



Rasikashraya

People's initiative in their self-reliency



EMPOWERING A SUSTAINABLE FUTURE

ANNUAL REPORT

2025



Dattatray Ghode

Chairperson

The year 2025 marks a significant milestone for Rasikashraya, as we celebrate 25 years of our journey. I extend my heartfelt gratitude to all who have stood by us with trust, love, and support. Their encouragement has made us stronger, more resilient, and able to bring meaningful change in communities.

From the very beginning, our mission has been clear - to create an equitable and just environment that improves the quality of life of those we serve. Through this Annual Report, I wish to draw your attention to our new initiatives, growing collaborations, and concrete actions. With a special focus on health, education, livelihoods, and climate action, we continue to work for the upliftment of marginalized communities, with particular emphasis on children, women, and persons with disabilities.

This report reflects our collective efforts in brief, though the true story of our courage, perseverance, and determination over the past 25 years would require many more pages. During this time, not only has the Rasikashraya family grown, but so too have our initiatives and their impact.

As we commemorate this milestone, we look ahead with renewed energy and determination. I envision a dedicated and committed team driving Rasikashraya forward - expanding our reach, strengthening our impact, and uplifting those who need it most.

We firmly believe that the years ahead will be even more transformative. With purpose and dedication to our mission, together we will continue to create lasting and sustainable change in society.



□ About Rasikashraya

Rasikashraya has been actively working in Yavatmal district since 1999. Over the past 25 years, the organization has successfully implemented various participatory projects with rural and tribal communities. Its key focus areas include health, nutrition, education, livelihoods, skill development, and disaster relief. The organization has also emphasized strengthening institutional capacities to promote and ensure the effective implementation of rights-based laws.

In the last decade, Rasikashraya has expanded its work to urban areas, reaching beneficiaries from tribal and rural backgrounds. The organization has particularly focused on health, education, and livelihood support. Special initiatives have been undertaken for tribal children and youth living in urban areas through regular counseling, as well as providing necessary assistance to the elderly and persons with disabilities.

□ Mission

We strive for holistic rural and resource development through health, education, skills, livelihoods, women empowerment, inclusion of vulnerable groups and sustainable community initiatives.

□ Vision

A just, equitable, and sensitive society where every individual enjoys equal opportunities for self-development, access to resources, and a dignified life.

□ Our Operational Area



- Ghatanji, Yavatmal, Kalamb and Zari Jamani block in Yavatmal District
- 278 Villages

□ Our Value

- Inclusion
- Innovation
- Integrity
- Collaboration
- Compassion

□ Our Core

- Health
- Education
- Disability & Elderly
- Women Empowerment
- Livelihood & NRM

Inclusive Health



Community Action for Health



86
Villages in
Ghatanji block



363,144
Beneficiaries
covered under
public health
awareness
campaigns



453
individuals
covered under
training and
capacity-
building
programs



1,256
Organized 84
NCD camps,
screening 1256
individuals aged
30+.



168
Continuous
follow-up of
children with
SAM, MAM, SUW,
and MUW



981
Follow-up of
mothers under
ANC services
programs.

India is currently facing the burden of communicable diseases, non-communicable diseases, and malnutrition. While advanced healthcare facilities are available in urban areas, rural regions suffer from severe shortages of healthcare infrastructure and human resources. In this context, a strong primary healthcare system is crucial for ensuring community health and well-being.

Rasikashraya has been consistently working on primary healthcare and systems from cities to remote villages. The objective is to reduce inequalities in healthcare quality and accessibility while adopting an integrated approach to address social determinants of health. To achieve this, initiatives are being implemented in partnership with governments, committees, and local communities.

Going forward, the organization's focus will be on key health determinants such as nutrition, reproductive and child health, communicable and non-communicable diseases, and awareness generation. Innovation, technology, and capacity building are being utilized to make healthcare more effective.

Key areas of work include:

- Strengthening healthcare systems
- Addressing communicable and non-communicable diseases
- Reproductive health and childcare

Facts and Figures on Coverage

Name of Program	Coverage	Beneficiaries
Strengthening healthcare systems	253	
Reproductive health and childcare	84	
Strengthening of Jan Arogya Samiti	84	
Elders Health initiative	09	
Mental Health	30	

Steady Steps of Progress

Implementation of Health and Wellness Centres (HWCs) is a major policy decision of the Government of India and an important step towards achieving Universal Health Coverage. This process has created opportunities for *Jan Arogya Samitis (JAS)* to play an active role. The success of the program depends on the capacities and skills of communities, JAS, and Community Health Officers.

The organization has supported **70 sub-centres in Yavatmal and Ghatanji blocks**, helping to build cadre understanding, facilitate HWC implementation, and take forward quality improvement initiatives.

Capacity-Building Initiatives & Best Practices

- Strengthening the capacities of JAS members and healthcare staff in Yavatmal and Ghatanji blocks.
- Developing a management system for health service initiatives through Jan Arogya Samitis.
- Making health education accessible for both communities and health workers.
- Launching the *Primary Care Connect Program* – an immersive, personalized, and interactive platform for primary healthcare workers.

Key Areas of Transformation in Health Intervention

- Enhancing community participation in developing people-centered health services.
- Increasing access to primary healthcare through targeted interventions.
- Improving the quality of care, particularly for marginalized communities.
- Strengthening referral and critical care availability in secondary and tertiary hospitals.
- Understanding and addressing the impact of social inequalities on health.

Strengthening Community Engagement

- Developing community-centered solutions.
- Focusing on promotion and prevention.
- Encouraging community participation and leadership.
- Identifying and addressing underlying barriers.

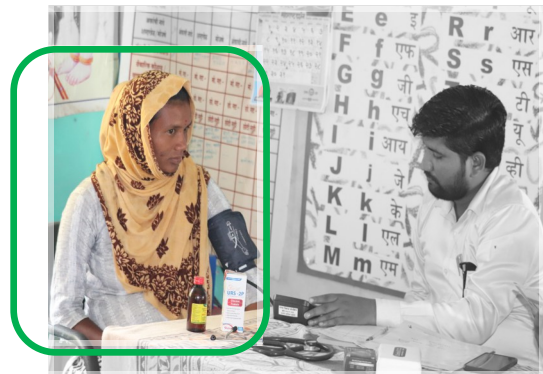
Strengthening of JAS

- **Training & Participation:** A total of **18 training sessions** were conducted with the participation of **453 members**.
- **Meetings:** A total of **98 meetings** were held with an overall attendance of **1,303 members**.
- **Issues & Outcomes:** Out of **244 issues discussed**, **177 decisions were taken**, **144 issues were followed up**, and **71 issues were successfully resolved**.



Interventions on Non-Communicable Diseases (NCDs)

- Organized **84 NCD camps**, screening **1256 individuals aged 30+**.
- **131 individuals** diagnosed with NCDs.
- **655 patients** followed up regularly.
- **168 patients linked to sub-centres** for continued treatment and medication.



Maternal and Child Health Initiatives

- Follow-up of **981 mothers** under ANC services.
- Special follow-up of **383 high-risk mothers**, including check-ups, Hb improvement, IV sucrose treatment, regular intake of folic acid, medication, and preparation for safe delivery.
- Organization of **57 health check-up camps and PHC gatherings** to provide information and services.
- Conducted **63 maternal and child health awareness programs**.
- Delivered **46 nutrition education sessions and demonstrations**.

Child Health Service

- **1,110 children** screened for health conditions.
- Continuous follow-up of **168 children with SAM, MAM, SUW, and MUW conditions**.
- Development of regular diet cycles for 84 children.
- **54 children with SAM and MAM** admitted to **NRC** and provided with medical treatment.
- **168 parents oriented and trained** through nutrition education sessions and demonstrations.



Impact Story

Strengthening of Sub-Centres under CAH Process in Yavatmal



For the past seven years, under the *Community Action for Health (CAH)* process, the District Coordinating Organization has been working to strengthen services, facilities, and committees in 70 health centres across Yavatmal district. However, the lack of basic infrastructure such as toilets, bathrooms, drinking water, cleanliness, electricity supply, minor repairs, and painting, along with the absence of residential facilities in newly approved sub-centres, often resulted in health workers not residing at the centres and thereby disrupting services.

Through the establishment and strengthening of *Jan Arogya Samitis (JAS)* under CAH, these issues were consistently raised in meetings. Permanent solutions were sought through community participation, utilization of local and district planning committee funds, and especially the 15th Finance Commission fund. As a result, electricity supply was restored, toilets, bathrooms, windows, delivery rooms and anganwadi centres were repaired, painting and kitchen sheds were completed, and furniture, water filters, refrigerators, and other essential facilities were provided. Under the *Jal Jeevan Mission*, water connections were ensured, while some JAS even arranged the purchase of medicines like BP, sugar, and folic acid.

Furthermore, in four locations—Pandhurna, Savargaon, Taroda, and Erandgaon—the issue of land for new sub-centres was resolved with the initiative of JAS. Throughout this entire process, *Rasikashraya*, as the District Coordinating Organization, played a crucial role in consistent facilitation and coordination.

Impact of Health and Wellness Centres (HWC)

The implementation of Health and Wellness Centres (HWCs) is a significant step towards achieving Universal Health Coverage. Through Community Health Officers, screening of individuals aged 30+ for hypertension (BP) and diabetes was carried out, and those diagnosed were assured free medicines. However, the expected proportion of patients availing treatment at the sub-centre level was not achieved - only 7% of BP patients and 4% of diabetes patients were accessing medicines. The key reasons identified were lack of information, insufficient awareness, and the misconception among patients that government medicines are of poor quality.

In this context, *Rasikashraya* conducted screening of 2,586 individuals aged 30+ across 70 HWCs. For those diagnosed with hypertension and diabetes, several initiatives were undertaken to encourage them to seek treatment at the sub-centre level. These included awareness campaigns, health camps, home visits, counseling, and guidance. Additionally, discussions and planning were facilitated through Jan Arogya Samitis and Village Health, Sanitation, Nutrition and Water Supply Committees. This helped patients access HWCs, enhanced their knowledge, and enabled them to guide their peers through a transformational process.

As a result of these efforts, around 1,025 patients have now started availing regular treatment from HWCs.



Addressing Malnutrition in



In Ghatanji block, a diagnosis across 85 villages under 17 sub-centres revealed that 86 children were suffering from severe and moderate malnutrition. During this process, several challenges were identified, including parents' financial difficulties, livelihood concerns, and misconceptions such as "*there will be no improvement in the children.*" It was also observed that families' efforts to address malnutrition were inadequate.

Under the organization's regular health initiatives, children's weight and height were consistently monitored, and malnourished children were identified through a collective growth chart. Following this, knowledge-sharing sessions were conducted on balanced dietary practices, nutrition recipes, medical treatment, and the importance of accessing Nutrition Rehabilitation Centres (NRCs). To ensure parental guidance and support, members of Jan Arogya Samitis, Community Health Officers, ANMs, ASHAs, and Anganwadi workers were jointly motivated to participate in this process.

As a result of these efforts, 54 children were admitted to NRCs, while for the remaining children, home-based nutritional improvements were promoted to reduce malnutrition. Consequently, the organization succeeded in reducing malnutrition by 52%.

Education

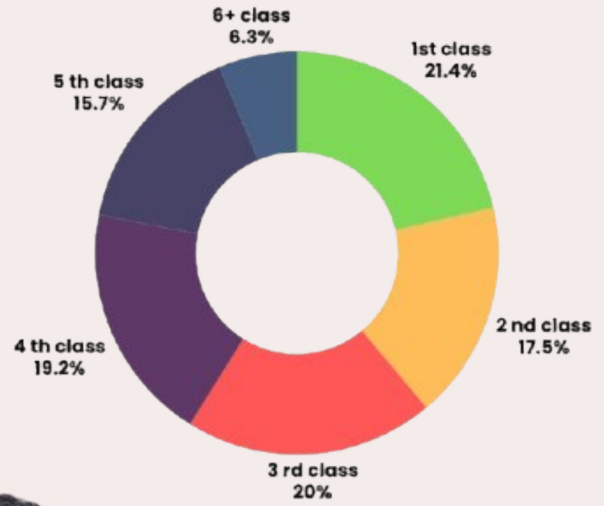
Bag for School Initiative

The universalization of primary education in India has been further strengthened through the *Right to Education Act*, which has increased enrollment and retention rates of children in schools. However, ensuring equal access to quality education for all children still remains a major challenge.

Although education is a fundamental right of every child, poverty, social neglect, and economic hardships deprive many students in tribal areas of essential school supplies. In such circumstances, it becomes crucial to nurture children's interest in learning and support their educational journey.

With this understanding, *Rasikashraya* has been implementing a school supply and bag distribution initiative for the past three years in schools located in tribal hamlets and settlements. So far, the organization has successfully reached 1,524 students across 140 schools, fulfilling their basic educational needs.

Distribution of Bag



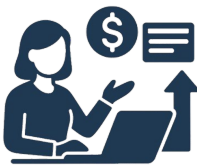


Women's Development Initiatives



814
Yes To Nutrition
Program

Since the establishment of self-help groups in the year 2000, our journey has extended beyond economic empowerment to encompass broader social transformation. In the past financial year, our focus has been on economic, social, health, and empowerment initiatives, with a special emphasis on the **Yes! To Nutrition Program**. This program was prioritized in response to the alarming 62% prevalence of anemia among pregnant women in Yavatmal district. Its primary objective was to bring about behavioral changes through dialogue on food and health awareness. The program saw active participation from local communities and women workers, and we successfully achieved 54% of the planned coverage.



326
financial and
digital literacy

Special attention was given to supporting women from farmer suicide-affected families by providing financial assistance, information, and capacity-building to help them secure sustainable livelihoods. During the year, 14 women were able to generate employment or self-employment opportunities through goat rearing, grocery shops, private jobs, and work as Anganwadi workers. Additionally, through family counseling and guidance, protection and support were provided to 73 women and children. Out of these, 29 cases were successfully resolved, while 5 are still under judicial process.



316
Amhi Saksham
- Kishori
Empowerment
Program programs

In our operational villages, leadership-oriented women were trained and integrated into local committees to effectively represent women's rights and entitlements. To strengthen **financial and digital literacy** among women, 16 workshops were organized, of which 326 women have successfully adopted these practices.

Aamhi Saksham- Kishori Empowerment Program

For adolescent girls, the **"Aamhi Saksham- Kishori Empowerment Program"** was implemented across 20 villages, benefiting 316 girls. Through monthly sessions, the program focused on communication skills, understanding physical changes, menstrual health, nutrition and diet, safe use of mobile and social media, educational opportunities and career guidance, emotional well-being, decision-making, and responsibility. These efforts have significantly contributed to building confidence, awareness, and leadership among adolescent girls.



Elderly Care

Neglect by children and families, migration to cities for employment, the widening generation gap in a rapidly advancing world of knowledge and technology, the decline of joint family systems, and the growing influence of consumerism have collectively made the problems faced by the elderly a serious social concern. In this changing social structure, the elderly are often viewed as a burden, leading to their marginalization and insecurity. For the past four years, the organization has been

extending support to around **700 underprivileged and vulnerable elderly individuals** through a range of initiatives.

These include **healthcare services, medical equipment and assistance, support for surgeries, access to social security schemes, distribution of ration kits and essential daily items, minor house repairs and even construction of new homes** in some cases. All these efforts are aimed at ensuring that the elderly live with **dignity, security, and inclusion** helping them reintegrate into the mainstream of society.

Since April 2012, under the **Social Rehabilitation Project for Persons with Disabilities (PWDs)**, the organization has provided **skill development training to 123 individuals with disabilities**. Through continuous **guidance and followup by the DPO**, a total of **218 individuals have initiated income-generating activities**.

However, after the **COVID-19 pandemic**, many PWDs faced challenges in sustaining their livelihoods. In this context, the organization conducted a **survey to identify employment related difficulties** and extended necessary **support and follow-up assistance**. As a result, **91 individuals are currently engaged in regular employment** while **32 individuals who lost their jobs** have been provided with **retraining and support** to restart their livelihood activities through alternative means.

Disability...



Study and Research

In the current financial year, we conducted a study and survey to assess the status of health, persons with disabilities, and Anganwadi centres. Based on the information gathered, we plan to implement specific and need-based initiatives in the coming year. The study reports are as follows:

- Study on the economic, social, and psychological condition of elderly persons
- Status report on Anganwadi centres
- Study report on the economic condition of persons with disabilities
- Employer and job mapping

Fund Mobilized



Knowledge Partner



National Health Mission, Maharashtra



Vinayak Engineering Pvt Ltd, Pune



Anusandhan Trust (SATHI), Pune



Give Foundation



Sanskrutik Vibhag, Mumbai



Kamalnayana Jamnalal Bajaj Foundation Wardha

Reflecting on our achievements in 2025, Rasikashraya remains committed to expanding its reach and impact. Our continued efforts in health, education, livelihood, disability inclusion, elder care, and disaster management are all directed toward building a more inclusive and compassionate society.

Community participation and the financial support of donor organizations have been instrumental in achieving our goals. With the same dedication, we look forward to another year of meaningful service and social commitment.

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