



Comprehensive Rural Health Project
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COMPREHENSIVE
RURAL HEALTH PROJECT

“COMMUNITY PARTICIPATION IS NOT INHERENT; IT HAS TO BE DEVELOPED.”

DR. RAJ AROLE



OUR VISION

We envision communities where families are healthy and enjoy fulfilling lives. The full human rights of every individual, especially women and children, are protected and uncompromised. We believe that all people are made in the image of God and endowed with talents and abilities. We are called to facilitate and empower the poor and marginalized and enable them to achieve their full potential through a value-based approach with equity and justice.

OUR MISSION

Health is a fundamental human right. Eliminating injustices, which deny all people access to this right, underlies the very essence of our work and our approach. Using the combined talents and energy of our staff and the families with whom we work, we strive to empower communities through a grassroots movement. By mobilizing and building the capacity of communities, all can achieve access to healthcare and freedom from poverty, hunger, and violence.

ABOUT CRHP



ABOUT THE FOUNDERS: DRS. RAJ AND MABELLE AROLE



The **Comprehensive Rural Health Project** (CRHP), located in a rural, drought-prone area of Western India, was founded in 1970 by Drs. Raj and Mabelle Arole to serve the poorest of the poor. Their experiences in medicine and public health had convinced them that narrow-focused, charity-based approaches to health were unsustainable, inefficient, and counterproductive to the goal of attaining health for all.

They envisioned a new paradigm, one based on utilizing local people and resources to their fullest potential. Trust, compassion, and respect became the guiding principles of CRHP's community-based primary healthcare (CBPHC) model.

This value-based approach has transformed villages into empowered, caring communities that work harmoniously toward common goals. CRHP facilitates capacity-building activities within communities by providing training, knowledge, and support, enabling people to assess their own problems and develop appropriate actions. In such a model, the community members are viewed as the greatest and most important resource in attaining sustainable change.

Burdens of poor health stem largely from malnutrition, drought, poor sanitation, lack of education, and poverty; CRHP recognizes that a majority of these challenges can be eliminated through empowerment, integrated development, and mobilization of people. A strong proponent of comprehensive health and development for all, CRHP emphasizes socioeconomic, political, environmental, and public health reforms to reduce injustices and achieve truly sustainable changes.



Drs. Raj and Mabelle Arole came from very different backgrounds but found unity in common purpose. Raj Arole, born in 1934, was raised in the village of Rahuri in Ahmednagar District. In contrast, Mabelle, born in Jabalpur in 1935, led a secluded and secure life at the college campus where her father was a professor. Mabelle & Raj met during their studies at Christian Medical College, Vellore and graduated in 1959, with Mabelle topping her class and Raj coming second. They found each other in their shared desire to serve the poor, and were married in April 1960, vowing to each other to devote their lives to this cause. Before founding CRHP in 1970, the couple worked in the Marathi Mission Hospital in Vadala from 1962-1966 and spent time in the United States completing their medicine & surgery residencies, as well as obtaining Masters in Public Health degrees at Johns Hopkins University.



The idea of CRHP was born during the Aroles' time at Johns Hopkins and was also based on their prior experiences with the rural poor. They realized that they were seeing the same problems over and over again without producing a solution to the root causes of the ailments they were treating. With this in mind, the Aroles realized that the narrow scope of curative medicine was not enough to improve the lives of their patients in a meaningful way. The Aroles decided that they needed to provide holistic care and create an empowering framework that galvanized communities to come together to solve their problems sustainably. More than 40 years later, their Jamkhed Model lives on and has been regarded as the most successful template for community-based health and development the world has seen. The Aroles have been recognized for this brilliant vision and tireless efforts many times. Their accolades include the Padma Bhushan National Award for Social Service as well as the Ramon Magsaysay Award for Community Leadership.

KEY PRINCIPLES OF CRHP

EQUITY

Equity, integration, and empowerment of people are the principles to improve the status of women and other marginalized groups within society. Guided by these principles, CRHP is able to build the capacity of village people, enabling them to participate actively and responsibly in primary health and development activities, which improve the health of the whole community.

CRHP strives to reach every individual, especially the poor and disadvantaged, believing that all deserve access to healthcare and disease prevention. Communities can only progress together when everyone can participate. This principle breaks down harmful inequalities caused by divisions of caste, gender, income, and religion.

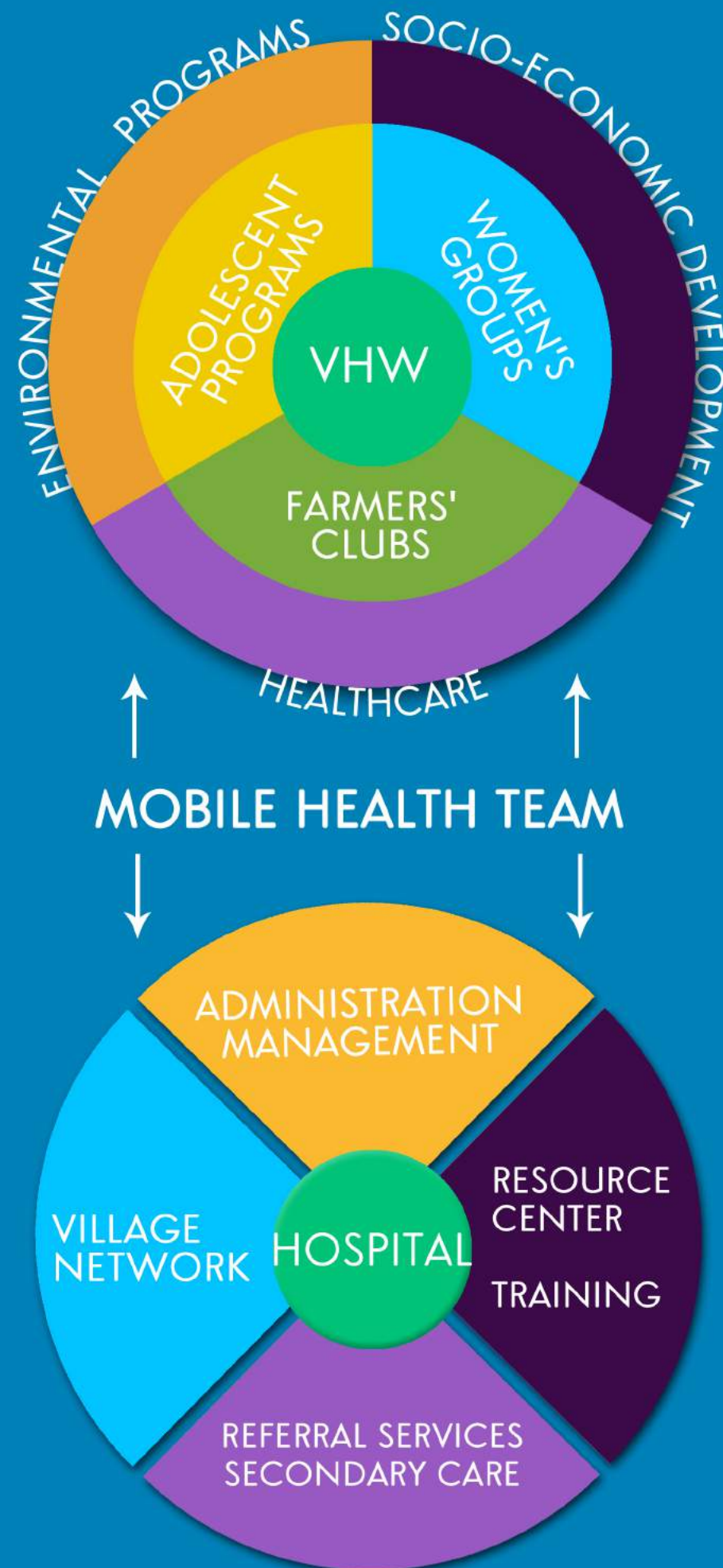
INTEGRATION

Health is not merely the absence of disease; it also includes social, economic, spiritual, physical, and mental well-being. CRHP improves health via an interdisciplinary approach, which includes educational, social, environmental, sanitation, and agricultural initiatives.

EMPOWERMENT

This is a vital concept of CRHP's community-based healthcare. Once people have the knowledge to make informed decisions, they gain the power to transform their communities. Active participation and communal spirit, combined with additional knowledge and skills, brings about empowerment.

THE JAMKHED MODEL



VILLAGE HEALTH WORKER (VHW)

Village Health Workers are the key agents of sustainable community development and act as the backbone of CRHP's three-tier approach. Typically illiterate and low-caste, VHWs are women selected by their communities and evolve into confident community leaders, healers, and teachers. By emphasizing preventive and promotive health, the majority of health concerns in the villages can be addressed by VHWs.

MOBILE HEALTH TEAM (MHT)

The Mobile Health Team (MHT) is comprised of social workers, a paramedic, and a physician. It provides on-site support to VHWs, guides villagers in development projects and the formation of community groups, and connects the community and CRHP's on-campus medical staff.



THE JULIA HOSPITAL

The Julia Hospital is a 50-bed, secondary care facility serving a population of 500,000. It is equipped with x-ray, diagnostics lab, maternity ward, labor room, operating theaters, intensive care unit, and pharmacy. By avoiding unnecessary testing, patient fees remain low, and by focusing on a practical approach to care, CRHP can serve the poorest of the poor.



COMMUNITY GROUPS

“THE COST OF CARE IS EFFECTIVELY REDUCED WHEN PEOPLE ARE EMPOWERED AND ENABLED TO HAVE EQUITABLE HEALTHCARE THEY CAN AFFORD. SUSTAINABLE HEALTHCARE CAN BE A REALITY WHEN PEOPLE BECOME CO-PARTNERS WITH THE SYSTEM”

DR. MABELLE AROLE



ADOLESCENT PROGRAMS

Adolescent Girls and Boys Programs have distinct curricula yet share the common goal of educating youth to achieve better health and social equity. Topics include mental, physical, and reproductive health, the environment, and social issues such as gender equality.

FARMERS' CLUBS

Farmers' Clubs are grassroots-level groups comprised of about 40-50 socially-minded men in the same village who identify and address community goals, such as watershed development and organic farming. Clubs serve as a platform for empowerment of women through changing men's attitudes.

SELF-HELP GROUPS

Self-Help Groups are cohorts of 12-20 adult women for developing economic security through participation in micro-finance initiatives. These groups also provide a forum for women to learn about and discuss health and social issues such as alcoholism and gender inequality.

CRHP PROGRAMS



KHADKAT FARM

CRHP's 100-acre Khadkat Farm is used to demonstrate sustainable farming techniques to local farmers to improve agriculture for both subsistence and cash crops. Excess agricultural and value-added items, such as compost, vermiculture soil, and dried fruits are sold in the local market, providing an avenue for income generation.



MABELLE AROLE REHABILITATION CENTER (MARC)

The MARC provides a place for female survivors of domestic violence and those suffering from HIV/AIDS or TB. It was built on the farm in 1999 to prepare women to return to their communities with confidence and self-worth. Women assist in all aspects of running the farm and receive a monthly stipend.



JOYFUL LEARNING PRESCHOOL

More than 50 children between ages 2 and 5 from one neighboring slum community attend the Joyful Learning Preschool. Students are given two healthy meals a day and are taught lessons in hygiene, health, reading, sharing, and creativity in both Marathi and English. These children gain an academic and social head start before entering primary school.



ARTIFICIAL LIMB WORKSHOP

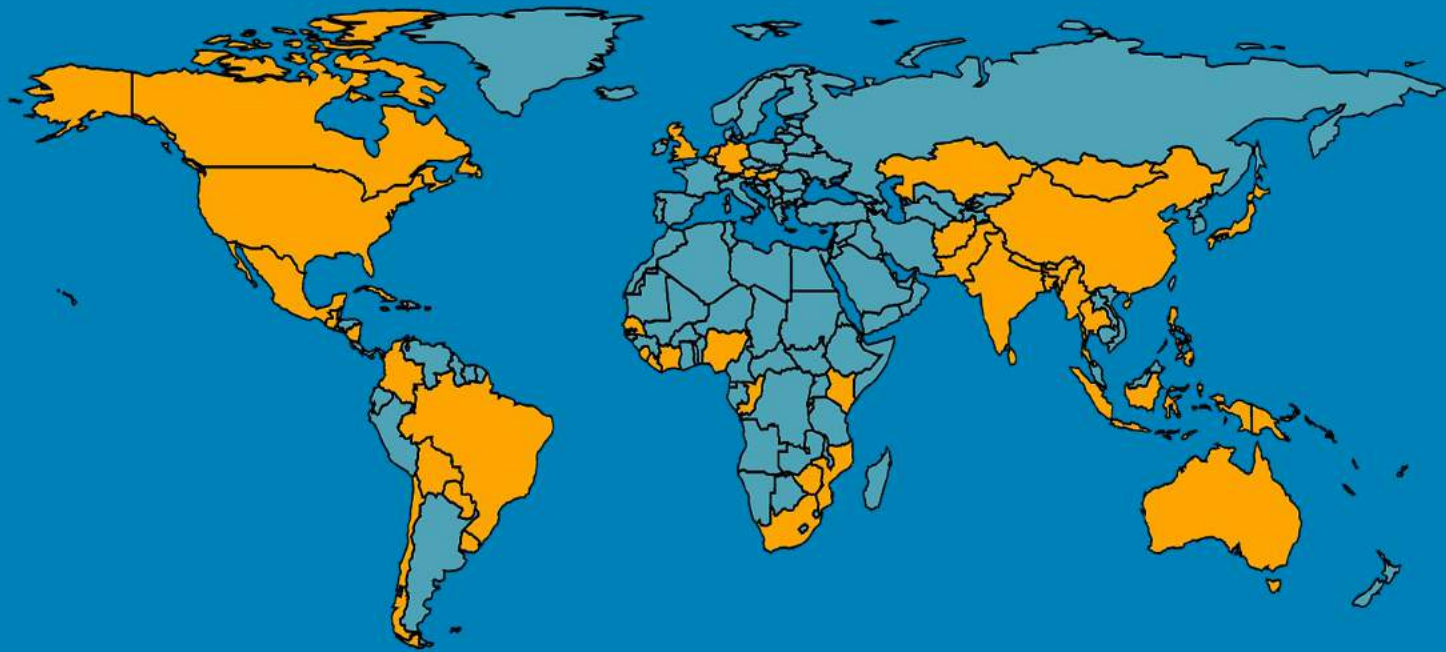
This program provides full-leg and below the knee prostheses at free or subsidized rates. Exemplifying appropriate technology, the Jaipur Foot and artificial leg are made from locally available materials and are suited for the rural lifestyle. CRHP's specialists have taught communities how to build and utilize the limbs in Angola, Nigeria, Liberia, and Rwanda.



SCIENCE CENTER

The Science Center, one of our newest programs, is equipped with Physics, Chemistry, Biology, and Technology labs, as well as a science-themed playground. Its goals include promoting schoolchildren's interest in science, mathematics, and technology while also developing creative thinking and problem-solving skills.

SCALING UP THROUGH TRAINING



To date, more than **2,700** persons from over **100** countries and **28,000** persons **throughout India** have learned through the Jamkhed Institute. They include **grassroots** workers, **doctors, nurses**, government workers, administrators, and **medical** and **public health students**.

The **Jamkhed International Institute for Training & Research** was established in 1992 in response to requests from people and organizations around the world who wished to visit CRHP and learn about the Jamkhed Model. CRHP currently offers two courses in Community-based Health and Development (CBHD): a Summer Course, aimed at undergraduate and graduate students, and a Diploma Course intended for public health and development professionals, government workers, and physicians. Additionally, customizable short courses are offered throughout the year.

Founders Drs. Raj and Mabelle Arole developed the initial curricula and served as the first teachers of the Diploma Course. Mabelle was hired by the United Methodist Global Mission Board in New York to run workshops in Latin America and Africa and by the UNICEF regional office in Kathmandu to host workshops in South Asia.

Courses provide participants with relevant, need-based, and experiential learning in the following topics:

- * Principles of CBHD: equity, integration, empowerment, appropriate technology
- * Collaboration with communities and village health workers
- * Socio-economic determinants of health; multi-sectoral approaches to healthcare
- * Common health challenges in a community context, with a focus on: women, children, mental health, communicable diseases, and chronic diseases
- * Alternative health systems
- * Personal development and leadership
- * Program planning and applying the Jamkhed model



CRHP TIMELINE

1970

CRHP was founded by Drs. Raj & Mabelle Arole

1974

CRHP is identified and recognized by WHO & UNICEF (Health by the People, K. Newell)

1976

WHO & UNICEF officials visit Jamkhed to adopt the model

1979

Drs. Raj & Mabelle Arole are named winners of the Magsaysay award

1988

CRHP wins the NCIH (National Council of International Health, now Global Health Council) award

1990

Dr. Raj Arole wins the Padma Bhushan National Award for Social Service

1992

The Jamkhed Institute in Community Health and Population is established

1996

The Preschool for Indiranagar slum is started, with the help of Belgian teacher Ms. Kate Landuyt

2000

The Mabelle Arole Memorial Rehabilitation Centre is established

2009

The 50-bed Julia Hospital begins serving the community

2011

CRHP wins Times of India Social Impact Award in Health Category: NGO

2013

The Izmir Training Center (August), Science Center (October) and new Preschool (December) open

FROM 1970 UNTIL 2013, CRHP HAS....



TREATED MORE THAN **10,000** TUBERCULOSIS AND OVER **5,000** LEPROSY PATIENTS



PROVIDED OVER **18,000** PEOPLE WITH ARTIFICIAL LIMBS



TREATED OVER **775,000** PATIENTS IN THE HOSPITAL



PLANTED NURSERIES IN OVER **200** VILLAGES



PLANTED OVER **5,000,000** TREES



PROVIDED OVER **200** TUBE WELLS FOR SAFE DRINKING WATER



BUILT OVER **300** HOUSES FOR POOR PEOPLE



DUG **523** IRRIGATION WELLS



CONSTRUCTED OVER **300** TOILETS



TRAINED OVER **30,000** GRASSROOTS WORKERS



TRAINED OVER **2700** INTERNATIONAL TRAINEES FROM OVER **100** COUNTRIES



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HOW ARE WE UNIQUE?

HELP PEOPLE HELP THEMSELVES. THIS SIMPLE PRINCIPLE GUIDES THE WORK OF CRHP. HERE, THE CAPACITY OF THE PEOPLE TO IMPROVE THEIR OWN LIVES IS VALUED ABOVE GOVERNMENT HANDOUTS, DONOR FUNDS, THE ADVICE OF EXPERTS, OR HIGH TECHNOLOGY. ABOVE ALL, CRHP STRIVES TO EMPOWER THE PEOPLE BECAUSE IN THE END, THE PERSON-TO-PERSON TRANSFER OF KNOWLEDGE, ATTITUDES, AND PRACTICES IS WHAT CREATES THE TRUEST FORM OF SUSTAINABLE CHANGE.

JUST SOME OF OUR MANY PARTNERS..

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