

PROJECT REPORT

13th January – 12th July 2021



COMPREHENSIVE COMMUNITY ENGAGEMENT INITIATIVE – A UNICEF SUPPORTED PROJECT
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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 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



Image 1: Map of Gadchiroli, Maharashtra

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's remote tribal-dominated blocks has always remained a significant challenge.

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

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

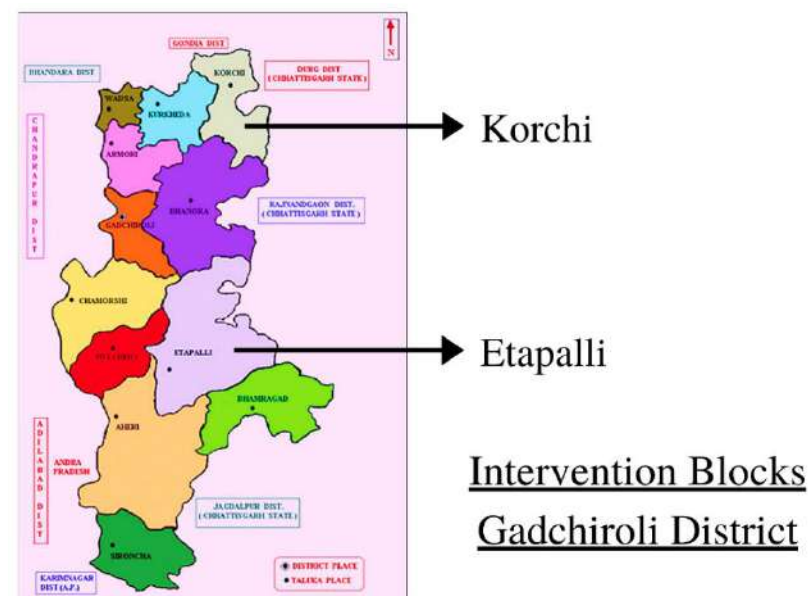


Image 2: Intervention blocks of CCEI Project

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. 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.

❖ 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 Etapalli.

Korchi	Etapalli
<ul style="list-style-type: none"> • Total population: 44,380 • 131 total villages • (33 Grampanchyat) • 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 3: Korchi and Etapalli block data

No.	Specific Objectives	Output	Approach/Strategy
1	To improve health, nutrition, and wash seeking behaviors among tribal communities in Korchi and Ettapali	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 RKSK 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

Under this project, the following activities have been successfully executed in the Phase I i.e., from 13th January 2021 to 13th July 2021.

❖ Project Timeline:



Image 4: Comprehensive Community Engagement Initiative Project Timeline

❖ 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 January 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

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

Table 1: Project Team

Sr. No	Project Employee Name	Age (yrs)	Sex	Village/City	Languages known	Education	Work Experience
1.	Dr. Lokesh Tamgire	35	M	Nagpur	Marathi, Hindi, English, Conversational Madia and Chhattisgarhi	BAMS, MPH TISS, Mumbai, PGDHHCM	5 years – Public Health 3 years - Clinical
2.	Nitin Pandit	29	M	Nanded	Marathi, Hindi, English	MSW	4.11 years in Gadchiroli
3.	Dnyaneshwar Ghate	30	M	Shegaon, Buldhana	Marathi, Hindi, English	MSW	4 years in Gadchiroli and Chhattisgarh
4.	Bharti Sonagre	32	F	Kurkheda, Gadchiroli	Marathi, Hindi	MSW	7 years in Gadchiroli
5.	Omita Bawankar	38	F	Korchi, Gadchiroli	Marathi, Hindi, Gondi	MSW	13 years in Gadchiroli
6.	Jageshwar Karshi	40	M	Deulbhatti, Korchi, Gadchiroli	Chhattisgarhi, Gondi, Marathi, Hindi	BA English	-

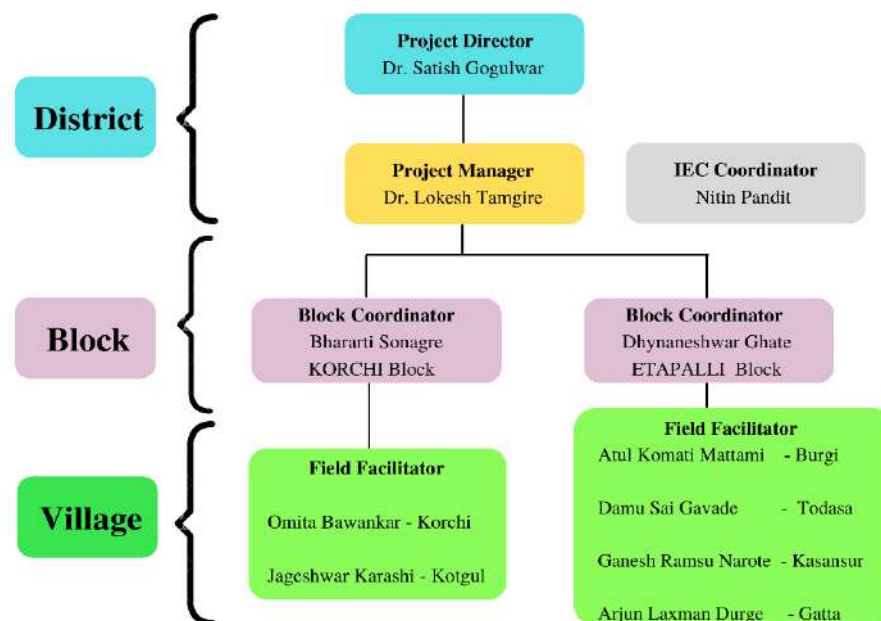


Image 5: CCEI Project Organogram

7.	Atul Komati Mattami	27	M	Gurupalli, Etapalli	Madia, Gondi, Marathi, Hindi	MSW	1 year, Etapalli
8.	Arjun Laxman Durge	24	M	Markal Burgi, Etapalli	Madia, Gondi, Marathi, Hindi	MSW	2 Years MSRLM In Gadchiroli
9.	Ganesh Ramsu Narote	24	M	Wategatta, Etapalli	Madia, Gondi, Marathi, Hindi	BSc	-
10.	Damu Sai Gavade	23	M	Gurupalli, Etapalli	Madia, Gondi, Marathi, Hindi	MA Sociology	1-year warden In Ashram School, Gadchiroli

Similarly, we have selected the Project Manager, two-block coordinators, and an IEC Coordinator from social work background who already have good field-level experience, especially in Gadchiroli.

❖ QUALITATIVE SURVEY

In March 2021, as a part of the baseline survey, we had successfully conducted the qualitative survey in the intervention blocks. In the Korchi block, we covered villages under 8 selected Health and Wellness Centers (HWCs) and in the Etapalli block, we covered villages under 4 shortlisted HWCs. A total of 30 FGDs were conducted in the field. FGDs were conducted with the five targeted groups such as traditional healers, Dais, VHSNC, Community, and Adolescent girls and boys. In-depth interviews were conducted with the Taluka health officer, ASHA, AWW, ANM, School teachers, community elders, and others. Ms. Sunita Bagal, visiting faculty TISS Mumbai and Ashoka fellow served as a resource person and conducted all the FGDs and IDIs. The final qualitative survey report has been submitted to UNICEF.

❖ MEETING WITH DISTRICT STAKE HOLDERS

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 15th March 2021, we had a video conference on Comprehensive Community Engagement Initiative Project with District Health and UNICEF team, Gadchiroli. The main agenda of the meeting was to present the project 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.

Table 2: List of officials in District Orientation Meeting

No.	Name of Attendees	Designation	No.	Name of Attendees	Designation
1)	Dr. Shashikant Shambharkar	District Health Officer, Gadchiroli	6)	Dr. Satish Gogulwar	Project Director, CCEI Project and Convener, AAA, Kurkheda
2)	Dr. Sameer Bansode	District RCH Officer, Gadchiroli	7)	Dr. Lokesh Tamgire	Project Manager, CCEI Project



Image 6: Qualitative Survey in Etapalli and Korchi Block

3)	Dr. Sonu Meher	District Consultant, UNICEF Gadchiroli	8)	Nitin Pandit	IEC Coordinator
4)	Dr. Khanindra Bhuyan	Health Specialist, UNICEF Maharashtra	9)	Bharti Sonagre	Block Coordinator, Korchi Block
5)	Ms. Harsha Mehta	C4D Officer, UNICEF Maharashtra	10)	Dynaneshwar Ghate	Block Coordinator, Etaplli Block

Table 3: Orientation meeting of District Health Team, Gadchiroli - Meeting Agenda

Session Timings	Session Topic	Presenter
11:00 A.M – 11:05 A.M	Team Introduction and Objective of Meeting	Amhi Amchya Arogyasathi, Kurkheda
11:05 A.M - 11:10 A.M	UNICEF	Health Team
11:05 A.M – 11:20 A.M	Project Presentation	Dr. Satish Gogulwar, Dr. Lokesh Tamgire
11:20 A.M – 11:30 A.M	Updates: Research Insights	Dr. Lokesh Tamgire
11:30 A.M – 11:45 A.M	Discussion and Action Points	DHO, Gadchiroli, UNICEF and Amhi Amchya Arogyasathi, Kurkheda

Henceforth, 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. We are also connected with Mr. Lamture, the Deputy CEO, ICDS Gadchiroli, and updated him regarding the CCEI Project. We also discussed with him the ICDS SBCC activities and HMIS support. Regarding the social and behavioural change communication activities, we were in constant touch with the District SBCC Coordinator of Gadchiroli, Ms. Rachana Fulzele and District Information Officer Mr. Adsul. All the SBCC materials developed under this project have also been shared with them.

❖ TRAINING OF FIELD FACILITATORS

Being tribals, field facilitators played a major role in this project. To build the capacity, skills, and knowledge of field facilitators, training them has been conducted twice in Phase I at Amhi Amchya Arogyasathi, Kurkheda. 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, 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, etc. A few important sessions were



Image 7: Field Facilitators training, AAA Kurkheda

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. A tentative block-level intervention plan was also prepared. This plan, later on, was discussed with the respective MOs of PHCs and staff for finalization and consecutive execution.

Table 4: Induction cum Training Agenda: Field Facilitators Training 1

Day- 1, 17 th March 2021, Wednesday		
Time	Activities/Session	Resource Person
10:00 AM	Prayer and Introduction	-
10:30 - 11:00 AM	Comprehensive Community Engagement Initiative Project Introduction	Dr. Satish Gogulwar, Dr. Lokesh Tamgire
11:05 - 11:45 AM	What is RMNCH+A and its strategies?	Nitin Pandit
11:45 - 12:00 AM	Tea Break	
12:00 - 02:00 PM	Village Health Nutrition and Sanitation Committee [VHNSC] components	Mrs. Subhada Deshmukh
02:00 - 03:00 PM	Lunch	
03:00 - 04:00 PM	How to work with traditional and magico-religious practitioners (Pujari).	Dr. Satish Gogulwar
04:00 - 04:15 PM	Tea Break	
04:15 - 05:30 PM	Maternal and Child Health – ANC-PNC care, Importance of 1000 days	Bharti Sonagre and Dnyaneshwar Ghate
Day- 2, 18 th March 2021, Thursday		
Time	Activities/Session	Resource Person
9:00 - 10:00 AM	Village Health Nutrition and Sanitation Committee [VHNSC] components	Nitin Pandit
10:00 - 10:45 AM	Field Facilitators planning on VHNSC	All team members
10:45 - 11:00 AM	Tea Break	
11:00 - 11:45 AM	Village Health, Sanitation and Nutrition Day [VHSND]	Nitin Pandit
11:45 AM - 12:45 PM	Rashtriya Kishor Swasthya Karyakram [RKSK]	Dr. Lokesh Tamgire
12:45 - 01:00 PM	<i>Energizer Activities for Field Facilitators</i>	Dr. Lokesh Tamgire
01:00 - 02:00 PM	Lunch	
02:00 - 03:00 PM	Finalization of Program Indicators	Dr. Satish Gogulwar and Team

03:00 - 03:15 PM	Tea break	
03:15 – 4:15 PM	HR session	Mr. Madhusudan
04:15 - 06:00 PM	Prioritization of Health and Wellness Centres	Dr. Satish Gogulwar and Team

Table 5: Training Topics of Field Facilitators

No.	Training Topics	Resource Person
1.	Mata Baithak (Mothers Meeting) and Home Visits	Ms Shubhada Deshmukh and Ms. Bharti Sonagre
2.	Adolescent Health and RKSK program	Dr. Lokesh Tamgire
3.	VHSNC	Mr. Nitin Pandit
4.	VHSND and involvement of PRI members	Mr. Dnyaneshwar Ghate
5.	How to work with Dais and Pujaris?	Dr. Satish Gogulwar
6.	How to write case stories?	Dr. Lokesh Tamgire
7.	Photography and Video shooting for documentation	Dr. Lokesh Tamgire
8.	Sector meetings – Knowledge sharing with ASHA and AWW	Mr. Dnyaneshwar Ghate
9.	Various Government Schemes (Amrut Ahaar, Matrutwa Vandana Yojana, JSY, JSSK)	Ms. Vajayalakshmi
10.	Nutrition Rehabilitation Centre	Ms. Bharti Sonagre
11.	Monthly Formats	Mr. Nitin Pandit

Table 6: Induction cum Training Agenda: Field Facilitators - Training 2 - 3rd and 4th May 2021

Timings	Topics	Resource Person
Day 1, 3rd May 2021, Monday		
09:30 am – 10:00 am	Tea and Breakfast	
11:00 am – 01:00 pm	Mata Baithak (Mothers Meeting) and Home Visit – Participatory activity and Role Play	Ms. Shubhada Deshmukh
01:00 pm – 02:00 pm	Lunch Break	
02:00 pm – 04:00 pm	RKSK Program and Planning of Field level adolescent girls and boys’ meetings and Peer Educators training.	Dr. Lokesh Tamgire
04:00 pm – 06:00 pm	Corona disease and Vaccination awareness activities discussion and IEC materials shortlisting.	Dr. Satish Gogulwar, Ms. Shubhada Tai and Organization team
06:00 pm – 07:00 pm	Herbal concoction preparation for corona disease and its health benefit. How to approach Pujaris and Dais in community?	Dr. Satish Gogulwar
07:30 pm – 08:00 pm	Nutrition Rehabilitation Centre (NRC) and its importance. and How field facilitators can facilitate mobilization of SAM children in the community with AWW.	Bharti Sonagre
08:00 pm – 09:00 pm	Dinner	
Day 2, 4th May 2021, Tuesday		
08:30 am – 09:00 am	Revision of Day 1 topics	Nitin Pandit
09:30 am – 10:30 am	Tea and Breakfast	
10:30 am – 11:30 am	VHSNC Meeting Planning	Nitin Pandit and Dr. Lokesh Tamgire
11:30 am – 12:30 pm	Covid Vaccination of Field Facilitators and Block coordinators at SDH Kurkheda	-
12:30 pm – 01:45 pm	VHSND Planning	Dnyneshwar Ghate
01:45 pm – 02:45 pm	Lunch	
02:45 pm – 04:00 pm	Case Study Writing	Dr. Lokesh Tamgire
04:00 pm – 05:00 pm	Sector meetings planning and Field planning	Dnyneshwar Ghate
05:00 pm – 06:00 pm	IEC Videos and Discussion	Dr. Lokesh Tamgire
06:00 pm – 07:30 pm	Effects on RMNCH+A services during Covid and Field planning	Dr. Satish Gogulwar and Team
Day 3, 5th May 2021, Wednesday		
08:30 am – 09:30 am	Monthly Activity Formats for Field Facilitators	Nitin Pandit and Dr. Lokesh Tamgire
09:30 am – 10:00 am	Tea and Breakfast	
10:00 am – 10:15 am	Energizer	Dr. Lokesh Tamgire
10:15 am – 12:30 pm	Monthly Activity Formats for Field Facilitators	Nitin Pandit and Dr. Lokesh Tamgire
12:30 pm – 01:00 pm	High Risk Mothers	Dr. Lokesh Tamgire
01:00 pm – 02:00 pm	Lunch	

❖ 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, *bhumiya*, traditional birth attendants (*Dais*), VHSNC committee members, Adolescent girls, and boys, influential leaders, among others. In April 2021, we had conducted a total of 8 orientation meetings in the Korchi block and 12 in Etapalli block and again in June 2012, a total of 42 meetings in Korchi and 12 in Etapalli block were conducted with positive and active support from the system. We had shortlisted a total of 12 Health and Wellness Centres in Etapalli block and 7 in 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 7: Participants in Orientation Meetings in Korchi and Etapalli Block – Phase I

Month	Block	CHO	ANM/ CANM	ASHA	MPW	ASHA Supervisors	A W W	Pujari	TBAs (Dais)	Adolescent girls and boys	VHNSC Members	A N C	P N C	Police Patil	Social influencers	SHG	Total
April	Korchi	3	7	27	0	6	18	23	25	114	30	40	20	7	0	14	334
April	Etapalli	2	13	38	0	4	31	96	69	141	54	0	0	6	0	0	454
June	Korchi	13	21	34	4	10	24	51	41	0	145	40	20	7	263	14	687
June	Etapalli	2	8	17	1	0	3	80	50	0	32	2	2	12	50	14	273
TOTAL		20 times	49	116	5	20	76	250	185	255	261	82	42	32	313	42	1748

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, anaemia in pregnant women, the importance of *pujari* and *dai* in tribal's health, importance of institutional deliveries and its benefits, importance of hand-washing, high-risk mothers, 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 police *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. The project team 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 about the importance of hospital services and high-risk patient referrals.

In Phase, I, total 250 *pujaris*, 185 *dai*, 261 VHSNC members, 313 social influencers, 32 police *Patil*, and 42 SHG members have been reached through the orientation meetings.

Considering the rising cases of Covid-19, we have strictly followed the Covid-appropriate behaviour in the field. We also distributed the disposable masks to each participant. At the end of every meeting, 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. As the health-seeking behaviour of the tribals is mostly the local traditional healers, we have to organize such meetings in the field continuously.

Image 9: Orientation Meetings at the Korchi and Etapalli Blocks

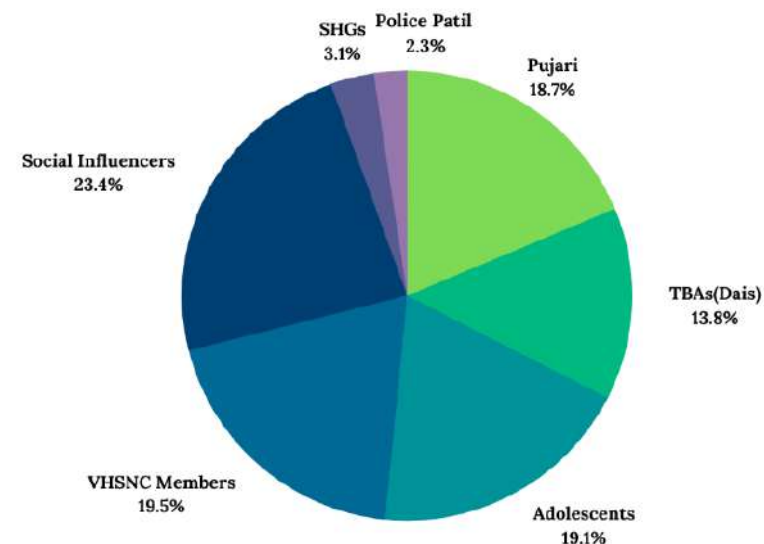


Image 8: Number of Participants in Phase I Orientation Meetings

❖ SENSITIZATION-CUM-ORIENTATION WORKSHOP FOR THE PHC STAFF:

Another important activity under the aegis of this project has been to create an environment wherein the Healthcare workers are more sensitive and compassionate towards tribal communities and understand their vulnerabilities. Therefore, '*sensitization-cum-orientation workshops*' were conducted with healthcare workers in 5 PHCs of the intervention blocks. A total of two workshops were conducted in Korchi block (Kotgul and Botekasa PHC) and three in Etapalli (Kasansur PHC). The participants were the healthcare staff of PHCs and the Health and Wellness Centres, Sub-centres come under it with members such as THO, Medical officers, CHO, ANM, CNM, LHV, MPW, and Health Assistants. We have also conducted these workshops with ASHAs and ASHA supervisors in PHC Kotgul (Korchi) and PHC Todasa (Etapalli). In each workshop, we started with an introductory session of all the staff in detail to know their background and work experience. Then the participants were divided into groups and advised to list down the traditions, customs, beliefs, and spiritual practices prevalent in the community majorly related to RMNCH+A and covid-19 vaccination, etc. As most people were well experienced and had good ground-level experience, they had listed down many such practices and presented them efficiently. The project team then conducted a participatory session on "Helping people look at their customs and beliefs" under which the following topics have been covered:

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.

Towards conclusion, the healthcare staff listed and presented several health-benefitting habits and health-protecting customs practiced by the local tribal community. All the workshops were participatory in approach and we received a very positive feedback. 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, many 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.



Image 10: Sensitization-Cum-Orientation Workshop

Medical officer, PHC Kotgul (Korchi) Dr. Harish Tekam and THO Dr. Asmita Deogade, PHC Kasansur (Etapalli) actively participated in the workshop. Their presence was very motivating for the health staff and for the project team as well. All the participants strictly followed the Covid-appropriate behavior. All the workshops were planned with support from THOs of both the blocks. The list of participants is given in table no 8.

Table 8: Sensitization-Cum-Orientation Workshops:

Date	PHC	Block	MO/ THO	MO (Rural Bond)	CHO	ANM	CANM	LHV	HA	MPW	Others (Pharmacy officer, UNICEF BC, LSO)	ASHA	ASHA Supervisor	TOTAL
10/4/2021	Botekasa	Korchi	1	0	7	8	4	1	1	1	0	0	0	23
16/4/2021	Kotgul	Korchi	1	0	2	5	1	0	1	1	0	28	3	42
28/4/2021	Kasansur	Etapalli	1	2	0	5	6	2	1	1	0	0	0	18
29/5/2021	Todasa	Etapalli	0	1	1	5	8	1	1	4	4	17	2	44
27/5/2021	Burgi	Etapalli	1	0	0	6	5	1	1	5	3	0	0	22
TOTAL			4	3	10	29	24	5	5	12	7	45	5	149

❖ PEER EDUCATORS' ORIENTATION and ADOLESCENTS ENGAGEMENT MEETINGS:

❖ PEER EDUCATORS' MEETING:

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 Gadchiroli. At the district level, there is a RSKS District Coordinator, the RSKS counsellors 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 population and for 750 population 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 9: 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 meetings
Korchi	PHC Botekasa	9	4	22	Y	22	20	4

Korchi	PHC Kotgul	5	3	16	Y	16	16	3
Etapalli	PHC Gatta	5	4	27	Y	27	27	4
Etapalli	PHC Todsa	5	3	19	N	-	-	-
Etapalli	PHC Burgi	3	1	14	N	-	-	-
Etapalli	PHC Kasansur	6	4	31	Y	31	31	4
		33	19	129	Active in 4 PHCs	96	94	15

As a part of this project, we have conducted orientation meetings for the Peer Educators. We had a detailed discussion with the District RKSK coordinator and understood the situation of the RKSK program in the Etapalli and Korchi block of Gadchiroli. After a positive response from the district coordinator, the block coordinators (of this project) after discussion with the RKSK block coordinators sketched out a plan for conducting orientation meetings-cum-training of peer educators in selected the Health and Wellness Centres at villages. We have focussed 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' meetings in the field. As one of the important objectives of this project is to strengthen the existing government system, we have involved the RKSK coordinators, ASHA, ASHA supervisors, ANM, AWW, MPW in the peer educators 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. We have also given the detailed community feedback to the Health Department, Zilla Parishad Gadchiroli, and the RKSK District coordinator.

Table 10: Peer Educators Meeting

Block Name	Date	PHC	HWC	PE (Girls)	PE (Boys)	RKSK BC	ANM/ CANM	ASHA	ASHA Supervisor	CHO	MPW
Etapalli	4/6/2021	Gatta	Gardewada	0	0	1	0	-	0	0	0
	4/6/2021		Wangeturi	4	2	1	0	2	0	0	0
	5/6/2021		Dhodur	1	1	1	0	1	0	0	0
	13/5/2021		Hedri	5	1	1	1	2	1	0	1
	31/5/2021	Kasansur	Halewara	8	2	1	1	5	1	0	0
	3/6/2021		Tekka	5	3	1	1	6	0	0	1
	3/6/2021		Punnur	3	4	1	2	2	0	1	0
	5/6/2021		Manewara	2	1	1	1	2	1	0	0
	TOTAL ETAPALLI			28	14	8	6	20	3	1	2

Korchi	1/6/2021	Kotgul	Gyarapatti	4	4	0	1	4	0	0	0
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	13/5/2021	Botekasa	Sonpur	4	3	0	1	3	3	0	0
	11/5/2021		Botezari	3	1	0	1	3	2	1	1
	21/5/2021		Kukdel	5	3	1	2	5	1	0	1
	25/5/2021		Kotra	6	3	1	1	5	0	0	0
	17/5/2021		Navezarii	3	2	1	1	2	1	0	0
	19/5/2021		Lekurbodi	3	3	1	1	3	1	0	0
			TOTAL KORCHI			28	19	4	8	25	8

	Etapalli + Korchi			56	33	12	14	45	11	2	4
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We have conducted a total of 14 meetings with the peer educators in the two intervention blocks. Out of these, 7 meetings were conducted in Etapalli and 7 in the Korchi block of Gadchiroli. Furthermore, a total of 56 girls and 33 boys have been trained as peer educators. The RKSK block coordinators were present during the majority of the peer educators' meetings and the other participants were ANM/CANM, ASHA, ASHA supervisors, CHO, MPW, etc. The details are given in table no. 10.

❖ ADOLESCENTS' MEETINGS:

Adolescents' development and participation is an important objective of this project. Out of the total of 96 planned meetings, we have conducted 94 meetings with the 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. Taking into consideration the rising Corona pandemic, we also focused on Covid-19 awareness and discussed various myths-truths, and the importance of the vaccination. In Etapalli, a total of 58 meetings with adolescent girls and boys were conducted and 36 were conducted in the Korchi block. In these adolescents' meetings, a total of 1087 girls, 630 boys, 62 peer educators (Girl), 38 Peer educators (boys) were actively involved along with the other health care staff such as ANM, ASHA, ASHA Supervisor, CHO, MPW, AWW, PRI Members, Teachers, 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. (The questions discussed in all the meetings are attached in this document). Due to anonymous methods, numerous sexual and reproductive health-related questions came to light. Peer educators who were present during the earlier orientation meetings were also actively present in these meetings. The health and ICDS staff such as the ANM, CANM, ASHA, AWW, ASHA Supervisor, CHO, MPW, PRI Member, school teacher, and others, also participated in the meetings. As these meetings were conducted during the second wave of the Corona Pandemic, we strictly followed the Covid-appropriate behaviour in the field and most of the meetings were arranged in open, well-ventilated spaces.

Table 11: Adolescents' Meetings – Etapalli and Korchi

Sr.	PHC Name	HWC	Village	Meeting Date	Girls	Boys	Girls (PE)	Boys (PE)	ANM/CANM	ASHA	ASHA Supervisor	CHO	MPW	AWW
1	Gatta	Gardewada	Gardewada	6/4/2021	16	4	0	0	0	0	0	0	0	0
2			Deopadi	7/6/2021	4	5	0	0	0	0	0	0	0	1
3			Mardakuhi	7/6/2021	3	6	0	0	0	1	0	0	0	0
4			Hachbodi	6/9/2021	6	5	0	0	0	1	0	0	0	0
5			Naitala	6/9/2021	5	3	0	0	0	1	0	0	0	0
6			Murewada	6/9/2021	3	4	0	0	0	0	0	0	0	0
7			Koinwarshi	6/9/2021	9	1	0	0	0	1	0	0	0	0
8			Besewada	6/11/2021	15	0	1	0	0	1	0	0	0	0
9		Wangeturi	Wangeturi	6/4/2021	5	6	0	0	0	1	0	0	0	0
10			Rekalmetta	6/11/2021	11	1	2	0	0	0	1	0	0	0
11			Todgatta	6/11/2021	9	13	0	0	0	1	0	0	0	0
12			Hindur	6/11/2021	4	4	0	0	0	0	0	0	0	0
13			Hiker	7/6/2021	4	7	0	0	0	1	0	0	0	0
14		Dhodur	Dhodur	6/8/2021	9	2	1	1	1	1	0	0	0	0
15			Wateli	6/8/2021	9	1	0	0	0	1	0	0	0	0
16			Nainwadi	6/5/2021	15	14	1	1	0	1	0	0	0	0
17			Puskoti	6/8/2021	18	15	0	0	0	1	0	0	0	0
18			Rengatola	6/10/2021	4	4	0	0	0	1	0	0	0	0
19			Bodelitola	6/8/2021	4	4	0	0	0	1	0	0	0	0
20			Rekabhatal	6/10/2021	9	2	1	0	0	1	0	0	0	0
21		Hedri	Hedri	6/2/2021	8	4	0	0	0	0	0	0	0	0
22			Manger	7/3/2021	7	9	1	1	0	1	0	0	0	0
23			Surjagad	6/7/2021	4	5	0	0	0	1	0	0	0	0
24			Malampadi	6/12/2021	7	1	0	0	0	0	0	0	0	0
25			Reknaar	7/3/2021	4	5	0	0	0	0	0		0	0
26			Parsalgondi	7/2/2021	24	2	1	0	0	1	0	0	0	0
27			Bande	7/3/2021	5	5	1	1	0	1	0	0	0	0
28	Kasansur	Halewara	Halewara	6/2/2021	6	4	1	1	1	1	0	0	0	0
29			Wattegatta	6/12/2021	9	5	1	1	0	1	0	0	0	0

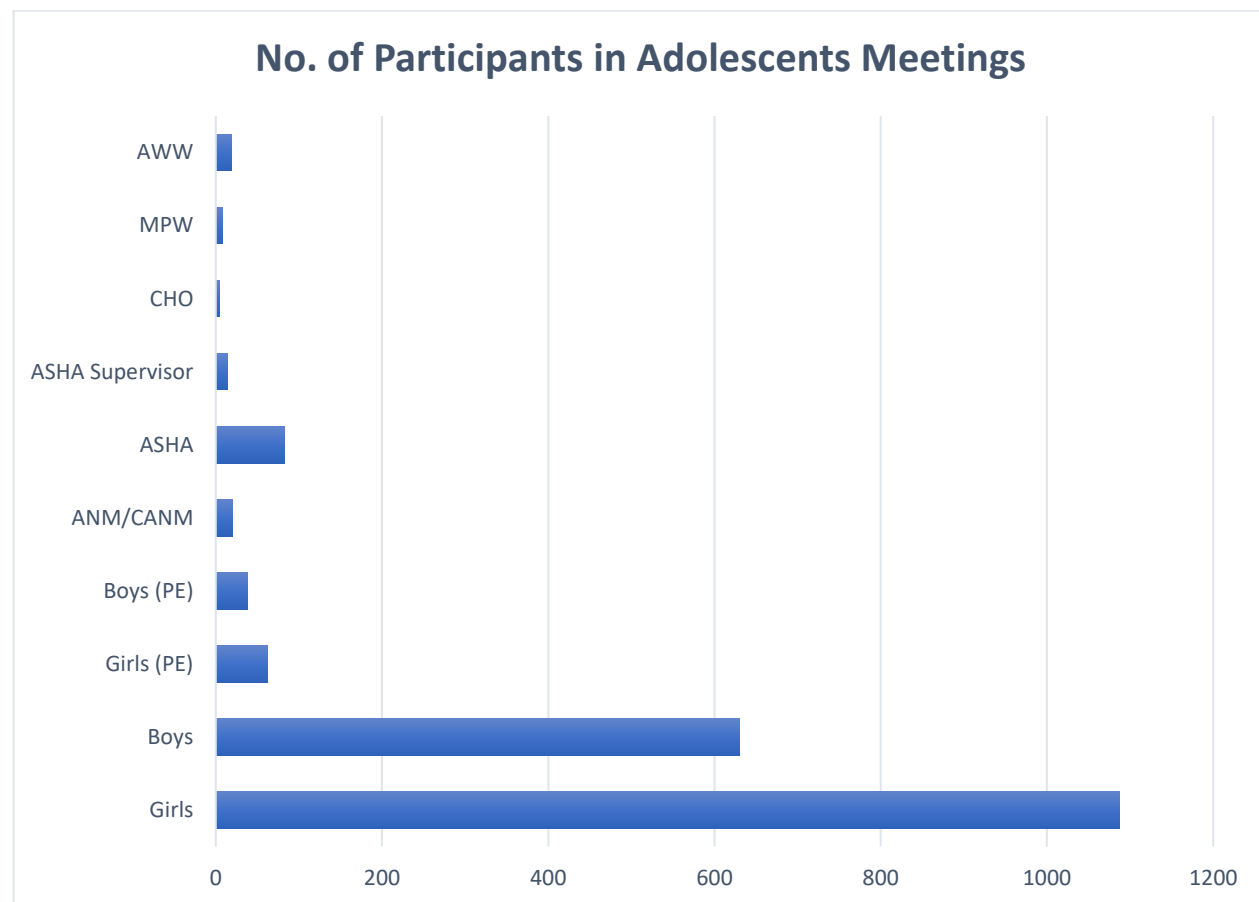
30			Gattepalli	7/6/2021	11	6	1	0	0	1	0	0	0	0
31			Petha	6/8/2021	8	9	1	1	0	1	0	0	0	0
32			Kothi	6/14/2021	7	2	0	0	0	1	0	0	0	0
33			Kornar	6/10/2021	13	2	0	0	0	1	0	0	0	0
34			Regadandi	6/10/2021	10	6	1	1	0	1	0	0	0	0
35			Kachler	6/10/2021	12	3	1	0	0	1	0	0	0	0
36			Tekka	6/3/2021	7	2	1	1	1	1	0	0	0	1
37			Malangatta	6/3/2021	14	11	1	0	0	1	0	0	0	0
38			Morawahi	7/6/2021	12	8	1	1	0	1	0	0	0	0
39			Tadguda	6/3/2021	11	6	0	0	0	1	0	0	0	0
40			Kasurwahi	6/4/2021	17	13	1	1	0	1	0	0	0	0
41			Pendulwahi	6/2/2021	10	1	1	1	0	1	0	0	0	0
42			Ropi	6/2/2021	6	6	1	1	0	1	0	0	0	0
43			Alenga	7/6/2021	11	11	1	1	0	1	0	0	0	0
44			Kokobanda	7/6/2021	17	11	1	0	0	1	0	0	0	0
45			Kohka	6/3/2021	16	9	1	1	0	1	0	0	0	0
46			Kosaalenga	6/4/2021	18	10	0	0	0	1	0	0	0	0
47			Punnur	6/3/2021	9	3	1	1	2	1	0	1	0	1
48			Parpanguda	6/11/2021	10	12	1	0	0	1	0	0	0	0
49			Waghezari	6/8/2021	11	16	1	1	0	1	0	0	0	0
50			Markaguda	6/11/2021	3	4	1	1	0	0	0	0	0	0
51			Kamke	6/2/2021	6	8	1	1	0	1	0	0	0	0
52			Dusseguda	6/11/2021	11	5	1	0	0	1	0	0	0	0
53			Dhobeguda	6/11/2021	3	8	1	0	0	1	0	0	0	0
54			Kokoti	6/12/2021	6	1	1	1	0	1	0	0	0	0
55			Manewara	6/5/2021	19	5	1	1	1	1	0	0	0	0
56			Gudram	6/9/2021	7	11	0	0	0	1	0	0	0	0
57			Karka buj	6/9/2021	9	2	0	0	0	1	1	0	0	0
58			Bhumkam	6/9/2021	7	7	1	1	2	1	0	1	0	1
ETAPALLI - TOTAL					537	339	34	22	8	49	2	2	0	4

No.	PHC	HWC	Village	Date	Girls	Boys	Girls (PE)	Boys (PE)	ANM/ CANM	ASHA	ASHA Supervisor	CHO	MPW	AWW
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1	Kotgul	Gyarapatti	Gyarapatti	6/4/2021	16	4	1	1	1	0	1	0	0	1
2			Mothazeliya	5/30/2021	28	0	1	0	1	1	0	0	0	0
3			Bhimankhoji	6/4/2021	7	9	1	1	0	1	0	0	0	0
4			Nihaykal	6/8/2021	13	0	0	0	0	1	0	0	0	0
5		Botezari	Botezari	6/9/2021	9	10	0	0	1	1	1	1	1	1
6			Narkasa	6/8/2021	7	6	0	0	0	1	0	0	0	0
7			Rankatta	5/29/2021	21	22	1	1	1	1	1	1	1	1
8			Mardintola	5/12/2021	6	13	1	0	1	1	0	1	1	1
9		Sonpur	Sonpur	5/15/2021	19	13	1	1	1	1	1	0	1	0
10			Goratola	5/16/2021	16	15	1	1	1	1	1	0	1	1
11			Pitesur	5/14/2021	21	18	1	0	1	1	1	0	0	0
12			Alondi	6/5/2021	12	10	1	1	1	1	1	0	1	1
13			Turmula	5/19/2021	14	16	1	1	1	1	0	0	1	1
14			Puttargondi	6/10/2021	4	4	0	0	0	1	0	0	0	0
15			Kotkabodi	5/28/2021	12	8	1	1	0	1	1	0	0	1
16			kameli	5/27/2021	17	15	1	1	1	1	1	0	1	1
17	Botekasa	Lekurbodi	Murkuti	6/9/2021	23	5	0	0	0	1	0	0	0	0
18			Charwidand	5/26/2021	12	0	1	0	0	1	0	0	0	1
19			Lekurbodi	6/12/2021	7	1	0	0	0	0	0	0	0	0
20			Mayalghat	6/9/2021	17	0	0	0	0	1	0	0	0	0
21		Kukdel	Kukdel	5/22/2021	17	0	1	0	1	1	1	0	0	1
22			Dawandi	6/8/2021	36	24	1	1	0	1	1	0	0	1
23			Chilamtola	1/18/1900	5	15	1	1	0	1	1	0	0	1
24			Ambekhari	6/8/2021	21	23	1	1	0	1	0	0	0	0
25			Piparzora	5/22/2021	13	2	1	0	0	1	0	0	0	0
26			Tutekanhar	6/8/2021	10	8	1	1	0	1	0	0	0	0
27			Kotra	6/10/2021	18	0	1	0	0	1	0	0	0	0
28		Kotra	Hitapadi	5/28/2021	13	13	1	1	0	1	0	0	0	0
29			Shikaritola	5/28/2021	15	3	1	0	0	1	0	0	0	0
30			Bogatola	6/1/2021	24	7	1	0	0	1	0	0	0	0
31			Kolupadikasa	6/1/2021	17	5	1	1	0	1	0	0	0	0
32			Muletipadkasa	6/3/2021	22	4	1	0	0	1	0	0	0	0
33		Nawezari	Ambekhari	5/26/2021	20	0	1	0	0	1	0	0	0	0
34			Bonde	6/3/2021	12	3	1	0	0	1	0	0	0	1

35		Fulgodi	6/12/2021	7	5	0	0	0	1	0	0	0	1
36		Padyaljob	6/3/2021	19	10	1	1	0	1	0	0	0	0
KORCHI - TOTAL				550	291	28	16	12	34	12	3	8	15
TOTAL (Etapalli + Korchi)				1087	630	62	38	20	83	14	5	8	19

Table 12: Number of Participants in the Adolescents' Meeting



Name of Participants	Number
Total Meetings	94
Girls	1087
Boys	630
Girls (PE)	62
Boys (PE)	38
ANM/CANM	20
ASHA	83
ASHA Supervisor	14
CHO	14
MPW	5
AWW	19

❖ MONTHLY ACTIVITY REPORT OF FIELD FACILITATORS:

Supervision is employed a systematic activity for increasing the efficiency of field facilitators through direct contact. It is an extension of training that serves to increase the knowledge, perfect the skills, improve the 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 this 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. The following table shows data from January to June 2021:

Table 13: Monthly Activity Report of Field Facilitators – Jan to June 2021

No.	Name of Activities	Feb	March	April	May	June	Total
1	No of times Health and Wellness Centres visited	25	29	19	14	19	106
2	No. of VHSNC meetings attended	6	4	4	6	7	27
3	Involved in formation of VHSNC	3	4	1	3	4	15
4	Visit to VHSNC members	33	30	49	36	54	202
5	SBCC Session - Mother Meeting (supporting ASHA, ANM, Anganwadi worker)	3	2	0	0	2	7
6	No. of CBE attended	5	9	1	17	4	36
7	No. of VHSND attended	10	13	13	8	11	55
8	Attended VHSND Meetings with GP members	2	3	2	25	42	74
9	Visit to Pujari/Traditional healers	85	68	28	33	55	269
10	Visit to Dais/Traditional birth attendants (TBA)	80	64	21	49	57	271
11	Home visit to pregnant women	10	8	11	43	18	90
12	Home visit to PNC Mothers	9	9	7	42	21	88
13	Orientation Program attended/organized (for Pujari, Dai, AAA, Adolescents, community)	0	0	21	4	46	71
14	Attended AAA meeting at HWC Level	1	0	0	1	1	3
15	Attended quarterly RKSK meetings	3	2	0	20	38	63
16	Attended Peer Educators meeting at HWC Level	1	1	0	14	8	24
17	PHC personnel monthly meeting attended	2	5	4	5	0	16
18	No of AWW monthly meetings attended	6	0	0	1	1	8
19	Attended monthly meeting of ASHA	5	5	1	2	1	14

❖ SOCIAL AND BEHAVIOURAL CHANGE COMMUNICATION ACTIVITIES:

❖ Myths and Truths:

अ.क्र.	करावाच्या उपाय-योजना
१	यापुढे लसीकरणाच्या वेळेस लाभार्थींचे RAT/RT-PCR द्वारे कोविड -१९ चाचणी करू नये. मात्र ज्यांना सर्दी,खोकला,ताप आहे त्यांना RAT तपासणी करिता प्रवृत्त करावे,सस देऊ नये.
२	एखाद्या गावात RAT तपासणी शिवीर घेतांना ,जास्तीत जास्त RAT तपासणी होणेस्तव गावातील रुग्णाला गृह विलगीकरण च्या मार्गदर्शक सुचणे प्रमाणे -ज्यांना लक्षणे नाहीत/ज्यांनी सौम्य लक्षणे आहेत/ज्यांचे वय ६० च्या आत आहे/ज्यांना उच्च-रक्तदाब/मधुमेह(Sugar) या इतर गंभीर आजार नाही अशा कोविड-मुक्त रुग्णाला गावातच व्यवस्था केलेल्या शाळेत वा घरी व्यवस्था असल्यास -घरी गृह-विलगीकरण देण्यात येईल या बाबत आग्रस्त करावे. जिल्ह्यातील कोविड केंद्र सेंटर मध्ये आधीच जागा नाही ,तेव्हा आम्ही आपणास बळजबरीने तालुका स्तरीय CCC भरती करणार नाही हे आवर्जून सांगेवे.
३	ज्या गावात लसीकरण करण्यात येणार आहे,त्याची तालुका-निहाय यादी तयार करावी. आदल्या दिवशी सदर गावात तालुका स्तरीय टीम यांनी गेट देऊन लोकांना लसीकरण साठी समुपदेशन करून लसीकरणासाठी तयार असणाऱ्या लाभार्थींची यादी तयार करावी.
४	१८ ते ४४ वयोगटात असलेले लाभार्थींची यादी यामुळेच येथील CSC सेंटर मार्फत cowin-portal वर नोंदणी करून Slot Book करून घ्यावा. वयोगट ४५+वरील लाभार्थींची नोंदणी वेळेवर करून घेता येईल.(सोबत आधार कार्ड/वॉक पासबुक/वोटिंग कार्ड/अदी आणण्याबाबत अवगत करावे.)



Image 11: District Micro plan Covid-19 disease

has been shared with the district officials. Therefore, anyone can access and download these materials with difficulty. Furthermore, all these myths and truths have also been included in the District Covid-19 micro plan of the Gadchiroli District.

Table 14: 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=vQD4UDiEKpE	https://www.youtube.com/watch?v=H5_gWCtWfM	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


As the second wave of the Covid-19 disease hit Gadchiroli, it rapidly spread in the remote and interior hamlets, afflicting numerous villagers. The fear of getting tested for Corona, fear of hospitalization, possible death, and rampant misunderstandings associated with Covid-19 vaccination gave rise to several challenges in the community. Through this project, we prepared many myths-truths documents and videos related to Covid-19 disease and vaccination. During sensitization meetings at the PHC level, the health care staff identified and shared many such locally specific misconceptions related to corona. We have shared all these myths with the district health team and after getting positive feedback from the ADHO, Gadchiroli, we have provided truths countering each of these myths and later on, translated these myths and truths documents into three local languages such as Chhattisgarhi, Madiya, and Gondi. Then, we worked on creating audio and video clips of these myths-truths. All these SBCC materials were shared with the district health team and through them they were shared at the district level regularly. Zilla Parishad, Gadchiroli circulated an official letter for sharing and showing these videos at the health facility level. We also prepared a Google drive where all the SBCC materials are in one place and the link

		आरोग्य विभाग जिल्हापरिषद, गडचिरोली		
वर्यसल्य :- जिल्हा आरोग्य अधिकारी, आरोग्य विभाग, जि.प. गडचिरोली		दुरध्वनी ०७१३२ - २२२७३८ ०७१३२ - २२२३१७	Website:- http://arogyamaharashtra.gov.in Email:- dho_gad@rediffmail.com	
आरोग्य सेवा		वा.प्र. जिल्हा/आरोग्य/SBCC-IEC दिनांक ११/०६/२०२१		

प्रती,
 तालुका आरोग्य अधिकारीसर्व तालुका
 वैद्यकीय अधिकांक, शा.रु./उपजिल्हा रु./स्त्री रु./.....(सर्व)
 वैद्यकीय अधिकारी, प्रा.आ.केंद्र.....(सर्व)

विषय:-SBCC-IEC साहित्याचा वापर करून जनजागृती करणे बाबत.....

उपरोक्त विषयान्वये आपणास कळविण्यात येते की,
 "कॉम्प्युटर्स कन्सुमीटो एंगेजमेंट इनिशिएटिव्ह" प्रकल्प आम्ही आमच्या
 आरोग्यासाठी, कुरछेडा यांच्या माध्यमातून SBCC-IEC साहित्य खालील दिलेल्या Google link
 वर उपलब्ध करण्यात आले आहे.
<https://drive.google.com/drive/folders/1IVz4cJY6L8B4d17V0ToOHjaglpobysTM?usp=sharing>
 तेव्हा वारील link चा वापर करून SBCC-IEC बाबतीचे सर्व
 Video, एवनिफील, पोस्टर Download करून Pendrive मध्ये जतन करावे. आपल्या दवाखान्यात
 उपलब्ध TV चा वापर करून रोज या द्वारे जनजागृती करावे सदर Link वरील सर्व IEC
 साहित्य आपल्या जिल्ह्यातील स्थानिक भाषेचा(गोंडी/माडिया/उत्तीसगडी/मराठी) वापर करून
 तयार केली आहे.


 जिल्हा आरोग्य अधिकारी
 जि.प. गडचिरोली-११/०६/२०२१

प्रतिलिपी:-

- १) जिल्हा शल्य चिकित्सक, सामान्य रुग्णालय, गड यांना यांना माहितीस सादर.
- २) संचालक, आम्ही आमच्या आरोग्यासाठी, कुरछेडा यांना माहितीस सादर.


 जिल्हा आरोग्य अधिकारी
 जि.प. गडचिरोली-११/०६/२०२१

Image 12: Letter by Health Department, Zilla Parishad, Gadchiroli

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=FQ0YAhOvhVUandt=2s	https://www.youtube.com/watch?v=lgfJfRNoOoQ
Myth and Truth 5-6	https://www.youtube.com/watch?v=WjQM36TyrdQandt=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-1lQp9qw0	https://www.youtube.com/watch?v=kg-1lQp9qw0
Myth and Truth 11	-	-	https://www.youtube.com/watch?v=d-3i8vfo3Ms
Myth and Truth 12	-	-	https://www.youtube.com/watch?v=8Vcc1IZJDbc

❖ Social Influencers' Videos:

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 lessen this fear, various community social influencers were identified under this project. All these social influencers have taken at least the first dose of the Covid-19 vaccine and having been working towards creating awareness about it in the community. Several awareness videos have been shot of Medical officers, Pujari, teachers, social workers, sarpanch, community elders, among others, and all these videos are available in the drive (link has been shared with the District Health team, Gadchiroli) and shared with many people through WhatsApp media.

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

Table 15: Social Influencers' Videos and YouTube links

Name of Social Influencer	Designation and Place	Video language	Youtube Link:
Mr. Surendra Hichami	Teacher, Jambiya, Etapalli	Madia	https://www.youtube.com/watch?v=ddIQX3rnqXUandt=17s
Dr. Harish Tekam	Medical Officer, PHC Kotgul, Korchi.	Marathi	https://www.youtube.com/watch?v=XJbNym86Uz0andt=173s
Dr. Harish Tekam	Medical Officer, PHC Kotgul, Korchi.	Chhattisgarhi	https://www.youtube.com/watch?v=_mqtTVtBsV0andt=143s
Mrs. Kumaribai Jamkatan	Social Worker, Korchi	Chhattisgarhi	https://www.youtube.com/watch?v=hNGhMDliRMs
Mrs. Deshirbai Ghatghumar	ASHA Worker, Temli, Korchi	Chhattisgarhi	https://www.youtube.com/watch?v=o9vORzV3BTUandt=1s
Mr. Meharu Dhadu Watti	72 yrs community elder, Deyulbhatti, Kotgul	Gondi	https://www.youtube.com/watch?v=GBxNgxJzpu0
Mr. Parmeshwar Lohamware	Up-sarpanch, Nangpur Grampanchyat, Korchi	Chhattisgarhi	https://www.youtube.com/watch?v=x3a33ouJ1Y0

❖ Other Covid-19 Disease and Vaccination Awareness Videos and SBCC Materials:

Table 16: YouTube Links of 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=IlosjOHjvdE
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



Images 13:
Covid-19 Disease
and Vaccine
Awareness
Social Media
posts developed

❖ PRINT MEDIA COVERAGE:

The work done or the success stories prepared as a part of this project have been published in various print media platforms. The details are given in the table below:

Table 17: Stories Published in Print Media

Name of Story/Activity	Name of Print media	Date
लसीकरणाबाबतचे गैरसमज दूर करण्यासाठी सूक्ष्म कृतीआराखडा	Lokmat	21 st May 2021
आदिवासींचे "जांबिया" लसीकरणात आदर्श	Maharashtra Times	26 th May 2021
पुजारीच्या आवाहनामुळे पूर्ण झाले १४ गावांचे लसीकरण	Maharashtra Arogya Patrika	June 2021 Issue



❖ HUMAN INTEREST STORIES

Several Rumours and misconceptions associated with the Covid-19 pandemic have been spreading rampantly in the community. The fear of succumbing to the Covid-19 disease is extremely high amongst the tribals. they are extremely scared to get themselves vaccinated which has resulted in low vaccination coverage in Gadchiroli. This, consequently, has caused a direct impact on other services such as the RMNCH+A. Despite this scenario, there have been many success stories that extended some hope and provided the much-needed motivation. We have been successful in bringing out a few such human-interest stories publicly under the aegis of this project. We have published two stories on vaccination from Jambiya and Tadpalli village of Etapalli, one story is on Peer Educator – Girl, one on the role of a field facilitator in Covid-19 vaccination awareness, one about a passionate medical officer of PHC Kotgul and the last one about the VHSNC formation in Parsalgondi village.

Table 18: Human Interest Stories

Story, based on	Place	Available in Languages
Covid-19 Vaccination	Village Jambiya, Etapalli	Marathi and English
Covid-19 Vaccination	Village Tadpalli, Etapalli	Marathi and English

Peer Educator (Girl)	Village Parsalgondi, Etapalli	Marathi and English
Role of Field Facilitator in Covid-19 vaccination	Village Deyulbhatti, Korchi	Marathi and English
Medical Officer	PHC Kotgul, Korchi	Marathi and English
VHSNC Formation	Village Parsalgondi, Etapalli	Marathi and English

❖ 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 Decentralised Health Planning. Thus, the committee is envisaged to take leadership in providing a platform for improving health awareness and access of community for health services, address specific local needs and serve as a mechanism for community-based planning and monitoring. We are involved in the formation and strengthening of VHSNC in two blocks of Gadchiroli.

In Etapalli, we helped in the formation and strengthening of 22 VHSNCs and in Korchi, a total of 30 VHSNC were effectively formed and engaged with. This activity was undertaken in the villages under the 19 selected HWCs. The details of the same are provided in the table below:

Table 19: Number of VHSNC Formed/ Members Engagement in The Intervention Blocks

VHSNC Formation/Engagement Meeting in Etapalli				VHSNC Formation/Engagement Meeting in Korchi			
Sr.	PHC Name	HWC	Village	Sr.	PHC Name	HWC	Village
1	Gatta	Wangeturi	Wangeturi	1.	Kotgul	Sonpur	Sonpur
2			Todgatta	2.			Gotatola
3		Hedri	Hedri	3.			Pitesur
4			Manger	4.			Alondi
5			Surjagad	5.			Turmula
6			Reknaar	6.			Putargondi
7			Parsalgondi	7.			Kohkabodi
8			Bande	8.			kameli
9	Todsia	Tadpalli	Tadpalli	9.		Botezari	Narkasa
10			Lanji	10.			Rankatta
11			ALenga	11.			Mardintola

12			Naranur		12.	Botekasa	Kukdel	Kukdel
13	Burgi	Burgi	Burgi		13.			Dawandi
14			Markal		14.			Chilamtola
15			Karpanfundi		15.			Ambekhari
16	Kasansur	Halewara	Wattegatta		16.			Piparzora
17			Gattepalli		17.			Tutekanhar
18			Kothi		18.		Kotra	Kotra
19	Tekka	Kasurwahi	19.		Hitapadi			
20		Alenga	20.		Shikaritola			
21	Punnur	Parpanguda	21.		Bogatola			
22		Waghezari	22.		Kolupadikasa			
					23.			
					24.		Navezari	Navezari
					25.			Ambekhari
					26.			Bonde
					27.			Fulgodi
					28.			Padyaljob
					29.		Lekurbodi	Murkuti
					30.			Mayalghat

❖ ACTIVITIES CONDUCTED IN PHASE – I OF THE PROJECT

Table 20: Number of Activities conducted in PHASE-I of the Project

No.	Name of Activity	Korchi	Etapalli	Total
1	Total number of population reached through this project	9974	33386	43360
2	Total number of orientation meetings conducted with tribal elders (Pujari and Dai)	50	24	74
3	Total number of knowledge-building sessions conducted with Adolescents	36	58	94
4	Total number of adolescent girls engaged through Adolescent meetings	550	537	1087
5	Total number of adolescent boys engaged through Adolescent meetings	291	339	630

6	Total number of Peer Educators Meetings conducted	7	7	14
7	Number of Peer Educators (girls) trained	28	28	56
8	Number of Peer Educators' (boys) trained	19	14	33
9	Sensitization- cum-orientation workshops of Health Cadre	2	3	5
10	Total number of healthcare workers sensitized through the sensitization workshops	65	84	149
11	Total number of SBCC materials developed (Audio, video, posters)	-	-	65
12	Total number of traditional healers, pujaris sensitized and engaged through orientation meetings	74	176	250
13	Total number of traditional birth attendants (Dais) sensitized and engaged through orientation meetings	66	119	185
14	Total number of social influencers/tribals elders reached and engaged through orientation meetings	263	50	313

WAY FORWARD

The UNICEF-supported project "Comprehensive Community Engagement Initiative" was launched on January 13, 2021. The project was initiated with the objective of changing the attitudes of villagers from Korchi and Etapalli Talukas towards health, nutrition and hygiene, eliminating the pre-existing harmful traditional beliefs and practices in the society, promoting remedial practices and encouraging the village priests, midwives, and *Vaidus* to provide proper referral services through early diagnosis, strengthening the government platforms like VHSND, VHSNC, RI, and AAA, and promoting the development and enhancing the participation of adolescent boys and girls. The most distinctive feature of this project has been its efforts to strengthen the existing government system without creating any parallel ones. The reputation of Amhi Amchya Arogyasathi, Kurkheda and its long- standing support to the government system has helped garner a strong support from many departments of the Zilla Parishad in Gadchiroli for this project. In its first phase, the project received substantial help from the Health Department, Gadchiroli right from the district to the village level.

During the first phase, the project has been successful in establishing a close connect with the social influencers in the village. Since the field facilitators working as a part of this project are local tribals, it was not very difficult to interact with the influential persons in the village such as the *Gaon Pujari*, the *Gaon Bhumiya*, *Perma*, midwife, *Gaon Patil* etc. and to conduct meetings with them to provide them health related information. Over a span of four months, several meetings with these eminent persons were held in all the needful areas of the two talukas under the project. To sustain the sensitivity generated and nurtured through these meetings, it is essential for the project to continue smoothly.

Furthermore, there are many challenges that still need to be tackled effectively. For instance, it is quite challenging to reduce the years' old practice of home delivery by a midwife. Another major concern is convincing the tribal community, which has been approaching the village priests or *Vaidus* for their health-related problems, to access complete medical treatment in a hospital. Even if not in entirety, if at least the high-risk population can be convinced to approach the hospital by the midwife or the village priest, it can prevent several high-risk people from dying in the villages. And it is for these reasons that the buildout of this project is so important.

Health workers like the ANM, ASHA, AWW, and MPW who live in the remote areas of Etapalli and Korchi have to face many difficulties while working in the field. In the first phase of the project, the field facilitators and block coordinators of the project provided help and aid all these frontline workers to a great extent. The project team along with the frontline workers did a great job together on several occasions such as field visits, Covid-19 vaccination awareness, assembling the villagers during the vaccination sessions, conducting meetings of adolescent boys and girls, village health, nutrition, water supply and sanitation committee meetings and so on. This helped in the capacity- building of the frontline workers and has also received a positive feedback. Furthermore, the project has raised awareness among the health workers, who despite having worked for many years, did not actively participate in the health meetings, mothers' meetings, VHSND days etc. In the meetings conducted at the Primary Health Centre level, the project has played a crucial role by conveying the important message that, if the pre-existing health problems in the villages are to be reduced, it is imperative to involve the midwives and the village priest in all health- related programs. Meetings that create such sensitivities should be organized at the district level for all health workers through the project. Such positive feedback has been received from the health department. This received a positive feedback from the Health Department who urged that similar meeting that forge such sensitivities should be organized at the district level for all health workers through the project. This will definitely be worked upon in the second phase.

In order to improve the health conditions of the village, it is very important to work symbiotically with the Health Department and members of other government bodies such as the Village Health, Nutrition, Water Supply and Sanitation Committee (VHSNC), the Gram Panchayat, Self Help Groups, the Maharashtra State Rural Livelihood Mission, among others. During the first phase of the project, on account of the second wave of Covid-19 and constraints in time, we have been unable to work with these important groups as much as we should have. The second phase of the project shall definitely focus on working closely with them all.

Similar to other talukas in Gadchiroli, the 'Village Health, Nutrition, Water Supply and Sanitation Committees' (VHSNC) of the villages in Etapalli and Korchi talukas are quite inefficient. Making these committees functional and competent shall be in the interest of the development of the village. Therefore, the project also proposes to focus on strengthening the 'Village Health, Nutrition, Water Supply and Sanitation Committee' in these areas by helping to set up the VHSNC in the remote regions, promoting capacity-building of the executive committee, informing them about the functions and responsibilities of the committee, making them aware of their rights, advising them about spending the untied funds properly, and so on. Through a detailed dialogue with the committee, the project shall glean an understanding of the health problems in the village and through discussion about the village health schemes, prepare a health plan. The project shall further focus on putting together a detailed action plan of the same, and incorporating it, initially, in the Primary Health Centre's and later, in the district's 'Program Implementation Plan'. In lieu of this plan, the work of all the ASHA, ANM, and Anganwadi Sevika will be supervised by the committee. It will take about a year time to strengthen all these committees.

In Gadchiroli, there is a prevalence of widespread misconceptions about the Covid-19 disease and vaccination. Moreover, unscientific information disseminated through social media has created an atmosphere of acute fear amongst the villagers. As a consequence, the rate of vaccination is very low in the district. In an attempt to dispel these rumours and misconceptions, the project has curated a number of informative videos and audio recordings about vaccination in the local languages such as *Madiya*, *Gondi* and *Chhattisgarhi*. In addition to this, videos of numerous socially influential people from the region have also been created for public awareness. And with the help of the Gadchiroli Zilla Parishad, a circular for the dissemination of all these awareness materials was passed at the district level. The district administration also incorporated all these truths and myths in the district's Covid-19 management micro- action plan. These materials are now being circulated through various media outlets and is reflecting profound positive results. In order to speed up the vaccinations in Gadchiroli district, which has been lagging way behind in vaccinations in the state of Maharashtra, it is crucial that such videos in local languages be produced and disseminated through various mediums. The project can further prove helpful in this endeavour by broadcasting them through public announcements, miking, waste management vehicles, rural hospitals and other similar mediums.

Taking into consideration all the aforementioned factors, along with the aim to focus on the improvement in health of children between the age group of 0 and 6 years, pregnant and breastfeeding women, and adolescents, we are convinced that it is extremely crucial that the project continues to function smoothly.

-: THANKS :-