COMPREHENSIVE COMMUNITY ENGAGEMENT INITIATIVE FOR IMPROVED ACCESS AND DEMAND FORRMNCH+A SERVICES IN FOUR VULNERABLE BLOCKS OF GADCHIROLI DISTRICT

FINAL PROJECT PROGRESS REPORT

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A UNICEF Supported Project

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BACKGROUND

Gadchiroli district is situated in the easternmost ofMaharashtra bordering Telangana State and Chhattisgarh. It has twelve tribal blocks with forests covering more than 76% of the geographical area of thedistrict. 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 live in rural areas as compared to 55% in the state of Maharashtra (Census 2011). It ispart of the red corridor, which refers to 106 districts from 10 states affected by Left Wing Extremism (LWE).The geographical topography of the district coupled with adverse factors like LWE has slowed down the development in Gadchiroli as compared to neighboring districts. Gadchiroli has its 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 (84.6%), four ANC check-ups (86.8%), full immunization (97.9%), The prevalence of diarrhea (4.7%), etc. reflecting that the government systems have delivered results.

However, the critical impact level health indicators like stillbirth, newborn, infant mortality, and maternalmortality remain very high in the district. The indicators for nutrition like Infant young child feeding practices, child under nutrition (Stunting, Wasting, and underweight), anemia in pregnant women and adolescents, are very poor. As per Survey of Cause of Death reports 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 geographical terrain particularly supply chain and logistics, human resource, supervision, and importantly demand generation.

The health system in the Gadchiroli district, especially in Korchi, Etapalli, Bhamragad, and Aheri blocks hasmany challenges. Health services are being provided through one Rural Hospital each, Block Korchi has 2PHC and 22 sub-centers, Etapalli block has 4 PHC and 36 sub-health centers, Bhamragad block has 3 PHC,and 21 sub-health centers and Aheri block has 6 PHC and 36 sub-health centers. Service delivery grappleswith scattered habitations with low population density and geographical inaccessibility. The remotenessand active Maoist presence make it hard for health care providers' vacancies (Including community healthofficers 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.

CCEI Project Demographical Data:

Sr. No	Block	Project Population	Project Household	No. of Project Villages	No. of project PHC	No. of project HWC	No. of project Cut off Villages
1	**Aheri**	23815	4597	60	5	17	10
2	**Bhamragad**	21303	4235	60	3	15	40
3	**Etapalli**	33438	7660	76	4	12	32
4	**Korchi**	10119	1982	42	2	7	7
Total		**88675**	**18474**	**238**	**14**	**51**	**89**

During the pandemic of covid-19 disease, the remote areas in the Gadchiroli district were affected a large.There are many misconceptions and myths about the covid-19 vaccine that have taken hold in the rural and tribal areas of Gadchiroli. Also, the RMNCH+A services are affected a large due to pandemic leads to increase in home deliveries, decrease in routine immunization, decrease in OPD visits at PHC level, decrease in ANC visits for antenatal check-ups, increase in malnutrition in children etc.

RATIONAL OF THE PROJECT

The UNICEF-supported project "Comprehensive Community Engagement Initiative" was launched on January 13, 2021. The project was initiated to change the attitudes of villagers from Korchi, Aheri, Bhamragad and Etapalli Talukas towards health, nutrition, and hygiene, eliminating the pre-existing harmful tradition, beliefs and practices in the society, promoting remedial practices, and encouraging the village priests, midwives, and *Vaidu*s to provide proper referral services through early diagnosis, strengthening the government services through empowering the VHSNCs and Gram sabhas.

In last three phases of the project was initially introduced in Korchi and Etapalli block and later Aheri and Bhamragad were added. In the first phase project worked to strengthen the VHSNCs. As a result, committee members became aware of their roles and responsibilities and worked towards strengthening health services by passing various resolutions and raising demands to the government department for health improvement. Like in Korchi and Etapalli earlier, VHSNCs were less efficient in the villages of Bhamragad and Aheri blocks hence making these committees functional and competent was the focus of the project. Through project intervention 97 VHSNCs were newly formed in 4 blocks and 21 VHSNCs reformed in Etapalli and Korchi block. However, 17 VHSNCs are yet to be formed in Aheri and Bhamragad block. VHSNCs are responsible to ensure effective health services at the village hence there is need to work towards sustainability of these committees

OBJECTIVE:

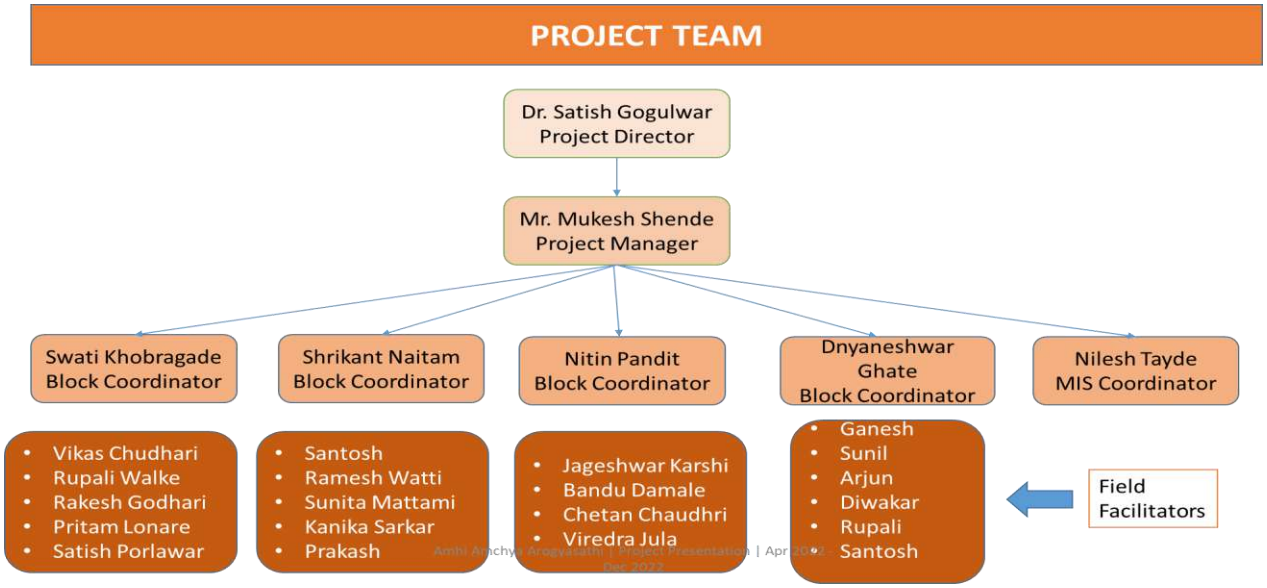
Sr. No	Objective	Activity
1	To strengthen and empower the Village Health Sanitation and Nutrition Committee.	1.1 Conducting Baseline assessment of VHSNC in four selected blocks
		- Developing a comprehensive checklist for the baseline assessment
		- Data collection
		- Generating the evidence-based document.
		- Advocating baseline findings with district administration along with recommendations**.** 1.2 Strengthening VHSNCs with community engagement and monitoring with supportive supervision. - Conducting orientation and engagement (monthly) meetings of VHNSC members in all selected blocks.
		- Organising VHSNCs member orientation training at HWC /Sub-Center level in all selected blocks.
2	To ensure the continuity of RMNCHA (Maternal, Neonatal, Child, and Adolescent Health) services during a COVID 19 pandemic through strengthened the community mobilization for supporting essential RMNCHA services.	2.1 Identification of Pregnant women with moderate/severe anaemia.
		- Capacity building of block coordinators, field facilitator of AAAs on the management of anaemia in PW.
		- Pregnant women with moderate/severe anaemia will be identified from the selected villages with the help of govt. health team.
		- Pregnant women will be followed up through a field facilitator till delivery for proper management of anaemia as per the guidelines
		2.2 Identification of Adolescent girls with moderate/severe anaemia.
		- Capacity building of block coordinators, field facilitator of AAAs on the management of anaemia in Adolescent girls.
		- Adolescent girls with moderate/severe anaemia will be identified from the selected villages with the help of govt. health team.
		- Adolescent girls will be followed up through a field facilitator for proper management of anaemia as per the guidelines
		- Knowledge and Awareness Session of Adolescents Girls & Peer educators identified under RKSK. 2.3 Promoting HBKMC in the new-borns in the intervention area. Capacity Building of AAAs team on HBKMC.
		- Community engagement for demand generation on HBKMC: conducting family members' meetings effectively to increase Knowledge and Awareness at the village level. - Establishing linkage between SNCU discharged children and ASHA, ANM for effective community follow-up of SNCU discharged children.
		- Following up with the new-born in the selected villages for ensuring HBKMC through effective communication with ASHA.
		2.4 Ensuring the smooth implementation of the preconception care program in the selected blocks - Capacity building of the project team of AAAs on PCC.

		- Community mobilization- conducting eligible couple sessions for availing PCC services from the health facilities
		- Identification of the beneficiaries for PCC, promoting them to avail PCC and connecting them with the health facility
		Supporting health team for beneficiaries screening and receiving the services under PCC program from the selected blocks.
3	To strengthen community and facility management in children with malnutrition in the selected blocks.	3.1 Supporting AWWs about the management in children with malnutrition in the selected blocks. - Capacity building of AWWs and AAAs team for identification of malnourished children (SAM, SUW, stunting)
		- Sensitization and engagement meetings with Pujaris, Dai & other informal health providers at the village level.
		- Supporting AWWs for screening of children with wasting and stunting
		- Monitoring of community management of acute malnutrition through field
		facilitators
		- Facilitating the early referral of the identified children with wasting and stunting to NRC through RBSK/JSSK/108/102/AAAS
		- Following up the children discharged from NRC
4	To enhance the COVID 19 vaccination in the project population by social mobilization.	4.1 Ensuring the maximum coverage of COVID 19 vaccination in 15+ population and 12 to 14 years - Identification of the unvaccinated 15+ community members from the community -conducting community meetings for knowing the reasons for resistance for 1st and or 2nd dose of vaccination.
		- Supporting the health team to identify the influential persons from the community and connecting those persons with the community members who are refusing the covid 19 vaccination. - Supporting the health team for HTH Covid 19 vaccination.
		- Preparing the community members for upcoming 12-14 years covid 19 vaccinations through community meetings.
		A vehicle with Miking / Performance by troupes having knowledge of the local language (Madia, Gondi, Chhattisgarhi) (in villages, during weekly bazaar days) on awareness about Covid-19 disease & vaccination in Madiya, Gondi & Chhattisgarhi languages.
5	To support the development of communication material for facilitating community interface for the healthcare providers.	5.1 Developing local language (Madiya, Gondi, Chhattisgarhi, and Telegu) booklet for facilitating community interface for healthcare providers.
		- Identification of the resource person (who knows the local languages like Madia, Gondi, Telegu, Chhattisgarhi) from health, education, ICDS system
		- Collection of commonly used sentences while delivering essential RMNCH+A services - Translating the collected, selected/categorized sentences into local languages through the resource persons. Submitting the draft of the local language booklet created to the district health department

PROJECT TEAM SELECTION:

Owing to the fact that we are working in the tribal district, there are several barriers like 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 behavior towards religious practitioners and traditional healers, etc. They have a direct effect on the health of tribal resulting in poor health indicators in these areas. Considering all these factors, we consciously shortlisted those candidates who satisfy the following criteria.

- He/she should be from a local of the district.
- He/she should speak in local/tribal languages
- He/ She should have sensitivity about the issues and should have completed HSC and preference was given to candidates with bachelors / masters in social work.
- He/ She should have a good rapport with the community.



ACTIVITIES CONDUCTED UNDER THE PROJECT

❖ Rapport Building with Health Staff:

- On 24 May, the project was introduced to Hon. CEO Gadchiroli along with Dr. Mangesh Gadhari sir and Dr. Nair mam- UNICEF.
- In May 2022, as an activity to set a rapport with the district's health machinery, a meeting was organized with the DHO- Dr. Dawal Salve, Dr. Mashakhetri, Dr. Madavi and the program was introduced to them. Various short comings and lacunas of the field were shared.
- In May and June, THO of all the four blocks were approached by the project manager along with the block coordinator and the project was introduced. The response from them was quite positive. This linkage of CCEI team with the block health team helped further in mobilizing support in smoothly running meetings and various trainings related to our project components.
- The NRC is major referral units hence, the project manager had a meeting with Dr.
- Soyam- In charge- Women's hospital Gadchiroli and Dr. Ingle sir in charge NRC. Dr. Khobragade who is in charge of DEIC, was also contacted to mobilize knowledge and timely help for the referral.

❖ Project Health Staff Recruitment:

- As the project has stretched its boundaries, the health staff for the Aheri and Bhamragad block was newly recruited. A team of 10 field facilitators, 5 per block were selected on the basis of their education (social work background), their experience (health related projects), language skills (Gondi, Madia, Telugu, Chattisgarhi) were recruited. The locals from the region of work were preferred as they are aware of the health situation and can bond easily with the beneficiaries.
- The staff of Etapalli and Korchi was continued as it is with shuffling of 2 candidates.
- The block coordinator for Aheri and Bhamragad were also newly recruited.

❖ **Project Staff Trainings:**

- In total 3 trainings were conducted for the project staff to understand the project better and plan for the actions on field. First meeting was conducted for the Block coordinators and initiated by the project manager and project coordinator at Kurkheda on 8 May 2022.

- Second meeting was organised at Alapalli on 18 May 2022 for all the Block coordinators and the field facilitators. The Trainings were facilitated by Dr. Sonu Meher consultant UNICEF, Mandale sister- NRC and Parveen sister Women's hospital. All the components like Anaemia in adolescent girls, anaemia in pregnant mothers, pre conception care, KMC, SAM - MAM and VHSNC were covered.
- Another refresher training was conducted on 2 and 3 July 2022, for all the BCs and FFs with special focus on SAM and MAM identification and referral. An exposure visit to NRC and DEIC was also conducted during this training to get a view of all the services available at these centers. High risk mother identification and success story writing was also introduced in this training.

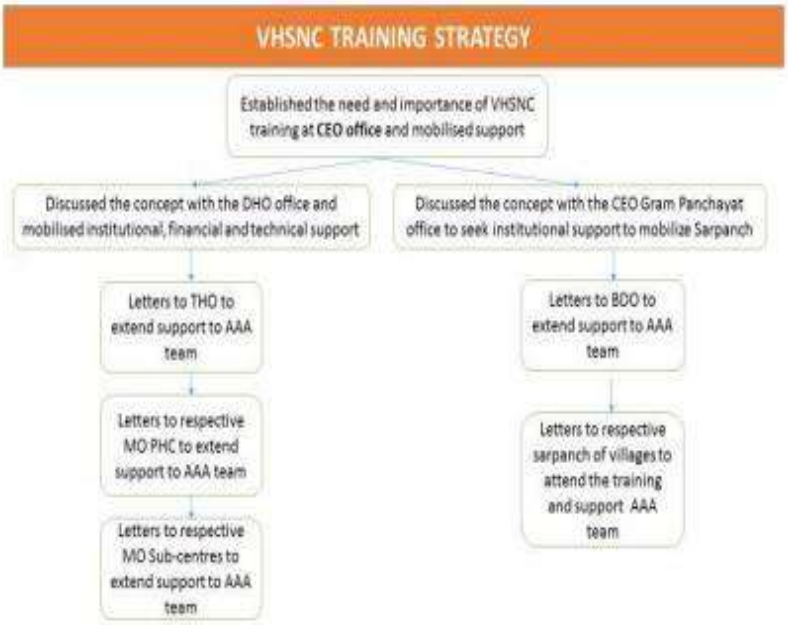
❖ **Baseline Activity:**

- The baseline activity started from 12 May 2022 and was completed by 6 June 2022.
- The FFs were assigned the villages and a form for VHSNC baseline and another for the remaining components was developed. These forms were tested for its accuracy. Various online and offline apps were tested for the use in the areas without network. *Zoho* app was used for data collection and then it was compiled in the respective Google sheets for each block after cleaning.

- During this time FFs also built their rapport with the ASHAs, ANMs, AWWs and Sarpanchas of the assigned villages.
- The data was collected for VHSNC, adolescent girls list, ANC mothers line listing, eligible couples line listing, SNCU discharged babies' line listing and SAM – MAM babies line listing.
- This baseline was conducted in 70 villages of Etapalli, 60 villages of Korchi, 60 villages of Aheri and 42 villages of Korchi.

❖ VHSNC Trainings

After the baseline of all the VHSNC under project, the major dearth in the knowledge was observed hence the VHSNC trainings were panned with the support of CEO and DHO.



These trainings are planned at sub health centers level. 3 participants from each village namely, Sarpanch, ASHA and one active member of the committee were invited at sub health centers and the 5 hour training were carried out.

Hon. CEO, Deputy-CEO, IEC-coordinator, DHO, THO and other block trainers were involved in this task.

This activity was severely affected due to the rainfall and cut off of Aheri, Bhamragad, Korchi and Etapalli blocks. This activity is hence stretched over months.

❖ AWW Capacity building Trainings

The Capacity building session supported to AWWs for screening of children with wasting & stunting (SAM, MAM) are being conducted at every bit level. The appropriate use of weighing apparatus, calculating height and length in children, proper use of growth charts, counselling, feeding practices, WASH, immunization and other such topics are covered during the training sessions.

As an added advantage, all the AWW in the block are being covered as these trainings are conducted at bit level. Identification of malnutrition, NRC referral, need based counseling was provided.

16 beat level trainings were conducted which were attended by 493 participants.

❖ Dai and Pujari Meetings

Dai, Pujari and vaidus are being contacted on village wise basis and they are being involved during all the sessions. Irrespective of it, a special session is being arranged for them at HWC level. A book containing all the information of all the herbs and plant based medicines are also being gifted to them. 41 sessions were organized during this project report period in which 541 members participated.

- ***The topics covered during these trainings are-***

क्र	अपेक्षित वेळ	उपक्रम
1	१५ मिमिटे	**परिचय (स्थाक्षिक गीत)**
2	१५ मिमिटे ३० मिमिटे	· वैदू/ पुजारी त्यांच्याकडे येणाऱ्या लाभार्थी जसे- गरोदर माता व नवजात बालके- स्तनदा माता इ. तुमच्याकडे आजारींसाठी उपचार घ्यायला येतात, (त्यांची स्थानिक नावे list down करणे) · **पोस्टर चार्टच्या सहाय्याने चर्चा**: ➢ अमत जोखिमच्या माता कशा ओळखता व आशा वेळ आपण काय करता ➢ गरोदरपणात मातांना मिळणारा अमृतआहारा विषयी आपले मत व मातांचा दैनंदिन आहार कसा आहे. ➢ रक्तक्षय करणे, होणारे कुपोषण ओळखणे, माता व बाळांसाठी धोक्याची लक्षणे ओळखणे. ➢ कोणत्या परिस्थितीमध्ये मातांना संदर्भित केल जाते, यासाठी तुम्ही काय करता ➢ प्रसूतीसाठी दाईनी पाळावयाच्या वैय्यक्तिक स्वच्छता ➢ बाळाची जन्मत: घ्यावयाची काळजी मातेचा आहार, पहिले स्तनपान ➢ वैदू / पुजारींना त्यांच्याकडे येणाऱ्या लाभार्थी जसे – गरोदर माता, नवजात बालके-स्तनदा माता इ. तुमच्याकडे कोणत्या आजारांसाठी उपचार घ्यायला येतात. (त्यांची स्थानिक नावे list down करणे) ➢ कुपोषण, मलेरिया संदर्भात चर्चा ➢ सर्पदंश विषयी चर्चा यावर ते उपचार करतात ➢ रुग्णालयात लवकरात लवकर संदर्भित करण्याचे फायदे
3	२० मिमिटे	**वैदू/पुजारी यांना येणाऱ्या अडचणीवर चर्चा.**

BARRIERS

- This year the block of Aheri, Etapalli, Korchi and Bhamragad faced an extensive amount of rainfall and were almost cut off for 1 month. Many villages were displaced hence it was humanly impossible to conduct the meetings and trainings. Still the team started coping-up with the situation and the targets are being covered.
- ***Image:*** High Risk ANC from Etapalli being shifted before the EDD from the cut off village to the health center.

OBSERVATIONS AND GAPS

- The NRC lacks the proper structure hence it is difficult to council patients for referral.
- The High Risk mothers/ ANC are referred early from the homes but reportedly face ill behaviour at the hospitals.
- Extensive referral of ANC from the Korchi block without recommended care.
- The adolescents are not checked for anaemia on regular intervals.
- The participation of males is very minimal in the health related meetings but can be garnered by proper mobilisation.
- The facilities are under-utilized maybe due to lack of knowledge and communication.

MAJOR ACHIEVEMENTS OF THE PROJECT

- 12 VHSNCs have organized health awareness and health check-up camps open for all villagers.
- 25 VHSNCs passed resolutions for health related demands to Gram Panchayat, Blocks and District administration to organize health awareness camps, construction roads, HB check-up and availability of sanitary pad for adolescent girls, development of nutritional kitchen garden and fencing, recruitment of the vacant posts of ASHA.
- VHSNCs prepared their village health activity plan (Quarterly plan)
- 32 children were referred to NRC by the intervention of project teams and through the AAAs project vehicle.
- Proactive Participation by VHSNC members for referrals -High risk pregnant mothers for Institutional Deliveries and SAM children referred to NRC.
- DEIC, SNCU and Paediatric Section Gadchiroli.

- Through project intervention 24 children become normal out of 55 SAM identified children
- Village cleanliness drives and drinking water tank cleaning is initiated by 12 VHSNCs.
- 144 out of 604 anaemic pregnant mother improved to normal HB level.
- High Risk ANCs referred for Institutional delivery and further treatment.
- Children with critical health issues referred to
- Organized Adolescent girls Anaemia management and life skill at Ashram School.
- Prepared local Language Booklets (Marathi, Gondi, Madia, Chhattisgarhi)
- Prepared Health Related helpline Toll-free numbers charts in local language. (Marathi, Gondi, Madia)
- Prepared local Language IEC video song in Madiya gondi language containing messages on care during pregnancy and breastfeeding's importance, and diet for children.

RESULT MATRIX

Sr. No	Name of Activity	Aheri	Bhamragad	Etapalli	Korchi	Total
1	No. of VHSNC where baseline assessment completed	54	60	54	35	203
2	No. of VHSNCs orientation and engagement (monthly) meetings conducted in selected blocks.	213	238	265	179	895
3	No. of VHSNCs member orientation training was conducted at HWC/Sub-Centre level in all selected blocks	17	15	11	7	50
4	No. of VHSNCs formed/reformed in all selected blocks	44	53	10	11	118
5	No. of capacity building session were conducted with the block coordinator, field facilitators on the management of anemia in PW.					1
6	No. of pregnant women with moderate/severe anemia were identified from the selected villages.	233	291	94	81	699
7	No. of identified anemia pregnant women followed up through a field facilitator till delivery	632	291	718	359	2000
8	No. of capacity building session were conducted with the block coordinator, Field facilitators on the management of anemia in Adolescent girls.					1
9	No. of Knowledge and Awareness Session were conducted of Adolescents girls & peer educators identified under RKSK	223	215	253	149	840
10	No. of adolescent girls with moderate/severe anemia were identified from the selected villages.	247	239	410	235	1131
11	No. identified anemia adolescent girls followed up through a field facilitator	1060	239	582	269	2150
12	No. of capacity building session were conducted for the team of AAA on HBKMC					1
13	No. of community engagement (family members meetings) session were conducted for awareness of HBKMC.	332	216	225	167	840

14	No. of New-born discharged from SNCU communicated with the ASHA & ANM.	01	18	08	3	30
15	No. of new-born followed up in the selected villages for ensuring HBKMC through field facilitator.	41	21	89	58	209
16	No. of Capacity building session were completed for the team of AAAs on PCC					1
17	No. of eligible couple session were conducted for availing of PCC services from the health facilities.	227	221	253	167	868
18	No. of beneficiaries identified for PCC, promoting them to avail PCC, and connecting them with the health facility	51	30	50	80	211
19	No. of beneficiaries screened and received the services under the PCC program from the selected blocks.	56	86	22	107	271
20	No. of Capacity building sessions conducted for AAAs team for identification of malnourished children (SAM, MAM, Stunting)					1
21	Sensitization & engagement meeting organized with Pujari, Dai & other informal health providers at the HWC level. (Beneficiaries- 1200)	17	17	12	7	41
22	No. of Pujari/Vaidu Participated in the sensitization and engagement meeting.	138	102	150	151	541
23	No. of Capacity building session supported to AWWs at beat level for screening of children with wasting & stunting (SAM, MAM)	17	04	06	4	25
24	No. of AWWs Participated in Capacity building session at sector level.	165	105	201	128	599
25	No. of children monitored for CMAM	367	80	195	66	708
26	No. of children were referred to NRC by the intervention of project teams.	07	7	02	0	16
27	No. of children were referred to NRC through the AAAs project vehicle.	0	2	01	13	16
28	No. of Follow up home visits were completed to children discharged from NRC	18	31	05	33	87
29	No. of the unvaccinated 15+ community members identified from the community	23615	34127	6742	1776	66260

30	No. of community meetings were conducted for knowing the reasons for resistance for 1st & or 2nd dose of vaccination.	35	31	27	30	123
31	No. of the vaccination sessions. Were supported by the project team.	22	24	26	36	108
32	No. of the 15+ population vaccinated from the list of unvaccinated in the project area.	1550	1352	1135	992	5029
33	No. of Miking done (in villages, during weekly bazaar days) on awareness about Covid_19 disease & Vaccination in Madiya, Gondi & Chhttisgarhi languages.	119	224	159	114	616
34	No. of performances done by troupes having knowledge of Madia, Gondi & Chhttisgarhi languages.					01
35	No. of languages in which the booklet was prepared.					03