Annual

Narrative Report for the period of

December 2020 to November 2021

Project Title:
"Community Empowerment for sustainable Reproductive & Child Health (RCH) in Kandhamal and Sundargarh districts of Orissa"

Project Reference No.321-109-1036ZG

Supported by:
MISEREOR, Germany

Project implemented by:
Orissa Catholic Health Association (OCHA)
HIG-43, K6, Kalinga Vihar, Patrapada, Bhubaneswar, Odisha, India

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1. Formal details

1.1 Name of partner organization: Orissa Catholic Health Association (OCHA)	
1.2 Project title : "Community Empowerment for Sustainable Reproductive & Child Health (RCH) in Kandhamal and Sundargarh districts of Orissa" Project number: 321-109-1036ZG	
1.**3 Reporting period: From December 2020 to November 2021.**	
1.4 Brief description of how the report was prepared	The Annual report is the compilation of six-monthly reports and all the activities conducted during this time. During half yearly review meeting of the project, key information and data were collected from the field with the help of health supervisors. The same data and information were being verified by the State programme Manager of OCHA.The compiled data were analyzed both quantitatively and qualitatively by the programme manager at OCHA in order to prepare the report. The whole report was being reviewed by the Director of OCHA before finalizing.

2. Changes in the project setting

2.1 Important changes in the project setting	There were some changes during the project implementation at staff level. • In 5 Villages, Health Workers were changed due to the personal reason • 9 Centre Level Supervisors have been transferred as per the religious guideline. • Due to FCRA account problem, Kiralaga health centre was given to Pandripali health centre (from April 2021 onwards) of Sundargarh District.They had the same project earlier also, so they are not new to this project.
2.2 Important changes within the partner organization	There are no changes atthe Partner Organization level.

3**. Implementing the project and achieving its objectives**:

Objective 1 Increased number of pregnant women, new-born, children and adolescents especially from marginalized	**Key achievements under Objective 1:** • 1873 (87%) pregnant mothers out of 2139 who had 4 antenatal care visits • 1372 (64%) pregnant mothers out of 2139mothers availed facility

groups receive essential package of quality Reproductive, Maternal, New born, Child & Adolescent Health (RMNCH+A) services Indicators : 1,1. 60% of pregnant women have received full antenatal care 1. 2: 30% less of the pregnant women suffer from anemia.	of Institutional delivery received financial assistance under JSY and Mamata Yojana and postnatal care within 2 days of delivery. • 1372 (64%) New born babies received health check- up froma Health personnel within 2 days of birth • 1372 New born babies breastfed within one hour of birth. • Out of 2193 pregnant women ……have received full antenatal care • Out of 2193 pregnant women, only…. pregnant women have some symptoms of anaemia
Objective 2 Increased number new-born babies and children especially from the marginalized groups receive quality immunization and package of other essential services for addressing common childhood illnesses Indicators: 2.1 90% of children aged 12-23 months are fully immunized. 2.2. The percentage of children under 5 years who are underweight has gone down to 30% in the project area (baseline: Sundargarh 44.2%, Kandhamal 42.7%).	**Key achievements under Objective 2:** • 1588 children under five years who are underweight were identified. • Total 1588 children under the age of five received supplementary nutrition. • 303 household preparing and feeding <5 children with homemade Horlicks or locally available nutritional food. • 915 children improved and became healthier by feeding homemade Horlicks. • 1323 children up to age of 6 months were given exclusive breastfeeding. • 2209 children received BCG, DPT, Polio and Measles. • 2089 children received Hep. B • 1873 mothers attended the MamataDivas, have received proper orientation on immunization and received government facilities like: TT and Nutritional supplements. • All the Children in the targeted areawere immunized completely according to the immunization schedules.
Objective 3 Improve knowledge, attitudes and behavior, in relation to Sexual and Reproductive Health among adolescent girls and boys Indicators: 3.1. 70% of adolescent girls know about more hygienic methods of menstrual protection and use them.	**Key achievements under Objectives 3:** • 3643 Adolescents boys and girls gained knowledge on adolescent reproductive health. • 3174 adolescents comprising of 2036 girls and 1138 boys got knowledge on their physical growth and mental development, HIV/AIDS, Malaria, tuberculosis, disadvantage of smoking, chewing tobacco, early marriage and inputs on Covid -19 • 3174(87%) Adolescent girls and boys have improved health status and understood the consequence of early marriage.

3.2. 60% of adolescents have basic knowledge about health issues concerning them.	
Objective 4 27 Federations of village health Committees engaged to support health facilities and health workers ensure that pregnant women, New-born and adolescents receive quality Maternal, New-born and adolescent Health care services as foreseen by government programmes and policies. Indicators: 4.1. 27 Federations of Village Health Committees are formed and meet regularly. 4.2. The activities of the 27 Federations of Village Health Committees are documented.	**Key achievements under Objective 4:** • Block Level Federation of Village Health Committees have pro-actively identified the health issues of pregnant women, lactating mothers, adolescent girls, boys and children. • Block level Federation of Village Health Committees are educating community on health services and from time to time having dialogue with the health department to resolve different issues related to the service delivery process of health unit at village/panchayat/block and district level. This Initiates of Federation have improved the health service delivery in the community • Federation of Village Health Committees are formed and 80% Village Health Committees have better networking and linkages with government personnel like (ANMs, ASHAs and AWWs) • Federation of village health Committees are now facilitating as community health agent to help the needy pregnant women for safe delivery with the active support of ASHAs and ANMs. • Village Health Committees engage and mobilize communities to limit Covid- 19 transmission towards better health of the marginalized people who are living in the remote areas.

Major Activities Conducted during the period (December 2020- November 2021)are mentioned below:

1. Health Education for ANC and PNC: 3
2. Preparation and distribution of Home Made Horlicks: 3
3. Treatment and Follow up of Severe Acute Malnourished Children: 2
4. Training of Adolescents both boys and girls : 3
5. Formation and strengthening Block Level Federation of Village Health Committees: 1
6. Half yearly Centre Level review and planning Meeting : 2
7. Quarterly District level Review meeting conducted for two Districts: 3

Activities	Outputs
Organize awareness programmefor pregnant women, PNC mothers in collaboration with Govt. Primary Health Centers  .	• 27 health centers successfully conducted the programme with the collaboration of government primary health centers, Anganwadi workers and ASHAs.  • 1502 women participatedand learned about the ANC Care and sensitized about Institutional delivery. • Out of total 1502 mothers, 686 ANC mothers became aware on ANC care, Institutional Delivery, Gestational Diabetes, Hypertension, other complication during pregnancy,about Janani SurakhyaYojna and its benefits and Pradhan Mantri SurakhitaMatrutwaYojna (PMSMY). • 919 PNC mothers oriented about home based neonatal care, importance of breast feeding, weaning, immunization and Village Health Nutrition Day (VHND) session.
Preparation and distribution of Homemade Horlicks.	• 27 Health Centers conducted 27 training sessions for the preparation of homemade Horlicks by using locally available ingredients.  • A total of 1902 malnourished children identified. • A total of 1902 malnourished children received nutritional food and homemade balanced health mixedby the locally available nutrients, out of total children 1104 were female children and 798 are male children. • Out total malnourished children, 1514 children are in grade III, and 388 children are in grade II of malnutrition. • Out of 1902 children received Homemade Horlicks • A Total of 1418 malnourished children are increasing the weight as per normal grade.

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<td>Treatment and follow up of severely Malnourished children.
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Total 1439 SAM children were treated for various health condition and multivitamin and other medication given in collaboration with primary health centers, Anganwadi Workers and ANMs.
Out of total 1439 children, 703 were male children and 736 were female children. Parents were oriented about how to take care of the health of their children and time to seek proper medical care.
915 64%) severely acute malnourished (SAM) children have increased their weight in to normal grade by giving medicine and protein powder; mothers were pleased to see the weight gain of their children.

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<td>Formation and strengthening Block Level Federation of Village Health Committees.</td>
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Total 27 meeting has been conducted by 27 health centers inviting key stakeholder of the project including medical officers, block programme management unit of NRHM, Health Supervisors PRI Representative, teachers, Youth leaders, Local health functionaries and target groups.
Total 1022 participants from 27 Health Centers participated from two Districts.


Committee Members developed their understanding on following points:

Role and responsible of the Block level federation for the villages
Way of Identifying the village issues and plan for the resolving the issues.
Effective ways to implement all the schemes and programme
Discussion happened on local specific problems on RCH in detail and realistic action plan have been prepared.
Members are capable to identify different issues in some extend with regards to health in the villages.
270 village health committees are formed and are active in addressing the issues of mother and child health

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<td>Training of Adolescent Health to both boys and Girls
 
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<td>The training of adolescent girls and boys were conducted by 27 Health Centers.
Participants from 270 villages covering total 4315 adolescents' boys 1622 and girls 2693. They were imparted with knowledge on various topics like Adolescent health, gender based violence personal hygiene, life skill education and awareness on Covid 19.
Out of 1154 youth boys 494 and girls 660 Supported with vocational training like tailoring, embroidery and welding with Government convergence in block level.  </td>
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<td>Block level workshop on RCH</td>
<td>27 Block level workshop on RCH programme were successfully conducted with local stake holders and Village Health Committees. The main aim of the programme is to provide a comprehension on different components of RCH like:
1. Maternal Health
2. Child Health
3. Adolescents Health.
Benefits for ANC and PNC, Janani SurkhyaYojna. It was also discussed, the effective ways to implement all schemes and programmes.
 
Total 1188 participants were oriented about different components of the programme.</td>
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<td>Half yearly Centre level review meeting</td>
<td>The Half yearly Centre level review meeting was conducted by the Centre level supervisors at Health Centre level. The purpose of the meeting was to evaluate the work done by health centers, challenges faced by the village health worker and Centre level supervisor while implementing the programme and find out the solution and plan for the future for smooth implementation of project.</td>
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Quarterly review meeting 	27 Centre level supervisors participated in the review meeting. The objective of the review meeting is mentioned below:  1. To monitor the activities of Health Centers,, 2. To evaluate the work done by health centers, challenges faced and finding ways for solution 3. Future plan for smooth implementation of project. Review meeting helped the health supervisors to realize the gaps in the implementation and develop strategy to execute the programmes in a better way.

4. Conclusion.

4.1 Lessons learned within the project	Promotion of village health committee brought people together and created a sense of unity towards working for the better health of the community. Not only the core health indicators focused as well as the determinants of health was taken care by the field staffs. Village health committee members felt more responsible, when they became the part of the group. It encouraged them to identify health services related issues, especially existing in health service delivery system Committee members involved concerned government officials and other stakeholders in order to achieve larger village interest. During the covid-19 situation, the team members followed covid guidelines formulated by the state government in every field and related activities. The most vulnerable were being identified with the help of the community volunteers for the relief support also forliasoning with different donors. In initial phase the project activities suffered as there was lockdown enforced by state government. The regular follow up was carried out by programme manager to complete the activities on time. The work of health supervisors and health workers is really commendable, in the second surge of covid-19. The project team tried their best to ensure health services for women and children through the representative of village health committee. During this period the awareness was mostly on Covid-19 guidelines, prevention and precaution. OCHA encouraged the health workers and health supervisors to undergo Covid screening if any signs of Covid -19 by Rapid Antigen Test and advised to take the vaccine as early as possible. Networking with GOs and NGOs has become stronger to access the health

	facilities. Federation of village health Committees is now facilitating as community health agents to help the needy pregnant women for safe delivery with the active support of ASHAs and ANMs.

Gaps /Challenges of the project:

1. Since Covid-19 brought many restrictions, we stopped activities in mass gathering, but coordinated with health personnel to ensure health services of mother and child.
2. Health supervisors both at centre and village level started doing home visit for the families, who really need some kind of support for mothers and children. It helped to meet personally with the beneficiary, based on their problem.
3. Poor accessibility for Antenatal care due to Covid -19
4. Lack of safe delivery practices.
5. Poor nutritional status for five children.
6. Lack of transport facilities for implementation of the programme due to covid-19
7. Holding public meetings and other activities got affected due to covid-19
8. It was observed that, Block level federation of the village health committees need to be more proactive in terms of showing pro activeness towards monitoring health services, provided by Government

Networking and linkages part with different organizations and Government systems:

- OCHA has a strong networking system with other likeminded NGOs and line departments like ICDS and NHM, and Supervisors and Village Health Workers were imparted with knowledge on various government schemes that disseminated in the target groups
- Through this project OCHA has been able to strengthen the village health committees and federation level village health committees to certain extent, who are identifying the health issues of pregnant women, lactating mothers, adolescent girls, boys and children. So that, community people access quality health services at due time without any discrimination
- OCHA Implements the programme in Networking and collaboration with the Government health departments, especially villages, panchayat at block, so that our target groups need to be taken care for better achievements.
- Due to the second wave of corona many have lost their livelihood and many were no able to get better health services, at this critical situation, OCHA took initiative through federation of Village Health Committees to ensure better health of the marginalized in Networking and linkages with different Government departments.

Sr. Teresa Lakra H M.
President OCHA.