

HEALTH ACTIVITIES

Background and Context

A. Health status of Operational area.

Despite a lot of development programs, the present condition in the area is pitiful. It has an unacceptably high maternal mortality - 358 per one lack in Kalahandi and an infant mortality rate is 65 per one thousand live births. (Source: NFHS 3). This has a direct bearing on the pregnant women and children in the age group of 0-5 years who are unable to get out of the cycle of poverty. Home delivery is mostly preferred over institutional delivery. They also do not receive timely ANC and PNC checkups. There is neonatal sepsis among many infants which is a great concern for all. Low birth weight and improper nutrition are prominently manifested among children less than 3 years of age. Similarly, lack of personal hygiene, lack of parental care, and lack of conducive environment for education has highly stunted the advancement of the children into the future. Apart for this ICDS and health services available to the villages do not measure up to the standards. Hence, children seem to perennially suffering from cough, fever and diarrhea. All this leaves the children more vulnerable to both internal and external environments. The children from 0-5 suffer from malnutrition and gender discrimination.

Some Development Indicators of the Area

S. No.	Index	Status of Kalahandi
1	IMR (per 1000 live births)	65
2	Complete Immunization	
3	MMR (per 100000 live births)	358
4	Institutional Delivery (per 1000 live births)	470

Major Health issues in the area.

Malnutrition and Anemia:

Health is a major concern for the poor. People are deprived of basic healthcare services and proper nutrition due to poor accessibility. Malnutrition and anemia is visibly strong among children as well as adult population. From the field observations, it is estimated that nearly 56% women and 79% children in the working area are under nourished and anemic. ICDS MIS, 2009-10 puts the percentage of severe and moderate malnutrition under age three in Kalahandi at 21.51%. The mainstream health services are mostly not easy to access. PHCs are limited & situated at greater

distances. Moreover, the quality of services provided by ICDS at the Anganwadi centers is also poor. There is lack of toilet facilities and functional water facilities; most AWCs do not have weighing scales; and even learning materials are not available. Undernourished children have lower resistance to infection and are more likely to die from common childhood ailments like diarrheal diseases and respiratory infections. Frequent illness saps the nutritional status of those who survive, locking them into a vicious cycle of recurring sickness and faltering Growth. Poverty, illiteracy, poor sanitation, unhygienic practices, family size etc contributes the problem of malnutrition and anemia.

Negative Practices around Pregnancy and After:

While breast feeding is nearly universal in India, more than half the children in the cluster area are not given exclusive breast feeding. Misconceptions about immunization, use of IFA tablets and taking healthy food exist among the communities. Pregnant and lactating mothers do not avail supplementary nutrition or fortification of staple foods. Child immunization in the area is poor and behind schedule. Carelessness, neglect and negative practices related to pregnancy and adolescent health result in maternal mortality, infant mortality and infant body deformity etc in the communities. It was observed that the ASHA and AWW do not have full knowledge of government schemes and programs. There are no regular VHND and IMNCI in the area. The IMR and the Under-5 Mortality Rate of the area are very high in comparison to the state average. As per data shows full ANC/ PNC coverage 50%, institutional delivery is 36%, complete immunization status 72%. Even after decades of efforts marriage of girls below 18 years is still prevalent. Along with high malnutrition, children also suffer from anemia.

Poor Health and Nutrition:

Women need adequate nutrition and care, including health care, during pregnancy, after delivery and when they breastfeed. They need skilled counseling and support to begin breastfeeding within the first hour. During the six months of exclusive breastfeeding, they need to stay close to their children, at the risk of losing their wages. Contrarily, the women in the study area lack a balanced diet that includes the necessary micro and macro nutrients, safe drinking water, sanitation and environmental hygiene, primary healthcare and education. The average age for the marriage is between 14-16 years in case of female and 18-20 for male. It was observed that the first pregnancy occurred between the 15-16 years. The pregnancy Mothers do not realize the importance of nutritious and balanced diet during pregnancy both due to their ignorance and socio-cultural values as well as lack of purchasing power. Very few pregnant women consume Iron and Folic Acid supplement for the minimum 90 days. As a result most women suffer from malnutrition and anemia. To add to the woes, more than 50 % women do not take iodized salt and experience birth complications due to iodine deficiency. Hence, in most cases children taking birth from these anemic mothers end up having low birth weight. This highly increases the risk of maternal and infant mortality.

Poor Service Delivery: Care and support for pregnant women is not only a family responsibility but it also should be backed by the provisioning of basic healthcare services. In the study area it is found that in the inadequacy of health check-up facilities, the community depends on the traditional methods to recognize the symptoms of pregnancy that often leads to complications. Even one or all of these may not be reasons for pregnancy and there are possibilities of other

symptoms in changed environment and circumstances, which are overlooked in these cases leading to distortions. ICDS services (Supplementary nutrition, growth monitoring, nutrition and health education, immunization, referral and pre-school education) do not reach every child under the age of six. All pregnant mothers, lactating mothers and adolescent girls also do not get the benefits of VHND and IMNCI programs. The PHC and the AWC are far from the home which necessitates their increasing dependency on village quacks. Village level health services by AWW, MPWs, ASHA, etc are either irregular or non-existent. They are even reluctant to avail the services of JSY as they have to shell out more money than they could get from the JSY. As a result, institutional delivery in the area has taken a beating. Those who are financially better off, visit private hospitals but ultimately the needy are deprived of the services and end up risking their lives.

Early Marriage: The primary reason is that the women carry the burden of early marriage triggering the cycle of early pregnancy, low institutional deliveries, poor birth spacing and more number of children. With more members to feed in the family the incidence of hunger falls on the mother and finally takes a toll on her life. Early marriages drive in hard on the tender minds who are yet to see the world. Coupled with early marriage, girls also face unwanted pregnancy in the age of 14-15 years. Many a times, unwanted pregnancies are done away with risky and unsafe abortion practices at the hands of village quacks that prove fatal or negatively affect the health of the mother. This creates health complications and at times proves fatal for the health of the mother.

Dependency on Traditional Healers: Normally villagers depend on the local quacks for every little thing related to their health and treat with traditional medicines from the VAIDS in complicated cases like swelling of foot, over vomiting, stomach pain, etc during pregnancy. Few medicines might be working but often women become victims by spending on animal sacrifice and harmful practices. Certainly women need healthy and sound health services during pregnancy which is crucial for both mother and unborn child.

Sexual Myths and Risk Behaviour: The high risk behaviors such as sex with multiple partners and un-protected sex with unknown partners are also prevalent among this age group children. The children especially girls in this age group begin to live with the fear of menstrual cycle. Parents fear the natural attraction towards opposite sex and the movement of the girl is limited. The physical changes associated with these changes are hard to cope with and girls feel shy about their bodily changes. Attraction towards opposite sex culminating in induced unprotected sex, inadequate venting out opportunities related to sexual queries lead to disaster for both girls and boys. The girls in this period remain under strict vigilance of parents in order to avoid unwanted situations such as elopement and unwanted motherhood. A need for authentic, fearless as well as first hand information source is required for the children in order to address their queries related to sex and sexual myths.

Programme focus on Health.

“Community health is community wealth” this is the nation that we strongly belief. This emphasizes more of community based prevention & promotion health care practices. The major health care requires reducing infant & maternity death, reduction of malnutrition, malaria, Tuberculosis, HIV/AIDS, Jaundice and sickle cell anemia. Besides women are helped to prevent various gynecologic problems that they suffer because of unhygienic practices..

Vision:-

Seba Jagat perceives a healthy society where each individual cutting across all barriers of caste, creed, religion, gender and age, lead a healthy, hassle free social life with complete food security on a perpetual basis. The healthy society so formed shall be able to transmit this vision and culture to its successors who shall not only be able to lead similar lifestyle but also be able to challenge any threats and eventualities of the future.

Mission:-

“Health as we perceive is not limited to absence of disease and infirmity, it is the integration of social, mental and physical health of the individuals as well as the society. The major roles are to be played by the individuals and CBO, village level Health & Sanitation committees, while Seba - Jagat shall play a catalytic role to accelerate the process of people’s action. A community living in the remotest corner shall perceive demand and work for health as a basic human right and central issue for development.”

Goal : “Empowering the community to become healthier, more united, mutually supportive of the poorest and the weaker person, especially the women and children through transformation of attitude and behaviours”

Objectives:

- Reduce MMR & IMR.
- Create consciousness among the communities, students on health and sanitation
- Improve the health and nutrition status of Pregnant and Lactating mothers & the children below five.
- Make health services reach the common needy and un-reached people.
- Improve the quality of drinking water and general sanitation of the village.
- Encourage herbal and other alternate means of treatment.
- Strengthening Health Co-operatives.
- Reduce incidence of Malaria, Diarrhea, Jaundice and all vector borne and water borne diseases.
- Through sensitized public forums creating pressure on Policy makers and Administrators to perceive and treat health as the centre of all developmental work.

Key Intervention

- Early childhood development.
- Safe motherhood and neonatal Health.
- Integrated community management of child health illness and nutrition
- Developed peer groups on community health awareness.
- Sensitization on HIV/AIDS, Malaria, TB and different diseases.
- Primary health care services to the un-reached area (remote tribal area)
- Develop participatory communication strategy to advocate for health entitlement of rural communities
- Support to develop herbal garden and herbal practicenors
- promoting Home-Based Care (ICDS), promoting RCH rights, improving health seeking behavior (NRHM)
- Developed network with health and ICDS at block and district level,
- Managing Hospital through Public private partnership (PPP mode)
- Capacity building training to service providers or grassroots level workers

Strategies

- Peer group empowerment and sensitization of Community especially of women through social mobilization.
- Increasing awareness level.
- Strengthening synergy for convergence.
- Capacity building
- Innovation activities
- Building local change agent or peer groups.
- Sensitizing institutional members
- Documentation, Lobby and advocacy
- Developing location specific behavioral change communication (BCC)

Health Activities- How Seba Jagat Perceives: Health is a major area of Seba Jagat's activity. Being an Organisation working for women, children, adolescent girls, tribals & downtrodden mass, health is a common aspect of its functioning cutting across & different programme barriers. All the activity centers as well as the workers are equipped with emergency help facilities.

Awareness activities: Seba Jagat has been implementing innovative programme to create awareness among the peoples towards health and sanitation by implementing several activities at grassroots level i.e Cultural program, walling, printing and distribution of leaflet, broacher, maintain swathya pata at village level, organizing focus group discussion, conducting Annaprassana ceremony for timely initiation of complimentary feeding to children, demonstration activities, mass campaign, work camp by communities members etc.

Observation on World AIDS Day: Observation on World HIV/AIDS has been conducting on 1st December in every year with the active participation of students, youth, communities' members, teachers and line department official at project level. In this

occasion different competition, rally, street play and audio video show have been organizing on this issues for public awareness.

RTI/STI dictation Camp : RTI/STI dictation camp has been conducting at cluster level with the collaboration of RCH and Mobile health unit in project level and providing health service i.e counseling, treatment and provision of medicine to the patients, identification of high risk patient and refers to them in sub-divisional hospital

Awareness on Malaria : Sensitizing to people on malaria through organizing the training to communities members and peer group on Malaria prevention and detection, walling, distribution of medicated mosquito net, street play, use of smoke pots, village level sanitation program, work camp, focus group discussion, sampling and testing of blood etc.

Mother and child health Care through participatory communication program under NRHM: It is quite vital that all the service providers at PHC are aware about NRHM provisions and also to have a skill on to mobilize and motivate each one of the community to understand and access the govt services. In this context participatory communication is one of the important approaches to mobilize the community; CHIN (Community Health India Network) project envisage providing hand holding support to the service providers at Primary Health Centre (PHC) on the Participatory communication that would lead to social change in our operational area. This participatory technique will facilitate two way dialogue process in making all the stakeholders at the PHC level to have a common understanding of the issues and enable in community having access to the Mother and Child Health (MCH) entitlements under NRHM. Therefore the CHIN project has planned to train the health functionaries at the PHC level on participatory communications to mobilize community and strengthen health services.

- ✓ Awareness program on JSY, VHND, and GKS has been conducting at villages' level and sensitizing to communities (SHGs, PRI, Youth Club members,) and Anganwadi workers and ASHA on its benefits under NRHM entitlement.
- ✓ Developed Posters, Booklets, pocket planner related to health entitlement under NRHM program and circulated for community awareness and also walling on GKS in village level.
- ✓ Organizing training to CBO & FNGO at block level and enhance their knowledge on communication and advocacy for the NRHM commitments

- ✓ Organizing the workshop at block and district for various stakeholders to promote exchange of experiences, innovations, learning, and challenges on NRHM entitlements in the presence of district level line department officials.

Participation in National level events : The project staff of Seba Jagat has been cooperating to National level event of Pous Polio program , Vitamin-A campaign and providing handholding support to service providers for preparation of due list, early information and mobilizing to people for take the benefit of the program.

Emergency Health service: Seba Jagat has been conducting health awareness program and providing health services to people during emergency situation like – diarrhea, malaria, flash flood, swine flu, natural calamities. The organization has formed disaster preparedness committee in project level and they are taking leading role during emergency period.

Training to Service providers and peer group: Seba Jagat has been conducting various training program to service providers & peer group on preschool management, Home based care training, mother and child health care, PD Hearth Training to Anganwadi and Balwadi workers for reduction of malnutrition, child health issues, reproductive child health, adolescents care, participatory communication on NRHM entitlement, management of local priority diseases , local priority program and expand their ability on proper implementation of program and enhance their knowledge in this regards.

Strengthening Goan Kalyana Samittee (GKS) :Conducting the review meeting with selective GKS members at project level in quarterly basis and discussion on GKS activities, role and responsibilities of GKS members, GKS guide line and major issues of the area and follow up action taken in this meeting.

Sensitization on maternal and child health care: Sensitizing to pregnant and lactating women, communities leaders on Home based care at cluster level, organizing health camp, Special immunizations program for left out and drop out beneficiaries with the support of RCH & ICDS in unreachable areas

Reduction of Malnutrition: Seba Jagat has been conducting the PD Hearth training to Anganwadi worker, Balwadi workers at project level and updating their knowledge on reduction of malnutrition by PD hearth session, Growth monitoring, Community mobilization process, feasibility of PD Hearth and session plan. For protection to children worm infection Seba Jagat has been providing de-worming tablets to Children from 1-5 years of age children of the project area.

Promotion of Kitchen Garden: With an intention to produce basic nutrition food at the door step level the backyard kitchen gardens has been promoted in each household level. They grown Drum stick, Papaya, banana, lemon and green vegetables at their backyard with using of waste water. This kitchen garden supplied nutrition food to the pregnant women, lactating mothers and children round the year which reduced the malnourishment among the children. Effective utilization of domestic wastes (solid and liquid) like pellets of domestic animals , bye products of grains waste food, liquid wastes, waste water of kitchen(which could create unhygienic condition) into vegetables cultivation. Capacitated village women about scientific process of vegetable growing. Utilizing recycled organic wastes & to preserve seed material for next sowing.]

Baby Show: Baby show has been organize at cluster level by the active participation of mothers, Community members and service providers in which mother were sensitized on immunization, appropriate complimentary feeding, Health and hygienic and prize also distributed to healthy child.

Awareness program on TB: Awareness program on Tuberculosis has been organizing at cluster level and sensitizing to people on causes, symptom, prevention, use of medicine along with role of DOTs providers etc.

Joint monitoring visit with CDPO and MO: Joint Visit has been organizing with CDPO, MO, project staff to VHND, Immunization session and Pustikara divas in quarterly basis and they are identifying the issues, poor performing area, gaps and follow up action taken accordingly and focusing on quality implementation of program and special attention to children, women and vulnerable communities in this day.

Village Contract Drives (VCD) on Child Health issues: The VCD program at sub centre level has been organizing by Seba Jagat with the support of NRHM and Health & Family Welfare Department of Odisha and organizing various activities i.e baby show, health check up program, quiz competitions, cultural program on child health issues, demonstration on family welfare activities, Exhibition stand/ Demonstration stall, updation of swasthya pata etc for the public awareness on child health issues.

Interface program with health and ICDS: Organize the Interface meeting with Health and ICDS and make an effort to establishing better coordination among them, review the progress of program, discussion on field level issues, identification of poor performing area and causes, programmatic gaps and action taken accordingly. Se

Awareness on local priorities diseases: Awareness program on Sickle cell anemia and Jaundice has been organizing at cluster level with the support of SHGs, youth Clubs and stakeholders so that they were comprehend on sickle cell and jaundice and they are

taking necessary step towards create awareness on prevention and care from this local diseases

Sensitization one Early Marriage at communities level : Sensitization meeting on early marriage has been organizing at village & cluster level with participation of communities members, village level leaders on aware to them on early marriage and it effect and their role and responsibilities in this context.

Nutrition Campaign : Campaign on participatory communication initiative has been organizing in block and district level with the support of district administration and other implementing NGOs and stakeholders and sensitizing to communities on nutrition through cultural program, quiz competition, recipe demonstration and innovative program

Blood donation Camp at Urladani

On Rendo Majhi Uchhava 10-12-2011

35 Young people had donated blood.

Jointly collaborated by Seba Jagat &

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