

AROGYA INITIATIVE

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ANNUAL REPORT
2025-26

देवान्भावयतानेन ते देवा भावयन्तु वः।
परस्परं भावयन्तः श्रेयः परमवाप्स्यथ॥

"By nourishing one another, you shall support each other, and together — sustaining one another — you will attain the highest good."

Bhagavad Gita 3.11

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VISION

"We dream to make the government health care system modern, humane and accessible to all in Uttarakhand."

MISSION

Over the next five years, strengthen the public health system in Pati Block, Champawat district by :

- strengthening institutional delivery services and the quality of care in government health facilities
- building the capacity of frontline health workers
- increasing community awareness and promoting healthy behaviours
- empowering adolescents through health and education initiatives
- promoting clean energy and environmentally responsible waste management





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Dr. Sushil Sharma

To Whom It May Concern

I am writing in support of the Arogya Project of Mitra Technology Foundation (MTF) for its work in public health in Pati Block, Champawat District. Since 2018, the project has worked with the District Administration and the Health Department to improve maternal, newborn, child, and adolescent health services in some of our most remote areas. Serving a population of over 50,000 people across Pati block, the Arogya Project has evolved into a demonstrably effective and scalable model aligned with the Sustainable Development Goals. Through a renewed five-year Memorandum of Understanding signed in 2023, the project continues to strengthen critical health interventions and support the public health system in the region.

This year, the large majority of deliveries took place at a health facility, up from last year, and no maternal death was recorded for the second year running. The project has set up 4 model Sub-Health Centre and Primary Health Centre delivery points, and a 40% of block deliveries now happen at these village-level centres. MTF has also all the ANMs and nursing officers in Pati Block (33) through regular classroom sessions and clinic visits.

Newborn care has improved as well. More newborns now receive home visits in their first weeks of life, low birth weight has dropped sharply since 2023, and exclusive breastfeeding has gone up. The Mobile Medical Unit, with an ultrasound facility, has reached hundreds of people in remote terrain under the Pradhan Mantri Surakshit Matritva Abhiyan, in partnership with Aarohi, MITRA, and the District Administration.

The transport initiative has brought scores of women safely to delivery centres, and several thousand adolescents in schools have received health education. The Breathing Easy project has installed over a thousand smokeless cookstoves and 23 incinerators.

The project works closely with the government system, which makes its results lasting. The District Administration is glad to be a partner in this work.

With regards,

Dr. Devesh Chauhan

Chief Medical Officer,
Champawat, Uttarakhand

Letter from the Advisor

Dear Friends,

This Annual Report highlights a year of steady progress by the Arogya Initiative, driven by collaboration, perseverance, and a shared commitment to strengthening public health systems in one of Uttarakhand's most remote mountain regions—the Pati Block of Champawat district.

Mitra Technology Foundation (MITRA), a Delhi-based, Section 8, not-for-profit company, and Agrani India Foundation (AGRANI), a charitable trust, work together to implement the Arogya Initiative. Founded by Rahul Nainwal and Shalabh Sahai, the two organisations combine expertise in health and community development to strengthen public health systems in underserved communities.

Now in its eighth year of formal partnership with the District Administration of Champawat, the Arogya Initiative is strengthening the public health system and improving maternal, newborn, adolescent, and community health outcomes in one of Uttarakhand's most underserved districts. With support from Swiss Himalayan Amity (SHA), The Hans Foundation, Accel Partners, and the District Administration, the initiative has grown into a robust, community-led programme.

Our efforts remained focused on strengthening the government health system by upgrading infrastructure, building the skills of Auxiliary Nurse Midwife (ANMs) and nurses, and providing on-site mentoring during pregnancy & labour. Working closely with Accredited Social Health Activist (ASHAs) and Anganwadi Workers (AWWs), we supported every pregnant woman in Pati Block throughout pregnancy, childbirth, and the postnatal period to improve maternal and newborn health outcomes.

This year, the renovation of Primary Health Centre (PHC), Pati completed a network of four Model Delivery Points the earlier 3 being Sub-Health Centre (SHC) of Paniya and PHCs Devidhura and Chaudamehta, bringing safer childbirth services closer to thousands of families in remote villages.

During the year, 607 pregnant women received care. Eighty-eight percent completed four quality antenatal check-ups, 78% registered in the first trimester and 92% delivered in health facilities. Of these, 40% gave birth at the four Model Delivery Points, while other women chose to, or were referred to Sub-District and District Hospitals.

There were no maternal deaths for the second consecutive year. Exclusive breastfeeding, essential newborn care, and institutional deliveries continued to improve, while the proportion of babies born with low birth weight remained at 11% for the second consecutive year, down from 32% at baseline. Together, these outcomes reflect sustained improvements in maternal nutrition, quality antenatal care, timely referral, and community-based follow-up.

Environmental health remained a priority. Through Breathing Easy IV, 70 additional smokeless cookstoves and 5 household incinerators were installed, bringing the total since 2020 to 1,070 cookstoves and 23 incinerators. Increasingly, the programme is about healthier homes, cleaner air and reducing plastic waste through community ownership.

Our investment in young people also continued through the Gina Scholarship Programme, which has supported 15 scholars with ₹3.6 lakh in educational assistance since its inception. During the year, six scholars received mentoring and English language support to pursue careers ranging from the Merchant Navy to banking and public service. We also welcomed our first SWAR Fellow, whose work with adolescents, kitchen gardens and postnatal mothers strengthened nutrition, health awareness and local leadership.

These achievements reflect the partnership between the District Administration, the Chief Medical Officer, medical officers, nurses, ANMs, ASHAs and Anganwadi Workers. We remain deeply grateful for their leadership and commitment.

This year also tested our resilience. The unexpected withdrawal of a major donor required reductions in staffing and programme costs, yet our work continued with the steadfast support of SHA. For over two decades, SHA has been more than a donor—it has been a trusted partner whose friendship and support have made much of this work possible.

The year closed with a total income of ₹101 lakhs and programme expenditure of ₹95 lakhs, leaving a modest surplus to support future work.

Our heartfelt thanks go to the women, families, and communities of Pati Block who welcomed our team into their homes and became active partners in improving the health of women and children. Lasting change is only possible when communities themselves lead that change.

I also thank every member of the Arogya Initiative and Aarohi teams. Whether mentoring nurses, supporting deliveries, conducting health camps, reaching remote homes, or working with adolescents, they have served with skill, compassion, and unwavering commitment.

While we celebrate this year's achievements, we recognise that strengthening public health systems is a long-term journey. New collaborations in non-communicable diseases, trauma care, digital health and environmental sustainability will help build on the strong foundation created over the past seven years.

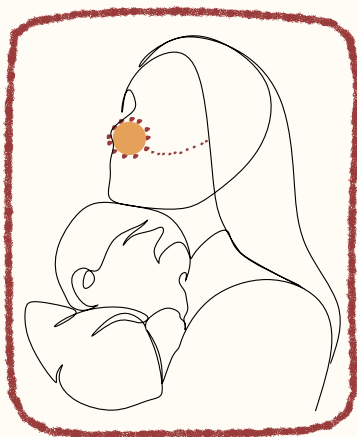
To our government partners, communities, donors, volunteers, and friends—thank you for your trust and partnership. We look forward to continuing this shared journey towards healthier mothers, healthier children, and stronger rural communities.

Dr. Sushil Sharma
Advisor



Arogya Project

Maternal and Child Healthcare



Infrastructure

The Story of Four Delivery Points: Since 2018, the Arogya project has worked with the government to bring safe childbirth closer to women in the remote mountain villages of Pati Block by strengthening existing health facilities. Infrastructure Support means strengthening the government health infrastructure that already exists: upgrading Sub-Health Centres into functional delivery points, equipping facilities, supporting clinical systems, and building institutional capacity. The timeline below traces the development of four Model Delivery Points that now anchor maternity care across the block.

- 2018

The vision begins — the partnership with the district government is launched to improve access to safe childbirth in the mountain villages of Pati Block.
- 2023

Paniya — The first Sub-Health Centre (SHC) is upgraded into a functional delivery point, serving 6,000–8,000 people in and around the village.
- 2024

Devidhura and Chaudamehta — The next two Model Delivery Point brings quality maternity care closer to another cluster of remote villages.
- 2025

Primary Health Centre (PHC) Pati — The Primary Health Centre is transformed into a modern referral and delivery facility. As more normal births are managed at village-level Model Delivery Points, PHC Pati is increasingly able to focus on higher-risk pregnancies and referrals.

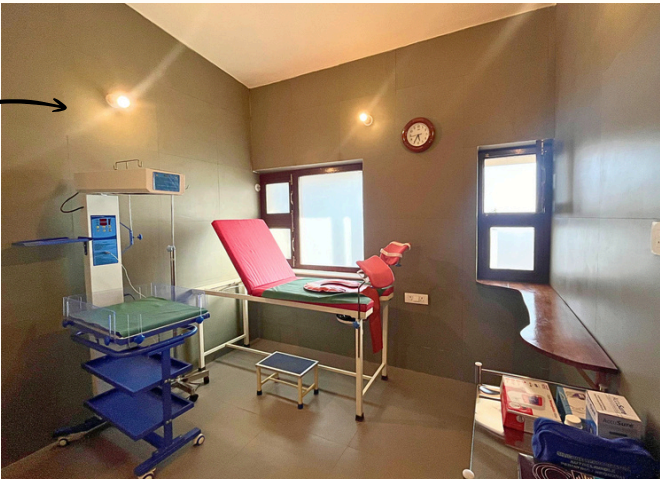
40%
of all block
deliveries now
covered by
these centres

4
functional delivery
points now active
in the block

6–8k
population within
reach of centres

DELIVERY POINTS

PHC Devidhura



PHC Chaudamehta



PHC Pati



“My experience was very good. The hospital is now close to my home, so reaching there was easy and stress-free. The delivery went smoothly, and the doctors and nursing staff were extremely supportive and responsive. Even when I called at 11 pm, the team was immediately available to help me. Otherwise, as with my first delivery, I would have had to travel nearly 40 kilometres each way.”

KAMALA |

Mother of two



Frontline Worker Mentoring

Investing in the people closest to the community: ANMs, ASHAs and nursing officers. Through classroom sessions, handholding visits on clinic days, direct observation of deliveries, and joint home visits, the programme builds the skills and confidence of the workers who are there every day and long after the project team has moved on.

Nurse Mentor Sujata: Learning in the room where it happens

Behind every functional delivery point are years of Arogya's clinical team showing up — mentoring nurses as guiding hands through procedures, and building the kind of quiet institutional confidence that allows a government health worker to say, with certainty: I can do this safely.

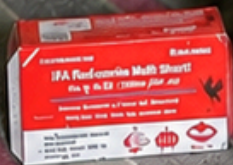
She single-handedly supported four geographically dispersed delivery centres across the remote Pati Block, providing continuous on-site mentoring to nursing staff working in difficult terrain. Of all deliveries conducted last year, she was present for 16%, particularly at Paniya and Chaudamehta, where newly recruited staff were still building their confidence. Her role was never to take over, but to stand alongside—observing, guiding, encouraging and reassuring. Alongside 62 classroom training sessions on pregnancy and labour, she mentored 13 government nursing officers, transforming every supervised delivery into both a safe birth and a practical learning opportunity.

A total of 607 pregnant women were reached through home visits by our community health workers team. Each mother is visited 4 times (extra if high risk) during pregnancy, then a minimum of 7 times until the baby is 42 days old, and 6 times more until the baby turns 15 months. All these visits are made for the health education of the community and the families, to not miss any danger signs, to listen, and to make the new mother feel heard. 54% of the newborn visits were made jointly with ASHAs for mentoring and support purposes.

“Services are much better now. Someone actually comes to the house after delivery. Nobody used to come before.” - New mother, Gayatri from Pati Block



93% of lactating mothers rated services at their nearby health centres as better than three years ago. — Arogya Endline Survey 2026



Community Awareness

Voices from the Community- Meeting families where they are: in homes, in schools, at Anganwadi centres, and at community sessions; changing behaviour — early registration, institutional delivery, exclusive breastfeeding, newborn care — that no facility improvement alone can shift.

“We thought home delivery would be easier because the hospital is so far away.” — Mamta, Tand village (25 km from Chaudamehta delivery point).

Home births attended by traditional birth attendants had long been the norm here. During home visits, Indira, an Arogya health worker, counselled Mamta and her family on nutrition, danger signs, birth preparedness, and the benefits of institutional delivery. Together they prepared a delivery bag, organised essential documents, noted ambulance and emergency contact numbers, and made a transport plan. Mamta delivered safely at the hospital. Afterwards, her family reflected that the counselling helped them understand why hospital delivery mattered — preparing in advance, knowing who to call, and understanding what to expect made them feel confident and safe. They were grateful to the Arogya team.

“The counselling helped us understand how to care for our baby and why early breastfeeding matters. We were very nervous at first — but now we feel confident and aware.”- New mother, Reema from Khetikhan.

For first-time parents, pregnancy and childbirth bring more questions than answers. Tanuja, an Arogya health worker, guided this family through pregnancy care, nutrition, birth preparedness, newborn care, and early breastfeeding — visit by visit, until the nervousness became confidence.

“I used to feel shy. Now I answer questions in front of everyone.”- Anita a 9th std student at Primary School Sirmoli, during an adolescent health session.

Children spoke openly and confidently, surprising their teachers with both their knowledge and their willingness to participate. Afterwards, one teacher reflected that it was wonderful to see the children speaking with such understanding, and that these sessions were helping them express themselves without fear.

“Had you not come, I might have continued avoiding many kinds of food.”- Bhagirathi from Chaurakot Sub-health centre.

During pregnancy, Bhagirathi had been avoiding several nutritious foods because of traditional advice passed down in her village. During a routine home visit, Kavita, an Arogya health worker, explained the importance of a balanced diet, gently addressing common food myths and their consequences for both mother and baby. At the next visit, Bhagirathi had changed her diet. She said she was now eating properly and felt much healthier.

Transport Support

“Double Khushiyon Ki Sawari” — a ride carrying two joys. The name says it all. For a mother in labour in the mountains of Pati block, the journey to a delivery centre has always meant more than distance. It has meant arranging a vehicle at an impossible hour, negotiating a fare that few families can afford, and hoping everything holds together long enough to reach help in time.

Last year, the District Administration (DA) and MITRA jointly started a small initiative to change that. Simple in its idea, profound in its effect: a dedicated vehicle and driver, on call, ready to pick up a mother before delivery and bring her safely home after. No scrambling. No cost. Just a phone call — and the car is on its way. The vehicle was given by the DA, and management and running expenses are ours!

Chaudamehta lies at the far edge of Pati Block — beyond what a single ambulance or vehicle can reliably serve. Here, MITRA has adapted the Double Khushiyon Ki Sawari (DKKS) model by partnering with local transport providers, ensuring that distance and terrain do not prevent women from reaching care. Last year, 19 women from the Chaudamehta area used this service, making the journey to a health facility and returning home safely with their babies.

The goal of DKKS was to reduce out-of-pocket expenditure for families and increase access to institutions for deliveries. Not every journey gets there yet — but 111 families last year came very close. And for each of them, the ride to the delivery centre was one less thing to worry about on one very important day of their lives.



Just one phone call—the driver arrives, she reaches the facility safely, and returns home with her baby. The ₹2,500 that might otherwise have been spent on travel remains with the family.

111 women safely transported to delivery centres in 2025-26



HEALING ON WHEELS: THE MOBILE MEDICAL UNIT (MMU)

Many villages in Pati Block are several hours from the nearest hospital, making access to antenatal and specialist care difficult. Through a partnership between MITRA, Aarohi, and the District Administration, Aarohi's long-established Mobile Medical Unit (MMU) was extended to serve Pati Block. Equipped with an ultrasound facility, it brings a radiologist, lady doctor, laboratory services, and essential medicines directly to remote mountain communities, reducing the need for long and costly journeys.

Since its launch in Pati Block, the Mobile Medical Unit has served over 600 people. Nearly two-thirds (67%) were pregnant women, many of whom received a comprehensive antenatal check-up and, for the first time, an ultrasound examination by a qualified radiologist. Beyond diagnosis, these visits offered timely information, reassurance, and greater confidence throughout pregnancy. The MMU also served the wider community with lab investigations, medications, and specialist consultations. All services for pregnant mothers are provided completely free of charge. For the general population, consultations and care are available at nominal fees, ensuring healthcare is never out of reach.

The camp does not end when the MMU drives away. Women identified as high-risk during consultations, mothers whose pregnancies needed a closer watch; are followed up at home by Arogya's health workers. These young women from the same villages visit families, provide health education, and ensure that the care begun at the camp carries through to where it matters most: the home.

9

camps held

600+

people
served
across Pati
block

67%

of all beneficiaries were
pregnant mothers who
received free antenatal
and ultrasound services

A government partnership that goes the extra mile: What makes this intervention especially heartening is the collaboration it has built with the district government. Under the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), the government now covers the USG charges for eligible beneficiaries— turning a healthcare gap into a shared responsibility, and a camp into a lifeline with institutional backing.

What changed — and what it means

Behind each number is a behaviour that shifted, a fear that eased, a family that made a different choice than it would have a year ago.

Zero

Maternal Deaths
(Two consecutive years)

607

Pregnant Women Registered (+82 over previous year)

92%

Institutional Delivery
(Up from 81% previous year)

67%

Exclusive Breastfeeding
(Up from 45% previous year)

Pregnancy is no longer a private worry

78% of pregnant women registered in their first trimester this year, up from 56%. Home visits and ASHA relationships have shifted registration from something done reluctantly to something done early — because women now understand what earlier care means. All 607 registered women received 4 home visits by Arogya's health workers (96%), scheduled trimester-wise to deliver the right information at the right moment.

Antenatal care became thorough, not token

88% of pregnant women completed 4 ANC visits, up from 64%. The quality of each visit changed: height of the mother is now measured in addition to weight in 94% of pregnancies (up from 41%), pallor and oedema checked in 97% (up from 57%), and HIV testing reached 95% (up from 63%). This shift happened because of 62 classroom sessions, 105 handholding visits on clinic days, and a nurse mentor present where skills are most needed.

Obstetric history being taken, rose from 51% to 93% in a single year — every woman's story is now being heard.

Home delivery is becoming the exception

Institutional delivery: 81% → 92%

In Kamla's family in Banouli village, six babies had already been born at home. In Hema's village of Panar, there was no road, no mobile signal, and no easy route to a health facility. In Kalawati's family of Sibyoli, childbirth was still guided by the experience of her grandmother-in-law, who had delivered babies herself for many years.

40% of all deliveries now happen at one of the four model delivery points that Arogya helped establish and strengthen. The mountain terrain that made hospital delivery unthinkable is still there. The difference is that the system now meets families closer to where they live. A total of 444 deliveries took place this year, compared with 412 in the previous year. What moved families was not one conversation — it was the accumulation of trust: a health worker who came back, who remembered the details, who made the practical barrier feel solvable. Stillbirths fell from 6 to 5. Neonatal deaths from 6 to 4. Child deaths (29 days–5 years) from 5 to 2. Maternal deaths: zero.

Newborn care moved into the first hours

In 2023, 83% of newborns were bathed within 48 hours of birth. Today that number is 2% — one of the programme's quietest and most profound behaviour changes.

Home visits during the critical first 28 days of life:

- Coverage of the five scheduled newborn home visits increased from 47% to 77% for institutional births.
- For home births, 64% of newborns were visited within 48 hours, up from 51%.
- Joint Arogya health worker (MPW)–ASHA home visits increased from 35% to 54%.
- Early initiation of breastfeeding (within one hour of birth) reached 78%. This indicator was influenced by caesarean deliveries.

Breastfeeding became something women knew how to do

Exclusive breastfeeding at 6 months: 45% → 67%

In village after village, health workers encountered the same scene: a crying baby, a tin of infant formula already opened, and a family convinced that the mother did not have enough milk. Breastfeeding is often thought to come naturally, but it is a skill that both mother and baby learn together. In remote mountain villages, where experienced support is rarely available, families often assume that breastfeeding has failed long before it has truly begun.

This year during home visits, health workers spent time with new mothers—adjusting the baby's position, correcting the latch, and waiting patiently until feeding became comfortable and effective. Sometimes, a few minutes of practical guidance made all the difference. As a result, the proportion of infants exclusively breastfed for the first six months increased from 45% to 67%.

Low birth weight held at its improved level

At baseline in 2023, nearly one in three babies in Pati Block was born with a low birth weight (32% weighing less than 2.5 kg). Today, that figure has fallen to 11% and remained at that level for two consecutive years. Sustaining this improvement reflects consistent gains in maternal nutrition, earlier antenatal registration, improved iron and folic acid supplementation, and closer follow-up during pregnancy. Further reductions are likely to depend on addressing more complex contributors such as maternal anaemia, preterm birth, adolescent nutrition, and other underlying risk factors.

The health system got stronger, not just busier

The programme's long-term value is measured in what it leaves behind. Joint ASHAs and Arogya's health workers visits rose from 35% to 54%. Nirmala Devi in Kajeena now conducts full home assessments on her own. Dhani Devi in Joladi gives complete PNC counselling at every visit. Hira Devi, AWW organized the first community health event in her village after three MITRA trainings. 387 community sessions reached 3,700 people. These changes belong to the government system —Arogya created the conditions for them.

FIELD STORIES



Hema: care that crossed a river

Hema had previously experienced a miscarriage and was understandably anxious during her next pregnancy. She lived in a remote village without road access, a bridge, or reliable mobile connectivity. Throughout her pregnancy, Kavita, an Arogya's health worker, made regular home visits, once even crossing a swollen river on foot to reach her. When Hema went into labour during heavy rains, communication was cut off for two days. She delivered a **2 kg baby** at home at **8 months and 12 days of pregnancy**. Classified as a **low birth weight baby**, the newborn required extra care to stay warm, feed well, and gain weight. Kavita had already prepared Hema for breastfeeding and, recognising her inverted nipples, had shown her how to express breast milk.

The following day, an Arogya nurse visited Hema's home to support breastfeeding, introduce Kangaroo Mother Care, reinforce newborn danger signs, and provide guidance on nutrition and hygiene. With continued follow-up from the team, Hema's baby steadily gained weight—from **2 kg to 4.2 kg in just over two months**.

Sometimes, strengthening the health system means ensuring that even the most isolated mother and her newborn receive timely, skilled care.

Sandhya's Son: persistence made the difference

Sandhya gave birth to her third child her first son on 24 March 2025. Born weighing 2.5 kg, the baby had still not breastfed three days later. During a home visit, an Arogya's health worker, Pushpa recognised the risk, demonstrated how to express breastmilk, corrected the baby's latch, and advised the family to seek hospital care. Sandhya agreed, but her husband declined, believing, "Whatever is in our fate will happen."

Pushpa returned four days later. The baby had lost weight. She patiently repeated the breastfeeding support, encouraged Sandhya, and continued visiting until the baby began feeding effectively. By the eighth day, he was breastfeeding well and weighed **2.7 kg**.

Later, the family reflected, "When my family did not support me, Pushpa didi saved my child," said Sandhya. Her mother-in-law added, "*Had you not kept coming back, we would never have sought help. Your persistence saved our grandson.*"

Kamla's Seventh Birth—a different journey

Kamla had delivered her first six babies at home. Her village lay a three-hour walk from the nearest road. Over several visits, the Arogya team discussed the risks of home delivery, helped the family prepare, and introduced them to the **Double Khushiyon Ki Sawari (DKKS) ambulance** service. When labour began at 1 a.m. one phone call brought the vehicle to the roadhead, and Kamla was safely taken to the hospital where she delivered. Both mother and baby returned home healthy.

"If we hadn't been told, Kamla would have delivered at home again," her family said.

Rekha's baby —a second look made the difference

When Gunjan, an Arogya's health worker, visited Rekha's newborn on the third day after birth, she noticed a faint yellow tinge in the baby's eyes—a sign of newborn jaundice. Although the family had already visited the hospital and been sent home, Gunjan advised them to return if the yellowing increased.

They did not go. Two days later, during a follow-up visit, Gunjan found the jaundice had worsened. She immediately contacted the ASHA worker and ANM, and together they persuaded the family to seek hospital care without delay. The baby was admitted for three days of phototherapy.

By the seventeenth day, the jaundice had resolved completely and the baby was feeding well. Sometimes, the difference between illness and recovery is simply someone returning to knock on the door a second time.

What runs through every story

The first visit is never the last.

In almost every case study, the breakthrough came on a second or third visit. Trust is not built in one encounter — it is built through continuous support.

Families changes when they see evidence.

Grandmothers who doubted, fathers who refused — many came around not through argument, but through watching the baby's weight rise on the scale.

Breastfeeding is a skill — one that requires support, encouragement, and guidance.

Across nearly every postnatal story, the same pattern is repeated: the baby isn't latching; the family thinks the milk is insufficient; someone is already buying formula milk. A single correct demonstration changes everything.

Breathing Easy IV

Towards clean indoor air and
surroundings





Reducing Indoor Air Pollution

Indoor air pollution is easy to overlook. It builds gradually—in the smoke that fills kitchens each morning, in the persistent cough, in eyes that sting a little more with time. In rural Kumaon, where most families still cook with firewood on traditional three-stone stoves, this has long been part of everyday life. Alongside this, plastic waste has also become a growing challenge in the mountains, where open burning is often the only option for disposal.

Through BE IV, we address both these challenges. The project includes household-level domestic incinerators that provide a safer way to dispose plastic waste, helping reduce the practice of open burning. Together with smokeless cookstoves, this intervention is creating healthier homes and cleaner villages.

Breathing Easy IV, completed over eight months, added 70 smokeless cookstoves and 5 household incinerators to the 1,000 cookstoves installed across Phases I–III (2020–2024). A 2019 baseline study found that 62% of households in Champawat rely on wood for cooking — a practice the WHO links to 2.9 millions[#] premature deaths annually worldwide (2021 estimated) from household air pollution. The combined effects of household and ambient (outdoor) air pollution are associated with 6.7 million premature deaths annually. Every cookstove installed is a small but measurable step away from that number.



1070

smokeless
cookstoves
installed since 2020

23

household
incinerators installed

"She lit up — as she spoke about the joy of cooking for her family without the coughing and teary eyes that once came from spending hours over an open fire each day."
— From Dr. Robert's community visit.



Mitra
Technology
Foundation



Swiss
Himalayan
Amity

The Incinerators: Tackling Plastic Waste on the Mountains

If the cookstoves address what happens inside the home, the incinerators address what is happening outside — on the hillsides, along the paths, at the edges of once-pristine villages. Plastic waste is one of the most visible and persistent challenges in mountain terrain, where collection and disposal infrastructure simply doesn't reach.

The household incinerators introduced under Breathing Easy are a closed, compact system developed by the Appropriate Rural Technology Institute (ARTI), Pune, and promoted by MG Green Solutions. Featuring a firebrick core with primary and secondary air inlets, the system generates combustion temperatures of over 900°C, ensuring cleaner, more efficient burning of waste. An inbuilt steel tank provides hot water for household use as a byproduct of waste incineration.

In January 2026, a workshop led by technical consultants Mr. Salunkhe and Mr. Deshmukh from MG Green Solutions brought the team together to build four new units, renovate one existing unit, and conduct maintenance inspection of all previously installed incinerators across Pati block. The entire construction process — layer by layer — was documented in photographs, videos, and written notes, soon to become laminated instruction sheets for local masons.

A community of users, not just beneficiaries

The workshop visits revealed common gaps in how incinerators were being used — incorrect fire-starting methods, uncertainty about cleaning and maintenance, and a widespread misconception that the incinerator's primary purpose is hot water generation rather than waste disposal. Almost every unit was opened, cleaned, and demonstrated to users on-site.

Going forward, a WhatsApp group connecting all users, the MITRA team, technical consultants, and local mason Diwan Ram (and his son, now being trained as an apprentice) will provide ongoing troubleshooting and support — marking the shift from installation to a genuinely sustained system.

Looking ahead — Phase V

Plans include training additional local technicians and conducting a scientific evaluation of combustion chamber temperatures, chimney gas emissions, and residual ash characteristics to determine whether the ash is safe and suitable for agricultural use.



THE LEGEND

LIGHT

287

CARGO
AIR

TOR CO.

FREEDOM

When Rob Comes to the Mountains

There is something about Dr. Robert’s visits that cannot quite be captured in a report — and yet, every year, we try. When he arrived in November 2025, he brought what he always brings: unhurried time, open ears, and a genuine desire to simply be present with the people and places that make this work matter.

The day began the way it always does — with the whole MITRA team gathered together. Not for a presentation or a review, but for something rarer: a full day of listening. Our community health workers — young women from these very mountains — spoke about their work, the feelings behind it, the achievements they are proud of, and the moments that made them laugh. There was food, music, and a fire. There was the kind of ease that only comes when people feel truly heard.

Dr. Robert then went into the community — visiting pregnant and lactating mothers, sitting with them, watching and observing in the way that only works when language runs out. Not everything can be translated, and Dr. Robert has long understood that. So he observes. He watches a mother’s face when she talks about her baby. He notices the things that numbers never quite reach.

One of the visits this year was to an ‘amma’ who now uses a smokeless chullah to cook her daily meals.

Dr. Robert also continues to champion the cause of waste management in Pati block — one of those challenges that stares back at you from every beautiful hillside: tons of plastic, piling quietly. With his support, domestic incinerators have been installed in the block under the Breathing Easy project.

Team day Full day with community health workers — stories, achievements, music, food, and fire	Community visits Sat with pregnant and lactating mothers — observing, listening, understanding beyond words	Government meetings Met with district officials to discuss progress and the way forward
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Gina's Scholarship Program

In 2020, a scholarship was established in memory of Gina Ali Khan — an educationist from Pune who volunteered with children at Aarohi Bal Sansar, Satoli. Five years on, it has supported 15 scholars with ₹3,60,000 in higher education funding, and runs an active cohort of 6 young people from the mountains of Champawat.

The programme does not simply disburse funds and step away. Quarterly review meetings bring scholars and the team together for honest conversations about progress, career plans, and financial need. This year, English language classes were added — recognising that language confidence is as much a barrier as money. Several scholars named it as one of the most tangible benefits of the programme.

"The scholarship supported my exam fees, rent, and transportation charges — but what it really gave was the ability to keep going without stopping to worry about money." —Kavita Negi (scholar).

15

scholars supported
since 2020

₹3.6L

total scholarship
disbursed

6

active scholars in
2025–26 cohort

SWAR Fellowship – New Addition

This year we hosted Sampurna Majumdar as our SWAR Fellow. She arrived quietly; she left having reached **242 adolescents**, established **55 kitchen gardens** across ten villages, and tracked **186 postnatal mothers** — while supporting over 50 Azim Premji Foundation scholarship applications along the way.

Her work began with a finding she called the **Nutrition Paradox**: 98% of families in Pati block owned agricultural land, yet only 12% of adolescent girls ate green leafy vegetables daily. The kitchen garden programme was her answer — 55 gardens at roughly ₹1 each, fresh produce now reaching 10 Anganwadi Centres, and three peer-trained Kitchen Garden Champions keeping the model alive after the fellowship ended.

Her adolescent sessions replaced lectures with games and participatory tools — green leafy vegetable consumption rose from 17% to 35%, IFA tablet consumption from 61% to 83%, and belief that IFA tablets are safe from 6% to 95%. From November 2025, her six-month postnatal tracking module across 186 mothers found IFA and calcium adherence improved from 62% to 74% — though declining in months 4–6, a gap that will shape future programme design.

LOOKING BACK, LOOKING FORWARD

Some years are defined by what was built. This past year was defined by how the team held together when the ground shifted beneath them. It was a year of loss, adaptation, and — by the end — renewal. This is an honest account of how we got through it, and where we are headed.

When the funds stopped

In May 2025, funding from RIST came to a halt. For a programme that runs on frontline presence — home visits, community sessions, clinical mentoring — the loss of funds was not only an administrative inconvenience. It was an immediate threat to the work that families in Pati block had come to rely on.

The team made a collective decision: the work would not stop. What followed was a series of difficult choices.

↓ 40% reduction in manpower The team was reduced by 40%. Some colleagues moved on. Those who remained accepted salary cuts and gave up daily field allowances — modest amounts meant to cover food and travel during field visits — without hesitation.	↓ Programme adapted, not abandoned For babies above 28 days and not classified as high-risk, home visits shifted to phone follow-ups to reduce travel costs. It was not the same as being there. But it kept the connection alive, and no family was left without contact.
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WHAT'S COMING NEXT

Azim Premji Foundation: the project continues — with a new dimension

Collaboration with Azim Premji Foundation. The project will continue, now with an additional focus on Non-Communicable Diseases (NCD). The work should begin in the next few months. This represents a significant expansion of scope — and a vote of confidence in what the team has built over the past three years.

WHO Trauma Care collaboration with Dr. Anurag and Mrs. Roopa

A new collaboration is forming with Dr. Anurag (Surgeon, MAMC) and Mrs. Roopa (Nurse) through the WHO Trauma Care Centre. This partnership will bring more workshops and hands-on training at district and sub-district level in Champawat — building clinical capacity at the system level, beyond what field mentoring alone can reach.

Zero waste collaboration with Ms. Srijita, Zero Waste Nainital

The plastic waste challenge in Pati block — visible on every hillside, in every village — needs more than incinerators. We are exploring collaboration with Ms. Srijita from Zero Waste Nainital to bring structured, community and school - led waste management approaches to the block.

The shift to digital

For most of the programme's life, data has lived in paper registers: home visit forms, weight records, ANC tracking sheets. This year, that is changing. Work on a digital portal is now taking shape, with a real-time dashboard that will allow the team to monitor indicators as they happen — not weeks later when registers are compiled.

The transition from paper to digital is not a small one in a mountain area where connectivity can be unreliable. But it is necessary. Better data means better decisions, faster identification of the families who need more attention and a stronger foundation for the next phase of the work.

Real-time monitoring dashboard

The portal will provide live visibility into programme indicators — registrations, home visits, delivery outcomes, breastfeeding rates&high risk pregnancies and babies — replacing the monthly lag between field work and data review.

From paper to accountability

Digital records will make it easier to identify which Sub-Health Centres need more attention, which mothers have missed visits, and where the programme's energy needs to go — in real time, not retrospect.

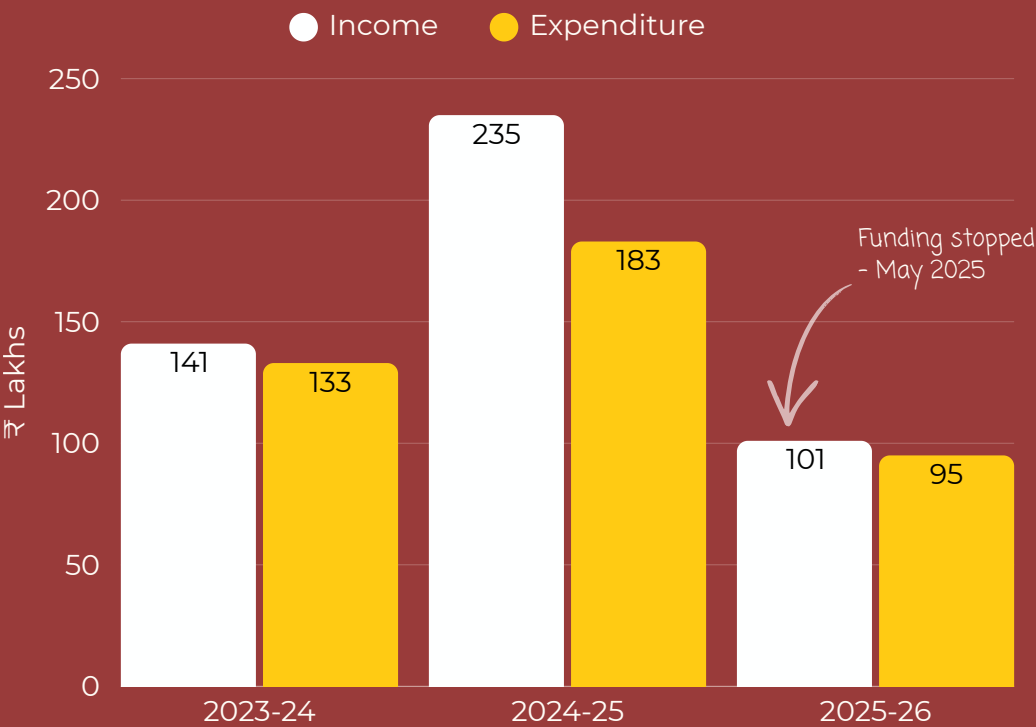
Finances 2025-2026

Total Income
INR 1,01,45,169

Total Expenditure
INR 94,68,233

Statistics

of our income and expenditure over last 3 years



- In 2025-26, total income reduced following the stoppage of RIST funds in May 2025. The programme continued core operations through careful management of reserves.
- Foreign funding constitutes 84% (₹85.28 L) of total income; Indian funding 16% (₹16.17 L).

MITRA Technology Foundation 2025–26 (FCRA)

INCOME	EXPENDITURE
Opening Balance ₹19,00,193	
Grants & Donations ₹88,20,733	Total Expenditure ₹91,70,944
Total Income ₹1,07,20,926	Closing Balance ₹15,49,982

Income	Amount (INR)	Expenditure	Amount (INR)
Swiss Himalayan Amity (SHA) - Arogya Project	₹62,88,158	Program Salaries	₹55,28,010
THF — The Hans Foundation (RIST, USA)	₹12,52,519	Program Expenses	₹24,40,429
SHA — Breathing Easy IV	₹9,87,171	Admin Cost	₹12,02,505
Individual Donations & Other Income	₹68,925		
Vehicle Reimbursement Receipts	₹2,23,960		
Grand Total	₹88,20,733		₹91,70,944

Agrani India Foundation 2025–26

INCOME	EXPENDITURE
Opening Balance ₹32,60,361	
Grants & Donations ₹13,24,436	Total Expenditure ₹2,97,289
Total Income ₹45,84,797	Closing Balance ₹42,87,508

Income	Amount (INR)	Expenditure	Amount (INR)
Accel Partners India LLP (Institutional)	₹12,50,000	Program Expenses	₹1,16,756
Gina's scholarship programme (Individual)	₹50,000	Mahesh's Kids Programme	₹83,039
Vehicle Reimbursement	₹23,460	Gina's scholarship programme	₹74,000
Online Donations	₹976	Admin Cost	₹23,494
Grand Total	₹13,24,436		₹2,97,289

NEWS ARTICLES

पनिया एएनएम सेंटर में नौ साल बाद प्रसव सुविधा

हि अखी खबर

पाटी, संवाददाता। पनिया एएनएम सेंटर में नौ साल बाद प्रसव होना। स्वास्थ्य विभाग और निम्नलिखित डेक्कनलीजी द्वारा कार्य में सहयोग के प्रसव सुविधा को लक्ष्य मिलेगा।

अब तक यहां के ग्रामीणों को पाटी और लोहाघाट की लंबी दूरी चलनी

अब तक 15 किमी दूर पाटी की दूरी लगाते थे। वर्ष 2014 में कतिपय कारणों से बंद हो गई थी सेवा।

पट्टी की। एएनएम का स्थापना होने से वर्ष 2014 में वापस प्रसव होना बंद हो गए थे।

पनिया एएनएम सेंटर में नौ साल बाद प्रसव सेवा देकर उसे उल्लेखनीय कर दी गई है। सेंटर में प्रसव नहीं होने से ग्रामीणों को दिक्कत हो रही थी। लंबी दूरी तय करने के दूर जाना पड़ता था। - डॉ. नृपराज शर्मा, प्रती निमित्त अतिथि, पाटी।

पाटी ब्लॉक के पनिया एएनएम सेंटर से जुड़ी दूरी अचानक को रहल मिली है। इस सेंटर में अब प्रसव देकरा से

शुरू हो सके। वर्ष 2014 तक इस सेंटर में प्रसव हुआ करते थे। लेकिन एएनएम का स्थापना होने से ये सुविधा बंद हो गई थी। इस वजह से मुल्हाकोट, पनिया, रीठासाहब, दुर्गाकोट, अमोली, बांडे, कोटवा, कानीकोट, मगर, कटवाट, चौधरी आदि ग्रामीणों को दिककतों का सामना करना पड़ रहा था। लेकिन अब यहां से एएनएम को तैयारी होने से फिर से प्रसव सेवा शुरू

हो गई है। स्वास्थ्य विभाग इस कार्य में मित्रा टेक्नोलॉजी फाउंडेशन को सहयोग देगा। फाउंडेशन के प्रबंधक डॉ. सुरेश शर्मा ने बताया कि ब्लॉक मुख्यालय में गर्भवती का प्रसव कराना शुरू कर दिया है। उन्होंने बताया कि फाउंडेशन बीच बाले स्टाफ को तैयारी करेगा। ब्लॉक दस अग्रल को कानीकोट निवास प्रेम देवी का सुरक्षित और स्वस्थ प्रसव कराया।

पाटी अस्पताल में मॉडल सीडीओ खाती और सीएमओ चौहान ने संयुक्त रूप से किया शुभारंभ

संवाददाता

18 पीएसडी केंद्रों में मिलेगा आयुष्मान योजना का लाभ

संवाददाता

अखी खबर

पाटी (पंचायत)। पाटी अस्पताल में मॉडल डिजिटली केंद्र का मॉडल डी. देवेश चौहान ने संयुक्त रूप से शुभारंभ किया। मित्रा टेक्नोलॉजी फाउंडेशन के सहयोग से पाटी अस्पताल में मॉडल डिजिटली केंद्र शुरू

नहीं हो पाया है। इससे और

को बढ़ावा देने को लक्ष्य मिलेगा।

मित्रा फाउंडेशन की डॉक्टर

एनएम के अंतर्गत 2023 में मॉडल डिजिटली केंद्र बनने से

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उप स्वास्थ्य केंद्र रीठासाहब में मिली आदर्श प्रसव केंद्र की सौगात

शाह दास संवाददाता

देवीधुरा।

मित्रा फाउंडेशन

पाटी (रीठासाहब) में मित्रा टेक्नोलॉजी

फाउंडेशन एवं हंस फाउंडेशन द्वारा

जन्मी एवं शिशु स्वास्थ्य कार्यक्रम के

तहत बेहतर सुविधा प्रदान करने के

लिए क्षेत्रीय जन समुदाय हेतु आदर्श

प्रसव केंद्र का नवनिर्माण आरंभ

परियोजना के तहत कराया गया है,

जिसका अनावरण मुख्य अतिथि

सीएमओ चम्पावत डॉक्टर देवेश

चौहान ने किया खोलकर किया।

मित्रा फाउंडेशन डॉक्टर सुरेश शर्मा ने

बताया कि रीठासाहब स्थित उप

स्वास्थ्य केंद्र से नौताल व चंपावत

जिले के समावासी क्षेत्र से लगती तीस

हजार से अधिक की जनसंख्या इस

आदर्श प्रसव केंद्र की लाभार्थी होगी।

यह आदर्श प्रसव केंद्र सुरक्षित प्रसव

के लिए पूर्ण रूप से तैयार है, जिसमें



प्रशिक्षित एएनएम एवं सभी आवश्यक उपकरण मौजूद रहेंगे। उन्होंने इस आदर्श केंद्र के निर्माण में जिला प्रशासन चंपावत के सहयोग को सराहना की। इस प्रसव केंद्र को तैयार करने में जिला प्रशासन चंपावत, मित्रा टेक्नोलॉजी फाउंडेशन, स्मिथ मेडर्स ऑफ्टेक्नर, वित्तीय सहयोग हंस फाउंडेशन व एएनएम, प्रोग्राम प्रबंधक एनिका दत्त, श्री मिशन के महाप्र. बंधक दीपक जोशी की अहम भूमिका रही। यह अपने तरह का तीसरा आदर्श प्रसव केंद्र है। इससे पूर्व पाटी ब्लॉक के सुदूर ग्रामीण अंचल पनिया व देवीधुरा में यह केंद्र अपनी सेवा प्रदान कर रहे हैं। साथ यह महिला सरासिकाकरण करण को बढ़ावा देने हेतु रोजगार भी प्रदान कर रहे हैं। इस मौके पर खरडी जिला पंचायत प्रतिनिधि ग्राम प्रधान मोहन चंद जोशी, प्रदीप जोशी, एएनएम, स्टफर्स, आशा कार्यकर्ता आदि उपस्थित रहे।

पाटी को मिले एक और खुशियों की सवारी

हि अखी खबर

पाटी, संवाददाता। पाटी ब्लॉक को एक और खुशियों की सवारी की सौगात मिली है। सीएमओ और ब्लॉक प्रमुख प्रशासन ने खुशियों की सवारी का शुभारंभ किया। पाटी में खुशियों की सवारी और 108 सेवा का संचालन पूर्व से किया जा रहा है।

पाटी अस्पताल में शुरूआत को सीएमओ डॉ. देवेश चौहान और ब्लॉक प्रमुख प्रशासन सुमनलता ने नई खुशियों की सवारी का शुभारंभ किया। सीएमओ ने बताया कि खुशियों की सवारी का

सीएमओ ने देवीधुरा अस्पताल का निरीक्षण किया

पाटी। सीएमओ ने शुरूआत को पाटी अस्पताल में मित्रा फाउंडेशन के सहयोग से बन रहे प्रसव कक्षा का निरीक्षण करने के साथ ही अस्पताल की समस्याओं को जाना। इस दौरान व्यापार मंडल अध्यक्ष गोपेश पचौली के नेतृत्व में लोगों ने अस्पताल में सुविधाओं को बढ़ाने की मांग की। बाद में सीएमओ ने देवीधुरा अस्पताल और पनिया एएनएम सेंटर का निरीक्षण किया। उन्होंने स्वास्थ्य सुविधाओं में सुधार की लेकर स्थानीय जनप्रतिनिधि और लोगों से विचार विमर्श किया।

संचालन मित्रा फाउंडेशन के सहयोग से किया जाएगा। बताया कि पाटी ब्लॉक में 108 एम्बुलेंस और एक 102 खुशियों की सवारी का संचालन पूर्व से किया जा रहा है। मित्रा फाउंडेशन की समर्थक एनिका दत्त ने बताया कि एम्बुलेंस मरीजों को निशुल्क सेवा देगी। शुभारंभ पर प्रभारी चिकित्साधिकारी डॉ. वल्लभ सिंह, डॉ. ज्योति, व्यापार मंडल अध्यक्ष गोपेश पचौली, राजेन्द्र लडवाल, पीताम्ह महतोडी, मित्रा फाउंडेशन के दीपक जोशी, प्रकाश सिंह खड्वाल, फार्मसी अधिकारी योगेश कर्नीजिया आदि मौजूद रहे।

हिन्दुस्त



पाटी बजार में एडवर्डियन नितीत डॉक्टर के नेतृत्व में सहाई अभियान चलता गया।

पाटी में व्यापारियों, कर्मचारियों ने चलाया सफाई अभियान

पाटी, संवाददाता। पाटी बजार में बुधवार को कर्मचारियों और व्यापारियों ने सहाई अभियान चलता। एडवर्डियन नितीत डॉक्टर के नेतृत्व में चले अभियान के दौरान शांतिवर्ष का कटान कर कुड़े का निस्तारण किया गया।

पाटी में ब्लॉक सौभाग्य से श्री मिशन संस्था और मित्रा फाउंडेशन की ओर से सहाई अभियान की शुरुआत की गई थी। बुधवार को एडवर्डियन नितीत डॉक्टर के नेतृत्व में व्यापार मंडल और कर्मचारियों ने स्टेशन और बजार क्षेत्र में सहाई की। बताया कि प्रत्येक बुधवार को जिला पंचायत का कूड़ा वाहन पाटी

एडवर्डियन के नेतृत्व में अभियान में कुड़े का निस्तारण, शांतिवर्ष कटी

बाजार क्षेत्र से कूड़ा उठायेगा। लोगों से कूड़ा कुड़े के बाहर में डालने की अपील की। कार्यक्रम में बीडीओ सुभाष चंद लोहानी, सहसिलदार ईश्वर सिंह भीमा, मनोज महतोडी, रमेश पाटनी, व्यापार मंडल अध्यक्ष गोपेश पचौली, श्री मित्रा संस्था के दीपक जोशी, मित्रा फाउंडेशन की एनिका दत्त, हेम शर्मा, दीपक मट्ट आदि मौजूद रहे।

बेहतर स्वास्थ्य सेवाओं को डॉक्टरों ने किया विमर्श

चम्पावत। मैनेजमेंट ऑफ ट्राuma इन रिमोट सेटअप विषय पर जिला अस्पताल में कार्यशाला का आयोजन किया गया। इसमें स्विट्जरलैंड के अनुभवी ट्राuma और जर्नल सर्जन डॉ. राबर्ट ग्राफ ने व्याख्यान दिया गया। जिसमें विभिन्न चिकित्सा इकाइयों में तैनात 15 चिकित्सकों ने प्रतिभाग किया। यहां सीएमओ, एसीएमओ, पीएमएम और डॉ. सुरेश शर्मा व एनिका दत्त ने प्रतिभाग किया गया।



Our strong field workforce, the heart of the Arogya Project — from left: Indira, Tanuja, Gunjan, Pushpa, and Kavita.

Be a part of this change
by contributing here:



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pregnant women

+111

ASHA trained

+144

Scholarship
support to
students

+6

Newborn
home visited

+400

Pregnant women
reached

+600

Patients
treated

+600

Incinerators

+5

Health camps

+9

Chullahs

+70