

ANNUAL REPORT 2017–2018



SEARCH

Society for Education, Action
and Research in Community Health



ABOUT US

SOCIETY FOR EDUCATION, ACTION & RESEARCH IN COMMUNITY HEALTH (SEARCH)

is a voluntary organization set up by Drs. Rani Bang and Abhay Bang in 1986 at Gadchiroli, one of the most impoverished districts in India with tribals constituting 40% of its population. For the past 30 years, SEARCH has been working among the poor and marginalized rural and tribal population of Gadchiroli spanning over 134 villages. SEARCH works together with the community to find relevant solutions to health problems. It has developed a bond with the community based on trust and equity, a bond that is central in the pursuit of its vision – *Aarogya Swaraj*

OUR APPROACH

“Go to the people
Live among them
Love them
Listen to them
Learn from them
Begin with what they know
Build upon what they have”

OUR VISION AND MISSION

SEARCH's vision is 'Aarogya-Swaraj' or putting the 'People's health in the people's hands.'

By empowering individuals and communities to take charge of their own health, SEARCH aims to help people achieve freedom from disease as well as dependence. Empowerment for SEARCH is more than the mere involvement, participation or engagement of individual or communities. It implies community ownership and action that explicitly aims at social and political change.

This, SEARCH tries to achieve by means of its four pillars of action:

1. SERVICE to prevent and treat the existing health problems
2. EDUCATION to impart knowledge on health promotion and disease prevention
3. RESEARCH for the pursuit of knowledge and its application in problem solving
4. Shaping POLICY to disseminate our successful methods / strategies / interventions

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PHOTOCREDITS

SEARCH

EDITING & DESIGN

Hetal Hariya

THEMATIC AREAS OF WORK

Health Care

Tribal Friendly Hospital
Surgery Camps
Specialized Out Patient Departments

Youth Empowerment

NIRMAN
Tribal Sports and Coaching
Tribal Youth Festival
Youth Leadership Development Program

Community-based Care and Research

Home-based Neonatal Care
Tribal Health Care
Stroke, Malaria, Anemia
Population-based Cancer Registry
Mobile Medical Units
Community Health Care
Mortality Surveillance
Alcohol And Tobacco
District-wide Surveys

Education and Training

Health Education
Training Workshops
Adolescence/Youth Sex Education
Action Based Learning for Interns
and Young Professionals
Continued Learning for the Team

Reducing Tobacco and Alcohol

Multipath (District Alcohol and Tobacco Control Program)
Deaddiction Center
Material Development
School Tobacco Control Program

BENEFICIARY MATRIX

Tribal-friendly Hospital

49,380 outpatient consultations; **1,340** inpatient admissions; **614** surgeries

Village Health Care Program

39 villages, **31** female community health workers (rural area)

914 pregnant women and **829** neonates received HBNC

19247 treatments by health workers

Tribal Health Program

48 villages, **57** community health workers

23,959 treatments provided by tribal village health workers

22,374 clinic consultations by Mobile Medical Unit

115 pregnant women and **114** neonates received HBNC (tribal area)

3,798 tribal residential school students were part of 'My Healthy Ashram-school Program'

Reducing Tobacco and Alcohol

122 patients received treatment in the deaddiction centre OPD started on 15 August 2017

181 patients received treatment in **9** 14-day residential deaddiction workshops conducted in collaboration with the police department

Muktipath

547 village level awareness programs

355 training workshops organised by Muktipath team

1260 villages formed Gaon Sangathans for alcohol- and tobacco-free villages

43% villages passed resolution banning sale of alcohol in their village

Youth and Adolescent Education

2,170 students attended Tarunyabhan camps

200 students attended NIRMAN camps

196 teams participated in sports in tribal and rural area

Non-communicable Disease Program

2842 patients with hypertension, diabetes, and stroke from **32** villages received treatment at the village level

Under Population-based Cancer registry, cancer screening in population of **105,157**

Under Mortality Surveillance System, cause of death monitored in population of **105,157**

SEARCH HOSPITAL

The SEARCH Hospital is also known as the Maa Danteshwari Dawakhana. It was built with limited resources more than 20 years ago, in 1993. As the trust in, and demand for, the services of the hospital is steadily increasing, the infrastructure and facilities are in need of being upgraded to be able to provide providing the range and extent of services required in Gadchiroli. A new 120-bed capacity tribal-friendly hospital building is currently being constructed at HQ Shodhgram, with funding from Tata Trusts.

The coming months will be challenging as the ongoing construction will cause a space and resource crunch. Once the new hospital building is ready for use, it is estimated to benefit nearly 10 lakh patients each year from Gadchiroli and neighbouring districts.

The year 2017–2018 saw 49,380 OPD visits and 1340 IPD admissions. This also included 614 surgeries across 12 camps.

Regular 24x7 emergency laboratory testing services (which included histopathology and cytology) were provided to inpatients, as required.

Regular specialist OPDs, such as the Dental OPD, the Neurology OPD, and the Psychiatry + Deaddiction OPD, were received well by our patients. Non-communicable diseases accounted for 18% of OPD visits. 60% of the OPD patients made follow-up visits.

We have been successful in building a spirit of task sharing and caring amongst our staff members, along with cross-training.

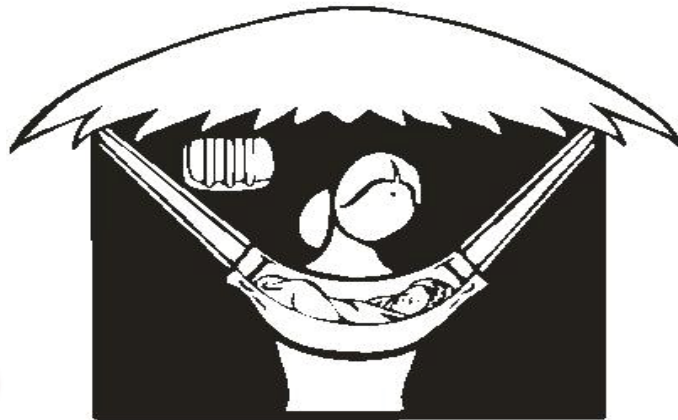


BHUMI POOJAN FOR THE CONSTRUCTION OF THE NEW HOSPITAL BUILDING



SURGERY BEING PERFORMED DURING THE CAMP

HOME-BASED NEONATAL CARE PROGRAMME



The Home-based Neonatal Care (HBNC) Programme, a path-breaking intervention developed in 1999 by SEARCH has significantly reduced infant deaths in rural Gadchiroli.

HBNC has become part of India's National Rural Health Mission, the 11th and 12th Five Year Plan, to reduce infant mortality. The Government of India, under the National Rural Health Mission, made HBNC a part of ASHA's work. Care was provided to 914 pregnant

women, of which 829 women gave birth. All of the 17 critical neonates requiring intensive care survived. Of the 39 villages, 23 were free of infant mortality.

11 million rural neonates and mothers received HBNC care provided by 800,000 ASHA workers.

Refresher training for, and evaluation of, female village health workers or Arogyadoots and supervisors was conducted.

CASE STUDY

Mrs. Archana Motiram Dhudse, 23, is from Katejhari village, Dhanora block, Gadchiroli district. This was her first pregnancy. She had no complaints during the pregnancy. To deliver her first child, she moved to her parents' house at Ambeshivani village of adjacent Gadchiroli block in the ninth month of her pregnancy. Mrs. Kajubai Undirwade, the female Aarogyadoot of Ambeshivani, got Archana's ante-natal care form filled and provided health education to Archana and her family. Nine months and five days after pregnancy, Archana started having mild contractions and delivered a baby (3,125 g) through vaginal delivery at Ambeshivani Health Sub centre. Within 30 minutes of delivery, the mother breast-fed the baby, who sucked well. Kajubai was present for the delivery. All was well until a week later, when the baby started having difficulty in breathing. Kajubai was called immediately; she observed a respiratory rate of 64/min and signs of respiratory distress. Kajubai diagnosed infection as the cause, after thorough examination. After making the family aware and obtaining written consent from them, she treated the baby with oral and injectable medication. The baby started showing signs of recovery on the second day. The baby's condition returned to normal after 7 days of treatment.



TRIBAL HEALTH

SEARCH empowers people to care about their own health by using a participatory approach and by increasing awareness and providing healthcare in a culturally-appropriate way for 12,500 tribals living in 48 tribal villages in the Dhanora taluka of Gadchiroli district.

The Mobile Medical Unit provided 22,374 consultations (diagnostic, preventive, curative, and referral services) in tribal areas. The Mobile Dental Unit provided 6,788 consultations in tribal areas. Danteshwari Sevaks, local youth trained as community health workers, provided 23,959 treatments for selected ailments such as malaria, pneumonia, diarrhea, and back pain.

115 pregnant women and 114 neonates in the tribal area received care under the HBNC Programme.

An Adiwasi Jatra or a cultural carnival was organised, where a tribal health assembly was held to discuss health issues of tribal people and to decide on the health priorities for future work.

SEARCH, in collaboration with the National

Institute for Research on Tribal Health (NIRTH), has started Tribal Health Research on malaria to understand insecticide resistance in mosquitoes in the tribal regions of Gadchiroli. Research on insecticide resistance showed the emergence of resistance in *Anopheles* mosquitoes to pyrethroids, the most effective insecticides against malaria. This finding has important policy implications in the fight against malaria. These findings were published in the journal *Pathogens and Global Health*.

Scabies is common in tribal areas and leads to significant disability. A field trial for the control of scabies through community-based intervention was also completed.

The Expert Committee on Tribal Health was constituted jointly in 2013 by the Ministry of Health and Family Welfare and the Ministry of Tribal Affairs, Government of India, under the chairmanship of Dr. Abhay Bang. The report will be a first comprehensive picture of tribal health and health care in India with solutions and roadmap of the future.



MEDICAL OFFICER EXAMINING PATIENT
DURING MMU VISIT IN TRIBAL VILLAGE

STATISTICS, MONITORING, AND EVALUATION

The Monitoring and Evaluation (M&E) Department of SEARCH was established in 1989, with an aim of documenting the data for all ongoing research projects in 134 villages in 4 blocks, tending to a population of nearly 110,000.

Demographic Surveillance System and Vital Statistics of the Population

Cause of death was analysed for all deaths through verbal autopsy and ICD-10 coding.

The team has well-trained 48 tribal and 39 non-tribal rural health workers. Their supervisors cover vital statistics and population-based surveys and also maintain data quality and efficiency by extensive monitoring at two different levels in the field.

Data management and analysis was carried out for HBNC, stroke control study,

cancer registry, district-wide alcohol and tobacco surveys, and tribal health department.

There are constant upcoming community research projects. Updates of vital statistics of the population as well as regular population-based surveys for internal departments are carried out.

The Department provides a system for data management for statistical backup and analysis. It also independently evaluates research and helps in structured cross-checking of the *modus operandi*.

The M&E Department carried out an independent evaluation of the Mansi Project (Jharkhand between 2011–2014) in 2017.

Thirteen participants from Andhra Pradesh and Uttarakhand were trained in vital data collection.



TRAINING SESSION
FOR SURVEYS

ALCOHOL AND TOBACCO CONTROL PROGRAMME

Muktipath

Muktipath is a joint initiative of the Government of Maharashtra, SEARCH, TATA Trusts, and the People of Gadchiroli to reduce the use of alcohol and tobacco. The Programme uses the four strategies of Mass Awareness, Community Action, Deaddiction, and Enforcement of ban.

Muktidin was celebrated on 8 January 2017; a symbolic Holi (pyre) of tobacco and kharra packets collected from the premises of participating schools and colleges was lit.

547 village level awareness programs, 355 training workshops, and 1734 community mobilisation programs were conducted.

Major events include daru tambakhu mukt Pola, Ganesh, and Durga festivals and Markanda and Chaprala yatra; special Gram Shabha resolution on 15th August and 26th January, awareness through popular kirtans of Satyapal Maharaj, as well as a special program by the family of Late Mr. R.R. Patil, former Home Minister, Maharashtra, to share the agony the family underwent due to oral cancer with the intent to dissuade people from consuming tobacco.

Deaddiction and Mental Health

The Sankalp Vyasnmukti Kendra—the Deaddiction Centre—was established on 15 August 2017 for deaddiiction treatment facilities and for the training needs of the Muktipath programme.

Two 14-day residential camps were conducted, in which 27 patients underwent deaddiction treatment.

14-day residential camps were conducted for Police Personnel, in which 181 patients underwent deaddiction treatment.

Trainings workshops (also including a mental health workshop) were conducted at 23 police help centres and polie stations. 51% of treated patients saw an improvement.

122 patients were provided deaddiction treatment in the OPD of the Deaddiction Centre; almost 60% patients saw an improvement.

The deaddiction department successfully completed 4 modules, with an aim of providing traning to the 40 Muktipath staff and 20,000 government employees.



RALLY ON AWARENESS OF
HARMFUL EFFECTS OF TOBACCO

RESEARCH ON NON-COMMUNICABLE DISEASES

Rural and tribal areas of Gadchiroli district are going through a change in the disease patterns. While the rural and tribal areas of Gadchiroli district still continue to battle with infectious diseases like pneumonia, tuberculosis, malaria, etc., new chronic non-communicable diseases, such as stroke, high blood pressure, diabetes, and cancers are rapidly on the rise.

SEARCH conducts research on such non-communicable diseases with an aim to reduce their burden on society.

In a study conducted by SEARCH, stroke emerged as a leading cause of death, accounting for as many as one in seven deaths. A subsequent study found that there are 4 persons with stroke for every 1000 population.

The Stroke Trial was started in rural Gadchiroli, with funding support from the Wellcome Trust/DBT, to see if a community-based programme can be delivered in rural Gadchiroli to reduce stroke deaths.

A cadre of trained 39 female village health workers from 32 villages regularly follow up with patients and provide health education.

A Mobile Medical Unit (comprising a physician and a pharmacist) periodically visits selected villages in Gadchiroli and treats patients with hypertension, diabetes, and stroke.

A community awareness programme is also conducted annually.

Tobacco use, a major risk factor for cardiovascular diseases, is highly prevalent in Gadchiroli district.

The Population-based Cancer Registry started by SEARCH in collaboration with the Tata Cancer Hospital, Mumbai, is the first of its kind collecting population-level information on cancers from tribal areas in India from 2015. A method to assess cancer in rural and tribal populations, where cancer diagnostic facilities are not easily available, is also being developed. The Registry's first (2015–2016) biennial report was completed this year.



MEDICAL OFFICER EXAMINING PATIENT
DURING MMU VISIT IN VILLAGE

TARUNYABHAN

The Life Skill Education Department is working since 1995 to increase awareness about reproductive and sexual health and sexuality among adolescents in schools and colleges at the village and district levels across Maharashtra; through 361 camps, it has reached ~66,000 youth across Gadchiroli district and the rest of Maharashtra.

Tarunyabhan—Adolescent and Youth Sex Education—co-learning camps were conducted for youth from different age ranges and across different educational groups from residential ashram schools (1,075 youth across 292 villages in 5 talukas of Gadchiroli district), primary and high schools, and industrial/technical training institutes. Upon request, camps were also conducted in social and educational organisations, in which 2,170 youth participated.

Since 2000, Tribal and Rural Sports competitions are organised on an annual basis to unite, energise, and promote leadership qualities among the youth. Several youth regularly participate in sports activities.

196 teams from 44 villages participated in running, volleyball, and kabaddi competitions, of which 24 teams from 15 villages participated in volleyball competitions. Enthusiastic and skilled youth were provided further coaching. Health check-ups for youth are conducted before enrolling them for competitions.

302 youth from 34 villages participated in the Tribal and Rural Committee meetings. The discussions resulted in formulating a plan for the following year, to address issues such as youth health, sports, competitions, and training.



TRIBAL YOUTH
SPORTS COMPETITION

NIRMAN: YOUTH FOR PURPOSEFUL LIFE

NIRMAN is a youth leadership development initiative to sensitise and nurture youth towards social challenges by providing guidance, expertise, and an environment that encourages inculcation of self learning and social action.

Its spread covers all 36 districts of Maharashtra and 11 other states. Since inception, 1,056 youth have participated. The eighth batch (2017–2018) had 200 youth, selected from 700+ applicants through a rigorous process (application form, personal interview, and assignments). Seven different training workshops were conducted over 55 training days.

Ramchandra Guha (Historian), Satyajee Bhatkal (Paani Foundation), Dr. H Sudarshan (Karuna Trust), Dr. Srinath Reddy (PHFI), Dr. Vikram Patel (Harvard, Sangath), Dean Spears (UT Austin, r.i.c.e.), Vivek Sawant (MKCL), Dr. Shekhar Bhojraj (Spine Foundation), Sanjay Patil (BAIF), and Dr. Shrey Desai (SEWA Rural)

Website: www.nirman.mkcl.org

were involved as resources in 2017–2018.

Currently, more than 200 NIRMANees are working full time on social issues. To remain connected, the NIRMAN team called or visited 472 NIRMANees from batches 1 to 8 through 1,862 calls/meetings during 2017–2018.

Posting inspiring news and videos of NIRMANees, articles on social issues, and news and photos of NIRMAN camps has helped increase social media presence.

Krutee NIRMAN provided action-based learning opportunities to 188 youth, who volunteered 915 person-days in 2017–2018.

Kar ke Dekho Fellowship facilitated the journey of 4 fellows in social organisations in remote areas.

A Psychologist and an Engineer joined the team this year. About 25 young doctors will serve in Gadchiroli as a part of the MBBS bond.

Newsletter: simollanghan.blogspot.in



PARTICIPANTS ATTENDING
NIRMAN SESSION

OTHER ACTIVITIES

AGRICULTURE

Of the 48 acre campus, 25 acres are dedicated to farming and plantation activities, such as growing timber, bamboo, Eucalyptus, fruit trees, and flowering plants, controlling forest fires, maintenance of Shodhgram compound, etc. In 2.5 acres of land organic farming of paddy took place yielding 40 quintals of crop.

SCHOLARSHIPS

SEARCH employees' children passing the SSC examination are awarded scholarships. In 2017–2018, seven children received scholarships amounting to INR 2.1 lakh.

AWARDS AND ACHIEVEMENTS

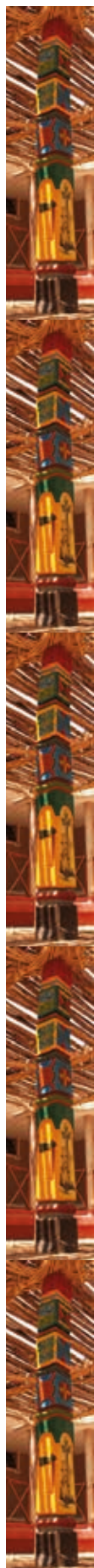


- Dr Abhay Bang and Dr Rani Bang received the Padma Shri Award, New Delhi (2018)
- Iconic Changemaker Award of the BusinessLine Changemakers Awards, New Delhi (2018)
- Jeevan Sarthak Puraskar, Durgeshwar Mitra Mandal and Anuska Stree Kala Manch, Pune (2018)
- Women of Wonder Achievers Award of Best Social Worker, Wockhard Foundation, Mumbai (2018)
- Aadarniy P.D. Patil Maharashtra Bhushan Purskar, Karad (2017)
- Life Time Achievement Award Navabharat Health Care Summit, Mumbai (2017)
- Kasturba Sanman, Mahatma Gandhi Antrarrashtriya Hindi Vishwavidyalaya, Wardha (2017)
- Sahyadri Lifetime Achievement Award, Sahyadri Pratisthan Maharashtra, Pune (2017)
- Janseva Puraskar, Late Nemgonda Dada Patil, Sangli (2017)

PUBLICATIONS

Robert E Black, Carl E Taylor, Shobha Arole, Abhay Bang, Zulfiqar A Bhutta, et al. 2017. Comprehensive review of the evidence regarding the effectiveness of community-based primary health care in improving maternal, neonatal and child health: 8. summary and recommendations of the Expert Panel. *Journal of Global Health* 7(1): 203–223.

Gyan Chand, Priyamadhava Behera, Abhay Bang, and Neeru Singh. 2017. Status of insecticide resistance in *An. culicifacies* in Gadchiroli (Maharashtra) India. *Pathogens and Global Health* 111(7): 362–366.



OUR TRUSTEES

Dr. Abhay Bang (Chairman)
Dr. Rani Bang
Dr. Shekhar Bhojraj
Mr. Vivek Sawant
Dr. Upendra Vedpathak

GOVERNING BODY

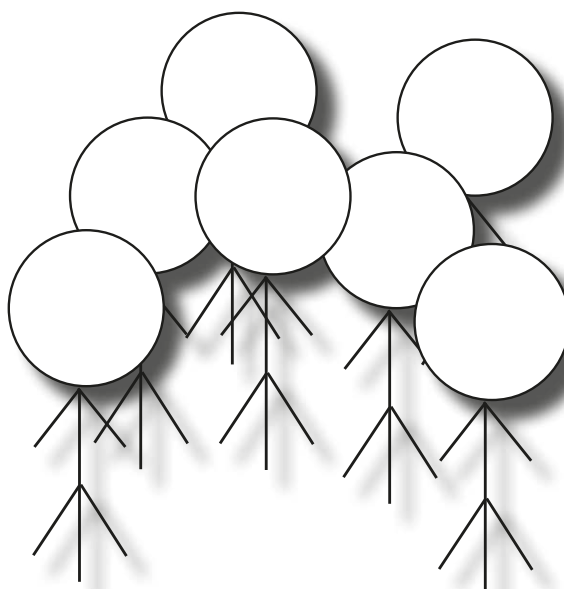
Dr. Abhay Bang (Chairman)
Dr. Rani Bang
Dr. Shekhar Bhojraj
Mr. Ashutosh Dharmadhikari
Mr. Vivek Sawant
Dr. Upendra Vedpathak
Mr. Hiranmanji Warkhede

EXECUTIVE COMMITTEE

Dr. Anand Bang
Mr. Amrut Bang
Mr. Digambar Deotale
Mr. Mahesh Deshmukh
Mr. Tushar Khorgade
Dr. Yogesh Kalkonde

OUR TEAM

148 full-time workers
31 part-time female community health workers (rural area)
42 part-time male community health workers (rural area)
39 part-time female health workers for Stroke Trial
25 part-time female health workers for HBsNC (tribal area)
48 part-time Danteshwari Sevaks (tribal area)



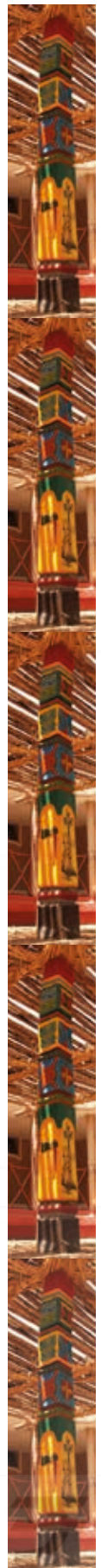
OUR PROGRAM PARTNERS

American India Foundation, USA
 Dist. Administration, Gadchiroli, India
 Gondwana University, Gadchiroli, India
 Government Dental College, Nagpur, India
 Government of Maharashtra, India
 Integrated Tribal Development Programme, India
 Mahila Arthik Vikas Mahamandal, India
 Maharashtra Knowledge Corporation Limited, India
 Ministry of Health and Family Welfare, India
 National Health Systems Resource Centre, India
 National Rural Health Mission, India
 Nagpur University, India
 Navajbai Ratan Tata Trust, India
 Sangath, Goa, India
 Tata Education and Development Trust, India
 Tata Steel Rural Development Society, India

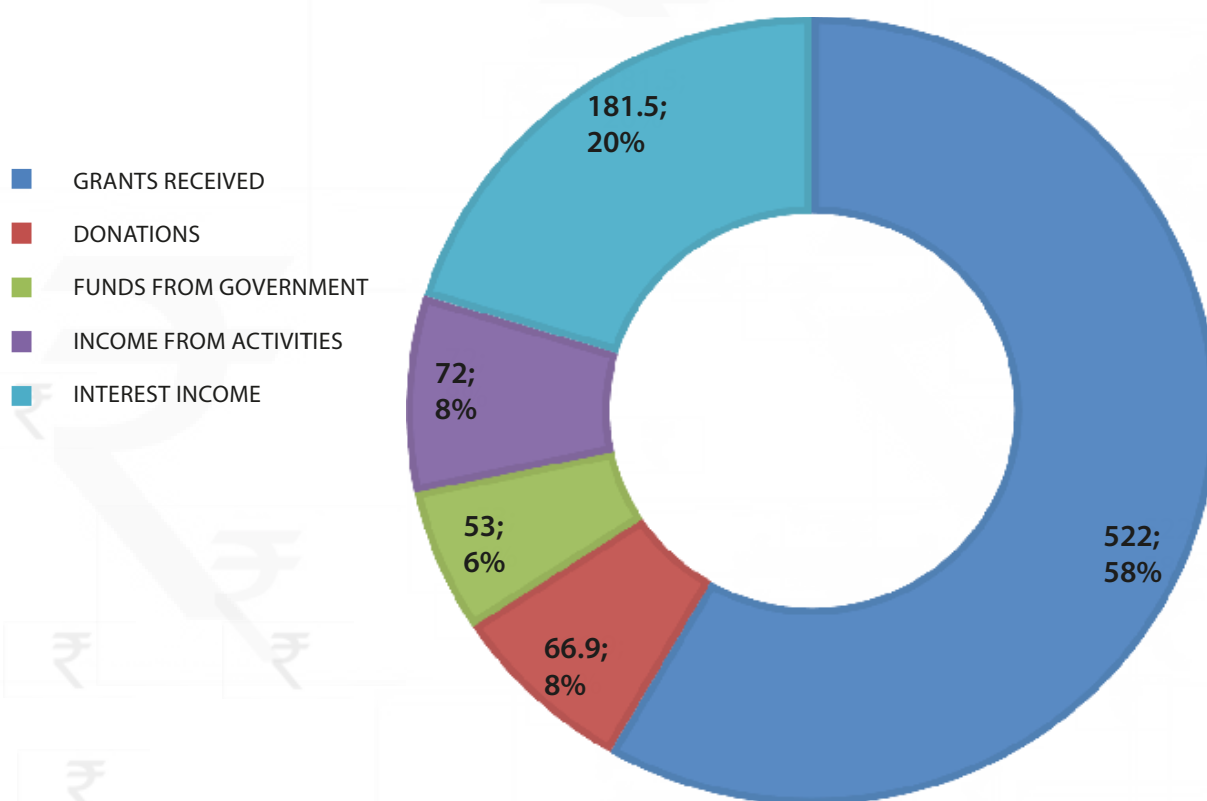
OUR FUNDING PARTNERS

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 Indians for Collective Action, USA
 Indira Foundation, USA
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 National Rural Health Mission, Maharashtra, India
 ONGC India Ltd., India
 Sir Dorabji Tata Trust, India
 Spine Foundation, India
 Mastek Foundation, India
 Navajbai Ratan Tata Trust, India
 Tribal Development Department, Maharashtra, India
 Wellcome Trust-DBT India Alliance, India
 Wipro Care, India

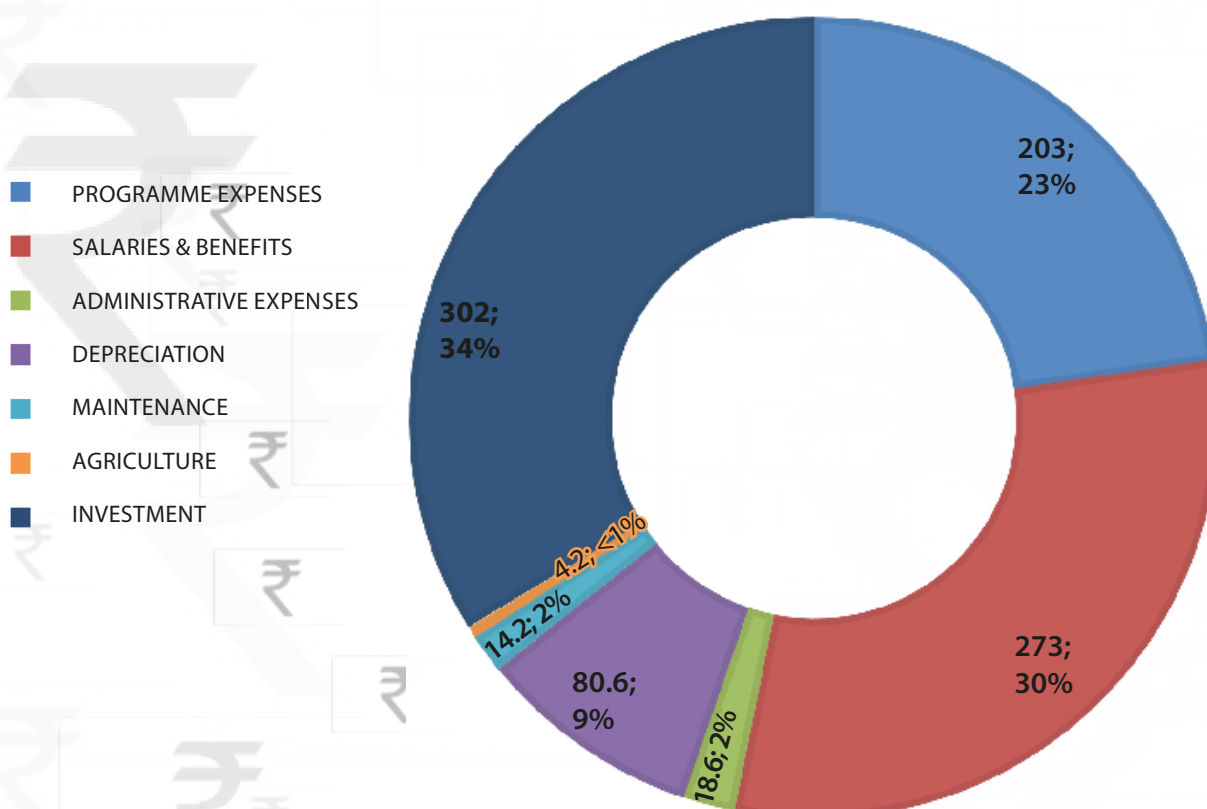
HUNDREDS OF INDIVIDUAL DONORS



2017-2018 INCOME (INR; LAKHS)



2017-2018 EXPENDITURE (INR; LAKHS)



GET INVOLVED



Publications

Invite Tarunyabhan Team

Plan Study Tours/Training Programs

Visit

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SEARCH

SOCIETY FOR EDUCATION,
ACTION AND RESEARCH
IN COMMUNITY HEALTH

GADCHIROLI, MAHARASHTRA