

## ACTIVITY REPORT

(APR2022-MARCH 2023 )

PROJECT TITLE: COMMUNITY EMPOWERMENT FOR SUSTAINABLE REPRODUCTIVE AND CHILD HEALTH IN  
ODISHA,INDIA



*Project implemented by:*

***Orissa Catholic Health Association (OCHA)***

HIG-43, K6, Kalinga Vihar, Patrapada, Bhubaneswar, Odisha, India

### General information:

|   |                                                          |                                                                                                      |
|---|----------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| 1 | Title of the project                                     | Community Empowerment for Sustainable Reproductive and Child Health in 14 districts of Odisha ,India |
| 2 | Name of the Organization                                 | ORISSA CATHOLIC HEALTH ASSOCIATION (OCHA)                                                            |
| 3 | Address                                                  | Plot No- HIG 43, k6, KalingaVihar, ,Patrapada, Bhubaneswar, Odisha. 751019                           |
| 4 | Email and Phone Number                                   | <a href="mailto:ochaodisha@gmail.com">ochaodisha@gmail.com</a><br>+91 94393 71943                    |
| 5 | Name of the Director/ Chief Functionary / Project Holder | Sr.Sisily John                                                                                       |
| 6 | Target Group / location                                  | Women ,children and youth in 14districts ,Villages-520                                               |

**Project Goal:**

Pregnant women, newborns, children and adolescents, especially from marginalized groups are having better health and accessibility of quality health services in the targeted 14 districts of Odisha

**Specific Objectives:**

**Objectives 1:** Pregnant women, newborn, children and adolescents especially from marginalized groups of 520 project villages have increased and continued access to RMNCHA services (immunization, prenatal and postnatal care, institutional delivery and management of childhood illnesses) within a risk-free environment during COVID and post-COVID situation.

**Objective 2:** The nutrition status of malnourished children has improved.

**Objective 3:** The knowledge, attitudes and behavior in relation to sexual and reproductive health among adolescent girls and boys (16,000 girls, 10,000 boys) of 520 villages is improved.

**Objective 4:** Federations of village health committees, village health committees and other stakeholders advocate successfully for improvements with regard to the coverage and quality of RMNCH+A services.

**Summary of the Activities :****Block level Workshop on RCH and Covid-19 Risk Mitigation**

The Block level workshop on RCH has been already conducted in all the 52 health centres. In this program 1898 people have been reached, out of which 852 are male and 1046 are female.



**Points covered were as follows:**

- Maternal health-Routine vaccination
- Child health-Issue of malnutrition and different types of vaccination
- Safe motherhood and survivility of children
- Different schemes related to the mother and children ,specifically for the state of Odisha

**Key schemes discussed:**

- Mamta scheme
- JSY
- JSSK
- Ama Kunipila

**Key outputs of the meeting:**

- Understanding on different health schemes has improved in 378 villages as per the feedback received from the village health committee and Village health workers
- It was observed that,in more than 298villages ,support of grassroot level health workers of the Government has improved a lot.
- ANC and PNC services have improved ,due to which almost 92% of the eligible pregnant women and mothers are getting services on time.

**Training on vaccine preventable diseases and child hood diarrhea to mother and village health worker**

Under this activity a total of 2094 people have been reached ,out of which 29 are male ad 2065 are females,all ofthenwere being oriented on different VPD (Vaccine Preventable diseases). This programme has improved vaccination in 412 villages as participants list of the activity says.



**Followings are some of the VPD related topics, on which discussion happened:**

- Need and Importance of Vaccination
- Types of vaccine given to pregnant women (TT1, TT2 etc.)
- Different types of Vaccine given to children upto 23 months of the birth (BCG, OPV-O and Hepatitis B dose, fIPV-1,2, MR1, JE1, MR 2, JE 2, DPT-B, OPV-B etc.)

**Key Outputs of the program:**

- Mothers who participated in the training programme decided to share on VPD in their own community, which is a self-motivated initiative. Mostly the SHG mothers take good initiative on this.
- As compared to fathers, mothers found to be so serious about the vaccination of their children
- Vaccination has improved in 475 villages

#### **Preparation and distribution of homemade horlicks or locally available nutrient food**

Under this activity a total of 6260 children were supported with homemade horlicks, where 2727 were male child and 3533 were female child.



During the training mothers were taught on ,how to make homemade Horlicks practically by using locally available resources ,so that it become easy for them to prepare it on regular basis for their children.They were also explained on different ingredients ,availablelocally,which have nutritional values.

**Key Learnings from the training:**

- Local ingredients ,which are available at low cost and have nutrional value
- How to practically prepare homemade Horlicks by using local resources
- The way of feeding children along with the quantity and number of times

**Key Outputs:**

- 1099 male children have improved in their health as per the expectation
- 3011 female children have improved in their health as per the expectation

**Promotion of kitchen garden (Beans, Birnjal,chilli, Green leaves, Carrots seed, Ground nut, ledysfingerr, Papaya Plant, Drumstick plant, Lemon Plant)**

Under this activity a total of 300 women were supported with seeds and plants.The selection of the beneficiaries was based on their interest and having some place near to their house ,where vegetables can be grown.



**Following seeds and plants were being given to 300 women:**

- Seeds like Birnjal, chilli, Green leaves, Carrots seed, Ground nut, ledysfingerr
- Papaya Plant,
- Drumstick Plant
- Lemon plant



**Output:**

- Out of 300 women 189 women have been able to maintain the kitchen garden well
- 68 women said ,theyare able to earn around INR 500 per month from the kitchen apart from the consumption
- Out of 300 women 64 women are able tosell somevegetables from their kitchen garden,which have added some income to their family.
- 53 women have expended their kitchen garden by invetsing some resources from their own

**Treatment and follow up of severely/acute malnourished children 24 children/ year**

Under this program 2153 children were being supported with vitamin syrup ,where 995 were boys and 1158 were girls.



In this program the malnourished children were being identified in coordination with Anganwadi worker and the village health workers, the most vulnerable children were being supported with vitamin tonic and Horlicks. Mothers were also educated on balanced diet which can be provided to their children which are easily available at the local area at low cost.

#### Key Outputs:

- 2153 malnourished children in 520 villages received vitamin tonic
- Mothers improved their knowledge on balanced diet, it was found that, in more than 297 villages, mothers are trying to follow the balanced diet for their children.
- Mothers developed their understanding about the food habit which they need to follow, so that they do not become weak and take care of the children on a regular basis.

#### Half yearly diocesan level review and monitoring meeting (health supervisors and village health workers)

Half yearly review meeting have been organized during the reporting period:

#### Highlights of the meeting:

- Activity reporting format
- Results reporting format
- Progress of six months with regards to results and activities
- Formation of village health committees

- Status of malnourished children and the support provided to them
- Participating of Women in village health committee



### **Orientation Training on Extension project at diocesan level for health supervisors**

The project orientation was being organized in the month of January 2022 for all the 52 Health Supervisors at cluster level , all the health supervisors had participated in this orientation program.



### **Following points were discussed in detailed:**

- Goal, Objectives, outputs and Indicators of each result
- Activities with regards to every results
- Strategy of the project
- Primary and Secondary stakeholders (Direct and Indirect beneficiaries)

- Monitoring plan
- Monthly planning and reporting
- Case study developing
- Financial management

This orientation helped each participant to understand every expected result and target to be achieved under each result.



Participants clarified their doubts on areas and target groups (women, children and adolescent) to be covered. Next six-month action plan of the project (Detailed implementation plan) was also prepared with the support of the health supervisors

#### **Annual Centre level review and Planning meeting**

It was centre level annual review meeting ,which was organised in each centre.In this meeting VHC members along with village health workers and health supervisors had participated. A total of 819 participants had joined in this this meeting.



#### **Key points discussed in the review meeting:**

- Networking with Government grassroots level health staff
- Roles and responsibilities of the volunteers
- Cleanliness of the villages
- Health services of the Government and few challenges at village level
- Health Services through Anganwadi
- Water issues of the villages ,which generally come during summer season

#### **Key Outputs:**

- For village health committee meeting ,all decided to have it in the first week of every month,where report will be properly written along with action points by Village Health worker
- It was decided to keep only one health related agenda per month to work on
- It was decided in 27 health centers that ,once in every month cleanliness of the village will be done collectively and on that day only,VHC meeting will be done
- Major work of health centres were related to drinking water ,cleaning of bore well ,ponds and village roads,identifying malnourished children and refering to the health centres or Anganwadi centres and monitoring child marriage in the village.

**Quarterly Diocesan level review and planning meeting (only health supervisors)**

The quarterly review meeting was organized for all the Centre level Health Supervisors as per the plan during the reporting period.



Following points were being discussed during the review meeting:

- Progress against all results and indicators
- Clarity on the project results, activities and strategy
- Status of baseline data collection
- Issues and challenges faced
- Learning from the project
- Discussion on different reporting formats

The Health Supervisors and Village Health Workers have better clarity on each result and activities, many of them have been working since long time, so they have good rapport with the community.



All activities have been successfully executed, where Government level staff both at village /Panchayat/block level had participated. The Health Supervisors are getting better cooperation from the Government department. In few villages it was found non-cooperation from the PRI members and villagers, but slowly they have started cooperating.

