



SWASTHYA SWARAJ SOCIETY
A people's movement for Swaraj in Health

ANNUAL REPORT 2022-23



” Of all the forms of inequalities, injustice in healthcare is the most shocking and inhumane.

- Martin Luther King Jr

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VISION

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



MISSION

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 and thereby promote equity and equality.

We facilitate peoples' movement for health by empowering the people for community action for health.

We promote community-based research on the unique health problems in the tribal pockets and find solutions for them. All our activities and programmes are participatory, educative, empowering and based on human rights and noble values of the tribal culture.



VALUES

Our guiding values are
Justice, Equity, Integrity and Compassion.

BOARD OF GOVERNANCE

Dr George D'Souza

President

Dean, St John's Medical College,
Bangalore

Dr. Kanishka Das

Vice President

Prof. Dept of Paed. Surgery,
AIIMS,
Bhubaneswar

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(Jemma Joseph Edassery)

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Executive Director, Swasthya
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Member

Prof. Dept. of Community
Medicine, Christian Medical
College, Vellore

Dr. Narayanan Devadasan

Member

Public Health Consultant

Dr. Anand Zachariah

Member

Prof. Dept. of Medicine,
Christian Medical College,
Vellore

MESSAGE FROM THE PRESIDENT



It's another year and Swasthya Swaraj (SS) trudges on toward its core objective of serving the medically underserved in the tribal lands of our country. Without equity in health, we cannot bring about economic upliftment. At the same time, this cannot be achieved without educating, empowering, and enabling the people towards appropriate health-seeking behavior. The programs of SS while focusing on providing quality clinical services also focuses on health education and empowering the community to be the first responders in the delivery of health services. This has brought significant improvement in the health statistics in the community endorsing this approach. This year SS will have its own 10-bed hospital, which will bring quality care to the doorstep of our community.

All this has been possible because of the unstinted support of our donors. They have pitched in whenever there was a shortfall, thus helping SS continue its programs and even enhance some unhindered. We are indeed grateful to all of them.

The government agencies have also been very supportive and acknowledged of the work done in SS. The relations of SS with the government agencies are a huge benefit for the programs done by SS. All our programs are in line with the government programs. Working with the government eases the effort required

in implementing programs. They have even supported the organization with donations.

There are challenges too. One of the major challenges is to get doctors. Most come for a short period and when they leave it disrupts services. It also burdens those who are left behind. SS started a tribal health fellowship. Unfortunately, it is not yet as successful as we would like it to be. We are looking to enhance its visibility and make it academic so as to attract more young doctors.

As we enter another year I thank all our donors, members of the Executive Committee and the General Body for their continued support and guidance. I am sure Swasthya Swaraj will continue to do more for the community of Kalahandi and be a model for the delivery of quality comprehensive primary healthcare to the needy.

A handwritten signature in blue ink, appearing to read 'George A D'Souza', with a stylized flourish at the end.

Dr George A D'Souza MD, DNB
Dean, St John's Medical College, Bangalore

HIGHLIGHTS OF THE YEAR

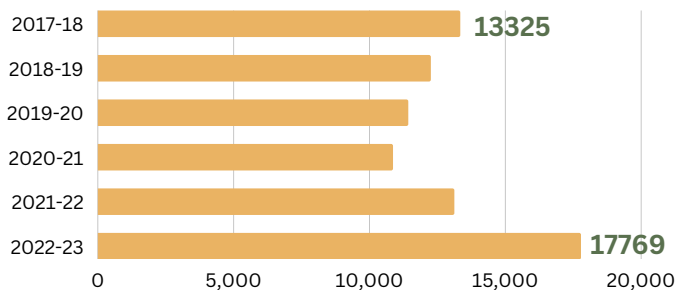
New Out Patient Department,
started at Kaniguma

JSY Accreditation
of Kerpai health centre

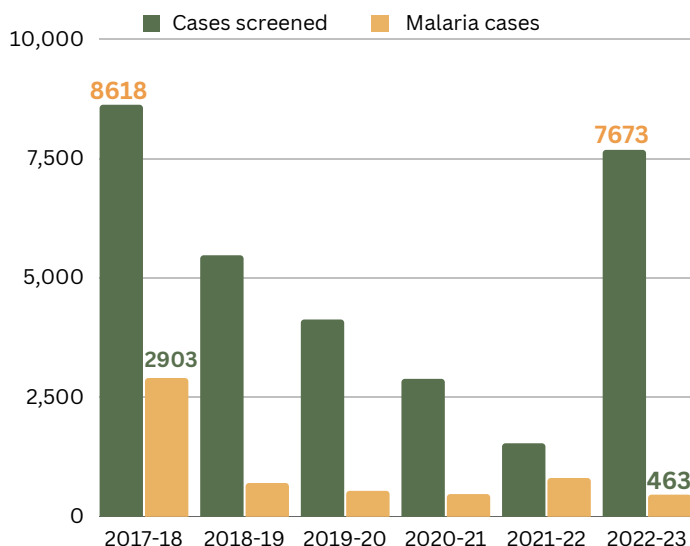
TB Cure Rate **91%**

Exposure visit to
Anand Niketan, Wardha
Shivanjali, Coimbatore
IHMP, Pachod

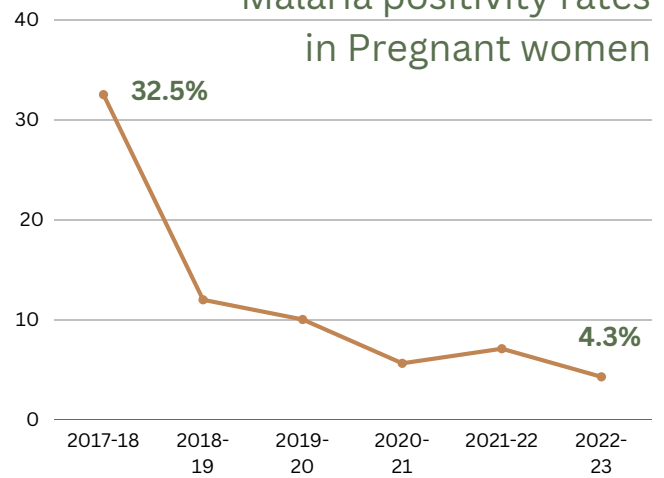
Total patients treated



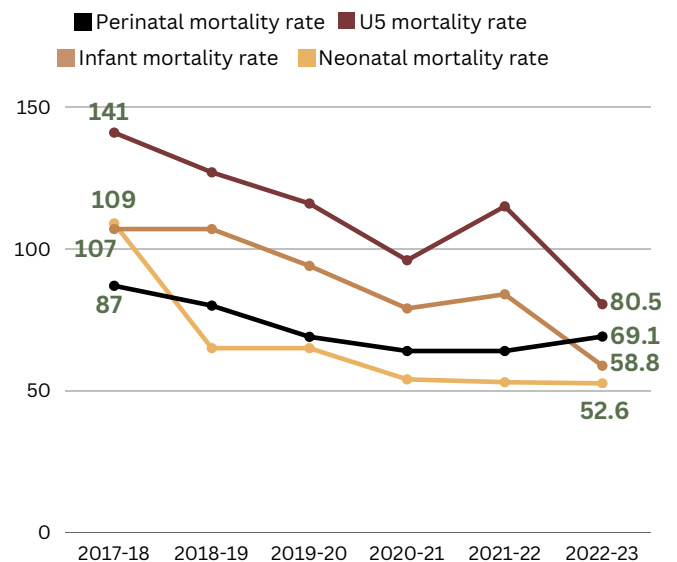
Malaria Trend



Malaria positivity rates
in Pregnant women



Trend in mortality rates



Swasthya Sathis'
exposure visit to BBSR

Baseline Survey
2023

Major Events
Inauguration of GSPG
Flags off 1 new Ambulance

SECOND BASELINE SURVEY REPORT 2023

Quick Snapshot of
Baseline Survey- 2015 & 17

73 villages
2746 households

81.1% tribals	48.7% M
18.9% non - tribals	51.3% F

23.1% Literacy Rate

Higher illiteracy rate
among females

Quick Snapshot of
Baseline Survey - 2022-23

80 villages
2883 households

85.3% tribals	48.5% M
14.7% non - tribals	51.5% F

43.9% Literacy Rate

Higher illiteracy rate
among females



Field animator collecting data from a family



DCHP student collecting data from a senior person

COMPREHENSIVE COMMUNITY HEALTH PROGRAMME



Health Centres

In order to address the unique healthcare needs of Adivasi communities, dedicated health centres are essential. Adivasis often face numerous health disparities due to geographical isolation, cultural differences, and limited access to healthcare facilities. Swasthya Swaraj runs two 24x7 health centres in Kaniguma and Kerpai villages managed by full-time resident healthcare providers, equipped with excellent diagnostic laboratories and provides high-quality comprehensive Primary healthcare services including emergency care services covering more than 9 nearby Blocks. We put on record our immense gratitude to Azim Premji Foundation for enabling us to run these centres.

The health centres are strategically located within or in close proximity to major connecting villages where travel facilities are available. This ensures that the centres are accessible, particularly for those residing in remote or marginalized areas. The health centres offer a wide range of comprehensive healthcare services tailored to the specific needs of the communities. This includes primary healthcare, focused reproductive and maternal health services, nutritional support and care, and prevention and management of endemic diseases prevalent in the region. The centres also run with the understanding of the economic condition of the community we work with, by providing quality healthcare. The health centres adhere to the Principles of ethical, rational healthcare are strictly adhered to and these centers are open to all from project villages and beyond.

- **X-Ray Facility at Kaniguma centre**

This facility has saved the patients from travelling 60–100 km to Bhawanipatna, for X-Ray.

- **Advanced diagnostic facilities (PCR Lab) made available at point of care at Kaniguma**

- **JSY Accreditation to Kerpai clinic**

District Administration has recognized Kerpai Health Centre as Janani Suraksha Yojana (JSY) accredited Delivery point, which will eventually help in improving institutional deliveries in this area. This centre is also well-equipped for neonatal care and management of severe acute malnutrition (SAM).

- **Ambulance under LIC HFL CSR**

This new addition to our resources ensures prompt and timely healthcare delivery to the community, further enhancing our ability to address their healthcare needs effectively.

- **New Hospital building**

Kaniguma hospital is being shifted from the over-congested, small rented building to the new hospital under construction about 1 km away from the old location, in the land donated to Swasthya Swaraj Society by the District Admin.



New OPD block at Kaniguma



X Ray facility at Kaniguma



Advanced diagnostic facilities at Kaniguma



Ambulance flag off by MD, CEO, LIC HFL

Gaon Swasthya Poshana Char (GSPG)

The comprehensive Tribal Health Report of 2018 has pointed out that to improve the health and nutrition status of the marginalized tribal mothers and children:

- ✓ Health facilities have to be closer to people which will improve access to healthcare
- ✓ Health facilities have to be designed in a tribal-friendly and tribal-specific manner which will improve the utilization of the healthcare service
- ✓ Health Facilities have to be manned by a health workforce trained in tribal healthcare practices and equipped with a wide range of knowledge, skills, and competencies.

We had been piloting a Gaon Swasthya Poshana Gharo (GSPG), a model based on this report run by DCHP graduates, in a humble rented house in a remote tribal village Silet for a dedicated population of 2000 individuals, from July 2021.

2983

Number of patients seen in the GSPG

46

Number of SAM/ MAM children treated

54

Number of deliveries in the Silet block

31

Number of deliveries assisted by SS nurses/TBA



With the evidence gathered by running this successful model which has improved healthcare utilisation among the population the GSPG targeted, we are all set to **replicate this model** in the tribal pockets where health indicators and utilisation indicators are comparatively poorer.



Inauguration of GSPG building

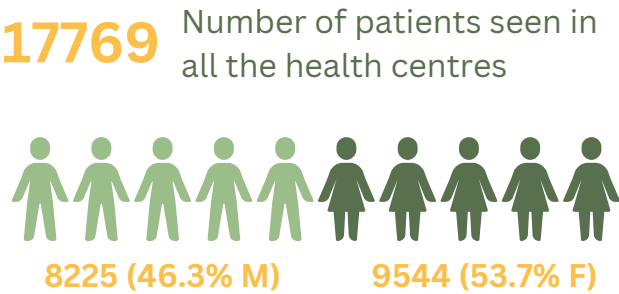


New GSPG building at Silet

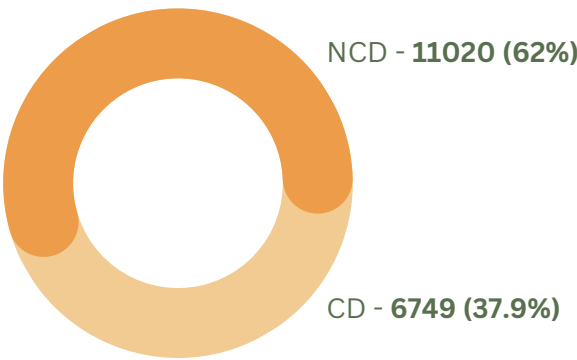
This year we were able to enhance the services provided in the centre by shifting to a bigger centre with a wide range of basic diagnostic facilities to ensure comprehensive, high quality but low-cost health care is available to all the people. For this, we are grateful to R G Manudhane Foundation. The centre

has facilities for emergency delivery and neonatal care. The SELCO foundation has been kind enough to help us with solar-powered equipment like ILR, Microscope, suction machine, centrifuge machine, delivery table, infant warmer and much other equipment.

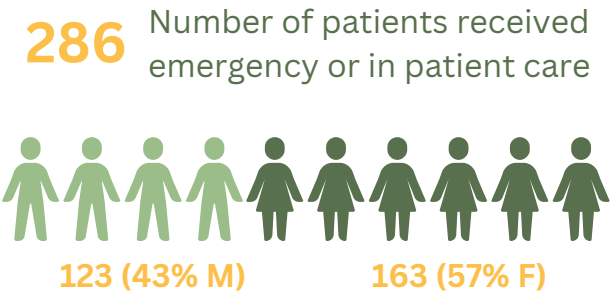
OUT PATIENT DEPARTMENT (OPD)



Graph 1.1 - Percentage of Communicable Diseases and Non - Communicable Diseases among OPs



IN PATIENT DEPARTMENT (IP)



Graph 1.2 - Percentage of Communicable Diseases and Non - Communicable Diseases among IPs

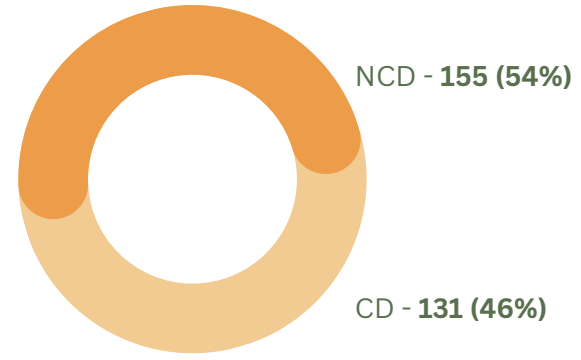


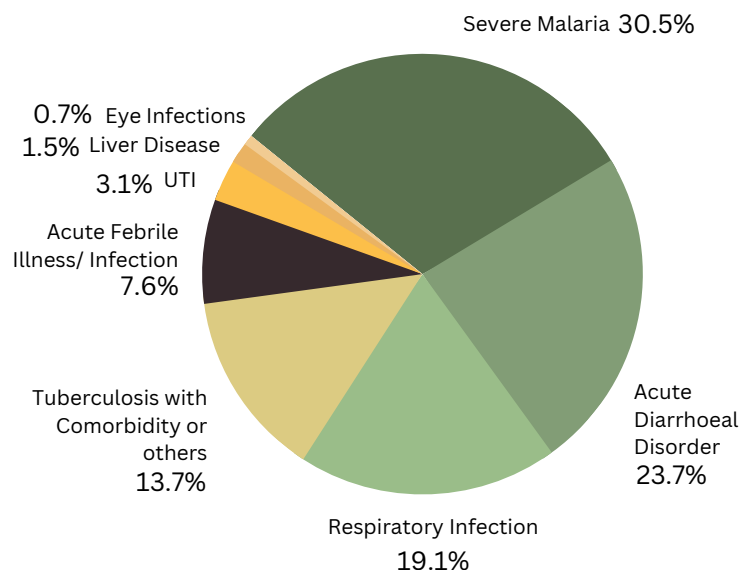
Table 1.1 - Laboratory investigation data in all health centres

Laboratory Investigations /Test		Kaniguma	Kerpai	GSPG Silet
Total Test		23342	6351	3596
Blood	Hematology	10707	3104	1504
	Biochemistry	4112	242	18
	Others	4134	2380	1870
Sputum	Microbiology	534	51	0
	PCR/ TRUENAT	471	40	0
Urine		1940	498	204
Other	Others	417	33	0
	Microbiology	40	0	0
	PCR	11	0	0
ECG		298	3	0
X-RAY	CXR	533	0	0
	OTHERS X-Ray	145	0	0

33289
Number of laboratory investigations



Graph 1.3 - Spectrum of Communicable diseases among admitted patients

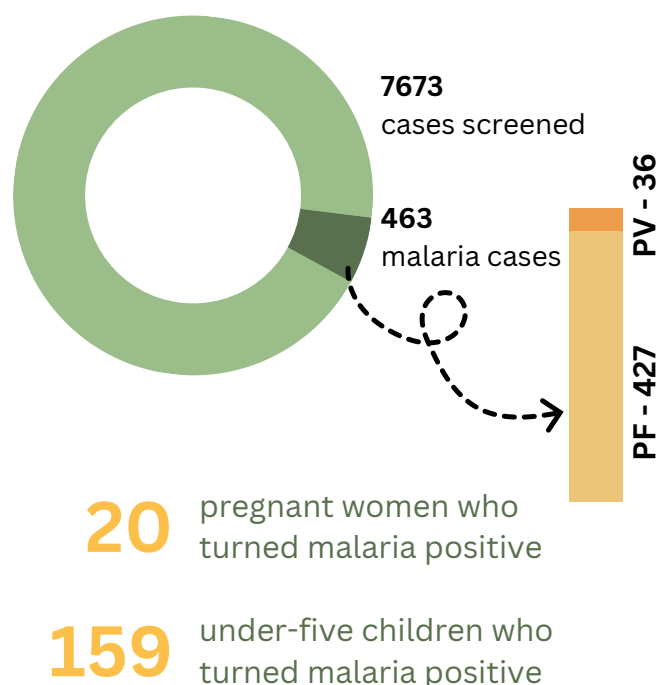


Last working day in the old OPD at Kaniguma clinic

Malaria Control Programme

In the year 2014-15 when Swasthya Swaraj started the work, Odisha with a population of only 3% of the total population of India, accounted for 26% of malaria cases of the country and Kalahandi district was one of the top contributors in the State. Hilly, forested areas, isolated habitations, favourable climate and geocotypes, complex vector bionomic, and high falciparum proportion are some of the reasons for high incidents of malaria cases. One of the doctors from the founding years who revisited us last year made a comment saying that it is inspiring to see the change in malaria burden – to have only 5 or 6 malaria positive cases in outreach clinics compared to the nearly 90% of the village being malaria positive. We have not reached a point where we can certify the Block as malaria free, but there has been significant improvements in this aspect. We have been able to combat endemic malaria through both community-based and hospital-based efforts. We work very closely with the District Malaria Control programme. Rapid testing, tracking, community empowerment, decentralized access to diagnosis and treatment at the village level, prompt detection, and management of severe malaria which is a killer medical emergency have been our strategies so far.

Graph 1.4 - Malaria cases among the cases screened



The most vulnerable population to repeated attacks of malaria are pregnant women and under-five children. We continue uninterrupted surveillance efforts by doing active screening of these two vulnerable groups in our outreach clinics for malaria and anemia in 10 hard to reach locations once every two months along with their nutrition status assessment.

Tuberculosis Control Programme

Economically poor regions often experience a disproportionately high burden of TB. Poverty is closely linked to factors such as overcrowded living conditions, malnutrition, limited access to healthcare, and other social determinants of health. These conditions create an environment conducive to TB transmission and contribute to higher TB prevalence and incidence rates. Limited access to healthcare facilities, inadequate healthcare infrastructure, low health literacy, and financial constraints hinder timely diagnosis and proper management of TB cases. Late diagnosis can lead to advanced disease, increased transmission, and poorer treatment outcomes. Due to these reasons, tribal regions in India have been reported to have a three times higher burden of TB compared to non-tribal regions.

Despite the challenges in the tribal region with respect to TB cases, we have been able to achieve a 91% cure rate through a patient-centered approach! In the resource-poor, primary healthcare facilities of Swasthya Swaraj, we take a patient centred approach to the care and prevention of TB, keeping nutrition at the centre. There is concentrated teamwork between doctors, nurses, paramedics, support staff and community level worker to reduce the TB burden in the region. Over the years we have also improved the diagnostic facilities which include- PCR lab, Xray facilities, designated microscopic centre which are essential in TB care. We work in close collaboration and support from the Govt. NTEP programme.

Table 1.3 - Outcome of 2022-23 related to Tuberculosis

Outcome of 2022-23	Nos.	Rates
Total number of TB patients cured at SS	48	89%
Total number of TB patients died	2	4%
Total number of Loss to Follow Up (LFU) TB patients	3	6%
Refer / Transfer out (but cured)	1	2%
Regime Change/ Not evaluated	0	0%
Total	54	100%

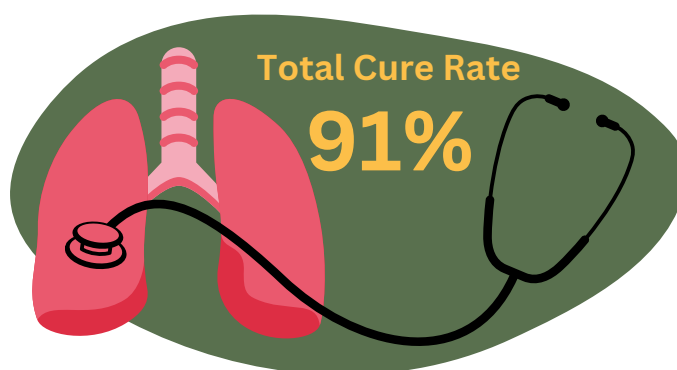


Table 1.2 - Screening for Tuberculosis

Total No of cases screened for TB	576
No of cases tested Sputum Microscopy	565
No of cases tested with TRUENAT/ PCR	510



World TB day observation by school students

Outreach Clinics

Improving Maternal and Child Survival Program

The villages have limited access to healthcare facilities, including maternal and child health services. One of our efforts to take health care closer to the community is through outreach camps. Outreach camps bring essential healthcare services closer to the communities, ensuring that pregnant women and under five children, the most vulnerable population, can receive health care without the need for long-distance travel or facing geographical barriers.

We conduct outreach camps for both pregnant women and under five children in 10 hard to reach locations every two months. The location is strategically chosen to cover most of the population from remote villages. The outreach camps are conducted by a team consisting of doctors, senior nurses, community nurses, paramedics, and support staff. The activities in the camps include anthropometry of pregnant mothers and under-five children, nutritional status assessment of each under-five child, screening for malaria and anemia for all pregnant women and children irrespective of their symptoms, routine lab investigations for pregnant mothers, detailed check up of pregnant women and risk assessment by nurses and then by doctors, effective health education are given by our dedicated team effectively and repeatedly, nutritious lunch, and substantial take home nutritious supplements are also distributed. We try to reduce the number of low birth weight and very low birth weight babies born to poor mothers.

Early detection of high-risk pregnancies and health complications and growth-faltering in under-five children can be done through the camps which allows for timely interventions and appropriate management.

These outreach camps provide us a platform to provide health education and counseling for pregnant women. Senior nurses educate the expecting mothers about important aspects of antenatal care, such as proper nutrition, immunizations, postnatal care, care of

71 ANC Outreach clinics



ANC outreach clinic

the newborn and healthy lifestyle practices. These sessions also address common concerns, dispel myths, and provide guidance on birth preparedness, and postnatal care, nutrition in pregnancy and postpartum period, weaning, and promoting better maternal and child health outcomes.

The camps also serve as a venue to promote institutional delivery, counselling on family planning, and the importance of skilled birth attendants.

The prospective of achieving 100% **immunisation coverage** through these camps are being discussed extensively and some collaboration with the government is underway.

Table 1.4 - Pregnancy registration and high risk pregnancies with a outcome

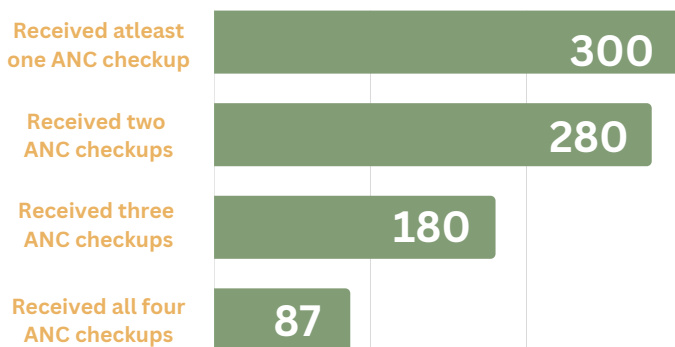
Total no. of new pregnant women registered	368	
Total no. of pregnant women registered in first trimester	268	72.83%
High risk Pregnancies	132	35%



333 deliveries
323 (97%) live births
10 (3%) still births
35 abortions

Graph 1.5 -

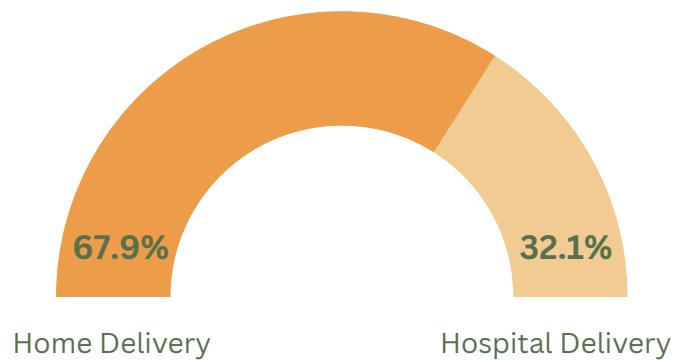
Utilisation of ANC services



*Irrespective of the trimester the pregnant women visit

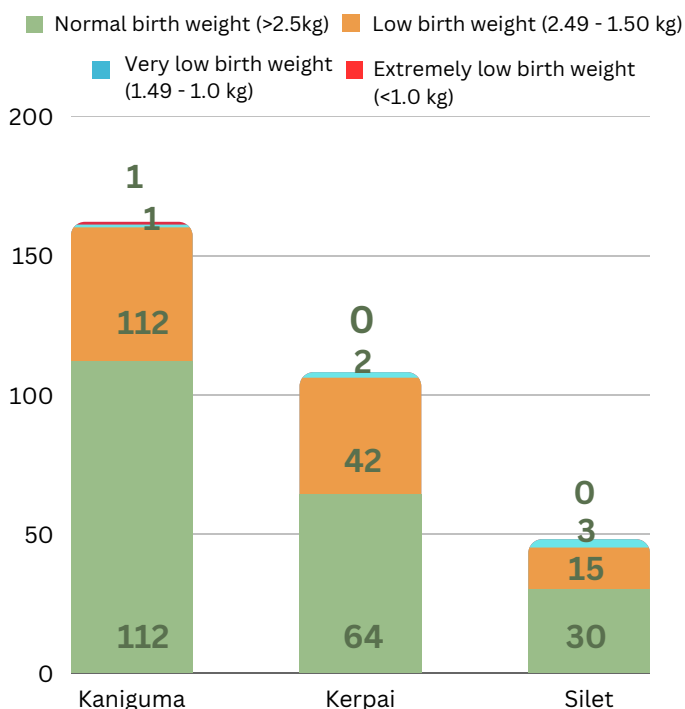
Graph 1.6 -

Place of delivery



Graph 1.7 -

Birth weight of newborns



Community health practitioners holding a new born baby after institutional delivery



Community health practitioners following up with high risk pregnancy women

Adolescent Girls Friendly Health Clinics

As part of the larger TULSI programme which focuses on the female adolescent age group, we run Adolescent girls friendly clinics (AGFC) in 10 hard to reach locations, once in 2 months. Adolescents have complex needs that span various areas, including physical, mental, nutritional, and reproductive health. A team of a female doctor, senior nurse cum counsellor, community nurse, TULSI programme cluster level coordinators run these clinics. This holistic approach addresses the multi-faceted needs of adolescents and supports their overall well-being.

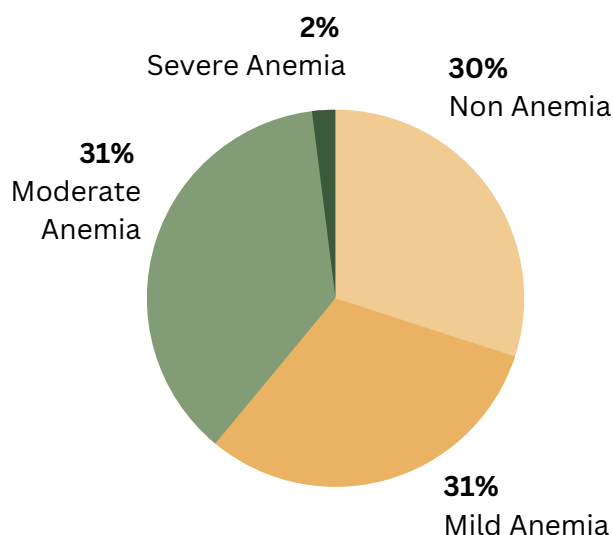
Adolescents require a safe and confidential space to discuss their health concerns without judgment or fear of their information being disclosed to others, including parents or relatives. The aim of these clinics is to create that safe and non-judgemental space for the adolescents so that they can openly communicate with healthcare providers about sensitive issues, seek guidance, and access appropriate healthcare services.



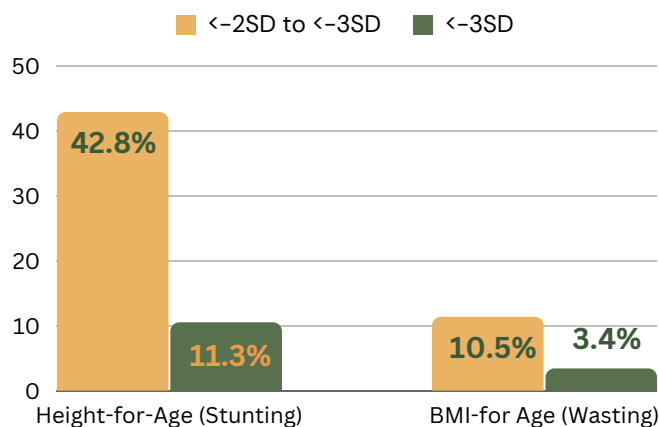
TULSI girls in one of the village level meetings

1006 Number of adolescent girls reached through AGFC

Graph 1.8 - Anemia profile of Adolescent girls (n=1006)



Graph 1.9 - Nutritional data of Adolescent girls (n=1006)



Improving nutritional status of under five children

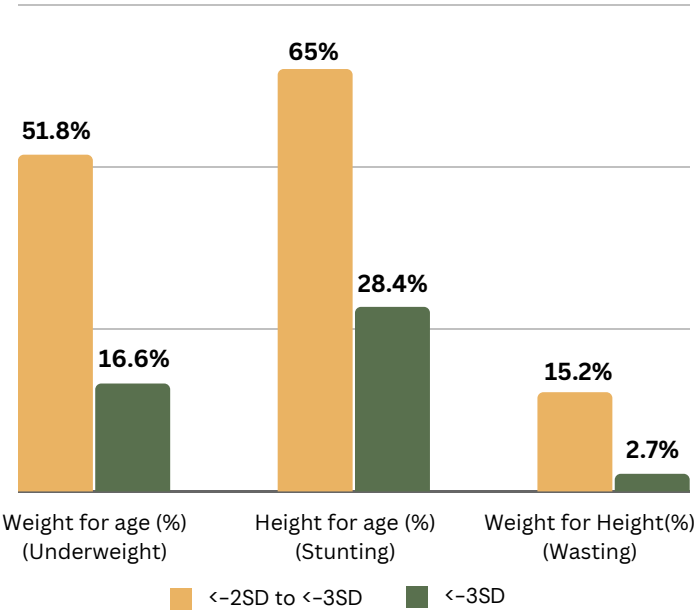
Intervening in the under-five age group is of utmost importance for improving nutritional status and ensuring healthy growth and development. Adequate nutrition during this period is essential along with their intellectual stimulation and development.

1749 Number of under five children reached for growth monitoring

The outreach clinics of Swasthya Swaraj being organized in hard to reach locations target the pregnant mothers and underfive children. The growth of the underfive children are monitored regularly once in two months by the Field Animators and the data analysed in WHO Anthro. The growth to health charts are made for each child and the graphs plotted by the Animators are explained to the mothers. SAM and MAM children identified are notified to Swasthya Sathi and community nurses who track them regularly. Complicated SAM children are brought to the Kaniguma or Kerpai health centres or GSPG.

We have made the strategic move to focus on the SAM and MAM children in the outreach clinics and they are identified through growth monitoring in every two. We are **continuing the outreach clinics for U5 children with a focus on SAM and MAM children.**

Graph 1.10 – Nutritional Status of U5 children



Growth monitoring (measuring length in infantometer) by Field Animator

Swasthya Swaraj focuses on Comprehensive Primary Health Care (CPHC). We believe that primary healthcare is the cornerstone of attaining the SDGs, and we follow whole-of-society approach to health and wellbeing, encompassing promotive, preventive, curative and rehabilitative services that address the broader determinants of health.

COMMUNITY EMPOWERMENT



Swasthya Sathi

Our strongest pillar of support in all our interventions are our Swasthya Sathis. They are community health workers who are trained once a month regularly on preventive healthcare practices, basic diagnosis, maternal healthcare support, about the various diseases prevalent in the region and data collection from the community.

These Sathis follow a disease surveillance system where they report the predominant illnesses, they report on any disease outbreak, malaria, TB new case detection and following up with the course of treatment, registration of new pregnancies, promoting institutional delivery or taking obstetric care during delivery, reporting of any new fever cases, surge in any health illnesses in their village. Even today, if Swasthya Swaraj is highly responsive and quick to handle the health needs of the community, this is mainly because of our Swasthya Sathis. These grassroot level volunteer women encourage the adolescent girls to attend the training programmes, pregnant women to attend the antenatal clinics, follow up the SAM and MAM children, weigh the newborn children at home, deliver home based newborn care etc.

This year we took Swasthya Sathis along with their infants on a day's exposure visit to Bhubaneswar where they visited the tribal museum, botanical garden and the Udayagiri and Khandagiri caves. They saw and traveled in for the first time in their life a train! Women who had not even seen Bhawanipatna could visit the State capital!

Diseases surveillance and community level follow-up of patients is done by Swasthya Sathis. On an average a Swasthya Sathi follow-up and visit these numbers of patients during their house-hold visits

Table 1.5 – Disease surveillance by Swasthya Sathis

Fever	546
Cold Sponging for fever	346
Respiratory Infections (Cough)	354
Worm in Stool	127
Diarrhoea & Vomiting	286
ORS Supplement	241
Community Follow-up of Malnutrition	55
Mosquito net use (by Households)	1093
Fits/ Convulsion	33
Scabies/ Skin disease	281
Fever with rashes	149
Night Blindness	40
Eye problem	130
Dental/ Teeth problem	279
Ear problem	152
Snake Bite	7
Dog Bite	4



Pictures from Swasthya Sathis' exposure visit to Bhubaneswar

Diploma in Community Health Practice

Our key approach to empower the community is to organise, educate and equip the individuals. For a more sustainable and effective change to happen, it is critical to have individuals from within the community. The diploma programme is a step ahead in our efforts to create a stronger workforce to work for tribal healthcare who are from the same community and to kindle the aspirations among the tribal students to become professionals in the health sector.

The Diploma in Community Health Practice course was designed by Swasthya Swaraj and is affiliated to Centurion University of Technology & Management, Bhubaneswar. With a minimum qualification of 12th pass, the course is completely free of cost and job-assured for two years with Swasthya Swaraj with full salary. They will be provided career guidance and guided for individual development. This year saw the

5 batches **36** Number of graduates

Field Animators

A strong network of young leaders from the community serve as the backbone to all our initiatives in the region. Right from understanding the needs of the community through conversations with various age groups in the villages, the challenges that the community face with respect to health and other aspects, bouncing off ideas as to how we as an organisation can support the community, communicating our new initiatives to the villages, helping the team with any logistics concerns for outreach camps/ visits, mobilising the community for any camps, bringing the patients, extending support to all the Sathis who work with us- they do it all!

graduation of the 2nd batch of DCHP programme who completed the two year work in the clinics. This year also saw the commencement of the internship period for the 3rd batch of DCHP students.

We have taken **collaboration efforts** by engaging in conversations with different experts/ advisors and government departments to legalise the diploma course and to find **venues of employment** for the DCHP graduates with the government.



Annual day celebration and graduation ceremony of DCHP Graduates, at Kaniguma

Each Field Animator is responsible for a cluster of 7/8 villages. Many a times, they also play the role of a representative in Panchayath meetings, a youth icon from the village and as a confidant of the villagers for any concerns they might have. Capacity building and skill development of these field animators are given high importance through training and hands-on experiences. Through their involvement in decision-making processes, community projects, and initiatives, they gain practical experience in managing resources, resolving conflicts, and implementing positive changes.

Adolescence is a critical phase of transition from childhood to adulthood. It is a time of rapid physical, cognitive, emotional, and social changes. It is an opportune time to build health literacy, which is the ability to obtain, understand, and use health information to make informed decisions. Equipping adolescents with the necessary knowledge and skills empowers them to take control of their health throughout their lives.

The Toki Upliftment and Self-Empowerment Initiative rather known as TULSI among the community and SS, was conceived after recognizing the high rate of school dropouts among adolescent girls in the Thuamul Rampur block of Kalahandi district, which has been linked to child marriages, illiteracy, and early pregnancies. Through the programme, we are focusing on this age group, with the hope that this intervention effectively targets behaviors and habits that influence long-term health outcomes. The project not only aims to aims to raise awareness among adolescent girls about their health and well-being but also to provide them with a safe and non-judgmental space to share their problems and seek necessary health services. We are working with 1500 tribal adolescent girls of the 79 villages and hamlets in the blocks that we are working.

With the funding support from Bharatiya Reserve Bank Note Mudran Private Limited (BRBNMPL), from December 2021, we have been working very closely with the age group in different domains.



Visit by the funders from BRBNMPL

A team from the organisation attended a week's training at the Institute of Health Management (Pachod). A various modules on life skill, project management framework and other tools for the better planning and implementation of the programme.

The programme has multiple verticals aimed to empower the adolescent girls to make informed decisions.

- **Life skills** – Trainings along with practical sessions taken by the police department on how to approach the police station etc.
- **Adolescent Girls Friendly Health Clinics (AGFHC)** – Important initiative to ensure the health and well-being of young girls in the age group of 10–19.
- **Health Education** – Trainings on various aspects of health and well being like Nutrition, Anemia, Reproductive health, Menstrual hygiene etc are provided to the adolescent girls.
- **Livelihood** – 3 girls went on an exposure visit and underwent training at Coimbatore for doll making. TULSI girls were supported to put up food stalls during various events and on Saturday OP days at the Kaniguma centre to build their confidence and entrepreneurial skills.
- **Non-formal education** – It has been introduced starting with numerical literacy, for girls who have dropped out or never been to school.

63 adolescent girls got married

But...

17 said a firm **NO** to early marriage

For better implementation, TULSI Sathis are trained once in a month and encouraged to take 4 sessions in a month during village level TULSI club in their concerned villages.

Health and Nutrition Promoting Schools

One of our biggest learnings from working in this region is that to enable behaviour change and improve health outcomes of a community, education and health should not be viewed in silos. Through baby steps over the years, we are now in the second year of implementing a dedicated programme for improving and influencing the educational scenario in the Kerpai and Silet GP through the lens of health and nutrition status. The previous year went in identifying educated volunteers from the community to work as Sikhya Sathis, who are interested in staying in remote villages to assist and support the efforts of Government teachers and setting up nutrition garden in the schools. This year, we continued with setting up a nutrition garden in the schools along with regular capacity-building of the Sikhya Sathis, created Health & Nutrition Promoting Committees in the 15 schools, engaged the children in inter school activities and conducted a Health & Nutrition Promoting School (HNPS) workshop for the 15 Government School HMs and Teachers. A team from Swasthya Swaraj also visited Anand Niketan School in Wardha, Maharashtra for the understanding of holistic education and what it encompasses.

The primary role of the Sikhya Sathis is to create awareness among the community about the significance of education, encourage them to send their children to school, improve parent engagement in children's education, bring the children to the school,

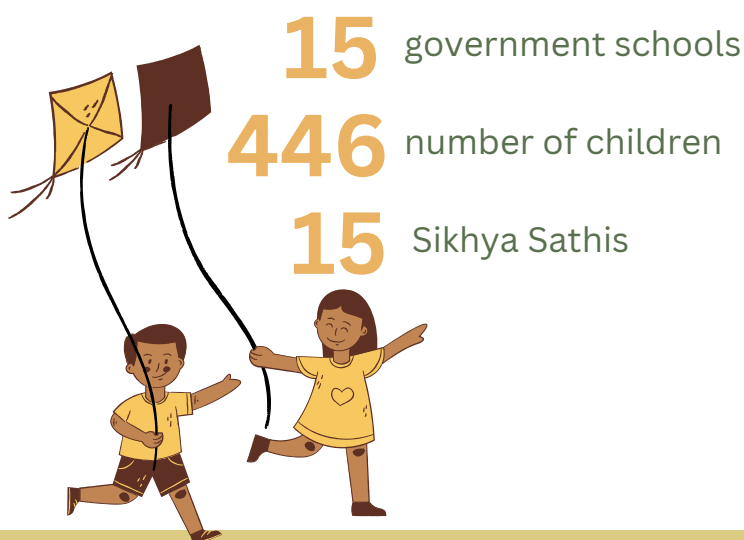
identify children who are not yet enrolled and to engage with the children as most of the schools are single teacher managed. They also help us during the school health camps in mobilising and managing students.



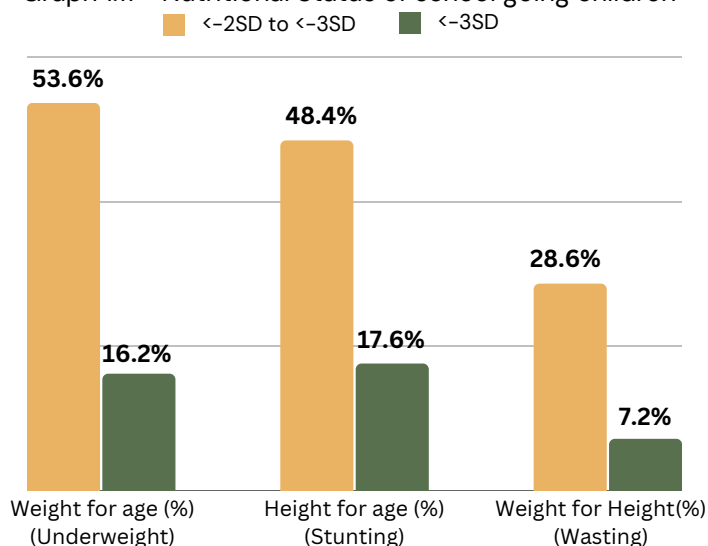
Workshop on HNPS conducted for Govt teachers



Children engaging in painting activity



Graph 1.11 – Nutritional Status of school going children



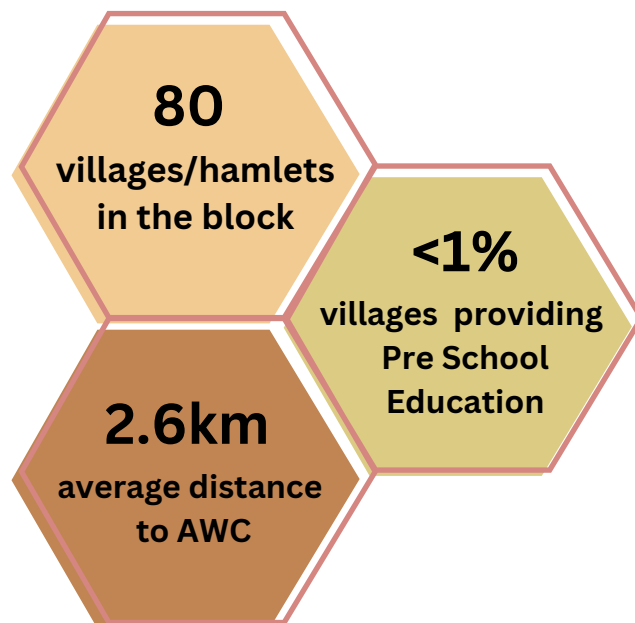
NEW INITIATIVES



Pre School Education Programme

The concept of pre-school education is nearly non-existent in the villages we work in. Preschool education holds significance in promoting the early cognitive, social, emotional, and academic development of a child. It prepares children for formal schooling, enhances language and communication skills, fosters holistic development, addresses achievement gaps, and encourages parental involvement. Last year, we started working with this age group with efforts going into identifying Shishu Sathis, training them and finding a space where these children can be engaged.

The Pre School Education programme which was being done in piecemeals last year, could be organized into a regular and structured programme. The primary objective through this programme is to engage the children of 3–6 years for 2 hours daily through Shishu Sathis and provide them with nutritious snacks. This year we have streamlined the efforts in this front, regularising the training for Shishu Sathis and sessions are being held in all the 79 villages today. We attempted to see the feasibility of providing nutritious snacks for the children at this time but we faced some challenges. However we are still brainstorming on ways to make this logistically possible in the next year.



28 villages where we are piloting the program

435 children we reach through the programme

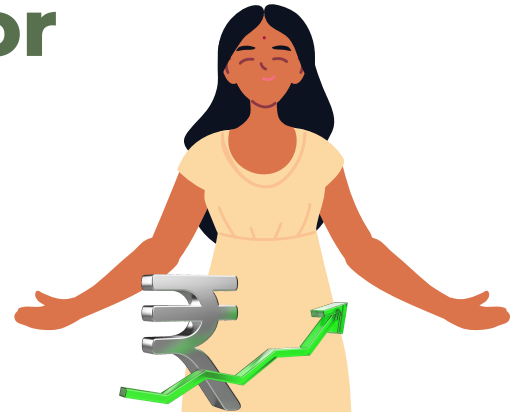


Children playing with toys in a hill top village



Shishu Sathi engaging with children

Livelihood training for TULSI Girls



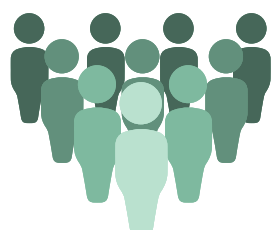
Pictures from the various training session

Preparing a generation for a brighter future would mean equipping them with occupational skills along with other aspects. Through the TULSI programme, we are starting to build the entrepreneurial skills of the adolescent girls. Entrepreneurial skills are vital for any community as they promote economic self-sufficiency, cultural preservation, and community development. Instead of relying solely on external aid or support, communities can develop their economic capacity and become more self-sufficient. The tribal adolescent girls were trained in making cloth sanitary pads, soft toys and dry snacks. Along with building their skills, they were taught basic management practices like book keeping.

" Swasthya Swaraj had a very humble beginning in 2014 but was driven by the passion for reaching to the very last mile, people who are the worst off in the margin. Comprehensive Community Health Programme is a strategy used by the Swasthya Swaraj- a model primary healthcare focused on Tribal Health."

- Swasthya Swaraj Society, Annual Report 2019-20

VITAL EVENTS OF 2022-23



Estimated
Population:
13127

PARTICULARS	#
Total Deaths	113
Number of Maternal deaths	2
Number of Under-five deaths (0-5 years)	26
Number of Infant deaths (0-1 years)	19
Number of Neonatal deaths (0-28 days)	17
Number of Early Neonatal deaths (0-7 days)	13
Number of Perinatal deaths (22 week of gestation - 7 days of child birth)	23
Number of other deaths	79

PARTICULARS	#
Total Deliveries	333
Total number of Live Births	323
Total number of Still Births	10

Crude Birth Rate - 24.6

Crude Death Rate - 8.6

Maternal Mortality Ratio 619.2 per 100000 live birth

Under Five Mortality Rate 80.5 per 1000 live birth

Infant Mortality Rate 58.8 per 1000 live birth

Neonatal Mortality Rate 52.6 per 1000 live birth

Early Neonatal Mortality Rate 40.2 per 1000 live birth

Perinatal Mortality Rate 69.1 per 1000 total birth

THANK YOU TO OUR DONORS

The support of our donors through the years have been instrumental in ensuring quality primary healthcare is accessible to the tribals and start new initiatives to reach out to the most remote and isolated villages. It is their continued support, whether financial or in-kind that sustain our efforts towards our mission.

Azim Premji Philanthropic Initiatives	Canara Bank
Gharda Chemicals Ltd, Mumbai	Bank of Baroda
Bharatiya Reserve Bank Note Mudran Ltd	Ms.Urvashi Dhamija, New Delhi
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Mrs Hema Ashok Hattangadi, Bangalore	B.B.Jhunjunwala Trust
R G Manudhane Foundation for Excellence	Ramakanta Pradhan
LIC Housing Finance Ltd.	Subodh Singh
Bengal Finance & Investment Pvt Ltd	Komal Asrani
Give Foundation, India	Mr Paul Joseph
Ms. Madhu Bhaduri	G. Madhubabu
St Johns Medical College Alumni Association	Ms Zara Machado Prabhu, UK
Cereware Tech	Dr Antonio Dias Ferrao, Goa
Kuttan Pillai Ravindran Nair, Baroda	Saathire social Impact solution Trust
Dr Ashuthosh Gupta, USA	Ms Priya Aggarwal
Dr Sudha Gupta , USA	Puru Indu Upadhyaya Foundation
Mr Harcharan Singh, Delhi	Government of Odisha
Priya Parthasarathi	IN KIND DONATIONS:
Byomjit Dikshit	SELCO Foundation, Bangalore
Harsh Kumar	SOCHARA, Bangalore

2

SWASTHYA SWARAJ SOCIETY
H.NO.2/379 RAM NAGAR PADA, BHAWANIPATNA, KALAHANDI-766001

PAN : AAKAS8424M
DATE OF FORMATION : 26/03/2014
EMAIL ID : swasthyaswaraj@gmail.com
MOBILE NO. : 9348947986

ASSESSMENT YEAR : 2023-24
YEAR ENDING : 31.03.2023
STATUS : AOP (TRUST)
WARD : EXEMPTION WARD/SAMBALPUR

Balance Sheet as on 31st March 2023

	Notes	March 31, 2023	March 31, 2022
SOURCES OF FUNDS:			
Corpus Fund	A	99,52,646.22	99,52,646.22
Capital Fund Account	B	18,17,973.00	18,17,973.00
Excess of Income over Expenditure		3,53,14,090.99	1,99,15,167.24
		<u>4,70,84,710.21</u>	<u>3,16,85,786.46</u>
Current Liabilities			
Provision for Expenses / Payables	C	1,09,715.00	19,642.00
Other Liabilities		-	-
		<u>1,09,715.00</u>	<u>19,642.00</u>
Total		<u>4,71,94,425.21</u>	<u>3,17,05,428.46</u>
APPLICATION OF FUNDS:			
Fixed Assets			
Gross Value (At Cost)	D	2,72,48,045.90	1,17,36,979.90
Less: Accumulated Depreciation		47,01,498.00	32,24,216.00
		<u>2,25,46,547.90</u>	<u>85,12,763.90</u>
Capital Work in progress	D-1	1,59,991.00	1,38,051.00
		<u>2,27,06,538.90</u>	<u>86,50,814.90</u>
Current Assets			
Investment in FDs	E	1,73,74,723.90	1,78,18,526.20
Short-term loans and advances	F	20,37,276.40	2,32,559.38
Cash in hand and Bank Balance	G	40,41,626.01	40,15,767.98
Other Current Assets	H	10,34,260.00	9,87,760.00
		<u>2,44,87,886.31</u>	<u>2,30,54,613.56</u>
Total		<u>4,71,94,425.21</u>	<u>3,17,05,428.46</u>
Notes referred to are an integral part of accounts	I	-	-

As per our report of even date attached.

For B B A & Co
Chartered Accountants
FRN : 313104E

K K BAJORIA
FCA, DISA(ICAI), FCS, LLB
PARTNER
(M. NO. 300-055051)

For SWASTHYA SWARAJ SOCIETY

Executive Director
Secretary

President



SWASTHYA SWARAJ SOCIETY

H.NO.2/379, RAM NAGAR PADA, BHAWANIPATNA, KALAHANDI-766001

PAN : AAKAS8424M

DATE OF FORMATION : 26/03/2014

EMAIL ID : swasthyaswaraj@gmail.com

MOBILE NO. : 9348947986

ASSESSMENT YEAR : 2023-24

YEAR ENDING : 31.03.2023

STATUS : AOP (TRUST)

Statement of Income & Expenditure for the Year ended 31st March 2023

PARTICULARS	Notes	March 31, 2023	March 31, 2022
I. INCOME			
Grant in-Aid			
Grant in-Aid (RG Manudhane)	J	22,00,000.00	-
Grant in-Aid (S. Bagchi)	K	50,00,000.00	-
Grant in-Aid (GCL)	L	60,00,000.00	20,00,000.00
Grant in-Aid (APPI PVTG)	M.1	65,93,410.00	66,39,528.00
Grant in-Aid (APPI Hospital)	M.2	1,00,00,000.00	-
Grant in-Aid (APPI Covid Relief Fund)	N	-	4,35,000.00
Grant in-Aid (DCHP)	O	15,00,000.00	15,00,000.00
Grant in-Aid (LIC HFL)	P	18,86,684.00	-
Grant in-Aid (Give Foundation-CACUN)	Q	-	11,31,612.00
Grant in-Aid (Give Foundation)	R	5,75,876.19	9,31,822.70
Grant in-Aid (Food & Dry ration)	S	-	12,90,048.10
Grant in-Aid (Hema J Hatangadi)	T	6,78,000.00	33,75,000.00
Grant in-Aid (BRNMPL)	U	29,93,135.00	9,87,760.00
Community Contributions :-			
Kaniguma		8,43,786.00	4,23,181.00
Kerpai		93,327.00	87,117.00
Silet		27,345.00	6,355.00
Donations		11,66,209.50	2,96,509.87
Interest Income	V	11,86,920.62	11,63,675.35
Miscellaneous Income		74,645.00	38,486.00
Prior Period Adjustment (Legal Expenses capitalised)		52,978.00	-
TOTAL		4,08,72,316.31	2,03,06,095.02
II. EXPENDITURE			
R. G. Manudhane	W	6,75,334.00	-
LIC IFL Expenses	X	45,170.00	-
Give India Foundation:-			
CACUN Expenses	Y	11,31,612.00	-
Lab, Medicine, Consumables & Others	Y-1	8,19,350.00	13,41,237.00
Food and Dry Ration for 500 Women Expenses	Y-2	8,83,668.00	2,76,332.00
Contd...		35,55,134.00	16,17,569.00

As per our report of even date attached.

For B B A & Co

Chartered Accountants

FRN : 313104E

Place: Cuttack

Date: 19.07.2023

K K BAJORIA

FCA, DISA(ICAI), FCS, LLB

PARTNER

(M. NO. 300-055051)



For SWASTHYA SWARAJ SOCIETY

Executive Director

Secretary

President



SWASTHYA SWARAJ SOCIETY

H.NO.2/379, RAM NAGAR PADA, BHAWANIPATNA, KALAHANDI-766001

PAN : AAKAS8424M

DATE OF FORMATION : 26/03/2014

EMAIL ID : swasthyaswaraj@gmail.com

MOBILE NO. : 9348947986

ASSESSMENT YEAR : 2023-24

YEAR ENDING : 31.03.2023

STATUS : AOP (TRUST)

	B/f...	35,55,134.00	16,17,569.00
APPI			
APPI Program Cost - Expenses	Z	80,52,811.00	66,25,502.00
APPI (Hospital)	Z-1	31,97,772.00	-
APPI Covid Testing & Care - Expenses	Z-2	98,880.00	83,979.00
DCHP - Program Cost	AA	13,24,262.10	12,95,959.00
BRNMPL Expenses	AB	29,93,134.98	6,92,860.00
CMAM Polaris Expenses	AC	1,01,128.00	2,26,906.00
PERSONNEL (HEMA)	AD	14,70,671.00	15,30,226.00
Programme (HEMA)	AD-2	3,14,623.00	-
Society Programme & Overhead Expenses			
Society Programme Exps	AE	20,47,673.00	30,56,792.00
Society Overhead Exps	AE-1	8,40,021.48	4,73,585.22
Depreciation for the year	D	14,77,282.00	10,15,433.00
TOTAL		2,54,73,392.56	1,66,18,811.22

III. Excess Income over Expenditure of Current Year	1,53,98,923.75	36,87,283.80
IV. Less: Prior period Adj. (Refund of Grant-SDTT)	-	-
V. Excess (Net Income over Expenditure Carried Forward)	1,53,98,923.75	36,87,283.80
VI. Excess Income over Expenditure Brought Forward	1,99,15,167.24	1,62,27,883.44
VII. Excess Income over Expenditure Carried Forward	3,53,14,090.99	1,99,15,167.24

Notes referred to are an integral part of accounts

J

As per our report of even date attached.

For B B A & Co

Chartered Accountants

FRN : 313104E

Place: Cuttack

Date: 19.07.2023

K K BAJORIA

FCA, DISA(ICAI), FCS, LLB

PARTNER

(M. NO. 300-055051)



For SWASTHYA SWARAJ SOCIETY

Executive Director
Secretary

President



"I will give you a 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 [woman] whom you may have seen, and ask yourself, if the step you contemplate is going to be of any use to him [her]. Will he [she] gain anything by it? Will it restore him [her] to a control over his [her] own life and destiny? In other words, will it lead to swaraj [freedom] for the hungry and spiritually starving millions?

Then you will find your doubts and your self melt away."

M.K. Gandhi



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MOTIVATION
for EXCELLENCE

ASHOK & HEMA
HATTANGADY

Swasthya Swaraj Society,
(Regd under society act XXI of 1860 – XXVII/21/14/51 of 2014)
Regd u/s 12A& 80G, registered office, 2/379, Ramnagarpada,
PO: Bhawanipatna -766001, Kalahandi, Odisha, India

Admin Office: Mahaveerpada, MSA Chowk,
Bhawanipatna, Kalahandi, Odisha- 766001

Telephone no: 06670295476
Email: swasthyaswaraj@gmail.com
Website: www.swasthyaswaraj.org

Please send your donations to:
Swasthya Swaraj Society
BANK OF BARODA, Bhawanipatna
A/C No: 33670100007358 Bhawanipatna Branch
IFSC: BARB0BHAWAN(middle letter is digit 0)

