Comprehensive Rural Health Project

CRHP

JAMKHED, INDIA

Annual Report
2011 - 2012
Dear Friends,

Greetings from the CRHP Family! It has been a year of change and revitalization. In this fiscal year, we have evaluated our programs, identified strengths and weaknesses, appropriately modified some of our programs, and developed improved communication tools both internally and externally.

The primary goal for the year has been to review and adapt our programs to address changing circumstances for the 21st century. As many of you know, our parents were great at responding to changing climates ad hoc. We aim to mirror their gift for timely and relevant community work as we deal with emerging challenges such as increased incidence of hypertension and diabetes in our project villages.

CRHP now has quality and up-to-date Village Health Worker training materials; brand new curricula for the Adolescent Girls and Boys Programs that truly embrace an interactive approach to learning; strengthened data collection ensuring that we can now provide health and socioeconomic demographics for any project village easily; and a village implementation process presented as Stages of Development that define clearer expectations and parameters.

Another focus has been to communicate what we do more effectively through a new website and social media that includes LinkedIn, Facebook and Twitter. The CRHP newsletter is now sent out monthly, updating many supporters with the latest developments.

We would not be able to do this work without your support. By utilizing health as a gateway, CRHP aims to break the cycle of poverty and injustice that is prevalent in many communities throughout the world. Please join us today!

Sincerely,

Shobha & Ravi Arole
Health and development are two sides of the same coin.

- 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 we work with, we strive to develop communities through a grassroots movement. By mobilizing and building the capacity of communities, all can achieve access to health care and freedom from poverty, hunger, and violence.”
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 45 project villages within a 50 kilometer radius of the Taluka (town) of Jamkhed where CRHP is based, providing them with comprehensive healthcare and development.

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.
THE JAMKHED MODEL

CRHP’s approach was first introduced to an international audience in 1978 by the WHO in *Health by the People*. The model consists of three mutually supportive components.

**COMMUNITY PARTICIPATION**

Through the formation of community groups, such as Farmers’ Clubs, Women’s Self-Help Groups, and Adolescent Girls and Boys Programs that compliment our Village Health Workers, our project villages are able to identify socioeconomic and healthcare barriers and create collaborative solutions. CRHP provides expertise and facilitates community-wide discussions within each group.

<table>
<thead>
<tr>
<th>Project Villages</th>
<th>45</th>
</tr>
</thead>
<tbody>
<tr>
<td>Village Health Workers</td>
<td>55</td>
</tr>
<tr>
<td>Population Coverage</td>
<td>45,000</td>
</tr>
<tr>
<td>Farmers’ Clubs</td>
<td>26</td>
</tr>
<tr>
<td>Women’s Self-Help Groups</td>
<td>127</td>
</tr>
<tr>
<td>Adolescent Girls Program</td>
<td>4 Villages, 47 participants</td>
</tr>
<tr>
<td>Adolescent Boys Program</td>
<td>3 Villages, 62 participants</td>
</tr>
</tbody>
</table>

**MOBILE HEALTH CLINIC AND TEAM**

As the bridge that connects the community to doctors and technicians on a weekly basis, the Mobile Health Team and Clinic provide support to the Village Health Worker through joint home visits, basic diagnosis and treatment at the village level and collection of statistics for healthcare monitoring. The team includes a social worker, nurse, doctor, paramedic, and development personnel. The team also provides advice on socioeconomic initiatives led by the community groups and meets regularly with the women, men and adolescents.

<table>
<thead>
<tr>
<th>Number of Project Village Visits</th>
<th>503 (average 10 a week)</th>
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<tbody>
<tr>
<td>Number of Patients</td>
<td>1488</td>
</tr>
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**JULIA HOSPITAL**

Located on CRHP’s campus, Julia Hospital is a 50-bed facility, equipped with modern diagnostic and therapeutic equipment. The hospital uses a sliding-scale fee structure that provides affordable healthcare to an underserved rural population of over 500,000. Through partnerships with government agencies, the hospital also hosts monthly family planning camps free of charge to the wider community. Julia Hospital 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 and Research.

<table>
<thead>
<tr>
<th>Outpatients</th>
<th>17,083</th>
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<tbody>
<tr>
<td>Inpatients</td>
<td>1,142</td>
</tr>
<tr>
<td>General Surgeries</td>
<td>558</td>
</tr>
<tr>
<td>Snake Bites</td>
<td>62</td>
</tr>
<tr>
<td>Burn Patients</td>
<td>21</td>
</tr>
<tr>
<td>Normal Deliveries</td>
<td>134</td>
</tr>
</tbody>
</table>

**Eye Program (full charity)**

| Total Eye OPD | 134 |
| Cataract Surgeries | 382 |

Number of patients who received full charity | 10,030
Number of patients who received partial charity | 6,193
You ask us to wash hands, to use soap. Where is the water? Do you know the cost of soap?

This was a question posed by the community members when the Aroles started visiting villages to provide healthcare in 1970. From its inception, the CRHP approach has not only been about providing direct curative healthcare, but has also been deeply rooted in poverty alleviation and development. Over the last 40 years, CRHP has learned many important lessons from the people with whom we have worked; this is truly a partnership where learning happens collectively. From years of refining the model, CRHP has determined the following stages of development as a reasonable formula to framing the engagement with villages as well as defining parameters and expectations.

**STAGE 1**

- Needs Assessment
- Baseline Surveys
- Initial Discussions
- Social Mapping
- Curative Care

- Village Health Worker Selection
  - Chosen by the community to serve as a volunteer health worker

- Community Group Formation
  - Breaking down barriers of caste, class and religion

- Mobile Health Team
  - Supports VHW, provides curative care and helps mobilize community

**STAGE 2**

- Water
- Strengthening Farmers’ Clubs and Women’s Self-Help Groups

- Develop Watershed
- Harvest Rainwater
- Improve Sanitation
- Plant Nurseries
- Income Generation

- Adolescent Group Formation
  - Tackling social and health issues and developing future community leaders

- Sanitation
  - Community members work alongside the Mobile Team to construct toilets

**STAGE 3-4**

- Adolescent Girls and Boys Programs
- Toilets and Bathrooms
- Preventive Care

- Health
  - VHW continues home visits and safe deliveries and works with community groups to share health knowledge with the entire village

**STAGE 5**

- Community can sustain their own health and development programs

- CRHP steps back and provides support as needed
The Village Health Worker (VHW), mostly illiterate and low caste, is the key change agent for a comprehensive approach to health improvement. Selected by the communities themselves and trained by CRHP, the VHWs not only act as health workers and midwives, but they also mobilize their communities to achieve better sanitation, hygiene, and family planning. In addition, VHWs seek to improve women and child nutrition and women’s economic rights.

Pushpa left school at the age of 6 and was completely powerless to resist forced marriage at just 12 years old. It was an abrupt end to her childhood, and she was made to leave her home and her family to join a new household afflicted by tuberculosis, a deadly disease that had already claimed the lives of her in-laws. She led a difficult life, having 4 children at a young age, all while working in the fields and managing her home. However, this all changed for Pushpa 18 years ago when she was selected to work as a Village Health Worker for CRHP. Since then, Pushpa has been the VHW in her home village of Padali, attending to the health needs of a population of over 1500 people.

In this time, Pushpa has seen her community prosper beyond imagination: incidences of illness and mortality have been drastically reduced through the health knowledge and voluntary healthcare services she provides to her community. She has safely delivered 488 healthy babies, including 2 twin deliveries and 3 breach deliveries, without a single life lost. She has also helped her village address social and economic barriers to health, through community development projects that provide access to clean drinking water, watershed development, tree plantation, toilet construction and others, carried out by community groups under her leadership and coordination.

Pushpa, who once refused food from her lower caste companions due to her own prejudices, now works the hardest for them, the poorest people in her village. She teaches them the importance of nutritious food and hygiene to prevent diseases. The Women’s Group often collects money to help low-income families cover the expenses of weddings and also helps out with the arrangements on the day. In addition to her work in the community, Pushpa took measures to improve her own livelihood. Given that the position of VHW is voluntary and unpaid, she had to set up her own businesses to support herself. With a Rs. 3,000 (USD 60) loan from CRHP, she purchased 9 goats; she also started making jewelry and weaving jute bags to sell. It has been a remarkable journey, with many hardships along the way, but one which has made 42-year-old Pushpa, in her own words, a “strong woman,” who is able to stand on her own feet and face any challenges that life throws at her.
The Farmers’ Clubs are an essential part of the CRHP Approach. A main focus of the clubs is to break down social barriers and help people of the community to understand the importance of unity. One way of demonstrating this is the club’s assistance in general health surveys or Participatory Rural Appraisals, where club members are responsible for the collection of health-related data for each and every household, regardless of caste or religion.

Farmers’ Clubs in Model Villages, such as Zikree, are expanding their role to ensure economic and social development of the community in new ways. The Zikree Farmers’ Club now has over 100 members and is focusing on value-based development projects such as biogas collection, organic farming methods, use of indigenous crops and water conservation. They also continue to work with the VHW and Women’s Group to eliminate domestic violence and discrimination based on caste. The Zikree Farmers’ Club is now completely sustainable and functions independently; they have taken the lessons taught by CRHP and operate for their own benefit, using their new-found skills to apply for government grants to build wells and dams in their drought-prone village.

Organic farming is like feeding the body good, nutritious food; it has low input and low cost. Chemical methods are like alcohol; it gives the body an immediate boost, but is expensive and dangerous later on.

- Farmers’ Club member

To me, Farmers’ Club means that every person in the village is involved and participating to their fullest ability.

- Farmers’ Club member
Artificial lower limbs are inexpensive to design and make 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. CRHP’s Jaipur foot workshops and twice yearly camps serve over 700 people from across the state of Maharashtra each year.

<table>
<thead>
<tr>
<th>Total Limbs</th>
<th>781</th>
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<tbody>
<tr>
<td>Above Knee</td>
<td>231</td>
</tr>
<tr>
<td>Below Knee</td>
<td>550</td>
</tr>
<tr>
<td>Full Charity for Limbs</td>
<td>639</td>
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Moses Guram has worked with CRHP for 42 years in a variety of roles. These days, he is respected by everyone in the CRHP community, but life was not always so easy for Moses. Growing up in South India with five brothers and two sisters in a very poor household, Moses was able to attend school through the fourth grade. When his father passed away, Moses began working to support his mother and siblings. In order to do this, he traveled to Spicer College in Pune and found work as a welder. There, he met Dr. Raj Arole, who became so impressed with his attitude and work ethic that he invited Moses back to CRHP to work as a welder and watchman. Moses soon took an interest in the medical side of the organization and began to learn how to use the X-Ray machine.

During the drought in 1972, Moses became an even more integral part of CRHP by helping deliver relief supplies and installing hand pumps in the villages. Everyday, Moses would go to the villages with food and be greeted by children and adults who adoringly called him “Nana.” In the subsequent years, Moses has become a well-known artisan in the Jaipur Foot workshop at CRHP. He has taken those skills to artificial limb camps across Maharashtra and abroad in Nigeria, Angola, Liberia and Rwanda.

Today at age 65, Moses can still be found working in the hospital as an X-ray technician, constructing limbs in the workshop on the CRHP grounds or translating for groups visiting from South India. “Work is worship” are words he lives by. Moses’ eagerness to help the community has become his legacy.
There is continued demonstration of collective farming techniques to improve agriculture for both subsistence and cash crops at CRHP’s 100-acre organic farm. The farm is also a rehabilitation center for women abandoned by their husbands and families as well as for those with HIV/AIDS, tuberculosis or other stigmatized illnesses. These women are responsible for the operations and development of the farm. Much of the food served on our CRHP campus, which includes the Training Center, preschool and staff living quarters, comes from the farm. Excess agricultural and value-added items are sold in the local market, providing an avenue for income generation.

Heerabai was born in 1972 in a small village in rural Maharashtra. After her marriage, she lived with her husband’s family, giving birth to two sons and a daughter. After the birth of her third child, her husband became ill and was diagnosed with HIV. She was tested and discovered that she too was infected. Her mother-in-law began to neglect and abuse her, denying her food, water and shelter, all while taking care of her ailing husband. Heerabai became angry about the way she was being treated and took her children to her own village of Padali. There, her family took care of her children, but again, Heerabai was neglected because of the stigma of HIV.

Luckily for Heerabai, the CRHP Village Health Worker, Pushpa, heard about her condition and brought her to CRHP, where Dr. Raj Arole gave her work and treatment for her HIV. After the death of her husband, it became clear to Heerabai and Dr. Arole that she would not be able to return home, and she was moved to the farm in 2006.

After years of neglect and poor nutrition, Heerabai’s HIV progressed to full-blown AIDS. She spent nearly a year traveling to Mumbai for treatment, living on the farm and allowing her body to heal. Now, at age 41, Heerabai is healthy, and her condition is well managed. Her favorite parts of working on the farm are working with the vermiculture project and the sense of belonging she gets from the other residents.
WOMEN’S SELF-HELP GROUPS

Number of SHGs: 127
Number of SHG members: 1,187
Annual savings rate: Rs. 1.3 million (USD $24,000)
Total Historic Loans: Rs. 300 million (USD $5,583,600)

Self-Help Groups are a popular and successful form of poverty alleviation throughout India and Southeast Asia. The model capitalizes on the pre-existing community ties of a village to ensure financial wellness as well as sustainable development for women and their families. A Self-Help Group consists of a small group of women in the same community who band together to pool resources and promote self-management and financial stability. The participating women contribute a small, fixed amount each month to a common bank account, from which savings are loaned out to the member with the greatest need. The recipient rotates until all women in the group have received a loan. These loans are used for all types of projects, ranging from micro business to medical expenses and agricultural projects. Repayment is extremely high as women living in the same community hold each other to this promise. Having access to a Self-Help Group allows a woman to avoid predatory lending and high interest rates from traditional money lenders as well as the lack of assets for traditional bank loans. These small loans allow a woman to empower herself to make decisions in her family and community.

Ganita’s Family

When Ganita joined the Nimbodi Self-Help group in 2010 she had no control over her family’s finances. Her husband made all of the major financial decisions and she was unable to make her voice heard. Now, after being a part of CRHP’s Self-Help Group and Women’s Group, Ganita recognizes the importance of saving. She says that “money is power, and money in a woman’s hands gets her respect from the family that she could not have before.”

Ganita and her fellow Self-Help Group members work together to save money and put that money to a positive use within the village. Their projects include loans for medical bills, purchasing farmland, educating children and starting small businesses. The women also purchase food for the local preschool using money they have saved and then submit a bill to the local government for repayment. This process has allowed them to become active in politics and ensure that all village children are fed nutritious meals in the preschool.

Ganita was able to take a low-interest loan from the Self-Help Group to build a well and drip-irrigation system for her farm. This project reduced labor and increased profits. Her children are able to attend school and her own energy can be put towards other livelihood activities rather than carrying water to her farm, which can take up to five hours per day. Ganita’s involvement in the Women’s Self-Help Group has not only given her financial knowledge and the ability to purchase necessary farm equipment, but it has also given her the respect and power to make her whole family better off.

Nimbodi Village - Jaswandi Women’s SHG

Established: May 7, 2009
Monthly contribution: Rs. 100
Interest rate: 2%
Members: 12
In current account: Rs. 41,000

Ganita Bhimrau Garad
Adolescent Girls Program

This year CRHP announced our redesigned and improved Adolescent Girls Program, which follows a new curriculum that utilizes interactive teaching methods to teach students about a broad range of social and health topics. This new 10-week curriculum, designed for girls ages 12-18, integrates active discussions, roleplays, audio-visual resources and creative activities to engage participants in learning about gender equity, early marriage, domestic violence, reproductive and family health, in addition to other health and social topics. The girls also participate in a small Self-Help Group to learn about the value of saving money and take karate classes to develop awareness about safety and improve their self-confidence.

Diksha Balu Sakat
14 years old; 2 Brothers, 2 sisters

Favorite subject in school:
Marathi.

If I could go anywhere for a day it would be:
America.

When I grow up I want to be:
Teacher.

What I think about the program:
I get a different type of information. For example we learn about health and menstruation. I like the games.

My favorite part of the course:
Magical shoes game.

Adolescent Boys Program

An important aspect of eliminating gender inequality in project villages is working with the men and boys, alongside the women. For this reason, CRHP is expanding the Adolescent Boys Program to engage boys, ages 12-18, on issues of gender discrimination, domestic violence, alcohol and other health topics. This new curriculum follows the Adolescent Girl's Program model and includes interactive teaching methods such as drama projects, videos, songs and discussion. The participating boys are given the opportunity to strengthen their leadership skills by planning and implementing a project that benefits their community. The ABP combats gender inequality by promoting the present and future well-being of females in the project villages and by breaking down deeply entrenched traditions of gender-based injustice.

Somanath
16 years old. 1 brother, 1 sister.

Favorite subject in school:
Marathi language.

If I could go anywhere for a day it would be:
Europe.

When I grow up I want to be:
An income tax officer.

What I think about the program:
The Adolescent Boys Program taught me how to be a leader in my community and how to talk in front of others. I learned to help my mother and sisters with household chores, which I never did before this program.

My favorite part of the course:
Gender equity was my favorite because we learned that we should give support and respect to women. I also learned that girls have the right to birth, just like boys. The number of females in our society is going down and that is causing problems.
This year, more than 50 young students from the slum community of Indiranagar attended preschool 6-days a week at CRHP's Joyful Learning Preschool. The Preschool integrates nutritional foods and health screenings with a Montessori-inspired teaching curriculum that ensure children ages 3-5 of this slum community are prepared for their entry into primary school. All of the children receive two nutritious meals each day, a measure which prepares their minds and bodies to learn and combats the longstanding obstacle of malnutrition in their community. 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.

Seven-year-old Durga comes from the Vaidu Community, a semi-nomadic, tribal group that travels around Maharashtra selling and trading goods. As a 2-year-old, Durga was brought into the CRHP hospital weighing less than 10 lbs and suffering from an advanced case of tuberculosis. He was apathetic, irritable and malnourished. His condition was exacerbated by the fact that the majority of his care came from his 5-year-old sister, as his mother was unable to provide him with proper attention.

It took nearly a year of round-the-clock care from two full-time nurses, feedings through a nasal-gastric tube and TB therapy for him to be out of danger. He nearly died of aspiration twice while in the CRHP hospital and lost vision in one eye due to a severe vitamin A deficiency. Durga now has a healthy weight for his height, has gained self-esteem and confidence and is excelling at CRHP's Joyful Learning Preschool. He will begin primary school next year and is expected to do well. Durga’s parents have found permanent employment near their home and no longer need to travel from village to village with their children. In order to ensure the family’s continued health, CRHP built the previously nomadic family a house with the help of donations from international supporters.
At its heart, the success of CRHP is due to the efforts of a core group of dedicated staff who have spent their life helping the poorest of the poor both in India and abroad. One of these core members is Popat Sakhahari Pawar, who has been with the organization since 1972. Born to a poor family in rural Maharashtra, Popat was lucky enough to attend school through the 11th standard. His level of education made him a valuable asset to the Aroles and the Mobile Health Team when they began work in his village of Bavi. He was inspired to join CRHP when the Mobile Health Team treated his own sister for tuberculosis.

After a few years of voluntary work, Popat was forced to leave his position with CRHP and move to Shrirampur to do farm labor in order to help his struggling family. He worked long hours to pay for medicine for his sister, whose condition was worsening.

When the Aroles got word of Popat’s struggles, they asked him to come back to Jamkhed and offered him a job and medical care for his sister. When he accepted, Popat received basic training and began work as a member of the Mobile Health Team to identify common medical problems like cataracts and diarrhea among villagers. He also supervised the Food for Work and Under-5 Feeding Programs in famine-affected areas in the early 1980’s.

Popat expanded his reach within CRHP by traveling to Madhya Pradesh, Uttar Pradesh and Andhra Pradesh to teach the Jamkhed Model to communities in the most need. He also took leadership in the development of CRHP’s puppet, drama and song-based approach to disseminating health knowledge and combating negative traditions. Popat truly speaks the people’s language and sees himself more as a member of the Farmers’ Clubs than a staff member. In this way he is an essential catalyst in improving the health and wellbeing of villagers in all CRHP villages. Popat explains his impact most simply by saying “in this way, my river of life has come… if you help the poor, you get satisfaction.”
The Jamkhed Institute for Training and Research scales up the organization’s impact by teaching the CRHP Approach to organizations and individuals across the world. The Training Center provides both classroom and field training necessary to replicate the model in various environments and local contexts. The groups who come to the Training Center range from medical and public health students from the US, the UK and Australia to teams of grassroots workers from various states within India, such as Bihar and Uttar Pradesh, and other countries such as Myanmar, Sri Lanka, Brazil and Bolivia. Trainees turn their knowledge into action in their own villages and communities worldwide.

**The CRHP-SERP Partnership**

<table>
<thead>
<tr>
<th>Total domestic trainees</th>
<th>1140</th>
</tr>
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<tbody>
<tr>
<td>Total international visitors</td>
<td>266</td>
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</tbody>
</table>

In addition, within India, CRHP has been providing 3-15 day trainings to SERP (Society for Elimination of Rural Poverty) based in Andhra Pradesh for the past 9 years. The mission of SERP is to enable disadvantaged communities to bring about change through collective action. To achieve this mission, SERP has partnered with CRHP to train over 28,000 auxiliary nurse midwives, health activists, community members and government representatives in our community-based health and development model.
In October 2011, with great honor and pride, CRHP received the inaugural Times of India Social Impact Award as best NGO in the field of healthcare. With the aim of acknowledging and honoring the “unsung heroes of India,” this award was an excellent recognition of 40 years of CRHP’s ongoing, tireless dedication to the community.

Just ten awards in total were presented by the Times, India’s largest media group which boasts the largest English newspaper in the world with a reader-base of over 4 million. Following the award ceremony, this newspaper featured Prime Minister Manmohan Singh’s praise for the Aroles as “great role models,” on its front page. Meanwhile, co-sponsor of the event, J.P. Morgan Chase, generously decided to surprise the winners by committing 1 million rupees to the group of awardees.

Awardees were selected in five critical fields: education, healthcare, livelihoods, environment and advocacy or empowerment. A rigorous selection process by experts from the development sector whittled down the 1,500 applicants from across the nation to a short list of those meeting strict criteria of widespread and life-changing impact, innovation and sustainability. This short list was then voted on by 120,000 Times of India readers and the final selection was made by a panel of eminent judges, including Bihar Chief Minister Nitish Kumar, Magsaysay awardee and National Advisory Council member Aruna Roy, and HDFC Chairperson Deepak Parekh. Throughout this process, CRHP was described as a “hands-down” winner – “we’ve all grown up on the Jamkhed Model,” said environmentalist Sunita Narain.

“\nThis award honored all of the people that make our organization a success. CRHP is an organization formed by the community in service of the community and I felt it was important to recognize that.\n\n- Dr. Shobha Arole\n\n"
The work of CRHP would not be possible without the support of our donors, many of whom have 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 into action.

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