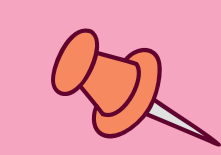


Empowering Particularly Vulnerable Tribal Groups to Improve Nutritional Services and Practices: A Study on Reducing Malnutrition in Etapalli Block of Gadchiroli District



Organization: Amhi Amchya Arogyasathi

Authors: Satish Gogulwar, Bikash Barik and Nilesh Dadarao Tayade

INTRODUCTION

- Gadchiroli is not only one of the poorest and least developed districts of Maharashtra but also India.
- The problems of Gadchiroli are compounded by Left Wing Extremism activities.
- It is often called the 'Kala Pani' of Maharashtra.
- Etapalli block in Gadchiroli is remote, underdeveloped, and home to a large PVTG population.



Poor transportation and communication



Reliance on traditional healers



Limited awareness of health and hygiene

INTERVENTION MODEL

Key Intervention activities

- Conduct baseline survey to assess malnutrition, ANC coverage, and BMI.
- Monthly health monitoring of mothers and children over 2 years.
- Train ASHAs for daily home visits, tracking, counseling, and community engagement.



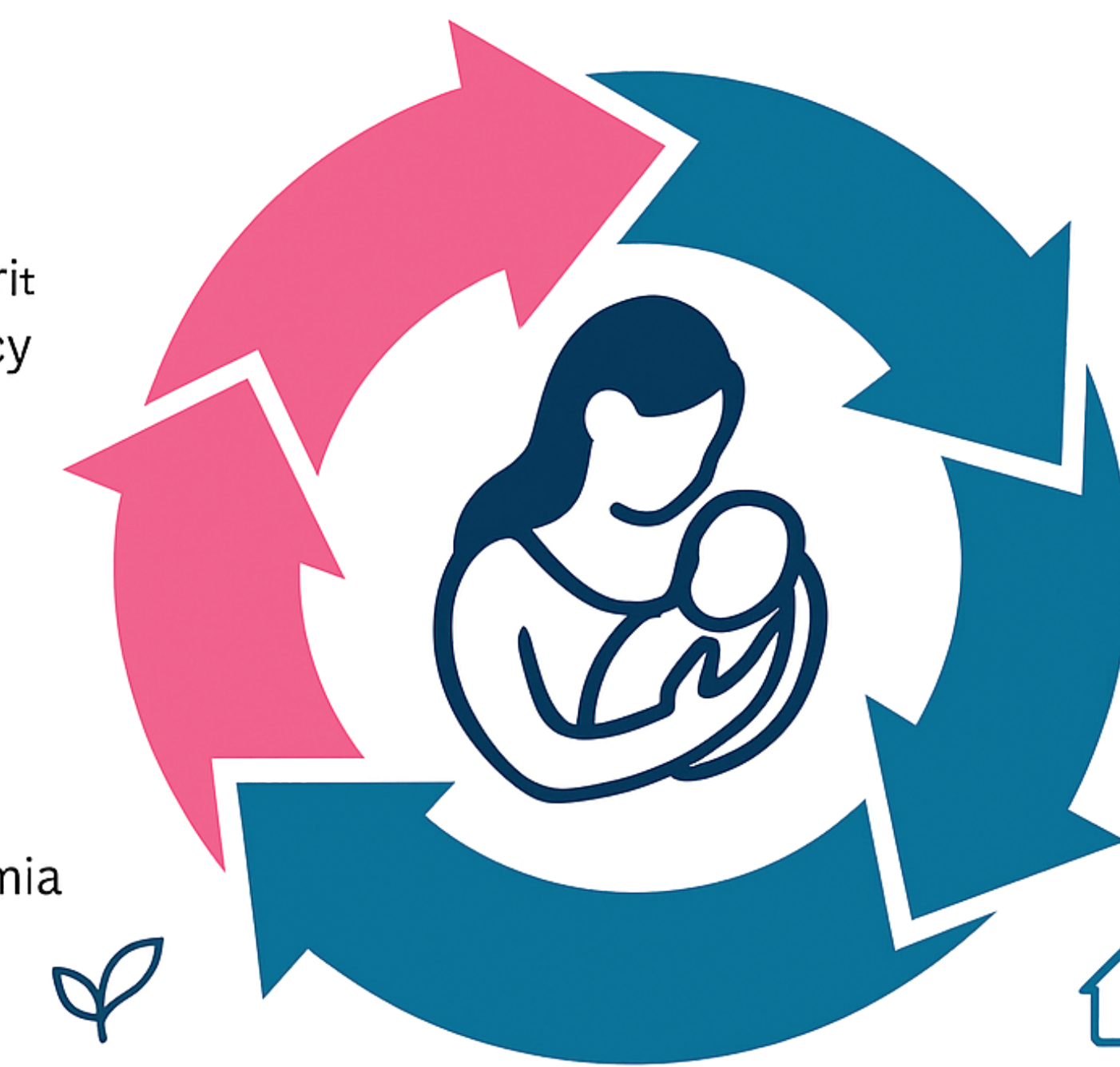
CMAM Model

Community-based care of acute malnutrition to reduce dependency on distant centers



Goli Khilav Abhiyan

Promoting IFA tablet intake to combat anemia



Nutrition Gardens

Encouraging local vegetable growth for diet



Household Counseling

Personalized guidance on maternal, infant, nutrition



Monthly Health Monitoring

Regular tracking of health indicators for timely interventions



Community Awareness

Educating community on key health practices

KEY FINDINGS

Maternal Health

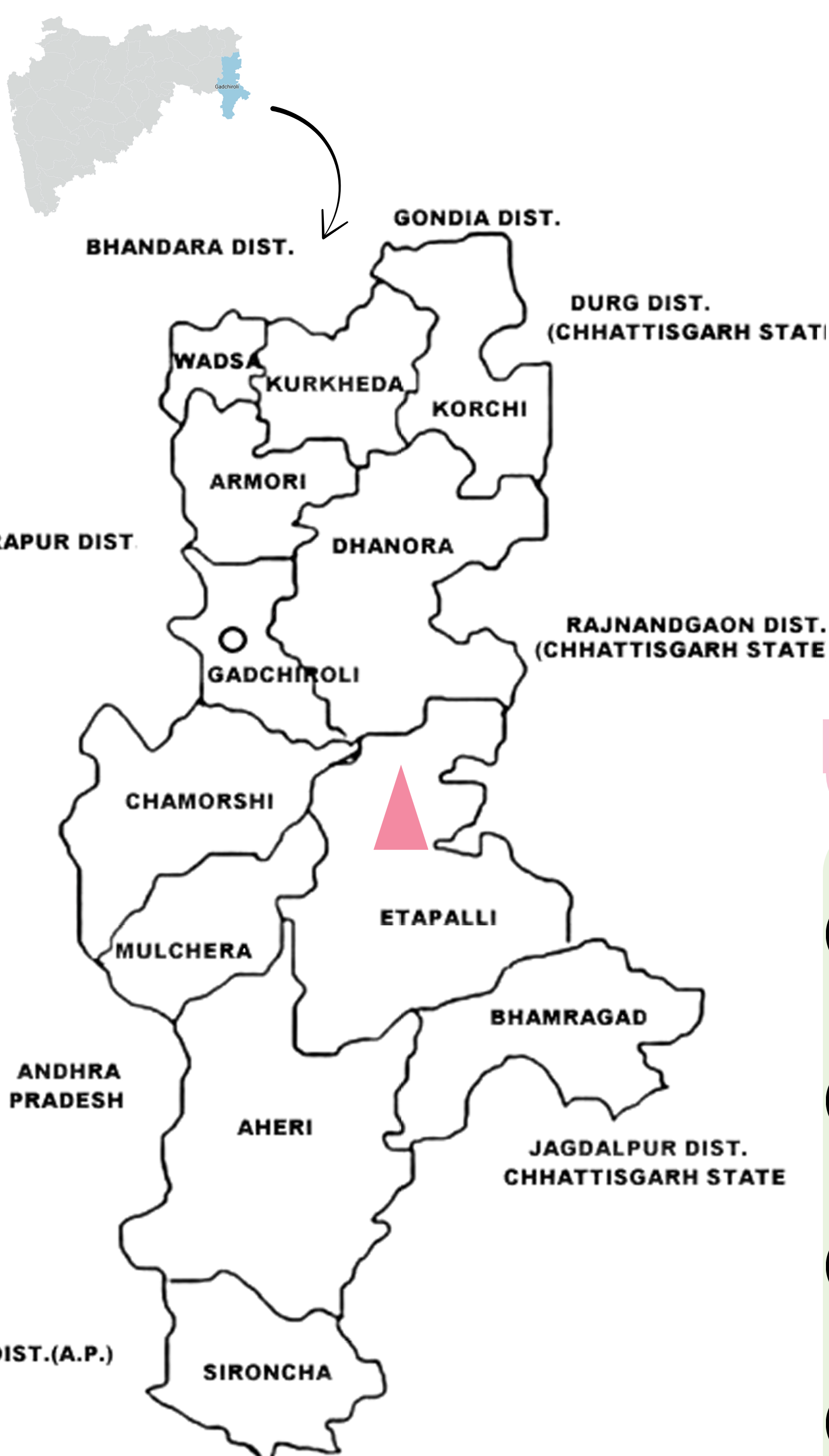
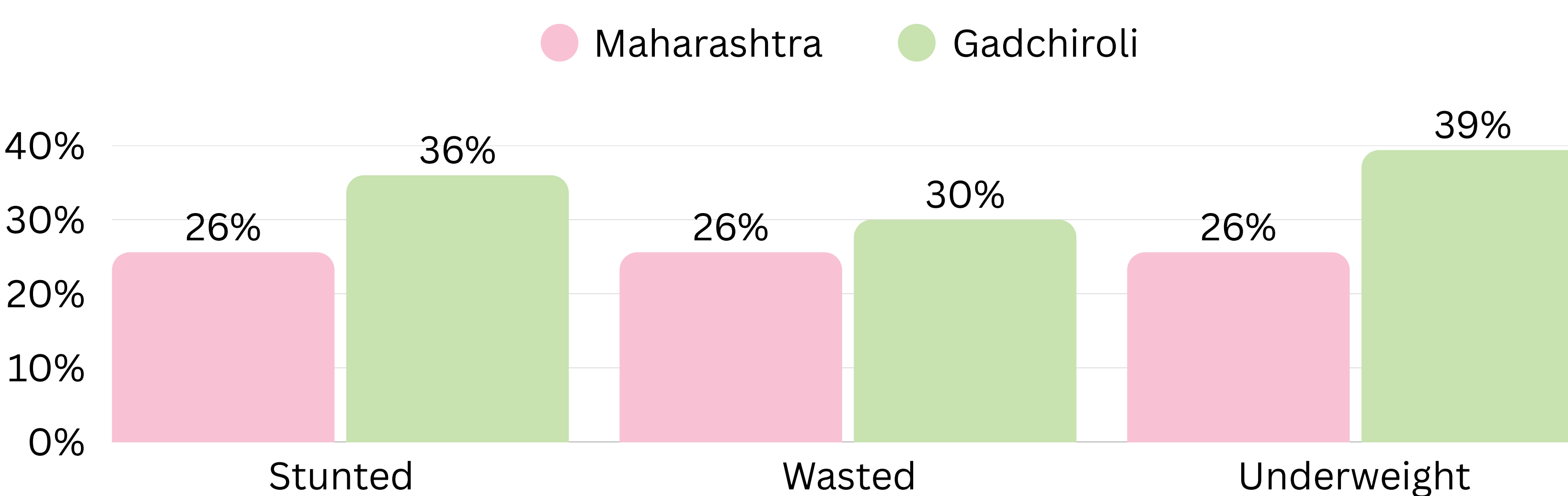
- ANC Coverage at 41–43%, stronger outreach is needed.
- ANC Registration from 63.8% to 65%
- Minor rise in TT Immunization from 71% to 72%

Neonatal & Infant Health

- LBW reduced from 12.4% to 11.9%
- Breastfeeding (1st Hour) High adherence at ~98%.
- Complementary Feeding: Stable at 94%

Nutrition & Supplementary Feeding

- Supplementary Food Uptake increased from 95.7% to 97%.
- Deworming at 100%; full coverage sustained.



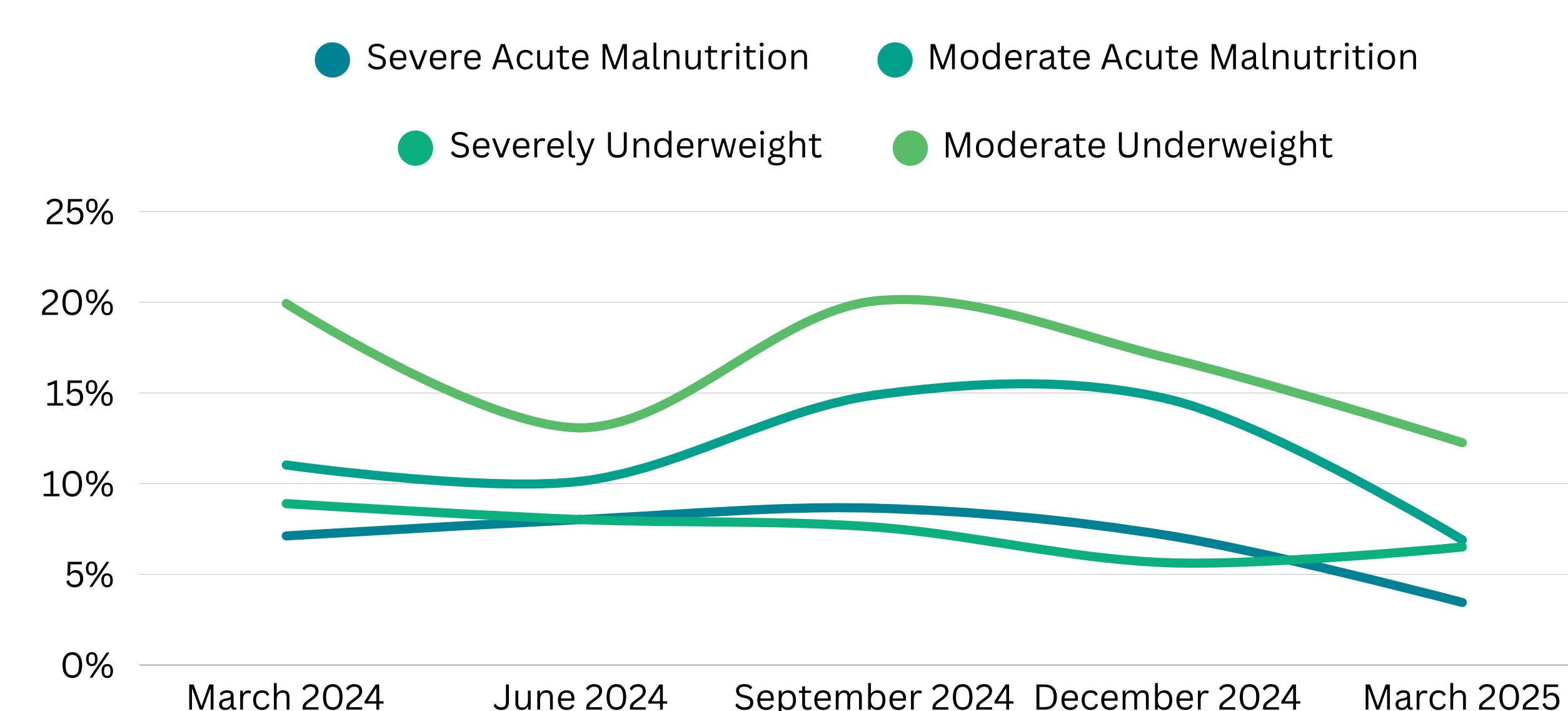
DEMOGRAPHY

- 20 Selected PVTG Villages: High Burden of Malnutrition, Anemia, and Inadequate Maternal Care
- Total Population: 9125
- Households: 1856
- Eligible Couples: 876
 - Male: 4617
 - Female: 4508

OBJECTIVES

- Assess impact on ANC/PNC uptake among PVTG mothers.
- Track reduction in SAM/MAM and SUW/MUW in children (0–24 months).
- Examine changes in feeding practices and influencing factors
- Generate evidence on community-led models and recommend scalable strategies

Trends in Child Malnutrition: March 2024 to March 2025



CONCLUSION

Strengthening ASHA capacity, CMAM implementation, early ANC registration, and IFA consumption not just supplementation remains crucial for long-term impact. **Scaling community-driven strategies** can enhance sustainability

