



CRHP

**ANNUAL REPORT
2010 - 2011**



Wedding day of Raj and Mabelle Arole, April 26th 1960

*In memory of Raj and Mabelle Arole
- to the fruits of their love and labor*

For all the focus on medicine and academic research, the story of CRHP, Jamkhed is a love story: one between Raj and Mabelle and the other of their love for serving the poorest of the poor. This is the story of two people's dedication to keep looking for villages to help when so many had refused before; the strength to chart new paths and approaches when those in their own profession were turning the other way; and to live, raise a family and die amongst those that they served, becoming part of a whole new community.

Raj Arole was born in Rahuri, Ahmednagar on June 15, 1935. He graduated from Christian Medical College at Vellore in 1959. It was there that Raj met his partner for life. Mabelle Arole was born Mabelle Immanuel in Jabalpur, 1935. Graduating top of her class (Raj was second) Mabelle's presence was a constant reminder to people that women in this society were capable of more than being the wife and mother. On their wedding in April of 1960, they took vows to each other and to devote their new life to the marginalized in rural areas. In 1962-66, they worked in the Marathi Mission Hospital in Vadala, 320 kilometers east of Mumbai. The couple spent four years in the United States doing their residencies in medicine and surgery as well as completing their MPH at Johns Hopkins under the tutelage of Dr. Carl E. Taylor.

Mabelle passed away on September 27th 1999.

Raj passed away on May 25th 2011.

LETTER FROM DIRECTORS



RAJ AND MABELLE

This year's annual report brings back many special memories of our parents, their work and our community. It is also a reminder of the special gift our parents left us as the next generation of directors for the Comprehensive Rural Health Project.



RAVI AND SHOBHA

When we revisit the lessons learned by our parents, we remember:

- Social barriers prevented access to basic needs such as food and clean water;
- 80% of healthcare is preventable and can be managed by people themselves.

It is a constant reminder that problems are complex and at intersections of multiple issues. The solutions to these problems require a multidisciplinary approach integrated and implemented on the community level, starting with the most disenfranchised.

For the last 40 years, the work of CRHP has been about the removal of such barriers to enable access to development for the individual and the community, utilizing healthcare as an entry point. In the coming years, we will continue this mission and strive to:

- Strengthen core programs and demonstrative tools;
- Train increasing number of domestic and international community organizers;
- And of course, provide quality healthcare to the poorest of the poor.

We hope you can join us in our drive to empower the most marginalized to break the cycle of poverty through comprehensive community development.

Sincerely,

Shobha & Ravi Arole

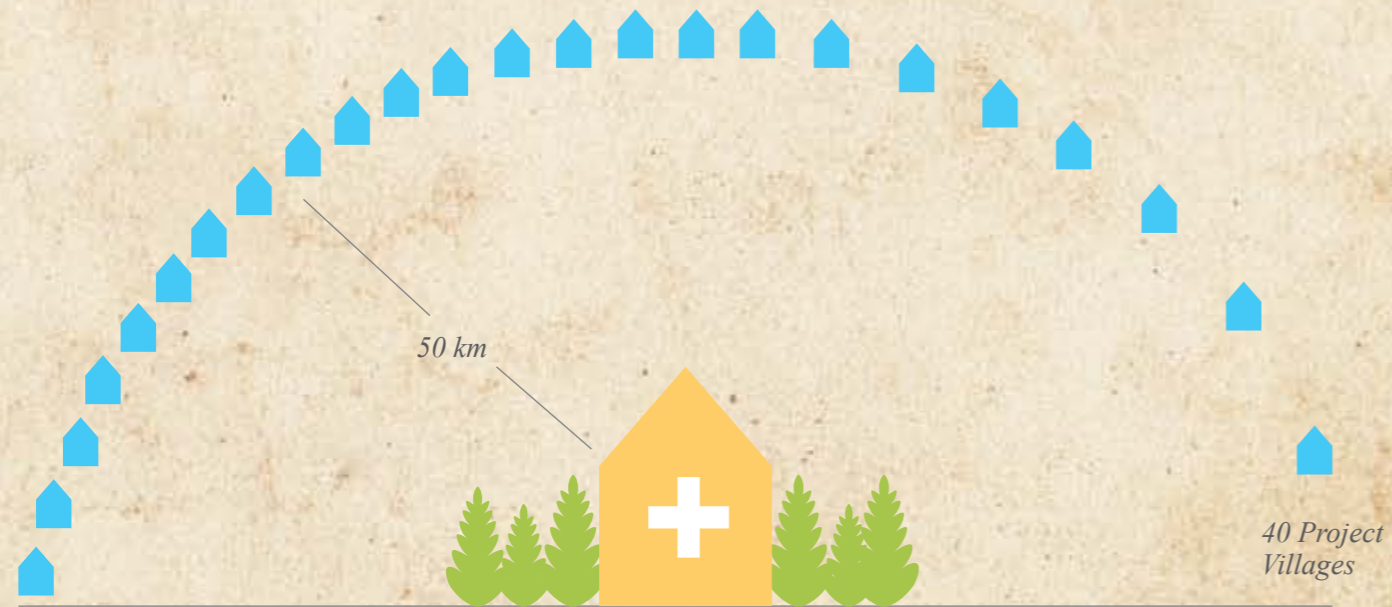


“ Health does not exist in a vacuum. It is dependent upon socio-cultural and economic factors. In most societies, women are the keepers of health in their households and there their status, knowledge and attitudes influence health.

- Mabelle Arole ”

JAMKHED MODEL

Working directly at the grassroots level through community partnerships and mobilization, CRHP has demonstrated that lasting positive transformation is achievable through a comprehensive values-based approach.

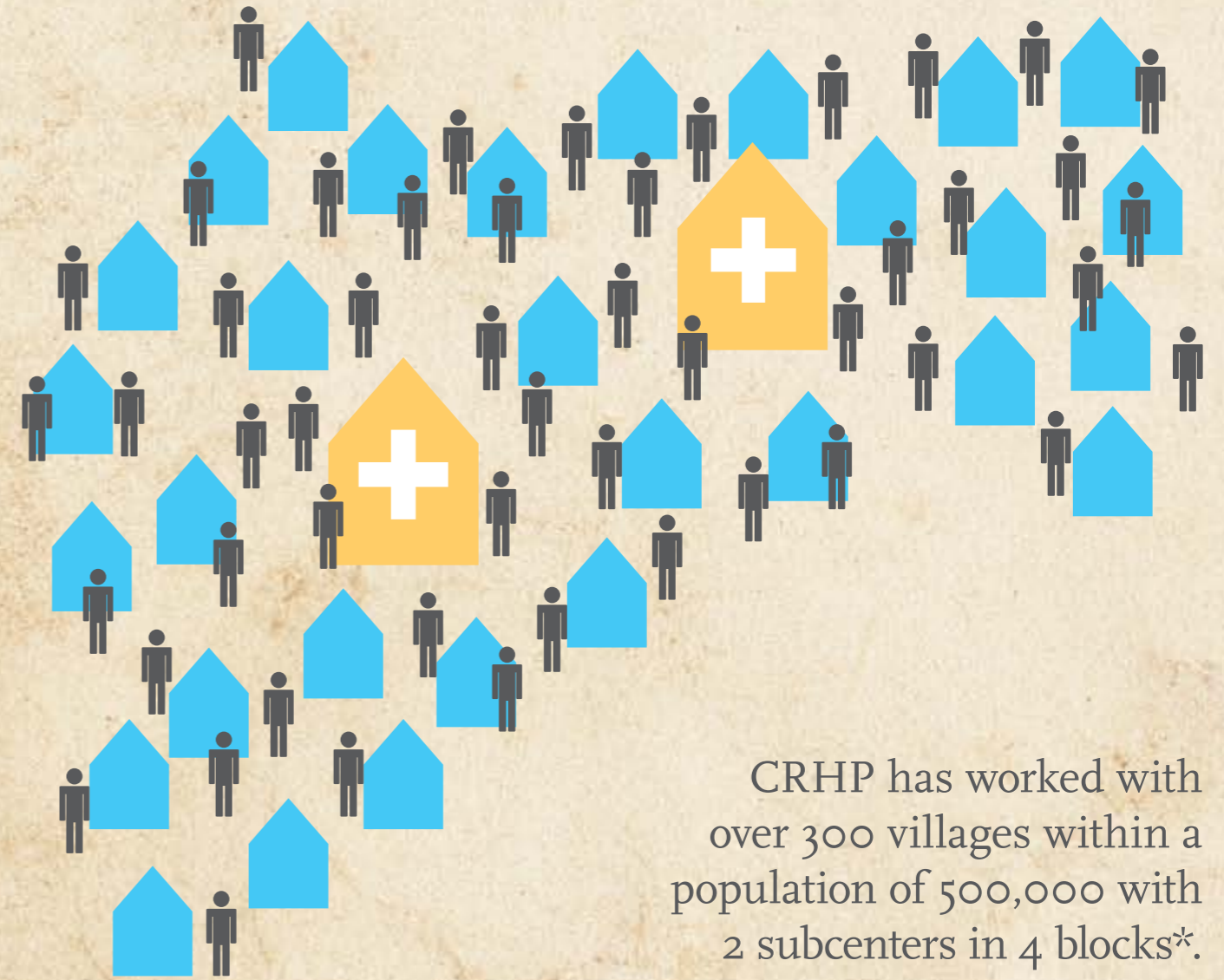


CURRENTLY

CRHP works with 40 project villages within a 50 kilometer radius of the Taluka (town) of Jamkhed where CRHP is based, providing them with comprehensive healthcare and development.

300 Villages

OVER THE LAST 40 YEARS



CRHP has worked with over 300 villages within a population of 500,000 with 2 subcenters in 4 blocks*.

* A block (pop. 150,000-200,000) is a geographic delineation designated by the Indian government.

JAMKHED MODEL

COMMUNITY INVOLVEMENT

Through the formation of groups such as the Farmers Club's, Women's Self-Help Groups and Adolescent Girls/Boys Programs in addition to the Village Health Workers, our project villages are able to identify socioeconomic and healthcare barriers thereby, defining parameters for solutions. CRHP provides expertise and facilitates community-wide discussions and within each self-help group.

Project Villages	45
Village Health Workers	55
Population Coverage	45,000
Farmers Club's	26
Women's Self-Help Group	107

BRINGING EXPERTS TO THE COMMUNITY

Mobile Health Clinic/Team

The bridge that connects the community with doctors and technicians on a weekly basis the Mobile Health Clinic and Mobile Health Team conducts home visits as well as work with the VHW to collect vital statistics for healthcare monitoring. The five member team includes a social worker, nurse, doctor, paramedic and development personnel. The team also advises socioeconomic initiatives lead by the self-help groups, meeting regularly with the Farmers Club's, Women's SHG and AG/BP.

Number of Project Village Visits	520 (average ten a week for 52 weeks)
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INTENSIVE CARE AND ONGOING TRAINING

Julia Hospital

Situated on the CRHP campus, the Julia Hospital is a modern 50-bed facility, equipped with state-of-the-art diagnostic and therapeutic equipment. Providing critical curative care to an underserved rural population of over 500,000 people, the hospital uses a sliding scale fee structure that makes diagnosis and treatment affordable. Through partnerships with private funders and government agencies, the hospital also hosts weekly cataract surgeries and monthly family planning camps free of charge to the wider community. The hospital also serves as a training facility for VHWs as well as a demonstrative tool for students in our training programs through the Jamkhed Institute of Training & Research.

Outpatients	21,284
Inpatients	1,780
General Surgeries	641
Snake Bites	55
Burn Patients	6 severe cases (over 40% burns)
Normal Deliveries	109

Eye Program (full charity)

School Screening	3,377 in 54 schools
Eye Camps	553
Total Eye OPD	3381
Cataract Surgeries	395

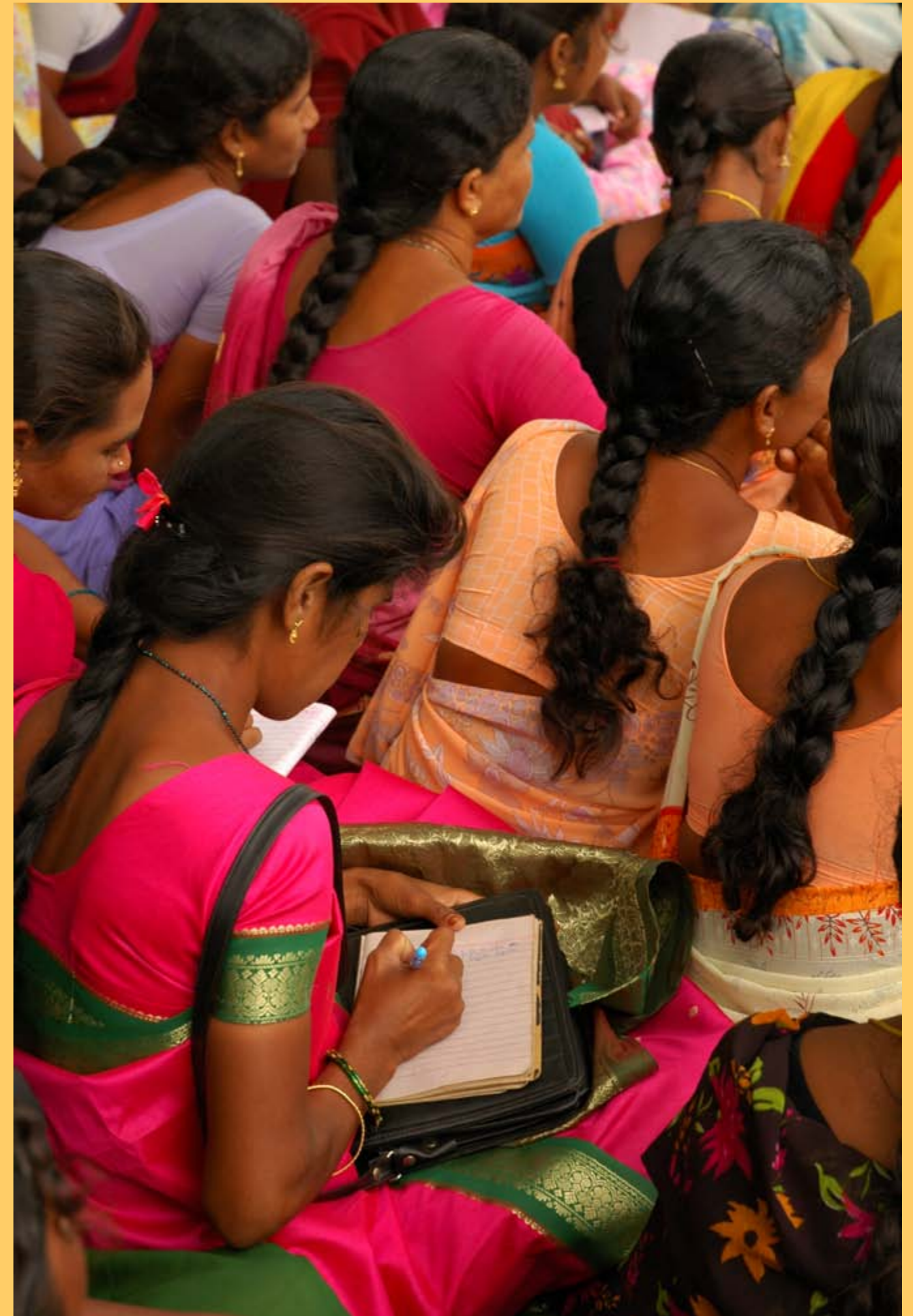
Number of patients received full charity	10,200
Number of patients received partial charity	12,000



Established in 1994, the training institute was created to formalize the Jamkhed Model and demonstrate the effectiveness of this comprehensive model to domestic and international grassroots workers in an applicable and scalable manner.

Total domestic trainees: 779

Total international visitors: 186



WOMEN'S SELF-HELP GROUPS

What started as SHGs to provide women with a safe and supportive environment to learn from the VHW and each other, the women's groups have matured to take on an income generation role. The women in each SHG pool small amounts of money together every month until the amount is large enough to make loans to its members for microenterprises. On an annual basis, there is a total average savings rate of 1.3 million Rs. and 300 million Rs. in loans. CRHP provides guidance and access to increase information however, takes a backseat after the initial development phase to allow the women to motivate themselves and each other in collective decision-making and empowerment.

Total SHG – 107 with 1,187 members
Annual Savings Rate – 1.3 million Rs.
Current Loans – 300 million Rs.



BHARARI SELF-HELP GROUP

Established in 2005; 12 members

Monthly contribution – 100 Rs.

Interest Rate for loans – 2%

Indira Nagar is a slum area within the Takula of Jamkhed and situated across the CRHP campus. It has a diverse population of 2,000 permanent and transient families as well as various tribal groups. In 1980, the area had only 15 households, now it has 150. It is the only area that CRHP works with that is not officially a village.



KANTABAI BARAGE (40 YEARS-OLD)

President

When she was younger, Kantabai would join the women's group when they gathered every 15 days in the home of Dr. Mabelle Arole (after the children and husbands had gone to sleep at 10 pm). Married at 12 years-old, her husband was a day laborer and lived in a one-room tin roofed house. She had children in her teens and owned two saris, "both with patches" she said. "After my husband had an accident, I didn't know what to do. I had to think about how we were going to make a living. I was inspired by Dr. Mabelle Arole. People use to make fun of us women meeting late at night. With the help of the SHG and CRHP Women's Bank I was able to start my own business. Now I have too many saris to count."

In her brick-making business, Kantabai employs five women who are also members of the SHG, her husband, son and daughter-in-law. Bricking-making is only between the months of January to June - operation halts during the rainy season. She took out several loans to cover the initial investment. The loans were repaid within six months. The business has been in operation for five years.

Kantanbai spends most of her time at the grocery store that she opened three years ago. The profit of the grocery store covers her household expenses. Her son is currently taking a certification course that will allow him to start his own mobile phone operation right in his mother's grocery store.

WOMEN'S ECONOMY



ASHA CHAKRE (33 YEARS-OLD)

Secretary

Asha has been a VHW in Indira Nagar since 1994, having conducted 325 deliveries and 5 cesarean sections along with providing daily monitoring of health and development needs.

She was first introduced to CRHP when her mother was treated and rehabilitated for leprosy. Her entrepreneurial spirit has propelled her to start many microenterprises. In addition to working for Kantabai in the brick-making business, she and her mother makes festival capes for babies and toddlers as well as sell kitchen use items that are often given as gifts during the many festivals in this area.

Her daughter use to take part in the Adolescent Girls Program and is now in nursing school paid for from a loan through the CRHP Women's Bank, which Asha has already repaid. Asha is currently finishing the building of a new house with the support of a government subsidy, her own savings and a loan from the CRHP Women's Bank.



KANTABAI WITH RATNA KAMBLE

Chairperson of CRHP Women's Bank

CRHP Women's Banks

Established in 1999 by Dr. Mabelle Arole, it is a one-of-a-kind women-only bank in the Takula of Jamkhed. With 385 members, the bank is an entrepreneurial springboard for women in an area where they have second rate status and are viewed more as economic burdens rather than value generators.

Current Loans	550,000 Rs. to 18 members
Fixed Deposits	350,000 Rs.
Savings	450,000 Rs.
1 Year CDs	650,000 Rs.
Interest	13% monthly (reflects national rate)
Historic default rate	200,000 Rs. by 7 members 10 years ago but none since

WHERE IN THE WORLD WERE RAJ & MABELLE?

ASIA

Afghanistan
Nepal
Thailand
Cambodia
Myanmar
Bangladesh
Pakistan
Sri Lanka
Laos
Bhutan
China
Malaysia
Japan
Indonesian
Philippines

AFRICA

Sierra Leone
Sudan
Ethiopia
Liberia
Nigeria
Mozambique
Angola
Ghana
Congo
Kenya
New Guinea
Zimbabwe
South Africa
Tanzania

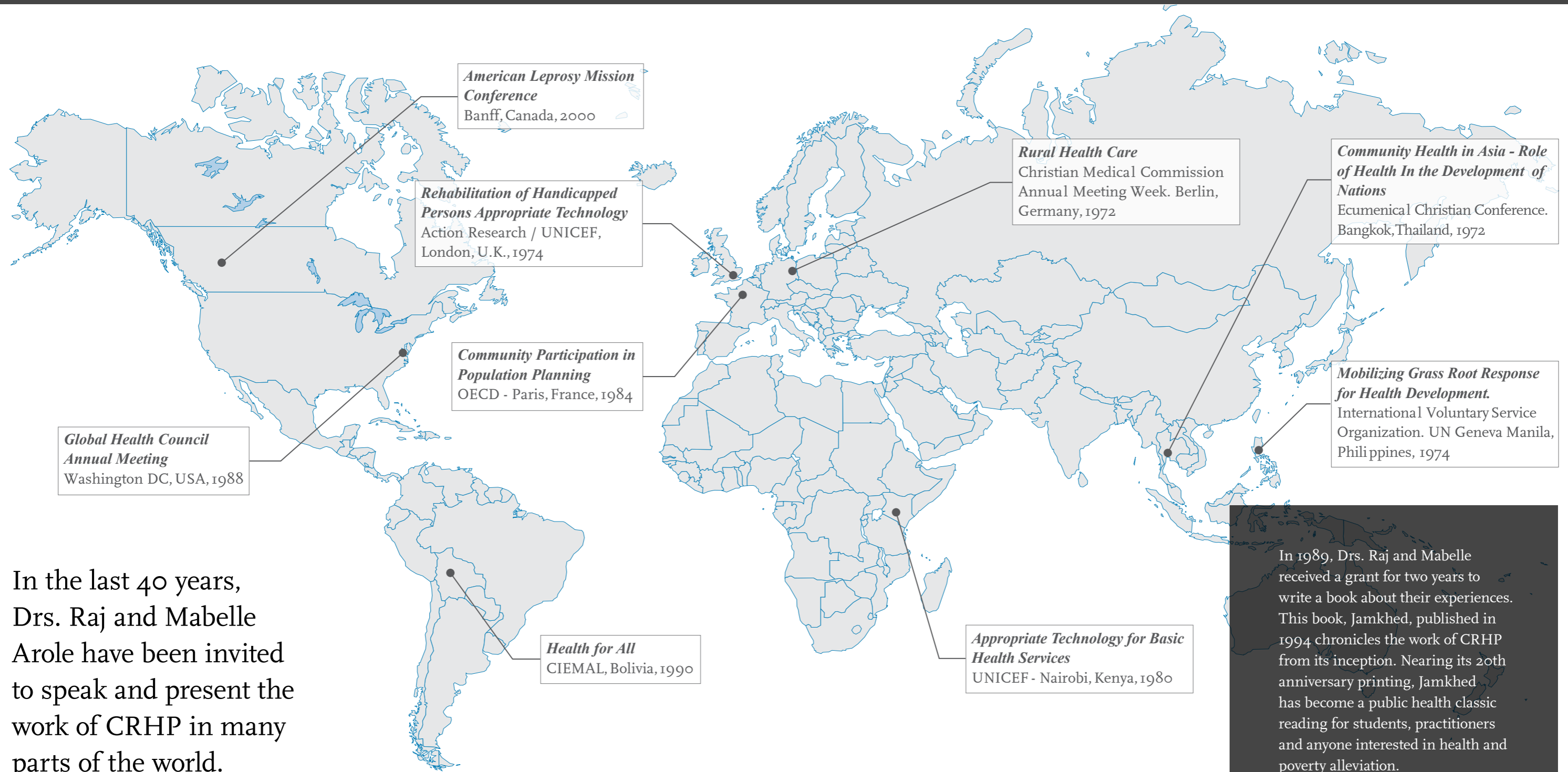
AMERICA

United States
Canada
Mexico
Argentina
Bolivia
Brazil
Chile
Guatemala
Guyana
Honduras
Columbia
Paraguay
Nicaragua
Venezuela

EUROPE

United Kingdom
France
Germany
Belgium
Italy
Cyrus
Netherlands
Denmark
Sweden
Spain
Switzerland

Australia
New Zealand



In the last 40 years, Drs. Raj and Mabelle Arole have been invited to speak and present the work of CRHP in many parts of the world.

In 1989, Drs. Raj and Mabelle received a grant for two years to write a book about their experiences. This book, *Jamkhed*, published in 1994 chronicles the work of CRHP from its inception. Nearing its 20th anniversary printing, *Jamkhed* has become a public health classic reading for students, practitioners and anyone interested in health and poverty alleviation.

ADOLESCENT GIRLS PROGRAM

After 10 years of inconsistent funding, CRHP has dedicated resources to make the Adolescent Girls Program a vital part of the community level involvement in the Jamkhed Model. AGP was re-introduced with a training curriculum focused on reproductive health and hygiene, nutrition, and social justice. As a pilot for 3 project villages who expressed the highest support for this program, CRHP trained a minimum of 5 girls in each village to become peer educators. This peer-to-peer model aims to cover all girls, 12 years and above, in 20 villages within 3 years. Weekend camps are also held at CRHP campus for additional training and vocational training in computers, handiworks and arts and crafts.

Project Villages: Khusadgaon, Patoda and Mandwa

Peer Educators: 15

Girls reached by Peer Educators: 240

“

Sometimes there's a good curry or good food. Then they'll say, 'Oh, keep it for your brother. Don't eat that much'. When the boy has a full stomach, they will still say, 'Take this, eat more, eat more.' The girl has an empty stomach, but nobody will think about her. After marriage, she is going to another house.

This is wrong. This is not good. The mother and father gave birth to both a girl and boy child, so they are the same. They should behave equally with both of their children.

- Anonymous, 18 years-old

”



ADOLESCENT BOYS PROGRAM

In 2011, CRHP introduced its first program focused on adolescent boys between the ages of 14–16 years old. The Adolescent Boys Program (ABP) aims to prevent subsequent generations of rural men from engaging in behaviors that elevate the risk of violence and discrimination against women and girls. This is a 16-week training program focused on increasing awareness regarding abusive behaviors, exploring the underlying thought, attitudes and beliefs regarding the status of women, and building positive social skills for community leadership and advocacy. In collaboration with local Women's SHG, the program further aims to expand sustainable livelihood opportunities for future households by imparting men with practical skills in savings, account keeping, and entrepreneurship from a young age.

The pilot phase involved 3 villages: Kusatgaon, Nimbodi, Mahijalgaon. Immediate behavior change outcomes resulting from the program are currently being evaluated. Each group averages about 15 participants. Peer members from each group will aim to form new groups within their villages with the goal of involving all adolescent boys from each village.

Total number of Project Villages: 3

Total number of adolescent boys: 45

“

I've changed a lot. Before the training I was not doing my work which is considered to be women's work. Now, I go fetch water, bring firewood, wash my clothes and help my mother in the kitchen. In my family, my mother is very happy with this. I share whatever I've learned with my friends. I hope that in a few years my whole generation in my village will change.

”



PANDURANG, 15 years-old
from the village of Kusatgaon

FARMERS CLUB'S

The Farmers Club's include both land owners, the landless as well as key decision-makers from the community. A main function of the clubs is to break down social barriers and help people of the community to understand the importance of unity. In addition, the Farmers Club's assist in general health surveys where members are responsible for collection health related information about each and every household in 20 villages annually. The clubs also enable Participatory Rural Appraisals (PRA) as it relates to assessing community needs and demographics in development projects.

Total Farmers Club's:
26 active clubs with 650 members



ARTIFICIAL LIMBS PROGRAM: JAIPUR FOOT

Artificial lower limbs are inexpensive to make and design for the rural lifestyle. CRHP offers the Jaipur Foot to the community at nominal or no charge. The Jaipur Foot is especially designed for the rural environment, enabling users to lead lives with few physical limitations. In an agricultural setting, the Jaipur Foot lasts 3-4 years and in an urban setting, 6-7 years. The camp served people from across the state of Maharashtra.

Total Limbs	822
Above Knee	242
Below Knee	580
Full Charity for Limbs	50%



THE KHADKAT FARM

There is continued demonstration of collective farming techniques to improve agriculture for both subsistence and cash crops at CRHP's 100-acre organic farm. It is also a rehabilitation center for women abandoned by their husbands and families as well as those with HIV/AIDS. These women are responsible for the operations of the farm. All the food that is served on our CRHP campus that includes the training center, preschool and staff living quarters come from the farm. Excess agricultural and value-added items are sold in the local market, providing an avenue for income generation.



Drumstick Tree or the Moringa Oleifera of the Moringaceae family

CRHP promotes the cultivation of nutritious agriculture native to the local climate and culture such as the Drumstick Tree and uses it as part of our farming technique demonstrations for the rest of the community. It is an exceptionally nutritious vegetable tree used to combat malnutrition especially for women and children. The leaves are a significant source of beta-carotene, Vitamin C, protein, iron and potassium. The tree is a good source for calcium and phosphorus. The Drumstick Tree is known to have the highest protein ratio of any plant. One tablespoon of leaf

powder provides 14% of the protein, 40% of the calcium, 23% of the iron and most of the vitamin A as well as 8 amino acids per day for a young child. Six tablespoons of leaf powder will provide nearly all of a woman's daily iron and calcium needs during pregnancy and breastfeeding. CRHP advises the community to use crushed seeds from drumsticks pods in unfiltered water sources before consumption. The Drumstick Tree is a vital food source in a famine-prone area such as Jamkhed because the tree is in full leaf at the end of the dry season.

BREAKDOWN OF LAND USAGE AND AGRICULTURE

Milk Production	14600 litres
Wheat	4800 kg
Bajri	1000 kg
Udid	500 kg
Soyabean	500 kg
Chana	500 kg
Toor	100 kg
Corn	4000 kg
Moog	250 Kg
Tomato	1200 kg
Eggplant	1200 kg
Spinach	5000 Bunches
Corriander	5000 Bunches
Beetroot	600 kg
Onions	10000 kg
Garlic	500 kg
Turmeric	1000 kg
Cluster Beans	500 kg
Okra	500 kg
Pumpkin	800 kg
Potato	3000 kg
Jawar	2000 kg
Tamerind	5 tons
Gooseberry	1 ton
Drumstick	1 ton
Peanuts	1000 kg

Total Usable Farm Land	56 acres
Total Cultivated	50 acres
Open Wells	6
Tube Wells	5
Cows	12
Bulls	2
Buffalo	2
Fertilizer	60 tons
Sitafal	90 dozen
Papaya	200 dozen
Fodder	40 tons



CRHP JOYFUL LEARNING PRESCHOOL

The CRHP Preschool provides free schooling and two nutritious meals for 45 children between the ages of 3–6 years old that come from the Indira Nagar community. Integrating nutritional foods and health screening with a Montessori inspired teaching curriculum that ensure children of this slum community are prepared for their entry into primary school. We have discovered that when children of poor families are better prepared for school they are less likely to fall behind and eventually drop out. The free schooling also allows the parents to find day labor. Each morning the children are picked up by their school teacher and dropped off in the late afternoon.



First I was able to transform my society, now I can transform the villages around me. Most people think that a woman's job is sitting at home and taking care of the children, not having a voice in society. But I have learned through CRHP that women have rights. They have a right to live a life of dignity, a human life and I am there to show that every woman can live a proper life and that these rights are available to all.

-Babai Sathe, 55 years-old



STORYTELLING

We believe in the power of storytelling to bring texture to the lives of people we work with and the complexity of the social problems that we tackle. We work in a landscape that requires a full spectrum of colors to highlight in vivid detail the complicated ecosystem of gender inequality, poverty, disease and social change. We use narrative as a core teaching tool for both the literate as well as the illiterate. Over the years, we have collected compelling stories that showcase human innovations from poverty stricken rural communities. Ours is not an innovation of technology but of innovating people, many forsaken to the lowest rungs of society, to invest in themselves and thereby, uplifting their communities from poverty and disease.

A fully hands-on person, she is currently building an extension to her house for her younger brother and his family.

Since: 1993
Deliveries: 200



BABAI SATHE (55 YEARS OLD)
Village Health Worker in the village of Jawalke

Illiterate and an outcaste, Babai was married at the age of 9 to a much older man. As an outcaste, she was not allowed shoes or to touch the village water pump, waiting all day for a kind upper caste woman to pump water into her water pot. She had only one sari. Every time she washed it in the river, she had to stay in the water until her sari dried. After many years of abuse by her husband and in-laws, depressed and defeated, she was brought back to her parents in Jawalke. Before long, she was seen assisting her VHW and being part of the change that was occurring in Jawalke. With the support of the VHW and SHG, she had a new outlook on life.

In 1994, Babai was nominated to be the second VHW in Jawalke. Her embrace for a new life has inspired her to create many microenterprises. She jumped at the chance to run for mayor when the government opened the seat up to women. She was elected the Sarpanch (mayor) of Jawalke from 2006 to 2011. Fully dedicated to her role as the VHW she doubled her commitment to village development during her time as Sarpanch. To ensure that more women get opportunities in decision-making roles, she declined re-election. Now, the current Sarpanch and deputy are both women.

LIST OF CURRENT PROJECT VILLAGES

Village Name	Block
Saradwadi	Jamkhed
Kusadgaon	Jamkhed
Padali	Jamkhed
Khurdaithan	Jamkhed
Ghodegaon	Jamkhed
Pimpalgaon (U)	Jamkhed
Zikree	Jamkhed
Jawalka	Jamkhed
Khandvi	Jamkhed
Bavi	Jamkhed
Halgaon	Jamkhed
Pimparkhed	Jamkhed
Patoda(Gr)	Jamkhed
Pimpalgaon (A)	Jamkhed
Rajuree	Jamkhed
Satewadi	Jamkhed
Naigaon	Jamkhed
Nahuli	Jamkhed
Deo Daithan	Jamkhed
Bhawarwadi	Jamkhed

Loni	Jamkhed
Potewadi	Jamkhed
Bhogalwadi	Jamkhed
Pangulgavhan	Ashti
Karhewadi	Ashti
Karhe-Wadgaon	Ashti
Matawali	Ashti
Matkuli	Ashti
Sangvi	Ashti
Khadkat	Ashti
Nimbodi	Karjat
Malthan	Karjat
Mirajgaon(Shriran Nagar)	Karjat
Mahi	Karjat
Jalgaon	Karjat
Supa	Karjat
Babhulgaon	Karjat
Bahirobawadi	Karjat
Shitpur	Karjat
Tikhi	Karjat



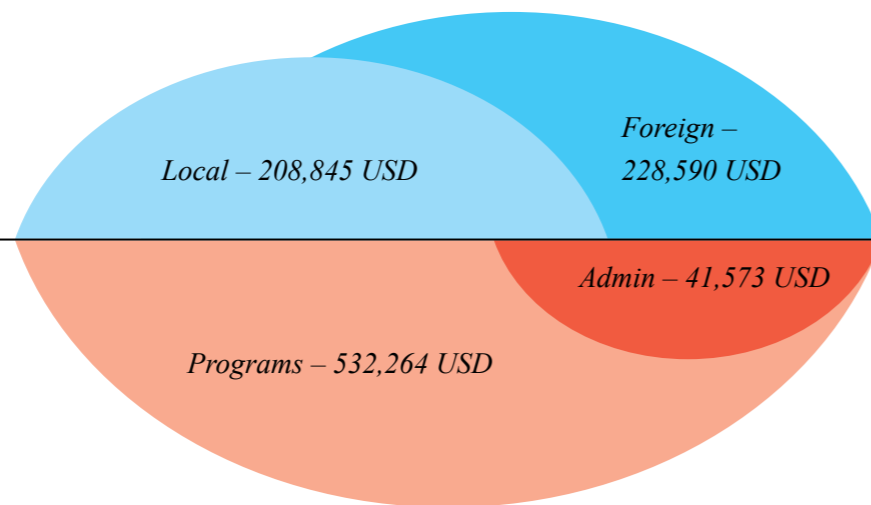
FINANCIALS

April 1, 2010 - March 31, 2011

The work of CRHP would not be possible without the support of our donors, many having been with us for decades. We invite you to visit us in our part of the world and witness first-hand how we put your donation to action.

**please note standard conversion rate of 1 USD to 45 Rs.

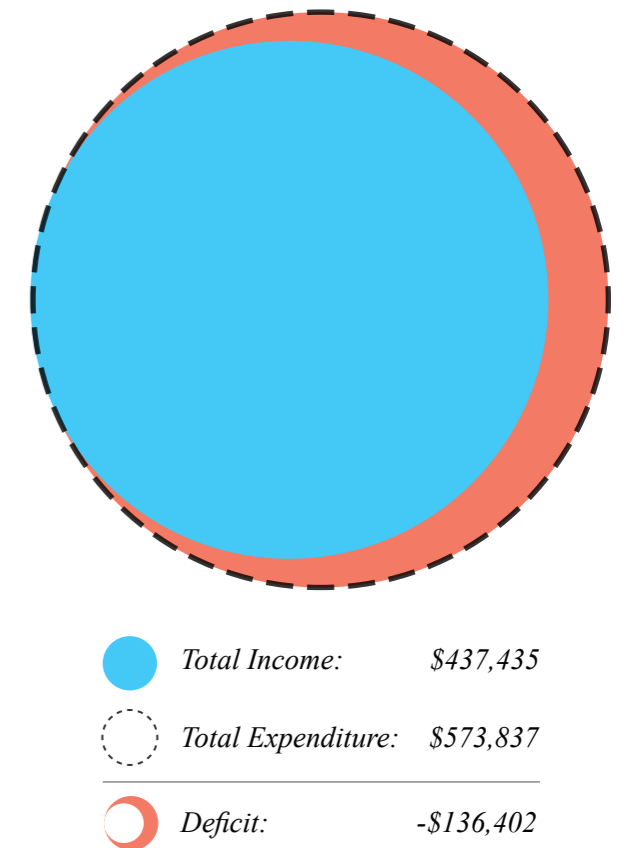
Income



Expenditure

PROGRAM SPENDING BREAKDOWN

Hospital	\$174,805
Training	\$125,308
Eye Program	\$36,422
Mobile Team	\$58,871
VHW Program	\$31,459
AGP/ABP	\$12,351
Sanitation	\$23,622
Farm/Rehab	\$37,248
Pre-School	\$16,580
Artificial Limbs	\$8,695
HIV Program	\$6,904



MEMBERSHIP IN COMMITTEES AND ORGANIZATIONS

2007	Maharashtra State Monitory Committee for Malnutrition, Deaths in children; Chairman
2007	Central Council for Health and Family Welfare (Government of India); Member
2005	Empowered Committee, National Rural Health Mission (NRHM); Member
2000	National Commission on Population, India (Chaired by Prime Minister); Member
1989	Visiting associate professors, International Health, Johns Hopkins School of Public Health
1988	Central Council of Health and Family Welfare (Chaired by Union Health Minister); Member
1988	Standing Committee of the Central Council of Health and Family Welfare, Govt. Of India, New Delhi; Member,
1988	Steering Committee Health and FamiIndia, Technology Mission on water, Literacy Immunization, Member
1988	Maharashtra State Planning Board, Govt. of Maharashtra; Member
1987-1990	High Power Committee on Vocationalization of Education, Govt. of Maharashtra; Member
1985	Task Force on Nutrition, Govt. of India 1983 National Population Advisory Council, Govt. of India, New Delhi; Member
1984	Society for Service to Voluntary Agencies of Maharashtra; Founder, Board of Trustees Member, Governing Council member
1981	Advisory Panel, Family Planning Foundation of India, New Delhi; Member
1978	Voluntary Health Association of India, New Delhi; Founder
1978	Task Force on Family Planning Indian Council of Medical Research; Member
1976	Indian Council of Medical Research; Member
1976	Indian Council of Social Science Research; Member

AWARDS & RECOGNITION



2010	Gordon-Wyon Award for Excellence in Community-Oriented Public Health, Epidemiology and Practice
2005	Mother Teresa Memorial National Award for Social Justice
2004	Dr. Babasaheb Ambedkar Dalit Mitra Award for work among marginalized classes
2003	Diwaliben Mehta Award for Tribal Work
2001	Schwab Foundation Social Entrepreneur Award
2001	National Award for Work among Tribal People
2000	R. B. Hiwargaonkar Award for rural health service using Grassroots workers as Change Agents
1990	Padma Bhushan for Social Service
1988	National Council of International Health (now known as the Global Health Council) Award
1987	N.D. Diwan Memorial Award for rehabilitation of handicapped persons
1985	Gettysburg College, USA awards Honorary Doctorate in Public Service
1979	Ramon Magsaysay Award for Community Leadership
1966	Paul Harrison Award for outstanding work in rural areas
1965	Fulbright Scholar

The Comprehensive Rural Health Project, Jamkhed (CRHP), has been working among the rural poor and marginalized for over 40 years. Founded in 1970 by Drs. Raj and Mabelle Arole to bring healthcare to the poorest of the poor, CRHP has become an organization that empowers people to eliminate injustices through integrated efforts in health and development. CRHP works by mobilizing and building the capacity of communities to achieve access to comprehensive development and freedom from stigma, poverty and disease.

COMPREHENSIVE RURAL HEALTH PROJECT, JAMKHED

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