SWASTHYA SWARAJ SOCIETY

A People's Movement for Swaraj in Health



ANNUAL REPORT

2025 – 2026



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

- Martin Luther King Jr

CONTENT

ABOUT US

Mission, Vision, Values 01

Board of Governance 02

Message from the President 03

COMPREHENSIVE COMMUNITY HEALTH PROGRAMME

Health Centre 09

Outreach Camp 13

Maternal & Child Health 17

Malaria Control Programme 20

Tuberculosis Elimination Programme 23

Sickle Cell Disease Unit 26

Mobile Medical Unit 28

COMMUNITY EMPOWERMENT

Swasthya Sathi 31

Rural Creche Program 34

Pre School Program 37

TULSI 40

Health & Nutrition Promoting School 44

DCHP 47

RESEARCH & COLLABORATION

Fellowship & Internship 50

Research 51

Collaboration 52

VITAL EVENTS 53

FINANCES

Donor's list 56

Balance Sheet 57

Statement of Income & Expenditure 58

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. Shantidani Minz
Vice President
Prof. Dept. of Community Medicine,Christian Medical College, Vellore

Dr. Aquinas Edassery
(Jemma Joseph Edassery)
Secretary
Executive Director, Swasthya Swaraj Society, Kalahandi

Dr. Narayanan Devadasan
Treasurer
Public Health Consultant

Dr. Anand Zachariah
Member
Prof. Dept. of Medicine, Christian Medical College, Vellore

Dr. Viswanath Jagannath
Consultant
Bagchi Karunashraya Palliative Care Centre, Bhubanewar

Dr Shaibya Saldanha
Member
Gynaecologist & NHM Consultant, Meghalaya

MESSAGE FROM THE PRESIDENT



It was another successful year for Swasthya Swaraj in achieving its mission to provide equity in health to the tribal population in the villages it serves. The hospital is fully functioning meeting another mile stone and an important need of the people it serves. It has advanced the scope of its diagnostic testing to include microbiological tests and Hemoglobin electrophoresis. The hospital managed to begin doing surgeries including complex surgeries like cleft lip, hip replacement etc. with support from doctors volunteering from St John's Medical college. The success of this program gives new impetus to both Swasthya Swaraj and those who support it to undertake more challenging problems.

Two new programs begun are: 1. Sickle cell Disease surveillance and management 2. Surveillance and management of children with disability. In addition, SS has increased the population it covers by covering Lanjigarh block of Kalahandi district and the remotest villages of Indravati reservoir. Our nutrition program for children we hope will have a positive effect on health not only of the child today but into the future. We also continue to improve upon the health indices of the community. All this would not be possible without the support of our well-wishers and donors. It is the best endorsement we have of the effectiveness of the various programs and services we run.

A very encouraging trend is the increasing number of people of diverse backgrounds volunteering to help the organization particularly young doctors, nurses and public health professionals. I hope this will translate into more long-term commitments in helping SS achieve its mission.

Working with tribals is both rewarding and a challenge. The challenge is to integrate interventions into the local culture, practices and addressing their vulnerabilities. Doing this is in itself rewarding. I congratulate the Swasthya Swaraj community for their audacity to take the challenge, their tenacity to succeed and their commitment to their purpose to help these beautiful people to dream a life free of ill health and one with nature as they have always wanted. God bless the community in Swasthya Swaraj and all who support it.



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



COMPREHENSIVE COMMUNITY HEALTH PROGRAMME

HEALTH CENTRES

Healthcare,
closer to where it is needed.

Swasthya Swaraj's health centres bring 24×7, affordable, comprehensive care closer to communities that have historically had limited access to healthcare.

Across Kaniguma, Kerpai and the GSPGs at Silet, Nehela and Podadunga, 21,698 patients accessed care this year. Women and men used the services almost equally, while 55% of patients were from tribal communities. Importantly, 65% came from non-project villages, showing that the centres have become a wider access point for communities beyond the programme's core geography.

The model combines primary care, emergency services, maternal and newborn care, diagnostics, nutrition support and disease management, with a continued emphasis on rational investigations and treatment.

Kaniguma Hospital

A hospital built for the realities of tribal healthcare

Kaniguma Hospital is now the hub of Swasthya Swaraj's clinical services—bringing emergency, maternal and newborn care, diagnostics and specialist services closer to remote communities.

The hospital provides emergency obstetric and newborn care, HDU care, surgery and orthopaedics, radiology, pharmacy and laboratory services, including microbiology. It also serves as a training centre for newborn resuscitation and essential newborn care.

This year, 14,967 patients accessed care at Kaniguma. The hospital also recorded 2,750 X-rays, alongside a wide range of laboratory investigations. The hospital's reach extends well beyond its immediate project villages: 12,695 of its patients came from non-project villages.

Kerpai Centre

Safe delivery. Newborn care. Primary healthcare.

Kerpai continues to serve as a critical healthcare point for remote communities. As a JSY-accredited delivery centre, it enables women to access institutional delivery closer to home. The centre provides emergency and primary healthcare, neonatal care and management of severe acute malnutrition.

This year, 2,334 patients accessed the Kerpai Centre, including 1,699 patients from project villages and 635 from non-project villages.

Gaon Swasthya Poshana Ghars

Taking healthcare the last mile

The GSPGs extend the Swasthya Swaraj model beyond the main health centres, placing healthcare and nutrition services within remote villages. Silet, Nehela and Podadunga GSPGs provide basic curative and preventive care, child nutrition support and community-level services closer to where people live.

Together, the three centres accounted for 4,397 patient visits this year. Podadunga, the newest centre, also stands out in the data: **1,161 of its 1,346 patients were new patients,** reflecting its role in reaching communities newly brought into the service network.

The GSPGs are not simply smaller health centres. They are designed to take essential services closer to communities that face the greatest barriers to reaching formal healthcare.

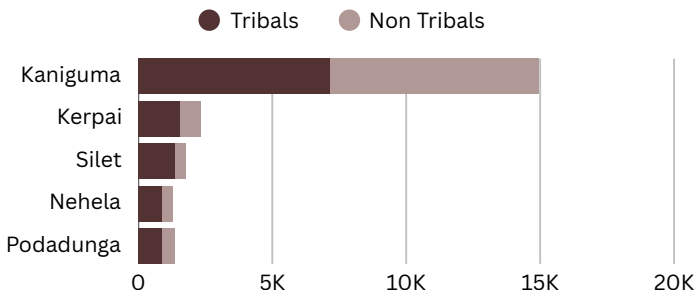


Figure 1.1 - Caste wise distribution of the patients in all the health centres

While Kaniguma serves a near-even mix of tribal and non-tribal patients, the other four centres predominantly serve tribal communities.

A. OUT PATIENT CARE

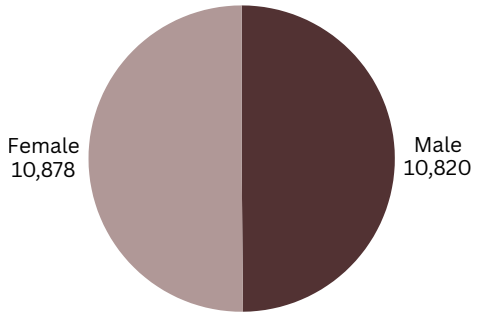


Figure 1.2 - Gender wise distribution of the patients in all the health centres

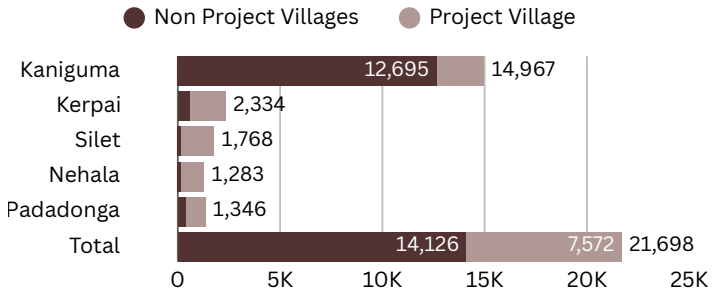


Figure 1.3 - C. Project and Non Project Village distribution of patients

Access to care is not divided by gender!

Kaniguma has become a wider community health hub, while Kerpai and the GSPGs remain closely rooted in their project villages.

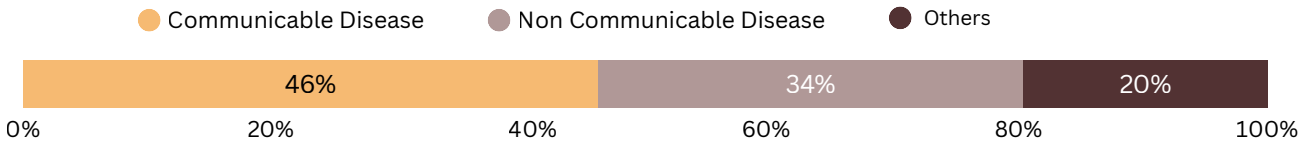


Figure 1.5 - Communicable and Non Communicable Disease Load

The disease burden reflects a dual challenge: communicable diseases remain widespread, while non-communicable diseases account for a substantial share of the care sought.

15,107 old patients | 6,591 new patients

Laboratory Investigations /Test		Kaniguma	Kerpai	Silet	Nehela	Podadunga
Total Test	**37313**	29727	4047	1740	1313	494
Blood	Hematology	14612	3411	1563	1184	327
	Biochemistry	6813	143	2	2	78
	Others	1208	89	0	0	0
Sputum	Microbiology	598	24	0	0	2
	PCR/ TRUENAT	505	0	0	0	0
Urine		2418	373	175	127	85
Other	Others	0	0	0	0	0
	Microbiology	68	0	0	0	0
	PCR	11	0	0	0	0
ECG		744	7	0	0	2
X-RAY	CXR	1936	0	0	0	0
	OTHERS X-Ray	814	0	0	0	0



145 **Number of Emergencies & Accidents managed in Kaniguma Hospital**

Centre Name	Minor Surgeries
Kaniguma	642
Kerpai	89
Silet	82
Total	**813**

Figure 1.8 - Minor surgeries, suturing, I&D done across the centres



B. IN - PATIENT SERVICES

Centre Name	Male	Female	Total
Kaniguma	230	217	**447**
Kerpai	9	33	**42**
Silet	3	13	**16**
Total	**242 (47.92%)**	**263 (52.08%)**	**505**

Figure 1.6 - Gender wise distribution of the in- patients in all the health centres

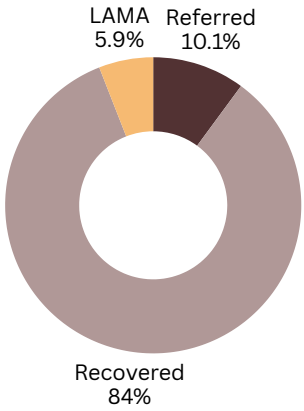


Figure 1.7 - IPD Patient Outcome

31 Delivery in Kerpai and Silet centres

32 Live Births (1 twin babies)



OUTREACH CAMPS

Taking essential care closer to home.

For communities where reaching a health centre remains difficult, outreach camps bring essential maternal and child healthcare closer to home.

This year, 1,938 individuals were reached across outreach camps in Kaniguma–Nehela, Kerpai and Silet, including 616 antenatal women, 157 postnatal mothers and 1,100 children under five.

The camps combine health assessment, growth monitoring, nutritional screening, anaemia and malaria testing, and clinical care, helping identify health risks early and connect those needing further care to the health system.

For communities where reaching a health centre remains difficult, outreach camps bring essential healthcare closer to where people live. Conducted across remote locations, the camps focus particularly on pregnant women, postnatal mothers and children under five—combining clinical care with growth monitoring, nutrition assessment, anaemia and malaria screening, and health education.

This year, 1,938 individuals were reached through outreach camps across Kaniguma–Nehela, Kerpai and Silet, including 1,100 children under five and 773 women during pregnancy or after childbirth.

The focus is not simply on reaching more people, but on finding vulnerability early and connecting those who need further care to the health system.

A. REACH OF OUTREACH CAMPS

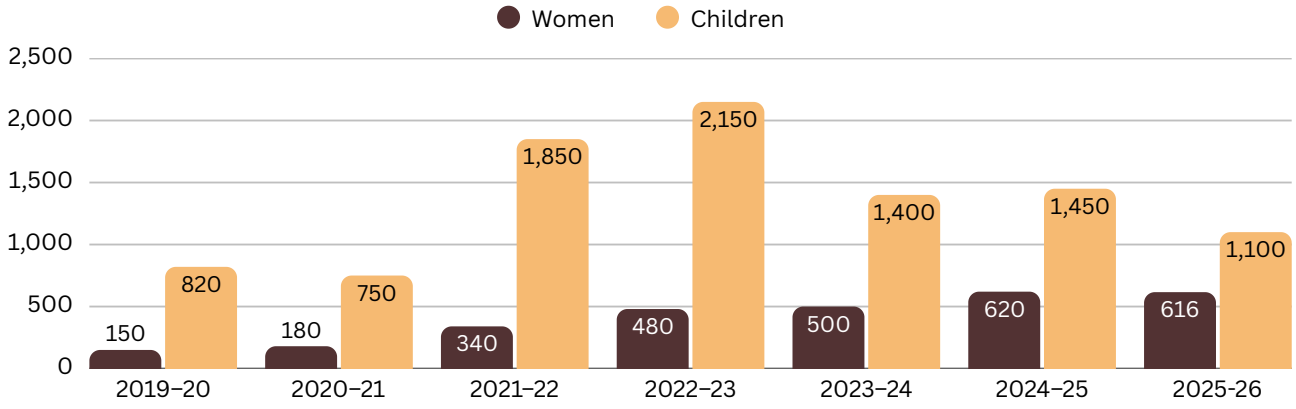


Figure 2.1 - Individuals reached through outreach camps over the years.

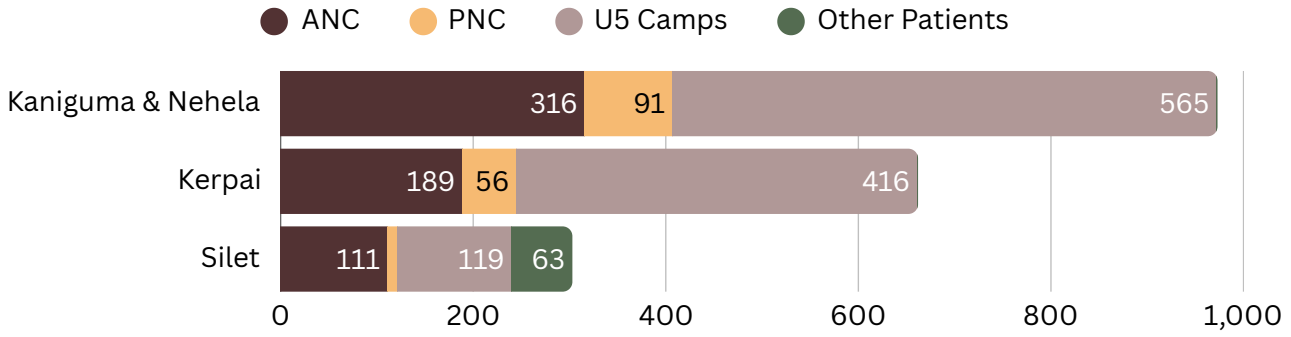


Figure 2.2 - Number of ANC, PNC, Under 5 and other patients reached through outreach camp

B. UNDER-FIVE GROWTH MONITORING

Sex	Weight-for-age %		Length/Height-for-age %		Weight-for-length/height %	
	% < -3SD	% < -2SD	% < -3SD	% < -2SD	% < -3SD	% < -2SD
Male	17.8	53	24.4	54	6.2	23
Female	18.9	50.6	19.6	56.4	6.1	24.7
Total	**18.4**	**51.8**	**22**	**55.2**	**6.15**	**23.85**

Figure 2.3 - Growth Monitoring Status of U5 children

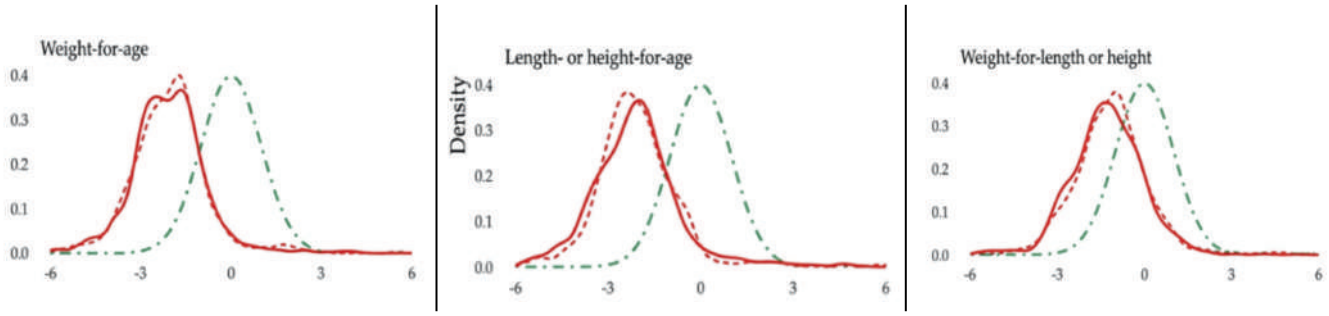


Figure 2.4 - Z score distribution for under-five children

Nutritional Status of Under - 5 children

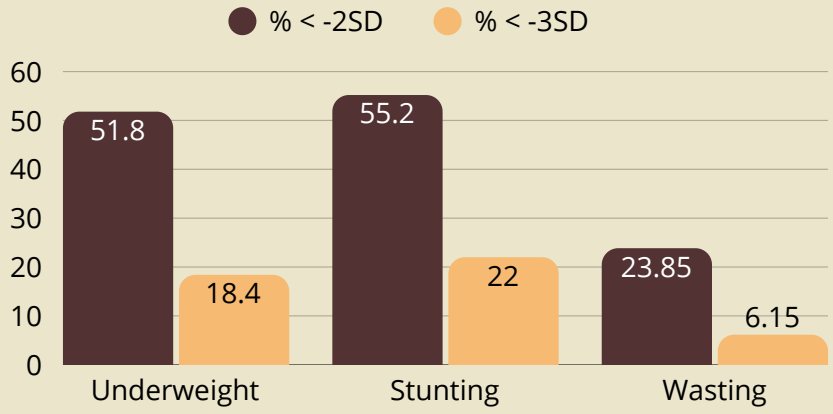


Figure 2.5 - Nutritional status of underfive children

Growth monitoring of children under five showed that 18.4% were severely underweight and 51.8% were underweight, while 22% were severely stunted and 55.2% stunted.





C. ANEMIA STATUS IN OUTREACH CAMP

Anaemia was also widespread: among those screened, 630 had moderate anaemia and 64 had severe anaemia across pregnant women, postnatal mothers and children.

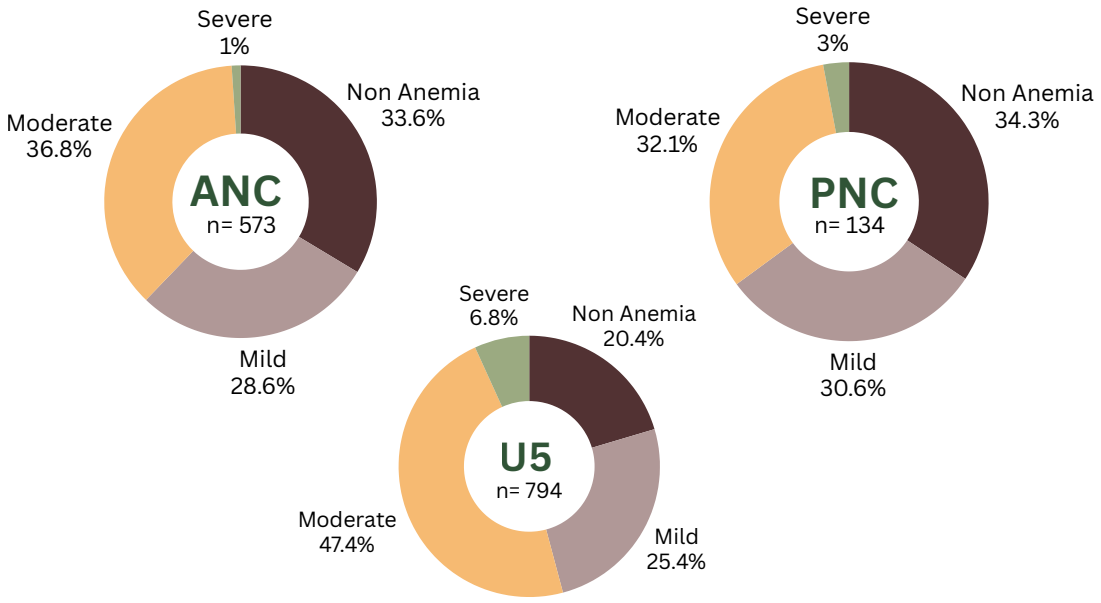


Figure 2.6 - Anemia status among ANC, PNC and under-five children

D. MALARIA STATUS IN OUTREACH CAMP

Malaria screening identified 105 positive cases among 1,869 people tested across the three groups, including 72 children under five and 33 antenatal women.

Type	Negative	PF	PV	PF+PV	Total Positive
ANC	583	29	2	2	33
PNC	153	0	0	0	0
Children (U5)	1028	37	29	6	72
Total	**1764**	**66**	**31**	**8**	**105**

Figure 2.7 - Malaria status in ANC, PNC and Under-5 children



The value of outreach lies not only in the number reached, but in finding vulnerability where people live—and linking those at risk to timely care.

MATERNAL & CHILD HEALTH

From pregnancy to birth, care that follows mother and child.

Swasthya Swaraj works across the continuum of maternal and child health, from early pregnancy registration and antenatal care to safe delivery, newborn care and follow-up. The focus is on identifying risk early, supporting mothers through pregnancy, and ensuring that women and newborns receive timely care when complications arise.

This year, 387 pregnancies were registered, with 73 identified as high-risk. Across the programme, 313 live births were recorded, alongside continued attention to birth weight, place of delivery and antenatal care. The data also highlights where vulnerability persists: 158 babies were born with low birth weight and a further 14 with very low birth weight.

The goal is not simply to count safe births, but to make every stage of the journey—from pregnancy to a healthy start in life, safer.

A. NEW PREGNANCY REGISTRATION

Cluster	Pregnancies Registered	High Risk Identified
Kaniguma	128	25
Kerpai	122	23
Silet	68	14
Nehela	69	11
Total	**387**	**73**

Figure 3.1 - New pregnancy registration across clusters

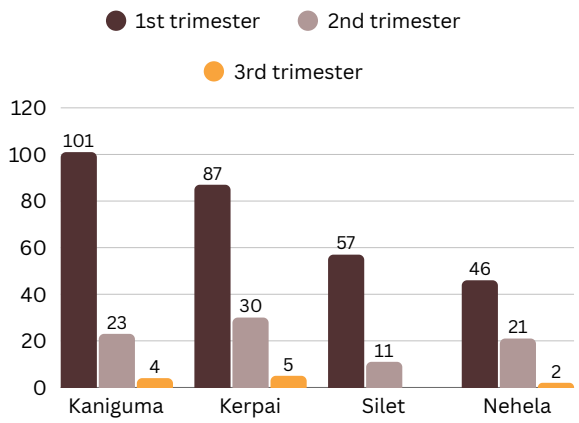


Figure 3.2 - Trimester wise preganancy registered

B. ANC SERVICES

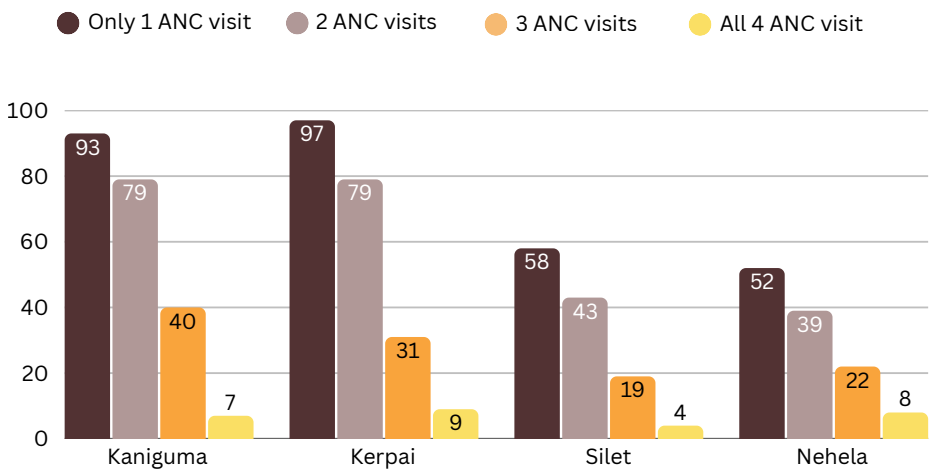


Figure 3.3 - ANC services availed by pregnant women

Each ANC visit is an opportunity to detect risk, support nutrition and prepare for safe delivery; ***yet only 28 women completed all four visits****, showing how difficult sustained antenatal care remains.*



453 **Nutrition Kits given to ANC & PNC mothers in all clusters together**

C. PREGNANCY OUTCOMES

Cluster	Live Birth	Still Birth	Abortion	Total
Kaniguma	101	3	1	105
Kerpai	105	2	7	114
Silet	57	2	9	68
Nehela	50	4	5	59
Total	**313**	**11**	**22**	**346**

Figure 3.3 - Delivery outcomes

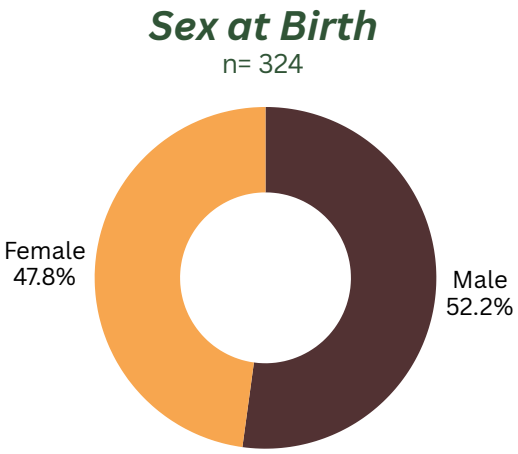


Figure 3.4 - Sex at birth

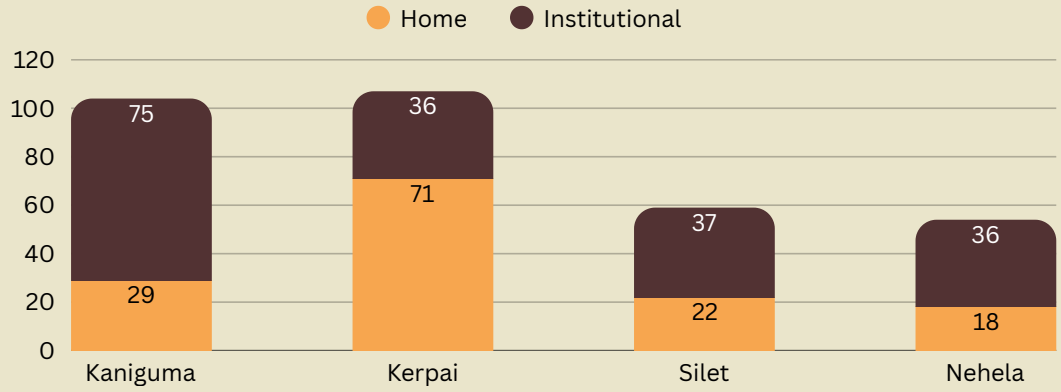
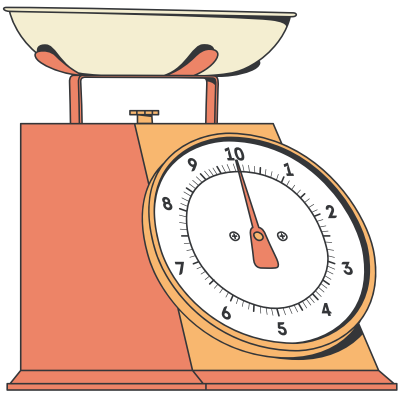


Figure 3.5 - Place of birth

More than half of births (56.8%) took place in institutions, reflecting growing health seeking behavior for safer, supported delivery care.



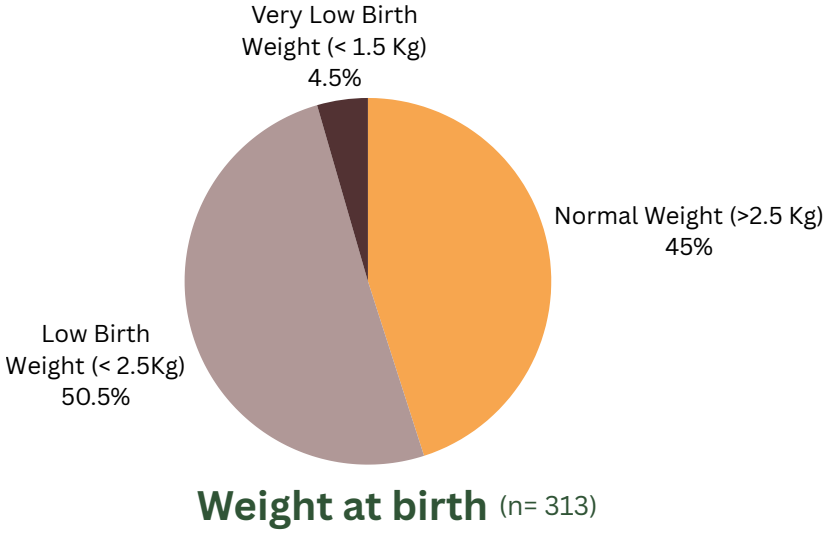


Figure 3.6 - Weight at birth (Live)

MALARIA CONTROL PROGRAMME

Staying ahead of a persistent threat.

Malaria remains a significant health challenge across Swasthya Swaraj's operational areas. While this is a decline from the 30.37% positivity recorded in 2024–25, malaria continues to affect communities substantially.

The response combines active screening, early diagnosis, prompt treatment and community-based follow-up. Health centres and outreach camps provide testing and treatment, while trained community workers help identify suspected cases, support treatment adherence and facilitate timely referral for severe illness.

This year, 7,758 people were screened and 1,882 tested positive, giving an overall positivity rate of 24.26%. The highest positivity was among school-going children (37.25%), followed by adults (24%) and children under five (20.18%). Among pregnant women, positivity was 8.7%.

Finding malaria early

Screening across health centres and outreach camps helps identify infections early and enables timely treatment. This year, 1,882 positive cases were identified across Kaniguma, Kerpai, Nehela, Silet, Podadunga and outreach camps.

The programme combines screening, early diagnosis, treatment and follow-up, with community-level workers helping identify suspected cases and ensure that those who test positive complete treatment.

Prevention through community action

Malaria control extends beyond the health centre. Community-based screening, awareness and preventive measures help people recognise symptoms early and seek care promptly.

The programme works alongside government malaria-control efforts, while Swasthya Sathis, field workers and community volunteers help carry prevention and early detection deeper into villages.

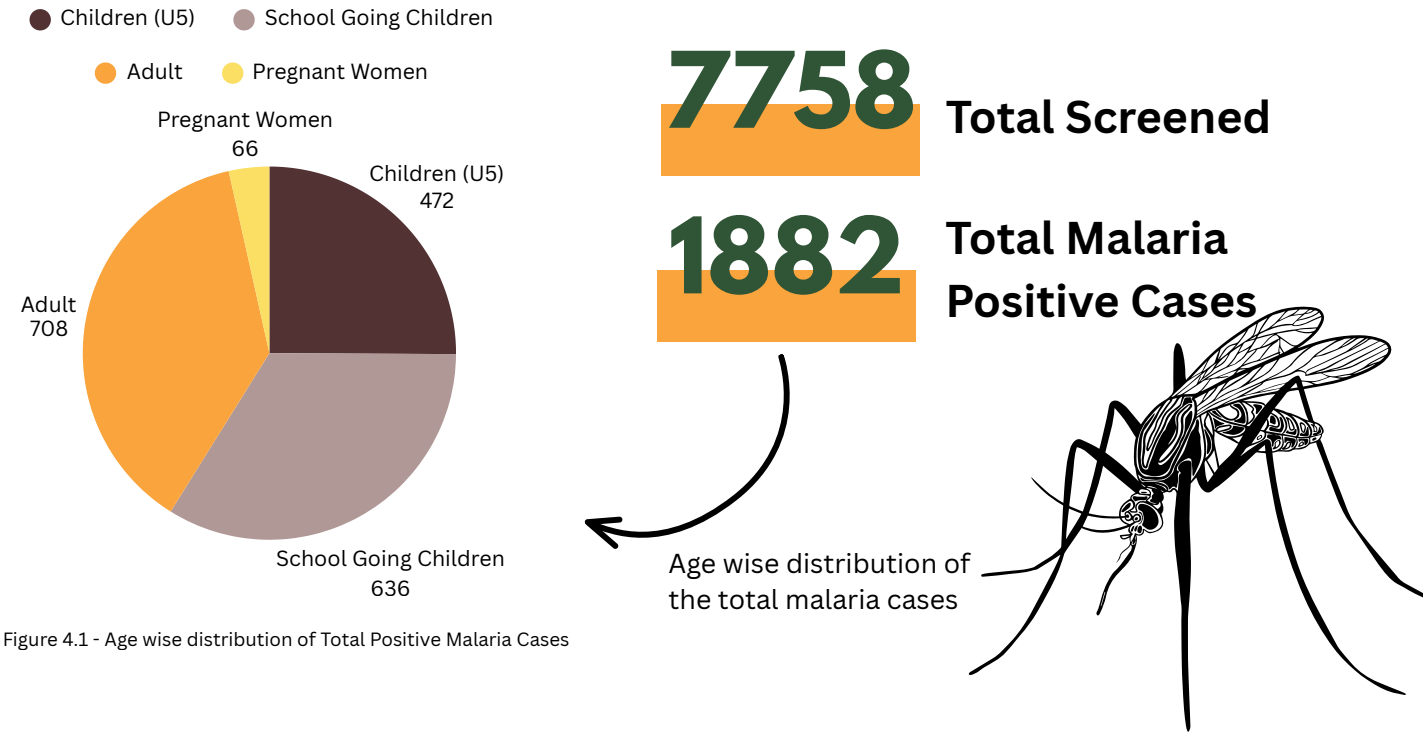


Figure 4.1 - Age wise distribution of Total Positive Malaria Cases

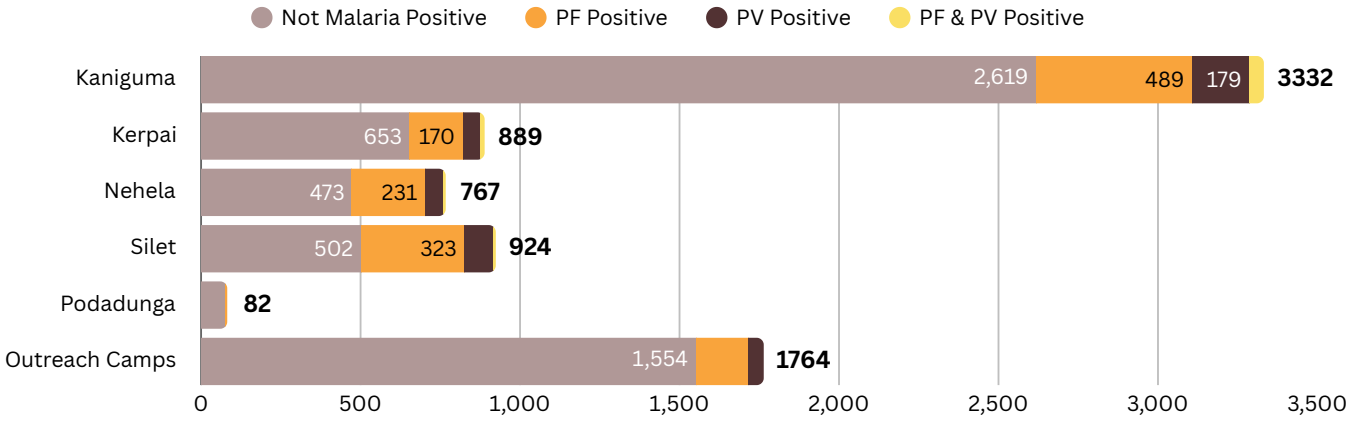


Figure 4.2 - Malaria Status - Clinic & Outreach camps

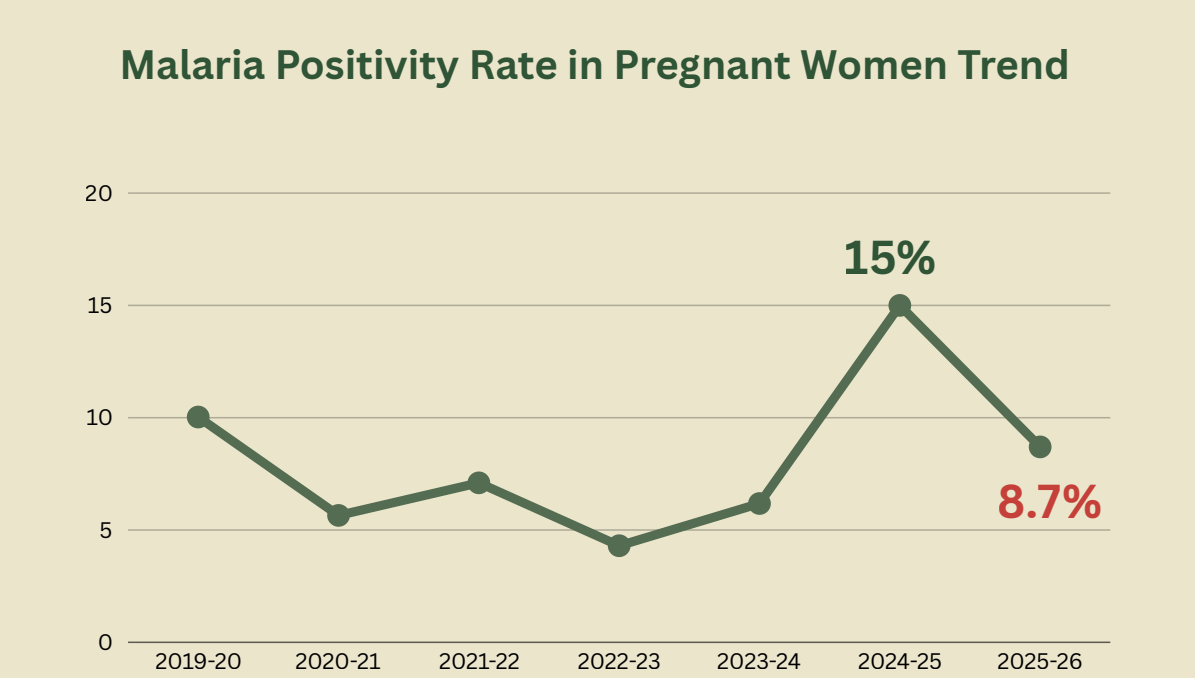


Figure 4.3 - Malaria Positivity Rate in Pregnant Women Trend





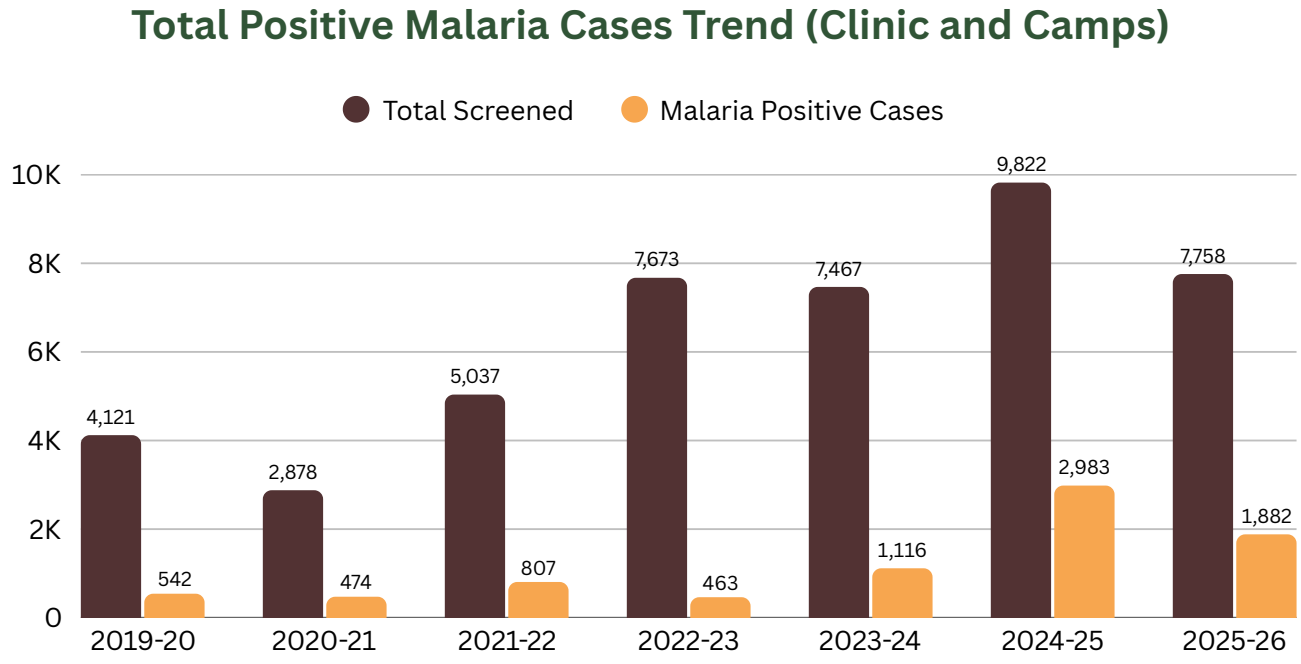


Figure 4.3 - Total Positive Malaria Cases Trend (Clinic and Camps)

TB ELIMINATION PROGRAMME

Detecting early.
Treating completely.
Staying with the patient.

Tuberculosis requires more than diagnosis—it demands timely detection, sustained treatment and support through recovery. Swasthya Swaraj works alongside the National Tuberculosis Elimination Programme to bring TB diagnosis, treatment and follow-up closer to remote communities.

This year, 144 TB patients were identified, including 111 with pulmonary TB and 33 with extra-pulmonary TB. Children accounted for 39 cases, while 11 patients were undergoing retreatment.

Strengthening detection

The programme combines sputum microscopy, Truenat/PCR and clinical examination to identify cases. This year, 598 sputum microscopy tests and 505 Truenat/PCR tests were conducted, with 62 Truenat-positive cases detected.

Drug-resistance testing was pursued where indicated: 46 samples were sent for DST, with no drug-resistant TB cases identified.

Staying with patients through treatment

Diagnosis is only the beginning. Patients receive counselling, health education, nutritional support and follow-up, helping them remain connected to treatment and care.

Among the patients followed at Swasthya Swaraj, 116 were cured, 9 died and only 1 was lost to follow-up.

Outcome of 2024-25	Number
Total no of TB patients cured	60
Total no of Lost to Follow Up (LFU) TB patients	1

Figure 5.1 - TB Treatment outcome of 2024-25

Outcome of 2025-26	Number
Total no. of TB cases identified	144
Total no. of patients cured/ successfully completed treatment	56
Total no. of TB patients died	6
Total no. of TB patients currently under treatment	82

Figure 5.2 - TB Treatment outcome of 2025-26





Indicator	Value
No of cases tested Sputum Microscopy	598
No of cases tested with TRUENAT/ PCR	505
Total no of cases detected with TB (TRUENAT Positive)	62
No of sputum sent for DST	46
No of Drug Resistant TB	0
Total no of TB cases identified (Include TRUENAT positive and clinical examination)	144
Pulmonary TB	111
Extra Pulmonary TB	33
Retreatment cases	11
Childhood TB (<18 years)	39

Figure 5.3 - TB Status among those tested

Rs 38030 **Travel allowance for TB patients**

868 **Nutrition Kits provided to TB Patients**

03 **TB patients received livelihood support**



SICKLE CELL DISEASE UNIT

From detection to lifelong care.

Sickle cell disease can affect health across the life course, making early identification and sustained care essential.

Swasthya Swaraj's Sickle Cell Disease Unit, initiated in October 2025, brings these needs together through a comprehensive continuum of care. The approach spans screening, confirmation, treatment, crisis management, follow-up and counselling for individuals and families.

In a region where the sickle cell gene is prevalent and sickle cell disease can profoundly affect health and quality of life, early detection is only the beginning. In October 2025, Swasthya Swaraj initiated a dedicated Sickle Cell Disease Unit to build a comprehensive, patient-centred response, from identifying the condition to supporting individuals and families through its long-term consequences.

The unit brings together screening and confirmation, clinical care, crisis management, regular follow-up and counselling. Family members are screened to identify others who may carry the trait or have the disease, while adolescents are reached with health education and awareness.

For those living with the disease, care extends beyond routine treatment. The programme facilitates specialist consultations, corrective surgeries and access to government disability benefits, while exploring advanced treatment options through consultations with specialists at AIIMS Bhubaneswar and the Department of Hematology at St. John's Medical College.

Finding what was previously unseen

Since its inception, 1,194 people have been screened, identifying 109 people with sickle cell disease and 379 with sickle cell trait.

The 109 people diagnosed with the disease include 20 children aged 0–5 years, 53 adolescents and young people aged 6–19 years, and 36 adults—highlighting the need for care that continues across the life course. **Currently 58 sickle cell patients are under treatment at Swasthya Swaraj, others are undertaking treatment from Government Hospital.**

The unit is also beginning to reveal the familial dimension of the disease. Screening family members alongside affected individuals creates an opportunity to identify risk earlier, provide counselling and support informed decisions for the future.

The unit is being built around a simple principle:

A diagnosis should not end with a test result. It should open the door to sustained care, informed families and a better quality of life.

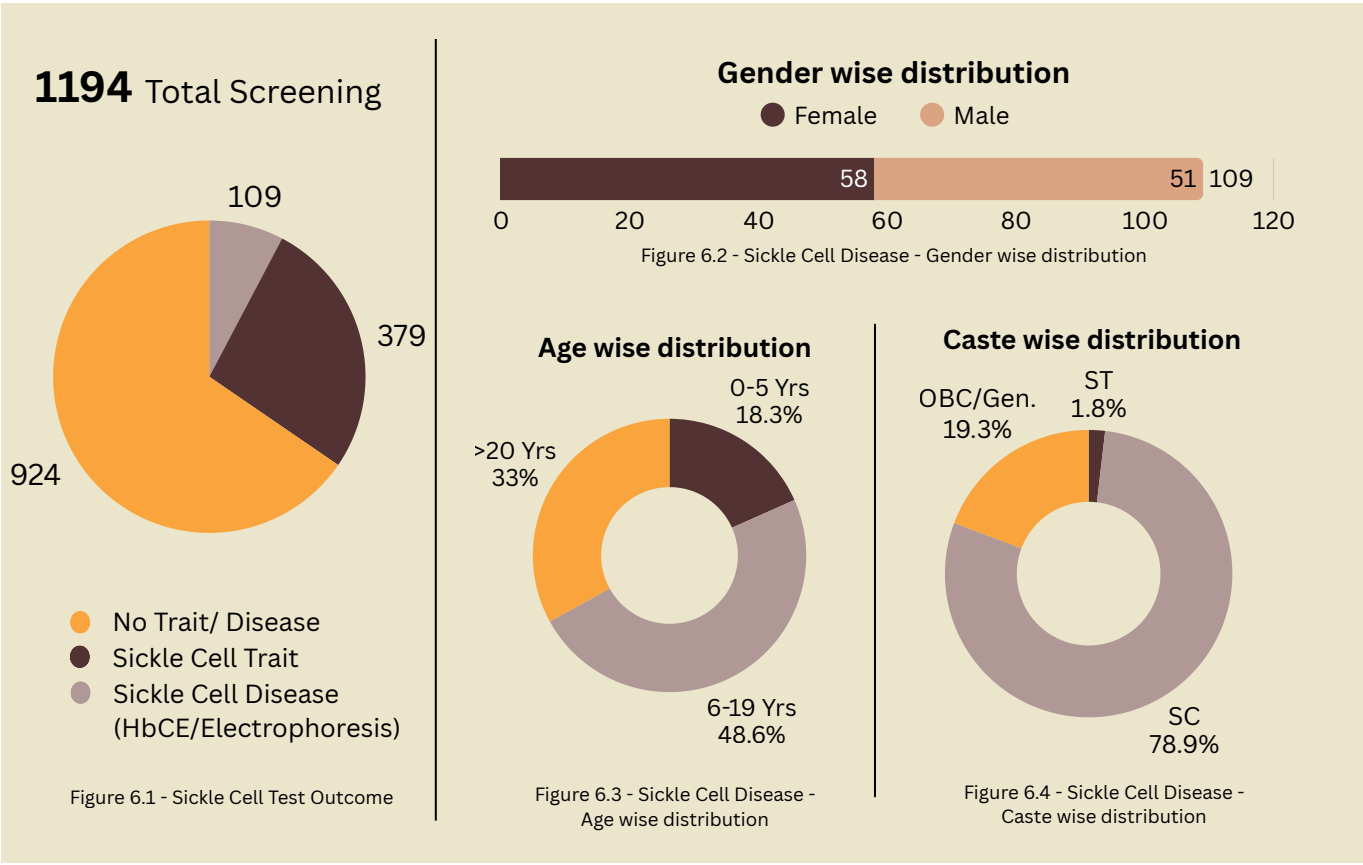


Figure 6.1 - Sickle Cell Test Outcome

Figure 6.2 - Sickle Cell Disease - Gender wise distribution

Figure 6.3 - Sickle Cell Disease - Age wise distribution

Figure 6.4 - Sickle Cell Disease - Caste wise distribution

MOBILE MEDICAL UNIT (MMU)

Taking care beyond the last mile.

For communities living far from established health facilities, distance itself can become a barrier to care. The Mobile Medical Unit (MMU) was introduced to take essential healthcare directly to remote and hard-to-reach habitations, bringing clinical consultation and basic services closer to where people live.

The MMU works alongside the fixed health centres and community-based workforce, extending Swasthya Swaraj's reach rather than creating a separate system of care. It provides an additional link between remote communities, frontline workers and the health system.

From July 2025 to March 2026, the MMU conducted 22 camps and reached 778 patients. Alongside these camps, 14 outreach camps reached another 242 people, while 664 patients accessed the associated clinic services.

Month	Total Patient in brought to Clinic	Total MMU Camp	Total Patient in MMU camp	Total Outreach Camp	Total Patient in Outreach Camp
Jul-25	-	5	330	-	-
Aug-25	-	-	-	-	-
Sep-25	-	-	-	-	-
Oct-25	67	0	0	0	0
Nov-25	94	6	154	3	57
Dec-25	118	3	76	3	67
Jan-26	109	2	85	3	54
Feb-26	153	4	95	3	27
Mar-26	123	2	38	2	37
TOTAL	**664**	**22**	**778**	**14**	**242**

Figure 7.1 - Outcome of the Mobile Medical Unit







COMMUNITY EMPOWERMENT PROGRAMME

SWASTHYA SATHIS

The last mile of care begins at the doorstep.

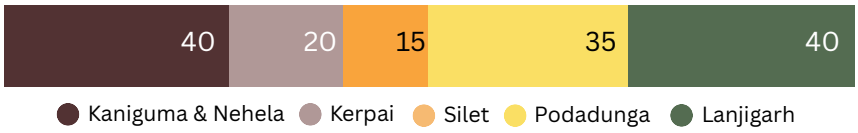
150 Swasthya Sathis form the frontline of Swasthya Swaraj's community health system—bringing health services, early detection and follow-up into the villages and homes where people live.

Swasthya Sathis are not simply messengers between the community and the health centres. They observe, identify, follow up, refer and keep track of health at the household level. Through regular household visits and ongoing engagement, they help ensure that a pregnancy, a sick child, a fever, a malnourished child or a suspected infectious disease does not go unnoticed.

This year, Swasthya Sathis received 33 capacity-building trainings across five clusters, strengthening their ability to respond to local health needs. They also contributed to a village-level surveillance system that tracked 6,811 fever cases, 4,597 respiratory infections, 4,502 cases of diarrhoea and vomiting, and 1,315 malnutrition follow-ups, among other conditions.

Their role extends beyond illness. They tracked mosquito-net use across 13,302 households, followed up on malnutrition, supported ORS use, and identified problems ranging from eye and dental conditions to snake and dog bites.

This is the power of the last mile: health information travels from the household to the health system—and care travels back to the household.



150 **Total Swasthya Sathis**

Figure 8.1 - Number of Swasthya Sathis per cluster

Swasthya Sathi Training Details

Cluster	No of Trainings	Average Attendance Percentage
Kaniguma & Nehela	6	81.25%
Kerpai	10	64.08%
Silet	8	66.11%
Podadunga	8	52.02%
Lanjighar	1	95.00%

Figure 8.2 - Swasthya Sathi Training and Attendance across various clusters





Diseases/ Cases	Count
Fever	6811
Cold sponging for fever cases	4102
Respiratory Infections (Cough)	4597
Worm in Stool	1744
Diarrhoea & Vomiting	4502
ORS Suppliment	3196
Community Follow-up of Malnutrition	1315
Mosquito net use (by Households)	13302
Fits/ Convulsion	543
Scabies/ Skin disease	3088
Fever with rashes	1798
Night Blindness	545
Eye problem	1466
Dental/ Teeth problem	3760
Ear problem	2064
Snake Bite	104
Dog Bite	91

Figure 8.3 - Disease Surveillance by Swasyhya Sathi





RURAL CRÈCHE INITIATIVE

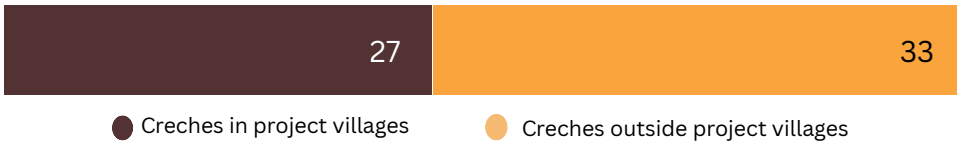
SHISHU GHAR

A safe beginning for the youngest children.

For young children in remote farming communities, the hours when parents are away working can mean long periods without adequate care, nutrition or stimulation. Shishu Ghar brings these essentials together in a safe, nurturing space for children aged 6 months to 3 years.

Shishu Ghar provides a safe and nurturing space for children aged 6 months to 3 years in communities where parents spend much of the day working in the fields. Instead of young children being left in the care of older siblings, the crèches bring together care, nutrition, early learning and health during these crucial early years.

The focus goes beyond keeping children safe. Through Early Childhood Care and Development (ECCD) activities, children learn through play—building language, physical, cognitive, social and emotional skills through stories, songs, games, movement and creative activities. The crèches are supported by trained caregivers and supervisors, with continued capacity building in child safety, first aid, hygiene, equipment management and responsive caregiving. 4,02,628 nutritious meals and 1,30,823 eggs were provided to children.



60 Total Creches

Figure 9.1 - Number of creches and its location

All the 60 creches have been functional for than 85% of the working days. Moreover we have provided nutritious snacks/ meals for 311 days.

120 Creche Caregivers

7 Creche Supervisors

1150 Children attending creche

752 Children enrolled

398 Children graduated

484 Children assessed in a medical camp

757 Children referred





Nutrition is an everyday part of the programme, with nutritious meals and snacks provided at the crèche. Children are also observed for health and developmental concerns, with medical assessment and referrals helping connect them to appropriate care.

At its heart, Shishu Ghar is about giving young children the care, nourishment and stimulation they need to grow well—while enabling their parents to work without leaving their children behind.

Months	No of children enrolled	No of children assessed	MAM	SAM	Mod Underweight (MUW)	Severe Underweight (SUW)	Mod Stunted	Severe Stunted
Apr 2025	826	668	110	31	260	123	239	171
May 2025	820	758	73	28	279	154	242	214
Jun 2025	806	741	75	29	281	129	283	265
Jul 2025	767	737	115	23	275	110	267	174
Aug 2025	751	720	92	16	271	123	275	224
Sept 2025	767	699	72	22	252	129	254	275
Oct 2025	802	767	155	30	282	146	274	192
Nov 2025	778	695	88	21	253	109	268	224
Dec 2025	775	667	46	16	245	96	252	256
Jan 2026	794	662	76	19	238	91	259	165
Feb 2026	774	614	48	15	208	90	240	200
Mar 2026	768	600	48	12	223	84	226	235

Figure 9.2 - Health Indicators of the children assessed

Co morbidity	No of cases
SAM + Malaria	6
SAM + Anemia	5
SAM + UTRI/ Cold	13
SAM + Scabies	2
SAM Only	27
Total SAM Cases	**48**

Figure 9.3 - Total SAM in the children assessed

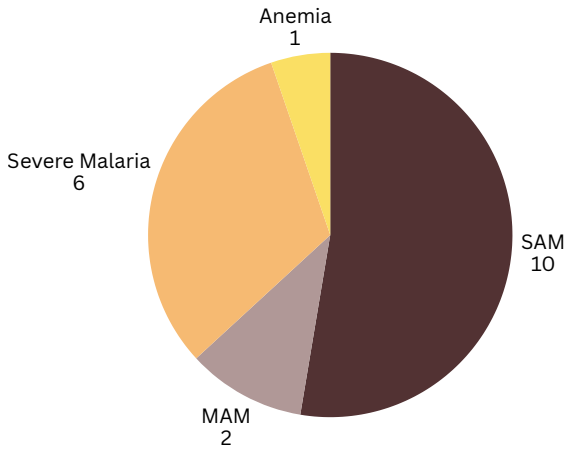


Figure 9.4 - In- Patient services

PRE SCHOOL PROGRAM

Building the foundations for lifelong learning.

Early childhood is a critical foundation for learning, development and well-being. Swasthya Swaraj's Pre-Primary Programme creates opportunities for young children in tribal communities to learn through play, develop healthy habits and build the skills they need to enter school with confidence.

The Pre-Primary Programme is designed to strengthen the intellectual, social, emotional and physical development of young children through Early Childhood Care and Development (ECCD) and nutrition, with a particular focus on children in remote tribal hamlets who live far from Anganwadis and primary schools.

The programme works in collaboration with the Government, through Anganwadi and Podapushti Centres, while taking learning closer to children who may otherwise remain outside these systems. Shishu Sathis create safe, joyful and child-friendly learning spaces using stories, songs, games, movement, creative activities and locally available, low-cost teaching-learning materials.

Learning is closely linked with health and nutrition. Shishu Sathis support growth monitoring, nutrition awareness, immunisation and access to entitlements, while identifying children who need additional health support and connecting them to appropriate services.

This year, the programme was active across 64 centres, with 64 Shishu Sathis working with children aged 8 months to 6 years. Shishu Sathis also received training in child development, holistic learning and the creation and use of teaching-learning materials, while working alongside Anganwadi Workers.
At its heart, the programme is about ensuring that distance does not determine a child's opportunity to learn, grow and thrive.

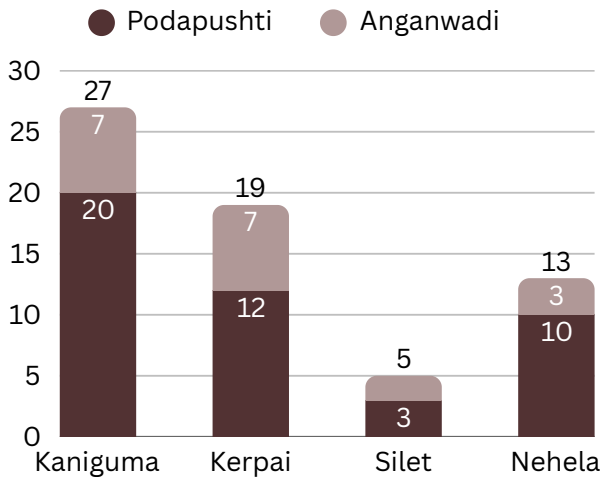


Figure 10.1 - Active centres acorss the clusters

64 **Total Active Centres**

45 **Total Podapushti**

19 **Total Anganwadi**

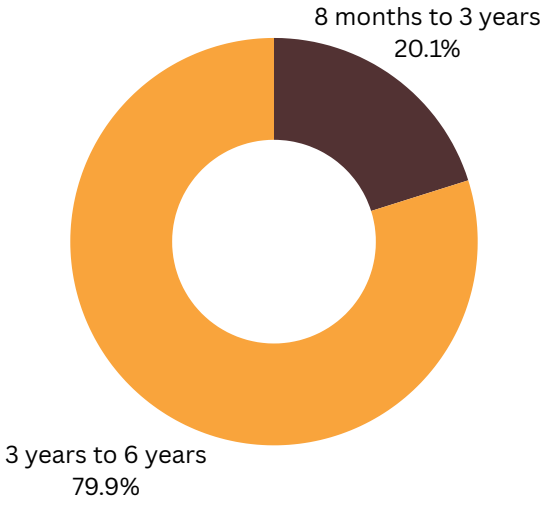


Figure 10.2 - Age wise distribution of children at pre-school

745 **Number of students registered in pre-school**

New Enrolled Children	No of children transitioned to school
38	30

Shishu Sathis: making learning possible at the village level

Shishu Sathis are central to the programme. They conduct regular play-based sessions, prepare local learning materials, observe children's development, engage parents and work alongside Anganwadi Workers. Their role extends beyond the classroom—helping families understand the value of early learning, encouraging healthy practices and ensuring children receive the support they need.

64 **Total Shishu Sathis**

04 **Trainings**

September	October	December	February
Introductory session	Understanding Children: Behaviour, Needs, and Development.	Activities for Holistic Child Development	Creating and Using TLMs for Child Learning









TULSI

TOKI UPLIFTMENT & LIVELIHOOD SELF INITIATIVE

Building confidence, choices and agency in adolescent girls.

TULSI is a community-based adolescent girls' empowerment programme working with girls aged 10–19 years in underserved tribal communities. The programme provides safe spaces where girls can learn, lead, gain health knowledge, develop useful skills and make informed decisions about their lives. It focuses on Health & Nutrition, Early Marriage & Reproductive Health, Education, Livelihoods, and Agency & Empowerment.

Building confidence, choices and agency

TULSI Clubs are the community platforms that form the backbone of the TULSI programme. They provide a safe and supportive space where adolescent girls regularly come together to learn, discuss and reflect on issues that affect their everyday lives, including relationships, self-confidence, disease prevention, health and nutrition, reproductive health, education, livelihoods, and empowerment.

TULSI Sathis are trained peer educators selected from within the community who lead and facilitate TULSI Club activities. They support peer learning and help girls engage with the different themes of the programme. TULSI Sathis receive training through a structured ten-module curriculum delivered across centres.

109 Active TULSI Sathis

67 TULSI Club Meetings
average in each club

19 TULSI Sathi Trainings

Topics covered in the trainings

- ARSH
- Non Formal Education and life skill
- Anemia, comon cold cough , TB, and Malaria

Supporting girls to continue their education

Non-formal Education (NFE) provides girls who are out of school or have gaps in their learning with an opportunity to strengthen their basic reading, writing and numeracy skills. Alongside NFE sessions, the team identifies girls who have dropped out of school and works with them and their families to support their re-enrolment. This year, 805 girls regularly attended NFE sessions, while 101 school dropouts were identified and 19 were supported to return to school.

805	101	19
Girls who regularly attend non-formal education	Dropout girls identified	Girls supported to return back to school



Health, before a crisis

The high prevalence of anemia among adolescent girls may be attributed to inadequate intake of iron-rich foods, increased nutritional requirements during adolescence, menstrual blood loss, recurrent infections, parasitic infestations, and limited access to nutrition and health services. These factors highlight the need for continued nutrition education, regular anemia screening, iron and folic acid supplementation, deforming, and strengthened follow-up support for adolescent girls.

85	854	47	08
AGFCs conducted	girls screened	ARSH sessions conducted	ARSH sessions held at Govt School

Nutritional Status

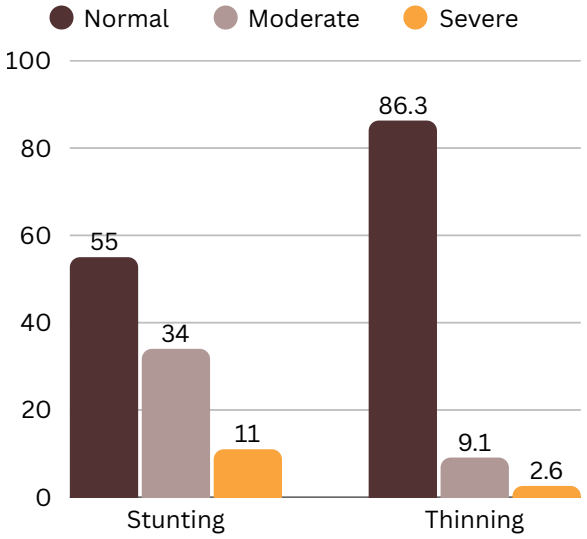


Figure 11.1 - Nutritional status of the girls screened in the AGFC clinic

Anemic Status

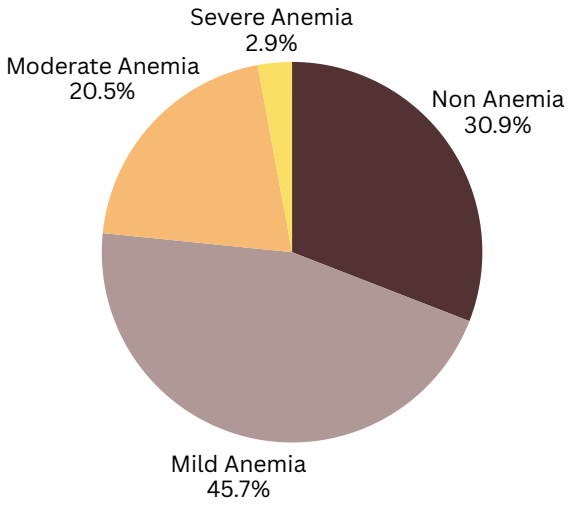
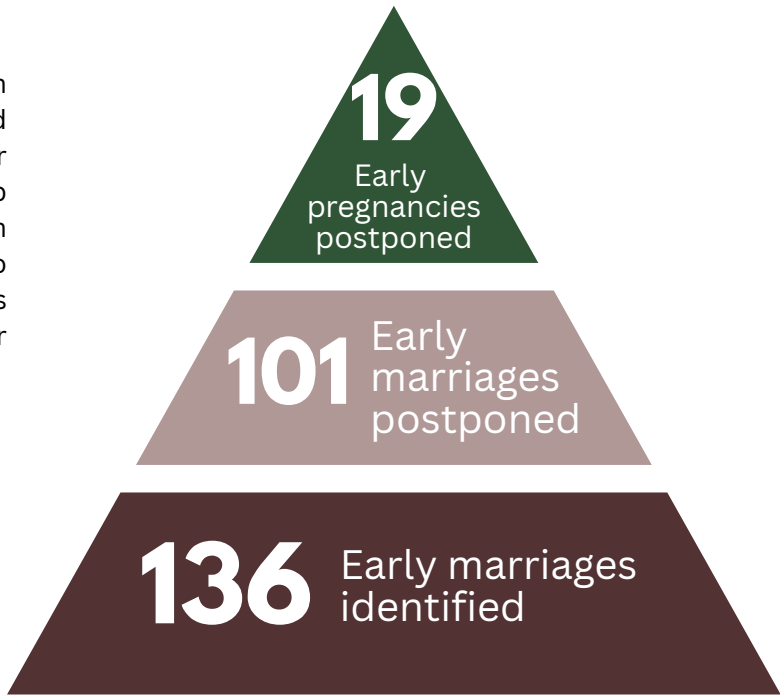


Figure 11.2 - Anemia status of the girls screened in the AGFC clinic





Early marriage and early pregnancy can greatly limit a girl's opportunities and affect her future. Through regular community engagement and follow-up with families, the team identified such cases early and worked with families to help delay marriage and pregnancy. This gave girls more time to continue their education and build a better future.



From skills to livelihoods

We have two production units, one in Kaniguma and the other in Kerpai. These units' help girls turn the skills they have learned through training into a source of income. Their work includes stitching and food production, supported by sewing machines and entrepreneurship training. Currently, 12 girls work regularly, while another 7 join when there are additional orders. As more orders come in, the work is growing and creating more opportunities for the girls to earn an income.

06 **Livelihood oppurtunity created for girls**

02 **Production units**

19 **Girls active**

TAILORING	SOFT TOY MAKING
KEY RING MAKING	JUTE BAG MAKING
FOOD PRODUCTS - RAGI AND CHATTU LADDU	



Rs 1,02,280
Amount of revenue generated

The TULSI approach

At its heart, TULSI is about expanding the choices available to adolescent girls—helping them stay connected to education, understand and care for their health, delay early marriage and pregnancy, develop livelihoods and build the confidence to shape their own futures.





HNPS

Health and Nutrition Promoting Schools

Helping children learn, stay healthy and thrive.

In remote tribal communities, barriers to education are often closely linked with health, nutrition and the conditions in which children learn. The HNPS programme brings these dimensions together in the school environment—combining learning support, health awareness, nutrition and community engagement.

The programme works with schools, children, teachers and parents to build healthier school environments, encourage regular attendance and help children develop the knowledge and habits to care for their own health.

Learning beyond the classroom

HNPS uses play, creativity and experiential learning to make health and education engaging. Children participate in health-awareness activities, art and craft, storytelling, sports, nature-based learning and community events—turning the school into a space for both learning and discovery.

14	450	14	12
Government Schools	School children	Sikhya Sathis engaged	Trainings for Sikhya Sathis

Families as partners

HNPS also works with parents and the wider community to strengthen enrolment, attendance, health awareness and access to essential documentation and services.



45 PTMs conducted

14 Functional School Health Committees

Health and nutrition at the centre

Regular health and nutrition monitoring helps identify children who may need additional support. The data from this year highlights why this remains important: among 279 children assessed for height-for-age, 75 were stunted and 41 severely stunted. Similarly, 73 children were underweight and 47 severely underweight among those assessed for weight-for-age.

The programme therefore looks beyond school attendance alone—to whether children are healthy enough to learn, supported enough to participate and equipped enough to thrive.

The aim is simple: a school where children do not have to choose between learning and well-being—but can grow, learn and thrive together.





Nutritional Status of children

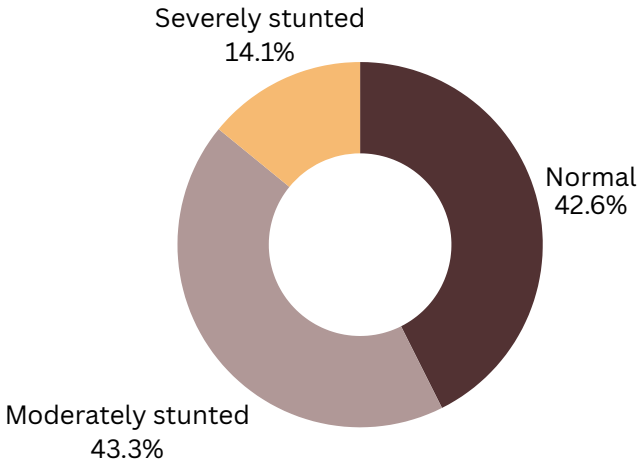


Figure 12.1 - Height for age for school students screened under HNPS

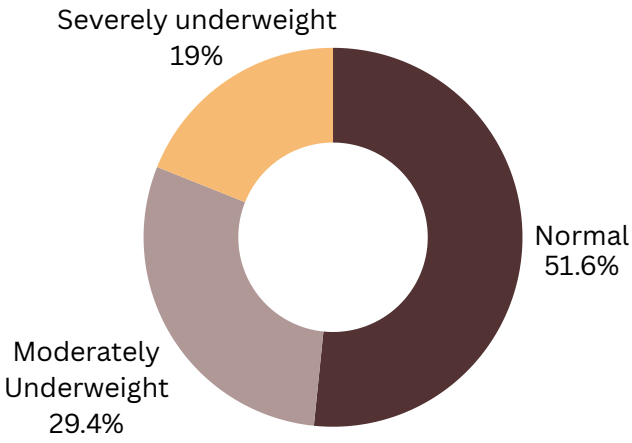


Figure 12.2 - Weight for age for school students screened under HNPS

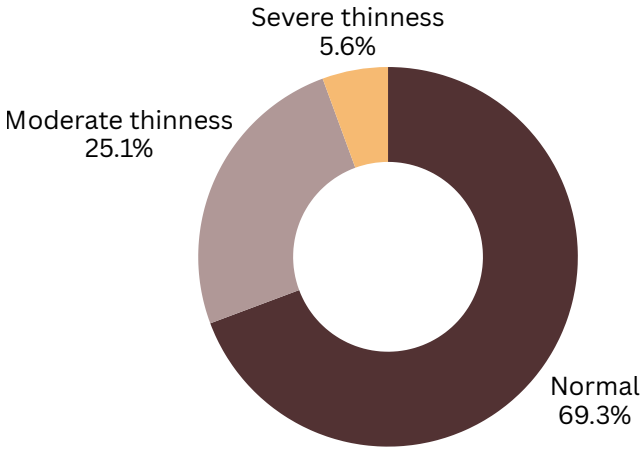
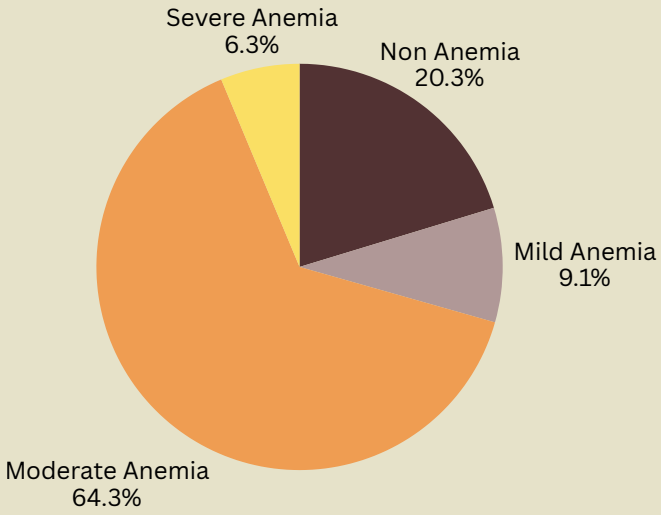


Figure 12.3 - BMI for age for school students screened under HNPS





Anemia Status of children



DCHP

Diploma in Community Health Practice

Building the rural health workforce.

Healthcare in remote tribal areas needs more than infrastructure —it needs skilled health professionals who understand the communities they serve.

DCHP was created to build that workforce: young tribal women trained not only in clinical skills, but also in maternal and child health, public health, emergency care and community engagement.

The Diploma in Community Health Practice (DCHP) is central to Swasthya Swaraj's clinical model: building a skilled health workforce from the communities it serves.

DCHP, the two-year residential programme, followed by a six-month internship, equips young tribal women with the clinical and community-health skills needed to become first-contact health professionals in rural and tribal settings. Training spans clinical care, maternal and child health, disease prevention, emergency response and community health leadership.

What distinguishes DCHP is not only what graduates know, but where that knowledge is rooted. Having grown up in similar communities, graduates understand the language, geography, culture and realities that shape how people experience illness and seek care.

From training to the frontline

The programme creates a pathway from learning to practice to long-term service. Graduates move into Swasthya Swaraj's clinical teams, bringing both professional competence and contextual understanding to patient care.

To date, **74 students** have entered the programme, with 25 graduates now employed at Swasthya Swaraj, while 27 students are currently in training and 2 graduates are pursuing higher education.

More than a qualification

DCHP is ultimately about building health professionals who belong to the communities they serve—strengthening Swasthya Swaraj's clinical capacity while creating pathways for young tribal women to build skilled and dignified livelihoods.

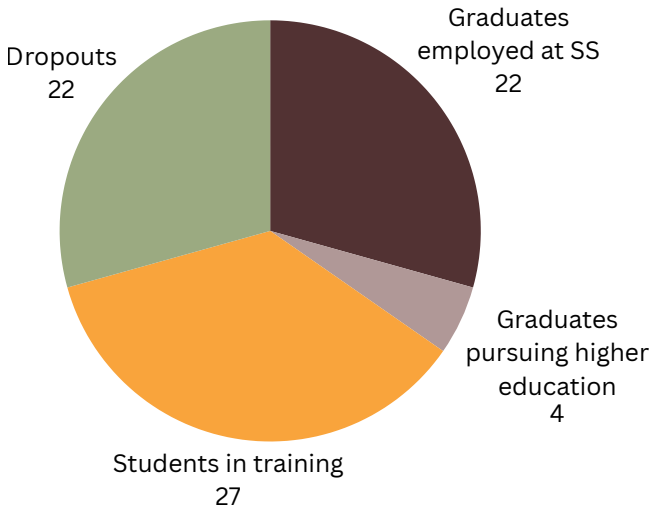


Figure 13.1 - Engagement of DHCP students





RESEARCH & COLLABORATION

Extending the work beyond direct implementation

FELLOWSHIPS & INTERNSHIPS

TRIBAL HEALTH FELLOWSHIP

A one-year immersion for young doctors to experience community-rooted clinical care and the realities of working in underserved tribal settings.

This year, three doctors completed the fellowship, strengthening both their clinical experience and understanding of rural health.

SWASTHYA SWARAJ TRIBAL EXPOSURE PROGRAMME (STEP)

A short-term field immersion for medical students to experience grassroots healthcare and understand the social and systemic realities shaping health in tribal communities.

This year, six students from Bangalore Medical College spent a week with Swasthya Swaraj, gaining firsthand exposure to its community and clinical programmes.

RESEARCH

IMPROVING HEALTH, NUTRITION AND EMPOWERING TRIBAL ADOLESCENT GIRLS- AN IMPLEMENTATION RESEARCH

In the Final Phase

The study evaluates the effectiveness and acceptability of a community-based intervention using competency-based training on sexual and reproductive health, nutrition, common health issues, life skills, livelihood skills and non-formal education to promote health, nutrition and empowerment among adolescent girls.

It also aims to improve health status and provide counselling through regular Adolescent Girls Friendly Clinics (AGFCs) for 1,000 adolescent girls across 80 tribal-dominated villages of Kalahandi district.

TRIBAL HEALTH STUDY

On Going

The Tribal Health Study is being undertaken to develop a comprehensive understanding of the health status and healthcare needs of tribal communities in Thuamul Rampur Block.

The study covers demographic characteristics; maternal, newborn, child and adolescent health; nutritional status; communicable and non-communicable diseases; sickle cell disease; environmental health; health-seeking behaviour; utilisation of public and private healthcare services; and the broader social determinants influencing health outcomes.

It also explores community perceptions of health and illness, indigenous health practices, and barriers to accessing quality healthcare.

PORTENT STUDY

Completed

A collaboration with St. John's Research Institute and Cornell University, supported by the National Institutes of Health (NIH).

The study focused on developing a PCR/Quantuferon-based P.O.C. test for malaria, with testing and validation carried out at Swasthya Swaraj.

COLLABORATIONS

ACADEMIC COLLABORATION

St Johns Research Institute
St Johns Medical College Hospital
Azim Premji University
Christian Medical College, Vellore

GOVERNMENT COLLABORATION

District National Health Mission
National Tuberculosis Elimination Programme (NTEP)
District Malaria Control
Integrated Child Development Services (ICDS)
District Education Department



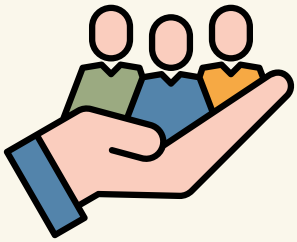
Swasthya Swaraj Team

VITAL EVENTS

Maternal & Birth Outcomes

Indicator	Value
Total Deliveries	324
Total number of Live Births	313
Total number of Still Births	11
Maternal Mortality	1

Estimated Population:
14000

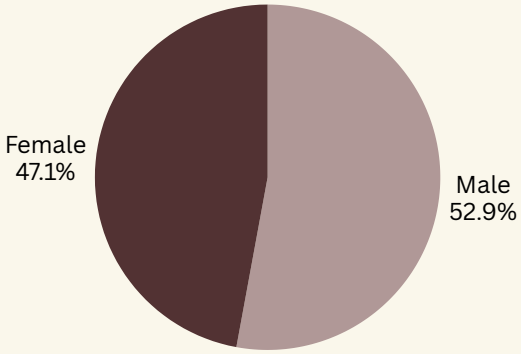


2024-25	Crude Birth Rate - 21.3	Crude Death Rate - 8.57
2025-26	Crude Birth Rate - 22.36	Crude Death Rate - 9.86

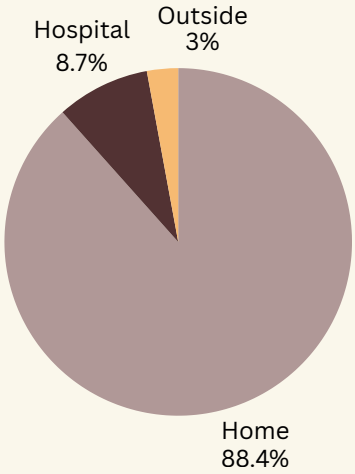
Age-wise distribution of deaths

Age wise category	No of deaths	Cumulative
Early Neonatal (0-7 days)	13	13
Late Neonatal (7-28 days)	5	18
Infant (<=1 year)	6	24
Under five (<=5 years)	7	31
Childhood (6-9 years)	4	35
Adolescent (10-19 years)	9	44
Adult (20-60 years)	50	94
Geriatric (>60 years)	44	**138**
Total	**138**	

Gender-wise distribution of deaths



Place of deaths



Causes of deaths

Causes	Number	Percentage
Fever	27	19.57%
Diarrhoeal Disorder	5	3.62%
Suicide	13	9.42%
Accident & Injury	4	2.90%
Cancer	2	1.45%
Fits/ Convulsion	5	3.62%
Paralysis/ Strock	4	2.90%
TB	7	5.07%
Snake bite	2	1.45%
Others	38	27.54%
U5 childs deaths*	31	22.46%

** The causes of death among children under five years of age are not mentioned because most of the deaths occurred at home, and the causes of death could not be verified.*

FINANCIALS

THANK YOU TO OUR DONORS

Our work is sustained by people and institutions who choose to believe in the possibility of change and continue to stand with us year after year. Their trust, generosity and partnership have helped bring quality healthcare closer to remote tribal communities, strengthen our programmes and make it possible to take new ideas where the need is greatest.

Every contribution, financial, material or in-kind has helped us reach further, respond better and stay committed to our mission. We are deeply grateful for their continued trust in Swasthya Swaraj and for being part of this journey towards health and dignity for all.

ABHAY DAN(CHARITABLE TRUST)

AZIM PREMJI PHILANTHROPIC INITIATIVES PVT. LTD.(APPI)

SIR RATAN TATA TRUST

SACHIN TENDULKAR FOUNDATION

STULZ CHSPL INDIA PVT LTD

AZIM PREMJI UNIVERSITY(APU)

BENGAL FINANCE AND INVESTMENT PVT. LTD.

BHARATIYA RESERVE BANK NOTE MUDRAN (P) LIMITED

GIVE FOUNDATION, INDIA

HEMA ASHOK HATTANGADY, Bangalore

HVS FOUNDATION, Mumbai

MACRO TECH

Mrs.MADHU BHADURI,

RG MANUDHANE FOUNDATION FOR EXCELLENCE

AMRIT VASUDEVA TRUST

TP WESTERN ODISHA DISTRIBUTION

Mrs.BRIGIT GEORGE

DHARANIDHAR MAJHI

Dr.JEMMA JOSEPH EDASSERY

MAYANK KABRA

Dr. MIHIKA NORONHA

Dr. MOHAN ADHYAM

OMKAR

Mrs.JAYALAKSHMI GANAPATHY, Chennai

Mr.JAYANTA KUMAR CHAND, Bhawanipatna

Dr.SAMEEKSHA HEGDE, Bangalore

BHAGWANIDEVI BASUDEV JHUNJHUNWALA

RAZORPAY PAYMENTS PVT LT

MR APPATHURAI SARANGAPANI

RANARAYANAN

Sr. ANGELINA THOMAS

GOODSPARSH NHM ODISHA

SHIKSHA SEVA FOUNDATION

KUMUDINI BEHERA

JAYANTHI PUGALENDIRAN

SVETHA VENKATRAM

DR. E.J. MANI

FOREIGN CONTRIBUTION

MEENAKSHI N VISWANADHA VARAHA N V

FEATHERSTONE PAUL

IN KIND CONTRIBUTION

ROTARY INTERNATIONAL

ST JOHN'S RESEARCH INSTITUTE

CANARA BANK, Bhawanipatna

DR. VIJAY JOSEPH

MRS. ANISHA GEORGE

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 : 2026-27
YEAR ENDING : 31.03.2026
STATUS : AOP (TRUST)
WARD : EXEMPTION WARD/SAMBALPUR

Balance Sheet as on 31st March 2026

	Notes	March 31, 2026	*March 31, 2025*
SOURCES OF FUNDS:			
1 NPO Funds	3		
(a) Unrestricted Funds		14,55,69,500.30	*8,86,99,383.41*
(b) Restricted Funds			
		14,55,69,500.30	8,86,99,383.41
2 Non Current Liabilities			
(a) Long-term borrowings	4	-	-
(b) Other long-term liabilities	5	-	-
(c) Long-term provisions	6	-	-
		-	-
3 Current liabilities			
(a) Short-term borrowings	4	-	-
(b) Payables	7	-	-
(c) Other current liabilities	8	-	-
(d) Short-term provisions	6	23,22,695.50	*1,88,706.00*
		23,22,695.50	1,88,706.00
Total		**14,78,92,195.80**	**8,88,88,089.41**
APPLICATION OF FUNDS:			
Non-current Assests			
Fixed Assets	9		
Gross Value (At Cost)		7,82,04,147.90	*5,82,84,624.90*
Less: Accumulated Depreciation		1,47,89,376.00	*1,00,93,494.00*
		6,34,14,771.90	4,81,91,130.90
Capital Work in progress	9	-	-
(b) Non-current investments	10	-	-
(c) Long Term Loans and Advances	11	-	-
(d) Other non-current assets (specify nature)	12	-	-
		-	-
		6,34,14,771.90	**4,81,91,130.90**
Current Assets			
Current Investments	10	4,35,91,920.20	*2,89,27,191.20*
Inventories		-	-
Receivables	13	-	-
Cash and Bank Balances	14	3,76,18,812.89	*38,84,632.48*
Short-term loans and advances	11	29,50,823.90	*14,79,392.00*
Other Current Assets	15	3,15,866.91	*64,05,742.83*
		8,44,77,423.90	***4,06,96,958.51***
Total		**14,78,92,195.80**	**8,88,88,089.41**
		-	-

Notes referred to are an integral part of accounts
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 / President
Secretary

Place: Bhawanipatna
Date: 25.09.2026

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 : 2026-27
YEAR ENDING : 31.03.2026
STATUS : AOP (TRUST)

Statement of Income & Expenditure for the Year ended 31st March 2026

(Amount In Rs.)

	Particulars	No	31 March 2026			31 March 2025		
			Unrestricted funds	Restricted funds	Total	Unrestricted funds	Restricted funds	Total
I	**Income**		10,29,33,253.20	-	10,29,33,253.20	5,62,22,073.73	-	5,62,22,073.73
(a)	Donations and Grants		10,29,33,253.20	-	10,29,33,253.20	5,62,22,073.73	-	5,62,22,073.73
(b)	Fees from Rendering of Services		-	-	-	-	-	-
(c)	Sale of Goods		-	-	-	-	-	-
II	**Other Income**	16	23,89,434.08	-	23,89,434.08	22,81,231.37	-	22,81,231.37
III	**Total Income (I+II)**				10,53,22,687.28			5,85,03,305.10
IV	**Expenses:**							
(a)	Material consumed/ distributed	17	-	-	-	-	-	-
(b)	Donations/contributions paid		-	-	-	-	-	-
(c)	Employee benefits expense	18	3,02,11,041.00	-	3,02,11,041.00	2,00,31,515.28	-	2,00,31,515.28
(d)	Depreciation and amortization expense	19	46,95,882.00	-	46,95,882.00	33,12,867.00	-	33,12,867.00
(e)	Finance costs	20	-	-	-	-	-	-
(f)	Other expenses	21	3,35,45,647.39	-	3,35,45,647.39	1,98,35,605.69	-	1,98,35,605.69
	Religion/charitable expenses				-			-
	Other Expenses (specify nature)				-			-
	Total expenses		**6,84,52,570.39**	**-**	**6,84,52,570.39**	**4,31,79,987.97**	**-**	**4,31,79,987.97**
V	**Excess of Income overExpenditure for the year before exceptional and extraordinary Items (III- IV)**			-	3,68,70,116.89		-	1,53,23,317.13

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

Place: Bhawanipatna
Date: 25.09.2026

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 : 2026-27
YEAR ENDING : 31.03.2026
STATUS : AOP (TRUST)

Statement of Income & Expenditure for the Year ended 31st March 2026

(Amount in Rs.)

VI	Exceptional items (specify nature & provide note/delete if none)		-	-		-	-
VII	**Excess of Income over Expenditure for the year before extraordinary items (V-VI)**		-	3,68,70,116.89		-	1,53,23,317.13
VII	Extraordinary Items (specify nature & provide note/delete if none)		-	-		-	-
IX	**Excess of Income over Expenditure for the year (VII-VIII)**		-	3,68,70,116.89		-	1,53,23,317.13
	Appropriations Transfer to funds, e.g., Building fund Transfer from funds Balance tansferred to General Fund						

The accompanying notes are an integral part of the financial statements

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

Place: Bhawanipatna
Date: 25.09.2026

"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



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)
For Foreign Donations, FCRA regn no. 104950105