



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

**Annual Progress Report (Three Year)
Period (FY - January 2018 to December 2020)**

**Name of the Partner
Amhi Amchya Arogyasathi
arogyasathi@gmail.com**

Content

SN	Title	Page No.
I	Introduction & Background	3
II	Summary	4
III	Progress made against each of the objectives	5
IV	Achievement of 3 years	7
V	Challenges Encountered	13
VI	Management Issues	14
	<i>Annexure I: Case Study</i>	15
	Annexure II (Three years' Summary of Achievements)	16

Introduction

Non-governmental organization working in Gadchiroli – on Amhi Amchya Arogyasathi is district of Maharashtra state, since last 35 year Amhi Amchya Arogyasathi is non-for-profit Organization working towards bridging the issues of community related to women, Tribal, farmers and weaker section through the community empowerment approach of “**Let’s find our own way**” since the past 35 Years. Formed in 1984 Dr. Satish Gogulwar and Shubhada Deshmukh is inspired by Gandhian and Vinoba’s perspective on addressing health problems in its ‘wholeness of life’ and not mere administering medicines. Both were interested in constructive work for ‘health revolution’ by addressing livelihood, water, Women Empowerment etc. comprising wholeness of life. Hence the name ‘Amhi Amchya Arogyasathi’ (We for Our Health) was appropriate for the organization promoted by them. The organization is known for its role to build the capacities of the community for self-reliance and empowerment.

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

Background of the project

Amhi Amchya Arogyasathi is working towards improve the health status of the communities. Health status among tribal communities compared to others have seen lower due to many reasons and it has its impact on the overall development of tribal communities. Malnutrition is one among the others a major cause of sickness and mortality among children. Malnutrition is observed as the most important risk factor for illness and deaths among children under five. Low birth weight, feeding problems, diarrhea, measles, regular illness and chronic diseases increase the risk factor of malnutrition and these factors are responsible of malnutrition among children in Korchi block. Children with malnutrition have reduced ability to fight with infection and are more likely to die from common disease such as malaria, respiratory infection and diarrheal diseases. Lack of awareness regarding child health, nutrition, proper guidance and timely detection of SUW – MUW, SAM-MAM is the main reason of high rate of child malnutrition. Hence the project “**Empowering Tribal Community to Improve Nutritional Services and Practices in Korchi Block of Gadchiroli District**” (malnutrition free village

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

2. Summary of Annual Progress

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

The project activities were started from the month of January, 2018 onwards with training on baseline household survey in 40 villages. After recruitment of the staff a two days training was organized on "first 1000 days of the child life". The project was inaugurated at Panchayat Samitee office of Korchi block in presence of Government officials of health departments, ICDS CDPO, Supervisors, ASHA workers, Community leaders and representatives of the Amhi Amchya Arogyasathi. Later on the training on nutrition recipe and its demonstrations were organized for Arogyasakhis and Supervisors at Kurkheda. Subsequently the another training was conducted on promotion of backyard kitchen garden (Nutritional vegetable garden) to promote diversity, durability and availability of the vegetables at family level. Continues home visits by ASHA worker and supervisors are ensured

for observation and guidance. Children in critical case under SAM/MAM are referred to the NRC in Gadchiroli. These interventions are reflecting into the progress in health status. Awareness among communities over causes and preventive methods for malnutrition is increasing and it reflected into their increased participation in the monthly meetings of VHNSCs and Gramsabhas. It has brought continuity and efficiency in the works of ASHA workers and supervisors.

Progress made against each of the objectives

- Objective 1:** 20 to 30 % reduction in SAM-MAM/SUW-MUW Baseline, After 15 months & After 15 months to be added

S.N.	Indicators:-	Base line Analysis			After 15 months			After 15 months		
		Apr-18			May 2018 to May 2019			Jun 2019 to Nov 2020		
		Numerator	Denominator	Percentage	Numerator	Denominator	Percentage	Numerator	Denominator	Percentage
1	10-12% reduction in SUW & MUW children.	400	150	37.05%	492	121	24.59%	491	44	8.96%
2	30-40% increase in 4 ANC checkup	247	35	14.17%	116	50	43.10%	160	154	96.25%
3	10-15% increase consumption of 90 iron Folic acid tablet during ANC period	247	0	0%	116	17	14.65%	160	153	95.60%
4	Increase in 30% in ANC registration before 12th weeks	247	78	31.57%	51	42	82.00%	160	146	91.25%
5	Increase in 30-40% in TT immunization	247	107	43.31%	116	92	79.31%	160	159	99.37%
6	15-20% decrease in LBW children	247	144	58.29%	116	34	29.31%	306	59	19.28%
7	30-40% increase in complementary feeding from 6 months	606	286	47.19%	20	16	80%	306	260	84.96%
8	Increase 20-30% breast feeding within 1 hour	606	496	81.84%	120	116	96.60%	306	304	99.34%
9	30-40% in utilization of ICDS- supplementary food for mother & children	247	157	63.56%	51	35	68.62%	160	156	97.50%
10	Increase 20-30% deworming of children & Mother	606	108	17.82%	35	5	27.77%	30	24	80%

2. Objective 2: Increased Percentage of full antenatal care

The project team is taking regularly follow up of pregnant women in every month to know their updated health status. Arogyasakhis (Village level worker) and field supervisors are providing counseling for regular health checkups, nutritional diet and adequate rest to ANCs and PNCs. According to baseline 4 ANC checkup 14.17%, Iron Folic Acid intake 0%, Registration before 12th week 31.57% whereas at the end of the project, this have been increased as follows : 4 ANC checkup up to 96.25%, Iron Folic Acid 95.60%, ANC registration before 12th week 91.25%.- requires data of nov/ dec 2020

3. Objective3: Increased an active role of Gramsabha/VHNSC in village.

Arogyasakhis are organizing meetings with Gramsabhas and VHNSCs to make them participate in the discussions over malnutrition. Additionally, The Mahagramsabha (a block level organization of Gramsabhas) is active and providing perspective of health care in their meetings. This reflected in active and increased participation of women and men of targeted population and all members in their respective meetings have increased. AS we observed, 75% attendance of men and women in gramsabhas is in 32 villages, 60% attendance in 6 villages and below 40% attendance in 2 villages. In many villages, VHNSCs members had taken leading role in counseling to SAM children's parent for admitting child in NRC at Gadchiroli. At the end of the project, we discussed with Gramsabha's for getting proper information regarding health status of children and referring them to respected institution and community leader's agreed to play role through VHNSCs. When there was shortage of fund from Dr. A.P.J. Abdul Kalam Amrut Ahar Yojana in district, none of these 40 villages' services were hampered. Either Gramsabhas or Grampanchayat provided funds for the scheme. It proved that they had taken up ownership.

4. Objective 4: Behavioral change in Ante natal care (ANC) and Post-natal care (PNC) and feeding practices in children up to 2 years

As per the activities undertook during the project period, it has been observed that there was remarkable improvement in the ANCs and PNCs. Lactating mothers are feeding their children within an hour after baby birth. Awareness sessions were organized with demonstration to provide information to the mothers over proper way of breast feeding

to neonatal. Breastfeeding within one hour at the time of baseline is 81.84% it increased after 15th month 99.34%. Before intervention no single SAM children is referred to NRC (Nutrition Rehabilitation Centre) Gadchiroli after 15 month intervention within 157 SAM children were referred to NRC Gadchiroli.

4. Achievements

Expected Deliverable/Result	Target	Status/Achievements
Deliverable 1:		
Training of Arogyasakhis, Supervisors and Anganwadi workers	36 trainings of Arogyasakhis, 3 trainings of Anganwadi workers and 42 trainings of Supervisors on importance of 1000 days in lives and 10 key essentials in nutrition and behavioral change communication (BCC) to reduce malnutrition	<ul style="list-style-type: none"> - 36 Trainings for Arogyasakhis, 3 for Anganwadi workers and 42 trainings for Supervisors were organized on different themes to make them understand and learn 1000 days in lives and 10 key essentials in nutrition and behavioral change communication (BCC) to reduce malnutrition. About 99% participation of Arogyasakhis, Supervisors and Anganwadi staff participated in all trainings. - Resource persons in trainings were Ms Sunita Bagal from Mumbai and Dr. Satish Gogulwar from Kurkheda in which the following points were discussed - - Concept of SAM, MAM, SUW, MUW and 1000 days calendar in Child life, Understanding of the role of Arogyasakhis, Supervisors and Anganwadi workers in reducing mal-nutrition, Causes of Malnutrition, care of LM,PW, high risk mothers, symptoms, Components of nutritional food, awareness about Government schemes, how to fill in forms regarding PW, LM and 0-24 months children. - Concept of pneumonia and Sepsis, importance of warm bags/blankets for child health. - Information about still birth, maternal mortality, Infant mortality concepts, AAA GR for conversion, and Govt. schemes. Importance of gramsabha involvement for sustainability.

		<ul style="list-style-type: none"> - Stress Management training has been imparted to supervisors in the project. It covered causes of stress and various techniques to resolve the issues, to avoid the conflict situations. - We had detailed discussion on violence against women. Domestic Violence Act and Prevention of Sexual Harassment at Work Place Act had been discussed. Discussion was held on its implication in project's work eg. Mother in distress might have problems in lactation and proper baby care. Similarly project staff have their right to be protected against all distress - Information on Women's property rights was also imparted.
Nutritional Recipes Demonstration	Conducted 280 trainings in 40 villages under project area for Pregnant women, Lactating mothers, mother of SAM/MAM/SUW/MUW children, VHNSC members, Arogyasakhi, Anganwadi Workers and ANM	<ul style="list-style-type: none"> - ToTs were conducted for Staff, Supervisors, Arogyasakhis on Nutritional recipes. This followed with trainings and demonstrations at village level for LM/ PW mothers and parents of SAM and MAM children by Supervisors and Arogyasakhis, - Total 280 training and demonstrations were organized in which 7162 (6016 mothers and 1146 men) had participated along with 4239 children. - In this training following recipes were demonstrated: Nutritious Khichadi, Shevayachi Khir and Upma , Kodo(local millets) Upma, Pancake (Dhirde/chilla), Nachnichi Lapasi, Murmure Bhel, Ambadi Flower Chatani, Kadipatta Chatni, Gahu Tukadyachi Soji, Mahua sweat pakoda, Groudnut- Jaggary Ladu and Mahua Ladu etc.
Deliverable 2:		
Home Visits	Home visits to the PW/LM and 0-24 month children in 40 villages by Arogyasakhi and Supervisor.	<ul style="list-style-type: none"> - Home visits of the supervisors and Arogyasakhi workers are regulated to the identified PW, LM and children between 0-24 months in 40 villages. 100 percent home visits done for counseling and promoting health and nutrition in 40 villages. - Information on early registration with Anganwadi workers, PHC, Sub Centers and or Arogyasakhis has been imparted. The information on the diet and adequate rest schedule in a day was shared to PW/LM, also the techniques of additional feeding to child and 1000 days model of 0-24 months was discussed. During the home visits Arogyasakhis and Supervisors counseled to mothers and family members about taking care of mothers

		<p>during pregnancy and regularly required medication like Folic acid, Calcium tablets, and regular checkups. Our field staff also shared information about institutional delivery SAM/MAM children to admit in NRC at Gadchiroli, advised for adapting family planning devices and operation after 2 children.</p>
<p>Village level mother's group (Mata Samitee) meetings.</p>	<p>Mother's meetings were conducted for PW/LM and other mothers. 1360 meeting in 40 village</p>	<p>- 1360 Mother's group meetings were conducted during this year in which 25899 women and 730 men were participated along with 17322 children.</p> <p>Following points were discussed in the meetings:</p> <ol style="list-style-type: none"> 1) Information was shared with PW/LM on 1000 days by using calendar of Child life. 2) Discussions were held on using flash cards to bring awareness on minerals in vegetables and their nutritional values. 3) Information given about health checkup to be carried out during pregnancy such as Urine, HTN, BP, Sugar, Blood group, HIV, Weight, Height and Thyroid and all necessary test for pregnancy. 4) Regular Diet with all nutritional values from available grains, vegetables and fruits. 5) Information about Government Schemes to get maternal benefits 6) Schedules for rest to LM and regular breast feeding for first six months to baby. 7) Counseling regarding intake of Folic acid tablet, Calcium tablet, resting schedule (afternoon sleep- 2 hours, Night sleep – 8 hours), inclusion of regular and nutritional diet with intake of maximum green vegetables, milk, eggs, meat, fish etc. 8) PW are also told about to avoid sexual relationship in the first and last trimester. 9) For PW/LM, Arogyasakhis and Supervisor tell them about how to take care of the child, give breast feeding within half hour of the child birth and regular breast feeding for six months. 10) Information on care to be taken during pregnancy and after delivery is provided to participants. Like wrap the baby in warm bag / blanket after birth, use of kangaroo method to take

		<p>care of low birth weight child, and not to give honey, jaggery water to the new born baby, sanitation and hygiene to be maintained by the mother and avoid sexual relationship for 3 months after delivery.</p> <p>11) Guidance about contraceptive methods such as condom, copper T, Injection and preventive tablet, information about operation.</p> <p>12) SAM/MAM/SUW/MUW children information was provided.</p> <p>13) An identified SAM/MAM child has to be referring to NRC.</p>
Monthly meeting of Arogyasakhis and Supervisors	Monthly Review, Planning, MIS and Case stories prepared	<ul style="list-style-type: none"> - Monthly meetings of 12 are organized to review, discuss over the observations and plan for future interventions in this year. The monthly data is collected on the SAM, MAM, SUW, MUW, PW and LM for tracking sheet. Monthly payments are given to the Arogyasakhi workers. - Review of Supervisor and Arogyasakhi is done to check updated knowledge, skills, capacities and improved areas etc. Case studies are prepared in these meetings.
Capacity building and meeting of VHNSC and Gram Sabha members role in reduction of malnutrition in their villages	1360 Capacity building of VHNSC and Gram Sabha members in 40 villages and members (male and female) participated and understood about the problem of malnutrition in their village	<p>Total 1360 meetings in 40 villages in the year were organized in which total 25301 villagers including 16449 women and 8852 men participated.</p> <ul style="list-style-type: none"> - These meetings were aimed to educate them on health services by circulating latest government regulations regarding VHNSCs. Information was shared and discussions were initiated on the role of VHNSC committees, allocated budget, planning and interventions. The focus was made to discuss causes of malnutrition and the kind of activities can be initiated by the communities to prevent families from malnutrition in future. - Educate VHNSC committee member about the latest GR of VHNSC and their various role as member. We also educate the members regarding the utilization of VHNSC's fund and its planning with respect to the various health concern of the village. We seek help of VHSNC members for counseling of family members of SAM children who are reluctant to go to NRC. We also reported to VHNSCs and Gramsabhas about the updated

		<p>information of SAM/MAM children of their villages and referred beneficiaries to the NRC.</p> <ul style="list-style-type: none"> - Village sanitation and hygiene issues, drinking water, use of Bleaching powder in well, cross checking to be performed by VHSNC members for effective conduction of Dr. APJ Abdul Kalam Amrut Ahar Yojana and Mid-Day meal has been address into the meeting. - Information on different health schemes and NRC. - Nutrition rally, malnutrition awareness through VHNSC committee. Maintaining Village health register. - Data of SAM/MAM/SUW/MOW children and LM/PW presented in Gramsabha meetings within every 2 months. 								
SAM Children Refer to NRC	100 percent identified SAM children refer to NRC from 40 villages	<ul style="list-style-type: none"> - Total 157 children (82 girls and 75 boys) were identified under SAM category in three years project period and all the 100 % identified children were referred to NRC Gadchiroli. The program team had a discussion with the families of the SAM child to counsel them to refer their child to the NRC for better improvement in the Mother and Child health and hygiene. Out of total 157 children 4 SAM, 3 MAM and 150 Normal went to in this category. <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Total</th> <th>SAM</th> <th>MAM</th> <th>Normal</th> </tr> </thead> <tbody> <tr> <td>157</td> <td>4</td> <td>3</td> <td>150</td> </tr> </tbody> </table>	Total	SAM	MAM	Normal	157	4	3	150
Total	SAM	MAM	Normal							
157	4	3	150							

Deliverable 3:

Promotion and Training of Ecological Kitchen Garden in First and second year of the project	Conducted Kitchen Garden training in 40 villages in 1/2 years	<ul style="list-style-type: none"> • Initially training on Kitchen gardening was organized with 40 Arogyasakhi workers and 4 supervisors for promoting ecological kitchen garden in the families of PW/LM and parents of SAM/MAM children. 160 trainings were organized in which women participants were 3579. Further seeds of diversified vegetables, roots, beans were distributed to the 1710 women in 40 villages. Information was shared on preparing of beds, techniques of planting, preparation techniques for vermin compost and bio-pesticides i.e. Dashparni, Jivamrut etc. Families participated in ecological
---	---	--

kitchen gardening activity which helped them to get diversifies, organic nutritious green vegetables within the home in 40 villages.

- Training of Kitchen Gardening was followed by two HB camps in all 40 villages (two camp for one village). In these camps adolescent girls, pregnant women, lactating mothers, mother of SAM/MAM/SUW/MUW children between age group of 15 to 35 years were covered. Ms. Vidya Kongre from Ballarpur, Chadrapur district had been invited as resource person in these camps. She also gave detailed information about the anemia. The aim of conducted camp was to get comparative HB among women and inter relations of Kitchen Garden and incensement in HB. Following is the comparative HB data after 6 month (i.e.Feb 2019and Sept 2019)

	February 2019		September 2019	
SN	Person	HB (Gram)	Person	HB (Gram)
1	253	7 to 8	30	7 to 8
2	338	8.1 to 9	295	8.1 to 9
3	321	9.1 to 10	514	9.1 to 10
4	178	10.1 to 11	712	10.1 to 11
5	7	11.1 to 12	47	11.1 to 12
6			3	12.1 to 13

Deliverable 4:

Pediatric Camps for SAM/MAM children

8 health Camp at Rural Hospital, Korchi

- Pediatric camps were organized with the aim to examine and provide treatment to the SAM, MAM, SUW, MUW children identified in 40 villages of the project area. Following are the activities undertook:
 - ✚ Identify SAM/MAM/SUW/MUW child and LM/PW
 - ✚ Awareness about health camp to door to door at beneficiaries
 - ✚ NRC staff, RH staff and Pediatrician doctor was participated

		<ul style="list-style-type: none"> ✚ Total 4342 including 2209 women and 2133 children participated with their SAM. MAM, SUW, MUW children ✚ Free check up with medicine and food.
--	--	--

5. Challenges Encountered and resilience

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

- Many times all the members of the families are engaged into the workforce to earn food for the family. This leads pregnant women and lactating mothers to engage into the physical labour work without taking proper care in their critical situations. It requires project team to talk to these women and elderly persons in the household for counselling. Apart from these efforts, most of the women used to neglect it and continue their work initially but it had been changed at the end of the project to some extent.
- Secondly when these women goes out for work, mostly in forest for NTFPs or wood collection or agricultural sites it becomes difficult for the staff to organised meetings in a day time. In the period of harvesting women are going to field and not available for the meetings during day time. Hence arogyasakhis and supervisors conducted meeting at the night time. Women are completing all kinds of housing work and then going for daily wages. Still at third year women were became aware and gramsabha's started regularly once in a month. So this issue was resolved remarkably.
- Telephonic connectivity and access to conveyance were major problems particularly in remote areas. We, somehow managed to provide vehicle facility to field supervisors and it helps in reaching out to villages.
- In the begging readiness to go to NRC was our major issue but as we organized visits of beneficiaries and also key persons to NRC, they became assure and aware of services rendering there resistance and negation cleared up.
- At the entry point of the project, community leaders were not involve in health and ICDS issues but as we had developed rapport with them and training of Gramsabha/ VNHSC members facilitate to took active part in these availability of services. As part of the project we used to participate in Mahagramsabha's monthly meeting where message delivered to all gramsabhas. Most of the community leaders used to attend hence peer group pressure could be build up which made village level leaders to avail their resources wherever needed and or resolve issues at village level. By providing list of SAM-MAM, SUW-MUW children, every now and then we made them resourceful and ASHA worker answerable to Gramsabha. They had taken ownership of the process. They agreed to try to get access to government vehicle facility (i.e. 108/102 services).
- We had thought to arranged joint meeting to share our achievements and findings with Health and ICDS department at district level but due to Covid 19 pandemic it could not be

happened. We have decided to share our final report to District Health Officer and Dy. C.E.O. Zillha Parishad.

- We were lagging behind according to plan in some activities due to Lockdown situation. After some relaxation we started our field activities and also held awareness programs regarding Covid 19 pandemic. We also distributed Ration kit and boiled eggs to SAM children when this facility was not available by ICDS system.

6. Management Issues

As earlier mentioned project area of Korchi village is geographically scattered with dense forest. Road and internet connectivity is very poor in this area. Internal roads are not constructed properly and government transportations are not frequent to travel in this area. Initially the project staff did not have vehicles and they were using public transport but now all the staff members have their own two wheelers which made us easy to monitor activities. Secondly the status of education among these communities is lower so it becomes difficult to find any educated person. Hence initially it took time to coordinate with Arogyasakhi and train them on health services and to ensure efficient and accountable work from their end. Now there is well rapport established among the project staff, Arogyasakhi and Officials. Continuous meetings are organized and periodic reviews are taken from the staff so that the activities can be implemented timely and effectively.

9. Annexure I: Case Story

Pursuing a dream.....

Darmba (Arogyasakhi): An ambitious women, filled with hopes and aspiration, she belongs from Allihola village block korchi dist Gadchiroli, dreamt of becoming Aganwadi Sevika and good education, being from an economically and socially low background, she was married at the age of 17 . Once again, she then thought of pursuing her dream to become an Anganwadi worker, but was repeatedly denied.

Come what may, her flame was still alive and she tried her best to live her dream through her husband. She transferred her focus and energy, and greatly supported by him in the process and today she serves as an ASHA Worker.

However, in jan 2018, she came to know about “Kuposhan Mukh Gav Abhiyan” project and passionate to work with the team. Considering her abilities and enthusiasm to serve her community, she was selected as a Arogyasakhi in “Kuposhan Mukh Gav Abhiyan” project .Being a housewife in a joint family, Darmba had to overcome a lot of hurdles in regard with the societal norms and the traditional approach followed by her family.

In Spite of these limitations, she was worked hard to accomplish her dreams, With the Help of “Kuposhan Mukta Gav Abhiyan” project; she re-defined her dreams, and reshaped them in a manner that would help a larger section of society. Today, a strong willed darmbha serves to different section of the society, perhaps not by being a trainer, but even better, by being guardian and a guide to many. In the short span of 3 month, Darmbha has been able to transform the lives of 45 children in respect to nutrition and growth; moreover, now she conducts Focus Group Discussions (FGD) and has been able to benefit 196 people so far. Darmbha strongly believes that helped her with providing another opportunity her goals.

The Journey towards a wholesome health.....

Priti Anil Barkar (F) aged 23, was always feeling tired and especially 5 days of menstrual cycle was very painful for her. Being women and hailing from labour community, she was always eating last in family and not sufficient. Apparently, she was having pregnant and very low Hemoglobin. In one of focus groups discussions conducted by Arogyasakhi Sunanda Gavade, “Kuposhan Mukta Gav Abhiyan” project, of village Navargav, She learned about anemia and the ill effects of anemia. She continued to attend subsequent discussions and after the 6 time discussion, she asked arogyasakhi to help her, as she started suspecting about her low hemoglobin. Arogyasakhi, with the help of project team took her to the local hospital, where her hemoglobin was found to be 6 gm, in severe anemia category. Doctor advised her to take iron supplements and with appropriate change in diet.

Subsequently, arogyasakhi approached her husband and explained to him about anemic condition. She explained to him about her needs for iron rich sufficient food such as leafy green vegetables, Jaggery, Amrut Ahar, Nachani Satva and milk products. She sensitized him for nutrition requirements of her wife. Her husband realized the importance and started monitoring the food and iron supplement of his wife. Moreover he brought about a drastic behavior change to the family which was the entire family to eat together.

All these positive changes had impacts on Priti. During the next follow-up visit to the hospital, after 60 days on 24 Jan 2020 doctor appreciated the change in her health. The HB of Priti had increased to 11.2 gm. Priti was also happy with the positive change in her health. She was feeling more energetic and happy. Now all the all members including Priti take care of their iron rich food requirements. The success proves the need to sensitize immediate family about anemia for sustained results.

Annexure II: Three Year Summary of Achievement

Three Year Summary of Activities (Quantitative Achievements)		
Activities	Targets	Achieved
Nutritional recipe Demonstration at all villages	40 village’s women will educate from nutritional recipes. Target of participant 2250 women.	All 40 villages covered and women 6016 & men 1146, and child 4339 were a participant. Total 280 Training completed.
Mother group meeting with mother groups (village level)	1200 mother group meeting (Focus Group Discussion) in 40 villages. Target of participant 12000-15000 women	1360 mother group meetings organized in 40 villages 25899 women, 730 Men, and 17322 children have participated in it.

Monthly meeting of Arogyasakhi and supervisors	36 meeting	36 meeting completed
Home visits (intervention)	100% completion of home visits to PW, LM, mothers of the children of 0-24 months	100% Completion of all home visits to PW, LM, mothers of the children in the age of 0-24 months.
Maintain data tracking sheet of SAM/MAM/SUW/MUW children)	Fill up data of all children in tracking sheet (SAM/MAM/SUW/MUW children)	100 % Properly record-keeping in the tracking sheet
Capacity building & meeting with VHNSC members	1200 VHNSC meeting In 40 village. Target of participant 9000-10000	1360 VHNSC meetings organized in 40 villages 16449 women, 8852 Men.
Health camp of pediatrician for SAM/MAM Children	8 camp (70%)	8 camp complete (2209 women and 2133 child participant) 80 %
Monthly meeting of supervisors	36 meeting	42 meeting completed
Reduction of SAM/MAM/SUW/MUW	Baseline April 2018 - SAM 33 (8.25%), MAM 24 (6%), SUW52 (13%), MUW 98 (24.25%)	December 2020 – SAM-7 (1.42%), MAM-8 (1.62%), SUW-8 (1.62%), MUW-21 (4.27%)
Referral Expenses to NRC Gdchiroli	100 children SAM/MAM/SUW/MUW	157 children refer to NRC Gadchiroli (Male 75, Female 82)
Promotion and training of Ecological kitchen garden	2000-2500 participant from 40 villages trained	All 40 villages covered 7162 participant trained
HB Camp	40 Village 1 time HB Camp	All 40 Village covered 2 time Hb Camp Completed, Female 2623