ANNUAL PROGRESS REPORT

(April 2021-March2022)

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

PROJECT NO.321-109-1043 ZG and IND 76239

Supported by:

MISEREOR
IHR HILFSWERK

Manos Unidas

Implemented by:

Project implemented by:

Orissa Catholic Health Association (OCHA)

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

Acronyms:

Sl.No.	Acronyms	Full form
1	BDO	Block Development Officer
2	RMNCH+A	Reproductive, Maternal, Newborn Child plus Adolescent Health
3	ANC	Antenatal care
4	PNC	Postnatal Care
5	VHC	Village Health Committee
6	PRI	Panchayati Raj Institution
7	CBO	Community Based Organizations
8	ASHA	Accredited Social Health Activist
9	AWW	Anganwadi Worker

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
3	Address	Plot No- HIG 43, k6, KalingaVihar, ,Patrapada, Bhubaneswar, Odisha. 751019
4	Email and Phone Number	ochaodisha@gmail.com +91 94393 71943
5	Name of the Director/ Chief Functionary / Project Holder	Sr.Sisily John
6	Target Group / location	Women ,children and youth in 14 districts ,Blocks-46,Panchayat-106 ,Villages-520
7	Total Amount received	MISEREOR -
		MANOS UNIDAS -

Background of the project:

Poor health situation of the project area continues to have major contribution to the high burden of infant and maternal mortality and morbidity of the district health scenario. Malnutrition is prevalent among the children under five years, adolescent girls and women between reproductive age group in the districts. One of major cause of infant and maternal mortality and morbidity is malnutritionwhich ,which is leading to other health complications.As the villages are situated in far flung areas without conveyance facilities people have little access to government health facilities. Besides, almost one-fourth children are either unimmunized or partially immunized for vaccine preventable diseases. Three-fourth of total children between age 6-59

months and two-third of women in reproductive age group are anemic in most of the targated districts.The main source of livelihood in Odisha is agriculture but in the project targated districts ,main source of livelihood is daily wage labour.Generally migration is very common in the state of Odisha,which is due to the lack of sufficient livelihood opportunities,espcailly in the project intervensionareas.With regards to the health indicators, Odisha depict poor health scenario and very pathetic. As per SRS data (SRS Bulletin, May 2020) the Infant Mortality Rate in Odisha is 40 per 1000 live births with significant variation between rural and urban. As per the Special Bulletin of SRS on Maternal Mortality Ratio (MMR) 2016-18, the MMR in Odisha is 150 per 100,000 live births. The Neonatal Mortality Rate (NMR) is 31 per 1000 live births which shares 79.4% of IMR in Odisha. Of the neonatal mortality, the Early Neonatal Mortality Rate (ENMR) is 24 which shares 59.9% of IMR. The under-five mortality rate is 44 per 1000 live births.

Factors including the inadequate antenatal, natal, and post-natal care; poor professional attendance at birth; high percentage of low birth-weight babies and lack of professional post-natal care are the main factors contributing to high IMR, MMR and NMR. The coverage of post-natal care is quite poor particularly for women of hard-to-reach areas. For death of children under 5 years of age, diarrhoea is the major cause and accounts for one-fourth death. The single most important factor for reducing the prevalence rate and case fatality rate of major infant and childhood diseases is improvement of nutritional status and antenatal and intra-natal care. As malnutrition is one of largest public health issues in Odisha and it affects all stages of human development so this dimension is very much important with regards to development. Besides, the issues of early marriages and poor adolescents' health and hygiene do exist in Odisha.

The goal of the project is ,working for pregnant women, new-born, under-5 children and adolescents especially from marginalized communities belonging to 520 remote villages of Odisha have equitable access to quality Maternal, Newborn, Child and Adolescent Health (RMNCH+A) services at community, outreach and facility level, with focus on marginalized groups and girl child.The project area spreads over520 underserved villages of 6 dioceses,consisting of 14 districts, which are the most underdeveloped districts of Odisha. Abject poverty among the target people does not permit to afford nutritious food and hence majorly depend on forest products for their livelihood and daily sustenance. Though various government schemes are in operation, the benefits are not reaching to the target group adequately and equitablyin few districts which are targated. The existing public health infrastructure facility is far from actual need. The presence of medical and paramedical personnel is less than that required by the prescribed norms. The consumables are mostly unavailable, the equipments are either obsolescent or unusable and the buildings not sufficient. As a result, there is poor access and coverage of Reproductive and Child Health services in the remote araes of the targtaed districts.

Due to above mentioned multiple reasons with regards to health services ,the current project has been initiated ,with special target on the women,children and youth ,who are located at the remote part .

SUMMARY:

The current project title:**Community Empowerment for Sustainable Reproductive and Child Health** is implemented in the most remote areas with special focus on women, children and youth for their better health. The main objectives of this project are,the targeted people access quality health services of the Government, malnourished children's health condition improve, youth have better knowledge on reproductive & sexual health and village health committees, advocate on different health issues.

Project Goal:

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

Specific Objectives:

Objectives 1: Pregnant women, newborn, children and adolescents especially from marginalized groups of 270 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

Progress underObjectives:

Sr.no	Key Indicators	Progress/Achievement	Remarks
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.			
1	70% of pregnant women have received full ANC.	2628 pregnant women have received full ANC out of 3458	The gaps is due to poor communication and ignorance of the women
2	70% of pregnant women	2628pregnant women	

	have delivered in health facilities and have received Post Natal Care (PNC) within 2 days of delivery.	have got PNC out of 3458	
3	70% of children up to 23 months are fully immunized.	2939 children upto 23 months are fully immunised out of 3458 children	
Objective 2: The nutrition status of malnourished children has improved.			
4	At least 4000 previously severely malnourished children improved their nutrition status (data on all malnourished children 0-5 years per malnutrition grades and their improvement are part of the annual report)..	1534 severely malnourished children improved their nutrition status out of 1705childre	It includes malnourished children of all the grades
5	About 300 most vulnerable women report an increase in meals per day compared to baseline	592 most vulnerable women reported an increase in meals per day out of 780 women	This data includes most vulnerable women only like widow,singlemother,physicallychallenged,old women etc.
6	At least 70% of women and their households consume more homegrown vegetables compared to the baseline	2059 women and their households consume more homegrown vegetables out of 3677 women	During one year period,the project has supported seeds to 100 households only,but many households have their own kitchem garden which have started through project intervension.This data includes the beneficiaries who have been supported with seeds and other people who have started at their own both.
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.			
7	The number of girls that receive support through the Menstrual Hygiene Scheme (MHS) has increased by 50%.	2969 girl have received support under MHS schemes out of 4789	Few girls could not get the support ,since they are located at the most remote areas and services did not reach on time
8	At least 4 case studies of adolescents demonstrating improved	Case stories will be shared in the next report,now behaviour of boys and	Project team and the Grassroot health workers of the Government is closely working in the field ,where VHC is playing a

	knowledge, attitudes and behaviour in relation to sexual and reproductive health	girls and changing towards sexual and reproductive health,due to which no child marriage found in last one year	vital role in sensitizing their own community in the evening ,once they are back from their daily wage work.
9	The number of planned early marriages that were stopped due to project intervention is reported.	2444 early marriages were being planned in all the 520 villages of the project intervensionareas,all of them were stopped with the help of AWW worker	AWW worker is also closely monitoring early marriage issue in the village,the project villaage health workers and the Village health Committee work as an watch dog and report to the AWW worker ,on which decisions are taken at the village level only.This practice has helped to stop all the early marriage cases.Now the project team members are working towards child marriage free panchayats with the support of AWW,ASHA and PRI members.
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			
10	At least four examples of improvements in the coverage and quality of RMNCH+A services due to the engagement of federations of village health committees	The pre natal care and post natal care has increased by 30% comparing to the baseline data.Village health committees have started advocating on health issues at panchayat level ,especially with PRI members ,AWW , ASHA and ANM	
11	The number of school health programmes delivered by government officials as per policy (4 times/year) has increased by 40% compared to baseline.	Under school health programmes,in each health centres ,two times programmes have been oraginised.A total of 104 programmes have been organised in 104 schools	In 104 schools ,one time school health programmes have been organised,which means two schools under one health centre .Since there were lot of pending chapters to be taught due to Covid-19 situation and second reason is for the exam of the students.For these two reasons school health programmes were being organised one time

Major Activities Conducted during the period December 2021 to November,2022 are mentioned below:

- Project Orientation to the health supervisors and village health workers
- Awareness on Covid-19

- Preparation and distribution of Homemade Horlicks
- Training on Vaccine preventable diseases (VPD)
- Promotion of kitchen garden
- Training of adolescent boys and girls on adolescents' health
- Formation and strengthening of village health committee (VHC)
- Treatment and follow up
- School Health Education Programme
- Networking and Linkages with Govt.officials
- Quarterly Review meeting
- Half Yeraly Review meeting
- Annual Review meeting

Sr.no	Activity	Male	Female	Total participants reached	Brief Update
1	Project Orientation	2	63	65	The project orientation was being organized for all the 52 Health Supervisors, all of them had participated in this orientation.  **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
2	Awareness on Covid-19	208	2028	2236	An awareness programme was being organised by each Member Institution in their respective field areas.  **Key Highlights of the activity:** • Mask and hand washing soaps were being distributed to 2236 deserving people • Awareness created on physical distancing and Government guideline with regards to Do's and Don'ts of Covid-19

					• Demonstrated hand washing with the help of ASHAs and Anganwadi workers 
3	Preparation and distribution of Homemade Horlicks (Two times)	1375 male child	1901 female child	3276	 **Key Highlights of the activity:** • This activity has been done two times • Demonstration was done on how to prepare Horlicks at home • Explained on the ingredients and its nutritional values • Distributed homemade Horlicks to 3276 malnourished children 

4	Training on Vaccine preventable diseases (VPD)	0	1092	1092	Awareness was created through a training programme with regards to VPD (Vaccine Preventable diseases). A total of 1092 mothers reached through this training programme directly with the help of health centers. Due to this training programme, mothers were motivated and became aware the importance of immunization on schedule time, which enhanced in the immunization programme's participation. Mothers who participated in the training programme are also taking initiatives and sharing about this VPD in their own community, which is a self-motivated initiative.
5	Promotion of kitchen garden (two times)	0	100	100	A total of 100 deserving mothers have been supported to promote kitchen garden, they were supported with different kinds of seeds and plants  Following plants and seeds have been provided to the mothers: • Papaya plant • Lemon plant • Drum stick plant • Seeds such as brinjal, beans, green leaves, ladies' finger, chilly, carrots have been provided

					 Every mother who are supported with seeds and plants have started kitchen garden in their backyard. During this one year project period ,it is found that,other women also have srated kitchen garden at their own.Due to this reason the consumption of home grown vegetables have increased to a geaterextent.Since people are statying far away from the town and the communication is also not so good,people are trying to consume more from their own garden and the same trend is increasing day by day.
6	Training of adolescent boys and girls on adolescents' health (Two times)	1402	2602	4004	Two times the activity was being oragnsied where a total of 1402 boys and 2602 girls have been reached. Following points were being discussed in the training:  • Personal Hygiene • Reproductive health • Physical growth and mental development

					• Disadvantages of early marriage • Different Life skills The major change which came out due to this programme is that,2444 early marriage were being planned in all the 520 villages,whichstopped . 
7	Formation of village health committee (one time)	1768	7228	9100	A total of 364 Village Health Committees have been formed during the reporting period containing 9100 members (1768 male members and 7228 female members)  **Key highlights of the activity:** • Initially organize village level meeting to discuss on the formation of village health committee • Discussion on the need and importance of village health committees • Once village people are agreed /convinced, members are chosen with community's help • In the same meeting roles and responsibilities of the members were being discussed and

					finalized, especially with regards to health • At the end village level health issues were being identified and guided how to resolve those issues with the help of VHC (village health committee) members  **Follwoings are some of the major progress :** • Two bore wells got repaired in the village of Pobingia due to the collective effort of the VHC • In last one year all the planned early marriage stopped • Networking and Linkages with health staff have improved ,which improved RMNCH+A services
8	Treatment and follow up (three time)	703 male children	805 female children	1508	**Key highlights of the activity:** • Identified malnourished children as per their height and weight in the intervention areas • Based on the findings, children were provided with tonic, syrup and Horlicks • Few children were given special attention to improve their health condition

					
9	School Health Education Programme (Two times)	1800	2276	4076	School Health Education programme was organised in 104 schools ,where one time the health education programme was being organised .A total 4076 children have been covered ,consisting of 2276 girls and 1800 boys. Followings are some of the major points covered during the session: • Personal Hygiene • Hand washing • Use of Dustbin • Use of toilet • Cleanliness of the sourroundings • Protection of the Environement • Use of water and wastage of water • Balanced diet 

					
10	Quarterly Review meeting (3 times)	2	84	86	The quarterly review meeting was organized two times for all the Centre level Health Supervisors 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 • Learnings 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.
11	Half Yearly Review meeting(2 times)	0	52	52	Half yearly review meeting have been oragnisedtwo times 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 committe

					
12	Annual Review meeting (one time)	0	37	37	Annual review meeting has been organised one time ,where all the health supervisors and village health workers participated .For the convenience of all the MIs,this review meeting have been oragnised diving in clusters. **Key Highlights:** • Discussion on annual progress objective wise • Process of data collection on indicators • Case stories • Status of Village health committees • Coperaion and networking with grassroot level health officials/staff • Issues and Challenges  In this annual review meeting health centre wise data was taken under every objective indicators,which has been mentioned in this annual

					report .  

Key Challenges and Issues:

Key Challenges	Steps/Initiative taken
Fear of Wild animals in forest areas	Planning field visit as per the suggestion of the community
Lack of proper communication	Plan field travel in much advance, so that we have time to reach

Feeling of caste system and religion	More engagement of the community in the project initiatives
During Seasonal cultivation ,peoplefinds difficulties in giving time	Plan field visit and interaction as per their time, sometimes difficult to reach in the evening ,when they are available due to fear of wild animals
Non-Cooperation of few villages due to the misconception on conversion	Engaging communities in every activities of the project starting from the planning of the activities
Health centers are located at the remote areas, sometimes very difficult to reach on time, even low network	Coordinating with near by health centres ,who send the messages and help in organising the activities
Non-cooperation of the Government officials in few project location	Inviting them in every activities ,its gradually changing their mindset ,especially looking at the grassroot level work at the remote areas, which is hard to reach by them also

Conclusion:

The project has started with proper orientation, which has brought clarity amongst the Health Supervisors and village health workers.The project team members are trying their best to build the capacity of the village health committees, so that they take required initiatives with regards to identifying health issues and resolving those issues collectively. During this one year time,some visible changes have come in the health services of the Govt.departmant ,especially in the remote places,where previously people were always complaining about ontimesupport.Though people go for work in the morning and return back in the evening ,still ,they organise meeting in the evening and try to dialogue with the health officials .The collective effeort of the VHC is progressing .We have also shared a case study ,which VHC took initaive and resolved at their end.Other cleanliness work of the village sourrounding ,close to school,Anganwadi and bore well are also done by the village helath committee members,it shows their concern for good health.With the effeort of VHC and adolescent boys and girls ,child marriage had not seen in last one year ,which has come to the notice of the panchayat also.The review meetings which are organised at cluster level have helped the health supervisors and village level health workers to clarify their doubts and address the issues at community level ,especially with rehards to the support of the health officials.Trust of the people on the health supervisors has improved a lot

,which has been clearly found at the remote areas,because it becomes very difficult for the Govt.staff to reach the place on time .Its is the centre level staff who works at the ground level and provide the required support as and when needed,in the mid night also during emergency.

1.Annexture 1: Case studies

2.Annexture 2:Location Map of Misereor

3.Annexture 3: Location map of Manos Unidas

1.Malnurished child Robindra becomes normal

Mr.Gobindo Murmu and Ms.Basanti Murmu got a son ,named as Robindra Murmu on 6th Oct 2021.They belong to Alkudar village of DewanbahaliPanchayat,Koptipada block, Mayurbhanj district. Their main source of income is agriculture, they go for daily works. They had some health issues, due to which, after lot of treatment, they got this baby after 12 years of their married life.

During village health committee formation, this baby was brought into the notice of the village health worker, at that time the weight of the baby was 1200 grams and look so sick, Parents were in tension, since the baby used to fall sick on regular basis.

The health supervisor and village health worker visited their family, guided on some health tips, which are to be taken care of, also provided homemade Horlicks and tonic. Within few months baby showed some improvement in weight, now he is 3kg. The project team members explained

about the growth and development of the child, about nutrition and some tips on hygiene of the child.

Case study:2 Collective Initiative of Village Health Committee brought result

Pabingia is a village, which comes under ASSISI health center, supervised by Sr.Dibyabernadet. For a long time, people of that village were facing difficulties in getting clean drinking water. There were two bore wells in that particular village, but iron water was coming out of that, due to which people were having different health issues. The same problem continued for 8 months ,when village health committee was formed ,under the leadership of Sr.Dibya ,a meeting was organized with all the villagers.

After having an initial meeting, VHC (Village Health Committee) members got organized ,wrote an application and went to Block Development Officer (BDO) along with ward members, ASHA and AWW worker of that particular village. A long discussion went on about the issue, because not only iron water coming out of the bore well but also the other issues were having ,which needs immediate repair. At the end of the meeting BDO gave word to get it repaired within one week time, as a result of which the repair team came to the village and get it repaired.


Now the issues of iron water got resolved, also other repair work was also done along with that. People of Pobingia village are using the water of that bore well without any problem, it was found that, no water related health issues arise, since the bore wells got repaired. Many time times, few individual of that village ,putcomplaint but nothing happened ,but once Village Health committee was formed and sensitized, members themselves took the first initiative and get it done .Collective effort of the people brought result.

Photo Gallery:



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