



Mangal Pratap Streearogya Kendra

Streearogya Rural Foundation

ANNUAL REPORT 2024-2025

**"Working to understand
Women's Health in Rural Solapur"**



Contents

Executive Summary.....	iv
From the Founder Director's Desk.....	1
The Beginning	3
Vision and Mission	4
Community Needs Assessment	4
Summary of findings from the initial stage.....	5
The three pillars and one foundation	6
Mangal Pratap Stree Arogya Kendra (Women's Health Centre)	7
Healthcare Services at the Kendra	8
Consultation and procedural services at Kendra	8
Sonography services	9
Activities at the Kendra.....	10
Ulrike Reinhard and Asha Gond (Skater Girl).....	10
Cooking competition and our focus on nutrition	10
Adolescent Health Program by Vivekananda NGO.....	11
Physiotherapy camps	12
Community Engagement	13
Camps.....	13
School Health	14
Meetings with Bachatgat representatives, Panchayat members.....	15
Menstrual Health	16
Collaboration.....	17
With the Government health sector.....	17
With the Private health sector.....	18
With other NGOs.....	18
With Academia.....	18
Research and Data Management	19
Leveraging Media.....	19
Website	19
WhatsApp	20
Social Media.....	21
Short Films	21

Feedback from the community.....	22
Quotes from women.....	22
Impact	23
Recognition	24
Future Plans	25
Acknowledgements.....	26

Executive Summary

The Mangal Pratap Streearogya Kendra (MPSAK), located near Pathari and Belati villages in Solapur, Maharashtra, is a grassroots women's health initiative founded in July 2024 under the leadership of Dr. Priya Ajay Chauhan. The Kendra is operated under the Streearogya Rural Foundation (SARF), a Section 8 non-profit company committed to improving the health and well-being of rural women through preventive, promotive, primary, and rehabilitative care.

Rooted in participatory and community-driven principles, MPSAK was established following a detailed community needs assessment conducted between 2022–2024. The findings helped shape a locally responsive model that addresses women's key health concerns—including anemia, chronic pain, reproductive and menstrual health, non-communicable diseases, and limited access to preventive care.

The Kendra offers a range of outpatient services by experienced specialists in obstetrics, gynaecology, radiology, community medicine, and physiotherapy. Beyond clinical care, MPSAK hosts nutrition programs, school health education sessions, adolescent and menstrual health workshops, and community-based physiotherapy camps. A culturally rooted health communication strategy, including folk media and digital platforms like WhatsApp and social media, further amplifies outreach.

Strong collaborations with the public and private health sectors, other NGOs, academic institutions, and local governance bodies like the Panchayat and Bachatgat groups have enabled effective and sustainable programming. Donor funding and in-kind support from core members allow the Kendra to offer many of its services free of cost.

The Kendra has initiated two research projects focused on preventive care and nutrition. Its vision includes expanding access through mobile clinics and investing in screening equipment and tools for minimally invasive treatment. With dedication, community trust, and strategic partnerships, MPSAK is steadily working toward transforming rural women's health outcomes.

From the Founder Director's Desk

As we mark one year since the establishment of Mangal Pratap Streearogya Kendra, I feel immense pride and deep gratitude for the dedicated and passionate team that stands with us.

Over the past two years, we have been quietly and steadily working with women and healthcare workers in rural communities. However, limited financial resources meant that outreach and footfall at the Kendra remained modest. Advocating for preventive healthcare—especially when tied to even a marginal fee—has proven challenging in communities where awareness of such care is still developing. Yet, we believed this model was important for long-term sustainability.

A turning point came in January 2025, when we became a registered Section 8 company. At this critical juncture, we were humbled to receive a generous donation from Group Captain (Retd.) Pratap Singh Pardeshi and Mrs. Mangala Pardeshi, Mrs. Shalini Pardeshi, and a few other kind individuals. Their contributions allowed us to offer free services to over 100 women. This gesture not only boosted our outreach but reaffirmed the importance of accessible, preventive care.

We recognize that the community is not yet ready to fully embrace the idea of paying for preventive services. Hence, we are deeply grateful to our donors, whose contributions enable us to provide direct support to those in need. At SARF (Streearogya Rural Foundation), we have made a clear decision: All donations from individual donors will go directly towards patient services, while our core members will cover administrative costs and, where possible, through CSR funds from corporate partners.

To offer transparency and choice, we have created specific focus areas for donations, including:

- Menstrual Disorders
- The “Save the Uterus” Campaign
- Mental Health
- Adolescent Health
- Musculoskeletal Disorders
- Cardiovascular Disease Prevention
- Diabetes Mellitus
- Cancer Prevention (Cervical & Breast cancer Screening)
- Menopausal and Postmenopausal Health
- Infertility
- Maternal and Fetal Health

As we move forward, driven by our mission to empower every woman in our reach with knowledge and access to essential healthcare, we also carry a few dreams in our hearts—a mobile clinic, modern screening equipment, and tools for minimally invasive treatment.

I firmly believe that if each of us continues to contribute—time, resources, or effort—we will create lasting change in women’s health and well-being.

Thank you to my team and to all who have supported our journey so far. Your belief in our cause is the foundation of our progress.

Warm regards,
Dr Priya Ajay Chauhan, MD
Founder Director
Mangal Pratap Streearogya Kendra
Streearogya Rural Foundation (SARF)



*Photograph: Dr. Priya Ajay Chauhan (seated), with her parents
Mr. Pratap Singh Pardeshi and Mrs. Mangal Pratap Pardeshi*

The Beginning

Mangal Pratap Stree Arogya Kendra, located near Pathari and Belati villages in Solapur, Maharashtra, was born from the vision of Dr. Priya Ajay Chauhan, an obstetrician-gynecologist with a deep commitment to rural women's health. Supported by her family, she envisioned a non-profit center to address the health needs of women in underserved communities. In October 2022, a chance meeting between Dr. Priya and Dr. Kusum V. Moray, a public health physician, on a train journey to Solapur marked the beginning of a collaborative partnership. Over the next two years, they worked closely to shape the center's mission, vision, and values, engaging local women and stakeholders through participatory approaches. Their goal was to ensure women remained central to all planning and care efforts. Dr. Priya's family offered space in their farmhouse, which was renovated by May 2024 to house the center. Between 2022 and 2024, they strived to understand the community better.

Recognizing potential access barriers, they planned community outreach and home visits in nearby villages. As the center started full-time operations in July 2024, the team remained hopeful that their work would create meaningful, sustainable change in women's health and well-being.



Photograph: April 2024, visiting a family in Belati village

Vision and Mission

Vision: To create a respectful, equitable, and safe space for rural women that would empower them and improve their health and well-being

Mission: To create a community engagement center that caters to preventive, primary healthcare, rehabilitative, and promotion of well-being for rural women and to create a local health system network that facilitates bettering their health.



Photographs: Women residents of the villages nearby.

Community Needs Assessment

Before opening the center, it was decided that the local milieu be understood through a needs assessment exercise. The plan was to capture the local policy, systems, and socio-economic environment through a series of activities, including meetings, interviews, and focus group discussions. The activities were conducted with the stakeholders who had either direct or indirect influence on the health of the women in the rural area. The data from these activities helped guide the action plan for the structure and nature of services at the centre.

On November 30, 2022, a meeting was held at Pardeshi Farmhouse, Pathiri Village, Solapur, with attendees including Mr. and Mrs. Pardeshi, Dr. Kusum, 14 female community health workers (CHWs), and two male sarpanchs. The purpose was to introduce the planned Mangal Pratap Center for Women's Health, understand local women's health issues, and explore their health-seeking behavior and social lives.



Photographs: Needs assessment meeting with local Community Health Workers (CHWs) in 2022

Between 2022-2024, Dr. Priya conducted training for the government staff on cervical cancer screening. Dr. Kusum conducted a short research project to understand the priorities of the rural women in preventive healthcare.



Photographs: Working with the government sub-centre staff in early 2024

Summary of findings from the initial stage

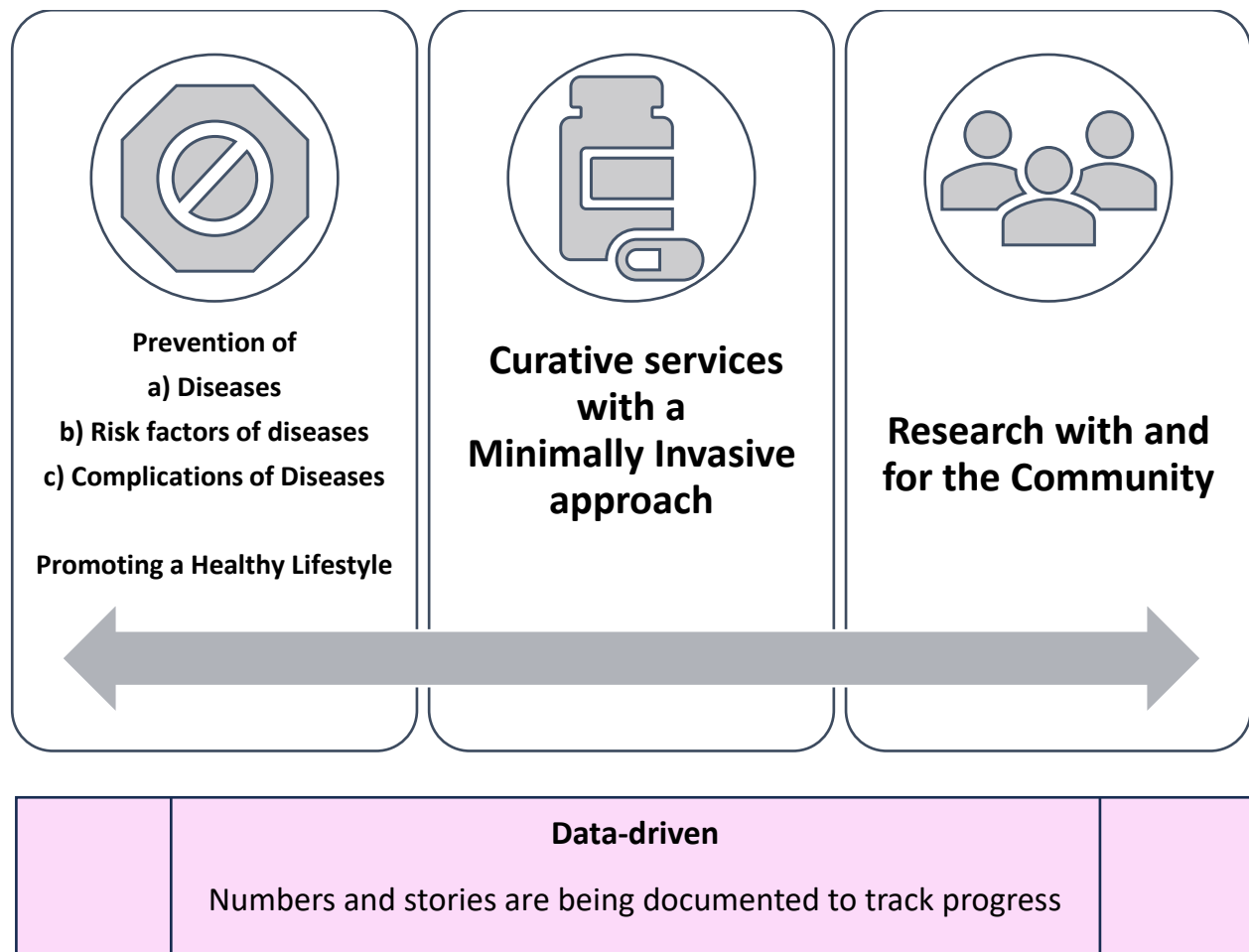
The key health concerns among women included anemia, musculoskeletal issues, menstrual irregularities, leucorrhea, and non-communicable diseases such as diabetes and hypertension. Though mental health problems were considered rare, stigma around illness and limited communication with spouses often led to delayed care. Women typically sought care at the PHC or traveled to Solapur for more serious conditions, incurring high costs. Hysterectomies were common, and preventive cancer screenings had previously been met with fear, though CHWs believed proper counseling could improve acceptance. Socially, early marriage and early childbirth were widespread. Women had limited access to education and self-care. CHWs suggested using monthly self-help group meetings to promote health awareness and expressed interest in organizing yoga workshops. The insights gathered were deemed consistent with national data and highlighted the need for targeted interventions to address the poor coverage of preventive healthcare services in the region.



Photographs: Village scenes and agricultural fields

The three pillars and one foundation

Based on the community needs assessment, we designed the following simplified model to guide our strategy and services.



Mangal Pratap Stree Arogya Kendra (Women's Health Centre)

The Pardeshi family was kind to provide space in their farmhouse to set up the Arogya Kendra (Women's Health Centre). Full-time operations started in July 2024.



Photograph: From Left to Right: Dr. Kusum Moray (Executive Director), Dr. Priya Chauhan (Founder-Director), Ms. Poonam Gaikwad (Nurse), Ms. Meena Gaikwad (Administrator)



Photographs: Mangal Pratap Stree Arogya Kendra, Belati

Healthcare Services at the Kendra

The needs assessment revealed that the women would benefit from having a health centre in the region. Aligned to the need, the following services have been provided at the Arogya Kendra since July 2024.

Consultation and procedural services at Kendra

Dr. Priya and Dr. Ajay are visiting consultants. They are OBGYN and Radiology specialists, respectively. Dr. Priya is trained in providing minimally invasive gynaecology services in OPD settings, including cervical cancer screening, cervical and endometrial biopsy, management of infertility, etc. She has over 35 years of work experience in India and Denmark. Dr. Ajay provides Ultrasound services at the centre. They visit the centre 3-5 times a year. Dr. Kusum V Moray is trained in Community and Family Medicine. She has over a decade of experience working in rural, tribal primary healthcare and research settings in three states in India. She provides comprehensive primary healthcare family consultations from Monday to Friday during the daytime. Dr. Shobha Shah has over 40 years of experience working as an OBGYN specialist. She visits the centre once a week to provide gynaecology consultations and Sonography services. While the patients wait for their consultation turn, they discuss their nutrition and physical activity patterns with our nurse, Ms. Poonam. She teaches women self-breast examination and its importance. If applicable, information on the menstrual cup is provided.



Photographs: Team of doctors and a nurse at Mangal Pratap Stree Arogya Kendra, Belati

Sonography services

Transvaginal and abdominal Ultrasounds are done at the centre by Dr. Priya and Dr. Shobha. Dr. Ajay also does musculoskeletal ultrasounds. The requisite legal registration and documentation are in place.



Photographs: Dr. Priya Chauhan, Dr. Ajay Chauhan, and Dr. Shobha Shah providing USG services

Activities at the Kendra

The vision is to perceive health holistically. A range of social, cultural, mental health related activities are hosted at the Kendra.

Ulrike Reinhard and Asha Gond (Skater Girl)

An inspirational talk was organized in April 2024, where the guests, Ms. Ulrike Reinhard (author of the book Skater Girl) and Ms. Asha Gond (the skater girl herself) spoke about their respective journeys in breaking stereotypes in rural Madhya Pradesh. A story about grit, determination, resilience, and fun. It showed how growth can happen when opportunity meets the will to change.



Cooking competition and our focus on nutrition

While rural life may seem healthier due to proximity to fresh produce, the reality is more complex. Many women work long hours on farms and lack regular access to fruits, vegetables, and dairy. Traditional millet-based diets are being replaced by rice and wheat, and processed snacks are popular among children. As a result, many women suffer from anemia and fatigue due to poor nutrition. Recognizing this, our non-profit is promoting awareness about healthy eating based on the 2024 Dietary Guidelines for Indians. We've held nutrition discussions, collected traditional recipes, and created a Marathi recipe book. A recent cooking competition encouraged women to prepare affordable, nutritious dishes using local ingredients like millets and vegetables. The event showed that while knowledge exists, challenges like access and convenience hinder healthy eating. Our goal is to support women on this journey toward better health.



Photographs: Cooking competition at the Kendra



Photographs: Title page and one of the recipe pages from the Marathi traditional recipe book compiled by the team

Adolescent Health Program by Vivekananda NGO

On 19th February 2025, Mangal Pratap Stree Arogya Kendra hosted a vibrant adolescent health workshop in collaboration with Dr. Shobha Shah and the Vivekananda Kendra, Solapur. The program saw participation from 22 women and 25 adolescent girls from nearby villages. Through songs, games, stories, and dance, the session emphasized self-belief, confidence, and the importance of holistic health. Inspiring slogans like “Phool Nahi Chingaari Hoon, Main Bharat ki Naari Hoon” echoed through the event, reflecting the empowerment felt by the girls. Traditional performances, including Marathi folk songs and powadas, connected the youth to their roots. Physical games, memory-based seated activities, and an impactful talk by Dr. Shah engaged all age groups. The workshop ended with heartfelt appreciation, and several girls expressed interest in becoming “Kishories”—youth health ambassadors. The transformation in the participants’ confidence was evident. The event left everyone feeling energized, connected, and inspired, proving that health education can be powerful, inclusive, and deeply meaningful without being didactic.



Photographs: Adolescent Health program at the Kendra

Physiotherapy camps

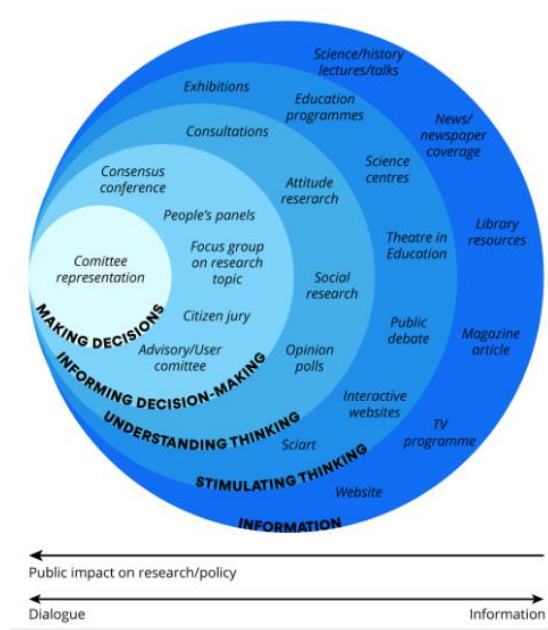
Pain is the commonest presenting complaint at the Arogya Kendra. Rural women are vulnerable due to multiple social, economic, and gendered norms and situations in India. In our experience, most women are unaware of the cause of their chronic pain. However, what they do know is how pain adversely affects their functioning at home and at the agricultural work that they engage in. Chronic pain reduces their quality of life while increasing their expenditure on healthcare. To address this issue, we have collaborated with the Siddeshwar College of Physiotherapy. A community physiotherapy team visits our Kendra once in 2 months. They bring portable physiotherapy machines and provide pain relief to the women. They train women in strengthening exercises to reduce chronic musculoskeletal pain.



Photographs: Physiotherapy camps at the Kendra

Community Engagement

The model we refer to for our community engagement activities is as follows. It is the Wellcome Trust's community engagement model. It is designed like an 'onion-peel' model. As an organization, we are slowly moving from providing information to the community to understanding their thinking. The aim is to, over the years, with empathy, competence to move to the inner core of empowering the community to make their own decisions. In the initial phase of our organization, we have conducted camps, school health sessions, attended Bachatgat meetings, and panchayat meetings to understand the community's needs better.



Wellcome Trust's community engagement model¹

Camps

Health camps are vital in delivering healthcare to underserved communities, especially women and children in rural areas. At MPSAK, we strive to conduct these camps ethically and effectively by following the Indian Medical Association's standard operating procedure, which emphasizes awareness, training, planning, standardized care, emergency preparedness, and—most challengingly—follow-up. In the first 1.5 months of our work, we organized four camps and served 80 women and 17 children. Common issues included pain, hypertension, menstrual disorders, and significant emotional stress caused by social and economic burdens. Many women lack the agency and support needed to prioritize their health. Our efforts also included connecting families with children with special needs to appropriate resources, though progress has been slow due to family resistance. We use digital tools to ensure continuity of care and plan to expand services by involving allied health professionals. Our goal is to build trust, improve access, and create long-term impact through sustained outreach. After taking feedback from the village

¹ Community Engagement – Under the Microscope [Internet]. Wellcome Trust; 2011. Available from: https://cms.wellcome.org/sites/default/files/wtvm054326_0.pdf

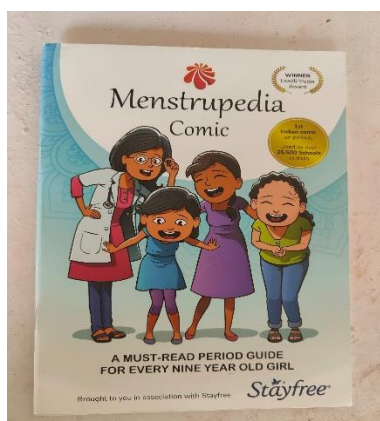
residents, we discontinued camps in the villages and continued routine services in the Kendra. However, we are willing to organize camps when the need arises.



Photographs: Camps, Health talk at a camp

School Health

Since August 2024, Mangal Pratap Stree Arogya Kendra (MPSAK) has been conducting health education sessions in village schools, beginning with Belati, which has 190 students. Sessions target adolescents (10+ years), addressing topics like nutrition, screen time, mental health, substance use, and gender roles. The school's LED screen has helped engage students using visual aids. While students understand many health risks, behavior change requires repeated, empathetic engagement. Gender disparities are visible early—girls handle chores, boys play violent mobile games like "Fast Fire." Unhealthy food choices are common due to social and economic factors. Although MPSAK aims to teach reproductive health to all students, cultural taboos forced sessions on menstruation and pregnancy to be girls-only. Anonymous Q&A at the end of sessions revealed curiosity and concern, especially about social media and growing up. MPSAK plans continued engagement, rural school outreach, and individual support for school dropouts identified during door-to-door surveys. This is just the beginning.



Photographs: School health sessions and the comic book used during the session

Meetings with Bachatgat representatives, Panchayat members

For a nonprofit like us, working to improve women's health in rural India, engaging with the Panchayat committee and participating in Bachatgat (self-help group) meetings is crucial for collaborative and sustainable impact. The Panchayat, as the local governing body, plays a key role in planning and decision-making for health, infrastructure, and welfare. Regular dialogue helps align efforts, build trust, and ensure accountability in joint initiatives.

Bachatgat is a powerful platform where women collectively manage finances, make decisions, and address community issues. Attending their meetings creates space for shared leadership, joint problem-solving, and mutual learning. It enables the nonprofit to work alongside women as equal partners, integrating health agendas into broader community development. These engagements foster democratic dialogue, strengthen local ownership, and ensure that health interventions are co-created rather than externally imposed. Meeting the Panchayat and Bachatgat is not just strategic—it reflects a commitment to partnership, equity, and community-led change.

We attend these monthly meetings in the villages near us: Belati, Pathari.



Photographs: Meetings with the Panchayat committee and Bachatgat

Menstrual Health

Menstruation is a vital yet often neglected aspect of women's health, especially in rural India. In Solapur, where many women face period poverty due to limited income and poor access to sanitation, conventional menstrual products like sanitary napkins or cloth are often inadequate or uncomfortable. Menstrual cups offer a sustainable, cost-effective, and hygienic alternative—they are reusable for up to 10 years and require minimal maintenance. Despite their benefits, awareness remains low, particularly among rural women unfamiliar with such products. Mangal Pratap Stree Arogya Kendra has initiated a grassroots effort to introduce menstrual cups, specifically the Asan Cup, at subsidized rates. Through demonstrations at Bachatgat meetings and peer-based endorsements, rural women are slowly becoming open to the idea. The goal is to empower women with informed choices that ensure menstrual dignity, comfort, and long-term affordability, paving the way for healthier, freer lives.



Image: The Asan Menstrual cup

Collaboration

In rural health initiatives, collaboration is key. A nonprofit like us, working to advance women's health must engage with diverse stakeholders—government health staff, the private health sector, and other NGOs. These partnerships ensure coordinated action, resource optimization, and broader reach, making interventions more effective, sustainable, and aligned with systemic health priorities.

With the Government health sector

We have built a decent rapport with some of the local government healthcare staff. We had initially met the district health officials, informing them about the start of our non-profit. Working closely with government health staff ensures alignment with public health goals, better access to services, and streamlined implementation of programs. Their insights into local health trends, infrastructure, and logistics enhance planning, while collaboration fosters mutual accountability and helps bridge the gap between policy and community-level health realities.



Photograph: After a monthly meeting at Tirhe PHC

With the Private health sector

Partnering with local private clinics, labs, and practitioners improves referral networks, diagnostic access, and continuity of care. Strategic collaboration ensures quality services reach underserved areas while complementing public health efforts without duplicating or fragmenting care systems. We have collaborated with a local pharmacy and lab to ease access for the women.

With other NGOs

Collaboration with other NGOs fosters knowledge sharing, prevents duplication, and strengthens collective impact. It allows pooling of resources, coordinated outreach, and integrated service delivery. By working together, nonprofits can amplify advocacy efforts, build complementary strengths, and promote a unified approach to addressing complex rural health challenges. We have interacted with a regional non-profit organization from Beed. We will be engaging in capacity-building activities with them.



Photograph: A meeting with the SSSB NGO from Beed

With Academia

We have signed an MoU with Ashwini Rural Medical College, Kumbhari, Solapur. We intend to collaborate with local, regional, national, and global academia, to learn from experts as well as share our learnings in formal and informal settings, channels. Partnerships with academic institutions bring in research expertise, evidence-based approaches, and access to training resources. Collaborating with universities and public health schools supports robust program design, data analysis, and monitoring. It also facilitates field-based learning, internships, and joint evaluations, enriching both practice and scholarship in rural women's health initiatives.

Research and Data Management

We are currently undertaking one research project in the community to understand the perceptions of preventive healthcare among rural women. We will be conducting the next research study to understand the dietary practices and patterns in the community. Our research is community-based, using mixed-methods, i.e., both qualitative and quantitative data gets collected. Data analysis will be done using standard software and statistical methods. The results of our research will be disseminated locally to the participants, to local authorities, and in academic fora. In the future, we plan to conduct implementation research in collaboration with the government healthcare stakeholders to improve the quality of healthcare in the region. The long-term goal in research is to facilitate health system strengthening and improvement in women's health.

We store all patient-related data on a cloud-based subscription software. We maintain a monitoring indicators file, where monthly numbers are tracked in terms of activities and healthcare.

Leveraging Media

Using culturally rooted media and art—like folk songs, wall paintings, street theatre, storytelling, and local crafts—makes health communication more relatable and impactful. These forms honour local traditions and aesthetics, engaging communities emotionally and intellectually. They help simplify complex ideas, spark dialogue, and inspire collective action for improving women's health.



Photograph: Clay miniature sculptures made by local children and women at the Kendra on the occasion of 'Guloba' during the month of Shravan

Website

Our [website](#) is our digital diary, documenting our stories through blogs. It is available in all languages, to increase accessibility of the content. Information regarding our work, our vision, mission, our team, and how to support us can be found on the website.

WhatsApp

We use WhatsApp for the following

- To send videos to patients—exercises, strengthening muscle groups, stress reduction, calming, and breathing exercises.
 - To inform them about Kendra's activities and camps (sample invitations)
 - Health education pamphlets (digital)
- These are sent by WhatsApp (samples below)
- We intend to use this medium to share the videos and movies that we will produce in the future



Photographs: Digital patient resources in Marathi



Photographs: sample digital invitations

Social Media

We have active pages on LinkedIn, Instagram, and Facebook. In today's digital age, we are cognizant of the importance of creating a digital footprint. We intend to use social media to help amplify the voices of rural women and the reach of their small businesses.

Short Films

We have collaborated with a Marathi Film Director to create health awareness movies aimed at social behaviour change. The first movie on saving the uterus, called 'Garbhasatya' was screened in July 2025 at the Kendra.



Photograph: Movie screening of the Marathi Movie "Garbhasatya" at MPSAK

Feedback from the community

Quotes from women

"MPSAK team gives more time to listen to us and explains our health concerns well."

"MPSAK team clears our queries patiently."

"We wish that the centre had delivery services as well."

"The Kendra has made access to healthcare easier for us."

"This centre focuses on nutrition, exercise, and oral medications; they don't give us injections."

"I will seek care here henceforth, as you look at us as a whole."

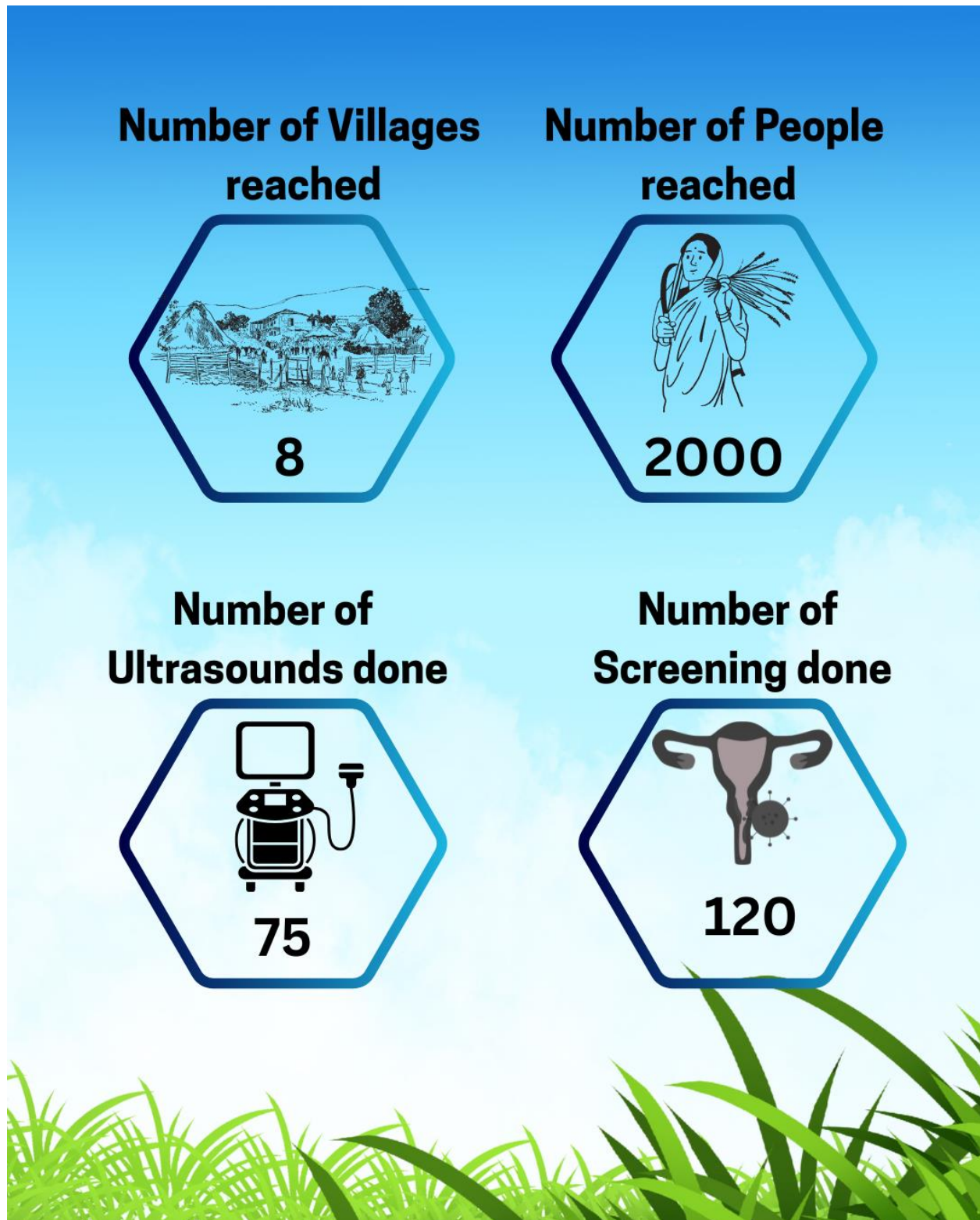
"Other clinics do not take history on nutrition, exercise."

"Following your advice on nutrition and exercise has helped us."

"We get a break from our routine when you organize activities."

"Physiotherapy camps worked well for some of us, but some require more sessions. We are fed up with taking pain medications; this is a better option to manage pain."

"We had to go to the city for ultrasound scans, but now this is close by. Our fear has reduced."



Recognition



The needs assessment phase of MPSAK was conducted as a part of Dr. Kusum's selection into the WomenLift Health India Leadership journey in 2023.

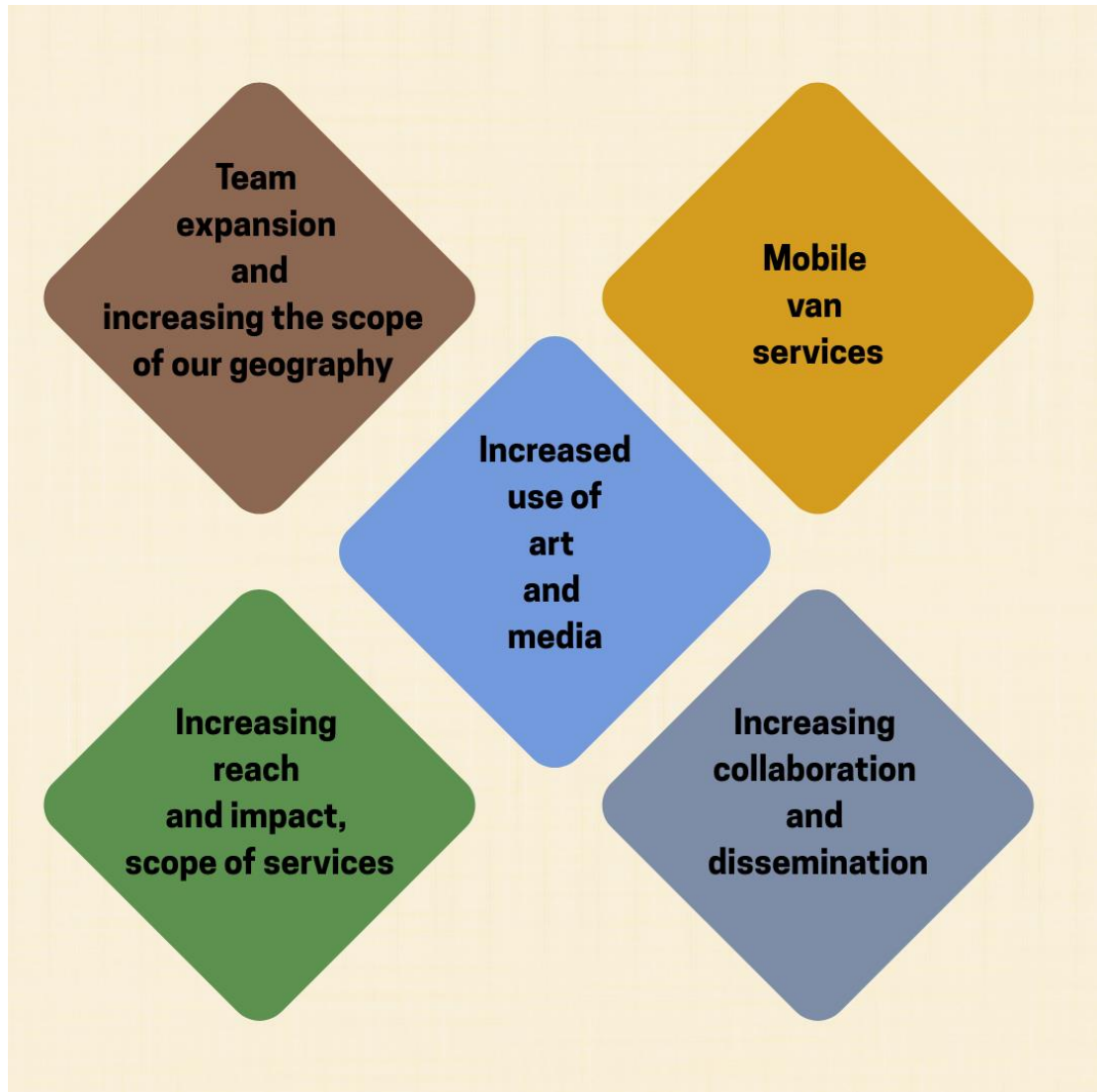


In November 2024, Dr. Kusum Moray, our Executive Director was awarded "The Dr. Sushila Nayar Young IAPSM Orator award" in the Non-academic category (affiliated to non-profit organizations) as a part of the 5th Indian Association of Preventive and Social Medicine (IAPSM)- Young Leaders Conclave, organized at All India Institute of Medical Sciences, New Delhi on the 9th and 10th of November, 2024. The award recognized past academic and research-related accomplishments of Dr. Kusum, future vision, and activities of the non-profit work of the StreeArogya Rural Foundation.



Dr. Priya Ajay Chauhan and Dr. Kusum Moray's abstract titled "Averting Irrational Hysterectomies Among Rural Women in India: A Case Series from a Novel Model" has been selected for the FIGO World Congress to be held in October 2025.

Future Plans



Acknowledgements

The journey of Mangal Pratap Streearogya Kendra has been one of quiet persistence, rooted in compassion and guided by community needs. We express our deepest gratitude to every individual and institution that has supported us in this endeavor.

Foremost, we thank Dr. Priya for translating her vision into reality.

We are especially thankful to Group Captain (Retd.) Pratap Singh Pardeshi, Mrs. Mangala Pardeshi, whose generous contributions in the early stages of our registered non-profit made it possible to extend free healthcare services to women.

We thank Mr. Praveen Pardeshi, IAS (rtd.), Mr. Prashant Pardeshi and family for their heartfelt support. Special thanks to Dr Chandrashekhar Pardeshi, MD, for his expert guidance in communication and sharing his own experiences with the rural community.

We sincerely thank Dr. Suresh Bihari Mathur and Mr. Jawahar Matu from Denmark for their unwavering confidence in us and our mission and moral support.

We are grateful to our healthcare team—Dr. Ajay Chauhan, Dr. Shobha Shah, Ms. Poonam Gaikwad, and Ms. Meena Gaikwad—for their dedication and consistent efforts to provide compassionate, quality care. Special thanks to the Siddeshwar College of Physiotherapy and Vivekananda Kendra for joining hands in service and awareness.

We acknowledge the steadfast involvement of Dr. Kusum V. Moray, whose experience in public health and commitment to community-centered care have been instrumental in shaping the vision and strategy of the Kendra.

We thank Mr. Manish Hulle, Mr. Anil Bidada, Dr. Landge, Mr. Atul Chavan, and Mr. Sunny Doshi for their support in administrative, financial, and legal matters.

We appreciate the support from local Panchayat leaders, Bachatgat members, government health staff, and village schools who have opened their doors and minds to our efforts. Your trust and participation give our work depth and direction.

Lastly, we thank the women and adolescent girls of Belati, Pathari, and neighboring villages. Your courage, questions, feedback, and aspirations continue to inspire us every day.

Together, we move forward with hope, humility, and the belief that rural women's health must be dignified, accessible, and empowering.



Mangal Pratap Streearogya Kendra

Streearogya Rural Foundation



www.streearogya.com



contact@streearogya.com