

## Case Study: “Joint efforts and regular follow up saved the life of Khitiram”

Jayamani Majhi a pregnant mother lived with her husband Hari in Jhrnikhol village of Litisargi GP of Boden Block. On date 4/10/14 Jayamani felt abdominal pain in her house and her pain increased. Her husband took immediate decision and went to ASHA, Ms. Bhabani Deep’s house and narrated his wife’s situation. ASHA went to his house and called Janani Express of Boden CHC immediately by which Jayamani was reached to Boden CHC. (Hari Majhi said that, **Mui jetebele janli je Mor Kania ra peta daraj hauche boli, mui sange sange ASHA Didi pakhke gali au sabu katha kahali, Jetebele didi mor katha sunle, se sange sange amar ghar ke jaye mor kania ra aasubidha ke dekhale au boden hospital ke phone kale janani gadi lagi, tapare janani gadi 4asala au mor kania ke naigala, sethir lagi mui didipakhe runi haikari rahigal**”). On the same day she delivered Khitiram i.e. on 4th October 2014 at Boden hospital. It was a normal delivery and at delivery the child’s weight was 1 kg 900grams. She would have been very sad to know about her child’s situation if doctor and LHV not counselled her. Later she was taken to her home.



On the following day Ms. Champa Deep, AWW & ASHA, of Jhrnikhol, Ms. Nirupama Nag, HW (F) of Litisargi Sub-centre and project staff Mr. Bijaya Prakash Nanda (**Anganwadi worker said that, “jetebele Khitiram janam hela hetkibele tar weight bahut kam thila, matar aaji tar maa amar kata manikari tar pila ke 6 mass tak maa khira dela au thik neyama man ila bali tar pila thik ache**”) came to know about her status and decided to see the child through joint home visit. On the first day of child’s birth service provider went to child’s house and counselled to child’s grandparents and also Jayamani about newborn care and EBF. This issue was brought up during GKS meeting and they decided to support the child and gave Rs.250 from their untied fund as transport cost to take the child to hospital for better treatment.

## Case Study: “NRC” Saved my child, said Ambika Majhi

Chayamani Majhi, 2 years and 6 month old is living with her parents. Her father is Damrudhar Majhi and mother Ambika Majhi in the Nagpada village of Boden block of Nuapada district. Her father’s socio-economic condition is very poor. Their earning is not sufficient to maintain their family because her father is a farmer and mother a daily wage earner. They do not get work regularly. They belong to BPL family having just 1 acre of land for cultivation. To improve family status her mother started a grocery shop in her house. Chayamani was born on 21th June 2012 at Khariar Mission Hospital. She was identified as SAM child at VHND session and was referred to PD on Date 16-8-2012 after seeing her precarious health condition during joint home visit by ASHA-ODISHA CC with AWW. There was no improvement even after PD. After much counseling and discussion with her family members, they realized that Chayamani needed care and attention. Her mother said, **“My child did not take complimentary feed after six months and also exclusive breastfeed because I was going to work and I could not take care of her. My child also used to take biscuit with black tea, puffed rice upto 1 year of age. Due to poverty I could not give adequate nutrition to my child who later suffered from sickness.”** After observing all these activities, ASHA-ODISHA cluster coordinator talked to Health Worker (F) about Chayamani.



Name	Date	Place	Weight	MUAC
Chayamani	21/6/2014 at birth	Khariar Mission Hospital	2.600 gms	13.5 cm
Chayamani	16/8/2014 at PD	VHND	7 kgs	-
Chayamani	20/8/2014 at admission	NRC, Nuapada DHH	6.39 kgs	12.5 cm
Chayamani	02/10/2014 during discharge	NRC, Nuapada DHH	7.35 kgs	12.5 cm
	In Nov 2014	At home	10.2 kgs	13.5 cm

**“After coming back from Nuapada my child is in a very good condition. She is taking food and also going outside to play with her friends”** said Chayamani’s mother. These days AWW, ASHA, ANM and PRI members pay visit regularly to see the child. I am very much thankful to all, Chayamani’s mother testified.

## Outcome Story:

Village Health and Sanitation Committee is named as Gaon Kalyan Samity (GKS) in Odisha. To make a healthy village by identification of the community health problems and to prioritize, prepare a decentralized planning, strengthening, monitoring process and ensure availability of primary health services at the door step of people are the base of GKS in Odisha. GKS is introduced and formed in every revenue village of Odisha. From 2009 GKS is quite effectively implementing in all over Odisha. GKS is envisaged as the community level platform to facilitate health and sanitation related activities to control village health and nutrition issues. MNCHN intervention has been initiated in the 76705 population, 78 villages, 13 Gram Panchayats from Boden block of Nuapada District of Odisha. Project areas seeking the involvement for strengthening Maternal, Newborn and Child Health and Nutrition (MNCHN) services and practices through interventions in capacity building, governance and

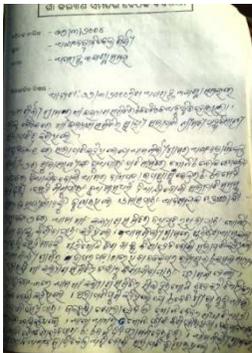


accountability in project areas and also focus on four aspects like 100% Immunization, 100% Save Delivery, Increasing of IYCF Practices and Community participation & accountability.

In our achievement area of Nagapada village there are 6 GKS functioning in every revenue village such as Nagapada, Sirli, Boldha, Makarbirli & Jharnamal except Bhuipani (not sure). During intervention of project period in Nagapada GP, GKSs

were unorganized and could not manage utilization of funds, lack of support from every member, health problems were not identified or no instruction was given to them, no training on GKS management was given to them, records and registers were not updated. There was a lack of people participation and community accountability in GKS activities. The activities were conducted as per Government's instruction and guidelines only. There must be something going wrong in a massive way in between the supply point and the receiving end but now-a-days GKSs were actively conducting their Village Health Plan and focused on Children & Mother Health to some extent.

### **Achievements in the intervention:**



5 GKS committee meetings have been facilitated during reporting period in Nagapada GP and made Revise village health plan & planning process has been prioritized. Boldha GKS bought a baby weight machine for Boldha AWC. GKS involvement increased on reduction of malnutrition, anemia among the mothers through counseling and home visits. Khaliamunda GKS bought an adult weight machine for measuring weight status. In reporting period refresher training of GKS



member has been conducted for efficacy and simultaneously to assess the development in this regard where 25 male members & 35 female participated consisting with AWW, ASHA, PRI & SHG members. In the training it was focussed on village health plan, prioritization of problems, reviewing of the village health plan, role of GKS and its members have been discussed through group work. 29 GKS members and 12 PRI members were trained on GKS activities and fund flow system.