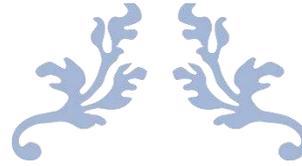




Amhi Amchya Arogyasathi



unicef 
for every child

PROJECT REPORT

16th Sept' 21 to 31st Mar' 22



**COMPREHENSIVE COMMUNITY ENGAGEMENT INITIATIVE – A UNICEF SUPPORTED
PROJECT AMHI AMCHYA AROGYASATHI, KURKHEDA**

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❖ PROJECT BACKGROUND:

Gadchiroli district is situated in eastern Maharashtra bordering the states of Andhra Pradesh and Chhattisgarh. It has twelve tribal blocks with forests covering more than 76% of the district's geographical area. The Scheduled Tribe (ST) and scheduled caste (SC) population in the district are 4,15,306 (38.2%) and 1,20,754 (11%) respectively. (Census 2011). As high as 88% of the population lives in rural areas as compared to 55% in the remaining state of Maharashtra (Census 2011). This region is a part of the Red Corridor, which constitutes of 106 districts from 10 states affected by Left Wing Extremism (LWE). The geographical topography of the district coupled with adverse factors such as the LWE has slowed down the development in Gadchiroli as compared to its neighbouring districts.

Gadchiroli district, however, has its own set of strengths and challenges. The data from NFHS 5 demonstrates that the district has performed better than the state average for certain core indicators of maternal and child health, like early registration of pregnancy (84%), four ANC visits (86.8%), full immunization (97.9%), the prevalence of diarrhoea (4.7%), etc. reflecting that the government systems have delivered results.

However, the critical impact level health indicators like stillbirth, new-born care, infant mortality, and maternal mortality remain very high in the district. The indicators for nutrition like an infant and young child feeding practices, child undernutrition (stunting, wasting, and underweight), anaemia in children, are very low. As per the Survey of Cause of Death reports of 2015, Gadchiroli has reported the highest Infant Mortality rate of 33/1000 LB i.e., 14 points higher than the state IMR (18/1000 LB). Also, there exist some challenges for immunization service delivery to the tribal population in Gadchiroli due to the geographical terrain, particularly with regards to the supply chain and logistics, human resource, supervision, and most importantly, demand generation.

The health system in the Gadchiroli district, especially in Etapalli and Korchi blocks, proposes several challenges. Health services are being provided through one Rural Hospital each, Block Korchi has 2 PHCs and 22 sub-centres while the Etapalli block has 4 PHCs and 36 sub-health centres. The roll-out of the Health and Wellness Centre is ongoing where all the PHCs and 7 Sub-centres in Korchi block and the 19 sub-centres in Etapalli block are being developed. The service delivery grapples with scattered habitations with low population density and geographical inaccessibility. Furthermore, the remoteness and active Maoist presence make it hard for health care providers' vacancies (Including community health officers for HWCs) to be filled and exacerbates the already weak supervision and monitoring capacity of the system. As a result, access to health services in vulnerable and hard-to-reach pockets of Gadchiroli remote tribal-dominated blocks has always remained a significant challenge.



Image 1: Map of Gadchiroli, Maharashtra

❖ MAJOR CHALLENGES/ BOTTLENECKS IDENTIFIED FOR RMNCH+A GADCHIROLI:



Image 2: Makeshift Stretcher

Demand for health services by the communities in the hard-to-reach pockets in vulnerable blocks of Gadchiroli also remains inadequate and often non-existent. For example, these communities would typically show poor attendance at VHNDs while the service providers themselves grappled with inadequate logistical arrangements. The village health committee, the village health nutrition, and the sanitation committee that is supposed to play a vital role at the community level have little or no involvement in health services or health issues. The linkage of community-based organizations with Panchayat structures is mostly non-existent. Similarly, the Panchayat's involvement in monitoring service delivery and mobilizing communities for improved health-seeking behaviour is also poor. In addition to this, the members of the tribal communities in these pockets maintain very stringent traditional beliefs, social norms, and customs that often negatively affect health-seeking behaviour. They continue to practice their preferred traditions like living together and also early marriage and do not accept family planning methods as they consider more

children as an asset. At the same time, community-level service providers like ASHA and AWW lack the appropriate skills and knowledge to convince the communities to adopt correct health practices and behaviour. Rather, it is the traditional healers who yield significant influence over the health and normative practices of these communities, often to the detriment of desired health-seeking behaviours. The communication tools often used in the print media are irrelevant due to illiteracy and language barriers and the predominance of tribal dialects such as *Madiya-Gondi*, *Marathi*, *Telugu*, *Halbi*, and *Chhattisgarhi* among communities in selected blocks.

❖ THE RATIONALE FOR THE INTERVENTION:

A strategic framework was proposed as a district action plan for the aspiration district through consultation of various stakeholders named 'Gadchiroli dialogue'. This action plan included system strengthening and community engagement activities. Gadchiroli district administration has demonstrated improvement in the baseline aspiration district indicators, however, to sustain these efforts strong community involvement and uptake of services are needed. The improvement in the health and nutrition indicators is not uniform in the district. Few vulnerable blocks with a majority tribal population have shown marginal improvement in the outcome indicators despite system strengthening efforts. This requires a focused approach for the most vulnerable blocks.

The district's institutional delivery has risen to 92 %; it stands at 68.4% in Etapalli and 71% in Korchi blocks. Only 65 to 70% of mothers in the Etapalli and Korchi block receive full ANC service. The number of maternal deaths and child deaths is higher in these blocks, where mobilization of high-risk ANC at the facilities is a challenge. These practices have a high impact on the survival of children, especially neonates. Both these

blocks have more than 70 % of the tribal population. Health nutrition and hygiene practices have strong connections with the social norms existing in the communities with many tribe clans and languages. Furthermore, field experiences and qualitative studies conducted by UNICEF and other agencies have shown that the impact of development and interventions undertaken by health and WCD department have not been uniform in all communities, and consequently tribal communities stand at a special disadvantage when it comes to receiving and accessing health services.

This warrants for a strong community engagement initiative aiming at improved mobilization for the uptake of services offered by the Health and Wellness Centers.

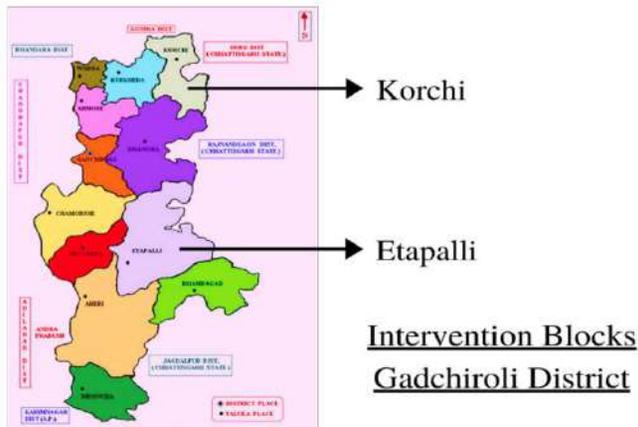


Image 3: Intervention blocks of CCEI Project

Activities shall be executed in coordination with the block and district government officials from health, ICDS, and Panchayat Raj members by setting up an SBCC Cell in the district Health Department.

This programme is not independent but will demonstrate a sustainable model for community engagement in tribal areas, showcasing the ownership with stakeholders, linkages to Government systems and structures. In the past, attempts have been made to change behaviours of tribal communities, but this needs a more local approach where trust-building with the community is needed with more quality involvement from government departments and cadres. The programme will build on the work of the convergent planning process of the past but provide a strong basis for community involvement, participation, and ownership, keeping the sensitivity to tribal culture and the UNICEF lens of gender, inclusion, and equity with a focus on RMNCH+A theme and life cycle approach. The sustainability of the programme will be built as a part of the health system strengthening component.

Korchi	Etapalli
<ul style="list-style-type: none"> • Total population: 44,380 • 131 total villages • (33 Grampanchayat) • 2 PHCs & 22 Sub-centers • Rural Hospital is situated at Korchi • 2 PHCs & 7 SCs are selected as HWCs • Total ASHAs : 115 • Total anganwadi center : 144. 	<ul style="list-style-type: none"> • Total population : 83,263 • 225 total villages, • 4 PHC's & 36 sub-centers. • Rural Hospital is situated at Etapalli • 4 PHC's & 19 SCs selected as HWCs • Out of 225 villages 158 village has no mobile connectivity. • Total ASHA's : 154 • Total anganwadi center 208.

Image 4: Korchi and Etapalli block data

❖ GEOGRAPHICAL AREAS:

As discussed with the District Health Department and the UNICEF, Etapalli and Korchi blocks were selected for this project.

❖ PROGRAMME OUTPUT

Children in the age group of 0-6 years, pregnant/lactating women, and adolescents adopt positive practices supported by preventive and responsive health, nutrition, and wash services that improve the well-being in Korchi and Etopalli.

No.	Specific Objectives	Output	Approach/Strategy
1	To improve health, nutrition, and wash seeking behaviors among tribal communities in Korchi and Etopalli	Improved uptake of health nutrition WASH services by tribal communities. Strengthening SBCC Cell at the district level	Rapid Assessment/Baseline Health system strengthening
2	To modify social norms in tribal communities against harmful beliefs and practices through community engagement in two intervention blocks.	Families in tribal communities have access to information and counselling to improve the survival growth and development of their children and health, nutrition, and hygiene practices of mothers, adolescents	Social Mobilization and Community Engagement
3	To involve informal providers such as the <i>Dai</i> , traditional healers, and local practitioners to ensure early diagnosis and referral to appropriate services, also motivating them for the promotion of healthy practices in the community.	Informal providers having enhanced knowledge and skill, promote positive health, nutrition, and hygiene behaviors affecting adolescents maternal, infant, and young child health and nutrition including referrals.	Capacity Development
4	To strengthen Government platforms like VHSND, VHSNC, RI, AAA (To promote the government services through strengthening referrals to the system with the community with the focus on Health Wellness Centers and outreach services (promotion of primary health)	Strengthening government platforms with community involvement and monitoring with supportive supervision	Social Mobilization and Community Engagement, supportive supervision
5	To promote capacity building and orientation with government cadres of health and nutrition ASHA, ANM, AWW, PHN, CHOs, THOs, <i>Jalsurakshak</i> , <i>Swachgrahis</i> , and community stakeholders (SHG members, PRI members)	Frontline workers working in the communities have improved capacity to deliver quality services related to adolescent, maternal, infant, and young child health nutrition, and wash	Capacity Development

6	To encourage adolescent development and participation	Counselling of RSKK peer educators for building confidence and supporting adolescents on health, nutrition, and wash behaviors with meetings	Capacity building, social mobilization
7	To promote role models and community ownership with innovations using the context of tribal culture, lifestyle, and community stakeholders	Knowledge products to build on the social capital and document the results	Building social capital and evidence generation

❖ PROJECT TEAM:

Etapalli and Korchi blocks pose several dire challenges such as particularly vulnerable tribal populations, illiteracy, language barriers, scattered habitations with low population density, geographical inaccessibility, remoteness, active Maoist presence, very stringent traditional beliefs, social norms, and customs, health-seeking behaviour towards magico-religious practitioners and traditional healers, etc. All of these factors have a direct effect on the health of tribals resulting in poor health indicators in these areas. Considering all these factors, in Sept 2021, while selecting the village-level field facilitators, we consciously shortlisted those candidates who satisfy the following criteria.

- S/he should belong to the tribal community
- S/he should speak the local/ tribal languages
- S/he should have at least passed the Higher Secondary Certification and be able to read and write in the Marathi language.
- S/he should have a good rapport with the community

We got all the field facilitators who satisfied all the above-said criteria and have a background in social work. The details of the field facilitators are as follows:

Table No 1: Project Team

S. N.	Project Employee Name	Sex	Village/City	Languages known	Education	Work Experience
1.	Mr. Ashish Supase	M	Amravati	Marathi, Hindi, English.	MPH TISS, Mumbai.	2.5 years – Public Health 6 years - Corporate
2.	Mr. Nitin Pandit	M	Nanded	Marathi, Hindi, English	MSW	4.11 years in Gadchiroli

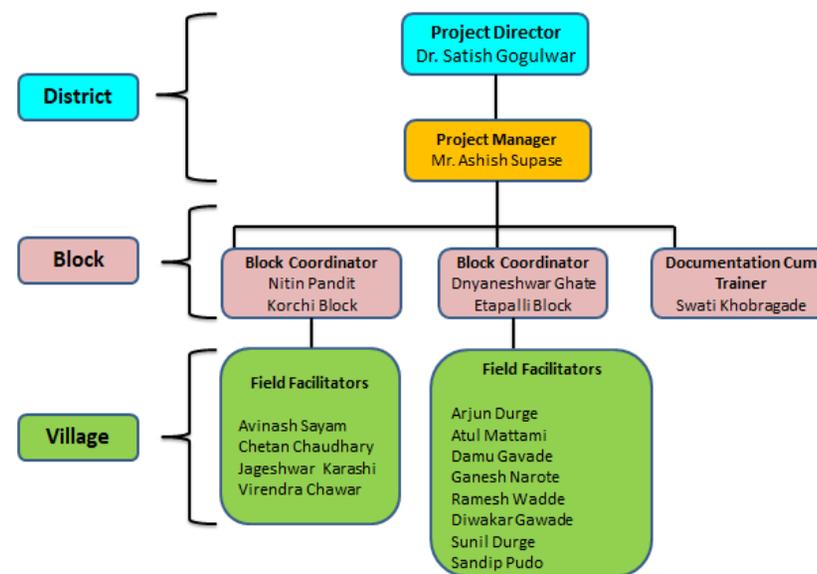


Image 5: CCEI Project Organogram

3.	Mr. Dnyaneshwar Ghate	M	Shegaon, Buldhana	Marathi, Hindi, English	MSW	4 years in Gadchiroli and Chhattisgarh
4.	Miss. Swati Khobragade	F	Chandrapur	Marathi, Hindi and English Language	BA. MSW	4 Years in Health and Nutrition
5.	Avinash Sayam	M	Korchi, Gadchiroli	Marathi, Hindi, Gondi	MSW	13 years in Gadchiroli
6.	Jageshwar Karshi	M	Deulbhatti, Korchi,	Chhattisgarhi, Gondi, Marathi, Hindi	BA English	6 Months AAA Korchi
7.	Virendra Chawar	M	Korchi	Madia, Gondi, Marathi, Hindi	MSW	1 year, Etapalli
8.	Chetan Chaudhary	M	Korchi	Madia, Gondi, Marathi, Hindi	MSW	2 Years MSRLM In Gadchiroli
9.	Ganesh Ramsu Narote	M	Wategatta, Etapalli	Madia, Gondi, Marathi, Hindi	BSc	Fresher
10.	Damu Sai Gavade	M	Gurupalli, Etapalli	Madia, Gondi, Marathi, Hindi	MA Sociology	1-year warden In Ashram School, Gadchiroli
11.	Arjun Durge	M	Marakal, Etapalli	Madia, Gondi, Marathi, Hindi	MSW	2 Year Experience in Umed MSRLM
12.	Atul Mattami	M	Gurupalli, Etapalli	Madia, Gondi, Marathi, Hindi	MSW	1 Year Experience in Muktipath Org.
13.	Ramesh Wadde	M	Ghusewada, Bhamaragad	Madia, Gondi, Marathi, Hindi	MSW	2 Year Experience in AAA and Mahila Arthik Vikas Mahamandal, Gadchiroli
14.	Diwakar Gawade	M	Wasamundi, Etapalli	Madia, Gondi, Marathi, Hindi	MSW, MA	3 Year Experience in Parksons Institute of Skills Development
15.	Sunil Durge	M	Markal, Etapalli	Madia, Gondi, Marathi, Hindi	MSW	1 Year Experience Nehru Yuva Kendra Sangathan Gadchiroli
16.	Sandip Pudo	M	Wategatta, Etapalli	Madia, Gondi, Marathi, Hindi	MA	Fresher

Similarly, we have selected the Project Manager, two-block coordinators, and a Documentation Cum Trainer from social work background who already have good field-level experience, especially in Gadchiroli.

❖ BASELINE SURVEY

In September 2021, as a part of the project, we had successfully conducted the baseline survey in the intervention blocks. In the Korchi block, we covered villages under 2 shortlisted Health and Wellness Centres (HWCs), and in the Etapalli block; we covered villages under 4 shortlisted HWCs. We started our field activities in the second phase looking forward to the baseline data.

❖ MEETING WITH DISTRICT STAKEHOLDERS

Strengthening the existing health system was the motto of this project rather than creating a parallel system. So, we regularly met with the district officials from health, ICDS, MSRLM, SBCC cell, etc. On 6th Oct 2021, we had a meeting with District Health and UNICEF team, Gadchiroli. The main agenda of the meeting was to update the progress of the second phase to the District Health Team and discuss the program strategies, required technical and field level support. The meeting was very fruitful and the district health team was agreed to support the project requirements. We stayed regularly in touch with the district health officials and kept giving them regular updates on the project, field action plans, and community feedback

❖ TRAINING OF FIELD FACILITATORS

Being tribal, field facilitators played a major role in this project. To build the capacity, skills, and knowledge of field facilitators, training them has been conducted in Phase II at Kurkheda and Etapalli.



Image 6: Field Facilitators' training

The topics covered were RMNCH+A and its strategies, Village Health Nutrition and Sanitation Committee, how to work with traditional and magico-religious practitioners (Pujari), ANC-PNC care, the importance of 1000 days, Village Health, Sanitation and Nutrition Day, Rashtriya Kishor Swasthya Karyakram, Nutrition Rehabilitation Centre (NRC) and its importance, Mothers Meeting and Home Visit, covid-19 disease, and vaccination, planning of activity based on baseline data, etc. A few important sessions were conducted by Dr. Satish Gogulwar and Mrs. Shubhada Deshmukh. The team under the guidance of Dr. Satish Gogulwar shortlisted a total of 19 HWCs (out of 33 HWCs in two blocks) based on the indicators (data shared by the District Health Team) where there is an utmost need for intervention.

❖ ORIENTATION-CUM-ENGAGEMENT MEETINGS:

Orientation Meetings with informal providers are one of the major and important tasks of this project. Under this project, “Orientation Meetings” were successfully conducted with the targeted groups such as Gaon Pujari /traditional healers /magico-religious practitioners, Gaon Patil, Bhumiya, traditional birth attendants (Dais), and frontline health workers and among others. From Sept 21 to Mar 22, we had conducted a total of 36 orientation meetings at Etapalli block and 24 meetings at Korchi block with positive and active support from the system. We had shortlisted a total of 12 Health and Wellness Centres at Etapalli block and 7 at Korchi block based on the number of home deliveries, stillbirths, low birth weight babies, etc. effectively making these HWCs the focus area for the project:

Table No 2: Participants in Orientation Meetings at Korchi and Etapalli Block – Phase II

Participant in Orientation Meeting at Korchi Block													
PHC	HWC	Pujari	Dai	Social Influencer	Gaon Patil	Vaidu	SHG Members	ANM	CANM	CHO	ASHA	MPW	AWW
Kotgul	Sonpur	15	11	3	5	4	4	1	0	1	7	0	3
	Gyarapatti	6	4	6	2	2	0	1	1	1	4	0	1
	Botezari	8	4	8	2	0	2	0	0	0	2	0	2
Botekasa	Kotra	8	7	4	2	0	3	1	0	0	3	1	2
	Kukdel	6	5	0	1	2	2	0	0	0	0	0	1
	Lekurbodi	3	5	0	0	0	3	0	0	0	1	0	1
	Navezari	5	4	4	1	2	2	1	0	1	3	0	2
Total		51	40	25	13	10	16	4	1	3	20	1	12

Participant in Orientation Meeting at Etapalli Block													
PHC	HWC	Pujari	Dai	Social Influencer	Gaon Patil	SHG Members	ANM	CANM	CHO	ASHA	MPW	AWW	
Kasansur	Punnur	23	17	2	0	0	1	1	1	7	0	1	
	Tekka	17	14	2	2	1	0	2	0	6	0	2	
	Halewara	30	24	4	1	0	1	0	0	11	0	2	
	Manewara	19	4	1	2	0	0	0	1	3	1	0	
Gatta	Hedri	21	23	2	3	0	1	1	2	4	0	4	
	Wangeturi	23	16	4	2	0	0	0	0	3	0	1	
	Dodhur	27	17	4	2	1	0	0	0	4	0	0	
	Gardewada	41	20	6	3	0	0	0	1	2	1	5	

Burgi	Burgi	9	5	1	1	1	1	1	1	0	1	0
Todasa	Krushnar	10	7	0	1	0	0	0	0	3	0	1
	Jiwangatta	9	6	0	1	1	1	0	0	1	1	2
	Tadpalli	8	10	1	1	0	1	1	0	2	0	0
Total		237	163	27	19	4	6	6	6	46	4	18

All the meeting dates were finalized taking into consideration the views and opinions of both, the community and the health and ICDS staff of that respective area. The timings of the meetings were decided as per the convenience of the tribals. Considering the Covid situation, the preferred meeting place was an open and shady ground. The topics covered in the meetings were covid-19 vaccination and its importance, undernutrition, early age marriages, anemia in pregnant women, the importance of pujari and Dai in tribal health, importance of institutional deliveries and its benefits, importance of hand-washing, high-risk mothers, the importance of early referral, and so on. The field facilitators and front-line workers explained the topics in the local languages for better and more effective communication. ASHA, AWW, ANM, CHOs, ASHA Supervisors, ICDS Supervisors, MPWs, the Gaon Patil were also present. The method of the meeting was very much participatory. The involvement of all the participants was very much as we have used the participatory learning action (PLA) methods. We intentionally tried to avoid the one-way informative session and focused more on the discussion part. The dais and pujaris had openly discussed and agreed on the importance of hospital services and high-risk patient referrals.

In Phase II, from Sept 2021 to Mar 2022 total of 288 Pujaris, 203 Dai, 52 Social influencers, 32 Gaon Patil, 10 Vaidu, and 20 SHG members, have been reached through the orientation and sensitization meetings.

Participants in Orientation Meetings

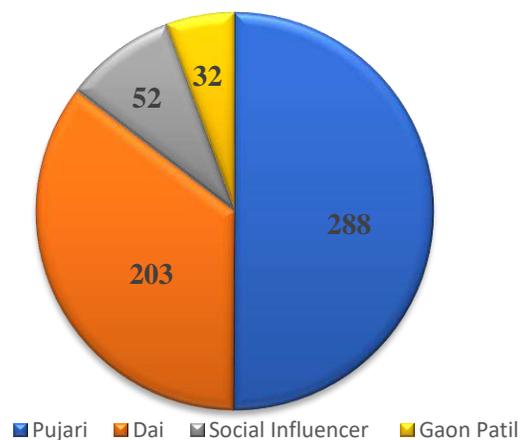


Image 7: Number of Participants in Phase II Orientation Meetings



Image 8: Orientation Meetings at the Korchi and Etapalli Blocks

The majority of the tribal population engaged in farming activity for their livelihood, so according to their need and demand our team conducted a meeting at night time as well. Also, considering the challenge of Covid-19, we have strictly followed Covid-appropriate behaviour during conducting meetings in the field. We also distributed the disposable masks to each participant. At the end of every meeting, nutritious snacks are served to all the participants. The efforts were appreciated by both the Taluka Health officers of the intervention blocks. The meeting updates were regularly given to the District Health team, Gadchiroli preferably by mail and sometimes in person too.

We are constantly organizing meetings in the community, which resulted in the admission to NRC Gadchiroli, as well as Dai, pujari, and other traditional healers refereeing for institutional deliveries. This project duration is very short, we have to organize such meetings in the field continuously to produce a sustainable result in the project population.



Image 9: Combined efforts of Gaon Pujari, Dai, and FF Referred pregnant women for institutional delivery from Rengawahi and Markal village of Etapalli block to Etapalli RH and Aheri RH

Table No 3: Referral for Institutional Delivery and Admission to NRC

S.N.	Block	PHC	HWC	Village	Type of referral case	Place of referral	Referral Case Status	Impact of CCEI-UNICEF Intervention
1	Korchi	Kotgul	Botezari	Tekameta	ANC	PHC Kotgul	Successful Institutional delivery.	Dai, Gaon Patil referred ANC mother for Institutional delivery.
2				Rankatta	High-risk (Age factor) ANC	Women's Hospital Gadchiroli	An infant died within half an hour post-delivery at women's hospital Gadchiroli	Dai referred high-risk ANC mothers for institutional delivery
3			Sonpur	Turmula	High-risk (HB-7.5g) ANC	PHC Kotgul	Institutional delivery, LBW (1.5 Kg), weight during discharge 2.4 Kg. (KMC and Wrapping method given for 7 days)	Refusing family counseled by TBA and FF
4				Pitesur	ANC	PHC Kotgul	Successful Institutional delivery	Dai referred ANC mother for institutional delivery
5			Gyarapatti	Motazeliya	ANC	PHC and then District Hospital	Normal Delivery but Stillbirth	VHSNC referred ANC mother for institutional delivery
6		Botekasa	Navezari	Fulgondi	ANC	Women's Hospital Gadchiroli	Successful Institutional delivery	Dai referred ANC mother for institutional delivery
7			Kotra	Muletipadikasa	SAM (2 cases)	NRC Gadchiroli	Both children successfully completed 14 days of treatment in NRC	Referred by Pujari for treatment.

S. N.	Block	PHC	HWC	Village	Type of referral case	Place of referral	Referral Case Status	Impact of CCEI-UNICEF Intervention
1	Etapalli	Gatta	Dhodur	Vatteli	ANC	PHC Gatta	Normal Delivery but Stillbirth	Pujari, Dai, and ASHA referred ANC Mother for Institutional delivery
2			Gardewada	Beswada	ANC for iron sucrose.	PHC Gatta	Mother is healthy	Dai and Pujari Refer the ANC mother for deficiency treatment
3					ANC	PHC Gatta	Normal Delivery, birth wt. 2.6kg	Pujari, Dai referred ANC Mother for Institutional delivery
4					ANC	PHC Gatta	Normal delivery, birth wt. 2.2Kg	With the combined effort of Dai, Pujari, and FF, institutional delivery was done.
5		Todasa	Tadpalli	Alinga	ANC	Etapalli RH then Aheri RH	Normal Delivery but Stillbirth	Pujari, Dai referred ANC Mother for Institutional delivery
6				Rengawahi	ANC	Etapalli RH then Aheri RH	Normal Delivery, birth wt. 2.2kg	With the combined effort of Dai, Pujari, and FF, institutional delivery was done.
7				Lanji	PNC (Severe Stomach-ache)	Etapalli RH then Aheri RH	Mother is healthy	Dai and Pujari Refer the ANC mother for treatment
8			Krushnar	Marpalli	High risk (Sickle cell anaemia) ANC	Etapalli RH then Chandrapur DH	Normal Delivery	Pujari, Dai referred ANC Mother for Institutional delivery
9		Burgi	Burgi	Burgi	SAM	NRC Gadchiroli	Treatments In-progress at the NRC.	The FF guided family members on the importance of NRC, available facilities, etc.
10				Karfanfundi	SAM and handicapped	NRC Gadchiroli	One girl has undergone surgery. Another girl's treatment is in progress at NRC.	Referred by Pujari for treatment.

❖ PEER EDUCATORS' AND ADOLESCENTS' ENGAGEMENT MEETINGS:

In 2014-15, the RSKS program was only initiated in the Gadchiroli district of the Vidarbha region of Maharashtra. In the first phase, it is started in each 2 selected PHCs of 6 blocks. Later on, it is extended to the remaining 6 blocks of the district. Presently, the RSKS program is functioning in the 12 blocks of the Gadchiroli district. At the district level, there is an RSKS District Coordinator, the RSKS counselors or Block Coordinators function at the block level, and peer educators work at the village level. As per the norm, there should be two peer educators (one boy and one girl) for 500 populations and for 750 populations there should be 2 girls PEs and one boy. But in Gadchiroli, as the population is very low in villages and hamlets, this population criteria has been relaxed a little and therefore, there are peer educators for a population of less than 500 also in this region. Their major work is the distribution of sanitary napkins, menstrual hygiene schemes (MHS), weekly iron and folic acid supplementations (WIFS), awareness about sexual and reproductive health among adolescents, and so on.

Table No 4: Adolescents and Peer Educator meetings in Selected HWCs.

Block	PHC	Total HWC	Shortlisted HWC	Total number of villages under shortlisted HWC	RSKS Program	Planned Adolescents Meetings	Completed Adolescents Meetings	Completed PE Meeting
Korchi	PHC Botekasa	9	4	22	Yes	20	20	Yes
	PHC Kotgul	5	3	20	Yes	22	22	Yes
Etapalli	PHC Gatta	5	4	27	Yes	27	27	Yes
	PHC Todsa	5	3	14	No	-	-	-
	PHC Burgi	3	1	4	No	-	-	-
	PHC Kasansur	6	4	31	Yes	31	31	Yes
Total		33	19	118	Active in 4 PHCs	100	100	-

We had a detailed discussion with the District RSKS coordinator and understood the situation of the RSKS program in the Etapalli and Korchi block of Gadchiroli. After a positive response from the district coordinator, the block coordinators (of the CCEI project) after discussion with the RSKS block coordinators sketched out a plan for conducting orientation meetings-cum-training of adolescent and peer educators in selected Health and Wellness Centres at villages. We have focused mainly on the areas of sexual and reproductive health, nutrition, and substance misuse. After the successful training of block coordinators and field facilitators, they conducted peer educators and adolescent meetings in the field. As one of the important objectives of this project is to strengthen the existing government system, we have involved ASHA, ASHA supervisors, ANM, AWW,

and MPW in the peer educators and adolescent meet. In each session, we conducted the anonymous questioning method to discuss the sexual and reproductive health issues amongst adolescents. Many SRH related questions came to light with this method. We tried to answer all these questions in the meetings for which we received very positive feedback from the participants.



Image 10: Meeting with RSKS Block Coordinator at Etapalli



Image 11: Adolescent and Peer educators meeting at Etapalli and Korchi



Adolescents' development and participation are important objectives of this project. we have conducted 100 meetings with adolescent girls and boys in the selected HWC villages. We have focused mainly on sexual and reproductive health, menstrual hygiene importance, nutrition, washing, and addiction. We also focused on Covid-19 awareness and discussed various myths-truths and the importance of vaccination. In Etapalli, a total of 58 meetings with adolescent girls and boys were conducted and 42 were conducted in the Korchi block. In these adolescents' meetings, a total of 1189 girls, 487 boys, 76 peer educators (Girl), 26 Peer educators (boys) were actively involved along with the other health care staff such as ANM, ASHA, ASHA Supervisor, CHO, MPW, AWW, PRI Members, and others.

The participation of both girls and boys has been remarkable. To find out about the sexual and reproductive health-related issues, we have conducted anonymous question methods in which the youngsters jotted down the questions in chits and then these questions were openly discussed with all the participants in a simplified language. Due to anonymous methods, numerous sexual and reproductive health-related questions came to light. Peer educators were actively present in these meetings. The health and ICDS staff such as the ANM, CANM, ASHA, AWW, ASHA Supervisor, CHO, MPW also participated in the meetings. We strictly followed the Covid-appropriate behaviour in the field and most of the meetings were arranged in open, well-ventilated spaces.

Table No 5: Adolescents' and Peer Educators Meetings – Etapalli and Korchi

Adolescent and Peer Educators Orientation Meetings

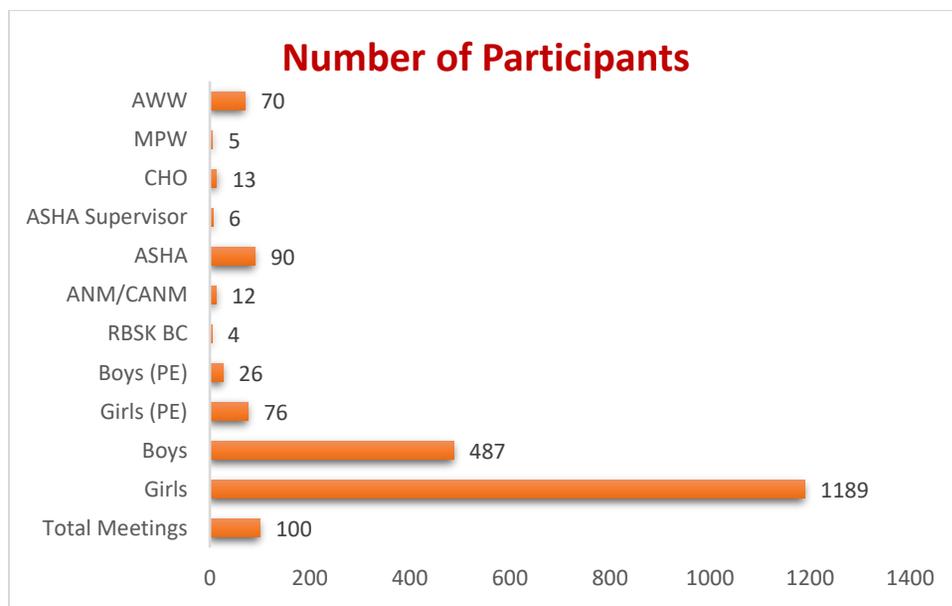
Sr. No.	PHC	HWC	Total Meeting	Girls	Boys	Girls (PE)	Boys (PE)	RBSK BC	ANM/CANM	ASHA	ASHA Supervisor	CHO	MPW	AWW
1	Botekasa	Kukdel	6	60	7	4	1	3	0	6	0	1	0	5
2		Kotra	4	64	3	4	1	0	0	4	0	0	0	3
3		Lekurbodi	5	55	0	4	0	0	0	4	0	0	0	5
		Nawezari	5	59	11	3	0	1	1	2	0	2	1	5
4	Kotgul	Botezari	5	47	6	2	1	0	2	5	2	2	0	3
5		Gyarapatti	8	87	18	4	2	0	2	9	0	1	0	6
6		Sonpur	9	129	5	10	1	0	3	10	3	2	3	9
Korchi Block			42	501	50	31	6	4	8	40	5	8	4	36

S. N.	PHC	HWC	Total Meetings	Girls	Boys	Girls (PE)	Boys (PE)	RBSK BC	ANM/CANM	ASHA	ASHA Supervisor	CHO	MPW	AWW
1	Gatta	Gardewada	8	54	48	4	5	0	0	8	0	1	1	6
2		Wangeturi	5	73	62	3	2	0	0	2	0	0	0	2
3		Dhodur	7	85	89	4	2	0	1	7	0	0	0	3
4		Hedri	7	107	83	6	4	0	0	7	0	1	0	5
5	Kasansur	Halewara	8	124	37	8	2	0	1	8	0	1	0	6
6		Tekka	11	88	51	9	3	0	0	8	1	0	0	6

7	Punnur	8	89	51	8	1	0	0	7	0	0	0	3
8	Manewara	4	68	16	3	1	0	2	3	0	2	0	3
Etapalli Block		58	688	437	45	20	0	4	50	1	5	1	34

Total Etapalli & Korchi	100	1189	487	76	26	4	12	90	6	13	5	70
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Table No 6: Number of Participants in the Adolescents' and Peer Educators Meeting



Name of Participants	Number
Total Meetings	100
Girls	1189
Boys	487
Girls (PE)	76
Boys (PE)	26
RBSK BC	4
ANM/CANM	12
ASHA	90
ASHA Supervisor	6
CHO	13
MPW	5
AWW	70

❖ **MONTHLY ACTIVITY REPORT OF FIELD FACILITATORS:**

Supervision is employed as a systematic activity for increasing the efficiency of field facilitators through direct contact. It is an extension of training that serves to increase knowledge, perfect the skills, improve attitudes and strengthen the motivation of the involved health personnel. Supervision is completed by monitoring, which entails the observation of program performance to ascertain those activities are accomplished in quantity and quality as planned. In the project, Block monitors have actively conducted the supervision and monitoring of the field facilitators. For this, we had developed a format under which each field facilitator has to report the monthly activities conducted/visited/organized/facilitate/attended by them in the field. The following table shows data from Sept 2021 to Jan 2022:

Table 7: Monthly Activity Report of Field Facilitators –Sept 2021 to Jan 2022

Monthly Activity Report of Field Facilitators												
S. N.	Name of Activities	Korchi					Etapalli					
		Sep'21	Oct'21	Nov'21	Dec'21	Jan'22	Sep'21	Oct'21	Nov'21	Dec'21	Jan'22	Total
1	No of times Health and Wellness Centers visited	7	7	11	13	17	9	11	6	14	14	109
2	No. of VHSNC meetings attended	0	18	18	20	21	0	24	4	7	8	120
3	Involved in the formation of VHSNC	0	10	3	2	3	1	1	0	1	3	24
4	Visit to VHSNC members	13	32	59	67	4	12	44	53	32	44	360
5	SBCC Session - Mother Meeting (supporting ASHA, ANM, Anganwadi worker)	0	30	30	31	32	0	66	7	48	119	363
6	No. of CBE attended	0	0	0	0	2	0	0	0	0	0	2
7	No. of VHSND attended	0	7	5	3	3	8	7	6	12	19	70
8	Attended VHSND Meetings with GP members	0	4	2	3	1	2	4	2	1	2	21

9	Visit to Pujari/Traditional healers	10	17	68	43	38	24	48	145	51	32	476
10	Visit to Dais/Traditional birth attendants (TBA)	3	26	47	53	32	18	27	104	39	24	373
11	Home visit to pregnant women	0	37	54	41	32	9	8	14	70	22	287
12	Home visit to PNC Mothers	0	28	32	27	21	11	6	16	57	18	216
13	Orientation Program attended/organized (for Pujari, Dai, AAA, Adolescents, community)	0	2	5	3	1	0	0	11	2	5	29
14	Attended quarterly RKSK meetings	0	0	2	0	2	0	0	0	0	0	4
15	Attended Adolescent meeting at HWC Level	0	0	12	8	1	0	45	3	3	0	72
16	PHC personnel monthly meeting attended	1	1	2	0	1	0	1	0	1	0	7
17	No of AWW monthly meetings attended	0	0	1	1	1	1	0	0	0	0	4
18	Attended monthly meeting of ASHA	1	2	1	2	2	0	1	2	3	0	14

❖ FORMATION AND STRENGTHENING OF THE VHSNC

One of the key elements of the National Rural Health Mission is the Village Health, Sanitation, and Nutrition Committee (VHSNC). The committee has been formed to take collective action on issues related to health and its social determinants at the village level. This committee is particularly envisioned as being central to 'local level community action' under NRHM, which would develop to support the process of Decentralized Health Planning. Thus, the committee is envisaged to take leadership in providing a platform for improving health awareness and access to the community for health services, addressing specific local needs, and serving as a mechanism for community-based planning and monitoring. We are involved in the formation and strengthening of VHSNC in two blocks of Gadchiroli.

We organized an orientation meeting of VHSNC members at Kotgul and Botekasa PHC in Korchi block and at Kasansur, Burgi, Gatta, Todasa PHC in Etapalli block from Sept 2021 to Mar 2022. Mrs. Shubhada Deshmukh madam spoke at an orientation session as a guest speaker. The details of the same are provided in the table below:

Table No 8: PHC Level Orientation Meeting

VHSNC members orientation meeting at PHC																	
S.N.	Block	PHC	Nodal officer	THO	MO	MO (Rural Bond)	CHO	ANM	RKSK BC	CNM/CANM	LHV	HA	MPW	VHSNC member	ASHA Supervisor	Chief guest (AAA)	Total
1	Etapalli	Kasansur	1	1	0	1	2	3	0	2	1	0	0	86	2	4	103
2		Burgi	0	1	0	1	1	1	0	1	1	1	2	55	1	0	65
3		Gatta	0	0	1	1	3	3	0	2	1	0	0	110	1	0	122
4		Todasa	0	0	1	0	4	4	0	4	0	0	0	76	1	0	90
5	Korchi	Kotgul	0	1	2	1	3	3	0	2	1	1	0	114	3	6	137
6		Botekasa	0	0	1	0	0	0	1	0	0	1	1	180	2	7	193

Table No 9: Number of VHNSC Members Engagement in the Intervention Blocks

VHNSC Orientation and Engagement Meeting at Korchi Block						
Sr. No	PHC	HWC	Total Meeting	VHNSC Members	VHNSC Reformed	VHNSC Formed
1	Botekasa	Navezari	7	92	0	0
2		Lekurbodi	3	52	0	0
3		Kotra	11	199	0	0
4		Kukdel	13	221	3	0
5	Kotgul	Sonpur	21	523	8	0
6		Botezari	7	171	1	1
7		Gyarapatti	15	311	0	4
Total			77	1569	12	5

VHNSC Orientation and Engagement Meeting at Etapalli Block						
S. N.	PHC	HWC	Total Meeting	VHNSC Members	VHNSC Reformed	VHNSC Formed
1	Gatta	Gardewada	6	82	1	0
2		Wangeturi	3	79	0	0
3		Dhodur	2	32	0	0
4		Hedri	7	82	1	0
5	Kasansur	Halewara	7	96	0	0
6		Tekka	6	114	2	0
7		Punnur	4	51	0	0
8		Manewara	2	36	0	0
9	Todasa	Tadpalli	3	41	0	0
10		Jiwangatta	1	11	0	0
11	Burgi	Burgi	3	44	0	0
Total			44	658	4	0

Table No 10: Numbers of VHSNC Formed and Reformed

Sr. No.	Block	PHC	HWC	Village	Formed/ Reformed VHSNC	Committee Members	
1	Korchi	Kotgul	Sonpur	Rankatta & Mardintola	Reformed	15	
2				Tekameta	Reformed	17	
3				Sonpur	Reformed	17	
4				Alondi	Reformed	19	
5				Gotatola	Reformed	17	
6				Kohkabodi	Reformed	17	
7				Pitesur	Reformed	17	
8				Kameli	Reformed	15	
9				Gyarapatti	Gyarapatti	Formed	21
10					Mothazeliya	Formed	15
11		Nihaykal	Formed		17		
12		Bhimankhoji	Formed		17		
13		Botezari	Botezari	Formed	15		
14			Narkasa	Reformed	15		
15		Botekasa	Kukdel	Piparzora	Reformed	15	
16				Ambekhari	Reformed	20	
17				Tutekanhar	Reformed	15	

Sr. No.	Block	PHC	HWC	Village	Formed/Reformed VHSNC	Committee Members
1	Etapalli	Gatta	Hedri	Bande	Reformed	15
2			Gardewada	Besewada	Reformed	9
3		Kasansur	Tekka	Kokobanda	Reformed	17

Table No 11. Resolutions passed by VHSNCs

Sr. No.	Block	PHC	VHSNCs	Subject of resolution	Place of resolution demanded	Review of resolution (by committee)
1	Korchi	Botekasa	Bonde	AWC Kitchen shed repairing	Gram-Panchayat	Not yet submitted to GP
2			Chilamtola	AWC repairing		Submitted to GP
3			Ambekhari (Kukdel)	Availability of Sanitary Napkin for Adolescent girls		
4			Tutekanar	Availability of Sanitary Napkin for Adolescent girls		
5			Muletipadikasa	Monthly meeting of VHSNC on 5 th of every month		VHSNCs
6		Kotgul	Pitesur	Construction of new well	Gram-Panchayat, BDO	Submitted to GP, BDO
7			Sonpur	New building for AWC, Availability of Sanitary Napkins for Adolescent girls and mothers	CDPO, Gram-panchayat	Submitted to CDPO, Gram-Panchayat
8			Botezari & Narkasa	Village Road construction	Gram Panchayat, BDO	Not yet submitted to GP and BDO
9			Tekameta			Submitted to GP, BDO
10			Alondi	Village lake construction	Gram-Panchayat	Submitted to GP, BDO
11			Gyarapatti	Construction of New AWC	Gram-Panchayat	Not yet submitted to GP
12			Rankatta	THR distribution	MO Kotgul, THO, DHO	Submitted to MO, THO, DHO

Sr. No.	Block	PHC	Village	Subject of resolution	Place of resolution demanded	Review of resolution (by committee)
1	Etapalli	Gatta	Dhodur	Food distribution was hampered due to the absence of AWW in AWC.	ICDS department	Submitted to ICDS department
2			Hachboli	Availability of Anganwadi materials.	Gram Panchayat	Submitted to GP
3			Rekalmeta	To get a regular meal at AWC		
4			Bande	New President election		
5			Todgatta	AWC repairing		
6			Koinwarshi	Hand pump repairing		

7		Rekalmeta	Construction of AWC			
8		Rekalmeta				
9		Todgatta				
10		Murewada	Availability of Sanitary Napkin for Adolescent girls			
11		Manger				
12		Reknar				
13		Besewada				
14		Parsalgondi				
15		Hedri				
16		Manewara		Construction of bamboo bridge over the river. (Verbal resolution)	VHSNC meeting.	monthly
17		Rengadandi	Village road and river bridge			
18		Kokobanda	New President election			
19		Kothi	Availability of Sanitary Napkin for Adolescent girls	Gram Panchayat		Submitted to GP
20		Karka				
21	Kasansur	Manewara				
22		Kachler				
23		Regadandi				
24		Kornar				
25		Wattegatta				
26		Gattepalli				
27		Halewara				
28		Dumme	Availability of Sanitary Napkin for Adolescent girls	Gram Panchayat		Submitted to GP
29		Surjagad	AWC Repairing			
30	Todasa	Naranur				
31		Lanji	Hand pump repairing			
32		Tadpalli	Construction of AWC			
33	Burgi	Karpanfundi	Availability of Sanitary Napkin for Adolescent girls	Gram Panchayat		Submitted to GP

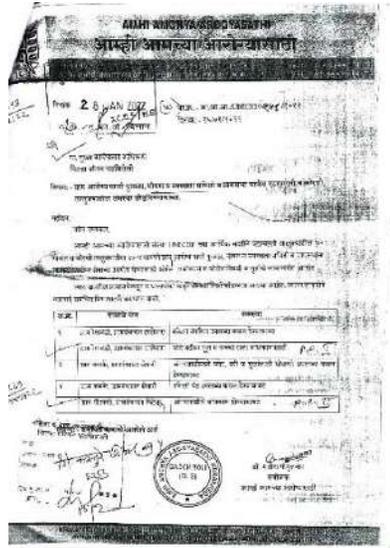


Image 15: VHSNC Committee members constructing a bridge over the river for smooth transportation in Manewara

Important resolutions demanded by the committee mentioned in the below table have been submitted by Amhi Amchya Arogyasathi to CEO office Gadchiroli (Letter -1). CEO office has taken action on the letter submitted by AAA by issuing letter-2 to the public works department Gadchiroli and letter-3 to ICDS departments in order to take immediate and necessary steps to resolve this issue demanded by the villages.

Table No 12: Committee resolutions submitted by AAA to CEO office Gadchiroli

S N.	Village Name	The subject of Resolution, problem
1	Rengadandi, Gram Panchayat Halewara	Availability of Sanitary Napkins for Adolescent girls
2	Rengadandi, Gram Panchayat Halewara	Bridge over Bande river and Road Construction
3	Kamke, Gram Panchayat Sewari	Availability of Sanitary Napkins for Adolescent girls
4	Gyarapatti, Gram Panchayat Pitesur	AWC Construction.



Letter- 1



Letter- 2



Letter-3

Image 16: Letter of official communication between AAA, CEO office, and PWD, ICDS.

On 19th Feb 2022, the UNICEF state program officer and district team visited Korchi block for supervision of the VHSNC meeting at Ambekahri Kukdel. UNICEF team gave suggestions regarding utilization of untied funds, updating of cash book regularly and the checklist for the assessment of VHSNCs. During the discussion, observation revealed that there is a gap in the supply chain of health care material and its availability.



Image 17: Supervision session of VHSNC by UNICEF team at Korchi Block.

❖ ORIENTATION CUM ENGAGEMENT MEETING

Orientation cum engagement meetings with healthcare workers regarding the formation and strengthening of VHSNC and creating an environment wherein the healthcare workers are more sensitive and compassionate towards tribal communities and understand their vulnerabilities, are major and important tasks of this project. Under this project, “Engagement Meetings” were successfully conducted with the targeted groups such as THO, MO, CHO, ANM, CANM, LHV, HA, ASHA, ASHA Supervisor, and, Pharmacy Officer. From Sept 2021 to Mar 2022, we had conducted a total of 4 orientation meetings in the Etapalli block and 2 orientation meetings in the Korchi block with positive and active support from the system. During the meeting, we discussed the utilization of the Untied fund wherein our main motto is to clarify the misconception and misuse of the fund, Challenges in fund utilization and formation, and coordination for VHSNC meetings at the village level. Also, we discussed the importance of the VHSNC for the development of the village and the involvement of Gaon Pujari /traditional healers /magico-religious practitioners, Gaon Patil, Bhumiya, traditional birth attendants (Dais), SHG, PRI members in the committee meeting on a regular basis. The project team also conducted a session on "Helping people look at their customs and beliefs" under which covered the following topics:

1. Three common mistakes about people's customs and traditions.
2. Identifying health-protecting customs.
3. Ways to introduce new ideas by building upon the old ones.
4. Pedagogy for helping people understand and assimilate new ideas.

In the conclusion, the involvement of informal health providers has a major role in improving the health and well-being of the community. And taking this factor into consideration, the majority of healthcare providers agreed to involve the traditional birth attendants, traditional healers, magico-religious practitioners while conducting community-based events such as mothers' meetings, VHND, VHSNC meetings, among others.

Healthcare workers actively participated in the workshop. All the participants strictly followed the Covid-appropriate behavior. The list of participants is given in the table:

Table No 13: PHC Level Orientation cum Engagement Meeting

PHC level Orientation cum Engagement Meeting													
S. N.	Block	PHC	MO/THO	MO (Rural Bond)	CHO	ANM	CANM	LHV	HA	MPW	Pharmacy officers UNICEF BC, LSO	ASHA	ASHA Supervisor
1	Korchi	Kotgul	3	1	4	0	2	2	2	2	4	40	6

2		Botekasa	2	0	0	0	0	2	2	3	2	110	14
3	Etapalli	Kasansur	1	0	0	0	0	2	0	0	1	41	6
4		Gatta	1	2	2	6	1	1	1	4	0	29	2
5		Todsa	0	1	0	0	0	0	0	0	0	18	2
6		Burgi	0	0	0	1	0	1	1	0	2	18	1
Total			7	4	6	7	3	8	6	9	9	256	31



Image 18: Orientation Meetings at Korchi and Etapalli Blocks

❖ **MOTHERS MEETING**

Capacity & Skill-building of Front-line health workers (ASHA & AWW), to conduct Mothers' Meetings effectively at the village level. The focus is to create awareness about nutrition and health via play and communication activities. From Sept' 21 to Mar' 22, we facilitated 240 meetings in Etapalli and 12 meetings in the Korchi block. Details of meetings are given below.

Table No 14: Mothers meeting at villages level in selected PHCs

Mothers Meeting															
S. N.	Block	PHC	HWC	ANC	PNC	6 Month To 6 Year Children	AWW	AWC Supervisor	ASHA	ASHA Supervisor	ANM	CANM	CHO/MMO	MPW	Dai
1	Korchi	Kotgul	Sonpur	62	44	350	29	6	22	3	3	2	0	4	36
2			Botezari	33	30	163	14	2	15	4	1	3	3	0	16
3			Gyarapatti	28	18	81	12	0	14	0	3	3	2	1	14
4		Botekasa	Navezari	41	46	136	18	0	13	0	1	0	1	2	9
5			Lekurbodi	18	6	34	7	0	6	0	0	0	0	0	7
6			Kotra	48	22	134	14	0	14	0	0	0	0	0	13
7			Kukdel	43	52	123	20	0	22	0	1	2	0	1	9
Total				273	218	1021	114	8	106	7	9	10	6	8	104

S. N.	Block	PHC	HWC	ANC	PNC	6 Month To 6 Year Children	AWW	AWC Supervisor	ASHA	ASHA Supervisor	ANM	CANM	CHO/MMO	MPW	Dai
1	Etapalli	Gatta	Gardewada	54	51	220	19	0	16	1	2	2	0	2	10
2			Wangeturi	28	51	125	14	0	5	0	0	0	1	0	5
3			Dhodur	50	70	115	13	0	15	1	3	1	0	0	5
4			Hedari	80	98	177	18	0	19	0	0	2	2	1	13
5		Kasansur	Halewara	66	89	156	15	0	22	0	2	5	5	1	12
6			Tekka	52	103	186	26	0	22	0	2	0	1	1	16
7			Punnur	39	72	135	14	0	23	1	9	4	1	2	10
8			Manewara	26	32	142	8	1	11	0	5	4	4	1	8
9		Todsa	Krushnar	32	40	68	9	0	9	0	3	1	0	1	4
10			Tadpalli	52	71	109	18	0	10	0	3	1	1	1	5
11			Jiwangatta	74	83	145	17	1	14	1	5	1	1	1	2
12		Burgi	Burgi	56	54	75	13	0	8	1	0	1	0	0	4
Total				609	814	1653	184	2	174	5	34	22	16	11	94

❖ SOCIAL AND BEHAVIOURAL CHANGE COMMUNICATION ACTIVITIES:

RMNCH+A, Covid-19 Disease, and Vaccination Awareness Videos and SBCC Materials:

We are using the videos and audios which were developed in the first phase and second phase for awareness of RMNCH+A, COVID-19 Disease, and Vaccination during the field activity.

SBCC Materials Drive Link: <https://drive.google.com/drive/folders/1IVz4cJY0L0BA4I7v0ToOHjacIpobysTM?usp=sharing>

Table No 15: YouTube Links of RMNCH+A, Covid-19 Disease, and Vaccination Awareness videos

COVID-19 disease and Vaccination Awareness videos:	Video Language	YouTube Link:
Why Covid-19 vaccination is important?	Marathi	https://www.youtube.com/watch?v=ctsGqHSTqWQ
How to handle the mild form of Covid-19 at home?	Marathi	https://www.youtube.com/watch?v=IlojOHjvDE
Dawandi – Awareness about >18 years vaccination	Chhattisgarhi	https://www.youtube.com/watch?v=jMvfA2uvLtY
Dawandi – Awareness about >18 years vaccination	Gondi	https://www.youtube.com/watch?v=XJvo7kzS7pcandt=2s
RMNCH+A, Awareness Videos	Video Language	YouTube Links
Slogan1: Breast milk is the best food for newborn baby	Gondi, Marathi	https://www.youtube.com/watch?v=iWYdwdlu2lw&list=PL5FCD9vwDA-sjg6y2dDA6ji-YbvPGaUyH&index=9
Slogan 2: A healthy baby will be born only if she takes a healthy, tricolor diet during pregnancy.	Gondi, Marathi	https://www.youtube.com/watch?v=IFyl8n7Nhs&list=PL5FCD9vwDA-sjg6y2dDA6ji-YbvPGaUyH&index=1
Slogan 3: Home delivery is not easy. It's dangerous for mother and baby.	Gondi, Marathi	https://www.youtube.com/watch?v=LmNScERFUbI&list=PL5FCD9vwDA-sjg6y2dDA6ji-YbvPGaUyH&index=10
Slogan 4: The significance of the first 1000 days is very special	Gondi, Marathi	https://www.youtube.com/watch?v=JtoZcR8vCwE&list=PL5FCD9vwDA-sjg6y2dDA6ji-YbvPGaUyH&index=6
Slogan 5: My child is my responsibility; family does everything for it.	Gondi, Marathi	https://www.youtube.com/watch?v=HTD9JNsCGRs&list=PL5FCD9vwDA-sjg6y2dDA6ji-YbvPGaUyH&index=8
Slogan 6: If you want to control malnutrition, keep a gap of only three years between two children.	Gondi, Marathi	https://www.youtube.com/watch?v=BIVIHGS4rnM&list=PL5FCD9vwDA-sjg6y2dDA6ji-YbvPGaUyH&index=2

Slogan 7: For six months I will not drink water, I will not eat anything, my mother's milk is everything for me.	Gondi, Marathi	https://www.youtube.com/watch?v=4mjXN5DCGvA&list=PL5FCD9vwDA-sjg6y2dDA6ji-YbvPGaUyH&index=3
Slogan 8: Village Poshan resolution, Healthy Mother - Healthy Child	Gondi, Marathi	https://www.youtube.com/watch?v=nr5I2zwdcxk&list=PL5FCD9vwDA-sjg6y2dDA6ji-YbvPGaUyH&index=5
Slogan 9: To protect the baby, give the vaccination.	Gondi, Marathi	https://www.youtube.com/watch?v=DdYocM93gTs&list=PL5FCD9vwDA-sjg6y2dDA6ji-YbvPGaUyH&index=4
Slogan 10: Baby said to mother i am six months old now, mother said i will give nutritious food to you.	Gondi, Marathi	https://www.youtube.com/watch?v=YLeUXHgSSuA&list=PL5FCD9vwDA-sjg6y2dDA6ji-YbvPGaUyH&index=7
Slogan 1: Breast milk is best food for new born baby	Madia, Marathi	https://www.youtube.com/watch?v=_18uPuLR4g&list=PL5FCD9vwDA-slff08AKehdBYIU2yI8R-n&index=10
Slogan 2: A healthy baby will be born only if she takes a healthy, tricolor diet during pregnancy.	Madia, Marathi	https://www.youtube.com/watch?v=zg5aNi9IQ1E&list=PL5FCD9vwDA-slff08AKehdBYIU2yI8R-n&index=1
Slogan 3: Home delivery is not easy. It's dangerous for mother and baby.	Madia, Marathi	https://www.youtube.com/watch?v=DpYnLkTUV4&list=PL5FCD9vwDA-slff08AKehdBYIU2yI8R-n&index=9
Slogan 4: The significance of the first 1000 days is very special	Madia, Marathi	https://www.youtube.com/watch?v=rwmgLW6pknE&list=PL5FCD9vwDA-slff08AKehdBYIU2yI8R-n&index=6
Slogan 5: My child is my responsibility; family does everything for it.	Madia, Marathi	https://www.youtube.com/watch?v=qdo7zk3zQmE&list=PL5FCD9vwDA-slff08AKehdBYIU2yI8R-n&index=8
Slogan 6: If you want to control malnutrition, keep a gap of only three years between two children.	Madia, Marathi	https://www.youtube.com/watch?v=amOxx8SB1Sc&list=PL5FCD9vwDA-slff08AKehdBYIU2yI8R-n&index=2
Slogan 7: For six months I will not drink water, I will not eat anything, my mother's milk is everything for me.	Madia, Marathi	https://www.youtube.com/watch?v=390epOwLgh0&list=PL5FCD9vwDA-slff08AKehdBYIU2yI8R-n&index=3
Slogan 8: Village Poshan resolution, Healthy Mother - Healthy Child.	Madia, Marathi	https://www.youtube.com/watch?v=nMz6UajE_Zo&list=PL5FCD9vwDA-slff08AKehdBYIU2yI8R-n&index=5
Slogan 9: To protect the baby, give the vaccination.	Madia, Marathi	https://www.youtube.com/watch?v=Uo0dKrC42sU&list=PL5FCD9vwDA-slff08AKehdBYIU2yI8R-n&index=4
Slogan 10: Baby said to mother i am six months old now, mother said i will give nutritious food to you.	Madia, Marathi	https://www.youtube.com/watch?v=BfxPrUe0dC4&list=PL5FCD9vwDA-slff08AKehdBYIU2yI8R-n&index=7

Table 16: YouTube Links of the Covid-19 Disease and Vaccination Myths and Truths Videos

Myth and Truth	Madia	Gondi	Chhattisgarhi
Myth and Truth 1	https://www.youtube.com/watch?v=vOD4UDiEKpE	https://www.youtube.com/watch?v=H5_gWCtlwfM	https://www.youtube.com/watch?v=eXx0ljkcb84
Myth and Truth 2	https://www.youtube.com/watch?v=h4C1TM_2JE4	https://www.youtube.com/watch?v=1JoojbVFuV0	https://www.youtube.com/watch?v=XEX8nM-ydfM
Myth and Truth 3	https://www.youtube.com/watch?v=3rvtU1gxn7c	https://www.youtube.com/watch?v=Ae46uFikOg	https://www.youtube.com/watch?v=4eGOH4snmj8
Myth and Truth 4	https://www.youtube.com/watch?v=KxdhR7uqDgQandt=6s	https://www.youtube.com/watch?v=FO0YAhOvhVUandt=2s	https://www.youtube.com/watch?v=lgfJfRNoOoQ
Myth and Truth 5-6	https://www.youtube.com/watch?v=WjQM36TyrQandt=2s	https://www.youtube.com/watch?v=rNg4TW59Lh4	https://www.youtube.com/watch?v=puDhPUz59a4andt=22s
Myth and Truth 7-8	-	https://www.youtube.com/watch?v=6ZFY8KfudfM	https://www.youtube.com/watch?v=HGEE4ND4kkg
Myth and Truth 9	-	https://www.youtube.com/watch?v=Skar1yhFfx0andt=8s	https://www.youtube.com/watch?v=KKVtJ4j3d0c
Myth and Truth 10	-	https://www.youtube.com/watch?v=kg-11Qp9qw0	https://www.youtube.com/watch?v=kg-11Qp9qw0
Myth and Truth 11	-	-	https://www.youtube.com/watch?v=d-3i8vfo3Ms
Myth and Truth 12	-	-	https://www.youtube.com/watch?v=8Vcc1IZJDbc



Image 19: RMNCH+A, Covid-19 Disease and Vaccination Awareness

❖ WALL PAINTINGS AND MIKING ACTIVITY

Wall paintings on RMNCH+A, nutrition & Covid 19-disease and vaccination

Another important activity under the aegis of this project has been to create awareness among the tribal populations about RMNCHA+A, Nutrition & COVID 19 and Vaccination. We had a detailed discussion with the district health team and project director for the selection and finalization of the messages for wall painting and miking activity in selected HWCs and villages. In Etapalli we have completed 201 wall paintings in selected villages (Table no 17) and in Korchi we have completed 131 wall paintings. Miking is a regular and important activity of this project to raise awareness among the population of tribal villages, where the team conducts field visits on daily basis according to their plan, respectively vehicle travel and cover nearby villages for miking. The selected audios and videos are being played for miking activity. In Etapalli and Korchi we completed miking activity in villages of selected HWCs.

UNICEF state program officer and the district team during the field visit supervised the wall paintings done in the Korchi block.

During field visits, did discussions with villagers, and observations revealed that people read slogans painted on walls regularly and also understand the meaning of it.





Image 20: Wall Paintings Activity in Etapalli

Table No 17: Wall painting activity in project population

Wall Painting Activity at Korchi Block			
Sr. No.	PHC	HWC	Completed
1	Kotgul	Botezari	21
2		Sonpur	23
3		Gyarapatti	14
4		Kotgul PHC	11
5	Botekasa	Lekurbodi	16
6		Kotra	12
7		Navezari	15
8		Kukdel	14
9		Botekasa PHC	5
Total			131

Wall Painting Activity at Etapalli Block			
Sr. No.	PHC	HWC	Completed
1	Gatta	Gardewada	14
2		Wangeturi	10
3		Dhodur	10
4		Hedri	11
5	Todsas	Krushnar	13
6		Tadpalli	25
7		Jiwangatta	14
8	Burgi	Burgi	13
9	Kasansur	Halewara	16
10		Tekka	26
11		Punnur	20
12		Manewara	9
13		Gatta PHC	

14	Kasansur PHC	7
15	Todasa PHC	8
Total		201



Image 21: Miking Activity in Korchi and Etapalli

❖ COVID 19 DISEASE AND VACCINATION AWARENESS



Due to the acute fear and rampant misconceptions spread through the various social media platforms, there is a severe vaccine hesitancy amongst the tribals in Gadchiroli. To reduce this fear, various community social influencers were identified under this project. All these social influencers mostly have taken the first dose and second dose of the Covid-19 vaccine and have been working towards creating awareness about it in the community. We have developed a series of videos on myths and truths about COVID 19 disease and vaccination (Table no.14). Through Miking of this audio-visual awareness raised among the project population of tribal villages. The objective is to support the project communities and health system in the Gadchiroli district in Maharashtra to contain COVID-19 and mitigate its impact. The following table contains detailed information on vaccination in the project population:

Image 22: COVID 19 vaccination in project population

Table No 18: Covid 19 Disease Vaccination Summary

Summary of Vaccination (above 18 years) at Korchi											
Area	PHC	Subcenter	Village and Police Station	Total Population	Above 18 Year population	1 st Dose	%	2 nd Dose	%	Total (1 st and 2 nd Dose)	Balance 1 st Dose
Korchi Block	2	19	139	45767	32799	31129	94.91	23094	74.19	54223	1670
CCEL-UNICEF	2	7	42	9500	6752	6266	92.80	4336	69.20	10602	486

Summary of Vaccination (15 to18 years) at Korchi											
Area	PHC	Subcenter	Village	Total Population	15 to 18 Year population	1 st Dose	%	2 nd Dose	%	Total (1 st and 2 nd Dose)	Balance 1 st Dose
Korchi Block	2	19	139	45767	1983	1556	78.47	520	26.22	2076	427
CCEI-UNICEF	2	7	42	9500	611	459	75.12	108	17.68	567	152

Summary of Vaccination (above 18 years) at Etapalli											
Area	PHC	Subcenter	Village and Police Station	Total Population	Above 18 Year population	1 st Dose	%	2 nd Dose	%	Total (1 st and 2 nd Dose)	Balance 1 st Dose
Etapalli Block	4	36	226	86405	54093	48166	89.04	25979	48.03	74145	7906
CCEI-UNICEF	4	12	76	34728	23098	19083	82.62	9510	41.17	28593	4292

Summary of Vaccination (15 to18 years) at Etapalli											
Area	PHC	Subcenter	Village	Total Population	15 to 18 Year population	1 st Dose	%	2 nd Dose	%	Total (1 st and 2 nd Dose)	Balance 1 st Dose
Etapalli Block	4	36	226	86405	6906	2734	39.59	348	5.04	3082	3247
CCEI-UNICEF	4	12	76	34728	3192	1164	36.47	231	7.24	1395	1719

❖ AWARD ACTIVITY

In a comprehensive community engagement initiative, we conducted orientation meetings with informal providers, peer educators and adolescent engagement meetings, VHSNC orientation, and engagement meetings, and orientation engagement meetings with healthcare workers. Health workers, informal providers, and other stakeholders actively participated in the program implementation. AAA team supervised the participation of all stakeholders during implementation. At the end of the project, the team identified and selected the best performers who worked hard to make this intervention successful based on their contribution during the implementation of the project. We distributed Bags, Books, Honey, Chikki, and Mat for ASHA, AWW, Peer educators, and VHSNCs members in Korchi, Etapalli block.





Image 23: Award distribution in Korchi and Etapalli

❖ ACTIVITIES CONDUCTED IN PHASE – II OF THE PROJECT

Table No. 19: Number of Activities conducted in PHASE-II of the Project

Sr. No.	Name of Activity	Korchi	Etapalli	Total
1	Total number of orientation meetings conducted with tribal elders (Pujari and Dai)	24	36	60
2	Total number of knowledge-building sessions conducted with Adolescents	42	58	100
3	Total number of adolescent girls engaged through Adolescent meetings	501	688	1189
4	Total number of adolescent boys engaged through Adolescent meetings	50	437	487
5	Total number of Peer Educators engaged through meetings	37	65	102
6	Number of Peer Educators (girls) engaged through meetings	31	45	76
7	Number of Peer Educators' (boys) engaged through meetings	06	20	26
8	Total number of healthcare workers sensitized through the sensitization and engagement meetings	201	145	346
9	Total number of SBCC materials developed (Audio, video, wall paintings)	-	-	20
10	Total number of traditional healers, pujaris sensitized and engaged through orientation meetings	51	237	288
11	Total number of traditional birth attendants (Dais) sensitized and engaged through orientation meetings	40	163	203
12	Total number of social influencers/tribals elders reached and engaged through orientation meetings	25	27	52

Villages Health, Nutrition, Sanitation Committee (VHNSCs) activated by Gram Sabha Initiative

The village is the basic unit of transformation that leads to strengthening democratic processes. So, the organization of the Village Health, Nutrition, Water & Sanitation Committee (VHNSC here in after) under NHM is important. VHNSC is meant for taking care of the village's entire 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 15th Sept 2021, we started the project "Comprehensive Community Engagement Initiative" supported by UNICEF with Amhi Amchya Arogyasathi, Kurkheda. It covers 42 villages in the Korchi block of the Gadchiroli district. Korchi block is at the north end of the Gadchiroli district and adjacent to the Chhattisgarh state border. There is a rich forest and tribal-dominated population. It consists mainly of Gond and Kanwar 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 consists of 5 villages with a 1245 population, out of which we cover 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 to aware villagers of the 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 October 2021 Block coordinator of our project gave detailed information about the 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 it with some more people in detail and they organize an official meeting by issuing a letter through the panchayat office for the reformation of VHSNC.

Finally, in the village meeting held at Sonpur, 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 on the committee and they were selected without knowledge of Gramsabha. At this time people were informed and they decided on 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 that 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.

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

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Consumption of Drumstick leaves in daily meals helped Pregnant Women to fight against Anemia

A story of a Pregnant Woman from Tribal village Alondi, Block- Korchi, District- Gadchiroli

Alondi is a village located 4 km from Sonpur health and wellness center in Kotgul Primary Health Center in Korchi taluka of Gadchiroli district. It is 39 km away from the taluka headquarters place. The village Alondi is also included in the sensitive and remote areas of the Gadchiroli district.

The UNICEF-supported 'Comprehensive Community Engagement Initiative' project is being implemented by "Amhi Amchya Arogyasathi" Gadchiroli in 42 villages of Korchi taluka from September 15, 2021. At the start of the project, basic information was collected through a baseline survey in the villages under the project population. In the project, efforts are being made to improve the health and nutrition level of the village through activities like village meetings, VHSNC committee empowerment, referral of malnourished children to NRC, meetings of Adolescent boys and girls, and meetings with Traditional birth attendants and Pujari, etc.

According to the available information, two pregnant women were registered in Alondi village. The field facilitator conducted a mother's meeting in the village on 8 October 2021. The Pregnant woman was present at the meeting. During the meeting AAA team interacted with her, after looking at her child protection card, according to the health check-up in VHSND on 02/08/21, we came to know that her HB was only 6.2 grams. The women had gone out of town in September and had not undergone a health check-up. Also, her weight was normal but she was at high risk due to anemia. she has been receiving blood-increasing pills since the time of registration and she was taking Iron Folic Acid regularly. Still, there was not much increase in HB. As a result, she was advised to include Drumstick leaves in her daily diet for blood growth.

At a health check-up in November, she was told by a health worker to take an iron sucrose injection. Thus, 4 iron sucrose injection was injected on November 30, 3, 8, and 15 December, However, the amount of blood in her body increased to 7.5 grams. As she was still at

high risk. she was advised to include Drumstick leaves in her daily diet both times. Thus, when she started incorporating Drumstick leaves into her daily diet in the prescribed manner at both times, the positive effects started to be seen. An examination conducted on 23/12/2021 at the Health Check-up Camp under Human Development Mission at Primary Health Center, Kotgul, found that the amount of blood in her body had increased to 10.2 grams and she was now in a normal situation.

This is a positive example for many other Pregnant women who are suffering from anemia. She has demonstrated that anemia can be overcome by incorporating local leafy vegetables and herbs, and drumstick leaves into the daily diet.



Image -1 Village Alondi - counseling during mother's meeting.



Image – 02 Field facilitator with Asha worker, Anganwadi worker while giving counseling during home visit.

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Thank You