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Empowering Tribal Community to Improve Nutritional Services and Practices in Korchi Block of Gadchiroli District (Malnutrition Free Village Campaign).

**Progress Report
Period (July 2021 to September 2022)**

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Introduction

Amhi Amchya Arogyasathi is a non-government organization working in the Gadchiroli district of Maharashtra state. since last 38-year Amhi Amchya Arogyasathi is a non-for-profit Organization working towards bridging the issues of community-related to women, Tribal, farmers and weaker sections through the community empowerment approach of “**Let’s find our own way**” for the past 8Years. Formed in 1984 Dr. Satish Gogulwar and Shubhada Deshmukh is inspired by Gandhian and Vinoba’s perspective on addressing health problems in its ‘wholeness of life’ and not mere administering medicines. Both were interested in constructive work for ‘health revolution’ by addressing livelihood, water, Women Empowerment etc. comprising wholeness of life. Hence the name ‘Amhi Amchya Arogyasathi’ (We for Our Health) was appropriate for the organization promoted by them. The organization is known for its role to build the capacities of the community for self-reliance and empowerment.

The Organization assist rural communities in putting apart intentionally the learned ‘isms’ for social change and all the readymade solutions, people were facilitated to find their own way to solve the live problems. A kind of self-help movement was initiated by the founder members. It organizes them in a socially and gender-inclusive manner to help themselves out of poverty by regenerating their ecosystems in a holistic and integrated manner, conserving and optimizing resource use, especially health & Nutrition, women empowerment and gender sensitization, Sustainable Livelihood, Policy Advocacy, life-oriented informal education, food security Training and community-based rehabilitation of the persons with disabilities. Being a learning organization, AAA undertakes studies and closely engages with institutional and governance actors so that insights and good practices derived from ground experiences contribute to shaping enabling policies and effective programs.

Background

Amhi Amchya Arogyasathi is working towards improving the health status of the communities. Health status among tribal communities compared to others have been seen lower due to many reasons and it has an impact on the overall development of tribal communities. Malnutrition is one of the other major causes of sickness and mortality among children. Malnutrition is observed as the most important risk factor for illness and deaths among children under five. Low birth weight, feeding problems, diarrhea, measles, regular illness and chronic diseases increase the risk factor of malnutrition and these factors are responsible for malnutrition among children in Korchi block. Children with malnutrition have reduced ability to fight infection and are more likely to die from common diseases such as malaria, respiratory infection and diarrheal diseases. Lack of awareness regarding child health, nutrition, proper guidance and timely detection of SUW – MUW, SAM-MAM is the main reason for the

high rate of child malnutrition. Hence the project “**Empowering Tribal Community to Improve Nutritional Services and Practices in Korchi Block of Gadchiroli District**” (malnutrition free village campaign) is proposed to actively work with Tribal communities in Korchi block to improve their nutritional status. The project engages with pregnant women, lactating mothers and 0-2 year’s children. Children who are born with low birth weight and have growth retardation are at risk of morbidity and mortality as compared to healthy children. Therefore, it is important to ensure the wellness of their health before birth and hence the project intervenes before the birth of a child in our work area to reduce malnutrition. This is being done by conducting various health-relevant activities at the village level from engaging with communities (VHNSC/Gramsabha) in the discussion on health and introducing preventive work that can be done at the community and family level. Secondly, it directly works with the identified beneficiaries to improve their health and also coordinates with government officials of health and ICDS departments in the district. The project is implemented in 40 villages (10 villages of Phase-1 and 30 new villages from Phase-2) of the Korchi block of Gadchiroli district with the aim to investigate and improve the nutritional status of children by reducing malnutrition.

Summary

The project area of the Korchi block comes under the 5th schedule of the constitution. Gramsabha is being strengthened by giving them various rights under the Panchayat (Extension to the Scheduled Areas) Act, 1996 (PESA) and The Scheduled Tribes and Other Traditional Forest Dwellers (Recognition of Forest Rights) Act, 2006 (FRA). Consent of the Gramsabha needs to be taken before initiating any activity within the village. Hence in the execution of the project, initial discussions were held with the Gramsabha and their written consents were taken through resolutions before starting the project activities in their villages.

The project activities were started from the month of July 2021 onwards with training on baseline household surveys in 40 villages. After recruitment of the staff, two days training was organized on the subject of “first 1000 days of the child life”. Later on, the training on nutrition recipes and their demonstrations were organized for Arogya Sakhis and Supervisors at Kurkheda. Subsequently, training was conducted on the promotion of a backyard kitchen garden (Nutritional vegetable garden) to promote diversity, durability and availability of the vegetables at the family level. Regular home visits by ASHA workers and supervisors are ensured for observation and guidance. Children in critical condition under SAM/MAM are being referred to the NRC in Gadchiroli. These interventions are reflected in the progress in the status of the health indicators. Awareness among communities over causes and preventive methods

for malnutrition is increasing and it is reflected in their increased participation in the monthly meetings of VHNSCs and Gramsabha. It has brought continuity and efficiency in the works of ASHA workers and supervisors.

Progress made against each of the objectives

1. Objective 1: 10 to 12 % reduction in SAM-MAM/SUW-MUW children.

S.N	Malnutrition Category	Baseline July 2021 (%)	September 2022 (%)
1	SAM	38 (9.29%)	10(1.98%)
2	MAM	81 (19.80%)	24 (4.75%)
3	SUW	69 (16.87%)	28 (5.54%)
4	MUW	107 (26.16%)	54 (10.69%)

2. Objective 2: Behavioral change in antenatal care and postnatal care and feeding practices for children up to 3 years and increase access to full antenatal care.

The project team is taking regularly follow up of pregnant women every month to know their updated health status. Arogyasakhis (Village level worker) and field supervisors are providing counseling for regular health checkups, nutritional diet and adequate rest to ANCs and PNCs. According to baseline 4 ANC checkup 20.80%, Iron Folic Acid intake 60%, Registration before 12th week 73.80 %

3. Objective3: To improve the role of Gramsabha/VHNSC in the village / Convergence of ICDS department, Health department, VHSNC and Gramasbha.

Arogyasakhis are organizing meetings with Gramsabhas and VHNSCs to make them participate in the discussions over malnutrition. Additionally, The Mahagramsabha (a block-level federation of Gramsabhas) is active and provides the perspective of health care in their meetings. Conducted 523 village level meetings in 10661were participated and sensitized to villagers on Malnutrition and role of villagers 65 SAM Children were referred to NRC through the intervention of VHSNC and Gram Sabha. It was an important role of VHSNCs members to promote to parents of SAM children to go to NRC.

4. Objective 4: Covid response: Awareness of covid-19 and its prevention, ensuring Covid vaccination for beneficiaries from 40 villages.

Conducted awareness drive about Covid-19 through distributing pamphlets and conducting community meetings to clear the misconceptions about Covid-19 and Covid-19 Vaccination and promoted COVID-19 appropriate behavior and COVID Vaccination. The outcome of the awareness on Covid vaccination is shown in the following table.

Covid-19 Vaccination details till September2022			
Dose	Total Eligible Person for Vaccination	Total Vaccinated Person	Percentage of Vaccinated Person
1 st Dose	9265	9261	99.95%
2 nd Dose	9265	8732	94.24%

5. As per the activities undertaken during the project period, it has been observed that there was remarkable improvement in the ANCs and PNCs. Lactating mothers are feeding their children within an hour after baby birth. Awareness sessions were organized with demonstrations to provide information to the mothers over the proper ways of breastfeeding to neonatal. Breastfeeding within one hour at the time of baseline is 83.60 % increased before intervention no single SAM child is referred to NRC (Nutrition Rehabilitation Centre) Gadchiroli.

Achievements

Expected Deliverable/Result	Target	Status/Achievements
Deliverable 1:		
Baseline Survey of 5000 families in 40 villages.	100% identification of pregnant women, lactating mothers and malnourished children between 0 to 2 years of age in 40 villages.	Organized training of baseline survey for the project team and Arogyasakhi to prepare the survey form of family, pregnant women, Lactating mothers and 0-24 months' baby. During the training conducting sessions of its concern concepts, SAM, MAM, SUW, MUW, LM, PW and how identified all categories through growth chart. Then, we demonstrate how to fill-up the form of the target group at selected villages. We imparted the Arogyasakhi kit (MUAV scale, weighing machine, Height scale, Flash Card, Growth chart, Register) afterwards, trainees collected data from all 40 selected villages of the project area. The Summary of baseline data is as per following.
Training of Arogya Sakhis, Supervisors and Aganwadi Worker	2 training of Arogya Sakhis and 6 training of Supervisors on importance of 1000 days in lives and 10 key essentials in nutrition and behavioral change communication (BCC) to reduce malnutrition.	<ul style="list-style-type: none"> - 2 Training for Arogyasakhis, 6 trainings for Supervisors and 1 training of Aganwadi worker were organized on different themes to make them understand and learn 1000 days in their lives and 10 key essentials in nutrition and behavioral change communication (BCC) to reduce malnutrition. About 100% participation of Arogyasakhis, Supervisors and Aganwadi worker participated in all training. - Resource persons in training were Dr. Satish Gogulwar and Ms. Bharti Sonagare. · In which the following points were discussed – <ul style="list-style-type: none"> - Concept of SAM, MAM, SUW, MUW and 1000 days calendar in Child life, understanding of the role of Arogyasakhis and Supervisors in reducing mal-nutrition, Causes of Malnutrition, care of LM, PW, high-risk

		<p>mothers, symptoms, Components of nutritional food, awareness about Government schemes, how to fill in forms regarding PW, LM and 0-24 months children. - Concept of pneumonia and Sepsis, the importance of warm bags/blankets for child health.</p> <ul style="list-style-type: none"> - Information about stillbirth, maternal mortality, Infant mortality concepts, AAA GR for conversion, and Govt. schemes. Importance of gram sabha involvement for sustainability. - Antenatal care, postnatal care, Kangaroo care method, fully immunization of children and Supplementary nutrition for mother and children. - Demonstrated how to use Flashcard for effective counselling to beneficiaries.
Nutritional Recipes Demonstration	To conduct 40 trainings in 40 villages under project area for Pregnant women, Lactating mothers, mothers of SAM/MAM/SUW/MUW children, VHNSC members, Arogyasathi, Anganwadi Workers.	<ul style="list-style-type: none"> - This followed with training and demonstrations at village level for LM/ PW mothers and parents of SAM and MAM children by Supervisors and Arogyasakhis. - Total 40 training and demonstrations were organized in which 1904 (1710 mothers and 194 men) had participated along with 1131 children. - In this training following recipes were demonstrated: Nutritious Khichadi, Shevayachi Khir, Kodo (local millets), Cucumber & Bottlegaurd, Chilla, Nachnichi Lapasi, Murmure Bhel Gahu Tukadyachi Soji, Mahua sweat pakoda, Mahua Sarbat, Groudnut- Jaggary Ladu and Mahua Ladu and Mahua chikki etc.
Deliverable 2:		
Home Visits	To conduct home visits to the Pregnant women, Lactating mothers and 0–24-month children in 40 villages by Arogya Sakhi	<ul style="list-style-type: none"> - Home visits of the supervisors and Arogya Sakhi workers are regulated to the identified PW, LM and children between 0-24 months in 40 villages. 100 per cent home visits done for counseling and promoting health and nutrition in 40 villages. - Information on early registration with Anganwadi

	and Supervisor.	<p>workers, PHC, Sub Centers and or Arogyasakhis has been imparted. The information on the diet and adequate rest schedule in a day was shared with PW/LM, also the techniques of additional feeding to child and 1000 days model of 0-24 months were discussed. During the home visits, Arogyasakhis and Supervisors counseled mothers and family members about taking care of mothers during pregnancy and regularly required medication like Folic acid, Calcium tablets, and regular checkups. Our field staff also shared information about institutional delivery of SAM/MAM children to admit in NRC at Gadchiroli, advised for adapting family planning devices and operation after 2 children.</p> <ul style="list-style-type: none"> - Total 100% home visits have been done to the beneficiary as per the following.
Village level mother's group (Mata Samiti) meetings.	To conduct 520 Mother's meetings for PW/LM and other mothers in 40 villages.	<ul style="list-style-type: none"> - 520 Mother's group meetings were conducted during this year in 40 villages. In these meetings 10402 women and 1111 men participated along with 5505 children. <p>The following points were discussed in the meetings:</p> <ol style="list-style-type: none"> 1) Information was shared with PW/LM on 1000 days by using the calendar of Child life. 2) Discussions were held on using flashcards to bring awareness to minerals in vegetables and their nutritional values. 3) Registration for Antenatal care should be done before 12 weeks. 4) Information is given about health checkups to be carried out during pregnancy such as Urine, HTN, BP, Sugar, Blood group, HIV, Weight, Height and Thyroid and all necessary tests for pregnancy. 5) Regular Diet with all nutritional values from available grains, vegetables and fruits. 6) Information about Government Schemes to get maternal

		<p>benefits</p> <p>7) Schedules for rest to LM and regular breast-feeding for the first six months to the baby.</p> <p>8) Counseling regarding intake of Folic acid tablet, Calcium tablet, resting schedule (afternoon sleep- 2 hours, Night sleep – 8hours), the inclusion of regular and nutritional diet with intake of maximum green vegetables, milk, eggs, meat, fish etc.</p> <p>9) PW are also told to avoid sexual relationships in the first and last trimester.</p> <p>10) For PW/LM, Arogyasakhis and Supervisor tell them about how to take care of the child, give breastfeeding within a half-hour of the child birth and regular breastfeeding for six months.</p> <p>11) Information on care to be taken during pregnancy and after delivery is provided to participants. Like wrap the baby in warm bag/blanket after birth, use of kangaroo method to take care of the low-birth-weight child, and not to give honey, jiggery water to the newborn baby, sanitation and hygiene to be maintained by the mother and avoid sexual relationship for 3 months after delivery.</p> <p>12) Guidance about contraceptive methods such as condoms, copper-T, Injection and preventive tablets, information about the operation.</p> <p>13) SAM/MAM/SUW/MUW children information was provided.</p> <p>14) An identified SAM/MAM child has to be referred to NRC.</p>
<p>Monthly meeting of Arogyasakhis and Supervisors</p>	<p>To conduct Monthly Review and Planning meetings (15 meetings for the Project team and 15 meetings for</p>	<p>- Monthly meetings of 17 are organized to review, discuss the observations and plan for future interventions in this year. The monthly data is collected on the SAM, MAM, SUW, MUW, PW and LM for the tracking sheet. Monthly payments are given to the Arogyasakhi workers.</p> <p>- Review of the Supervisor and Arogyasakhi is done to</p>

	Arogysakhi)	<p>check updated knowledge, skills, capacities and improved areas etc. Case studies are prepared in these meetings.</p> <ul style="list-style-type: none"> - Prepared monthly plan as per annual plan. Provided guidance to Arogysakhi on data collection tools about PW/LM & CH.
Capacity building and meeting of VHNSC and Gram Sabha members role in the reduction of malnutrition in their villages	To Conduct 520 Capacity building sessions for VHNSC and Gram Sabha members in 40 villages and members (male and female) participated and understood the problem of malnutrition in their village.	<p>Total 523 meetings were organized in 40 villages in this reporting period. Total 10661 villagers including 6758 women and 3903 men participated in these meetings.</p> <ul style="list-style-type: none"> - These meetings were aimed to educate them on health services by circulating the latest government regulations regarding VHNSCs. Information was shared and discussions were initiated on the role of VHNSC committees, allocated budget, planning and interventions. The focus was made to discuss the causes of malnutrition and the kind of activities that can be initiated by the communities to prevent families from malnutrition in future. - Educate VHNSC committee members about the latest GR of VHNSC and their various roles as members. We also educate the members regarding the utilization of VHNSC's fund and its planning with respect to the various health concern of the village. We seek the help of VHSNC members for counseling of family members of SAM children who are reluctant to go to NRC. - VHNSC can use their fund in case of emergency for referral service for mothers and children and Amrut Aahhar Yojana - We also reported to VHNSCs and Gramsabhas about the updated information of SAM/MAM children of their villages and referred beneficiaries to the NRC. - Village sanitation and hygiene issues, safe drinking water, use of Bleaching powder in well, cross-checking to be performed by VHSNC members for effective

		<p>conduction of Dr.APJ Abdul Kalam Amrut Ahar Yojana and Mid-Day meal have been addressed in the meeting.</p> <ul style="list-style-type: none"> - Information on different health schemes and NRC. - Nutrition rally, malnutrition awareness through VHNSC committee. Maintaining Village health register. - Data of SAM/MAM/SUW/MOW children and LM/PW presented in Gram Sabha meetings every 2 months. - 18 VHSNCs were only on paper; these have been newly formed through the intervention of the project team.
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SAM Children Refer to NRC	50 percent identified SAM children refer to NRC from 40 villages.	<ul style="list-style-type: none"> - Total 65 children (22 girls and 43 boys) were identified under the SAM category in this reporting period and all the 100 % identified children were referred to NRC Gadchiroli. The program team had a discussion with the families of the SAM child to counsel them to refer their
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Total	SAM	MAM	Normal
65	6	12	47

child to the NRC for better improvement in the mother and child health and hygiene.

Deliverable 3:

Pediatric Camps for SAM/MAM children	To conduct two health Camps.	<p>Two health camps were organized with the aim to examine and provide treatment to the SAM, MAM, SUW, MUW children identified and Pregnant women and lactating mothers from 40 villages of the project area.</p> <p>Following activities that were undertaken:</p> <ul style="list-style-type: none"> ✚ Identify SAM/MAM/SUW/MUW child and high-risk LM/PW and counseling by doctor and dietitians. ✚ NRC staff, RH staff and Pediatrician doctor participated
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		<p>✚ A total of 604 patients including 354 women and 250 children were treated with medication in a free checkup camp.</p>
Preparation and distribution of preventive Ayurvedic Kadha.	To create awareness and ensuring Covid-19 fully vaccination for beneficiaries.	<ul style="list-style-type: none"> - Conduct awareness drive about Covid-19 through distributing pamphlets and conducting community meetings to clear the misconceptions about Covid-19 and Covid-19 Vaccination and promoted COVID-19 appropriate behavior and COVID Vaccination. - Provided training on making Herbal Decoction (Ayurvedic Kadha) to 47 Arogysakhi and project team members. - Demonstrated and provided Herbal Decoction to 8031+ people from 40 Villages for preventing Malaria and COVID-19 through boost immunity. - Recreated and built the capacity of the village health sanitation and nutrition committee (VHSNC) to create a covid-19 free village. - The outcome of the overall work of covid-19 response is at the end of Out of total eligible persons, 99.95 % person vaccinated with first dose and 92.58% person vaccinated with the second dose. There were no Cases reported during the period of March to august 2022 in 40 villages.
Promotion and training of ecological kitchen garden	To train 2200-2500 participants of 40 villages.	<ul style="list-style-type: none"> - The organic kitchen garden has been promoted under this project to reduce anemia among children and women. Considering this objective conducted total of 40 trainings - (Per village one training) on organic kitchen garden with the demonstration by Arogyasakhi and the project team. In this training, 1584 villagers have been trained. Distributed seeds including Brinjals, Tammato, Leady finger, Chilly, Ridge guard (Dodake), Beens, Bettergaurd, Bottalgaurd, Green amratha (LalMath), Cucumber etc. to 396 beneficiaries. Total 396 kitchen-garden developed.

Challenges encountered and resilience

The project area of the Korchi block of Gadchiroli is mostly tribal dominated in population, geographically scattered and with 70 per cent of the dense forest. Villagers in this area are mostly dependent on the forest for their livelihood. The younger generations from the region have started migrating in search of employment to the cities whereas others have found labour work on the construction sites within the area. Secondary position of women followed by tribal also. Our team occurred following challenges:

- Telephonic connectivity and access to conveyance were major problems, particularly in remote areas. We somehow managed to provide vehicle facilities to field supervisors and it helps in reaching out to villages.
- In the begging readiness to go to NRC was our major issue but as we organized visits of beneficiaries and also key persons to NRC, they became assured and aware of services rendering their resistance and negation cleared up.
- At the entry point of the project in new villages, community leaders and villagers were did not supported due to misconception of COVID -19 but as we had developed a rapport with them and meeting of Gramsabha/ VNHSC members. We explained the role project team and our intervention. As part of the project, we used to participate in Mahagramsabha's monthly meeting where messages were delivered to all gramsabhas. Most of the community leaders used to attend hence peer group pressure could be build-up which made village-level leaders avail their resources wherever needed and or resolve issues at the village level. By providing a list of SAM-MAM, SUW-MUW children, every now and then we made them resourceful and ASHA workers answerable to Gramsabha.

Management Issues

As earlier mentioned, the project area of Korchi village is geographically scattered with dense forest. Road and internet connectivity is very poor in this area. Internal roads are not constructed properly and government transportations are not frequent to travel in this area. Initially, the project staff did not have vehicles and they were using public transport but now all the staff members have their own two-wheelers which made us easy to monitor activities. Secondly, the status of education among these

communities is lower so it becomes difficult to find any educated person. Hence initially it took time to coordinate with Arogyasakhi and train them on health services and to ensure efficient and accountable work from their end. Now there is well rapport established among the project staff, Arogyasakhi and Officials. Continuous meetings are organized and periodic reviews are taken from the staff so that the activities can be implemented timely and effectively.

Annexure I: Case Story

1. Villages Health, Nutrition, Sanitation Committee(VHNSCs) active by Gramsabha Initiative

Village is the basic unit of transformation which leads to strengthen democratic processes. So organization of Village Health, Nutrition, Water & Sanitation Committee (VHNSC here in after) under NHM is important. VHNSC is meant for taking care of village's total health. As per NHM's guideline it aims at irradiation of Maternal Mortality and Infant Mortality. VHNSC has to be formed at every revenue village. As we observed it was not followed by Health Department. From 1st July 2021, we



started the project “Kuposhan-MuktaGaonAbhiyan” through Bajaj Auto with Amhi Amchya Arogyasathi Kurkheda. It covers 40 villages in the Korchi block of the Gadchiroli district. Korchi block is at north end of Gadchiroli district and adjacent to Chhattisgarh state border. There is rich forest and tribal dominated population. It consists mainly of Gond and Kaware tribes. VHNSC formation is one of the key activities of our project.

Sonpur is Health Wellness Centre (HWC-sub-center) under Kotgul Primary Health Centre (PHC), 33 km from Korchi block place. It covers 1245 population and 5 villages, out of which we covers 3 villages. It is located far away from block headquarter and comes under sensitive and remote areas of the district. We found that Sonpur had VHNSC but it was nonfunctional. there were only 9 members and most of them were not interested. Some of them

were unaware of their membership in the committee. The newly elected female sarpanch was totally unaware of VHNSC. ASHA workers and Aanganwadi workers also did not know all details of this committee. A visit was planned to Sonpur on 11th October 2021 to aware villagers of VHNSC mandate. It was attended by only 11 people, including 3 members of former VHNSC, so it was not possible to reorganize the committee.

Hence the village meeting was held on 19th October 2021 Block coordinator of our project gave detailed information about VHSNC committee. This covered purpose of the committee, composition, expected functions and funds allocated. Sarpanch and other villagers, who were interested in this activity, discussed with some more people in detail and they organize official meeting by issuing letter through panchayat office for reformation of VHNSC.

Finally, in the village meeting held at Sonpur on 28th October 2021 the 17-members VHSNC committee was reconstituted under the chairmanship of Gulshan Kejuram Naitam, (tribal lady and resident of Sonpur) Sarpanch of Gram Panchayat. Previously 9 members were there in committee and they were selected without knowledge of Gramsabha. At this time people were informed and they decided names after discussion in Gramsabha. It was put forth that very few male members use to present in such committees, so more female members should be selected. It was also discussed those who were selected should have regular attendance in the monthly meetings. So considering representation from all sectors of the village 17 members were selected unanimously. Out of 17, 10 members were female.

After the formation of the VHSNC Committee, a resolution was written to reconsider the names of each member and post on that resolution. It was handed over to the Secretary, Village Panchayat Office, Sonpur for further process. In this regard, a notice was issued to hold a Gram Sabha on 16th November 2021, and in the Gram, Sabha held on 23rd November 2021, a resolution was passed to recreate the VHSNC Committee at Sonpur and it was approved.

Other two villages of this group Grampanchayat i.e. Kameli and Gotatola also had same process to reconstitute VHNSC. Apart from that, remaining 5 villages also initiated process for reconstituting VHNSC which were not before there. All these efforts of field team in Korchi block successfully established VHNSC for getting villagers their rights. Health department and frontline workers also felt satisfied.

2. Low Birth Weight Baby managed at village level through ASHA & Mother Counseling

In the month of July 2021, an organization of Amhi Amchya Arogyyasathi began a project 'Kuposhan **Mukt Gaav Abhiyaan**'. During that period we found that son of Shri. Prakash Pulo resident of Antargaav village, it comes under kosmi no. 2 sub-center, Primary Health center, Kotgul, korchhi, Gadchiroli district. The baby was underweight by birth. The baby during that time was 16 days old; his height was 48cms and weighed 1.700 kg.

The baby birth weighed less therefore the supervisor and the Arogyya Sakhi visited child's house. They took the baby's history and noticed that baby was born within a proper tenure of nine months. The mother completes her vaccinated and all tests were done. She had to take Dr Abdul Kalam Amrut Ahar yojana from the Anganwadi centre daily.

When delivery happened in the sub-center the baby was underweight by birth, therefore, the Health worker refer PNC mother to Primary health center, Kotgul with a referral service facility. Baby was admitted in PHC for 3 days for taking care after on the fourth day the baby was discharged from the Primary Health Centre. Later on the fifth day, supervisor and Arogyya sakhi visited to the baby's house, we washed our hands and checked the baby's body temperature, respiratory rate, and weight. The weight of the baby was 1.900 kg. The mother was also informed about the ways in which she should take care of the baby. The arogyasakhi demonstrated the wrapping method which the mother should follow in order to keep the baby warm. The mother was asked to keep the baby warm always by wrapping in it in a similar manner. She was also advised to eat nutritious diet which would help the child in getting healthy milk that would lead to the weight gain of the baby.

In case the baby urinates or excretes, the mother was advised to touch the baby only after washing her hands with soap. The clothes of the baby were to be washed and sun-dried because the baby was underweight, the baby was not allowed to be taken out in the sun or outside air as it may cause cough, cold or pneumonia. It can also lead to a further decrease in the weight of the baby. The mother was counsel to keep the doors and windows closed and told to keep the light switched on always. The mother was further counseled the baby should be feed every two hours and should be feed at least six to eight times at night. The baby should be feed from one breast only till the milk is completely finished and only then switch to the other breast. Through this method the baby consumes the first milk (Chick milk) which is healthier. This way the milk consumed helps in gaining weight and also in the development of the baby's brain.

Later the mother educated the Kangaroo method and told about its benefits that would help the baby. Since then, she used the Kangaroo method for at least one to one and half hour. The baby's weight gradually increased. The baby was given vaccination as per its age group. That too helped the weight gaining process of the baby. Today it seems like the baby has gained weight.

S.N.	Month	Age (Monthly)	Weight
1	July 2021	Born	1.700 Kg
2	August 2021	1 Month	2.700 Kg
3	September 2021	2 Month	3.400 Kg
4	October 2021	3 Month	4.100 Kg
5	November 2021	4 Month	4.700 Kg



3. Malnutrition-free Village Mission Korchi

The village was convinced of the free schemes of the health department. There are many schemes of the health department, but those schemes do not reach to the uneducated citizens in the remote areas. Most of the time they are blamed for not taking advantage of various schemes meant for them. If people do not face any hurdles in getting the schemes properly, then people are determined to take up the scheme and cooperate with the health department. Here is the role of NGO's to aware people about schemes and facilitate them in receiving benefits. To explain this let us hear the story of Rankatta village.



Photo 1 and 2 - The blisters on the baby's body and the baby's mother before treatment.

Rankatta is a village under the jurisdiction of Botezri Arogya Vardhini Kendra under the jurisdiction of Primary Health Center Kotgul in Korchi Taluka of Gadchiroli District. Which is situated 7 km south east from HWC Botezary. This Sub center is 11.5 km from Kotgul PHC and 46 km south of Korchi block place. The village is situated in a hilly area, as well as a sensitive for left wing activities and remote area of Gadchiroli district. During the rainy season, the village use to be disconnected from block head quarter. There is also no proper road to reach Arogya Vardhini Kendra Botezri. Moreover, the building of this Arogya Vardhini Kendra is abandoned and the villages under this HWC are 46 km away from Kotgul Primary Health Center to get any health care. One has to travel a distance. In absence of connectivity of the road, vacant posts of MPW and one ANM, People used to go to the Vaidu (quacks) of the village for most of the health issues. Moreover misbehavior of the health department staff people are not willing to go to the health centers. As two women from this village were charged for their travel while going to (district headquarter) Gadchiroli for delivery. They were also dropped in the jungle by health department vehicle.

From 1st July 2022, Amhi Amchya Arogyasathi has started a new Malnutrition Free Village Mission project supported by Bajaj Auto, Pune in 20 villages of Korchi block. The project was providing information on maternal and child health schemes, pregnancy, childbirth and subsequent care of mother and baby, diet from adolescence onwards. Mothers were informed as an individual, community and family health awareness.



Photo 3 and 4 - While being admitted for treatment at Prof.A.Kendra Kotgul

This is the fourth pregnancy of Jantobai of Rankatta village. Her age is 35 yrs. Her education is 4th standard. She was delivered a baby boy on 28/05/2022. It was normal delivery at Arogya Vardhini Kendra, Kotgul. AAAs field staff had to do a lot for her admission in PHC. They also convinced health department staff to visit to Jantobai along with them. These joint efforts assured her that if she goes to the hospital, she will get good service. She had 3 small children at home. Her husband was out of the

village for labor work. There was no one else to take care of the children and the cattle of the house. The women members of the health committee assured that they would look after her children. Also, Anganwadi worker and Asha worker gave assurance of feeding and taking care of the children. ASHA worker told her that she would stay with her at the hospital during the delivery, even though she was from the nearby village of Mardinkatta. With the efforts of all of them, Jantobai agreed to come to PHC Kotgul. Weight of the baby boy was 2.6 kg. She was discharged on 30/05/2022 from Kotgul PHC. The condition of the baby was normal till then. The project health worker at village level (Arogya Sakhi) went for a home visit on 31/05/2022. She asked about the blisters on the baby's body. But mother was not paying much attention as "Garmi Jali Asan". On 1/06/2022, the blisters were enlarged and filled with pus. On this, the health worker advised to clean the baby, clean the abscess and suggested to admit him to the hospital. But being unsupported at home, mother was refusing to admit neonatal in the hospital as. On June 02, during a home visit, some blisters oozed pus and new blisters appeared on the body and head. However, the mother was not ready to take the baby to the hospital for the same reason as earlier. On 3rd June 2022, between 8:30 am Arogya sakhi, ASHA worker, ANM of sub-center, and the supervisor of AAAs visited Jantobai. The baby had boils and pus on his head. Also, pus was coming out of some sores on the hands and the mother wiped them with a used

cloth. She was then properly explained that, “It is only 6 days today that the baby is born. Because of this, you see how the baby is suffering, while your other children can live with the neighbors for a while, but this baby can't do that. You are the only support for him. So it is our duty to treat him.” Under the Janani – Shishu Suraksha scheme there is a free transport facility for the babies to go to the hospital and free drugs and free treatment. So you don't need to spend money. If she is not ready to admit to the PHC for a full day, at least come for a few hours for examination and treatment. After explaining that the village health worker would also come along with her, after a lot of effort, the mother agreed to go to the hospital with the health worker for a few hours and to get the baby examined and treated by the doctor. Arogya Sakhi called a vehicle from the PHC. Arogya Sakhi came to PHC Kotgul along with the said mother. As the mother was not ready to stay in the hospital, the baby was treated and sent back to home. Even after this, Arogya sakhi continued to visit and give advice. On 9th June 2022, the said baby was also visited at home by the NGO supervisor also. It was seen that the boils on the baby's body and head were relieved due to drug treatment and the mother was taking good care of the baby. She was also ready to go to hospital for regular treatment whenever needed.

Due to this case, not only Jantobai but also the people of Rankatta village thanked the



Photo - Baby after 5th and 6th treatment

organization and the health workers for the continuous visits of the organization workers, Asha workers, ANM of the health department. Their caring behavior, the facilities according to the schemes and the way of understanding the problems of the mother. "Thanks to you, my baby has improved" is the mother's words in recognition of the work of the organization's field workers.

Janani-Shishu Suraksha Yojana, free hospital facilities etc. reached to Rankatta village and the villages in the surrounding area through Jantobai's case. People are very much assured about good and free services of Health department.

Annexure II: Summary of Achievement

Three Year Summary of Activities (Quantitative Achievements)		
Activities	Targets	Achieved
Nutritional recipe Demonstration at all villages	40 village's women will educate on nutritional recipes.	All 40 villages were covered and women 1710 & men 194, and child 1131 were participated. Total 80 Trainings were conducted.
Mother group meetings at village level	520 mother group meetings (Focus Group Discussion) in 40 villages.	520 mother group meetings organized in 40 villages 10402 women, 1111 Men, and 5505 children have participated in it
Monthly meeting of Arogyasakhi and supervisors	15 meeting	16 meetings were conducted
Home visits (intervention)	100% completion of home visits to PW, LM, mothers of the children of 0-24 months	100% Completion of home visits to PW, LM, mothers of the children in the age of 0-24 months.
Maintain data tracking sheet of SAM/MAM/SUW/MUW children)	Fill up data of all children in the tracking sheet (SAM/MAM/SUW/MUW children)	100 % Properly record-keeping in the tracking sheet
Capacity building & meeting with VHNSC members	520 VHNSC meeting in 40 villages.	523 VHNSC meetings organized in 40 villages 6758 women, 3903 Men.
Health camp of a pediatrician for SAM/MAM Children	1 camp	2 camps were organized (354 women and 250 child participants)
Monthly meeting of supervisors	15 meeting	17 meetings completed
Reduction of SAM/MAM/SUW/MUW	Baseline July 2021 - SAM 38(9.29 %), MAM 81(19.80%), SUW 69 (16.87 %), MUW 107 (26.16 %)	September 2022- SAM 10 (1.98%), MAM-24 (4.75%), SUW-28(5.54%), MUW-54 (10.69 %)
Referral Expenses to NRC Gadchiroli	50 children SAM/MAM/SUW/MUW	65 children were referred to NRC Gadchiroli (Male 43, Female 22)