

# SEARCH, Gadchiroli — People's Health in People's Hands

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Health & Nutrition

Published: May 2026 · Last reviewed: —

In 1986, two doctors from Maharashtra — Abhay Bang and Rani Bang — chose to live in Gadchiroli. This requires explanation. Gadchiroli is among the most impoverished districts in India. Tribals constitute thirty percent of its population. Poverty, illiteracy, and remoteness compound healthcare challenges into a near-total absence of formal medical care for most of the district's inhabitants. The closest thing to a career incentive for a doctor in Gadchiroli in 1986 was the absence of competition — there was almost no one else.

Abhay Bang had trained at Johns Hopkins. Rani Bang had done advanced research in women's health. They could have practised medicine anywhere. They chose Gadchiroli, built a hospital whose buildings resemble the homes of a typical Gond village, and spent the next four decades generating research that would change global health policy.

In 2026, SEARCH marks forty years. The accolades tell part of the story: WHO Public Health Champion, TIME Global Health Heroes, MacArthur Foundation Award for Most Effective Institutions. Padma Shri for Abhay Bang. HCLTech 2024 Grant winner in health category. These recognitions matter less than what they point to — an organisation that made choices that nobody else was making and was eventually proven right by evidence rigorous enough to move national policy.

# **The Home-Based Newborn Care Revolution**

Before SEARCH, the dominant understanding of neonatal mortality in resource-poor settings was that it required hospital-based medical intervention. The equipment was in the hospital. The trained staff were in the hospital. If a newborn was going to survive, the newborn needed to be in a hospital.

Gadchiroli's tribal communities could not reliably reach hospitals. The closest emergency obstetric care for many villages was hours away on roads that monsoon made impassable. By the prevailing logic, tribal newborns in Gadchiroli would continue to die at high rates because the intervention model didn't fit the geography.

SEARCH's response was a paradigm shift: they asked what could be done inside the home, by women trained as Village Health Workers (VHWs), for newborns who would never reach a hospital within the critical first hours. The Home-Based Newborn Care model trained VHWs in 87 villages to support expecting mothers and be present at home births. The VHWs assessed newborn condition, identified danger signs, managed minor complications, maintained warmth, promoted breastfeeding, and provided a genuine emergency referral pathway.

The results were documented in a series of randomised controlled trials published in *The Lancet*. The evidence showed significant, measurable reductions in neonatal mortality — outcomes that the Indian government and WHO used to establish HBNC as official policy in India. The Gadchiroli model is now implemented nationally through India's health system. VHWs across rural India are doing what SEARCH's village health workers in Gadchiroli pioneered.

## **The 134-Village Model**

SEARCH has been working across 134 villages in Gadchiroli for nearly four decades. The choice of operational geography — specific, bounded, sustained — is itself a methodological decision. You cannot do the kind of longitudinal population-based research that SEARCH does without knowing the same communities across time. The

134 villages are not a convenience sample. They are a research and service community built through decades of trust.

The multi-speciality hospital on the SEARCH campus — whose buildings look like Gond homes — serves a population that has historically had almost no access to specialist care. Forty-three patients received essential surgical care (appendicitis, gallstone, hernia, ovarian cyst) in a single two-day camp in February 2024 — conditions that in Gadchiroli's context would typically go untreated until they became life-threatening.

## **Research Chosen by Communities**

At the heart of SEARCH's methodology is a principle that sounds obvious but is rarely practiced: research topics are chosen based on problems identified by villagers at community assemblies. SEARCH's research agenda on malaria prevention, chronic pain, mental health, and lifestyle diseases was not designed at a whiteboard in Bangalore. It was discovered in conversations with Gond communities about what was making them sick and killing them.

This community-driven research agenda produces evidence that is specifically relevant to the populations it's meant to serve — not evidence produced for populations like this population, adapted for this context, but evidence produced from within this context. The generalisability runs in reverse: what works in Gadchiroli's conditions is validated for scale in similar conditions, not imported from elsewhere.

## **The 38-Year Trend Line**

SEARCH's four decades of continuous presence in 134 villages has produced something that no project-cycle intervention can produce: a longitudinal record of what happens to community health over time. Neonatal mortality trends from the late 1980s through the 2020s. Malaria incidence across decades. The rise of non-communicable diseases as infectious disease burden declined. This kind of time-series data is irreplaceable — it cannot be generated retrospectively, only accumulated in real time by an institution that stays.

## Why This Matters Beyond Maharashtra

SEARCH's relevance for Odisha's tribal districts is direct: Gadchiroli's conditions — remote tribal communities, difficult terrain, absent formal health infrastructure, high neonatal and maternal mortality — are shared by Malkangiri, parts of Koraput, interior Rayagada, and the tribal blocks of Keonjhar and Sundargarh. SEARCH's field-developed interventions are not designed for Mumbai or Delhi. They are designed for exactly the conditions that characterise Odisha's most underserved districts.

The HBNC model that SEARCH pioneered is directly applicable to Odisha's ASHA-supported maternal and newborn care programme. The community health worker model is directly applicable to Odisha's tribal health challenges. And SEARCH's methodology — community-identified research questions, rigorous evaluation, policy translation — is a model that Odisha's health-focused civil society organisations can learn from and adapt.

## Contact and Further Reading

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### Key evidence:

- PMC peer-reviewed review: *People's Health in People's Hands: Dr. Abhay Bang and Dr. Rani Bang's Pioneering Approach* (Kawalkar et al., 2024, Cureus)
- SEARCH Lancet publications — multiple RCTs on HBNC, maternal health, neonatal mortality
- Godrej Foundation interview: 'We want to be a laboratory for social change' (2025) — most recent extended institutional description
- University of Pennsylvania CHIP profile — overview of HBNC model and VHW approach

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Published by JaBaSu Trust. For corrections or additions: [knowledge@jabasu.org](mailto:knowledge@jabasu.org)