Covid-19

Integrated Community Health Awareness Program

"करबो मिलके जतन"

Project Report – August 2020 to February 2021

Submitted to:

Azim PremJi Foundation
Raipur, Chhattisgarh

Submitted by:

Kalp Samaj Sevi Sanstha
Janjgir, Chhattisgarh

Contents:

Introduction

Considering the seriousness of COVID-19, Azim Premji Foundation together Kalp Samaj Sevi Sanstha took up the awareness raising campaigns, sensitization and screening process role mainly through the community awareness and community mobalisation program in addition to other activities under the “Integrated Community Health Awareness Program” to combat the disease and to prevent community transmission.

In the first phase of the project Nawagarh block from Janjgir-champa and Balodabazar block from Balodabazar district were selected. This phase was totally emphasized on sensatisation and awareness of the community to fight the pandemic situation of COVID-19. Community mobalisation, capacity building of front line health workers and PRIs, Government departments and various stake holders networking with health institutions and health officials, use of IEC materials, formation and strengthening of village health Key lessons learnt and recommendations obtained from the first phase of the implementation were used in improving the next phase of project implementation program.

Looking at the good results and response from the community after three months of first phase, second phase was implemented in the same blocks addition to two more blocks i.e. Pamgarh from Janjgir Champa district and Kasdol block from Balodabazar Bhatapara district.

In second phase emphasis was given on screening and testing each and every household for early detection of symptoms and timely referrals for treatment to prevent community transmission. Timely guidance and support from concern officials of Azim PremJi foundation at all levels have boosted our morals.

First phase: 1st August 2020 to 31st October 2020

Second phase: 1st November 2020 to 28th February 2021

Project	District	Block	Nagar Panchayat	Gram Panchayat	Villages
Phase I	Janjgir Champa	Nawagarh	3	94	100
	Balodabazar	Balodabazar	1	106	146
	2	**2**	**4**	**200**	**246**

Phase II	Janjgir Champa	Nawagarh	3	94	100
	Janjgir Champa	Pamgarh	2	60	72
	Balodabazar	Balodabazar	1	106	146
	Balodabazar	Kasdol	1	110	206
	2	**4**	**7**	**370**	**524**

First Phase

Training Program

At the beginning of the program in both the stages Azim Premji Foundation have organized three days' capacity building training program for all the field workers of the four blocks. This training was facilitated by Jan Swasthya Sahyog. The main aim of the training was to equip the team members with the right information and to enable them disseminate the same to the communities they are serving, hence the training was meant to serve the field workers with better awareness and step taken in the event of the COVID-19 spread in their working areas.

First Steps..

After completion of three days' capacity building training Meticulous planning was done in order to organise one day orientation program for volunteers who will be working at the grass root level in the villages along with their respective field workers. By the end of this training, volunteers had good basic understanding of Coronavirus disease (COVID-19), Know how it is spread (transmitted) and basics for how to prevent the spread of the disease, how to continue with their daily field work, while applying appropriate infection prevention to minimize risks to themselves and their families. At the end of the orientation program all the ground staff was provided with Flip charts, masks, gloves and sanitizers were given to all the participants. This practice was followed from time to time till end of the project. At ground level field worker were assigned with minimum of 10 and maximum 12 panchayats to be covered. It has been made sure that field workers and volunteers were selected from their own villages and the villages they were working nearby, this has made easy for implementing the program activities, monitoring, follow up and timely guidance.

Strategies and Planning's

- Community mobilization
- To strengthen risk communication and community engagement to facilitate health promotion activities with/ by communities
- Capacity building of front line health workers and PRIs
- Government departments and various stake holders
- Series of meetings and networking with health institutions and health officials
- Networking with concern line departments
- Implementation of key lessons learnt and recommendations obtained from the first phase
- Inclusion of religious leaders, respected elders and influential community members in awareness campaigns
- Strategic use of IEC materials
- The significance of community participation understanding, and behavior change was highlighted

Sensitization and Awareness

Awareness creation is one of effective tool to fight the spread of COVID-19- knowing this all the interventions and activities were focused on the awareness and sensatisation of the community. Planning was done to respond effectively to outbreak and to sensatise the community. Maintaining awareness and vigilance became more important to increase the number of testing at field level to slow the spread of the virus. Special focus was on social and behavior change by raising awareness about symptoms and prevention, encouraging physical distancing, busting myths, and care at home to prevent the spread. Various tools like wall paintings, capacity building on the knowledge of COVID-19 to health workers and PRI members, anganwadi workers, village institutions, contacting various groups at village levels, hand hygiene program door to door campaign, meetings with SHGs, and village committees were contacted, sensatised and capacited. During our door to door campaigns, organisation raised awareness importance of screening and testing, symptoms of COVID-19, six major steps to be taken to avoid the infection, dos and donts outside the home, care to be taken during home quarantine etc. Our Volunteer explains the importance and functions of the Aarogya Setu App and urges everyone to install it in their devices. The importance of social distancing, personal hygiene, intake of a healthy and balanced diet, basic sanitation practices in households were also emphasized in the programs.

The means of spreading awareness was banners, posters, wall paintings, corona rath, were spreading the massages of six major steps to be taken to fight the pandemic. People were encouraged to wash hands frequently, wear masks in public places, avoid meeting people with colds and coughs, observe physical distance, avoid crowded places, and stay home as much as possible Trained village leaders share this life-saving information with the rest of their community during small gatherings, by observing physical distancing and other prevention measures. People were encouraged to wash hands frequently, wear masks in public places, avoid meeting people with colds and coughs, observe physical distance, avoid crowded places, stay home as much as possible, further they were also encouraged for screening and testing to be at safer side. All the frontline health workers and stakeholders have been provided with face masks, gloves sanitizers, and liquid hands wash on regular basis.

Use of IEC Materials

Through this initiative, project aimed to reach the key messages of this campaign to the target communities and encourage them to join the fight in defeating the spread of the virus. Utilisation of various communication modes in local languages to disseminate COVID specific messaging, hand washing with soap, Social distancing, wearing a mask, details of nearby health centers and their contact number etc Wide array of media was used for COVID specific message dissemination like big banners, Posters, flip charts, wall slogans, audio, announcement through kotwar villages, mobile corona rath etc. COVID sensitive communication ensured information dissemination and awareness building among communities and specific target groups.

This messaging focuses on prevention and management of COVID-19. Messages were standardized for delivery. This ensures uniformity in messaging across a wide range of population and platforms. Core messaging has been adapted to reach the most excluded and vulnerable populations. Wall slogans, posters, big banners, are displaced and disseminated at the prominent places' in the village and block level. Miking, loudspeaker announcement through kotwar to reach each and every household and audio specialized mobile auto (Corona Rath) were using music to draw the attention of, and at the same time raise awareness and educate communities on COVID-19 preventative measures, toll free number 1075 was displayed on the walls in time of emergency. Community members were encouraged to draw rangolis and writing poems highlighting key measures.

Capacity Building of Stake holders

Recognized the exceptional role that leaders of village institutions in dealing with the crisis of COVID-19 by disseminating reliable information. Hence, it was decided to build their capacities by endowing them with facts about COVID-19, common symptoms, modes of transmission and key behaviors. On the other hand, frontline mitanin were contacted and capacitated as they understand community and its members and helps community to prevent and respond to diseases, whereas anganwadi teachers have more close and trusted relationship. Orientation of field-level functionaries, community influencers information provided included dispelling myths and rumors, addressing stigma and discrimination, along with preventive behaviors and other

related queries. All the community frontline health workers and stakeholders have been provided with protective gear i.e. face masks, gloves and sanitizers.

Formation and Strengthening of Village Health Committees

Pandemic of COVID-19 has brought huge challenges. The situation in rural areas has become even more challenging due to fear, lack of awareness and right information, spreading of myths etc. in such grave situation strengthening and empowering VHCs and on other hand formation of new village health committees became the prime focus of the project. The main objectives of the VHC were to create an awareness in the village about COVID-19 symptoms, measures to control community spread, role of VHC to analyze key issues and problems pertaining to village level health activities and provide feedback to relevant officials and third to be sustain to take collective action for achieving better health status in the village. Each VHC included representatives from the village Panchayat, Mitanni, SHG member, anganwadi teacher, health worker, and community members. It was also made sure that other community representatives from disadvantaged communities (e.g. scheduled castes, scheduled tribes, minority groups) are included. It was ensured that meetings are held on monthly basis for smooth coordination amongst members for effective decision making in this pandemic situation. This intervention has a focus on community involvement and community mobilization to build awareness about health and COVID-19 and help them find solutions to their problems. It was also important to empower VHCs through training and capacity building initiatives, hence number of capacity building training were held for the VHC members to make them capable of leading their community on village development issues. Continuous inputs and guidance has built up confidence among members which have lead and willingness to take the ownership of their village in this pandemic situation.

In many villages VDCs were successful in convincing the villagers to come together to carry out cleanliness drive in their areas. In some villages VHC members began barricading entry and exits points to prevent visitors from coming in where corona positive patient was found. In some villages they have helped villagers, home quarantine family or individual elderly people, and differently-abled people, to meet their daily requirements as they are the most impacted ones. In many villages they have closed weekly haat bazar, whereas in some village's village health committee members took initiative by going in the village market and requesting people to wear the mask. They have also adopted a creative way to create awareness in the community by painting wall with slogans, by drawing rangolies, by writing pahada about the importance of wearing mask, social distancing and hand hygiene, by singing dohas sending the mgs of

preventions. In some villages VHC members took the initiative by distributing masks in the villages to ensure the safety of villagers. Organisation has successfully formulated and strengthened 370 Village Health Committees (VHCs) at panchayat level in four blocks. They have played supportive role to continue our work of reaching out to our most vulnerable communities in this situation. As on today more than 50% VHC are working actively even after the completion of the program.

Hand Hygiene

Initiatives are taken on by field team for education on the correct techniques for and information on handwashing aimed both at community level and people working within the health sector. Strategically mitanin, anganwadi workers, PRI members of each ward was contacted to cover the village. All the stakeholders were trained on proper hand hygiene.

To make it more effective liquid hand wash were provided to the stakeholders, in the community and health committees. These techniques were also taught to anganwadi children, school going children so as to make them also aware and to keep them safe. Teachers were also provided with liquid hand wash. Campaign included a messages, demonstrations and hand hygiene activities in the various places of villages. The emphasis was given to encourage and supports prompt hand washing and how effective hand washing is crucial to stopping the spread of COVID-19. This continued with the same enthusiasm and commitment widely throughout project period and thereafter.

Community Engagement

Community engagement became a key pillar to the response. Several measures to engage communities were undertaken. Building partnerships with local, and working with the community to implement project activities for behavioral change, initiation of coordinated response mechanism tools was used for sharing health and awareness messages well as moving around the community and for gathering community. Recognized the exceptional role that leaders of village organizations in dealing with the crisis of COVID-19 by disseminating reliable information, hence, it was decided to build their capacities by endowing them with facts about COVID-19, common symptoms, modes of transmission and key behaviors, Organisation has also looped in the religious leaders, members of swachata abhiyan, village elders, influential community members, local healthcare workers, Youth groups, Individual households.

Strengthening collaboration with local health care workers to make sure same messages are passed, including building partnerships with local, and working with the community to implement project activities for behavioral change, initiation of coordinated response mechanism etc. The measures have helped to reignite the importance of community engagement to build trust. These community engagement interventions addressed infection prevention and control through six main channels. Two-ways dialogue with communities and other stakeholders have helped to address rumors and misconceptions. In many villages' principals, teachers, community leaders, took a pledge to follow the major steps and urged people to observe the same. Our Volunteer explains the importance and functions of the Aarogya Setu App and urges everyone to install it in their devices. Our field team use to reach at 7 am in the morning at NREGA working sites for screening. Early morning screenings and sanitizing of the children are conducted in the mohalas schools and in anganwadi centers.

Hand holding with Health and Other line departments

In order to strengthen relationship with district and block health and other concern departments various strategies were followed eg, Series of meetings and discussion rounds were held with district and block CMHOs, BMOs, BPM, PHCs, CHCs, doctor's, and concern health officials.

They were made aware about the screening process and its objectives. Discussions were held how door to door screening process will help for identifying persons with early symptoms and timely referrals which will lead to increase the rate of tastings at community level.

Our role as a supporting partner was emphasized during meetings and discussion. Names and contact numbers of volunteers, field staff and official staffs and list of the villages are provided in all health centers and concern health staff of all the blocks. Regular updates were shared with concern health officials.

Second Phase

Screening and referring people for testing mainly aimed-To identify a condition of the in people in the community who may not be showing any symptoms of COVID-19.

- To identify individuals with mild symptoms.
- To be more cautious and alert for high risk group, so as to take timely necessary actions.
- To encourage people for testing as precautionary measures. Last but not least to prevent the community transmission.

It has been proved that testing highest in kasdol, balodababzar, pamgarh blocks compare to other blocks.

Process

Volunteers were selected from the same village to support the grass root level activities. Necessary inputs and capacity building trainings are given to them so as to make them skill full and efficient. In second phase volunteers were trained on how to check on the body temperatures and oxygen level of the people, while he/she records the findings and advices on the follow up actions required on daily basis. They were provided with thermal gun and oximeter for screening purpose. Screening formats and registers are given to them, where volunteers use to record screening details of the households on that particular day.

They were advised to screen daily minimum 30/35 households. In any case if someone is left or missed the screening round then in that case after finishing the total number of household of the day, volunteers again go to that particular house to screen the person. Screening process is repeatedly done after the completion of total village. Hence every individual of each household is screened for COVID-19 symptoms and risk factors.

In this process high risk group i.e. children, old persons, persons with previous diseases and pregnant women are screened on weekly basis as a precautionary measure. If any symptomatic person is found, then immediately he is advised for medical checkups. The same case is also discussed with mitanin and requests her to guide and support the person and the family.

While conducting screening volunteers were capacited to follow certain steps like, to screen outside in a well-ventilated space and keep a safe distance, wearing mask and gloves, frequent hand hygiene and cleaning of machines to follow. Daily screening data is uploaded in Google form developed by APF.

Strategies for Screening Process

- Series of meetings and discussion rounds were held with CHMOs, BMOs, DPM on aims and objectives of screening process, and how it will help for increasing the rate of testing's.

- All concern health officials were briefed on aims of daily screening process. And our role as a hand holding partner in supporting testing camps, identifying individuals with early symptoms etc.

- Identification of prominent vulnerable groups, namely, children, pregnant women, older people and people with previous diseases are screened regularly on a weekly basis.

- Each and every household and individuals are contacted and motivated for testing before organising the camp in the project implementation blocks.

- Field staff and their family members set the example by doing in the camps in all the blocks.

- Names and contact numbers of volunteers, field staff and official staffs and list of the villages are provided in all health centers and concern health staff of all the blocks.

- One day before camp again community leaders, PRI members, community elders, mitanin, anganwadi teachers, and other stake holders are contacted and reminded.

- Coordination meeting with women and child development department, Anganwadi sarpanch sangh, Mitanin sangh, Anganwadi sangh etc.

- Our field team use to reach at 7 a.m. in the morning at NREGA working sites, early morning schools, mohala classes for screening.

- As on today a part from community mobalisation, in absence of certain testing camp staff organisation filed staff helps on the ground level to the doctors and health workers to do the necessary arrangements, this has helped to boost the morale of the staff of concern PHCs and sub centers.

- Field task force and project team met several times a month to discuss successes, ongoing challenges and to engage in shared-decision making.

- Field staff has conducted screening and arranged testing camps as per the convenient time of the community.

- In case any person is left out for any reason or any house is locked, then after completion of the round of that day that particular house and person is been screened.

Key Results

Balodabazar Block:

Month	Total testing in the camps	Referred by us	No of positive cases
November, 2020	2765	1914	76
December, 2020	3208	2223	35
January, 2021	2314	231	8
Total	**8287**	**4368**	**119**

Pamgarh Block:

Month	Total testing in the camps	Referred by us	No of positive cases
December, 2020	226	140	6
January, 2021	341	220	2
February, 2021	486	391	0
Total	**1053**	**751**	**8**

Kasdol Block:

Month	Total testing in the camps	Referred by us	No of positive cases
December, 2020	394	209	13
January, 2021	974	404	20
February, 2021	662	584	0
Total	**2030**	**1197**	**33**

Nawagarh Block:

Month	Total testing in the camps	Referred by us	No of positive cases
November, 2020	0	193	0
December, 2020	623	256	35
January, 2021	123	93	0
Total	**746**	**542**	**35**

Impact

- It has been proved that compare to other blocks testing highest rates have increased and are highest in project intervention blocks (Balodababzar, pamgarh, kasdol and Navagarh).

- Though at initial stage people were scared, having dought and many misconceptions of screening after certain period of time the intervention was highly acceptable and that their trust increased over time. This resulted in many individuals have disclosed their health status.

- Our intervention and by setting an example (Our field staff and their family members have done COVID-19 test during camps in the villages) have led to increase the testing rate in all project intervention blocks.

- Volunteers gained technical knowledge of checking body temperature and oxygen level, they have also gained self-confidence, overcome their own fear, understood their own village, and learned to respond to community in crisis situation and got the recognition in their own village.

- Mitanins have accepted that they have also learned the techniques of how to take temperature and check the oxygen level as many times they use to accompany the volunteers during screening process.

- Organisations interventions were noted and appreciated by health and other line departments in all four blocks.

- Testing tare are increased in Mohala classes,some reopened schools and on NREGA working sites.

- Block level PHC doctors have started to contact organisations staff regarding conducting testing camps in their periphery.

- Names and numbers of organisations staff are circulated in doctor's network and in whatup groups to get support for organising and testing camp.

- PHCs are sharing timetable of testing with organisations field team.

- In present stage PHC staff are arranging testing camp in panchayat and places as per field staff suggestions.

- Acceptance of doctors, PHCS and related medical staff stating that, organisations interventions have helped to increased number of testing's.

- Vice president of the sarpanch sangh sent massage in sarpanch sangh to support in screening and testing camps in their respective villages.

- In many incidents in absence of certain testing camps staff, organisation field staff supports health officials at ground level this has helped to strengthen our relation with concern PHCs and sub centers.

- Networking with women and child development department has helped to overcome the hurdles at the ground level.

- Block head of Mitanni have instructed mitanin to support screening process.

- During meetings and trainings PRI members motivated people by saying “100/ will be charged if they do testing in the hospital where as testing in the camps are done free of charge”.

- Upsarpanch of Arjuni village visited PHC center and understood the importance of screening and testing.

- Arjuni Sarpanch from in balodabazar district accepted that organisation interventions and screening process have helped to increase the number of testing in his village.

- During sarpanch sangh meeting it was discussed that testing should be made compulsory for everyone in the village.

- Block head of Mitanni have instructed mitanin to support screening process. She also asked mitanin to accompany our volunteers during screening proses so as to identify the people who are having symptoms of fever and cold.

Challenges

- Initially people were very sacred and were not ready to do screening as they were having fear and dought that it is corona test.
- In one village mitanin was instigating and preventing people from screening.
- To convince district administration in supporting call center.
- Initially apathy of PRI members and health officials.
- Health facilities like HSC or PHC are non- functional due to lack of availability/vacant positions of staff.
- People are unable to avail adequate health services due to limited availability of diagnostics and medicines in health centers in some places.

Learning's

- It takes time and skills in facilitation and communication to lead to a village's understanding and ownership of a VHC and Village Health Plan.
- Increase community health education of Do's and Don't of the virus and other major health issues by promotion and sensitization to the grassroots level.
- Stigma within the community is a sign of lack of mass awareness among the people.
- Without regular access to basic hygiene and sanitation could be the main route of spreading the virus.
- Provision of care is also adversely affected in cases where the staff of health facility lacks initiative and is negligent

Annexure: Photos and News Clippings

नईदुनिया 15
बिलासपुर, मंगलवार 16 मार्च, 2021

कोरोना काल में सेवा करने वालों का सम्मान

पामगढ़। सम्मानित करते सदस्य ● नईदुनिया

पामगढ़ (नईदुनिया न्यूज)। स्वास्थ्य विभाग के अधिकारी कर्मचारियों ने किया कल्प समाज सेवी संस्था के कार्यों के लिए धन्यवाद दिया। कोविड–19 के कोरोनावायरस संकट अवस्था में संस्था ने पामगढ़ विकासखंड के 60 पंचायत व 12 आश्रित ग्रामों में प्रत्येक गांव के सदस्यों का आक्सीमीटर, टेंपरेचर, टेस्ट करके प्रत्येक महिला पुरुष बधों व संवेदनशील व्यक्तियों की स्थिति की भी जानकारी ली थी। मास्क, ग्लब्स, सेनीटाइजर का वितरण भी इनके द्वारा भी किया गया था। पामगढ़ के बीएमओ डॉ सौरव यादव, बीपीएम डा नेहा ठाकुर ने इस संस्था के कार्यों की और डायरेक्टर अभिषेक यादव और प्रोग्राम कोऑर्डिनेटर कविता के मार्गदर्शन में हरि शंकर कश्यप फील्ड कोऑर्डिनेटर, नीतू भारद्वाज, महेंद्र कुमार प्रवीण लहरे, अनिल कुमार टंडन, विजयकांत धीवर, प्रमोद कुमार को धन्यवाद दिया और इस सेवा के लिए उन्हें प्रमाण पत्र दिया।

हाट बाजारों में जाकर कोविड 19 से बचाव के लिए कर रहे सतर्क

रिगनी@ पत्रिका. ग्राम पंचायत रिगनी के हाट बाजारों में कल्प समाज सेवी संस्था के कार्यकर्ता मेलाराम कश्यप द्वारा प्रतिदिन निरीक्षण किया जा रहा है। हाट बाजारों में जाकर सोशल डिस्टेंट का पालन कराया जा रहा है।

कोरोना वायरस संक्रमण की रोकथाम के लिए ग्रामीण अंचल में लगने वाले हाट बाजारों को पूर्व में बंद का दिया गया था, लेकिन अब हाट बाजार लगाने की अनुमति तो प्रदान कर दी गई है, लेकिन यहां दुकानदार प्रशासन द्वारा निर्धारित किए गए नियमों को ताख में रखकर व्यापार कर रहे हैं। ना तो दुकानदार मुंह पर मास्क लगा रहे हैं और न ही दुकानों पर पहुंचने वाले ग्राहक। यहां तक की बाजार में भीड़ होने से सोशल डिस्टेंसिंग का पालन तक नहीं हो रहा है। ग्राहक एक दूसरे से सटकर खरीदी कर करते नजर आते हैं। इससे ग्रामीण अंचल में कोरोना का संक्रमण बढ़ सकता है। जिले में आधा दर्जन से अधिक गांवों में कोरोना ने दस्तक दे दी है। इसके बावजूद ग्रामीण क्षेत्र में लोगों द्वारा लापरवाही बरती जा रही है। बाजार रिगनी में इस प्रकार की स्थिति देखी गई। ग्राम पंचायत रिगनी के हाट बाजार में आने वाले व्यापारियों को निर्देशित किया था कि मास्क लगाना अनिवार्य है एवं सोशल डिस्टेंसिंग का पालन करते हुए व्यापार करना है, लेकिन इन निर्देशों का पालन रिगनी के हाट बाजार में नहीं किया जा रहा है। ना तो व्यापारी मास्क लगा रहे और न ही सोशल डिस्टेंसिंग का पालन कर रहे हैं। कल्प समाज सेवी संस्था द्वारा ग्राम पंचायत रिगनी में सोमवार को लगने वाला हाट बाजार में लगने वाले हाट बाजार में एक दिन निरीक्षण गया था जिसमें मुख्य रूप से कोविड 19 के बचाव के तरीके के बारे में जानकारी दी गई। जिसमे बता कि कोरोना से बचना है तो सभी मास्क पहनना होगा। मास्क पहनने का भी तरीका है। मास्क पहनने से पहले हाथ अच्छी तरह से साफ करने चाहिए।

जांजगीर चांपा

पहल • कोरोना संक्रमण व सरकारी योजनाओं के प्रति लोगों को कर रहे जागरूक यो

स्वयंसेवी संस्था के वालंटियर गांवों में जाकर दे रहे योजनाओं की जानकारी

प्रशिक्षण में महिलाओं को दी गई स्वच्छता की जानकारी

पामगढ़। प्रशिक्षण में उपस्थित महिलाएं ● नईदुनिया

पामगढ़ (नईदुनिया न्यूज)। कल्प सेवी समाज संस्था के द्वारा चंडीपारा में बिहान महिला समूह की महिलाओं का तीन दिवसीय प्रशिक्षण शिविर का आयोजन किया गया। शिविर में कल्प समाज संस्था के फील्ड कोआर्डिनेटर अनिल कुमार टंडन व प्रमोद कुमार धीवर ने प्रशिक्षण में महिलाओं को स्कैनिंग, आक्सीमीटर, जागरूकता अभियान, कोरोना टेस्ट शिविर, हाथ धुलाई कार्यक्रम मास्क, सेनिटाइजर का सही उपयोग करना चाहिए इसकी जानकारी दी गई। शिविर में अनीता खरे, ज्ञान बाई दिवाकर, सरोजिनी डहरिया, मीनू वर्मा, प्रियंका खरे, भुनेश्वरी कश्यप, दूज भाई खरे, सकरी महिला मंडल व बैंक सखी मित्र सहित विभिन्न महिला समूह की महिलाएं उपस्थित थे।

आयोजन

- कल्पसेवी समाज के संस्थाओं द्वारा चंडीपारा में दिया गया प्रशिक्षण
- तीन दिवसीय शिविर में मास्क के सही उपयोग की दी गई जानकारी