SHGs, 10 cluster federations and 1 regional level federation. Though AAA had facilitated the process of formation of these federations, now they are independently executing their institutions. Since 2015 began employability and skill enhancement training centre for persons with disabilities with the support of Paul Hamlyn Foundation under which till March, 2021 it has trained 866 persons with disabilities among them 500 received employment in various companies. Along with employability skills, AAA started social entrepreneurship development program in second phase in which 240 PwDs were trained in various micro enterprises and 115 among them had started. PwDs were trained under social entrepreneurship development program in foot mat making, goat farming, poultry farming, phenyl making and counselled for other businesses i.e., tailoring, mechanical shop, beauty parlour.

**Project Objectives:**

- | To establish companies of PwDs to provide them platform to access resources, information, jobs and social entrepreneurships at Nagpur and Kurkheda level;
- | To enhance employability and working skills of PwD to be placed/employed in organised sectors;
- | Provide Social Entrepreneurial start-up capital linkages for PwDs from operational area (rural/tribal)

**Geographical Coverage**



## Key Interventions:

### **Formation of Vidarbha Region Federation of Persons with Disabilities –**

In the month of March, 2021, Vidarbha level regional federation of persons with disabilities was formed under the guidance of Amhi Amchya Arogyasathi. Now this federation will take up the collective issues of PwDs in Vidarbha. District level federations had written letters to Chief minister of Maharashtra State and the District Collector of Gadchiroli district to release the pending pension of Persons with Disabilities.

### **Linkages with Government Schemes to support for social enterprises –**

The project has proposed to establish linkages with the various government schemes to provide support to the PwDs to start their social enterprises on goat farming and poultry farming and other. Initial meetings were organised with the District Social Welfare Officer to ensure help is given to the PwDs from the funds of 14<sup>th</sup> finance commission and 5 percent funds reserved in Gram Panchayats. In many Gram Panchayats these funds are used to start enterprises.

The support is provided to the PwDs to restart or newly start their enterprises to strengthen their livelihood system. 40 families were supported during this period and they have started getting meaningful income from their businesses.

### **Disability Assessment and Certification at Sub District Hospital Level in Gadchiroli district –**

As per the survey conducted by the health department it was found that the only 10 percent of the PwDs are having disability certificates that means 90 percent are not even considered PwDs due to which they remain excluded from the benefits of government schemes. Hence officials of district hospital were contacted to start a disability assessment and certification center at the sub-district hospital level. Gadchiroli district has become only a district in Maharashtra that has started conducting disability assessment at the sub-district level. It is benefiting many people and making them easy to reach for certification. It was kept on hold during COVID pandemic but soon is expected to resume these services.

### **Disability Assessment and Supportive Equipment Distribution –**

AAA with the help of MOIL had organised camps for disability assessment and supportive equipment distribution in the Korchi, Kurkheda and Dhanora block of Gadchiroli district. More than 500 PwDs visited the camps and they will be given supportive equipment soon.

## 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.

Training program helps to develop the individual confidence, communications skills, computer, English knowledge and understanding about retail and manufacturing industries. But we felt and realised that we are struggling to get job opportunities as per the candidate qualifications and their interest. Secondly the company provides trainings to the candidates once they get jobs offered. So, if we want to see the direct impact of training, it seems no use in sector wise, but it is very essential in terms of developing overall personality of the candidates and giving them positive approach.

### Course Details

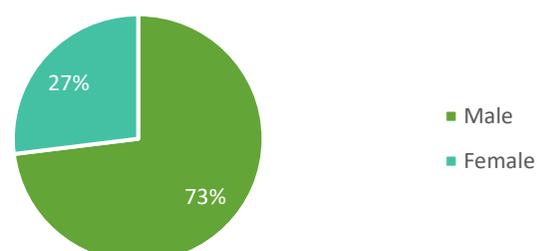
- | Computers (Micro Soft Office; Internet; Typing)
- | Spoken English
- | Personality Development
- | Retails; BPO and Hospitality
- | Work Exposure
- | Preparing Individual Profiles and preparedness for Interview

### Sectors for Employment

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

Due to corona pandemic we had to send candidates back to their home between the duration of ongoing batch. There were 15 days left to complete ongoing batch. We were not sure how much time it is going to take to restart offline batches. So, AAA decided and started online training for the candidates from April 2020. It wasn't easy to make staff and trainees ready for the training, but we could manage to do it. Since April 2020, 204 candidates including 149 male and 55 female were enrolled for training.

### Enrollment of Candidates for Training - 20-21

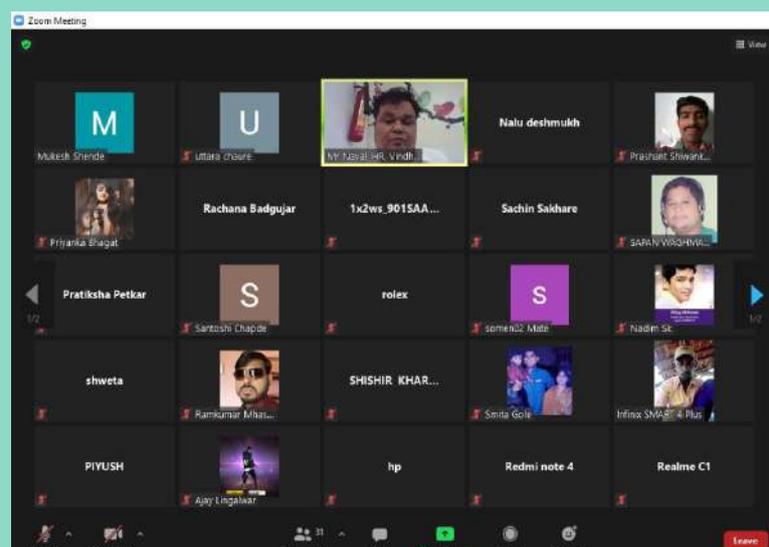


Also, during this period 59 candidates were given placement for first time. Also, the candidates who had lost their jobs were given support to get second placement. We are conducting 21 days of online training on zoom and Cisco WebEx sometimes on Google meet. Many candidates due to unavailability of android mobiles, lack of internet cannot join training and they remain excluded. We are working on this issue if covid situation gets over and offline training starts we will give first priorities to these youths. But it takes more time than we are planning to arrange few android mobiles by donation so that these can be given to the youth who doesn't have mobiles.

The situation due to COVID has become very worst in the Nagpur. Maharashtra had the largest number of cases registered in India. Due to travel restrictions, it was difficult to organise offline mobilization camps so online mobilization strategies were used. Alumni were contacted and they shared contacts in their networks. Secondly federations in Gadchiroli, Bhandara and Chandrapur district helped us in mobilization of candidates. One of the job fairs was attended in the Chhindwara district of Madhya Pradesh from where we could candidates for the training. As most of the job opportunities are outside state, focus is given on counselling candidates and their parents to make them ready for relocation.



Candidates working online on Work from Home mode

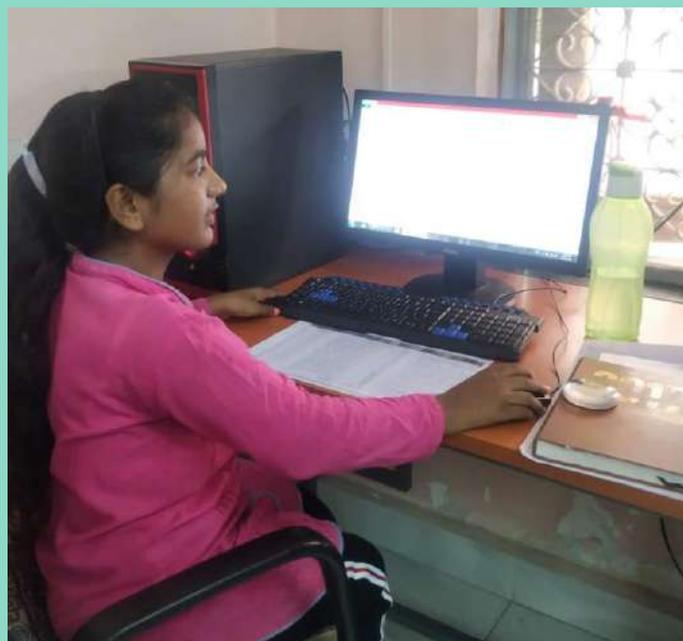


Guest Lecture by Mr Naval from Vindhya e-Infomedia Pvt Ltd. with the candidates on ZOOM

### Case Study 5 –

Candidate Name – Pragati Bhoyar

Pragati Bhoyar is a resident of the Salwa village in Kuhi taluka of the Nagpur district in Maharashtra. Pragati comes from a poor family. She has 5 members in her family. Except her mother and brother, all other 3 members are having locomotor disability. As disability is seen stigma in the society. It is believed that the person with disability cannot work and therefore they remain burden on their family. But Pragati's family thought positively and decided to give her all the opportunities. It became a new beginning for her life. Despite of the disability, Pragati could complete her education up to graduation. Her father runs a small grocery shop in villager, that helps them to earn food for their family members but these girls have to restrict themselves from their choices and other needs. But hard work and support of her parents motivates her.



Pragati was not satisfied and she wanted to be independent. During lockdown when the organization used online competition mode for mobilization, Pragati got information about the competition from her friends. So, she decided to participate in the competition. After the competition, she was contacted by the team and counseled her about training program.

Pragati says, “this is the first online class I have ever got where I learned things that are not in text curriculum. In this online class I learnt how to communicate, how to behave, how to live. This online class made me so motivated and gave me a positive attitude towards life. I thank this institute for giving me this opportunity to attend this online class.”

After training she was giving the first interview in Manav Vikas Sanstha. And shortlisted in her first interview. She joined office on 1st September 2020 as Monitoring and Evaluation Officer. She was enjoying her work and supporting her family. Her family were very happy that she got job. They never expected that their daughter will get work and can live her life independently.

Pragati did not stop there and wanted to grow in life. She contacted Amhi Amchya Arogyasathi again and asked if we can provide some better opportunities. Seeing her attitude and ambitious nature team decided to enrolled her for upskilling where she improved her English communication and technical skills. After this team referred her to Vindhya e-Infomedia Pvt Ltd for the post of customer executive, Pragati successfully cracked the interview and now working at the company. She earns 13000 per month now and looking forward to grow within the company. Pragati's hard work, passion have defeated her disability. Her story has inspired lot of other candidates to work hard to achieve goal in life.

Director of the Manav Vikas Foundation, Nagpur Mr Rajabhavu Jodh is very happy with the performance of Pragati and supports her decision of joining another opportunity for her individual growth. He also asked us to recruit more such candidates in future.

Her father says “I have seen positive change in my daughter as she is aspiring for a better job opportunity, feels confident.”

## SOCIAL ENTREPRENEURSHIP DEVELOPMENT FOR PERSON WITH DISABILITY

Livelihood is not just a matter of survival but also the matter of dignity and self respect to fulfill the basic necessities of life. But in the context of person with disabilities (PWDs), social consideration is that they are solely dependent on the mercy of others that resulted in a more difficult and miserable life for them. While working with PWDs, the organization has found that there is an extensive livelihood problem among PWDs and also has the aspiration and potential for self-employment for getting stand on self. As a result, organizations started working with a social entrepreneurial approach which began from identifying aspirants, those in need, in order to provide them with basic entrepreneurs' leadership skills and training on preferred businesses. As well as connect them to various government schemes for starting their own venture. Organizations also came forward in some specific cases to extend the financial support to PWDs if they could not access any other means for starting or expanding the enterprise.

### Micro enterprises

Micro enterprises are an emerging business sector in the rural areas that are considered the supportive livelihood source of income to the agriculture for villagers. Many interventions are initiated in this sector but they could not succeed as expected because of the social, financial challenges and sufficient market unavailability.

Consequently, some interventions forcibly get closed. In the context of



PWDs, entrepreneurship is found to be more convincing and participating in interventions. So, the organization has supported financially 20 micro-entrepreneurs who were needy and aspired for some enterprises. Whereas 10 PWDs have been linkages with government schemes for starting small enterprises. 5 PWDs ventured by their efforts this year. Grocery shops, vegetable shops, fruit shops, footwear, cycle store, etc. are the micro-enterprises predominantly started by beneficiaries. So as sustainability is concerned with many challenges faced by these people in which lockdown amid covid-19 directly impacted their income that made more critical social and financial conditions. However, they restarted with the same enthusiasm after the withdrawal of lockdown.

## Backyard Goatry and Poultry Farming

Backyard goat farming has been a growing business in the rural India on which many families particularly landless and small land holder depend upon for the survival. From the data survey conducted by the organization, need and aspiration for backyard goatry and poultry farming came in the notice to whom later organization provided goatry and poultry farming business training that had been attended by around by hundred aspirants. Later after successful completion of training organization has distributed



goats among 43 aspirants who were willing to start and enlarge goat farming business but were lacking for financial support. Rests of the trainees were having small goats unit and some aspirant started by their own investment. Around 13 aspirants are running backyard poultry farming from which they earn around an average of 3 to 4 thousand yearly. Through the benefit under the 5% reserve fund for pwd, 18 pwards got assisted for starting a backyard goatry and poultry enterprise. The situations at the starting were different but later in which huge transform is being noted with significant enhancement. The below table indicates the growth that has been noted in the 43 trainees those being assisted by AAAS. On an average unit of goat of pwards are 7.

Goat unit	2019/20	2020/2021
<b>Between</b>		
<b>0</b>	10	2
<b>1 to 3 goats</b>	24	5
<b>4 to 5 goats</b>	8	13
<b>6 to 10 goats</b>	1	15
<b>Above 10</b>	0	8

## Bharari Mat Making Enterprise

Bharari Mat Making Enterprise is a rural base enterprise that is led by the person with disabilities under the guidance of Amhi Amchya Arogyasathi. In the making, 12 PWDs are engaged as regular based whereas 8 PWDs wherever required. But due to the lockdown, the market options suddenly closed down. It impacted their livelihood directly. As soon as the market got partially free from the lockdown the business took a little bit to pick up during the festival season. We could make more than 500 mats in this year, out of which we sold nearby 400, which brought earning around 25000rs. For marketing, the Bayaweaves an online product selling site supported us since the open market was a little inaccessible due to covid restrictions.

## Case Study

**Name of the Entrepreneur:** Mrs. Vandana Bhojrajpradhan

**Address:** At. Po. Gangalwadi, Bramhapuriji, Chandrapur

**Federation:** Sankalpa divyang Janparisa Sanghatana Gangalwadi

**Organization Membership:** 12/07/2019

**Self Help Group:** First Handicapped Women Men Self Help Group Gangalwadi

**Disability type:** Loco Motor 41%

**Vandanabai Bhojraj Pradhan** is currently a resident of Gangalwadi and has been living there since her marriage in 2002. Vandanabai is 45 years old, who has completed her education till 10th class from Navjabai Hitkarani College, Bramhapuri. She has a disability from childhood in her left hand. Due to that, she does not get much work in agriculture and heavy work. She has a nearby acre of land which is totally dependent on rainwater for production. Vandanabai's husband was working as an agricultural and construction worker. The responsibility of the whole family rests on them. She has a large family of 2 daughters 1 son and a mother and father-in-law. So, these problems led her to choose the business of goat rearing to help her husband to run the family for fulfilling the family's needs such as children's education, upbringing, and the health problems of the elderly, etc.



She had started a goat rearing business in 2015-16 with a goat that was gifted from her uncle. Then in 2018-19, she bought 4 goats out of Rs. 15000 received from Gram Panchayat Gangalwadi for goat rearing business under the 5% disability welfare fund. From this annually 10 to 15 thousand annually income was coming to her pocket.

Later she was contacted by the team during his visit to Gangalwadi for the work of the PWDs organization. He informed her about the ongoing active involvement of the organization in the development of PWDs in Bramhapuri taluka. She then expressed her readiness to join and help in any way possible for the establishment of the PWDs federation. With continues association with the organization, she was selected for Goat Farming Business Training conducted in July-2019 by AAAS under the project of "Social Entrepreneurship Development Program for PWDs". Then she had only 4 goats and the organization given her 2 to expand her business. She has sold during these periods 2 male goats and 2 female goats for rupees of 20700. While tracking Vandanabai's business in March 2021, she has a unit of 16 goats with 6 males and 10 females. In her shed, she has a female goat that reproduced 2, 3, and sometimes 4 pups at a time. This has helped her to expand her business to a large extent.

## EMPOWERING WOMEN THROUGH STRENGTHENING COMMUNITY BASED INSTITUTIONS

Women usually operate with structural and systemic constraints in addition to cultural norms and restrictions. Their capacity to absorb economic shocks is therefore less than that of men. Such impacts risk rolling back the already fragile gains made in female labor force participation, limiting women's ability to support themselves and their families, especially for female-headed households.

After Independence, India's secular and democratic constitution with the principle of social justice to all includes laws that secure equal rights for women. The Panchayati Raj provides reservations for women to have an important say in the decision-making process. But, still, most of these benefits have not yet fully percolated to the women in urban and rural communities. Tribal communities although have slightly more freedom for women, in some ways they remain predominantly patriarchal and 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.

According to Oxfam report of 2013, around 80 percent of farm work is undertaken by women in India. But they own only 13 percent of the land. About 60-80 percent of food is produced by rural women. Yet they are not recognized as farmers and in the patriarchal society set-up they do not get share in family or husband's lands. Women without land title are denied of institutional supports of the bank, insurance, cooperatives and government schemes.

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 justice for women and their inclusion in traditional and constitutionally formed institutions. Putting women at the centre of economies will fundamentally drive better and more sustainable development outcomes for all, support a more rapid recovery, and place us back on a footing to achieve the Sustainable Development Goals.

### **Samuhik Mahila Parisar Sangh (Collective Federation of Women)**

Since 90's, AAA started its work towards empowerment of the communities and women while closely working with the government's programme and was successful in creating 1500 SHGs across Gadchiroli. The programme provided spaces 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 is working towards legal empowerment of women, monitoring the implementation of laws and schemes that would empower women, monitoring the condition of girls in *ashram schools* (local residential schools for tribal children), among other socio-cultural issues that women faced. Over a period of time, the SHGs and Parisar Sangh (Cluster Federation) became a support group for women facing injustice, oppression, violence or any other issue within the family or in the larger society.



**Letter of demands given to the District Collector on the occasion of Savitribai Phule Jayanti**

### **Role of Women in Decision Making at Community Based Organizations**

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. 1960 women participated in meetings to understand the importance of their role in decision making. 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. 471 women participated in the auctioning process of Tendu leaf in the Korchi block of Gadchiroli district. They have also started to verify documents and records at the Gramsabha level.

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

In tribal as well rural set up, women are more engaged in economic activities in terms of taking up physical strain & stress and devoting more time than their male counterpart. It is evident from the primary data that maximum number of women are involved in food crop farming,

involved in kitchen gardening, livestock rearing, collection and sale of NTFP, and non-farm economic activities. Although women have more involvement, when it comes for decision making at household level and community level their role has been neglected.

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 471 women 90 villages had participated in the tendu leaf auction in Korchi block.
- | Women have become a member of Van Dhan Yojana, A schemes of the central government which empowers them to collect and sale non-timber forest produces collectively. They are actively involved in these processes of collection and sale which resulting into increase in the income.
- | 176 women participated in a program on "I am farmer and my problems" organized under the banner of MAKAAAM.



## 1. 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)</li> <li>Chatrapal Bhojar</li> <li>Ghanshyam Gahane</li> <li>Kishor Bawane</li> <li>Laxman Lanje</li> <li>Madhusudan Neware</li> <li>Maya Koche</li> <li>Naresh Walde</li> <li>Pratima Nandeshwar</li> <li>Rahul Patankar</li> <li>Rajani Dongarwar</li> <li>Roshan Meshram</li> <li>Satish Gogulwar</li> <li>Sangita Tumade</li> <li>Sandip Lade</li> <li>Shubhada Deshmukh</li> <li>Uttamsing Asayya</li> <li>Vinod Lohambare</li> <li>Waman Patankar</li> <li>Yashwant Deshmukh</li> <li>Yadav Deshmukh</li> <li>Zanaklal Daudasare</li> <li>Vaishali Harde</li> <li>Pandurang Mandve</li> <li>Shalini Deshmukh</li> <li>Rameshwari Rangari</li> <li>Yadunath Neware</li> <li>Dr. Govardhan Gahane</li> <li>Sushil Jadhav</li> <li>Tanmay Bhojar</li> <li>Arvind Nikure</li> <li>Kamalakar Mandve</li> <li>Avinash Sayam</li> <li>Chetan Chaudhari</li> <li>Ramesh Pillare</li> <li>Naresh Halami</li> <li>Bhujang Madavi</li> <li>Vidyabharati Usendi</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Korchi Location</b> Bharati Sonagre Ijamsay Katenge Kalpana Naitam Kanta Katenge Kumaribai Jamkatan Manjushri Sawarkar Omita Bawankar Rajimsay Gangakachur</li> <li>▪ <b>Vairagad Location</b> Leelawati Waghare Pushplata Tirpude Gurudeo Bande Someswar Meshram Jaypal Ghodam Sawant Sahare Arshiya Sayyad Nisha Jambhulkar</li> <li>▪ <b>Bramhapuri Location</b> Ramdas Maind Chhaya Kharkate Vaishali Shende Shalu Bharre Lalita Uikey Darshana Nikam</li> <li>▪ <b>Gadchiroli Location</b> Dinesh Borkute Pankaj Kodap Priti Mogare Ashish Dorlikar Dinesh Kawado Dinesh Jula 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 Mukesh Shende Manoj Meshram Sapan Waghmare Surya Sharma Yogesh Dobale Shraddha Nachankar Uttara Chaur</li> <li>▪ <b>Bhamragad Location</b> Sanghadip Khobragade Bandu Damale Ramesh Wadde Shrikant Naitam Rohit Zade Nandu Gedam</li> <li>▪ <b>Mul Location</b> Sangita Potale Tanushri Joshi Damini Shrirame Vaishali Durge Bhumita Urkude</li> <li>▪ <b>Jiwati Location</b> Suresh Gavande Shubham Deshmukh Pratibha Bhagat Bhumes Kathane Arti Adkine</li> <li>▪ <b>Pombhurna Location</b> Vishal Pawade Kailash Kanklawar Manoj Patil Shital Hanumante</li> </ul>
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## Placement of Students

- **Tata Institute of Social Sciences, Mumbai**

Ms. Rupali Ambone

Mr. Akshay B. Gajbhiye

4<sup>th</sup> January 2021 to 27<sup>th</sup> February 2021

Dr. Parvani Lad

28<sup>th</sup> December 2020 to 20<sup>th</sup> February 2021

- **Aniket College of Social Work, Wadsa (Desaiganj)**

**Student Organisation Visit**

Ms. Tejaswini Laxman Churgaye

Ms. Ishwari Waman Thalal

Ms. Hemlata Meshram

Mr. Kanhopatra Raut

Ms. Rajashri Kapgate

Ms. Vijaya Khune

Mr. Dinesh Nakade

Ms. Gayatri Jambhulkar

Ms. Monali Watti

Ms. Priyanka Katenge

Ms. Rashmi Gajbhiye

Ms. Darshana Nandanwar

Mr. Ashish Meshram

Ms. Monika Mandave

Ms. Swati Motghare

Ms. Pranali Koche

14<sup>th</sup>, 16<sup>th</sup>, 19<sup>th</sup> December 2020 & 12<sup>th</sup>, 22<sup>nd</sup>, 23<sup>rd</sup> February 2021

- **Azim Premji University, Bangalore**

Chhavi Kumar

Dhruv Shukla

Krishna Kumar

## 2. Financial

### Projects & Funding Partners for FY 2020-2021

S. N.	Name of the Project	Funding Agency Partner	Amount (INR)
<b>FCRA FUND</b>			
1.1	Promotion of Sustainable & Tribal Livelihood	SWISSAID, Switzerland	19,21,207.00
1.2	Employability And Skill Enhancement of Persons with Disabilities (EASE), Nagpur	Paul Hyamlin Foundation, New Delhi (UK)	49,58,299.00
1.3	Strengthening Women Farmers Forest Rights	Right Resource Group	8,21,585.00
1.4	Employability And Skill Enhancement for PWD (HSBC)	Paul Hyamlin Foundation, New Delhi (UK)	14,06,520.00
1.5	Promotion of Sustainable & Tribal Livelihood in Central India (FCRA) 2021	SWISSAID, Switzerland	10,40,948.00
1.6	Promotion of Sustainable & Tribal Livelihood in Central India (FCRA) Additional Credit	SWISSAID, Switzerland	1,90,000.00
1.7	Promotion of Traditional (Local) Seed Conservation – GGF	Global Green grant Fund	5,22,978.00
1.8	India Covid Relief Recovery Fund – PHF (Phase – I)	Paul Hyamlin Foundation, New Delhi (UK)	16,15,000.00
1.9	India Covid Relief Recovery Fund – PHF (Phase – II)	Paul Hyamlin Foundation, New Delhi (UK)	18,90,000.00
		<b>Total -</b>	<b>1,43,66,537.00</b>
<b>CSR FUND</b>			
2.1	Reduction in Maternal and Child Morbidity and Mortality Through Mobile Health Clinic in Tribal Villages	Bajaj Holding Investment Ltd. & Bajaj Auto Ltd., Pune	30,00,000.00
2.2	Improve Nutritional Services & Practices in Tribal Communities in Korchi Block of Gadchiroli District	Bajaj Auto Ltd., Pune	9,00,000.00
		<b>Total -</b>	<b>39,00,000.00</b>
<b>TRUST &amp; FOUNDATION</b>			
3.1	English E-Tech Programme	Apeksha Homeo Society, Mozari	2,71,000.00
3.2	ICDS System Strengthening & Community Mobilization Project in Chandrapur & Gadchiroli District	The India Nutrition Initiative, TINI (An Initiative of TATA Trust, Mumbai)	89,79,000.00
3.3	Covid-19 Ration & Relief Kit Support	Azim Premji Philanthropic Initiative Bangalore	10,00,000.00
3.4	Unemployment Free Village Campaign	Brihad Bharatiya Samaj, Mumbai	15,00,000.00
3.5	Comprehensive Community Engagement	UNICEF, Mumbai	11,19,000.00
3.6	Community Action for Health – CBM	Sosva Training & Promotion Institute, Pune (STAPI)	3,92,880.00
		<b>Total -</b>	<b>1,32,61,880.00</b>
<b>GOVERNMENT FUND</b>			
4.1	Community Action for Nutrition Project	Tribal Health Department (SATHI, Pune)	8,50,399.14
4.2	Community Based Monitoring of Health Services	National Health Mission (SATHI, Pune)	94,676.40
4.3	Child line 1098 (An Integrated Child Protection Scheme)	Childline India Foundation, Mumbai	6,78,225.00
		<b>Total -</b>	<b>16,23,300.54</b>

**Individual Donors 2020-2021**

Sr. No.	Name of Donor	Amount (INR)
1	Sandip Tandurwar	25000.00
2	Hemangi Joshi, Mumbai	1000.00
3	Nanaji Kundawar, Nagpur	5101.00
4	Durgadas Vithobaji Rakshak & Karmshri Durgadas Rakshak, Nagpur	21000.00
5	Give India Foundation	67500.00
6	Ramchandra Ravindra Golatkar, Kurla Mumbai	2000.00
7	Dr. Yash Agrawal, Nagpur	2500.00
<b>Total</b>		<b>124101.00</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 2020-2021**

Sr. No.	Name of Vehicle/Material	Numbers/Quantity
1	Bolero Four Wheeler	01
2	Doctor Instrument	
3	Lab Instrument	
4	LCD Projector with Stand & Screen	01
5	Laptop	02
6	Generator	01
7	Ducting Cooling System	
8	Water Pump	01

**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>• Swati Rajesh Padole</li> <li>• Pravin Abaji Mote</li> <li>• Soma Kishor Parthsanthi</li> <li>• Dr. Viraj Gite</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> <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> </ul>
Vendors	<ul style="list-style-type: none"> <li>• Janai Enterprises</li> <li>• Atul Udgaonkar for website</li> <li>• Yash Tours &amp; Travels</li> <li>• Rani Durgawati Enterprises</li> <li>• G. I. Enterprises, Alapalli</li> <li>• Anil Mashidkar, Nagpur</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	62	Male	Social Worker	Community Health, Local Health Traditions, Forest based livelihood and administration	All
2	Mohan Hirabai Hiralal Executive Committee Member	65	Male	Social Worker	Tribal, Social Groups, Forest Based Livelihood	All
3	Ms. Sandhya Edlabadkar Executive Committee Member	58	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 2020-2021
  - 1) 15<sup>th</sup> April 2020
  - 2) 25<sup>th</sup> August 2020
  - 3) 10<sup>th</sup> December 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 2020-2021; on 25<sup>th</sup> December 2020.
- 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 2021)

Sex	Paid (full time)	Paid (Part time)	Resource Persons	Paid Consultants	Fellows	Unpaid Volunteers
Male	58	04	00	02	00	22
Female	39	128	02	00	04	20
<b>Total</b>	<b>97</b>	<b>132</b>	<b>02</b>	<b>02</b>	<b>04</b>	<b>42</b>

### Affiliation of staff to concerned offices

Office	Male	Female	Total
Head office Kurkheda	28	09	37
Branch office, Nagpur	04	04	08
Project office, Gadchiroli	07	03	10
Field office, Vairagad	04	04	08
Field office, Bramhapuri	01	05	06
Field office, Korchi	02	06	08
Project office Bhamragad	06	00	06
Project office, Mul	00	05	05
Project office, Pombhurna	03	01	04
Project office, Jiwati	03	02	05
<b>Total</b>	<b>58</b>	<b>39</b>	<b>97</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 75,000 per month; (ii) Project Coordinator @ Rs 42,000 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.

All the project Directors, Project Coordinators (total person 14 that includes 6 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 2020-2021.

Two Four-monthly meeting of full time staff members were organised in this year 2020-2021.

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.

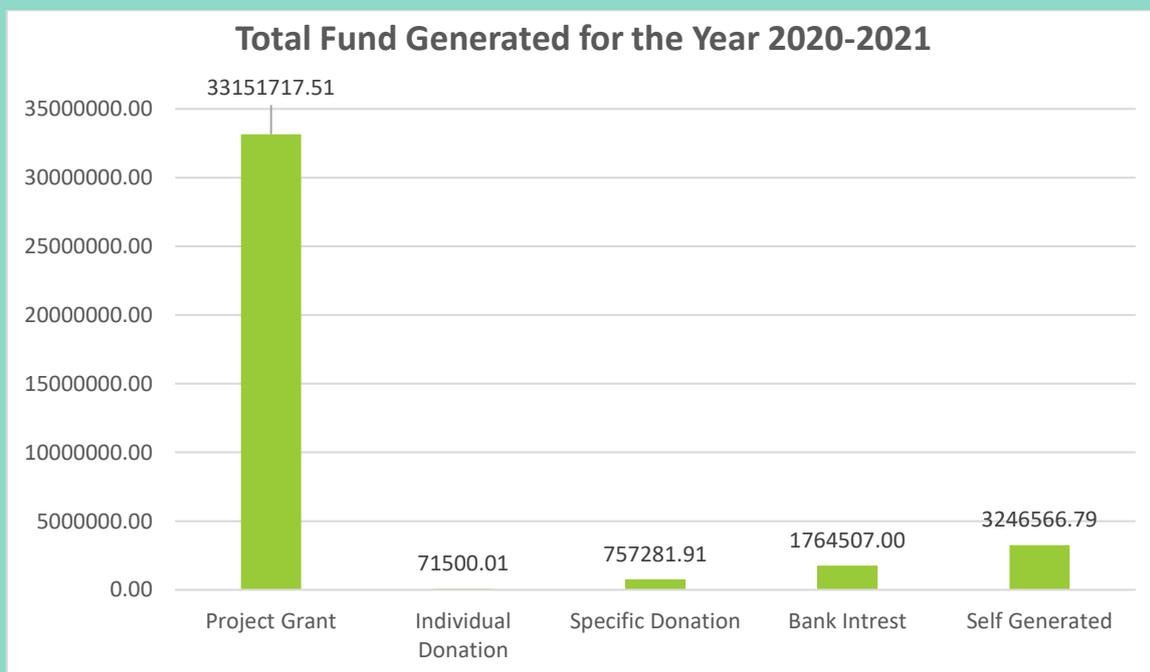
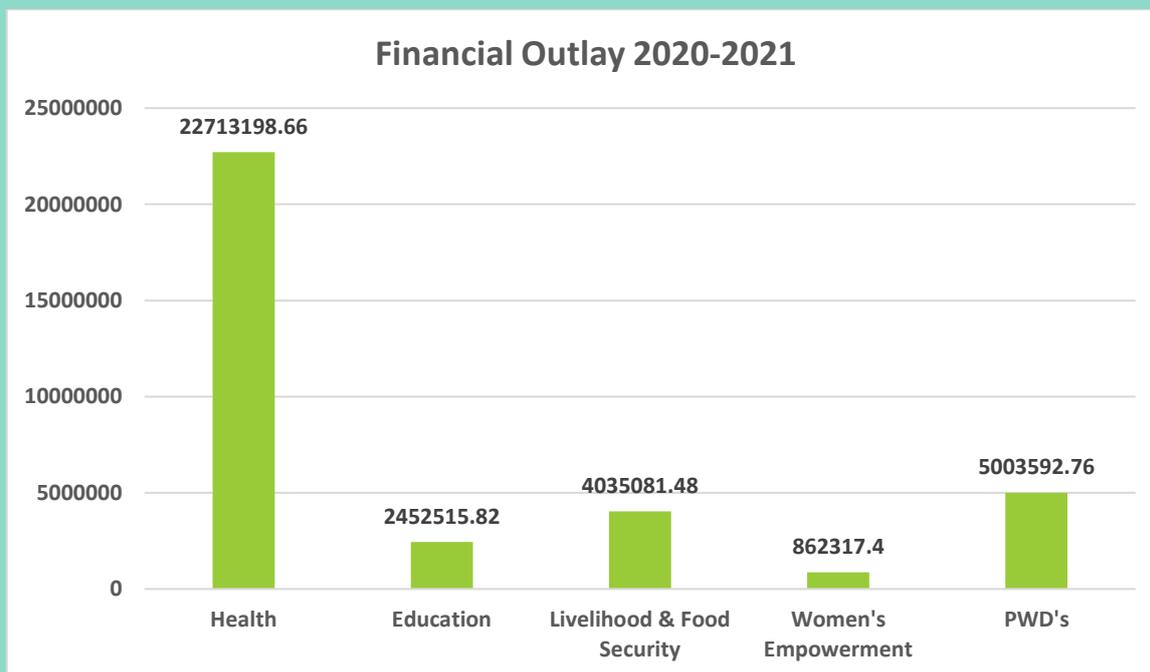
AAA accounts are audited by professional experts, and are published every year.

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.

### FINANCIAL OUTLAY 2020-2021 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	Jubilee 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.

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

SARAFI LINE,  
 CHANDRAPUR (M.S.)  
 Pin Code : 442 402  
 PHONE NO :  
 @ 255034, 256392  
 (O) 252692, 272420

**SCHEDULE VIII**  
**[VIDE RULE 17(1)]**  
 Name of The Public Trust : AMHI AMACHYA AROGYASATHI, TQ. KURKHEDA, DISTT. GADCHIROLI [M.S.]  
 CONSOLIDATED BALANCE SHEET AS ON 31ST MARCH 2021.

FUNDS AND LIABILITIES	SCH	AMOUNT	TOTAL	PROPERTY AND ASSETS	SCH	AMOUNT	TOTAL
TRUST FUND OR CORPUS: Balance as per last B/sheet			1784382.18	IMMOVABLE PROPERTIES: As per schedule	C1		2126404.00
OTHER EARMARKED FUNDS: As per schedule	A		27501646.17	FURNITURE AND FIXTURE : As per schedule	C2		7696334.88
ANY OTHER FUND: ( NON REC-GRANT ) As per last B/sheet (+) Tr. From I/E A/C		3394698.00 0.00	3394698.00	INVESTMENT Fixed Deposits: As per schedule	D		32680409.55
UNSPENT BALANCE GRANT : As per schedule	L		11698671.06	DEPOSIT A/C : As per schedule	M		15000.00
LIABILITIES: As per schedule	B		1934780.05	TDS ON STDR & TCS: TDS ON STDR & TCS (A.Y.2018-19) TDS ON STDR & TCS (A.Y.2019-20) TDS ON STDR & TCS (A.Y.2020-21)		165865.00 141341.00 147370.00	
INCOME & EXPENDITURE A/C : Balance as per last B/sheet Less : Deficit During The Year		9274665.05 903724.22	8370940.83	(-) Refund Dur.the year (AY. 18-19 & 19-20) (+) Add during the year (AY. 2020 -21)		454576.00 307206.00 116633.00	264003.00
				WORKING ADVANCES : As per schedule	E		780554.85
				INCOME OUTSTANDING: As per schedule	N		1128568.47
				CASH AND BANK BALANCE: As per schedule	F		9993843.54
<b>TOTAL</b>			<b>54685118.29</b>	<b>TOTAL</b>		<b>0.00</b>	<b>54685118.29</b>

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

CHANDRAPUR

DATED :  
**30 SEP 2021**



*Amchya*  
 CONVENOR

CONVENOR  
 Amhi Amchya Arogyasathi  
 Reg. No F134/Gao



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

*Amchya*  
 AJAY D. MAMIDWAR  
 (PARTNER)

FRN : 105942W  
 UDIN2103984/AAAAOX5455

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

SARAFALINE  
 CHANDRAPUR (M.S.)  
 Pin Code - 442 402  
 PHONE NO.  
 ☎ 255034, 256392  
 (O) 252592, 272420

**SCHEDULE IX**  
**[VIDE RULE 17(1)]**

Name of The Public Trust : **AMHI AMACHYA AROGYASATHI, TQ. KURKHEDA, DISTT. GADCHIROLI [M.S.]**  
**CONSOLIDATED INCOME & EXPENDITURE ACCOUNT**  
**FOR THE YEAR ENDED ON 31ST MARCH 2021.**

EXPENDITURE	SCH	AMOUNT	TOTAL	INCOME	SCH	AMOUNT	TOTAL
TO				By,			
EXPENDITURE IN RESPECT OF PROPERTY :			230585.00	Rent (accrued & Realised)			
As per schedule	G			INTEREST:(accrued and Realised)			
RARES, TAXES, CESSSES :				On Fixed Deposits ( accrued)	J	237759.00	237759.00
Property Tax .		24076.00		On saving Account As per Such as			
ESTABLISHMENT EXPS :			138224.42	DONATIONS RECEIVED			71500.01
As per schedule	H			RECEIPTS FROM INCIDENTAL OBJECTS:			
DEPRECIATION:			1313654.71	As per schedule	K		3246566.79
As per schedule	C			GRANT IN AID :	L		
Legal Expenses		NIL		Add : Unspent Bal As Per Last B/ Sheet		9366020.06	
Audit Fees		25000.00		Add : Grant In Aid (As per schedule )		33151717.54	
Contribution and Fees		NIL		Add : Specific Grant (As per schedule )		757281.91	
Miscellaneous Expenses		NIL		Add : Interest (As per schedule )		215880.00	
AMOUNT WRITTEN OFF				Add : Grant Receivable (As per schedule )		417627.78	
Debts w/o		21000.00		Less : Unspent Bal Garnt Tr. To B/Sheet		43908527.29	
EXPENDITURE ON THE OBJECT OF THE TRUST :						11698671.06	32209856.23
a) Religious	I	8312505.18		Deficit Carried Over To B/Sheet			903724.22
b) Education: ( As per Sch. "I")	I	26604360.94	34916866.12				
c) Medical Relief ( As per Sch."I")							
SURPLUS							
<b>TOTAL</b>			<b>36669406.25</b>	<b>TOTAL</b>		<b>0.00</b>	<b>36669406.25</b>

CHANDRAPUR

DATED :

30 SEP 2021



*Ajay D. Mamidwar*  
 CONVENOR

CONVENER

Amhi Amchya Arogyasathi  
 Reg. No F134/Gan



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

*Ajay D. Mamidwar*

AJAY D. MAMIDWAR  
 (PARTNER)

FRN : 105942W

UPIN 2103984 AAAA OXSA



दिव्यांगांसाठी ऑनलाईन स्पर्धांचा उपक्रम

शेत खाताना पैसे जमा : दररोज ४.५० लाख रुपयांचा खर्च



नांदेडली गावात शाळा बंद, पण शिक्षण सुरू

वनोपजावर आधारित उद्योगाबाबत प्रशिक्षण

महिला-सांस्कृतिक येरंडी येथे महिला, युवतींची आरोग्य तपासणी

मोठा ताजबागमध्ये रेशन किट वितरण

दिव्यांग व्यक्ती चार महिन्यांच्या मानधनापासून वंचित

शासनाने गाव पातळीवर राष्ट्रीय शेतकरी दिवस साजरा करावा

थन विकास केंद्राचे प्रशिक्षण

गौण वनोपजावर प्रक्रिया करून उद्योगनिर्मिती करावी

दिव्यांग व्यक्तींनी व्यवसायातून आर्थिक प्रगती करावी

दिव्यांग मार्गदर्शन केंद्र का निर्माण करे

दिव्यांग व्यक्तींनी कचेरीत जाऊन

ग्रामसभेच्या निधीतून केले जीवनावश्यक वस्तूंचे वाटप

कोणत्याही स्थितीत दारूबंदी उठवू नका

डॉ. सतीश गोगुलवार : 'आम्ही आमच्या आरोग्यासाठी संस्थेद्वारे मागणी

डॉ. सतिश गोगुलवार

अंगणवाडी आदर्श करून गाव कुपोषणमुक्त करण्यासाठी पुढाकार घ्यावा

अंतर्यामन येथील मनिषा कदम यांचे प्रतिपादन

रुग्णालयात मदत कक्ष स्थापन

महाराष्ट्र टाइम्स नागपूर | बुधवार, २७ मे २०२०

१९ ग्रामसभांचे बँक खाते झाले पूर्ववत

थन विकास केंद्राचे प्रशिक्षण

गौण वनोपजावर प्रक्रिया करून उद्योगनिर्मिती करावी

दिव्यांग व्यक्तींनी व्यवसायातून आर्थिक प्रगती करावी

दिव्यांग मार्गदर्शन केंद्र का निर्माण करे

दिव्यांग व्यक्तींनी कचेरीत जाऊन

ग्रामसभेच्या निधीतून केले जीवनावश्यक वस्तूंचे वाटप

कोणत्याही स्थितीत दारूबंदी उठवू नका

डॉ. सतीश गोगुलवार : 'आम्ही आमच्या आरोग्यासाठी संस्थेद्वारे मागणी

डॉ. सतिश गोगुलवार

अंगणवाडी आदर्श करून गाव कुपोषणमुक्त करण्यासाठी पुढाकार घ्यावा

अंतर्यामन येथील मनिषा कदम यांचे प्रतिपादन

रुग्णालयात मदत कक्ष स्थापन

महाराष्ट्र टाइम्स नागपूर | बुधवार, २७ मे २०२०

१९ ग्रामसभांचे बँक खाते झाले पूर्ववत

थन विकास केंद्राचे प्रशिक्षण

गौण वनोपजावर प्रक्रिया करून उद्योगनिर्मिती करावी

दिव्यांग व्यक्तींनी व्यवसायातून आर्थिक प्रगती करावी

दिव्यांग मार्गदर्शन केंद्र का निर्माण करे

दिव्यांग व्यक्तींनी कचेरीत जाऊन

आम्ही आमच्या आरोग्यासाठी संस्थेने २०० गावापर्यंत पोहचविली मदत

३७ गावातील गरजू निराधार शेतकऱ्यांना दिव्यांगांचे वाटप

कुरखेडा येथील आर्सेल आरोग्यासाठी संस्थेचा उपक्रम

येणंलखेड्यात कोरोनाविषयक जनजागृती

चाइल्ड लाइन १०९८ क्रमांकाची जनजागृती

चाइल्ड लाइनची बाल संरक्षणाबाबत जनजागृती

आता ऑनलाईन दिव्यांगत्व प्रमाणपत्र मिळणार तालुक्याच्या ठिकाणी

गडचिरोली शहर

दिव्यांग मार्गदर्शन केंद्र का निर्माण करे

दिव्यांग व्यक्तींनी कचेरीत जाऊन



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## Amhi Amchya Arogyasathi

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

Mobile- 09421006699, Tel. NO. 07139-245903

Email ID: [arogyasathi@gmail.com](mailto:arogyasathi@gmail.com) Website: [www.arogyasathi.org](http://www.arogyasathi.org)