

“When you give a dinner, invite the poor, the lame, the crippled, the blind.....they are not able to pay you back...”

— Lk 14: 12-14



ANNUAL REPORT 2014-15



Reflection on 'Swasthya Swaraj'

Swasthya swaraj- as the name indicates is a yearning of people and it is most relevant in an area where the inequity in every sphere is stark.

What is initiated today in Thuamul Rampur block in Kalahandi district can be compared to bringing a small diya into the darkness to light up the area and lighting many more diyas in a chain reaction. This is something laudable; it is an essential but initial step. In a tiny area of this vast country and globe this good work is being done by many individuals and small groups against many odds.

In the context of a 'health programme' this is equal to providing health care services which is a crying need in far flung, poor tribal belts and localities which are deprived of healthcare services. *"Of all the forms of inequalities, inequality in health care is the most unjust and inhumane"...* Martin Luther King Jr. Health care services bring us close to human sufferings and misery and invite us to reflect deeper on human existence and the reality of life which is interconnected with life of all beings. Disease and suffering are biological manifestations of underlying, deep rooted problems in the society and humanity at large. It cannot be addressed by providing health care services alone, however excellent the quality of those services be.

Swaraj is a dream which is much larger and wider and distant and is beckoning. It is a constant yearning of every human heart - yearning for freedom from all the shackles of external and internal bondages. In poetic language birds flying and the waves of the ocean all signify this great longing of human heart and of the universe at large. The famous Indian pilgrim mantra 'Asathoma Sat gamaya, thamassoma Jyotir gamaya, mruthyorma Amrtham gamaya.....' is an expression of this deep seated longing of every human heart. *Swaraj is longing for Swasthya in its fullness – LIFE in its fullness.*

Swasthya Swaraj can be realized when more and more people become aware of the present day bondages from within and without, which restrict life and keep people in misery and unhappy, when more and more people awaken from their sleep of passivity and want to rise above the misery and march towards freedom, ultimately making a peoples' movement for HEALTH/ LIFE. The tribal dance where the whole village dance together with gentle steps is a familiar, unique feature in tribal areas and it represents this flow, this movement towards greater freedom and it is the same reality represented in all religions in different ways. It is ultimately shifting the centre of gravity from one's own self to the other and the humanity on the whole. This is what the web of life teaches us.

Yes, swasthya swaraj is a dream of the people especially the poor towards which we march ahead....|.



Introduction

In the tribal areas in Kalahandi a baby's first birthday is an important occasion; it is celebrated because of the fact that the baby is still alive on his/her first birthday. Some communities even postpone the naming of the baby after the first birthday because of the high level of uncertainties involved in the child survival. For Swasthya Swaraj society it is a matter of happiness and delight and immense gratitude that we have survived the difficult infancy working in an area of high infant mortality and is a toddler now.

This report is unique or strange in one sense as this is not a report of achievements. We have hardly achieved anything; we have started to walk slowly with and without support and this is the great step for which we thank God who has brought us this far.

In spite of our very humble beginnings, many obstacles, uncertainties and anxieties, a lot has been done in the very first year. This report is a brief description of all what we did till now.

Being a new organization there is an excitement and newness in everything. Everything is a new initiative. People are new, area is new, language, culture, new challenges, new questions which require new answers This enthusiasm is sometimes infectious. As no health focused organization has worked in this area where the health system is almost nonfunctional, the challenges before us are many.

Health is understood by Swasthya Swaraj in a wider perspective far from the medical aspects of health; health of the poor and the powerless is interpreted in its integral connection with health of all living beings, of the animals, of the plants and the entire planet earth all of whom are interconnected in the web of life, but are being ruthlessly exploited by the human greed today. "The cry of the poor is the cry of the earth".

Our Vision

A society free from ill health, illiteracy and poverty, where every being lives healthy and happy, in harmony with the Nature.

Mission statement:

We commit ourselves to empower the least and the last and the most unreached in the society, to liberate them from the bondage of ill health, illiteracy and poverty.

To facilitate peoples' movement for health by empowering the community to work towards swaraj/ self reliance in health.

Justice, Equity, Integrity and Compassion are our guiding principles.

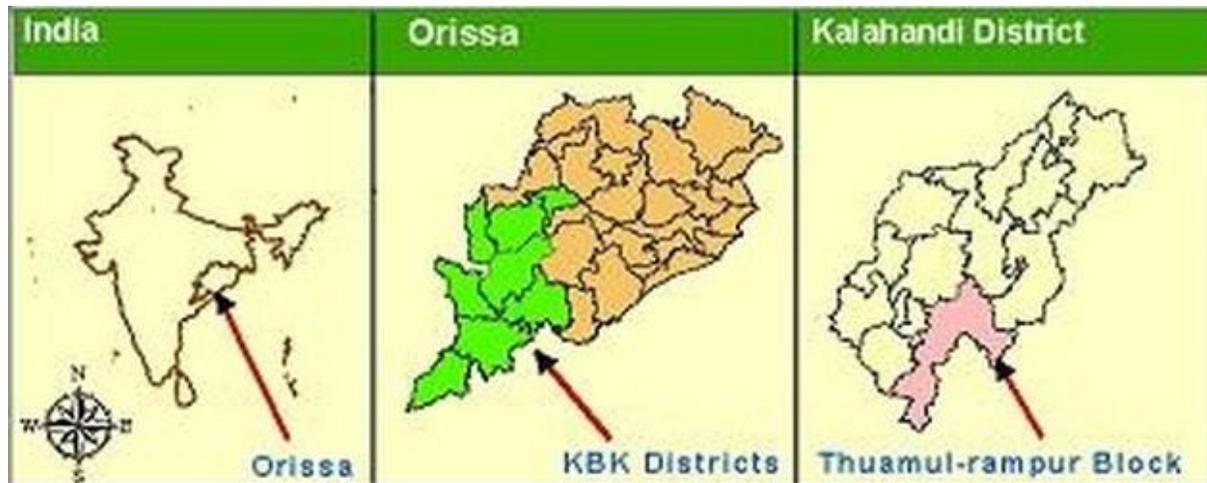
Community based research on the unique health problems of the tribals and finding solutions to them.

To Participatory, educating, empowering, respecting the noble values in the tribal culture, and Human rights based approach in all the activities and programmes.

The Strategy

1. Setting up a comprehensive primary health care system covering 75 villages in Th. Rampur block in participation with the people. This is being built on the knowledge and experience of the people and empowering the community to take control of their health and well being. Preventive, promotive and curative aspects of health are given equal importance.
2. Increased access to health care to the people in Th Rampur block by providing ethical, rational, high quality primary health care at affordable low cost, with community's participation.
3. Educate and empower and provide technical and practical knowledge and skills to various groups of people- women, youth, adolescent girls, children, farmers, school going children, teachers etc. in the community to promote health and to understand that health is their fundamental right.
4. Community based research on issues related to the health problems of the poor in this tribal belt and on appropriate solutions.
5. Integrated approach to health care addressing the social and ecological determinants of health with a special focus on EDUCATION in collaboration with individuals, government, other organizations and like-minded NGOs.

The location and the Challenges before us:



The area we work is remote, neglected tribal pockets deprived of many basic facilities. It is an epitome of deprivation and inequity in every aspect. We work in an area where-

- the infant mortality rate is 152/ 1000 live births (which means that 152 babies in every 1000 live births do not have the fortune to be alive till their first birthday).
- Underfive children mortality is 322 per 1000 live births (meaning that 322 tender lives in every 1000 children born alive, fall off before they reach their 5th birthday).
- The maternal mortality is unimaginably high- 16 maternal deaths in one year in a population of about 11000.
- 56% of all deaths are attributed to fever, possibly malaria.

(ref: baseline survey 2014 done by Swasthya Swaraj)

The region is holoendemic for malaria. In India UNICEF estimates that 48% of the children are undernourished, but in this tribal belt undernutrition is 100% with almost all underfive children visibly undernourished. In addition to lack of food, malaria contributes in a big way to the malnutrition of the children- the so called mal-mal situation.

Education status is abysmally low. Only 26% literate and the women literacy in tribal dominant villages is around 5%. The sad sight of the government primary schools remaining closed is a usual sight in the village after village. This deprives the children of basic education in the formative years and also mid day meals. Education being an important determinant of health, Swasthya Swaraj has ventured into this area too.

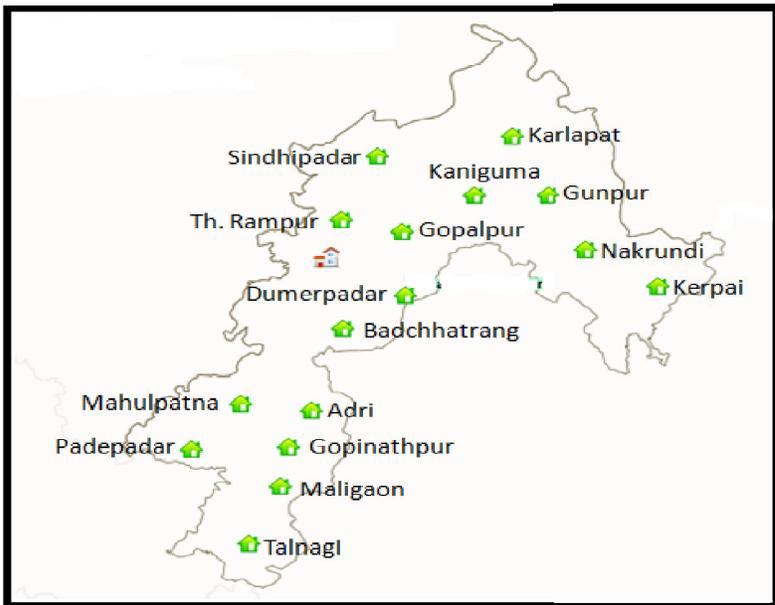


'Doctors are natural attorneys of the poor.' Virchow

Many villages have to live in dark or in the light of one solar light in each household. In the age of great information technology advancements, people in Th Rampur block has to live and work with no mobile connectivity.



In an effort to reach the unreachable.



Swasthya Swaraj reaches out to 75 villages from 5 Panchayats, 13000 population, 3400 households.



Report of Activities

I. Health care providing services:

In an area where no doctor has gone before voluntarily, no health facilities are available, health care is a crying need. Swasthya Swaraj responds to this need by providing good **quality primary health care facilities. Some ground realities:**

- a. No facilities for emergency obstetric care or referrals for secondary care in about 80-100 km radius.
- b. Govt health system almost non-functional in this block except for the half trained ASHAs in the villages (many interior villages are deprived of this too).
- c. No communication facilities to call 108 ambulance, even though ambulance service is available at block headquarters.
- d. Long stretches of forests and hilly terrain with absent roads make it impossible for the patients to access hospital- based health care especially in the nights.



This patient with severe congestive heart failure was carried 7 km from top of the hill to reach

In this scenario, the Swasthya Swaraj has adopted the following strategy for providing health care services:

- a. OPD services in two locations : These are regular weekly clinics, run by the medical team which include doctors, lab technician, nurses, ANMs and other support staff. The clinics are situated in Kaniguma village which is 55 km from Bhawanipatna and in Kerpai village which is about 100 km from the head office. These clinics offer good quality primary health care services following the principles of rational use of drugs and investigations at very low cost or free of cost. These clinics are signs of hope in an area deprived of health care facilities and are being very well utilized by the public.



The clinics are set up in buildings donated by the public- in Kaniguma it is the panchayat building which was donated by the panchayat as per the decision taken at a full house

meeting. In Kerpai it was initially the panchayat office and later shifted to the adjacent old dilapidated building belonging to another NGO which they graciously allowed us to use .

Profile of patients seen in the clinics:

4398 patients have made use of these weekly clinic facilities. On an average 100 patients come to these weekly clinics in Kaniguma and in Kerpai around 40, where the health seeking behaviour of patients is very poor. Almost 90 villages from 7 panchayats benefit from these two clinics. Two thirds of these patients who come to the clinic are women and children. 60% belong to STs and 40% to SCs.



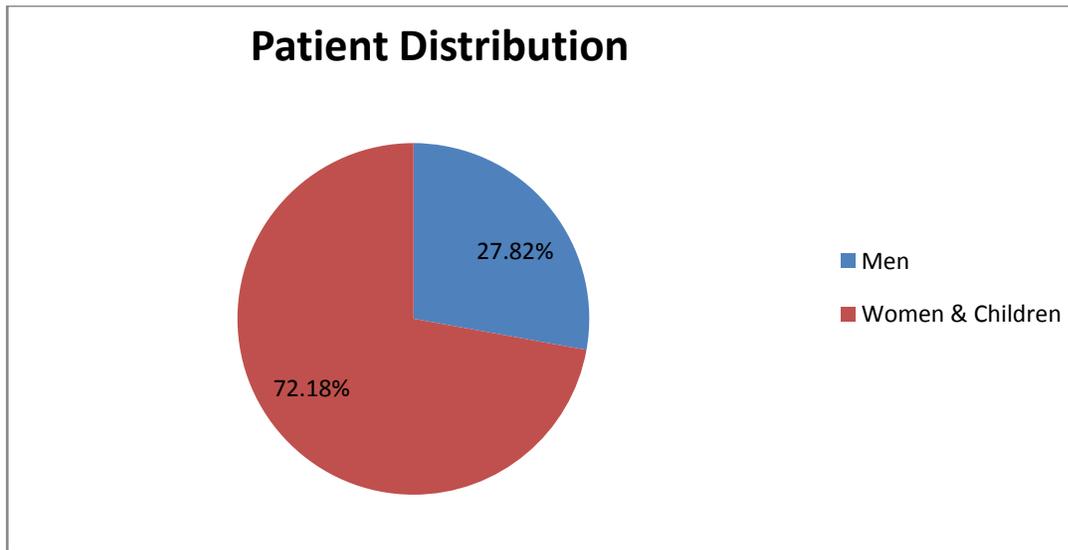
Old couple trying to reach the clinic

Scabies is ubiquitous in this primitive population ; it is seen in its worst forms and with severe secondary infection. Malaria, TB, diarrheal diseases, anemia. All these disease



which take away their lives are indicators of the lowest quality of life prevalent in this beautiful mountainous area studded with rivers and streams and waterfalls. Average life span of adults seems to be 60. This is only an estimation as many do not know their age and we do not see many old people especially men. Average weight of the adult woman visiting the clinic is 43kg and that of adult man is 48kg showing that the population we deal with is grossly

undernourished and wasted, which speaks loudly the food insecurity they are experiencing.



b. Upgradation of the weekly clinics into 24x7 health centres: From the weekly clinics conducted by the medical team once a week, both Kaniguma and Kerpai are being upgraded into two 24x7 health centres recently, with a team of staff residing in these two locations and with facilities to manage many of the common medical emergencies and day care facilities. These are not yet become fully functional.

Each centre is manned by: 2 nurses, one laboratory technician, 2 nurse assistants and one cook cum guard. The doctors will spend one full day in each clinic and also will be staying whenever possible. The facilities for online guidance of the nursing staff by doctors round the clock are being sought.



Clinics offer opportunities for swasthya sathis to learn diagnostic skills

These two centres and labs will eventually be registered under the Clinical Establishment Act and then be the referral centres for management of severe malaria and other manageable medical emergencies in an entire Block where no such facilities exist.

c. Referral Linkages:

Even though the District Headquarters hospital in Bhawanipatna is the nearest secondary care hospital for referrals, they do not take up critically ill cases especially those requiring surgical management. Christian Hospital Bissamcuttack is our most reliable referral centre for critically ill patients. We refer cases to JSS Ganiyari too occasionally for those who can travel by train. Nonavailability of an ambulance to shift the patients is a serious handicap we face. We actually need two ambulances to be stationed in Kerpai and Kaniguma.

Training of local boys and girls as clinic staff: This is considered as an important responsibility by the doctors and this is being carried out regularly. 10 local boys and girls are being trained in various capacities to run the clinics effectively- as pharmacist, laboratory technicians, nursing assistants and other support staff. Many of the nurses also who are recruited lack practical experience and are systematically trained by Swasthya swaraj doctors. Weekly one day is set aside to train the staff in addition to the practical learning and teaching in the clinics.



Sr Madhu Walter teaching nursing techniques to nurses and nursing assistants.

Village visits & clinics: These are not regular. During village visits and whenever outbreaks are reported Swasthya Swaraj team conducts clinics in the villages which are attended by many patients. During these clinics, the team also visits very sickly patients at home and do the needful.



d. TB clinics:

No of TB patients detected (bacteriologically confirmed cases) - 55

No of TB patients known to have died during the period – 5

TB is an indicator of poor quality of life under poor socioeconomic conditions. Considering the large number of patients we detect in our weekly clinics ever since we started sputum microscopy and realizing that it is only tip of an iceberg, the big problem of nonadherence to treatment in this area along with the problem of lack of communication facilities to contact the patients, Swasthya Swaraj has been exploring ways and means to control TB in tribal belts. As a result, new ways have been initiated to increase the adherence of TB patients to the daily (in contrast to the RNTCP policy of intermittent regimen) regimen of antiTB treatment.



Health education to TB patients and their families by our team

All the patients diagnosed as TB are called separately every month on every 4th Tuesday in Kaniguma and 4th Thursday in Kerpai where counseling is given for individual patients, for families and as a group; this offers an occasion for open interaction to clarify their doubts, health education through various means. Nutritious food and take home nutrition supplements for one month, transportation for very sick patients, follow up of the patients and their



Staff playing a skit for health education on TB clinic day.

motivation in the villages by the staff and the swasthya sathis are also part of this programme. The Postal Service is a functioning government department in these remote villages, having one postman per panchayat. This department was wrapped in to contact the patients when the patients do not turn up on the due dates to the clinics.

These patients will get a reminder postcard which the whole village will come to know and the patient will be forced to come to the clinic. This postcard also serves as a tool for health education.

This intensified control programme was inaugurated on March 24th- the World TB Day.

The lack of an Xray unit is a real handicap in running the TB control programme.

We hope the adherence rate will eventually improve.

Screening of the child contacts of the TB patients will soon be started as part of the TB control prog.



e. ANC clinics and underfive children's clinics: In an area where deliveries are self deliveries by the mother herself unassisted by anyone, antenatal care does not exist . Maternal deaths and infant deaths are a common occurrence and people do not think that it is avoidable and they take it as 'natural' in the adivasi belt. Malaria in pregnancy is one important cause of the maternal deaths.

This area being holoendemic for malaria, one important cause of the very high underfive mortality is also malaria which worsens the

growth retardation of the children due to nonavailability of nutritious food. These two vulnerable groups are targeted together in the service delivery of antenatal and underfive children's clinics.



Women & under five children are coming to the clinic

Antenatal and underfive clinics were initiated in March 2015. In each of the two clusters (Kaniguma and Kerpai) at present 3 locations are identified (total 6 locations) where groups of villages can come together. This is going to the people instead of waiting for them to come to us walking over hills and valleys. The venue of the clinics are the government primary schools or community halls in each place. Every month these clinics are organized at the 6 locations where the team goes with all the medicines along with the nutrition supplements, staying overnight in the villages, very often in the government school buildings. This is a kind of 'pilgrimage' the team undertakes in every month to different places- some being so interior and remote. It is sometimes risking our own lives.



View of antenatal women & underfive children waiting in the clinic in Silet

The turn out of the patients is very high (of children) especially in very unreached areas and this is a matter of gratification. The number of pregnant mothers is not yet picked up. Sometimes the total number of the clinic attendance touches 200 and often many have to go disappointed not able to get chance for being registered due to the overcrowd. In Silet village, women and children from 14 surrounding hill top villages are able to come but due to the big numbers this clinic is unmanageable and we are in discussion with people to fix different days and locations.



A busy underfive children's clinic: Dr Sachin & Dr Dhanashri

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In the antenatal clinics all pregnant women receive detailed check up and evaluation for risk assessment, lab investigations- Hb, MP, urine albumin & sugar, RBS in doubtful cases, grouping & Rh in selected cases. Detection of malaria in pregnancy and malaria prophylaxis is given great importance. All mothers receive along with medicines, one nutritious meal and egg.



Antenatal women being examined by the ANM nurses in the ANC clinics



The number of children is very high in these clinics. Growth monitoring of all the children, blood tests- Hb & MP once in 6 months, Mantoux test(PPD) in suspected cases and other relevant essential tests are done. Along with medications, the children receive one nutritious meal and egg.

f. Participation in national control prog:

- i. **Community based malaria control prog:** Malaria being the no. 1 cause of mortality and morbidity in this area this is given great importance. Swasthya Swaraj makes use of all chances to learn more about Malaria control and implement it in a war footing level. 20 villages are selected in the phase I for implementation of this programme with the help of grass root level workers who are well trained by Dr John Oommen & team from MITRA, CHB.



Malaria control training giving by Dr John Oommen to staff.

ii. **Community based TB control:** this programme is still evolving to become a model programme.

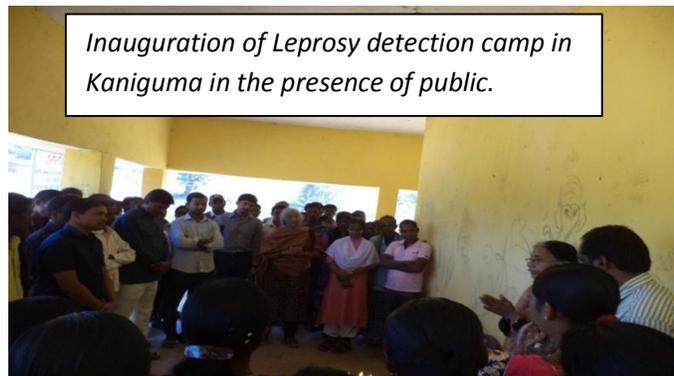
Apart from the involvement of grass root level workers, the village community is made aware of the various aspects of TB, the need to motivate the TB patient in their village to take complete treatment, community helping in case detection and community being rewarded for the successful completion of the treatment by the patient, involvement of the postal dept in communication with the patient etc.



On March 24, the world TB day, an awareness programme was conducted by the staff for the public in the Rajiv Gandhi Seva Kendra.

iii. **Leprosy control:** On January 30 and 31, in connection with national anti leprosy day, swasthya

swaraj organized leprosy detection camps in Kerpai and Kaniguma with the help of a senior consultant dermatologist from Bangalore (Dr Maya Philip). Wide publicity was given to these camps in Th Rampur Block. This was organized as skin disease camps. 13 undetected cases of malaria were detected. These camps were inaugurated in both Kerpai and Kaniguma in the presence of large gathering from the villages. The local panchayat authorities and members were present in both the places. More than 100 skin disease cases were evaluated in each centre other than ordinary skin cases.



Inauguration of Leprosy detection camp in Kaniguma in the presence of public.



Examining leprosy patches in the village

Jan Swasthya Sahyog, Bilaspur, Chhattisgarh supported by sending personnel to help us. No of patients attended the skin disease camps in Kerpai & Kaniguma - 287, No of new Leprosy cases detected -13

II. Community empowerment activities:

Training and empowering of many different cadres of people of the rural community is undertaken by Swasthya Swaraj in all its seriousness because it is the empowered community which ensures the sustainability of the programme. The training and empowerment is given equal or more weightage than the health care providing services. For the training of each different group, there are intensive and ongoing training components.



Giving awareness programme on malaria in villages

a. **Swasthya Sathis:**

These are village level health workers. They are trained by Swasthya Swaraj to be the primary health care providers.



Swasthya Sathis of Kerpai cluster



Swasthyasathis of Kaniguma cluster

They are married women, bahu of the village, selected by the villagers at village meetings. Literacy was not one of the criteria for selection as there are hardly any literate women in the villages. In Swasthya Swaraj they are called swasthya sathis- a term coined by swasthya swaraj which indicates their role in the village.

These women are trained systematically with a three year syllabus which consists of swasthya sathis' duties and responsibilities, Diagnosis and management of all common communicable diseases (with special emphasis on malaria, diarrheal diseases, TB, Scabies, Acute respiratory infections), Antenatal care, intranatal, and postnatal period and care, Care of the newborn, Diseases of underfive children, Nutrition, First aid, Home remedies, Family planning. The project invests lot of energy and resources in training the swasthya sathis and they are the key workers in the villages and the contacts. Creative and innovative methods are used to train illiterate women as primary health care providers.

Swasthya Swaraj is training 75 swasthya sathis- 45 in cluster I and 30 in cluster II @ one per village, and in some large villages two. They are taught diagnostic skills, few investigatory skills, essential treatment skills and health education skills. Even though illiterate, swasthya Sathis also collect vital events data from the villages (recording being done looking at pictures drawn in the book) which go into the HMIS.



Impoverished T.V.for teaching



Creative methods of training the swasthya sathis-Dr Ashish

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True stories of Swasthya Sathis:

Phuldei Majhi (45 years) is Swasthya sathi from Silet village- a hill top village 22 km from Kerpai which she undertakes every month on foot to come to Kerpai for the training.

In her village she has been imparting training to other women on Malaria prevention by use of mosquito nets, Malnutrition and its prevention, Problem identification of new born child and need for antenatal care and risk assessment of pregnant women etc. She visits the families in her village. Though she is illiterate she records meticulously all the births, deaths and pregnancies in the village with the help of school going children. She is also competent in

diagnosing malaria by taking history and palpating spleen, perform rapid diagnostic test for malaria, diagnose severe malaria which has to be referred out, give paracetamol for fever, chloroquin for malaria and contact the base clinic in Kerpai for ACT for cases of PF malaria. She also brings patients to the clinic in Kerpai. Phul Dei Majhi is admirable for her sincere hard work which she does in addition to her field work and household work. She is very happy to work for the village people. Mrs. Phuladei says "I am very happy to work as a Swasthya Sathi. I have been learning many important things which give me the confidence to teach the people in my village. Now I can identify TB, Pneumonia, Malaria patients and maintain the register to keep records of birth, death and pregnant women etc. I and my villagers are really happy that every month Antenatal & under five children clinic are being conducted in my village. I extend my grateful thanks to the Swasthya Swaraj for the wonderful intervention to save our lives".

Teaching other women in her village



Saiboni Nayak – is swasthya Sathi from Amthaguda village in Kaniguma cluster. She is a case of leprosy diagnosed one year ago and is on treatment. She was asked by an outsider once ‘what reward you get for the work you do in the village’? With no hesitation, she replied spontaneously -“ reward? My reward is the happiness of my people when I teach them and serve them”!

Tela dei Majhi is swasthya sathi from Pindapadar village in Kerpai cluster. She is the mother of four children, the youngest son Deepak being six months now. She has hardly missed any training session which she attends along with all her children, even the newborn baby. She is a silent worker who regularly goes to all the houses and promptly imparts all what she learnt at the training sessions to them. Whenever the team visits the village, she quietly comes and takes us to some houses where there are patients to be seen by the doctors. She is a brave gentle woman who does her health volunteer work along with her back breaking work in the hills to earn her livelihood.

Madei Majhi from Kerpai village is a genius. Though illiterate she can recall word by word what she learnt in the classes and she draws every point she learns and communicates to other women in her village.

We are moved by the earnestness of these women, their eagerness to learn, the hardships they undertake to come for the training sessions braving rain and floods, some of them crossing even 3 rivers with above waist level water in the monsoon, walking 3-25 km over the hills in rain and scorching sun to reach the training sessions every month, carrying small babies some of them even 10 days old! In a review session, one of the Swasthya Swaraj team members remarked spontaneously – “ it is not we who teach them but they who teach us and we are here to learn from them”. Another young team member said, “we should consider ourselves fortunate to have been able to help these women to be empowered”.

Trainees as Trainers: We are now in the process of making a group of trainers from among the swasthya sathi trainees, to be the trainers of the other swasthya sathis at subcluster level (small groups of villages) to reinforce the training sessions and to oversee the implementation of the learnings in the field by the other swasthya sathis and to motivate them .

b. Shikhya Sathis:

These are literate youth (men) from the villages selected by swasthya swaraj. They are from class 8 – plus two level studied. It was easy to select class 10 or plus two studied boys from Kaniguma cluster, but it was so difficult in Kerpai cluster to find those who studied at least class 8. In many villages class 2 and 3 are the highest qualified!



Dr John Oommen teaching the shikhya sathis of Swasthya Swaraj through action

Shikhya Sathis are being trained by Swasthya Swaraj to function as the community educators and motivators on preventive aspects of the killer diseases which take away many lives- malaria and TB. When the swasthya sathis are trained in diagnostic skills for early diagnosis and treatment skills of malaria, for prompt detection of signs of severe malaria, pneumonia, severe dehydration etc. , refer the patients on time to the base clinic or higher centre , the shikhya sathis are being trained in mass health education and implementation of various activities in the community to control Malaria, TB, Scabies now.

These youth will be later the lifeline of our nonformal education programme when it evolves.

The Shikhya Sathis organize community meetings and educate the people on various aspects of malaria. They undertake implementation of various activities of community based malaria and TB control programmes . In malaria control they organize or they take up Spraying of houses in the villages, organize one day in every week in every village as 'dry day' to stop mosquito breeding, they propagate use of mosquito nets, undertake the treatment of



a reflection-evaluation process in progress

the nets with deltamethrin, they organize children's clubs and promote malaria control activities and TB control activities thru the children.

The first batch of Shikhya sathis 20 no. (10 in each cluster) have been trained. They are support and help to swasthya sathis too and assist them in their work.

c. HMIS

“Accurate and timely health data is the foundation to improving public health. Without reliable information to set priorities and measure results, communities and their development partners are working in the dark” . Dr Margaret Chan – Director General, WHO.

Swasthya Swaraj tries hard to see that the data collected from the field by the grass root level workers and Field Animators are accurate and HMIS is informative and sets direction to the various programmes. Our HMIS is still being perfected and will be completed in two months.

d. Baseline Survey:

A baseline survey was carried out in Kaniguma cluster in April- May 2014 in 43 villages. A population of 10,795 (involving 2487 households) was covered under this health focused survey. The analysis of this baseline survey gave us the grim picture of the locality and helped us in setting the priorities and the goals. A similar survey but including the anthropometric assessments too has just been completed in Kerpai cluster. This exercise is yet to be repeated in Kaniguma cluster including some of the new villages.



Social mapping for base line survey by Shikhya Sathi

e. **School health programme:** Swasthya Swaraj has not taken up this as a regular activity in the village schools, except in the Health Promoting Schools where this is followed by community based action on each issues. But the school health programme in Gram Vikas Residential School at Kumudabahal is an annual regular event which Swasthya Swaraj team will continue to do every year. In August 2014 this was done as a two day session. The detailed evaluation of each child was followed by health education to the children and teachers separately.



Conducting a community eradication of Scabies in one village

f. **Responding to Disease Outbreaks:** Swasthya Swaraj is ever alert to respond to outbreaks of epidemics and health casualties in the region. Some events are:

(i) In Pollingpadar village from where many patients were coming with badly infected Scabies, the team went and did community eradication for Scabies.

(ii) In Silet village from where many malaria cases were coming, a detection and treatment camp was organized in the village. 40 cases PF positive cases were detected in one single day.

(iii) In Nehela village (remote area in Kaniguma cluster) from where measles cases were reported, our team jumped into action and organized a health camp and enquiry. 2 children had died of measles, three were in the healing phase.

(iv) Occasional health education sessions are organized for whole villages and even in construction sites and in



Health education at a road construction site

agricultural field work sites- wherever groups of people are seen, teaching them on malaria and how to control malaria.

g. Programmes which are being initiated and in the evolution phase

(i) Health Promoting Schools:

This is a programme designed to transform the presently poorly or nonfunctioning government primary schools into nodal points of health promotion in their respective villages. 5 schools are selected in the pilot phase.

We have just started with orientation of teachers, parents and the children about this programme and in conversation with the Education department in the block level, in the district level and revival of the non-functioning School management committee (SMC) and Gav Kalyan Samiti (GKS) in the villages.

(ii) Tulsi (Adolescent Girls' programme):

“ every bud has a right to bloom”... The young buds or the adolescent girls are the most neglected and forgotten group in the villages. They are taken for granted and are hardly seen in the villages; we need to go to road construction sites, building construction sites, brick kilns etc to see them. They are not educated , most of them never been to school. They get married at a tender age and start giving birth to children not knowing anything about reproductive health and rights and parental responsibilities.

Tulsi in India is considered as a special, divine plant and no one destroys it; it is watered and nurtured in a special way and that is the name chosen for our



Adolescent Girls' programme. The adolescent girls are precious buds and they need to bloom and blossom for the society to survive and transform. The programme is designed to help the adolescent girls in this tribal belt to have their due rights to bloom and develop as adult nurturing women.

Adolescent girls' groups are being formed in 20 villages in the pilot phase, to be extended to all the villages later. Two Residential camp based programmes are planned during the next three months in which they get opportunities to know about themselves, about women's physiology, reproduction, sexual health, etc. The programme aims at holistic development of the adolescent girls, drawing out their hidden talents and bloom.



(iii) Technology for barefoot doctors:

Even though there is no telephone or mobile connectivity, information technology has arrived in Th Rampur thanks to Tata Trusts' South Odisha Health programme (Nuakhai). The illiterate swasthya sathis who are being trained as the barefoot doctors are initiated into using TABLETS and record the diseases they see during their home visits, detect the danger signs and alert the doctor or nurse in the base clinic, documentation of vital events – births, deaths and pregnancies in the villages on a regular basis, deliver health education to small groups of people. Along with recording in the Tablets, the swasthya sathis will continue to record in the pictorial records given by Swasthya Swaraj all the vital events data, morbidity data and health education.

(iv) ***Ame podibha dorkar*** (=we want to learn):

This is a children's movement approach to education which Swasthya Swaraj is initiating and facilitating.

In village after village we see the sad plight of the children who assist the parents as full time agricultural labourers. The government primary schools remain closed . The teachers who are from different culture and area do not feel the belongingness to



the village. Moreover the distance and lack of basic facilities are stumbling blocks for them. BUT the children want to learn and they are talented and intelligent, even though physically weak and malnourished.

APD visualizes education as a learning process- each child learning at their own pace, not examination oriented, not so much dependent on teachers, enabling the children to discover their own hidden talents and interests and develop them and acquire more skills related to their needs. They will be able to look deeply on their own tribal culture, their language, critically analyse their traditions, their value systems and their great heritage. Basic skills of reading and writing and calculating will be stressed which the child may learn at a later date instead of at the beginning. This innovative education programme is being just initiated in Kerpai panchayat as a pilot project.



Infrastructure:

Swasthya Swaraj Society does not have any fixed assets. All the buildings are rented buildings and all the programmes are being launched from buildings donated by Village Panchayats or other NGOs or individuals.

In Kaniguma the clinics and trainings were being carried out in the newly built unused Rajiv Gandhi Seva Kendra building of the Panchayat which they allowed us to use. In order to start 24x7 clinic services with residential facilities for staff we needed to move out. The old panchayat building of Kaniguma was given to us on a nominal rent and this building needed repair renovation which was done and is nearly complete. Negotiations are going on for two neighbouring simple private houses for the staff residence and storage space. The trainings will continue to be held in Rajiv Gandhi Seva Kendra where Swasthya Swaraj spent money to build toilets and cooking space.

In Kerpai also the clinics were started in the panchayat office. Later shifted to the adjoining abandoned building belonging to Sahabhagi Vikas Abhiyan

(SVA) which they allowed us to use. This house was renovated (one part) by Swasthya Swaraj and toilets built and made it possible for people to live in. The trainings were organized in the old dilapidated community hall across the road with lot of inconvenience especially during rain and winter. To solve this problem the second part of SVA house was also renovated and a training hall using local artisanship was constructed attached to it and trainings are conducted there now. Toilets and kitchen and store room were constructed or renovated.



The newly constructed training hall in Kerpai

Water connection from the existing drinking water project of Gram Vikas was done in Kerpai and so we have now an abundance of pure unpolluted spring water.

In Silet (22 km from Kerpai village on foot/two wheeler and > 75 km in jeep making road where there is no road) where we conduct antenatal and underfive children's clinics once a month using the space of the Govt primary



school, the village meeting decided to renovate an existing dilapidated community hall at their cost and give to Swasthya Swaraj to implement the health and education programmes from there. The villagers will see for the safety and security of the staff who stay there. In kerpai the existing community hall across the road has been offered to us at a nominal rent, but the building needs renovation works which has to be undertaken by us. We hope to use this building for the children's programme.

Our Focus in the coming year

Having initiated many Health programme activities and having built up a team, in the coming year the focus will be strengthening, stabilizing and streamlining the various activities already started.

A serious study is being planned to look at the various factors which contribute to the high maternal mortality and how we can reduce this. This is an effort to look at the problem in a deeper way, beyond the number of maternal deaths. This may include that we take up advocacy to address the gross inequity, to improve the quality and availability of health services, food supplies, child care services etc. in this area.

EDUCATION will be one main focus in the coming year. Education being an important determinant of health, this will be given great importance in the coming year. The preparatory works are almost complete. Nonformal Education will be our way- an education model which will be liberative and empowering the poorest.

Conclusion

Our journey has just started. There are miles to go before we can reach anywhere near our goals. But the greatest thing is that we have started the programme, a team is built up and all are fully immersed in working with the poor and trying to find the way ahead. We keep going forward against all odds in this beautiful land of unending mountain ranges and rivers and streams. As we travel we try to take as many as possible with us in this exciting journey.....

Our immense gratitude to:

Sr Vinaya and Sr Anice (Holy Cross Sisters- nurses) who worked relentlessly for 3 years in Th Rampur block immersing themselves in the area and peoples' lives , while working with Gram Vikas as staff members . This helped and paved the way in finally choosing this location and area as our focus area .

Gram Vikas and Mr Joe Madiath the founder and former Executive Director to whom we owe a lot. In the pre-formative years of Swasthya Swaraj he was a great support and he generously allowed us to use freely the staff quarters in Kumudabahal Gram Vikas Campus and launch our programme from there. We owe our gratitude to all Gram Vikas staff for their continued support.

Society of Sisters of the Holy Cross, Bangalore who allowed Dr Sr Aquinas, Angelina and Anice who chose to work here and donated a Bolero Jeep without which no explorations would have been possible and we would not have reached anywhere.

SELCO Foundation and Dr Harish Hande the innovative social entrepreneur & founder director of SELCO group and Mr Prasanta Biswal a SELCO team member who came forward to make this dream a reality at a time when everything was in fluid state – forming an independent society, primarily meant to carry out its mission in the poorest areas of Kalahandi district. SELCO's another team member Ms Palak Aggarwal worked with the 3 pioneer Holy Cross sisters in explorations and initiating the work. Dr Harish Hande was the founding President of the newborn society. SELCO foundation spent Rs. 500,000 to initiate the work in this area.

Jan Swasthya Sahyog - JSS is like a 'maike mane' (mother house) for Swasthya Swaraj. We receive ideological support, technical support, personnel support, advisory support, generous supply of medicines and equipment to start the Kaniguma clinic. JSS is a place for exposure and training to the technical and admin staff and we feel that we are part of the extended family of JSS.

Christian Hospital, Bissamcuttack is also home to us. It is much more than being our referral hospital. Dr John Oommen is a source of inspiration and our consultant in matters of community health. Swasthya Swaraj team members feel quite at home here and we continue to learn from CHB experiences and expertise.

SOCHARA (Society for Community Health Action, Research and Advocacy) , Bangalore for their great encouragement and moral support in initiating this programme, for sending their community health fellows from the very beginning to assist in our work here . The Fellows were a great support and help to us while learning community health in action at Swasthya Swaraj.

I would like to specially place on record the enthusiastic young doctors from Maharashtra Govt medical colleges who came from the initial stages and opted to share in our poverty and worked with us in the far flung areas, even without salaries. They continue to work here. They are the rare kinds of doctors who swim against the modern day currents and we salute them.

Tata Trusts – our funding partner: We are indebted to Tata Trusts who trusted us and our dreams even when the society was not born officially. It was at a time when the South Odisha programme of Tata Trusts was being evolved. But when the funding was getting delayed, we were recommended to Tata Steel CSR funds who helped us to tide over the crisis period.

We are grateful to Tata Steel CSR department for helping us with funds in the interim period.

We also put on record our thanks to Harsha Trust who arranged for a loan to tide over the crisis period when the main funding from Tata Trusts was getting delayed and also helped in setting up admin systems.

A special thanks to each of the Advisory Board members of Swasthya Swaraj who helped with their wise advices, ideas and critiques. Each one of Executive Committee members was a great support and Swasthya Swaraj team's gratitude towards them is beyond words.

We thank sincerely all those who donated to the work and growth of Swasthya Swaraj in their personal capacity. Dr Satish Goel, Dr Yogesh Jain, Ms Joan Thompson, Mrs Mamy Pappachen Cochin, Mr Syril Edassery Cochin, Dr Carol D'Souza, Dr George D'Souza, Dr Aloysius Sequeira, Dr Maya Jacob, Dr A. Mohan, Dr Ivan Chou, Mr Varadarajan Bangalore, Mr Rangarajan Baroda, Mr Sanat Hazra & Ms Orla Hazra Mumbai, Mr Jipu James Bangalore, Dr Rahul ASGR, Dr Kumkum Bhasin, Dr Siddhartha Mukherjee, Dr John Oommen, other friends & relatives.

Present team.



Name	Designation
Dr (Sr) Aquinas Edassery MD	Director
Dr Ashish Changole MBBS	Doctor (on Leave)
Dr Sachin Barbde MBBS	Doctor
Dr Dhanashri Bagal MBBS	Doctor
Mr Nidhish E.T. M.Sc (Nsg), MPH	Prog Coordinator
Mr Pradeep Kumar Digal MSW	Prog Coordinator
Sr Angelina Thomas DMLT	Senior lab Technician
Mrs. Madhu Walter B.Sc (Nsg)	Senior nurse cum trainer (part time)
Ms Morganita Dip ANM	Senior nurse & Comm. prog. Supervisor
Mrs Sunita Samal ANM	Nurse
Mrs Mamata Rani Ray GNM	Nurse
Mr Rajesh Krup B.Com, MSW	Accountant
Mr Babagrahi Bag B.A	Data entry operator

Name	Designation
Jayshankar Majhi, Amarsingh Majhi Bichindra Majhi, Suresh Majhi, Guno Majhi, Ghasiram Majhi	Field animator
Eklabya Majhi, Deepak Behera	Drivers
Ms Nappa Majhi, Ms Resmita Majhi, Ms Sarojini Majhi, Ms Sumitra Nag, Ms Kalpana Majhi, Ms Santhoshi Majhi	Nursing assistant trainees.
20 Shikhya Sathis + 75 Swasthya Sathis	

Advisory Board:

Dr Ravi Narayan, Dr Thelma Narayan, Dr Sara Bhattacharji,
Dr Raman Kataria, Dr Ramani Atkuri, Dr John Oommen

Executive Committee Members

Name	Designation
Dr Suranjan Bhattacharji M.S., DNB	President
Dr (Sr) Aquinas Edassery (Jemma Joseph) MD	Vice President
Mr Prasanta Biswal MBA	Secretary
Ms Palak Aggarwal M.A	Treasurer
Dr Yogesh Jain MD	Member
Dr Ravi D'Souza MD	Member
Ms Mercy John M.Sc (Nsg)	Member



Gandhi's Talisman

Whenever you are in doubt, or when the self becomes too much with you, apply the following test.

Recall the face of the poorest and the weakest man whom you may have seen and ask yourself, if the step you contemplate is going to be of any use to him? Will he gain anything by it? Will it restore him to a control over his own life and destiny?

In other words, will it lead to “Swaraj” for the hungry and spiritually starving millions?

Then you will find your doubts and yourself melting away..

mk Gandhi



Swasthya Swaraj Society

(Regd under Society Act XXI of 1860-XXVII/21/14/51 Of 2014)

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