TATA STEEL





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Cover

Anhala Kumar with her child and Sahiya Sharda Pramanik, Nimdih, Seraikela-Kharsawan, Jharkhand

FOREWORD

Working selflessly, the 'sisters of mercy', ASHAs and Sahiyas, are saving the lives of mothers and newborn babies within the impoverished communities of Jharkhand and Odisha. These humble and dedicated health workers cover a geaographical area that sprawls over tough terrain and inhabits populations low on socio economic parameters.

Trained under a collaborative intervention, involving institutions sensitive to the needs of communities, these ASHAs and Sahiyas are equipped with the right skills, proper knowledge and most importantly the quintessential commitment to tackling critical medical conditions and saving precious lives.

The genesis of the intervention rests within the core values of Tata Steel, one of which is ensuring healthcare to mothers and newborns. A meaningful Public Private Partnership (PPP) model emerged when the company's Corporate Social Responsibility (CSR) arm, Tata Steel Rural Development Society (TSRDS) joined hands with

National Health Mission, American India Foundation (AIF) and Society for Education Action and Research in Community Health (SEARCH), along with local communities.

The alliance of these like-minded organisations gave birth to Maternal and Newborn Survival Initiative, more popular by its acronym, MANSI, in 2009. The humble endeavour focussed on addressing maternal morbidity and infant mortality in 167 villages of Seraikela block in Jharhand, covering a population of around 83,000. To achieve the objective of ensuring healthcare to mothers and babies, MANSI built the capacities of community level women health workers, ASHAs and Sahiyas, in Home Based Neonatal Child Care (HBNCC).

Laced with new knowledge of using simple techniques, ASHAs and Sahiyas have been serving the communities incessasntly and diligently. Their indomitable spirit and indefatigable efforts have resulted in the Neonatal Mortality Rate (NMR) and Infant

Mortality Rate (IMR) dropping to 61.2 per cent and 63.1 per cent, respectively, in Seraikela block of Seraikela Kharsawan district of Jharkhand. The accomplishments of this PPP venture, being executed on the ground by ASHAs and Sahiyas, has led to the expansion of MANSI to 1,700 villages, spread across 12 blocks, covering a population of nearly 14 lakh.

The book, 'Hands that Rock the Cradle' is a truthful tribute from Tata Steel to honour the ardour and resoluteness of ASHAs, Sahiyas, health functionaries, and the communities in saving hundreds of lives of pregnant women and newborn babies.

Their achievements are aplenty. However, the book narrates only a few exemplary cases of HBNCC to display how ASHAs and Sahiyas used their learning and presence of mind to save lives, even in the most critical circumstances and adverse surroundings.

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'Hands that rock the cradle' is a humble attempt by Tata Steel to honour the relentless endeavours of all Accredited Social Health Activists (ASHAs), Sahiyas, Sahiya Sathis, district health functionaries, and above all, the communities and families who are triumphant in combating the challenges they encounter daily, and have emerged as 'Real Heroes.' We express our earnest gratitude to each member of this humane force, especially the ones who graciously consented to share their moving stories that feature in the book.

We are grateful to our partners, including the National Health Mission (NHM), American India Foundation (AIF), and Society for Education Action and Research in Community Health (SEARCH), as, without their sincere collaboration, this noble initiative would not have come this far.

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WOMAN, THY NAME IS COURAGE!

Courage is the other name of Guria Khatoon, who is only 25 years old, but has seen a tough life. Ten years ago, she married Allauddin Ansari, a labourer. Her first child died of pneumonia when he was eight months old. His death was followed by the birth of two daughters and two sons. Before Guria had time to make a decision about her family and children, and discuss it with her husband, she found herself pregnant again – the sixth time. She remained quiet about the fact.

The Sahiya, Mustari Begum, came to know about Guria's pregnancy in the sixth month when it was physically visible. She got her registered at the health centre and gave instructions to go for regular check-ups. In her ninth month, Guria began to have pain and went to the district hospital Seraikela, but by that time it had subsided.

"The doctors told me that there was some miscalculation and they sent me back saying the baby was not due yet," Guria says. Three days later, she again went into labour and visited the hospital.

This time, they conducted an ultra sound and told her that she was carrying twins. She was referred to the Mahatma Gandhi Memorial (MGM) hospital. Until now, Guria had no inkling that she was carrying twins. "I was frightened, I thought if I go to MGM, they would operate upon me because of twins," she shares her fear. Everyone in the family insisted that she should go to the hospital and not take the risk, but she put her foot down. "I am not scared of hospitals, I have given birth to babies earlier also, but carrying twins petrified me and I was convinced that doctors would operate."

It was the night of 28th September 2017. Overlooking the medical advice to go to the MGM hospital, Guria came back home with the ultrasound report.





Community mobiliser Salhi (left) was of constant help to the mother of six children, Guria (right)

Early next morning, alone in a room in her mother's house, Guria gave birth to two children – a boy and a girl. She found a fresh blade in her brother's shaving kit and used it to cut the cord while one of her washed scarves came in handy to wipe the babies clean.

Once done with the babies' birth, she called her mother and informed her husband who was in his house that day, and shared the news with Mustari. The babies, weighing 1.3 and 1.2 kilos, were having hypothermia, so Mustari gave them warm wrapping and advised the family to keep them warm. She also shared the information with the MANSI community mobiliser, Salhi Murmu.

"The initial ten days were very crucial for the mother and the babies," says Salhi. The mother was not producing enough milk and the babies were too weak to take the feed. Both Mustari and Salhi helped Guria in feeding the babies with expressed breast milk. The babies survived well and soon began to suckle. Today, the twins, Salman Ansari and Sabida Khatoon, are growing into healthy children and are only adding to Guria's happiness.



SURVIVAL OF THE WEAKEST

If someone watches Minota Mandal's first son, Ayush, running around the house today, no one would believe that there was a time when even doctors had no hope of his survival.

When Minota, 20, was carrying Ayush, she did not face any complications within the first six months. However, an alarm was raised, when in the 26th week of pregnancy she went into labour. The family took her to a private nursing home where she gave birth to a baby weighing 950 grams.

"The premature baby obviously had a low birth weight, and the nursing home was not ready to take the responsibility of such a critical case, so they referred it to a bigger private hospital," Minota narrates the series of incidents.

"They suggested to keep the baby on a ventilator or in an incubator, but were not ready to give any assurance that he would be saved," says Minota. "We decided to take him home and leave it to fate, as the doctors were not ready to give any guarantee of his wellbeing, even after we spent so much money."

The Sahiya, Mamta Devi, came to know about the newborn when Minota came back from the hospital. She immediately made a home visit.

"At first glance, even I was perplexed and terrified as to how I would be able to look after such a tiny thing," Mamta admits. She also found that the family had already given a bath to the baby which had caused his temperature to fall. Mamta advised them not to bathe the baby, rather keep him wrapped in a warm blanket. She also taught them the Kangaroo Mother Care (KMC) technique and gave instructions about hygiene.



Born 950 grams, Ayush keeps his mother Minota on her toes

Despite all precautions and care over 21 days, the baby remained too weak to be breast-fed, and his weight dropped further to only 800 grams.

"Taking everything into consideration, I decided to feed the baby with the mother's expressed milk," says Mamta, who also taught Minota the proper way to express and feed. "After 42 days, when the baby started to gain weight, I felt relieved and was convinced that now he would survive," adds Mamta, who visited the family and inquired about the baby's health, at least three to four times, each day.

For three months, the baby was fed with expressed milk and gained 2.5 kilos. By now, Ayush was strong enough to be breast-fed. Minota too, dedicated to the well-being of Ayush, did not step out of the house for a month until the baby was stronger.

Now, nearing his second birthday, Ayush is 8.5 kilos and is so active that he keeps everyone in the family on their toes.



IGNORANCE IS BLISS, BUT NOT ALWAYS!

Karuna Lohar, when only 17, married Santosh. At this tender age, her ignorance about pregnancy was not surprising. Karuna and Santosh live in Bagbeda village, whereas their families live in Parvati Ghat and Dudra.

A year after their marriage, Karuna missed her period for four months in a row. She shared the concern with her husband who advised her to have a pregnancy test. Too shy to confide in anyone else, Karuna bought a pregnancy test kit, which confirmed the good news. Her happiness knew no bounds.

Excited, she called her mother and told her about the happy event. The mother invited her over, and informed the Sahiya, Asha Naik, as well. One day, during the seventh month of her pregnancy, Karuna began to have a severe pain in her stomach. "I thought I had eaten too many wild berries which triggered the pain," she smiles.

Not leaving anything to chance, considering Karuna's young age, Asha took her to the district hospital, where they were told that it wasn't the due date for her delivery. The doctors referred Karuna to the Mahatma Gandhi Memorial (MGM) hospital. Next day, at MGM, Karuna gave birth to a premature baby girl weighing only 900 grams.

"The baby was unable to breathe; I was running helter skelter holding it in my arms, when the doctors asked me to sign a form, stating that they would not give any assurance to the baby's survival," says Karuna's mother, Santara.

The baby stayed in an incubator for a couple of days before being discharged from the hospital and coming under the care of Asha.

Asha observed that Karuna was unable to feed the baby because she was not producing enough milk, which was restricting the baby's growth. The baby remained hungry, and consequently, had no bowel movement for five days. "I was surprised to find that Karuna was feeding the baby



Karuna may be young and naive but she is a doting mother to Laxmi

frequently when in hospital, but at home, she was unable to produce milk," says Asha. "Then I realised that in the hospital she was getting a nutritious diet, whereas, at home, Santara was following the orthodox ritual of keeping the lactating mother hungry so as not to produce too much milk that, according to Santara, would harm the baby."

At this time, Karuna was being fed only one meal, which comprised either dry *chura* (pressed rice) or just a slice of bread.

"I had to counsel Santara to make her understand the importance of giving nutritious food to Karuna so that she is able to produce milk," says Asha. The counselling resulted in Karuna getting a healthy diet instead of just one inadequate meal.

Within a fortnight, the baby started gaining weight and in a month, baby Laxmi became 1.6 kilos. Foreseeing no threat to the baby's life, Asha allowed Karuna to go back to her husband but kept remotely monitoring her growth over the phone. Eight months on, the baby has grown to 5.5 kilos.

"I realised how important Sahiya didi's role had been in making my baby survive all odds, this is the reason I call her directly or convey messages through my mother if I find myself puzzled at any juncture while bringing up my child," says Karuna.



THE MOTHERLY INSTINCT

After one year of her marriage with Dara, Leela Sardar had a miscarriage. The unhappy incident was followed by bouts of coughing and swelling of the stomach that she experienced.

Worried about Leela's health, the couple went to a private hospital in Adityapur for a check up. The prognosis caused mixed feelings for the couple. After an ultrasound test, Leela found out that she was 20 weeks pregnant and suffering from Tuberculosis (TB) as well.

"Everyone advised me to abort the baby but I decided against it, firstly, because I had lost an earlier baby, and secondly, because this one was already five months old," says Leela, who left it to fate.

Respecting Leela's decision to keep the baby, the Sahiya, Shakuntala Devi, got her registered at the health centre. She also ensured that Leela received Tetanus Toxoid (TT) injections and iron tablets on a regular basis. Shakuntala became a constant companion to Leela throughout her pregnancy, especially at the time of the delivery.

"I called the ambulance and took her to the district hospital at Seraikela Kharsawan," confirms Shakuntala. "The delivery was normal but the baby boy had a low birth weight of 1.5 kilos, and was hence referred to the Mahatma Gandhi Memorial (MGM) hospital."

After three days, he was discharged from the hospital, but instead of improving, his weight decreased further to 1.4 kilos. Back home, Shakuntala then shouldered the responsibility of taking care of the baby's health. Nine days later, she weighed the baby and was alarmed that his weight had dropped to 1.3 kilos. He was also running a high temperature.

Throughout the day, Shakuntala sat next to the baby and by



Despite her tuberculosis, Leela feels at the top of the world after becoming a mother, albeit she was advised to get the baby aborted

putting cold strips on his forehead, she brought down the temperature.

"I tried to figure out as to why his weight was dropping, I questioned Leela and understood her concern, she thought through breastfeeding she would transmit the TB infection to the baby," Shakuntala remembers.

Shakuntala then counselled Leela and assured her that TB infection would not be passed on to the baby if she breastfed him. The intervention helped and Leela began feeding the baby, who, at the age of five months, weighed 3.8 kilos.

"I have faced many problems in my life, but this baby has given me so much happiness, which became possible only due to Sahiya *didi* (sister)," says Leela, expressing her gratitude to the Sahiya. "Now, I am not worried about my TB anymore because I know that even if I die today, my son will survive, as there are people who are taking better care of him than I would have."



NO MORE OLD WIVES'TALES

Namsi Gagrai and her husband Motu, residents of Gulia village in Rajnagar block, have strong faith in religious occults and local herbs. When their three-month-old son had an incident of diarrhoea, they made a paste of some local fruit (they mentioned jaiphal, which is nutmeg), rubbed some on his skin, and put the rest in the baby's mouth for him to swallow it.

Within no time, the skin on the baby's limbs and face developed a rash.

"We had been trying to cure the baby at our level; we prayed to God and did some puja (religious ceremony, in which the family cooked a sacrificial chicken and gave it to the *pujari* (priest) along with *handia* (local liquor))," says Motu. "We also called the village *vaidya* (local practitioner prescribing herbal remedies), who gave ointment to apply on the baby's skin, albeit it didn't help."

Meanwhile, Namsi adds that the same paste they had used earlier on their elder son and it had cured his loose bowels.

The couple hid the baby's condition from the Sahiya, Jhingi Biruli, although she was the one who had the mother registered at the health centre when she was three months pregnant.

"When I visited their house on the day of vaccination, I found the child lying outside in the sun covered with a thin sheet," Jhingi recalls. "On removing the sheet, I saw that the baby's skin was badly burnt."

Jhingi was so perturbed that she instantly called the Sahiya Sathi, Chandu Bandra, the ANM, Sujata Sen, the MANSI community mobiliser, Bharti Kumari and the Block Trainer Team (BTT) member, Swati Hembrum, and shared her discovery with them. The baby needed immediate medical intervention.



Namsi (right) now keeps community mobiliser Bharti (left) updated with her baby's growth

The family was reluctant to seek any medical help. Motu said his hand had a fracture and Namsi said it was a harvesting season; hence it was impossible for them to go to the hospital. They argued that they had neither time nor money. Namsi also argued as to who would look after her elder son, Balbhadra, who was only two years old. Jhingi instantly offered to babysit him at her home, if they went to the hospital.

The ANM asked the Sahiya and the MANSI community mobiliser to persuade the couple to take the baby to the hospital and not to say how long they would have to stay there, so to ease their financial concerns.

"I assured them that I would take care of their expenses but they must take the child to the hospital, immediately," says Jhingi, who arranged Rs 800 from the Village Health Sanitation & Nutrition Committee (VHSNC) fund to take care of all expenses.

After 20 days of treatment at the Chaibasa district hospital, the baby was completely cured. "Following his discharge, I began visiting the family more frequently to ensure that they did nothing to jeopardise baby's health," says Jhingi.



THE SAVIOUR IS MIGHTIER THAN THE DESTROYER

Everything was going well in the life of Riya Mardi, 17. A loving husband, Makardhar, and a caring mother-in-law, Champa, had only made her life easy. Everyone looked after Riya well during her first pregnancy until that fateful day.

Riya was busy in tidying up the house. A soft but clumsy nudge made the kerosene lamp fall, and within no time, a raging fire engulfed Riya in its flames, leaving her badly scalded.

"I came running the moment the news reached me, and I saw that all of her chest and right arm was badly burnt," recalls the Sahiya, Pushpa Mahato. "With a neighbour's help, we took her to the Community Health Centre (CHC) in Rajnagar, from where she was referred to the Mahatma Gandhi Memorial (MGM) hospital."

The accident happened on 14th October 2017, and only six days later, on 20th October, Riya gave birth to a baby girl.

"Since she was in a burns care unit, still in bad shape, the baby was kept in an incubator where she was tube-fed for 25 days," says Pushpa.

The whole family stayed in the hospital for about a month, after which Champa insisted on taking the baby back home. "Who would have harvested the crops as my son was also in the hospital looking after Riya," explains Champa. "At home, I could have taken care of the baby with the help of the Sahiya, while also working at the farm."

However, it was not easy for them as Pushpa noticed that the baby was losing weight.



★ With their affection and care, Sahiya Pushpa (left) and grandmother Champa (right) never let the newborn feel the absence of her mother

"I was sceptical if we would be able to save the child, as both her weight and temperature were dropping," recalls Pushpa, who then took the situation into her control. She gave regular Kangaroo Mother Care (KMC) to the baby, gave her hot oil massages, and kept her in the sun whenever possible. She also taught Champa how to feed the baby in her absence.

"When the baby's weight started to improve and the temperature became normal, I felt so relieved and confident of saving her," says Pushpa.

Four months on, the baby has grown and weighs 3.9 kilos but Riya is yet to see her face. Staying in her mother's home, she is still recovering from burn injuries. However, she is in constant contact with Pushpa and is hopeful that soon she will be able to hold her baby in her arms. Meanwhile, bringing up the baby together, both Pushpa and Champa have named her, Saraswati.



IT'S A TOUGH LIFE BUT A HAPPY ONE

Menka Kaibarta, 22, has two children and both were born prematurely in the seventh month. Her hard life can be blamed for this.

Four years ago, at the time of her daughter's birth, she had to carry heavy sacks of wheat on her head. This exercise was repeated at the time of her son's birth in 2017, when she had to carry sacks of coal, weighing 30-40 kilos.

"The men in the house go for work and such kind of miscellaneous jobs are left to us (women)," explains Menka. However, the difference between both pregnancies was the presence of the Sahiya in the latter. The Sahiya, Parvati Sahu, got Menka registered at the health centre so that she received proper antenatal care. Problems began only after the birth of the baby.

Born in May 2017, weighing only 1.75 kilos, the baby kept losing weight for the next three months.

"I was at my wits' end as to why he was not gaining weight in spite of Menka following my instructions and feeding him properly," says Parvati, who coaxed Menka to disclose her daily routine with the child.

After a lot of pestering by the Sahiya, Menka revealed that she had also been secretly giving some *ghutti* (gripe water) to the baby, which was keeping him slightly sedated. "I thought the more my baby sleeps, the faster and better he will grow," says Menka.



↑ The couple now sits happy and satisfied – courtesy Sahiya Parvati

Parvati advised Menka to only breastfeed the baby until he is six months old. She also explained the benefits of exclusive breastfeeding and told her how giving any other forms of nourishment could harm the baby. Menka followed her advice and realised her folly as well.

"Looking back, I realise that I had given *ghutti* to my daughter as well, who always remained under the weather; on the contrary, after I stopped giving this to my son, he never had any health problems," admits Menka, whose son is now nine months old and weighs a good 5.5 kilos.



JAYANTI HELPS MENJARI SWIM ACROSS TROUBLED WATER

Menjari Gurusandi was married at the age of 28 through a tribal tradition, which allows men to take away the girl they like. All ceremonies followed afterwards.

A year later, Menjari, suspecting pregnancy, approached the Sahiya, Jayanti Banra. The Sahiya used the pregnancy test kit and shared the good news with the family. Jayanti also got Menjari registered at the Anganwadi centre and ensured she got Tetanus Toxoid (TT) injections and iron tablets.

"She visited us at least twice a week, guided us at every step and we also followed her advice," says Menjari's husband, Vikram, who is a proud graduate of the village.

Nearing the due date, Menjari went for an ultrasound. The same night, she began experiencing labour pains. It was raining heavily, and the narrow roads leading to the village were inundated. The first thing the family did was to inform the Sahiya.

"We were trying to get the Mamta Vahan (government-run ambulances) but due to the rain, all our efforts went in vain, as there was no way any vehicle could have reached the village that night," Jayanti recalls the most challenging day of her professional life.

Menjari was in labour since 9 pm, and by 1 am, she was ready to deliver the baby.

"Not left with any other option, I had to assist the childbirth," says Jayanti, for whom it was the first time.

Menjari gave birth to a baby girl, weighing 1.6 kilos. "The baby was underweight and to save her from hypothermia, I instructed Menjari to keep the baby warm by wrapping



 ★ Community mobiliser Anjani (third from left) and Sahiya Jayanti (extreme right) made sure that Vikram and Menjari have a happy family

her in a blanket and by giving her Kangaroo Mother Care (KMC)," says Jayanti, who stayed the whole night with Menjari and her baby.

Next morning, the MANSI community mobiliser, Anjani, also reached the village wading through the water to check on the baby and extend support to the Sahiya.

During the next 28 days, constant care and precaution helped in increasing the baby's weight to 2.6 kilos. Jayanti was there every day - morning and evening, to help the family for the next 42 days.

"She performed the duties of a dai and carried out the responsibility of the Sahiya as well, because of which our daughter is alive today," Vikram admits. "I was so disturbed that day worrying what would happen and how would we handle the situation as there was neither an ambulance nor a dai available."



THE RACE AGAINST TIME

Paddy season is the most important time of the year for the people of Serengda Village. It is what their livelihood depends on. On the day, when Sharda Pramanik, 24, went into labour, her husband, Bharat, the Sahiya, Gomati Swansi, as well as the rest of the village folk - everyone was busy in paddy plantation.

"I was in the field and my hands and feet were covered in the soil when Sharda called me and told me that she was experiencing labour pain," recollects Bharat as calmly as he had acted on that very day.

Bharat rushed to get Gomati who was working in a field, three km away. A lot of critical time was lost in the exercise, although Gomati was quick to get ready for the call of duty.

She immediately called the Mamta Vahan (government-run ambulance service) and accompanied the family to the nearest Community Health Centre (CHC) in Kuchai, around 10 km away.

"The CHC was still two-three km away when Sharda delivered the baby in the ambulance," Gomati narrates the incident, and with a look of horror on her face and urgency in her voice, adds, "The umbilical cord was tangled around the baby's neck, and he was asphyxiating."

In the next few moments, Gomati managed to change the trajectory of the situation, which did not look like it was going to end well. She was carrying the mucous extractor, which she used to cleanse the baby's nasal passage, which eased his breathing; and untangled the cord around his neck. Once the baby began to cry, Gomati asked the driver to rush the ambulance to the CHC.

All this happened in a fraction of a few seconds. On



Sharda (second from left) and her husband Bharat (left) owe their son's life to Sahiya Gomati (third from left)

reaching the CHC, it was time for only the after-birth formalities. Even doctors appreciated Gomati's timely intervention that saved the baby.

"I was nervous and concern but not panicking," says Gomati.
"I had confidence in my learning and using it in times of emergencies, thanks to my training under MANSI," she adds.

"If she (Gomati) was not around, we would have called a *dai* but she wouldn't have been able to handle the situation that arose in the ambulance," says Sharda's mother-in-law, who witnessed how Gomati's timely wisdom and swift action saved her grandson.

Showing their faith in Gomati, Bharat says that they had involved her from the time Sharda missed her period, and ever since she had remained under Gomati's supervision, following all her suggestions and advice. Now, the family has handed over the responsibility of the baby's welfare also into Gomati's hands.



SAHIYA BRINGS A MOTHER ON TRACK

Living a secluded life amidst the forest, Guribari Munda, 32, is from the Ho tribe. She did not share the news of her pregnancy, which was her sixth one in a row, with anyone, for four months.

Guribari is a tough woman. She has seen the untimely death of her three children – two died in tragic accidents at the age of 14 and 12, and the third one, aged 7, died due to typhoid, which was diagnosed too late. She now lives with one son, 12, and a daughter, 7, as her husband, Gondo, a labourer, visits home only occasionally. When the Sahiya, Phulmani Soy, spotted Guribari, her experienced eyes suspected pregnancy and she insisted on a test, which was positive. Phulmani dragged her for registration so she can get medical care at the health centre.

The day the baby was due, Gurubari had taken her livestock to the forest. There, her water broke. Unperturbed, Gurubari walked back home. Throughout the night, she was in labour, so called a local dai, who helped her in giving birth to a baby boy in November 2016. The baby did not cry, which alarmed the dai, who had no idea how to handle that situation. She immediately contacted the Sahiya, who reached there, instantly.

"Firstly, I inquired as to what the dai had done, and found out that she had only cleaned the baby's body, but not his mouth," says Phulmani, who cleaned the baby's mouth and he began crying. "I was carrying the mucous extractor but fortunately I didn't need to use it." Aware of Guribari's unconcerned or rather callous approach to her children, Phulmani became a regular visitor to the baby and observed that he was not growing well.

"I discovered that Gurubari was feeding the baby only once or twice a day, besides he was deprived of any human touch," says Phulmani, who, from then onwards, played the role of a caretaker for the baby.



The threat by Sahiya sobered Guribari who now pays attention to her baby

"I would come to check on the baby and find him lying alone in the house, crying in soiled clothes; I would change his clothes, take him in my lap and give him the most needed human touch," says Phulmani.

Gurubari had her own argument for this negligence. "I have livestock to take care of, then there are other children to feed, how could have I sat with this baby the whole day?" The situation became worse when her husband visited her. The couple would go out for entertainment, consume handia, and take the baby along with them.

"My husband comes home only once in a while and those are the only days when we get the opportunity of being close to each other," Gurubari would argue with the Sahiya. Unable to ignite the motherly instinct in Gurubari, the Sahiya then threatened her.

"I told her that if they continued drinking handia and kept neglecting their baby, I would make sure that they didn't get their ration (monthly provision) and be sent to jail," Phulmani says. The threat worked, and now at least Gurubari is staying away from handia for most of the day. The baby is also growing well, spending most of his time in his mother's arms.



SUCCESS IS ALL ABOUT DEDICATION

Sushila Kalindi, 26, is a worker at a brick kiln and is already the mother of two children.

It was during the time when she was pregnant with her third child that she began to lose her appetite and constantly felt nauseous, due to which she also refused to take iron supplements. Her condition induced her into labour in the seventh month of pregnancy.

"I had her registered at the health centre and was monitoring all the developments," says the Sahiya, Sumitra Mahato. She ensured that the delivery took place at the Health Sub Centre (HSC) so that both the mother and baby are taken care of in case of any complications.

Mid-November 2016, Sushila gave birth to a premature baby girl at the HSC. The delivery was normal, but the baby had a low birth weight of 1.4 kilos. "The baby was too weak to be breast-fed, she didn't even cry, rather she appeared listless," Sumitra recalls. She somehow succeeded in feeding expressed breast milk to the baby but that only ensured her survival.

In the following 11 days, the baby's weight dropped to 950 grams, which led to hypothermia. She instructed the parents to keep the baby warm and educated them about the Kangaroo Mother Care (KMC) technique. Nothing worked and the baby's condition became worse, as now she showed symptoms of pneumonia.

"The worst part of the whole situation was that the parents were not ready to go to any heath centre, and thus I was responsible for the baby's well-being," Sumitra shares her predicament. She coordinated with the MANSI block coordinator, Usha and the community mobiliser, Dangi



No more tears for Sushila, as her baby is the cause of her smile today

Soren, who arranged and ensured that Co-trimoxazole was given to the baby to treat its pneumonia.

Meanwhile, Dangi discovered that the family was also consulting some rural herbal medicine practitioner. They admitted that although the herbal concoctions were not helping they continued with them.

"I pleaded with the family to stop the herbal medication and follow the Sahiya's advice," says Dangi, who would leave her own child at home to check on Sushila's baby. The situation had made everyone tense.

"Sushila kept crying the whole day and that made me nervous; Every morning, I woke up and rushed to check on the child, praying for her wellbeing," says Sumitra, whose own mother was unwell those days, but she was concerned about Sushila's baby.

The result of this dedication and care is a 15-month-old baby, who weighs now a healthy 5 kilos.



THE CONFLUENCE OF COMPASSION & CARE

Kuni Pahadia, 29, married Chandra in 2006. After eight years of waiting, Kuni gave birth to twins. It was a premature delivery, performed at home. A day after their birth, the babies died. During the pregnancy, Kuni had not undergone any medical care.

It was a sad moment for the couple but the despair didn't last long. In mid-2016, Kuni was expecting again. However, the superstition of saving the pregnancy from evil eyes held the family back from sharing the news with anyone, although they failed to hide it from the Sahiya, Tillotama Gope.

"I spotted Kuni's abdomen sticking out hence inquired, and the family responded in the affirmation," says Tillotama. She asked them if they had registered Kuni at the Anganwadi centre, and was told that due to the twins' death in the past they had opted to keep this pregnancy a secret and preferred to have the delivery at home.

"I persuaded them hard, and eventually Kuni got herself registered at the Anganwadi centre, in her fifth month," says Tillotama. Aware of Kuni's history, Tillotama kept a strict vigil on Kuni's regular antenatal check-ups and medication.

"Kuni was weak, had low haemoglobin count and swelling

In rural areas, many women do not take iron and calcium supplements, as they think that iron would make their babies dark and calcium would make their babies' heads too big for a normal delivery. Besides, there are some Particularly Vulnerable Tribal Groups (PVTG) that do not believe in going to doctors for their medical problems.



Kuni (right) and Chandra (left) are the proud parents of twins Ganga and Jamuna

in her limbs, so I referred her to the Mahatma Gandhi Memorial (MGM) hospital for childbirth," says Tillotama. As luck would have it, Kuni again delivered twins – two baby girls, weighing 1.5 and 1.2 kilos.

"The babies were so weak that they were kept in the Neonatal Intensive Care Unit (NICU) for 15 days, and that is how they were saved," says Tillotama.

When discharged, Kuni brought the babies, Ganga and Jamuna, home where Tillotama took over their care. One day, she spotted that the family had used the paste of some wild herb on the babies' scalp, saying their scalps were soft and depressed.

"I educated them about the soft scalp of newborns and how it becomes normal with time as the child grows; and I also insisted that they do not use any local medicine without consulting me, to which, thankfully, they agreed," says Tillotama.

"If Sahiya had not insisted on taking Kuni to the hospital, I am not sure even if this time the babies had survived," says Kuni's mother, who came over to stay and support her daughter in looking after her twins.



WHEN HELP ARRIVES ON THE DOORSTEP

If a newborn is often referred to as a bundle of joy, twins are a bigger bundle and double the joy. Sapada village resident, Asha Pandey, 34, considered herself experienced when it came to motherhood since she already had a three-year-old daughter.

"The birth of twins doubled the joy but it also multiplied problems relating to the baby care," says Asha who found herself in a spot when bringing up the twins.

The twin baby boys were born at the Community Health Centre (CHC) in Ichagarh, on 2nd November 2017. Although having been born a healthy weight of 2.5 and 2.6 kilos, the babies soon began to lose weight at an alarming rate. Within a week, they weighed only 1.9 and 2.1 kilos.

"Even with all my previous experience with my daughter, I was quite perturbed about the twin's health and wasn't sure if I was capable of taking care of them by myself," admits Asha.

The Sahiya, Anima Singh Munda, decided to take the matter into her able hands and started to monitor the twins' health along with their mother's well being. The first thing she noticed was that Asha was not producing enough milk for the babies and to compensate, the doctors at the CHC had advised her to use powder milk. This led to further complications, as she stopped feeding the babies and produced even less milk.

Anima saved the day as she strictly supervised Asha's diet, made sure she ate proper nutritious meals, including green vegetables and dairy products. She also gave hot oil massages and hot fomentations to Asha to soften her breasts, enabling her to start producing enough milk. While Anima was trying to solve one problem, another one cropped up. The babies began to show symptoms of



🛖 Sahiya Anima (left) strictly supervised Asha's (right) diet

hypothermia. Concerned about their health, Anima began to visit the family on a daily basis. She taught Asha and her mother-in-law how to give hot oil massages to the babies.

Since it was winter, Anima advised the family against bathing the babies and asked them to let them soak as much sun as possible. She also educated Asha about the Kangaroo Mother Care (KMC) technique and advised her to keep the babies warmly wrapped at all times.

In the next five days, Asha was able to feed both babies properly and soon they weighed 2.1 and 2.4 kilos.

"The babies are now over three months, but we are still following everything that Sahiya *didi* had told us," says Asha. Anima is continuing to visit the family daily to check the babies' weight and temperature.

"The benefit of having Sahiya didi around was that it saved us from running around, as she had been coming to us," says Asha. "She would tell us about vaccinations, reports, or any other thing that was required for the babies' healthy growth."



THE ANGEL IN THE GUISE OF SAHIYA

Often in villages, people are guided by fallacies around medical conditions. This was evident when Geeta Rajwara's family told her not to worry about the swelling on her body, during her pregnancy. It was her third child.

The family believed Geeta's condition was normal and it happened in certain pregnancies, which would disappear with the birth of the child. Instead of getting her any medical support, they expected her to contribute to the regular household chores.

The Sahiya, Prabha Kumari, proved to be an angel in disguise for Geeta, who was living in severe discomfort. "Geeta looked pale, her body was heavily swollen, and she found it tough to accomplish even the simplest daily tasks; but, no one in the family considered that her situation needed medical attention," recalls Prabha.

Luckily, Prabha was visiting Geeta's village for a meeting when she spotted the unusual swelling on Geeta's body. Wasting no time, she referred her to the Community Health Centre (CHC) in Ichagarh. Geeta was in a delicate state, as her haemoglobin count was 4. Considering her critical condition, the CHC referred Geeta to the Mahatma Gandhi Memorial (MGM) hospital.

Further developments to the situation displayed the social phenomenon of extreme poverty. The family, instead of taking Geeta to MGM, brought her home, owing to the fact that they could not afford a medical bill.

This was the moment, when a compassionate human being, Prabha decided to look after Geeta. She gave a list of food items to Geeta's husband, Mithun, who works in a roadside hotel (dhaba), and asked him to ensure that his wife ate properly.

"Often, I brought food for her from my home," says Prabha.



Sahiya Prabha not only saved the life of the mother but also played a major role in saving the low-birth-weight baby

Deeply concerned, she visited Geeta at least two-three times, to check on her.

Finally, on 9th January 2017, Geeta gave birth to a baby girl, weighing 1.75 kilos, at the CHC. As Geeta was too weak to feed the baby, she was referred to MGM. However, facing penury, the family again brought Geeta and the newborn home. "This time I put my foot down and told the family that they had to take both of them to MGM if they wished to see them alive," Prabha threatened the family and forced them to relent.

Geeta received two units of blood and four bottles of glucose before the hospital released her.

Nine days later, the baby, who was already weak, developed hypothermia. Prabha kept the baby under the sun to increase her temperature and told Geeta how important it was to keep the baby warm. She also gave Kangaroo Mother Care (KMC) to the baby.

"Sahiya *didi* helped me a lot in bringing up this baby, but if she wasn't around, I am not sure what would have happened to me or my child," Geeta admits honestly.



IT WAS A WAIT, WORTH A WHILE

Anhala Kumar was a tender adolescent when she married Rabindra Nath. Sensibly, both husband and wife decided to hold off having a child until Anhala was of age to bear one.

A few years later, when the couple was ready to begin their family, some complications arose and the chances of Anhala bearing a child looked bleak.

Desperate to be parents, both Anhala and Rabindra ran from pillar to post, knocked at many doctors' doors, and visited several hospitals, before their wish was granted. After 20 years of marriage, Anhala, 34, was pregnant with their first child.

"Considering Anhala's age and having her first child after many years of trying, I advised her to pay attention to her health, take a proper diet and adequate rest," says the Sahiya, Sharda Pramanik. "I also strongly recommended that she stopped working at the kiln since it posed a risk to her and the baby," Sharda recalls her wise words that she had shared with Anhala.

However, Anhala continued working at the brick kiln during her pregnancy. To keep her fears at bay, Sharda registered Anhala at the health centre for routine antenatal check-ups and other medications. Anhala was healthy so there were no complications, yet Sharda was not ready to take any risk. She constantly counselled her.

During the seventh month, Anhala went into early labour and immediately called for Sharda. Without hesitation, late in the night, Sharda quickly made her way to Anhala's home, arranged for a three-wheeler, and rushed the family to the nearest Community Health Centre (CHC) in Raghunathpur. Anhala gave birth to a tiny baby boy with a low birth weight. They were referred to the Mahatma Gandhi Memorial (MGM) hospital and from there to another private hospital. During these two weeks, the baby was becoming weaker. Eventually, on failing to get any assurance from



For Anhala, motherhood has been a wait worthwhile

doctors, the family brought the baby home.

"When Anhala brought her 28-day-old baby home, he was a weak 1.4 kilos and running a low temperature," remembers Sharda, who looked after the baby for the next three months. "Although his temperature became normal the very next day he was unable to take the feed."

Sharda helped Anhala in giving expressed breast milk to the baby and maintained a daily register of his weight and temperature. She even taught Anhala's husband the technique of giving Kangaroo Mother Care (KMC), and he followed her instructions.

It took three months of dedicated care to get the baby on the healthy side of the scales.

"In my ten years of experience as a Sahiya, this was the first time I handled such a difficult case, and our success at saving the baby's life has boosted my confidence, tremendously," says Sharda. The case has also intensified people's trust in Sahiyas.

"Today, Sahiyas have become synonymous to doctors in many villages, as not only for pregnancy or childbirth, people go to them if there is any other medical assistance required," says Rabindra, saluting Sahiyas all over.



CONSTANT COMPANION

Poornima Mahato, 21, was married to Kartik for two years when she conceived their first child.

Poornima did the smart thing by contacting the Anganwadi centre and getting a pregnancy test done, to confirm the news. Once she was sure that she was going to be a mother, she also got herself registered at the Community Health Centre (CHC) in Nimdih.

Poornima was young with no experience of childbirth. Fortunately, she had a constant attendant in the form of the Sahiya, Laxmi Hansda. Laxmi guided Poornima for regular antenatal check-ups and necessary precautions. As a result, Poornima had a normal and painless delivery. On 8th August 2017, she gave birth to a baby girl, weighing 2.5 kilos.

"I visited the family three days after the delivery and found pus in the baby's navel, which I cleaned thoroughly before applying the Gentian Violet (GV) Paint," Laxmi recollects. She also taught Poornima and her family how to follow basic hygiene, and asked them to keep the area dry and apply medicine until the navel healed.

During her routine visit on the seventh day, Laxmi observed that the navel still had pus and now there was a foul smell around the area. Poornima's mother-in-law informed Laxmi that the baby was also running a high temperature for the last two days. These were clear indicators of sepsis.

"It is imperative to keep the area affected by sepsis absolutely dry since moisture is the prime reason for it to get worse," says Laxmi. "It was the rainy season and Poornima's house has a low floor that mostly remained wet during monsoon, and many times they kept the baby on a thin sheet on the floor," adds Laxmi. She realised that



Sahiya Laxmi (left) watches while Phukmati (right) spends time with granddaughter Sheela

probably it was moisture, which did not let the medicine work, and the infection persisted.

Taking matters into her own hands, Laxmi immediately advised the family to take the baby to the CHC. The timely referral by Laxmi helped, as the proper treatment, constant care, and hygienic environment cured the baby within two days.

"We were so confused and upset, as the baby was so small that she couldn't let us know what was bothering her, and we didn't know what to do," says Poornima's father-in-law, Yogeshwar.

"But the Sahiya intervened at the right moment and gave us good advice to take the baby to the CHC, which is why our granddaughter is healthy today," Poornima's mother-in-law, Phukmati endorses her husband's sentiments.

Today, everyone in the village is dependent on the Sahiya and they go to her if they have any health problems.



HOW MANY PEOPLE DOES IT TAKE TO CHANGE A RELUCTANT PARENT!

Basmati Triya, 26, was pregnant with her third child. A resident of Bahada village in Noamundi block, Basmati already has a son, 6, and a daughter, 3. She shared the information with the Sahiya, Jema Kumari, who got her registration done at the health centre. She received Tetanus Toxoid (TT) injections, iron tablets, and was punctual for her antenatal check-ups.

"Basmati was proactive and always consulted me, followed my advice and took all precautions," says Jema, who ensured a comfortable and medically supervised delivery for Basmati.

She arranged for an ambulance and rode with Basmati and her husband, Sukram, to the Health Sub Centre (HSC), 4 km away, where Basmati gave birth to a healthy baby boy weighing 2.6 kilos.

"I was visiting the baby regularly and on the fifth day, I found his tummy swollen, chest depressed, and pus in his navel; the baby was unable to take the feed and showed all symptoms of sepsis," Jema narrates the case.

Honest with Jema, Sukram told her that they had applied some herbal paste, generally used to cure wounds, on the baby's navel.

Jema immediately shared the information with the MANSI community mobiliser, Subodh Sirka, and the block coordinator, Madhvi Pingua. As an immediate remedy, they applied Gentian Violet Paint (GV Paint), the antiseptic dye, on the affected area.

"We also inquired if the child was vomiting and the mother informed us that the baby had been for three-four days," says Jema. Suspecting pneumonia, Jema recommended the parents to take the child to the HSC, immediately.

Incidentally, the ANM was not available at the HSC, so they were advised to rush to the Primary Health Centre (PHC), which is about 10 km away. "Sukram was reluctant



Happy with their baby now, Basmati and Sukram have no qualms in admitting their mistake of overlooking its health

to go to the PHC and made several excuses that it was too hot and that he would not get any transport back," says Sumitra, who, along with Madhvi, pestered him for medical intervention.

Finally, they succeeded in putting him on a local bus while they followed him on their scooter. The doctor at the PHC gave them Co-trimoxazole, an antibiotic used to cure bacterial infections, for treating pneumonia. From the next day, the Sahiya and the Sahiya Sathi started giving the medicine to the baby under their direct supervision.

"I visited the family every morning and evening to check on the baby and instructed the mother to keep the baby warm at all times," says Jema. In the next two days, the baby was on the road to recovery. His navel pus was drying and on the sixth day, he was completely cured.

Now was the time for Sukram to make a confession. He admitted having made a mistake by depending on local medicines and delaying the proper treatment. In the same breath, he made a promise to himself to consult the Sahiya first, in case any medical intervention was required in the future.

"My child wouldn't have been alive today, if the Sahiya, Sahiya Sathi, and the MANSI staff had not persuaded me to go to the health centre," Sukram acknowledges humbly.



KEEPING THEIR VOWS

In her ninth month of pregnancy, Sunibari Purty, 24, was running a temperature for six days but didn't share the development with anyone.

Four days before her due date, Sunibari had a false alarm. She and her husband, Madhuram, took public transport and left for the Primary Health Centre (PHC) in Noamundi, 10 km away. Sunibari was full-term pregnant and was running a temperature; and that made the doctors at the PHC cautious. They got her blood test done and found that she was suffering from malaria and was not ready to deliver at that moment.

To be on the safe side, the PHC doctors referred the couple to another hospital where Sunibari went through another blood test, after which the husband and wife went back home. Next day, Madhuram went alone to collect the report, which confirmed malaria; but he could not get the medicine because he did not have any money.

The Sahiya, Sundari Angariya, was keeping track of the pregnancy from the beginning, hence Madhuram informed her about Sunibari's condition. Incidentally, that day Sahiya was in a cluster meeting, so she shared the information with the MANSI community mobiliser, Subodh Sirka. Before Subodh could make a move, Sunibari began to have labour pains, this time for real.

In the absence of a Traditional Birth Attendant (TBA) in the

There are mostly home deliveries in Beterkiya village, primarily because it is located quite far from all facilities. The rough and narrow approach road acts as a deterrent for the residents to access these facilities easily. However, due to the Sahiya's intervention and raised awareness, many families make efforts to spend time and money on ambulances and try to avail medical facilities.



Sunibari makes time to play with her first daughter, Anamika, whose life she owes to the Sahiya

village, and the PHC being too far away, Madhuram assisted his wife in giving birth to a baby girl.

"I was in the room with my wife, while a woman from the neighbourhood was instructing me from outside," recalls Madhuram. He had a fresh blade in his shaving kit which he used to cut the umbilical cord and used a clean cloth to wipe the baby.

Immediately after her meeting, Sahiya rushed to the family and weighed the baby who was 1.6 kilos.

"I discovered that Sunibari had not begun to feed her baby, as she feared that she would pass on her malarial infection to her," discovered Sunibari. "Besides, the baby was too weak to take the feed; therefore, I helped Sunibari in feeding her with expressed milk."

Considering the low weight of the baby, Sundari also instructed Sunibari to give her baby Kangaroo Mother Care, keep her warm, and not bathe her until she gained a decent weight and was healthy enough.

Meanwhile, Subodh procured malaria medicine from the Tata Steel Rural Development Society (TSRDS), visited the family, and began Sunibari's treatment. In the next three days, Sunibari was back on her feet again.

For the next two months, Sundari visited the family at least twice a day, looking after the child and the mother. The devotion and care resulted in a healthy baby, now weighing 8 kilos.



PERSEVERANCE – THE SECRET OF ALL TRIUMPHS

Tribal communities are at times plagued with misconceptions about medicines and are often ignorant about health issues. Hailing from one such tribal community, Sonia Kimbo and her husband Mohan's orthodox family was dead set against 'modern medicine'.

However, when Sonia was pregnant with twins, the Sahiya, Basmati Khalko, and the ANM, Sarla Kumari, made sure that no such ignorant superstition prevailed. Fortunately, Sonia was bright enough to grasp the importance of the Sahiya and the ANM in her journey, and cooperated with them, unconditionally.

Basmati was the first one in whom Sonia confided when she thought she was expecting. Following protocol, Basmati used the test kit to confirm the pregnancy and had her registered at the Anganwadi centre. Basmati and Sarla conscientiously charted Sonia's daily routine and diet, and made sure that she followed it.

"Even when it was time for the delivery, Sonia's parents-in-law were against her going to the health centre; unfortunately, all my attempts at calling for an ambulance also failed," says Basmati. "Without losing any more time, I arranged for an auto rickshaw and took her to the nearest Community Health Centre (CHC) in Manoharpur, 12 km away."

Sonia gave birth to twins – a boy and a girl, weighing 2 and 1.5 kilos, respectively. Basmati instructed Sonia on how to keep the babies warm by keeping them wrapped in blankets and gave her lessons on the Kangaroo Mother Care (KMC) technique. She also guided Sonia on proper feeding of the twins, as she had been trained under MANSI.

"Taking their low birth weight as an early warning sign, I decided to chart the growth of the babies and realised that their weight was constantly dropping," Basmati recalls with concern. On probing, she found that Sonia was not producing enough milk and the family was trying some herbal medicine to solve the problem. "Shockingly, I also discovered that the family was feeding the *pushtahar*



Sonia and her family admit their folly when they see the smiling twins

(nutrient supplements for lactating mothers) to the livestock, which was meant for Sonia to help her produce enough milk for both babies," says Basmati.

It took her two months of constant supervision to make the children weigh 3.6 and 2.9 kilos.

The obtuse attitude of Sonia's family made it extremely difficult for the ANM to convince them to get the twins important vaccinations. They gave a tough time to Sarla, who painstakingly visited the family routinely until completing the immunisation of the babies.

"Sonia's mother-in-law would reproach me and use abusive language for me every time I visited their home," Sarla shares her nightmarish experience. "Even her father-in-law would ask me to stop the immunisation because it caused a high temperature to the babies."

Luckily, tenacity is one of Sarla's strong character traits. "I told them that I didn't understand their native language and therefore it didn't make any difference to me what they said," Sarla laughs it off. "I even asked them strictly to bring the babies to the Health Sub Centre (HSC) for a measles vaccination, which I couldn't have carried, and they did bring them."

The perseverance and resilience of the Sahiya and the ANM resulted in the fact that today, if something happens to Sonia's children she either consults Basmati or doesn't mind walking 2.5 km to Sarla to seek expert advice.



THE SCIENCE OF HAPPINESS

When Dudhan Topno, 26, found out about her pregnancy, she confided in the Sahiya, Muni Kalo, who got her registered at the Anganwadi centre and instructed her about precautions and general care. Even on the day Dudhan went into labour, she called Muni and asked her to organise an ambulance. Dudhan had no idea that her mother-in-law, Bandhani, had other plans in mind. While Dudhan was enduring labour pains, Bandhani had invited a local occultist to perform a special *puja* (religious ceremony) for a painless delivery. She told everyone that Dudhan could not leave for the hospital until the *puja* was over.

Helpless, Muni went back home and prayed for Dudhan's safety and began arranging for an ambulance.

Before the ambulance could arrive and puja was over, Dudhan was ready to deliver the baby. There was no time to lose. Incidentally, Bandhani had also invited a *dai* over, who helped Dudhan give birth to a baby boy weighing 1.8 kilos. "I was closely charting the baby's growth and found that on the fourteenth day he was running a high fever with pus in his navel; these were symptoms of pneumonia and sepsis," Muni recalls with horror. She informed the MANSI block coordinator, Niranjan Mahato and the community mobiliser, Ganesh Soy.

After seeing the baby's condition, the MANSI staff called the Medical Officer In-Charge (MOIC) at the Manoharpur Community Health Centre (CHC), who advised them to bring the baby to the centre, immediately. The family refused, especially the baby's father, Kandana, high on handia (local rice liquor) opposed the advice, vehemently. "Until that moment, we hadn't realised that the baby was in a critical condition and needed immediate medical attention," says Bandhani. "We were trying to treat the child at home with a somewhat dubious but popular home remedy, in which the surface grime from doors and furniture is scrapped off and applied on the baby's navel," she adds.



Dudhan's baby,
Jeevan, wouldn't
have been alive
probably if she had
not followed the
Sahiya's advice

Meanwhile, Niranjan succeeded in convincing the father and took the baby to the Manoharpur CHC where the doctor said that the baby's condition was so serious that he should be taken to Rourkela hospital. There, he was admitted and treated for 24 hours before being referred again to Ispat General Hospital (IGH).

"Fearing a high fee and considering their poverty, the family refused to admit the baby in IGH, but brought him home," says Niranjan.

From the next day onwards, the baby was in the care of Muni, who had been practically living in Dudhan's house.

"The safety of the child plagued my mind, day and night," says Muni, who visited the family every morning and evening and often brought food for them. Through her endeavours, she not only saved the baby but changed the superstitious thinking of the family as well, which Bandhani acknowledges.

"If the MANSI staff hadn't forced us to take the baby to the hospital and if the Sahiya hadn't looked after this baby with so much dedication, we would have continued with our religious rituals risking my grandson's life," she says.



A STEP IN TIME SAVED A SOUL

Sarani Munda, 20, was left heart broken when her first pregnancy ended in a miscarriage, a year after her marriage to Dulsen. Prudently, during her second pregnancy, she took all the necessary precautions and approached the ASHA, Baisakhi Sundi. Baisakhi confirmed Sarani's pregnancy using the kit and took Sarani under her care. During the sixth month, Sarani was running a high fever. She called Baisakhi, who was diligently tracking the pregnancy. Sarani's blood test suggested traces of malaria. Her haemoglobin count was nine.

"In cases of pregnant women found to be suffering from malaria, it is advisable to refer them to a health centre," says Baisakhi, who wasted no time in calling an ambulance and taking Sarani to the nearest Primary Health Centre (PHC), 10 km away, in Kalimati.

"My test results helped the doctors at the hospital expedite the process and no time was lost in giving Sarani the treatment for malaria and low haemoglobin count," says Baisakhi, who made sure that Sarani followed the prescribed treatment, regimentally.

While Sarani's husband, Dulsen, remained busy with his work as a farm labourer, Baisakhi became her constant companion throughout the pregnancy. Even at the time of the labour pain, it was Baisakhi, whom Sarani called first. Baisakhi arranged for an ambulance and, accompanied by Dulsen, took Sarani to the PHC, where Sarani gave birth to her daughter, Sangeeta.

However, a weak Sarani was not producing enough milk for the baby whose weight dropped to 1.7 kilos from her birth weight of 2 kilos.

"Alarm bells rang when we noticed the baby experiencing vaginal bleeding; concerned, I sought help from people at MANSI," says Baisakhi, who still shivers as she narrates the incident.



Sarani feels grateful to the ASHA and the ASHA Sathi, every time she picks up her daughter in her arms

The MANSI block coordinator, Mitalata Patra and the community mobiliser, Rajiv Oraon rushed to Benuapani. "We advised the ASHA to transfer the baby to the PHC, as we were unable to locate the source of bleeding," says Mitalata.

The doctor at the PHC advised a topical medicine for application to stop the bleeding, and prescribed some medicine for enhancing breast milk. Within a month, the baby gained 2.2 kilos.

Holding the active child in her arms, Sarani doesn't get tired of praising the dedicated care given by Baisakhi and the timely referral and intervention by the MANSI staff.

"If my child is alive today, it is because of them, they looked after me from the beginning to even now, and helped me like a family would have," Sarani feels grateful and says that even her husband feels the same.

She says that people now in the village are so dependent on ASHAs, not for mother and child related issues alone, but they go to them for other medical conditions as well as for counselling in personal matters.



A RAY OF ASHA (HOPE)

Madly in love, Nanika Gopa, 17, married Alekho Patra, 20, in 2015. Two years later, when Nanika missed three menstrual cycles, she was filled with nervousness and excitement. Before sharing the news with anyone, she made a visit to a private clinic for a pregnancy test, to get affirmation.

She could not wait to share the blessings with her husband, Alekho, who diligently shared the news with the ASHA, Chudamani Naik.

"I got her registration done at the Anganwadi centre so that she received proper antenatal care (ANC)," says Chudamani. She visited Nanika daily, to supervise her health and gave her all necessary instructions.

Unexpectedly, Nanika went into labour in the eighth month. Alekho immediately informed Chudamani of this development and leaving Nanika in Chudamani's care, proceeded in order to organise money for the subsequent expenses. Alekho works as a helper for a lorry driver.

"The very first thing Nanika told me when I went to see her, was that she would not go to the hospital for her delivery because that would cost the family a lot and that they did not have enough money to pay for it," Chudamani recalls. Nanika was not sure if her husband would be able to arrange the money, so she continued to insist on delivering her baby at home.

It was not easy for Chudamani to convince Nanika. Chudamani's concern was intensifying since time was of the essence. Chudamani called the ANM, Hemlata Mahato, and shared the dilemma with her. Hemlata helped Chudamani over the phone and instructed her to bring Nanika to the hospital at any cost since she was well aware of the



★ Holding the baby in her arms, Nanika wonders about the consequences if the delivery had happened at home

complications a young mother like Nanika would face. Hemlata even telephoned Nanika's relatives to convince her to have a hospital delivery.

"The labour was pre-term, the mother was quite young, and it was her first baby, in such circumstances, there are possibilities of too much bleeding or tearing of the skin," Hemlata elaborates her fears. "Besides, if the labour was prolonged, it would have been fatal for the baby," she adds. Together, the ASHA and the ANM ensured that Nanika reached the Health Sub Centre (HSC) in Jajang, where she gave birth to a baby weighing 2.2 kilos. After the delivery, the ANM called the MANSI staff and asked them to invest their time in counselling the mother, as it was a premature baby and needed careful attention.

Hemlata admits that there had been a time when in this area, out of about 150 deliveries, at least 60-70 took place at home. The situation has changed now due to the presence of an attentive team of ASHAs, ANMs, and the MANSI staff, taking care of all pregnant women and newborns. So far, out of 160 deliveries in 2017-18, only 27 have taken place at home.



BREAKING SHACKLES OF SUPERSTITION – A NEW DAWN

Subhadra Juang, 24, was blessed with a healthy baby boy on 8th November 2017. Oddly enough, instead of celebrating the new member of the family, the event ignited a hushed debate in the village—whether the family would follow the age-old tradition of *chenko*, and brand their infant son with a hot iron rod!

To everyone's surprise, Subhadra and her husband Chandramani decided against the primitive practice. Even Chandramani's mother, Sukumari, who had performed chenko on him when he was born, endorsed their decision.

"We didn't want to take a chance with our baby's life," Subhadra explains why her family decided to go against the popular custom.

Subhadra's village, Kadua lies adjacent to Kharaba and Kuladhankuni villages. Located in the midst of a forest area, 25 km away from the nearest main road, in Harichandanpur block, these villages are home to the Juang tribe.

"Earlier, there were no doctors or dais in these villages and all deliveries took place at home; so this was the only method to save babies from stomach related diseases," laments Mathura Juang, a *dai*, who has performed *chenko* on many babies over the years. Even if an infant died, no

Hot Iron Branding



Known as *chenko* or *daagi* in the local language, branding is done with a special instrument (see photo) or any sharp farm tool. The pointed tip of the instrument is heated on the fire, and when

burning red, it is touched to the baby's skin around the navel area. The belief is that it cures babies of stomach related ailments.





one bothered to pay attention to the real medical reasons behind its death but continued to perform such cruel rituals.

Incidentally, two months before Subhadra's son was born, two children had died in Kharaba and Kuladhankuni after receiving a similar hot iron branding.

"My son was only 12 days old when he had a swollen stomach and my wife performed *chenko* on him; we waited for two days for any sign of improvement but his condition only worsened," recalls Kulamani Juang from Kuladhankuni village, father of the child. Two days later, when the village ASHA, Khiramani Patra, found out about the baby's condition, she rushed him to the hospital; regrettably, it was too late for doctors to save the child.

After these casualties, the Tata Steel Rural Development Society (TSRDS), under its initiative, MANSI, began awareness and advocacy activities in the villages, against the practice of *chenko*. They held meetings with the community and organised a *nukkad natak* (street play). Government officials, including the Medical Officer In-Charge (MOIC), ANMs, and ASHAs were invited for collaboration and knowledge sharing. Later, the government expanded on those activities and an awareness rally was organised in the area. The result of these combined efforts is now visible in the form of a raised level of awareness within the community.



IT TAKES A VILLAGE TO RAISE A CHILD

Sometimes the miracle of life can take a fatal turn and can even be the cause of death. This happened in the case of Dropadi Juang, 40, who, after successive childbirths, eventually lost her own life due to severe anaemia.

Dropadi tragically lost her first five children, all under the age of five. All the deliveries were at home and none of the babies could survive due to the lack of proper medical care. However, her sixth child survived, only because of the intervention of the ASHA, Khiramani Patra, who insisted on an institutional delivery.

Soon after, it was time for Dropadi's seventh delivery. This time around, Khiramani was unable to be by her side, as she was visiting her family in another village. In her absence, a *dai* helped Dropadi deliver her baby. On her return, Khiramani was happy to see the healthy baby doing well, although she found Dropadi in a critical state.

"Her body was swollen, she was unable to do anything on her own, she couldn't even feed the baby," Khiramani recalls. Realising the gravity of the situation, she immediately arranged for Dropadi to be taken to the Keonjhar District Hospital, 45 km away. "Dropadi had grown extremely weak and was unable to feed the baby, so the doctors prescribed powder milk."

The doctors were unable to save Dropadi but her fiveday-old son survived. Khiramani and Mayadhar (Dropadi's husband) returned to the village with the newborn and his deceased mother.

Before Mayadhar could begin worrying about the baby's care, his elder brother's wife, Basanti, stepped in and volunteered to shoulder the responsibility. Married for eight years, Basanti had no children with her husband, Shiba. She found a ray of hope in this motherless baby, albeit raising such a newborn had its own challenges.





★ Intense monitoring by community mobiliser Balbhadra (right)
was of great help to Basanti (left) in raising the newborn of
her sister-in-law who died after the baby was born

"Within a fortnight, I discovered that the baby was losing weight, and had become only 1.5 kilos; he was also suffering from hypothermia," says Khiramani, who had taken the child's survival in her own hands. Not willing to take any risk, Khiramani immediately called an ambulance and took the baby to the Newborn Intensive Care Unit (NICU) in the Keonjhar District Hospital. The doctors kept the baby under observation until it was safe to take him home.

"On our return, I showed the family how to keep the baby warm and what precautions to take when feeding the baby," Khiramani says. She, along with the MANSI community mobiliser, Balbhadra Pradhan, intensified their vigil and began visiting the family at least two-three times a week.

"Their support was a big help for me in taking care of the baby," Basanti admits coyly. "While Khiramani kept an eye on the baby's growth by ensuring that I was giving adequate feed to him and was following proper hygiene, Balbhadra taught me the technique to give Kangaroo Mother Care (KMC) and ensured that the baby was warm at all times, wrapped cosily in a blanket," she adds.

The consequence of this joint dedication was that the baby gained 2.5 kilos in the following three months. Eight months on, the baby, Fakir, now weighs over 7 kilos; and carries the reputation of being a healthy and happy child.

ACRONYMS AND TERMS

ANM	Auxiliary Nurse and Midwife				
ASHA	Accredited Social Health Activist				
ВРМ	Block Project Manager				
CHC	Community Health Centre				
HSC	Health Sub Centre				
IGH	Ispat General Hospital				
KMC	Kangaroo Mother Care				
MANSI	Maternal & Newborn Survival Initiative				
MGM	Mahatma Gandhi Memorial				
MOIC	Medical Officer In-Charge				
MTC	Malnutrition Tracking Centre				
PHC	Primary Health Centre				
SNCU	Sick Newborn Care Unit				
TBA	Traditional Birth Attendant				
TSRDS	Tata Steel Rural Development Society				
VHSNC	Village Health, Sanitation & Nutrition Committee				

Dai	A local birth attendant – sometimes trained, often not trained				
Handia	Alcohol made from fermenting rice water and stored in earthen pots				
Pre-term	Childbirth before the completion of 36 weeks				
Pushtahar	Nutritious supplement for pregnant women, lactating mothers, and children below				
	five years of age				
Vaidya	Local medical practitioners prescribing concoctions made from locally growing				
	herbs				
<i>Mamta Vahan</i> The government-run ambulances					



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