

The Tale of Amas

reaching towards total immunization

**Completion report of “Strengthening RI through SBCC
in Amas, Gaya” -a project supported by
Communication for Development, UNICEF &
implemented by Vikasaarth Trust**



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Abbreviations

AF	ASHA Facilitator
ANC	Anti Natal Checkup
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
BCC	Behaviour Change Communication
BCM	Block Community Manager
BDO	Block Development officer
BHM	Block Health Manager
CDPO	Child development Project Officer
CMO	Chief Medical Officer
CRCC	Cluster Resource Center Coordinator
CS	Civil Surgeon
DCM	District Community Mobiliser NRHM
DIO	District Immunization Officer
DKD	Dus ka Dum
FLW	Front line workers
GP	Gram Panchayat
HSC	Health Sub Centre
ICDS	Integrated child development scheme
IEC	Information Education and Communication
IFA	Iron Folic Acid
IPC	Inter Personal Communication
IYCF	Infant and Young Child Feeding
JE	Japanese Encephalitis
LS	Lady Supervisor
MOIC	Medical Officer In-charge
ORS	Oral Rehydration Salt
ORW	Out Reach Worker
PHC	Primary Health Center
PHED	Public Health Engineering Department
PNC	Post Natal Checkup
PRI	Panchayat Raj Institutions
PTA	Parent Teacher Association
PV	Peer Volunteer
RI	Routine Immunization
RMNCH+A	Reproductive Maternal New born and Child Health + Adolescent
SMC	School Management Committee
VHSNC	Village Health Sanitation and Nutrition Committee
VHSND	Village Health Sanitation and Nutrition Day
VM	Vikas Mitra
WP	Work Plan

Overview

The project, “strengthening routine immunization through social and behavioural change communication in Amas, Gaya was launched in March 2015 and completed its ten months in December 2015. In this short period attaining 91 percent total immunization from -- percent in the block is a significant achievement. This was achieved through mobilizing quality services in VHSNDs by sustained greater involvement of the VHSNC members and exemplary contribution of Out Reach Workers (ANM, AWW, and ASHA). The project volunteers, Swasthya Sakhis and Teeka Mitra contributed in the process through mobilizing the community with the help of one to one and group meetings. In order to augment the status of Routine Immunization in the block the interventions towards the capacity building of frontline workers- ANM, ASHA and AWW and their scheduled meetings were organized meticulously. Emphasis was on building competencies of FLWs on inter personal communication to reach out to the mothers and care givers of left out and drop out children in order to achieve cent percent immunization.

The support of mid level managers- BHM MOiC, BEO CDPO were sought to make the activities more effective that contributed to the enhanced coverage of immunization, ANC PNC, Mata Mandali, and Kishori Baithak. The support of Sugamkarts and Headmasters has boosted the Meena Radio programme running in all the Middle Schools.



Background

Amas is one among 24 development blocks of Gaya District in Bihar located 44 KM towards west from District headquarters Gaya and 139 KM from State capital Patna towards north. As per the Census 2011, the total population of Amas block is 81,640 (Males 42,710 & Females 38,930), who dwells in 12,079 households, spread across total 84 villages and 9 Gram Panchayats.

Immunization is one of the major public health interventions to prevent child morbidity and mortality. Throughout the world a high level of vaccination coverage has been reached, which poses great challenges to sustainability. The Government of India (GoI) is committed to reducing the burden of vaccine-preventable diseases. To this end, the GoI is making concerted efforts in preparing health systems and communities to accept and embrace child immunization services. The Government of Bihar

also proposes to intensify the efforts to improve maternal and child health outcomes in high priority districts, and especially in the backward blocks of these districts through the implementation of the RI and RMNCH+A approach under National Health Mission (NHM).

Because of low immunization cover and at the lower stage on the key RCH indicators, Gaya is one of the High Priority District (HPD) for UNICEF as well as the GoB. Therefore, in 2014, a programme to address the issues of RI and RMNCH+A was initiated by C4D cluster of UNICEF, which was implemented by Mahila Samakhya of Bihar. Simultaneously, a similar intervention was carried out by Vikasaarth Trust in Rajapakar block of Vaishali district in Bihar with support from C4D Cluster. The Rajapakar pilot project initiated in 2014 demonstrated the SBCC approach to address the key issues pertaining to RI and RMNCH+A. Although it was only 1 year implementation, the initial stage generated several learning. The key learning was that a comprehensive approach to community mobilization, capacity development and behavior change communication is capable of bringing about a significant change in attitude and behaviour of both service provider and service seekers. Convinced by its capability Vikasaarth Trust was entrusted to take the same learning's to the Amas block of Gaya, where, due to change in leadership and high turnover of staff Mahila Samakhya was not able to continue with the programme.

Vikasaarth entered the area with a goal to improve behavioral indicators and practices aligned to RI and RMNCH+A amongst service providers and service seekers. With a view that this would eventually strengthen behavior change communication, stimulate demand for services and promote relevant norms and practices for child survival, growth and development focused on marginalized populations.

The specific objectives of the pilot project were,

- 20 percent increase in full immunization coverage in the intervention block by end of December 2015
- 80 percent of the frontline workers (ANM, ASHA and AWWs) increase in the IPC skills by the end of December 2015
- 60 percent VHSNDs are implemented as per guideline by December 2015
- 80 percent VHSNCs are fully functional by December 2015

In order to achieve the objectives a multi-pronged strategy was adopted that includes:

1. **Community Mobilization:** To mobilize community through awareness campaigns. Especially the socially disadvantaged and marginalized communities of 9 Gram Panchayats of Amas block
2. **Capacity Building:** To develop capacity of Block level officials, VHSNC functionaries, frontline workers and project staff on RI and RMNCH+A
3. **Behavior Change Communication:** To generate demand, promote behaviour, build positive attitude/ social norms for Routine Immunization through IPC and SBCC tools

The process of change

Preparatory Phase

Team Meeting

Realizing that building a cohesive team was a prerequisite for achieving the stupendous task, the project staff organized team meetings at regular intervals, once in the month and when ever needed. In fact, this was started with planning of project activities, which were planned through rigorous meetings. Later when the project was finalised a three day meeting of all project staff including the Swasthya Sakhi went through a formal orientation keeping in mind the need of skills and knowledge base required for project implementation.

Baseline data collection

With the basic orientation of the project the foremost activity was to collect a baseline of the project area. Extensive visits were made by the Outreach workers and Field Coordinator including the Chief Functionary of Vikasaarth to find out the existing status and the problems that need immediate attention. The Frontline Workers were interviewed to understand their view point and the problems they are facing in discharging their respective duties. Gram Panchayat wise quantitative and qualitative data on current status of the anganwadi centres, health centres and details of Frontline workers were collected during the visits.

Implementation plan

Based on the existing situation the team prepared a detail implementation plan. The roles and responsibilities of all the staff members and geographical areas were finalised. The plan was spread across the project duration of 12 months and accordingly target for each team member was the part of the implementation plan. As it was a new area for the outreach workers considerable time was spent of deciding the strategy for programme implementation through categorizing the areas in terms of accessibility and community response. A list of DOs and DON'Ts was also discussed.

Reporting and monitoring systems

A responsive monitoring and reporting system was developed by the project keeping in mind the Behaviour Change aspect of project. Separate reporting formats for Swasthya Sakhi, Outreach Workers and Field coordinator and a system compiling the data were developed.

Rapport building

This being the first month of project implementation the emphasis was on building rapport through visit to HSCs, AWCs, Schools and interacting with Block officials and frontline workers- ANM, AWW and ASHAs of Amas block, the project area. During the month block level meetings of ANMs (4), AWW (1), ASHA (1) and VHSNC (7) were organized. Block Resource Coordinator (Schools) was contacted for streamline of Meena Radio programme in schools of the project area.

Reference Institutions & Functionaries in Amas					
Gram Panchayat	9	Revenue villages	95	Middle School	36
Mukhiya	9	Primary health Centre	1	Health Sub Centre	12
VikasMitra	9	VHSNC	9	Cluster resource centre	6
Anganwadicentre	80	ANM	13	Block Resource Centre	1
Aganwadi Worker	80	ANM R	14	ASHA F	5
Lady Supervisor	2	ASHA	95	MAMTA/ IYCF	2/1

At district level, the Civil Surgeon, District Immunization Officer, District program Manager and District Community Mobilizer were contacted and updated about the initiation of project in Amas.

Community Mobilization

The foremost step in the social and behavioural change communication is mobilization of the clients therefore at the outset approach adopted by the project, in order to promote mobilization of community was strengthening the existing forums that had the potential to promote community mobilization towards RCH and child immunization. It was found that besides Village Health Sanitation and Nutrition Day (VHSND) the Mata Mandali and Kishori Samuha Meetings are the two forums that has been conceptualized to communicate with mothers and adolescent girls to address RCH and Child Immunization. Further it was also realized that in want of requisite motivation, skills and communication tools these meetings are not being administered effectively. Hence, the Anganwadi Workers (AWW) were equipped with training and Interpersonal communication tools by the project staff and the ensured that these meetings are taking place on scheduled time and venues. The hand holding training of the AWWs and the tools helped in creating attraction among the mothers and adolescent girls towards attending these meetings.

As a result the meetings of Kishori Samuh and Mata Mandali are being organized regularly in the AWCs. All Saturdays are scheduled for these meetings. First Saturday is for meeting with pregnant women, second Saturday for lactating mothers, third for the mother having children above two years age and the fourth Saturday with the adolescent girls. The pre scheduled topics like menstrual hygiene, IFA tablet, Anemia and its prevention, tri-colour (balanced) food in **Kishori Samooh** and child Immunization, exclusive breast feeding, early precautions and care during pregnancy in **Mata Mandali** are discussed through flip folding, multi change flip card and video films on TABLETS. There a constant support of the CDPO and LS from ICDS in regularizing these activities through regular monthly meetings of Anganwadi workers.

Besides, considering the importance of including children under preventive health campaign the project reached 36 government middle schools in the block for strengthening the children's forums like Meena Manch and Bal Sansad and have also restarted the Meena Radio Programme. Under the project easy-to-

use monitoring check-lists for VHSND performance have also been designed and administered to monitor the village level activities.

Sawsthya Sakhi

Nine Swasthya Sakhis, one for each Gram Panchayat were further trained to motivate the mothers and their family members including the care givers for getting their children immunized through one to one and one to group interactions. These interactions were also aimed to shun the myths among community members about immunization. Largely, the issue of adverse after affects of immunization was dealt by the Swathya Sakhis through citing instances and showing audio visuals on advantages of immunization.

Apart from these large scale motivation activities like Penta Express, Nukkad Natak (Street Corner Play) and Tika mela were organized, which helped in opinion building about the benefits of Immunization.

...from the diary of Swasthya Sakhi Preeti Kumari, Karamdih Gram Panchayat, Amas

When I met SavitaKumari, the anganwadi worker of Karamdih she was very hesitant to talk to others. I asked about the IPC tools, she said that she was provided some tools and was also taught how to use it but in that crowd she could not learn anything.

I explained her about the tools. She seemed to be interested and had learning attitude. So I decided to help her bit more. I spent time with her. Taught her how to hold the tools and hoe to talk to the audience. She started learning. Then I asked her to try it in one of the MahilaMandal meeting at her centre. She performed well. Where ever she missed out I helped her. Gradually she is now master of tools she also uses the TABLET to show movies to the women and adolescent girls. Now the women and girls say that earlier Savitadidi did not use to say anything but now explains nicely with the tools and TAB. We have got more information now.

Nukad Natak

The street plays were planned to generate greater awareness among the marginalised communities who do not participate in the immunization sessions held at the Anganwadicetres because of several reasons.

The three major causes among them are firstly, the fear of adverse affect of immunization on the child, secondly not convinced about the benefits of immunization and thirdly, not aware about



the schedule of immunization. Therefore the themes of the songs and plays were based on these major apprehensions of the community. The plays were performed by renowned performers of the same district to avoid the gap in communication because of language and culture.



The seven member team from nearby block Pariaya, who have been performing such plays and got several accolades were requested to perform the plays in all the panchayats of the project area. While selecting the venue for the show it was kept in mind that it should be in the habitations where it is most needed. Hence all venues were nearest available place to the dalit communities. Since villagers were given prior information about the

date and time of the show the turnout was unexpected.

Altogether 26 shows of street plays on Routine Immunization, 3 shows each day in nine Panchayats were organised during 16- 24 June along with display on Penta Van Express. There was immense support from the frontline workers, PRI representatives and block officials in organising the shows. The Block Development Officer, Medical Officer in Charge participated in the shows and lauded the effort of the programme.



Strengthening of existing institutions

VHSNC

As per the guidelines of National Rural Health Mission (now NHM) in every Gram Panchayat (GP) a Village Health Nutrition and Sanitation Committee (VHSNC) has been constituted to ensure community participation in promotion of health and sanitation in the Panchayat under the ongoing activities related to health, nutrition and sanitation. There is a provision of around ten thousand rupees per revenue village per year for this committee. This untied amount is supposed to be used for some small gap filling activities to strengthen the larger activities depending on the need of that particular area.

In order to utilize this amount the VHSNC needs to meet regularly and pass resolutions for the same. But since the ANM is the ex-officio Secretary and Mukhiya is the President of the Committee, both needs to be present along with the full quorum of members. Normally, this does not happen and as a result these amounts in most of the Gram Panchayat are unspent. It has also been found that largely, the committee members are not aware about the aim of this committee and also their own roles and responsibilities.

Vikasaarth had similar experience in while working in Vaishali hence, with very inception of the project constant effort was put in to create the environment where the members are brought together and they become aware of their rights and duties.

The initial response was not very encouraging. In some of the GPs where a part of the fund was utilized had a very different experience. In one of the early VHSNC meeting the Ward Members (who are also members of the VHSNC) did not pay heed to the proposal of procuring some items for Village Health Sanitation and Nutrition Day (VHSND) and said that, "As we got the equal share of the fund to use it for cleaning drainages and spray of bleaching powder in our respective areas, we should follow the same procedure this year as well, we will submit the utilization vouchers as we did last year".

"VHSNC ke fund ka upyog ab dikh raha hai" (Now the use of VHSNC fund is visible) **Arjun Yadav, Mukhia Karamdih, Amas**

Training of VHSNC members			
Sl	Gram Panchayat	Total Members	Members trained
1	Karamdih	5	4
2	Sanwkala	5	2
3	Amas	5	2
4	Mahuawan	5	3
5	Rampur	5	4
6	Akawna	5	3
7	Badki Chilmi	5	3
8	Jhari	5	5
9	Kalwan	5	4
Total		45	30

It took time and effort to convince them that the items for VHSNDs are actually for availing the facilities in a better way and the beneficiaries are none other than your own family members. It started in few GPs at the outset but soon covered all the GPs except two which had some of the complexities. Training films developed by SHSB and UNICEF on VHSNC and VHSND were very helpful.

"Amas ki tarah sabhi prakhandon mein VHSNC fund ka upyog karaya jaye" (the VHSNC funds in all Blocks should be utilized as in Amas) **Sri KC Saha, EX- Development Commissioner, GoB**

The details of fund allocation and utilization are presented in the table below.

Sl.	Gram Panchayat	Fund 2013-14	Fund 2014-15	Utilized amount
1.	Rampur	55362	60138	55362
2.	Jhari	67398	73502	67398
3.	Badki Chilmi	73416	80184	146115
4.	Amas	67398	73502	67398
5.	Sawkala	79434	86866	79434
6.	Karamdih	61380	66802	61380
7.	Akawna	61380	60138	0*
8.	Kalwan	55362	60138	115500
9	Mahuawan	61380	66820	128200
Total		5,82,510	6,28,099	4,06,460

Bal Sansad and Meena Manch

In order to promote extracurricular activities among the school children there is a provision of Bal Sansad and Meena Manch in every school. There are 36 middle schools in the block but none of them had these forums in place although it existed on paper. Similarly the School

Management Committee, which are formed to ensure community participation in school management were not found to be functional.

The project staff with support from Block Education Officer and some motivated teachers strengthened these forums in all schools. The Meena Radio Programme was reintroduced in the schools and through the orientation and hand holding support to Sugamkartas it was ensured that the radio programmes are administered effectively in all schools. The forums were used to disseminate positive health behaviours among students.

Underpinning of systems and practices

Block level Review meetings

ANM and ASHA

The project stressed to regularize the weekly meetings of ANMs and ASHAs at the block level. The MOiC and BHM took special interest to make these meetings effective. The concerned officials personally attended these meetings and reviewed the progress. This opportunity is also being used by the project staff to update requisite knowledge and skills of the Frontline Workers.



In the meetings they were advised to use the Communication Tools during their interactions to ensure effective communication and communicate right message to the women and girls. The correct use of tools (Folding Flip Card) was also demonstrated to them.

To motivate them the ANMs and ASHAs were asked to make the Mission Indradhanush, a success. The need to prepare updated due list with including all left out and drop out children was emphasized so that no child is devoid of the vaccine. Need to deliver four key messages while vaccination was also stressed upon. The weekly meetings of ANM and ASHAs are now regular.

AWW

With the active involvement of CDPO the AWWs have started meeting once in a month. These meetings are means to review their performances in the period and further planning. It was reminded that aim of ICDS is to reduce the mortality rate of infants and mothers. During the discussion the AWWs were asked to list the six services meant to be provided through AWCs. Surprisingly only one out of 53 AWW had the right answers. Later it was elaborated on the prime services to be rendered by AWW.

This story is about Ramdulari Devi, AWW of Centre No -7 of ChitabKhurd village, Mahuawan Panchayat. Ramdulari is an Anganwadi worker but never opens her centre. When this matter came up then the ANM and ASHA went to meet her but the centre was closed. After enquiries with local people it was found that this centre never opens and runs only on paper. The ANM and ASHA said that they were unaware about because since this centre is close to HSC so the VHSND of this centre is organised at HSC.

Once again an attempt was made to meet her. I went to her house but came to know that most of the time she stays at Sherghati and comes here occasionally. After lot of effort and reciprocating that this will not cause any harm to her we got her mobile number. But when she was called she did not pick the call. After continuous attempts she took the call on third day. She was told about the programme and was requested to fix up a time when we can meet. She agreed to meet the next day. While conversing she mentioned that former DGP is her relative and she is not well so do not attend centre the Helper opens the centre regularly.

When the Lady supervisor (LS) was told about this the LS on condition of anonymity said that Ram Dulari comes from a dominant family. LS had once reported against her but no action was taken. In fact, she had also got a threatening for getting into this matter. Since then we have ignored this.

We met Ramdulari and explained about the project activities and need of the area and she was asked to participate in this. After much persuasion she agreed to initiate the VHSND in her centre. She was updated about her roles and responsibilities she was handed over the items needed for VHSND in her centre like ANC table, chairs, bucket, jug curtains etc. purchased by VHSNC. Although she has started attending the VHSND but the centre is still not regular. Her son once told that they have been falsely implicated in a dowry case so cannot move freely. But whenever there is a need her mother will come. Efforts are on bring her back full swing.

They were advised to open the centres by 7.30 in the morning and continue till 11.30 every day. They were warned that, if the centre is found closed there would be strict actions against the concerned AWW.



Additionally the AWWs have to assist the ASHAs in preparation of dustbins for immunization during VHSNDs. They were also suggested to use TAB for showing the films on Bachpan Diwas and also write the proceedings in the register for record.

Information on Immunization was regularly reiterated- the advantages, the schedule and clarification. For instance, they were told that roughly the number of beneficiaries on a population of 1000 should be 28.

Sugamkarts of Meena Radio Programme

The project Outreach Workers frequently visit the schools and provide supportive supervision to the Meena Radio Programme through helping the Sugamkarts. The interest about the

programme is gradually increasing in both the students as well as Sugamkarts. One Sugamkarta has prepared a manual of the programme. Couple of pages of the manual is shown below.

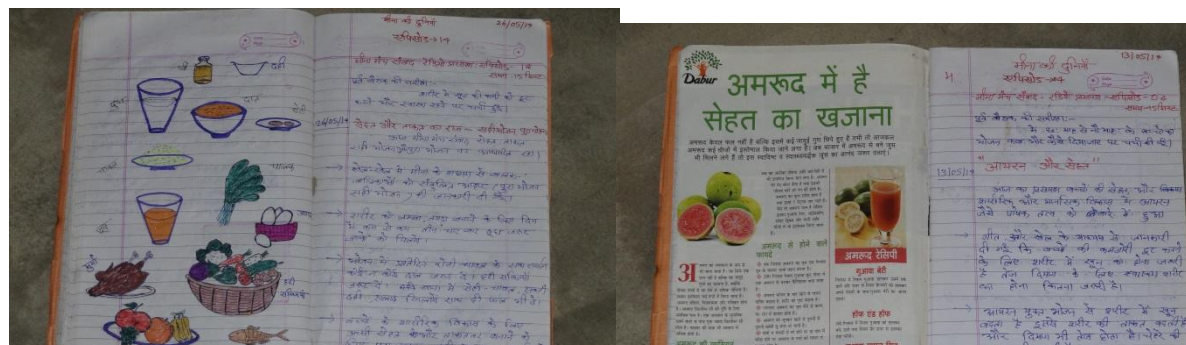


Figure 1 Meena Radip Manual Prepared by a Sugamkarta

Now the activities of Meena Manch and Bal Sansad are being discussed in the SMC meetings. The members of SMC are encouraged to regularize the Meena Manch and Bal Sansad activities in their respective schools. For instance, in Mugran Middle School the SMC has taken decisions of constructing platform around the hand pump and a soak pit. They also made a resolution that students will be provided the mid- day meal only when they wash their hands with soap.

Monitoring of VHSNDs

As mentioned, special emphasis was given to make the VHSNCs effective for convergence of interventions related to demand and supply side. The Anganwadi centres were equipped with essential equipments like tables, chairs, curtains, weighing machines, buckets, soaps etc. with the resources from VHSNC's untied fund.

The team of frontline workers that includes, ANM, AWW and ASHA were motivated and were provided basic training and orientations to handle the services at VHSNDs. Besides a system of monitoring the VHSNDs were initiated. These monitoring were undertaken by the health officials and also the PRI members. A simple format was developed to gauge the types and quality of services being provided during VHSND. Data accrued from these formats were compiled and shared with the workers in the review meetings. Regular field visits of BHM and MoiC were also helpful in motivating the frontline workers.

“ Ab to hum logo ko bhi kheta brraman karna pad raha hai. Lekin sahyog bhi mil raha hai” (Now, even we have to make field visits but we are getting support too) **Ashis Kumar Block Health Manager, Amas**

Handholding of FLWs

As the focus was on the capacity building of the frontline workers, several approaches were adopted to capacitate them in order to help them perform their roles effectively. Primarily, the effort was to equip them with Inter personal communication methods for motivating the community members towards behavioural change for their children's immunization. Series of one to one interaction with the ANMs

AWW and ASHA were administered by the project staff to make them learn the use of IPC tools on different topics and undertake counseling of community members.

Average number of training provided to the FLWs						
	Tools					
	Safe Motherhood	Breast Feeding	Immunization	Diarrhoea	Anemia	Total
AWW	2.5	2.8	2.4	2.2	2.1	11.9
ASHA	2.3	2.3	2.1	2.3	0.1	9.1
ANM	2	2.2	2.1	2.1	0.1	8.4

The topics covered were; ORS, Immunization, Safe Motherhood, Breastfeeding and use of tools like Folding flip and TABLET. Also, they were geared to effectively prepare the due list and update the survey register.

Apart from that the project staff used to attend the review meetings of ANM ASHA and AWW held by the concerned departments. In these meetings the effort was to flag the problem areas and facilitating action plans to overcome those. Also, case studies from the block were shared to address the vital issues like refusals, drop out and left out. The support from the health officials in these meetings was very encouraging for both the workers as well as the project staff.

“Project ke aane se maine to due list aur survey register bharna seekh liya” (I learnt to fill the survey register and due list because of the project)
Mamta Kumari, ASHA Facilitator

..and Shahana agreed

Janaki Kumari, ANM of Mahuawan Panchayat is one among the responsible lot of Frontline Workers. Although she was performing her duties well but was bit disturbed for last few days because she knew that the nomadic families residing in tents in the village Hamjapur are not covered by the immunization programe. One day she along with Safia, the AWW visited the settlement. She found that there is one child of around 10 months who has discontinued the immunization schedule. They found out that the child’s mother is Shahana. When they went to Sahana’s tent she was not there and her mother in law was looking after the child. Janaki and Safia spoke to the mother in law and persuaded her to bring the child to AWC on the VHSND. The mother-in-law seemed to be convinced and assured that after the parents of the chid come back she will ask them to get the child immunized. The day passed but they did not turn up.

Next day the ASHA Facilitator Jagbalia Devi went to Sahana’s house. Very flatly Sahana told her that they will not go for immunization. She said, “Why should we go there? The AWW does not provide food to our children. You come to our house only because you get money for this”.

Next week Janaki and Safia along with husband of Safia went to Shahana’s house. Shahana and her husband Afroz Muhammad were there. They started discussing about the advantages of immunization and how it affects the well being of family. After much of argument both the parents agreed to take their child for immunization. On next VHSND, it was afternoon but there was no trace of Shahana and her child. When the ANM send someone to bring her she was told that shahana has gone to market and would come back soon.

After a while Shana with her child came to the centre and got the vaccine. Everyone was happy about the achievement including Shahana. Shana left the centre but suddenly she came back with some confusion

on her face. Everyone was anxious. Then she went close to Janaki and murmured, "It seems I am again pregnant". Janaki performed the routine check-up and confirmed the pregnancy. She was given the TT injection and also certain advices by Janaki.

Now Sahana is an advocate of immunization in her community.

Collaboration with Government

The project was envisaged to achieve the objective in tandem with the government departments particularly the health and social welfare. Therefore on the outset the interventions were planned keeping them in loop. This resulted into a whole hearted support from all the concerned officials. This encouraged and motivated the frontline workers. Sometimes they also had to take some hard decision were also taken to keep the pace of the programme.

Some concrete actions that were taken by the officials were; regularization of review meetings, preparing action plans in the meeting, considering the problems of workers and finding solutions, undertaking monitoring visits, ensuring deliveries on time, etc. The officials also use to participate in the events organized by the project like Nukad Natak, Teeka Mela, quiz competitions for school children, which helped in creating a positive environment towards achieving the desired results.

"Project ke aane se VHSND aur teekakaran ke star par nichit sudhar hua hai" (there has been definite improvement in immunization status and VHSND with advent of this project) **Dr. Md. Sultan Ansari, MOiC, Gaya**

"Jamini star par kaam karne wali maine pahli sanstha dekhi hai. Main jab tak yahan hoon har tarah ki sahayata karunga" (this is the first organization I have seen that works at the grassroots level. I will provide my full support till the time I am here) **Manoj Kumar, BDO, Amas in the closing ceremony of Nukkad Natak**

Project Learning

Several learning were generated during the project implementation however, the key learning can be enumerated as below;

- FLWs can perform better by hand holding support and motivation. Notwithstanding the fact that the Frontline workers (FLWs) do need a quantum jump in terms of their skills to effectively perform their responsibilities, however, a lot can be achieved by just lending some motivation and handholding support. It was found that majority of the FLWs are not aware about their roles and responsibilities and the importance of their work towards building a healthy community. If these facts are shared and instilled among them the output could be much more than expected.
- VHSNDs the key to improved RCH could be bettered through a collective effort by all stakeholders. It was experienced during the project implementation that the Village Health Sanitation and Nutrition Day could be a focal point for convergence of supply as well as delivery mechanism. Its effectiveness would directly impact the reproductive and Child health in the community particularly for the marginalized sections. To make it more efficient there is a need of an equal support from all concerned departments.

- Continuous motivation of VHSNC members will help make the VHSNDs effective. The Village Health Sanitation and Nutrition Committee if capacitated and motivated can act as the driving force for effective VHSNC. On one hand the provisions with VHSNC can help in acquiring the basic facilities and on the other hand their support and cooperation in monitoring and mobilizing the community can be very helpful for effectual VHSND
- Continuous interactions with community help in creating a positive environment for change. It was observed that there is a need to have regular interactions with the community to bring in any behavior change. The mothers for instance, do understand the advantages of an immunization programme in one meeting but to make them attend the VHSND they need to be reminded several times at least for the first child. It has also been viewed that the mothers who have got full course of immunization for the first child they don't have to be pursued for their successive children. Also messages from different person particularly from whom they regard make lot of difference in bring the behavior change.
- Use of tools particularly Audio Visuals originates behaviour change. Most of the time mere talking does not make much effect on the community members who already have a different mindset. When the message is given through any visual or audio visual tool it found to have multiple effects. In the project several refusal cases were dealt through the folding flip charts and even some of the worst cases were solved through use of short films in the TABLETS.

Way forward to Scale up the experience of Amas

The experience of Amas has been remarkable. Besides the learning of the project some other steps that can help in replication of Amas experience are listed below;

- Regular coordination interactions of Block level officials of Health, ICDS, Education departments. For any significant achievement there is a need of support and cooperation from all corners. Therefore a joint effort is the prerequisite for bringing about a sustainable change particularly in the community behavior. Since reproductive and child health is dependent on various factors it needs to a combine effort of all concerned department. In case of Amas the apart from the health the department of social welfare and education equally supported the interventions to their fullest potential and it was also carried by the peoples representatives. .
- Technical on the spot training to ANMs. The existing ANMs are not skilled enough to to provide the services effectively. Majority of the ANMs lack basic technical skills like administering injections, measurement of Blood Pressure, weighing the women, diagnosis and check up of pregnant women. Therefore, to instill confidence among the community these ANMs need to be given some hands on technical skill.

- Functional literacy training to ASHAs. The ASHAs also lack basic understanding of literacy and numeracy. Hence, a short orientation of functional literacy would be very helpful building their self confidence which will ultimately result into effective execution of health programmes.
- Skill training to AWWs on early childhood care. In most of the Anganwadi centres the early childhood education part is not incorporated in the daily activity. This is mainly because the AWWs do not have clear understanding of the subject. Although this is being covered in their basic trainings and the refresher courses but it further needs to be stressed to bring them in their practices.
- Provision of BCC tools and mini videos on TABLETS for FLWs. It has been observed that the BCC tools make additional impact on the community who are by now accustomed to the traditional counseling process being used by the FLWs. The FLWs need to be trained and they should be provided tools like flip books and audio visual gadgets.
- Training to VHSNC members on roles and responsibilities. The involvement of community makes remarkable difference in the quality of activities. This has been observed in case of VHSNDs. The VHSNC if properly and regularly motivated for their participation in the management of VHSNDs. The effectiveness of this activity increases many fold. The present condition is that the members of VHSNC are not even aware of their roles and responsibilities. Therefore an attempt to realize the advantage of their involvement is needed.

Case Studies from diaries of Swasthya Sakhi

Indu Kumari, SS, Panchayat Mahuawan

During a meeting on immunization it came up that a child who has come from her grandparent's place is 5 months old but has not taken any vaccine yet. The concerned AWW and ASHA said that they have tried several times but the mother of the child Preeti Devi is not interested. After the meeting the AWW, Rekha Kumari and ASHA, Kamla Devi decide to make another firm attempt.

The other day both went to Preeti's house but she was alone busy in cooking so refused to discuss on this. Next day again the AWW and ASHA went to her house along with a prominent person from the same community Vinod Paswan. Fortunately on that day Preeti's husband was also present. When discussed, Preeti said that one of their children had taken a vaccine and he had lot of pain because of the abscess on the arm so she will not do the same mistake again.

Both the AWW and ASHA provided the full details of the immunization process. Vinod Paswan also convinced her that this nothing serious. The husband Amarjeet did not had much

apprehension and was ready to go for child's immunization. Finally Preeti agreed to it and assured to come on the next VHSND.

But that day Preeti did not turn up. When asked she said that there are some guests in the house so she will not be able to make. The AWW again visited to her house and asked the reason of not coming. Preeti again said that she has left the immunization card of the child at grandparent's house so how can she come. The AWW explained that this not an issue we will address this issue and see how the child gets a new card.

Incidentally, Preeti's sister-in-law, who had come Preeti's house at that time was taking her children for vaccination. Citing this example AWW said to Preeti that if her sister-in-law is taking her children for immunization then why she cannot. After much persuasion and agreed and the child was given the first dose of Pentavalent that day.

Kusum Kumari, SS, Panchayat Badki Chilmi

The ASHA, Lalmuni was upset that Chhotu the son of Tetri Devi and Jairam was seven months old but had not taken any vaccine. They were not willing to immunize the child because they had come to know that after the vaccination the child gets high fever later anything can happen and they may get into trouble.

As another attempt the Lalmuni requested the ANM, the Swasthya Sakhi and ORW of her area and went to Tetri Devi's house. All of them spoke to both the parents and convinced that fever is nothing unusual after vaccination and it is a sign that the vaccine has been effective. Also, the ANM provides medicine for that. So there is nothing to be worried about. They were also explained about the diseases that can be prevented by the full immunization course. At last they agreed and attended the next VHSND.

Indu Kumari, SS, Panchayat Mahuawan

During the survey when I went to Basanti Devi's house and found that her two years old son Vishal was not yet immunized. When I asked her that why are you not bringing your child for immunization? She said that, "While vaccination the child cries a lot and does not let us sleep whole night. So, even if the ANM and other workers come here and ask us to come to the AWC for vaccination we do not go".

Then I explained that hoe the immunization saves the child from eight deadly diseases. I used the flip book to explain this and also gave example of others who are getting their children for immunization. Her husband Sunil was also there during the discussion.

Finally they were convinced and came to the centre in the next immunization session and the child was vaccinated as per the recommendation of ANM.(As narrated by the ASHA worker).

Kusum Kumari, SS, Panchayat Badki Chilmi

Motia Devi wife of Hari is resident of village Budhaul Panchayat Badki Chilmi. I Kusum Kumari, the Swasthya Sakhi when came to know that there is a child in their house who is not being immunized so I went to her house but she was not willing to talk to me. She said, “after vaccination the child gets ill hence cannot take the risk”. Still I did not give up and keep convincing her but all in vain.

One day, I along with the Bhaiya (ORW) went to her house when both Motia and Hari were present in the house. We used the flip book and tried to convince her about the benefits of immunization. Then they agreed and came for vaccination thereafter.

Babita Devi

Babita Devi wife of Kamlesh Yadav lives in village Regania Khera of Jhari Panchayat. One month back she has delivered a baby boy. I went there to update her on the advantages of breastfeeding. I explained through the BCC tools that all children should be fed with breast milk at least for first six month. But when I enquired that whether she is feeding her baby, her mother-in-law said that since the mother was not well they have stopped giving the child mother’s milk and started feeding the baby with milk powder.

Then one again explained the advantages of breast milk and said that breast milk is very powerful and so it makes the baby healthy. The ingredients in the breast milk are very helpful for the child. Breast feeding is also good for the mother.

After five days, I again visited the house and asked her that how are they feeding the child. The mother of the child said that after your advice I have started feeding breast milk to the baby,

Ram Dulari Devi

This story is about Ramdulari Devi, AWW of Centre No-7 of ChitabKhurd village, Mahuawan Panchayat. Ramdulari is an Anganwadi worker but never opens her centre. When this matter came up then the ANM and ASHA went to meet her but the centre was closed. After enquiries with local people it was found that this centre never opens and runs only on paper. The ANM and ASHA said that they were unaware about because since this centre is close to HSC so the VHSND of this centre is organised at HSC.

Once again an attempt was made to meet her. I went to her house but came to know that most of the time she stays at Sherghati and comes here occasionally. After lot of effort and reciprocating that this will not cause any harm to her we got her mobile number. But when she was called she did not pick the call. After continuous attempts she took the call on third day. She was told about the programme and was requested to fix up a time when we can meet. She

agreed to meet the next day. While conversing she mentioned that former DGP is her relative and she is not well so do not attend centre the Helper opens the centre regularly.

When the Lady supervisor (LS) was told about this the LS on condition of anonymity said that Ram Dulari comes from a dominant family. LS had once reported against her but no action was taken. In fact, she had also got a threatening for getting into this matter. Since then we have ignored this.

We met Ramdulari and explained about the project activities and need of the area and she was asked to participate in this. After much persuasion she agreed to initiate the VHSND in her centre. She was updated about her roles and responsibilities she was handed over the items needed for VHSND in her centre like ANC table, chairs, bucket, jug curtains etc. purchased by VHSNC. Although she has started attending the VHSND but the centre is still not regular. Her son once told that they have been falsely implicated in a dowry case so cannot move freely. But whenever there is a need her mother will come. Efforts are on bring her back full swing.

Story of Sheela Kumari, AWW

Earlier the AWW did not organise meetings on Saturdays but whenever they were asked they used to reply that they organise it regularly. Even during the centre visit they would say that they organise such meetings but when they were asked about the proceeding register, it was not there. Then they said that they have been told to hold Bachpan Diwas and not the Saturday meetings. Even they did not know that which meeting has to be organised on which Saturday.

Finally each one were told about the meetings and the information was pasted on the wall of their centres. No they all know that first Saturday they need to meet the pregnant women. Second Saturday lactating mothers, third Saturday mothers with babies of six months (Muhjuthhi) and fourth Saturday with adolescent girls. Most of them are now organising the meetings regularly.

Kiran Devi of Lakshna

This story is about Kiran Devi of Lakshana of Kormathu village. She has four children the youngest was a girl child, who had severe diarrhoea once. When in course of my field visit went to her house she told me about this. I immediately told her to give ORS to the child. I said that it will be available at the AWC. I spent time and explained in detail how to make the solution and feed the child. I also informed her about the Zinc tablet and told her to seek advice from the ANM about it. Kiran Devi got the ORS packet from the centre and served it to the child. After three days I enquired and found that the child was normal. This incident helped me to build a sound rapport with the community members.

Sarita Kumari, Rampur

Suganti Devi lives in SohraiTola of Lambua village in Rampur Panchayat, which is hamlet with all Mahadalit families. Once when I was in the village for a meeting she came to me and said, I have attended a meeting, in which you told us about the breast feeding. I have three children but some twenty days ago when I delivered my fourth child I made a point to breast feed her within one hour and I could do that. My all three children did not get exclusive breast feeding because I did not know this earlier. When I have understood and seen its benefit will tell it to others as well.

In another Mahadalittola, Devibigha of Navgarh village the adolescent girls were not willing to take the TT vaccination. So special meetings with these girls was conducted in which I elaborated on health care during adolescence. This was very much liked by the girls. They not only took the vaccine but also started attending the Kishori Samuh meetings regularly.

Lalita Devi of Chitab Khurd

Lalita Devi lives in Chitab Khurd village of Mahuawan Panchayat. One day when I was conducting a one to one session on Immunization by showing the folder, she came to me with a card in her hand and asked me to see whether her child had received all the vaccines as per the schedule. I looked at the card it was of year 2012. The child had taken all the vaccines except the booster dose of DPT. I informed her and also suggested to meet the ANM didi and seek support. In the next VHSND Lalita took the child and met ANM and as per her advice the booster dose was given to the child.

Babita Kumari of village Ahuri is pregnant and have completed four months neither she is registered nor she has taken any check-up or vaccine. When I came to know about this during my home visit I immediately contacted. I was informed that ASHA and AWW has already told her about the benefits of check-up and advised her for registration and regular check-up. She was not very interested. Her mother Kamla Devi said that these matters would be looked after her in-laws, she anyways will be moving there soon. Next day again I tried to convince her. After much persuasion but she agreed and said that today Babita is not at home so they will go for registration when she is back.

Another day I along with the ASHA worker went to her house. ASHA had already brought with her two women Mamta Devi and Ruby Devi, who were neighbours of Babita and one of them was her sister-in-law. They were again told about the need and of registration and timely check-up. After listening to all that Kamla Devi said that I know one woman who had miscarriage after taking the vaccine and so I do not want the same with my daughter and will not go for any vaccine. Then Ruby and Manta cited their own examples and told that we had always taken the vaccines and we did not have any problem. Therefore Babita should also go register herself and get the check up and vaccine. These vaccines prevent you from Tetanus

which can be very fatal at times. Finally, Kamla agreed and assured that she will send Babita in the next VHSND.

Preeti Kumari, Karamdih

When I met Savita Kumari, the anganwadi worker of Karamdih she was very hesitant to talk to others. I asked about the IPC tools, she said that she was provided some tools and was also taught how to use it but in that crowd she could not learn anything.

I explained her about the tools. She seemed to be interested and had learning attitude. So I decided to help her bit more. I spent time with her. Taught her how to hold the tools and hoe to talk to the audience. She started learning. Then I asked her to try it in one of the Mahila Mandal meeting at her centre. She performed well. Where ever she missed out I helped her. Gradually she is now master of tools she also uses the TABLET to show movies to the women and adolescent girls. Now the women and girls say that earlier Savitadidi did not use to say anything but now explains nicely with the tools and TAB. We have got more information now.

Dimple Kumari, SS, Pancgayat Akawna

Sahina Khatoon is from village Kormathu, she was pregnant and had come for the Mahila Mandal meeting. When I saw her she looked weak and her pale. I enquired about the food she takes and explained on safe motherhood with Flip Chart and based on the chart suggested about the type of food she should take. I also told her to go for regular four check-up during the pregnancy. In the next meeting I asked her about the check up, she said that her husband is not very happy about all these things. I again convinced her and took her to the ANM and got the check-ups done. She was given the IFA tablets. Now she has understood the need and comes to the centre regularly.

Dimple Kumari, Akawna

Reena was pregnant when I met her during the home visit. She was not aware about the pregnancy care so I sat with her and told her about the care she needs to take for herself and her baby. I explained about the process she needs to follow like being registered and then to undergo four ANCs. I also told her about taking IFA tablets and balanced diet.

On the following day I took her to the VHSND and she underwent all check-ups. There she was counseled by the ANM. She was also told about the advantage of breastfeeding.

I was in contact with her and close to the delivery date I persuaded her to go for institutional delivery and convinced her about the benefits of institutional delivery because all the deliveries in her house use to happen in the home itself. She kept of following my advice. She gave birth to

a healthy child. She is giving the child exclusive breastfeeding. Both the child and mother are healthy now.

Indu Kumari, SS, Panchayat Mahuawan

During my one to one session I met Ahmadi Khatoon wife of Md. Sabir of Hamjapur village. I saw a 5 months old child with her. She told that the boy is my son and his name is Amir. When I asked her that whether she has given all the vaccines to him, she said that the first time I had given an injection but after that he had high fever, pain and his thigh also got swelled. So then onwards we do not go for any vaccination.

Then I asked her if she can sit with me for 10 minutes, she agreed. I took out the Immunization folder and explained her about the types of vaccines that are essential and how it prevents the child from dreaded diseases. I also told her that sometimes some adverse effects may happen but there is nothing to be worried about. She was convinced and later she brought the child to the centre on the next VHSND.

Sarita Kumari, SS, Panchayat Rampur

I came to know that Munnii Devi of Majhauilia village is not going for ANC. Both the AWW and ASHA had visited her house but she did not come out to meet them. I went her house and directly met her. I told her about the need of four check-ups during pregnancy and also showed a video on the TABLET. She got convinced but said that although I am ready to go for check-up but my mother-in-law may not allow me. So you please wait for some time and speak to her as well. Fortunately, her mother-in law came after a while. I also spoke to her and showed her the film. She said that she had not been explained earlier in this detail. And now she will accompany her daughter-in-law to the centre. After that Munnii regularly came for the checkups.

Similar was the case of Sunaina Devi of Dhibra village. I met her during the home visit. She was also pregnant and not undergone any check-up. When I asked her the reason she said that the Anganwadi worker does not give me take-home ration, so why should I go there? Then I explained the needed of care during pregnancy and also explained the processes. She agreed and started visiting the VHSND. Now she has given birth to a child and that child is also being immunized regularly.

Preeti Kumari, Karamdih

Renu Kumari, the AWW of Jawainia village does not organise meetings of Mata Mandali and Kishori Samuh on Saturdays. Whenever I use to ask her to call the meeting she had some excuse or other. Sometimes she said that she has to go out sometimes she said that today is my son's birthday. She had some excuse or other every week. She was even not using the TABLET given to

show the videos to the community members. If I wanted to call the meeting she had an apprehension that I will organise the women against her in the meeting. I tried convincing her through an AWW of a nearby centre but that also did not work.

I kept on talking and convincing her. One day I told her that our senior colleagues meet the higher officials of your department and this might be reported if you are not organising the meetings. I also tried to convince that we are here to serve the community and if we fail some action will be definitely taken against us. When she realized that there might be action against her may also be debarred from the work then she started cooperating. Now with my regular support she organises meetings on all Saturdays.

Archana Kumari, SS, Panchayat Sawnkala

It was observed that Chinta Devi of Sawnkala village was not turning up with her child for immunization. The ASHA and AWW tried several times to convince her but she was adamant. The AWW asked me to persuade her to come to the VHSND. I tried several times to meet her at her house but she was not available.

Another day I was in a meeting with a different women group in her neighbourhood. In the meeting the women informed that Chinta Devi never takes her child for immunization. Now she is there in her house so you can talk to her. I went and asked Chinta to come to the meeting but she denied. Then I continued with the meeting. I was showing a video on immunization on the TABLET. When Chinta heard the sound of film she came to the meeting place and started watching the film from a distance. Then I explained the group about the benefits of immunization and the problems that may arise if not vaccinated. After the meeting Chinta came to me and said that I have not immunized my child, is he too old for Immunization now? I assured that you come to AWC on VHSND with your child, your child will be vaccinated as per requirement.

Chinta said that she will definitely go to the centre. She further clarified that I had never been explained the need otherwise I would not missed the vaccines.

Saroj Devi, SS, Panchayat Jhari

In village Jhari, the son of Kavita Devi is two years old now. He until now has taken only two vaccines. Whenever ASHA use to ask her to come to the VHSND she ignored and user to tell that my son gets fever and cries a lot after vaccination, so I would not get him any vaccine. One day the Tika Mitra of the village told me that Kavita does not take her son for vaccination so you should go and convince her. Later one day I went to her house. I had taken the folding flip chart on immunization that explains about the diseases from which the immunization prevents. I showed her the folder and described the benefits of immunization to her. I also showed the film

on TABLET. This helped and she was convinced said that I did not know the real benefits till now. I will surely take my child. In the next VHSND I went and brought her to the centre. She happily came with her child and got the booster doses as recommended by ANM.

Lalita Devi, SS, Panchayat Kalwan

Saroj Devi, wife of Satyendra Das is from village Karmain Mod. This was her second child, she use to say that I do not have own milk so I feed my child with cow's milk. When I came to know about this I went to her and explained the benefits of breast feeding. But she did not pay any heed to y suggestion. Another day I went to her house with the TABLET and showed her the film on excusive breastfeeding. This made an impact on her mind. She seemed to be convinced. Later when I enquired, I came to know that she has started breastfeeding to her child.

Achievement against plan (The Result Framework)

Result-1: Improved demand generation, promotion of behaviour & quality services
<p>Output:</p> <ol style="list-style-type: none"> I. 80 percent members of VHSNCs are aware of the VHSNC guidelines, attend monthly meeting and total untied fund are utilized. II. 80 peer volunteers supports the front line workers in informing / motivating the families for RI III. Members of MM & KS promote for RI/IYCF and preventive health behaviours IV. 27 Street Performances <p>Process Indicator</p> <ol style="list-style-type: none"> I. Orientation of the VHSNC members II. Meetings held of 9 VHSNC regularly with 75% members' attendance. III. PVs are aware about the benefits of immunization and have knowledge of 4 key messages. IV. Marginalised families seek services in VHSNDs V. Regular MM and KS meetings VI. 80 percent eligible members of MM & KB attend the monthly meetings VII. Street play performance with Pentaexpress
<p>Activities</p> <ol style="list-style-type: none"> I. One day refresher training for each VHSNC. II. Facilitation of monthly meeting by ORW III. PV mela conducted IV. PV review conducted regularly V. One to one and One to Group sessions held with marginalized communities to mobilize VI. Facilitate monthly meetings of MM and KS VII. Monthly meetings of MM and KS facilitated by AWW & ASHA with BCC tools VIII. 3 street plays in 9 panchayats on Pentavalent vaccine
<p>Achievement</p> <ul style="list-style-type: none"> • 30 members of 9 VHSNC have been oriented on their roles and responsibilities though regular interaction and film shows. • 78 meetings were held in 9 VHSNC and 64 meetings were facilitated by the ORWs • The Peer Volunteers through informal interaction and Teeka Mela were made aware about the benefits of immunization. They are also ware about the 4 key messages to be given after

<p>vaccination.</p> <ul style="list-style-type: none"> • Almost all families from the marginalised families are availing services from VHSNDs. • MM and KB are regularly held in 76 AWCs out of 79. • 90 percent eligible members of MM and KB are attending the meetings • Street Plays (Nukkad Natak) were organised in all 9 Gram Panchayats with 3 shows in each Panchayat. The Penta Express accompanied the Nukkad Natak team and moved in all villages of the Block.
<p>Result-2: FLWs demonstrate improved IPC skills for community mobilization</p>
<p>Output</p> <ol style="list-style-type: none"> I. 80 percent ASHA use BCC tools for RI and RMNCH+A sessions II. 80 percent ANMs conduct counselling in VHSND sessions III. 80 percent AWWs conduct MM & KS meetings regularly IV. 80 percent Sugamkarta conduct Meena radio in schools regularly
<p>Process Indicators</p> <ol style="list-style-type: none"> I. ASHA trained on use of BCC tools II. ANM trained on IPC and counseling skills III. AWWs trained on BCC tools and use of Tabs IV. Sugamkarta trained on conducting Meena radio
<p>Activities</p> <ol style="list-style-type: none"> I. Hand holding training to 90 ASHAs II. Monitor use of BCC tools III. Hand holding training of 29 ANMs IV. Hand holding training to 79 AWWs V. Monitor counseling skills on VHSNDs VI. Monitor use of TAB & BCC tools in MM & KS meetings VII. Review meeting of 35 Sugamkarta VIII. Handholding training to Sugamkarta
<p>Achievements</p> <ul style="list-style-type: none"> • 18 ANMs, 78 AWWs and 84 ASHA trained. • 2883 VHSNDs monitored • 515 MM and 554 KB held effectively • Hand holding training to 36 sugamkarta provided • Review meetings with 36 Sugamkarta held periodically • 35 Sugamkarta holding Meena Radio Programmes in 35 Middle Schools
<p>Result-3: Improved positive attitude, social norms and practices amongst the marginalised communities</p>
<p>Outputs</p> <ol style="list-style-type: none"> I. 90 percent mother seek immunization services II. 80 percent mothers aware and practice early & exclusive breast feeding and age appropriate complementary feeding III. 80 percent adolescent girls are aware about the menstrual health & hygiene
<p>Process Indicator</p> <ol style="list-style-type: none"> I. 7150 One to one sessions held with family & community members

- II. 2650 One to Group sessions held
- III. 1817 shows of Ammaji Kahtin Hain conducted
- IV. 4740 MHM film based shows conducted

Activities

- I. Conduct one to one sessions
- II. Conduct one to Group sessions
- III. Mini movies and FFL shows conducted
- IV. Pre/post and Exit interviews conducted for 10 percent of total TAB based shows
- V. Tab based FFL IPC videos conducted with adolescent girls

Achievements

- 3130 One to One sessions conducted by ORWs and Swasthya Sakhis
- 2668 One to Group sessions conducted by ORWs and Swasthya Sakhis
- 1992 shows of Ammaji kahtin Hain screened
- 554 Tab Based conducted for adolescent girls in KBs