



SWASTHYA SWARAJ NEWSLETTER

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Friends

This issue of Swasthya Swaraj Patrika comes with many interesting articles from our team members. Main focus is Malaria. Malaria is one of human kind's oldest foes. People have been living with and dying from this disease since the dawn of history. In ancient histories we find reference to this terrible sickness- fever with shivering, headache, joint pains, vomiting, convulsions and death. It is a disease that has shaped world history – a killer of kings and warlords. It defeated Alexander the great! Malaria continues to kill millions today in 21st century too. Half of the world's population is at risk of getting malaria. It is the curse of tribal areas. Battle against Malaria has to continue.

The 3 days' residential summer camp for children of school going age group but who are not attending school or never been to school was another major event. This was a tremendous learning experience for the children as well as Swasthya Swaraj team.

We hope you will enjoy reading this issue.

-The Editorial Team

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Battle against Malaria in tribal area

Since the time Charles Laveran found the microscopic parasite called Plasmodium in a malaria patient's blood and Ronald Ross discovered that it is through mosquito bites that malaria spreads, the mystery of malaria began to unravel. Who is the true villain? Plasmodium or female anopheles mosquito who carries the plasmodium from one to another poor hapless human being? Plasmodium is a supersmart microbe who can adjust to two entirely different environments; spends half of its life inside the mosquito and the rest in the human blood; it can lie dormant for long time in the liver of human beings; it keeps changing its genomic structure again and again thus defeating all attempts to develop a vaccine against them.

In India the highest prevalence of Malaria is seen in areas where indigenous people live. North East India, Assam, Odisha, Jharkhand etc have the high load of malaria even though other states are also affected including urban areas. 8.6% population of India is tribals, in Odisha it is 22%. The State of

Odisha contributes 38% of the disease load and 28% of the deaths due to Malaria in India making it the capital of malaria!

There is any amount of literature on malaria situation in sub-Saharan African countries, but there is a paucity of literature on the situation in India. Tribal pockets in Odisha where we work, we find the situation is as bad as or worse than sub Saharan African countries.

Gravity of the situation:

2 kinds of malaria are seen in this area- malaria due to plasmodium vivax, and malaria due to plasmodium falciparum. 92% of our malaria is due to falciparum which is the dangerous variety. 85% of the mortality due to falciparum malaria seen in this area is in under-five children who are the most vulnerable group. From 3 months age onwards babies present with PF malaria. 23% maternal mortality is attributed to malaria. 32% of our pregnant women are found to be malaria infected on active screening. On active screening again, 38% of the population is found to be

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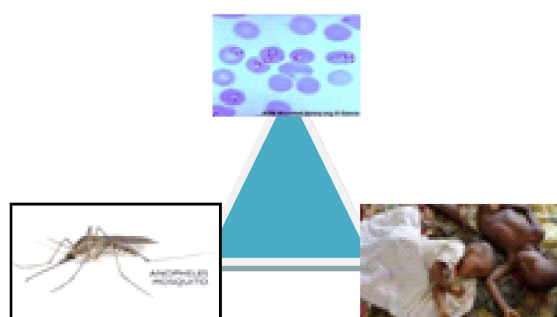
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malaria infected in lean season which may rise to >60% in peak seasons. 48% of the school going age group children are malaria-infected at any given time. 43% of our adolescent girls malaria-infected. On active screening of underfive children this percentage climbs to 70-90%!

80% of our underfive children have palpable spleen- a manifestation of repeated malaria infection. 70% of our underfive children are malnourished, 15-20% severe acute malnutrition(SAM). 90% of SAM children are falciparum malaria positive. Severe malaria in children leads to severe anemia, convulsions, prostration, persistent vomiting, death. Children with malaria often presents with chest infection or diarrhea. So all children presenting with loose stools or chest symptoms are tested for malaria too which >90% times turns out to be positive. Repeated episodes of malaria weakens the body, leads to SAM, severe anemia, impairment of cognitive abilities of the child, decreased work capacity in adults, obstetric complications in pregnant women, perinatal mortality, low birth weight babies leading to high neonatal mortality.

Can we conquer malaria?

Strategies used today in conquering malaria can be broadly divided into 3 categories:



a. Targeting the plasmodium:

- early diagnosis and prompt treatment of as many infected patients as possible will gradually bring down the parasite load in the community.
- Diagnosis is today accelerated by Rapid Diagnostic Kits made available, microscopic examination of the blood smears in good microscopists' hands gives the parasite load too.

- Malaria treatment is available free of cost from the hospitals.
- National guidelines for treatment is made available to all clinicians to avoid misuse, overuse or wrong use of medications in Malaria.
- Mass Screening for malaria is employed in some pockets with the aim of screening the entire population and treating the positives, thus drastically decreasing the parasite load in the community.

b. Targeting the vector – the mosquitos:

- Destroy the resting places of mosquitos by Indoor residual spraying (IRS) done at 6 monthly intervals, covering all households in the community. Mosquitos are sensitive to DDT here.
- Destroy the breeding places of mosquitos by not allowing stagnant water, keeping dry days, gambusia fish who eat up the larvae etc..
- Avoiding entry of mosquitos in the houses by burning neem leaves in the evening, neem oil in the oil in the lamps, fixing mosquito screen in the houses.
- Avoiding mosquito bites by neem oil application, sleeping under medicated bed nets(ITN/LLIN). Free mosquito nets (LLIN) are distributed by Govt.

c. Targeting the victim –the human being:

While the above measures are technical and appears to be rather easy to carry out, this last one is the most difficult part. The poverty, misery, ignorance, illiteracy, apathy of the indigenous people who got used to not being able to access health facilities, used to seeing the deaths of so many loved ones, their daily hunt for important basic needs like food and water other than health are factors which hamper malaria control in areas where the poorest live. Poverty defeats all control measures. No wonder people find better use for the mosquito nets distributed by Govt by on earlier occasions using them for fencing, fishing etc which are their priorities.

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Lack of space to tie the mosquito nets in the dingy dark houses, the nets getting eaten up by mice and termites etc (all these creatures live in a harmonious relationship with the poor in their houses), having to get up very early to go to work in the fields from 3 a.m onwards exposing themselves to mosquito bites, people's unwillingness to take tablets (allopathys is equated to IM injections), mothers not in the habit of forcing babies to take medicines, their daily struggle to feed the many mouths at home etc are factors to be considered in the battle against malaria.

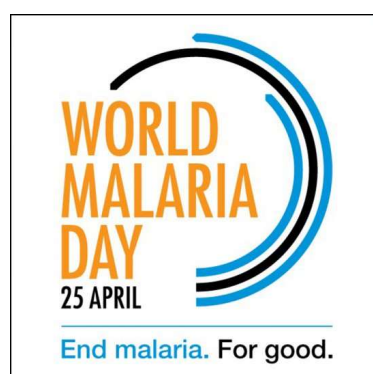
On the other hand there is the lack of commitment to the cause of malaria control, the half-hearted ways Govt machinery carries out malaria control measures, lack of regulation of the informal

practitioners ('Kabirajs/Bengalis) who practice monotherapy for malaria by using Inj. Arteether for any fever which predisposes to artemisinin resistance sooner or later, are also factors to be looked into.

Defeating malaria is a big challenge. It is a challenge not only to doctors, biologists and scientists, but also to politicians, economists and social scientists. Malaria was eliminated from Scandinavian countries without new drugs and vaccines. The main force was economic development.

Malaria is not just a disease to be defeated by medications; this disease is a biological manifestation of underlying, deep rooted social and economic inequity. Strong political will alone can conquer this disease. Battle against malaria continues.....

-Dr Aquinas Edassery



Malaria Bye Bye!

“Malaria Malaria, To Pai heli mu door, Gharo Daaro kaamo dhanda chhadi heli saat paro” (Dear Malaria, I am alone because of you. I cannot

work, I cannot mix up with my people, just because you are with me. Please leave me!)” this song dragged my attention due to its raw yet beautiful tune. our field animator Kumarsingh was singing this song while sitting on the bench outside the staff room at Kerpai center.

I reached at Kerpai center at around 11 o'clock on 22nd April 2017. This time our visit to Kerpai had a purpose - the celebration of 'World Malaria Day'. This is celebrated worldwide on 25th April since 2007. This day was proposed by WHO to create awareness on malaria and on its gravity across the world. In an area like Kalahandi in Odisha where illiteracy is high, ignorance and superstitions galore, disease burden and death rates due to preventable and easily treatable diseases are high, Malaria is rampant and is the no 1 killer disease, World Malaria Day plays a great significance. Every year Swasthya Swaraj team uses this occasion to spread awareness on malaria in creative

ways and the entire team gets charged with higher levels of enthusiasm on these occasions. Likewise, this year too, we had planned the celebration of world Malaria Day on 25th April 2017.

When I reached Kerpai centre, I observed that our field animators and community nurses were already gearing up for the 'World Malaria Day'. Our field animators Amarsingh, Ghasiram and Jayshankar were sitting in the training hall with the community nurses Chanchala, Nappa, Anjana and discussing about the script of the skit that has to be performed in the Kerpai on the World Malaria Day. I joined them with a cup of tea and biscuits. In Swasthya Swaraj events like 'World Malaria Day' or 'World Tuberculosis Day' is never less than festival. Because these are the occasions where all the staff of Swasthya Swaraj gets an opportunity to come together and work creatively with each other for the betterment of people.

All the field animators and nurses were very excited to perform there skit in the village on 25th April. When I asked about the participation of the children and youth of the village Kerpai, our field animator Kumarsingh said, “Initially we had written a script for the small children of Kerpai. I wanted them to come together and perform in their own village.

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I, Ghasiram and Amarsingh had also designed a small workshop for the children to make them comfortable with this new activity. But the children were reluctant to perform with us.

Then, we held a meeting in the village to ask the young boys about their interest in the various activities that we have planned for our World Malaria



(Rally- Kerpai to Kachalekha)

Day. They have promised to involve themselves in every activity, but eventually they did not come for the practice. At last, we are preparing for the programme and make the event successful.”

This kind of a situation is not a surprise for the girls & boys of Swasthya Swaraj. Our team has always proved themselves by tackling many tricky situations on the eleventh hour. This time also they made it possible by taking quick decisions and implementing their own ideas without hindrances of any external factors.

We all practiced the skit for 2 days before 25th April. But doing a street theatre at night in the village

is not enough to give the proper information of Malaria. impactful slogans, meaningful songs and an entertaining yet informative skit is the perfect formula of sprading awareness in the people of any village. We



(Street Play at Kerpai Village)

had followed same formula by rehearsing song on malaria and arranging rally across Kerpai and Kachalekha. Our creative field

animators sat together and made some posters with a simple design and impactful slogans. Those small yet powerful slogans had an everlasting impact on the minds of the people. The rally started from our Kerpai centre and it ended at Majhipada. The rally was consisted of all the children of Kerpai and Kachalekha villages and our field animators. Our field animators held the hands of the small children who also were eager to join and guided them throughout the way. Children also walked with all the animators with trust and joy. Those hands may stay together till all the people become educated and find their own way of living healthy life.

-Priyanka Shejale

Malaria Mass Screening

In recent years, much progress has been made in the fight against malaria, resulting in substantial global reductions in mortality and incidence rates—a result of increased funding and commitment to prevention and treatment strategies. However, malaria remains a disease of public health significance around the world, as there were an estimated 214 million malaria cases and 438,000 deaths attributed to it in 2015. Further interventions are necessary to sustain the progress that has been made and to accelerate the reduction in disease burden, transitioning from strategies of control to those of elimination.

Malaria control is one of the major public health programs of the Odisha government. Odisha contributed 38 per cent of malaria cases and 28 per cent of related deaths to the country's total malaria burden in 2015 – 16 (The Pioneer). Despite progress

in the field of diagnostics, curative and preventive health, there are tribal and other marginalized communities in Odisha that remain deprived from the main stream health care facilities due to their remoteness and inaccessibility.

Swasthya Swaraj has been conducting mass screening for malaria with treatment of positive cases every year along with the intensified surveillance, and regular health education activities throughout the year. Mass screening and treatment (MSAT) for malaria require testing all people in a broad or defined geographical area and treating only positive cases. MSAT is conducted in a coordinated manner, so that the drug is taken at approximately the same time by the whole population at risk, often at repeated intervals. To impact on transmission, MSAT requires high coverage of the target population which, in turn, demands a high level of community participation and engagement.

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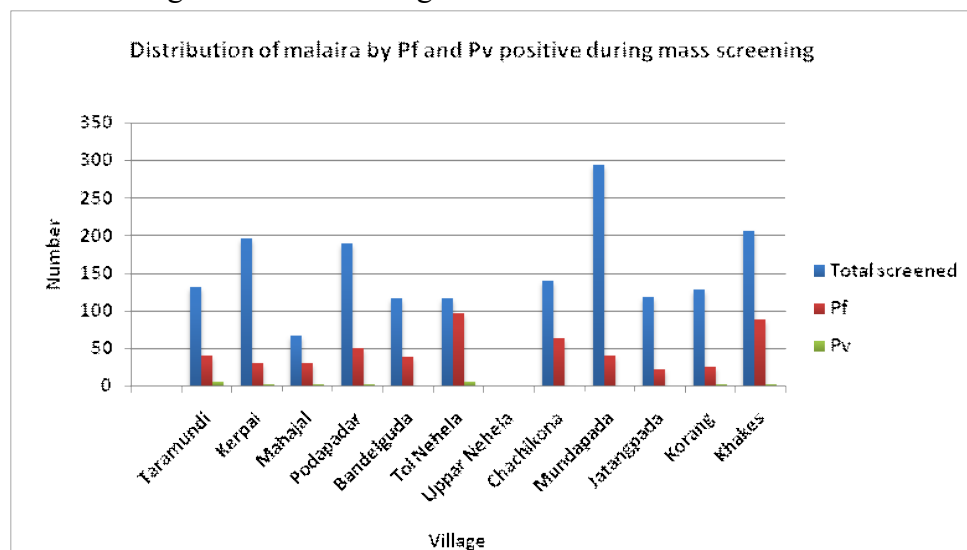
MSAT aims to detect and treat all malarial parasite infections, including asymptomatic parasite carriers, within the community. The aim is to reduce the parasite reservoir (using multiple screening rounds) before the transmission season, with the intention of limiting onward transmission. The diagnostic tool used was RDT, due to its ease of use and quick results.

Kerpai is an inaccessible woodland site in Thuamul Rampur block of Kalahandi district, located approximately 85 km from Bhawanipatna, the district headquarter. Kerpai is a malaria prone area, with the majority of symptomatic cases recorded following the long rains, which occur from June to September. Seasonal increases in malaria continue in hot spots in Kerpai. MSAT may help reduce the reservoir of infection.

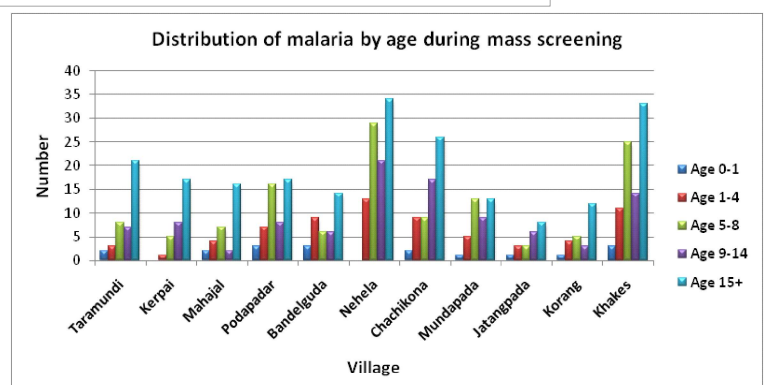
The Malaria mass screening was conducted from 07th to 21st April 2017. The objectives of the mass screening were:

- to reduce or interrupt transmission,
- to rapidly reduce malaria morbidity and mortality, or
- to prevent relapses and resulting malaria transmission

A total of 2887 people including children were screened for malaria in eleven sampled villages of Kerpai and Kaniguma panchayats in Thuamul Rampur block. Out of 2887 people, 1705 people were present for the screening in which 554 were diagnosed with malaria which is almost 33%. The majority of the patients screened were Plasmodium Falciparum positive (528) while the Plasmodium vivax patient were only 26. Of the 11 villages screened, 19% (103 cases) people having malaria were in Nehela followed by Khakes 16% (91 cases). In terms of low malaria, Jatangpada had only 4% (22 cases) followed by Korang 5% (27 cases). The figure states that the villages which are nearby to health centre have low malaria in comparison to villages which do not have access to any health care facilities. Below is the graph showing total people screened and diagnosed with malaria during the mass screening:



Further, if we see malaria by age-wise distribution, about 40% (211 cases) of the total Pf⁺ population were adult while 24% (126 cases) had malaria in 5-8 age group. There was a male:female ratio of 9:11



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There were many concerns that we faced during the mass screening. One family in Khakes which belongs to an ASHA, totally refused to do RDT. Also many drunkards were acting as disturbing elements during screening. Some participants remarked that

“From my experience I cannot accept to be tested when I don’t feel sick...I will wait until I feel sick to be tested.”

Nevertheless, we had some good experience as well. Many participants highlighted the importance of completing the full treatment dose although admitted they often fail to do so. Besides, most community members would comply with the treatment as long as it proved effective and did not cause too many side effects.

After completing screening and treatment compliance, participants were also given the opportunity to provide suggestions on what should be done to encourage people to participate in the study and to address concerns with testing and treatment. There were many recommendations for further sensitization in the communities in order to raise awareness and clarify any misconceptions about the purpose of the screening. While some participants recommended individual counseling during the screening and treatment process, others felt that schools and village meetings were the ideal pathways for sharing information.

-Vikram Paswan

ASO AME PODHIBA -Celebrating Innocence

Color pallets were ready with different vibrant colors, a wall was waiting to get itself colored by these small hands. I sharpened the pencils and ask children “ke chitra karbe?”(who will do painting?) And more than 100 children stood up to show their interest in painting. I made them stand in a row and headed them towards our Kerpai health center. And brushes started tickling the colors in the pallets. Wall was turning from plain white to colorful and we all were amazed by the creativity of our chiller party.

This was one of the colorful days from a well planned children’s summer camp organized by Swasthya Swaraj at Kerpai center. This summer camp was named as ‘AASO AME PODHIBA’(Come, Let’s Learn). These three days summer camp was full of enthusiasm and energy. First day of a summer camp started on a sunny morning



(Summer Camp- Kerpai)



on 15th May 2017. Our field Animators and programme co-ordinators were all set with a registration counter and some packets of biscuits waiting for children to come along with the Swasthya Sathi’s (Health Workers) from all the villages of Kerpai cluster. At about 11 am. They started pouring in. Those half naked, bare footed little champs (6-12 yrs age group) were the center of attraction for everyone. Our main objective was to give them a safe and friendly atmosphere to play, to learn and to grow. As the children reached near registration counter every child was asking for a biscuit. Small packet of biscuits was given to every child after registering his/her name.



There were 350 registrations for our 3 days summer camp. Managing 350 children at a time was not easy for our staff. We made all the children sit in the Rajiv Gandhi Seva Kendra for inauguration of our programme. Block Education Officer, Teachers of Kachalekha

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school, Majhigaon school and a Sarpanch of Kerpai inaugurated the programme by lighting a lamp accompanied with a sweet prayer by our community nurses Geeta and Pramila. Our field animators and community nurses together performed a small skit which brought out the pathetic overall situation of the Education Department of Thuamul Rampur Block of Kalahandi, Odisha. The self-centered teachers and helpless parents were creatively enacted by all the participants of the play. Our field staff has always made us proud by trying new ways of inauguration that keep all the guests engaged in the performance and it also serves the purpose of public awareness through entertainment.

First day many were feeling homesick, shy and not much forthcoming. Every new face was looking at us with many questions which we were bound to answer in those 3 days.

As the sun said goodbye for a day. All the children came out of the Rajiv Gandhi Seva Kendra for the fresh air. The slightly cold breeze was tickling the face of each child that has brought a smile on those innocent faces. We added into their happiness in this pleasant atmosphere by showing them a film 'God's Must Be crazy' on our brand new Projector screen. an entertaining story of two tribal children, their emotional bonding with their father and helping each other in the difficult times had certainly made our children think of their personal life. This film was a reflection of their friendship and emotional attachment with their parents and their spirit of adventure. This film had made our day in a true sense.

Second day of the summer camp was the most exciting and eventful day. On this day, all the children got up at 6 a.m. and participated in the group activities. The purpose of dividing in to group was to conduct an activity in a simple way and engaging each child in the various interesting activities. No activity was forced on the children. They had freedom to choose the activity according to their area of interest. Many children showed their interest in the clay work. Their creations in the clay were beyond our imagination. They have created many complicated things like sleeping baby, vegetables, fruits, gadgets and so on.

The children went for wall painting had shown their superb talent by wholeheartedly playing with colours without being restricted.. Song and dance competition had also given a platform to the children to showcase their talent. This improved stage daring of the children along with the entertainment. This exciting day got over on a simple musical note with a singing and dancing competition of our little champs.

'Aso Ame Podhiba' (Come, Let's Learn) is a movement driven by children to spread awareness about the importance of education. Every child is willing to learn, every child has a right to learn. And a child should get that irrespective of his gender, class, caste or social strata. Because education can be an important tool that can uplift a person so that a person could get his dignity in the society. But in Thuamul Rampur Block, getting an education without any hindrance of an external factor is not that easy. 'Barriers in the way of achieving the right to education should be overcome and everyone should be able to learn in the favorable conditions.' This thought was successfully delivered by the education awareness rally which was arranged by Swasthya Swaraj on the last day of our summer camp. Those cute faces dressed up in the white T-Shirts that were specially designed for were appealed for the right to education. Label on the T-shirts was "AME PODIBHA DORKAR"- we want to learn!

Prize distribution ceremony and pleasant dance performances were the cherry on the cake. Tata Trusts' Govind Murari and Pradeep Padhan distributed the prizes. Every participant got a token of appreciation in the form of a notebook, compass box and a pencil. those happy faces and gleaming eyes gave us a sense of satisfaction.

This summer camp was an important effort to make ourselves realize that we should build a society where everyone should get a secure environment for education. This summer camp has also emphasized on the importance and role of nonformal education in the life of the children here. Looking at the huge response of the children from different villages. We would definitely like to arrange such summer camps in every vacation period and call them to join us by saying 'ASO AME PODHIBA.'

-Priyanka Shejale



अनुभव

अनुभव अपने आप में ही बहुत बड़ा है। जो हर एक के पास है, और अलग-अलग तरह से होता है। ठीक इसी तरह हमें भी हुआ। सौ किलोमीटर दूर एक अस्पताल जाने के लिए हम बहुत उत्सुक थे। उत्सुकता कारण था 'दर्द'। क्योंकि हमको लग रहा था, सर से मिलते ही दर्द का निवारण हो जाएगा। हमारी मेंडम पहले से ही सर से बात कर लिए थे। उनको हमारा पुरा ख्याल था। लेकिन सर को अचानक बाहर जाना हुआ। हमारी उत्सुकता फीकी पड़ने लगी थी।

हम अस्पताल गये थे दर्द का इलाज कराने। बहुत अच्छा लगा, लेकिन उतना नहीं, जितना दर्द ठीक होने पे लगता।

नियम और लाईन के आगे सब कुछ विवश है...। डॉक्टर से मिलने के लिए अपने नम्बर पर बैठे और नम्बर आने का इंतजार करने लगे। हमने भी नियम नहीं तोड़े और न लाईन। अपने नम्बर पर ही गए।

डॉक्टर से मिलने के बाद लैब जाँच करना था। लैब जाँच का पैसा पहले जमा करना पड़ता था। फिरसे लाईन में लग गए। पैसा जमा करने के तीन काउन्टर थे। हमारा भाग्य था, एक ऐसे महोदय के काउन्टर पर पहुंचे, जो हर काम विनम्रता से और पुरा समय देखकर करता था। बड़े प्यार से, धीरे से कर्ड लेता, फिर की बोर्ड को घुंरता, स्क्रीन को देखता, पैसा लेता, बिल काटकर देता। इस काम को करने के लिए पुरे ७ मिनट लगता था। हमारे धैर्य की परीक्षा थी। लेकिन हमारा नम्बर १२६ मिनट के बाद

आ ही गया। इतना समय इसलिए लगा क्योंकि हमारे आगे १८ लोग लाईन में खड़े थे। बिल मिला, फिर लैब गये, लेकिन तो फिरसे लगाना था। हम बड़े प्यार से लाईन में खड़े हो गये। सैम्पल कलेक्शन हुआ, लेकिन रिपोर्ट मिलने में डेड घंटा लगेंगे बोले, लंच का समय भी हो गया था। और हमको १०० किलोमीटर वापस आना भी था। आने के लिए हम चिंता भी करने लगे। क्योंकि चार बजे आखरी बस थी।

हम न जांच का रिपोर्ट ले पाए न डॉक्टर से फिर मिल पाए। तब हमको एक सज्जन मिली, उन्होंने हमारा लैब रिपोर्ट लेने की और उसके डॉक्टर से दिखाने की जबाबदारी ले ली। तब दिल से उनके धन्यवाद।

मेरा लिखने का मतलब यह है की परेशानियों के चलते मैं सीखा, वरना मुझे भी अपने मरीजों की परेशानियाँ समझ में नहीं आती। आज अगर मैं नियम और लाईन से नहीं जाता होता, तो शायद मैं कम अनुभवी होता और नहीं जान पाता के सामने वाले को क्या क्या परेशानियों से गुजरना पड़ता है। मुझे इस बात का अनुभव हुआ के उनके सिर्फ एक (इलाज) परेशानी नहीं होती, बल्कि वापस जाने की, खाना खाने की, रुकने की, पैसों की, न जाने छोटी छोटी किन्तनी परेशानियाँ होती होगी।

लेकिन मैं खुश हूँ की हमारी संस्था में इन छोटी छोटी परेशानियों का ख्याल रखा जाता है और उसके ध्यान में रखते हुए कार्य करते हैं। आशा है की आगे भी इन बातों को ध्यान में रख कर कार्य करेंगे।

-Durgaprasad Gupta

A village meeting in Marguma

It was a cloudy morning when I started travelling for a village meeting in Marguma. Ghasiram was riding the bike. It had rained heavily the previous night and the road was dangerously slippery. We fell down twice before reaching Muspang village where we had to park our bike. Marguma is separated from Muspang by Nagavali river. These villages do not have drinking water facility. They have to fetch water from the river! Due to the rain the river was full and the currents quite strong. And we had to cross the river stepping on the big stones. But due to water level and currents the stones were not visible in many places. In the midpoint of the river the water level was above our waist.

When I reached the village we met the Swasthya Sathi (village health worker). In Marguma village the Swasthya sathi had to be changed recently and people had selected a new one as the old one was not coming for trainings in Kerpai and was not helping the people at all. Swasthya Sathi is the key contact person and the most important link between Swasthya Swaraj and the village. The Swasthya Sathi and Ghasiram together quickly managed to assemble the entire village in a very short time. As we were waiting for the people, some came and asked me whether

we will ask money from them, whether we have come for some money-related work. One old lady walked slowly towards me and she came very close to me, slowly and politely she asked me how much money she needs to pay to get an old age pension card to get her old age pension. These sort of questions made me very sad. What a miserable situation the poor are living in. Dejected in every way. In their poverty they are exploited right and left and are deprived of every benefit scheme of Govt. When somebody comes from outside and start talking to villagers their expectations rise and at the end they get disillusioned.

When the meeting started I made very clear that we have come not to solve their problems, but to discuss together and find solutions together and find a way forward. They brought out many issues. Health is a matter of serious concern for them. People assured that the Swasthya sathi will come regularly for the trainings and will communicate her learnings with the people. After the meeting some people gave spontaneously their feedback which was inspirational to me and motivated me to work all the more for these hapless poor. One said, 'Sir Swasthya Swaraj is the first organisation where we really feel at home; you people are saving our life'.

-Matthew Mahanand



Tribal Leadership Training -A Life Changing Experience

If two young boys from a very backward area like Thuamul Rampur block of Dist. Kalahandi, state Odisha, who has never seen the world beyond lush green forests and flowing rivers, rickety roads and a soothing sky with a full moon gets an opportunity to attend a Training Programme along with some of the very talented tribal leaders from different tribes who had come from the various tribal areas of India, what would be their reaction? Will they be excited? Or will they be frightened to face the world out of their comfort zone? With all these questions on my mind I had talked to our field animators Jayshankar Majhi and Radheshyam Majhi about their experience about the Leadership training programme which they have attended in the month of May 2017.

CSR wing of Tata Steel deserves much appreciation for this step to create and nurture 100 tribal youth leaders across the country. The training programme was novel, first of its kind and was organized at Panchgani of state Maharashtra in collaboration with MRA. Main inputs was by Innovations for Change of MRA. Duration of the training programme was 7 days from 5th May 2017 to 11 May 2017. We are happy that we could send 2 tribal youth for this training and our field animators Jayshankar Majhi and Radheshyam Majhi were selected for this leadership Training Programme.

Jayshankar and Radheshyam left for Panchgani Maharashtra on 3rd May 2017. It was the first time they stepped out of Odisha. When I asked about the feeling of leaving the comfort zone and entering into the new world, Jayshankar Said, “as it was my first time of travelling to Maharashtra, I was excited and nervous at the same time. I was a bit worried for both of us as we were completely unknown to Maharashtra. But as we entered Panchgani campus of our training programme, we felt a bit relaxed”.

The training programme started on 6th May 2017. Many famous leaders and writers like Raj Mohan Gandhi motivated all the participants in the whole training programme.

The main objective of this leadership training

programme was to develop the leadership qualities of an individual. Aim of this training is to get in touch with themselves, become aware of one's own inner strengths and weaknesses. It was not about the sudden transformation from an individual to a dynamic leader but it was the process of knowing about the 'Self' and utilizing the power of 'Self' for the better understanding of the social issues and giving selfless services to the needy people in the society. When I asked more about the training to Jayshankar, he said, *“it was a life changing experience for us. Those 6 days of a training programme has taught us to critically examine ourselves, they made us think about our own behavioural response to the situation or a person. We realized that being a leader we should listen rather than giving a quick response. A good listener can be a good leader too. A leader should understand the social issues by thinking about it in the all possible ways. Then only he will be able to solve it. A leader should try to feel the pain of the other person. We cannot make people happy unless we feel their pain.”*

These are the lessons for lifetime which Radheshyam and Jayshankar has learned in that life changing Tribal Leadership Training Programme.

Different interesting group activities and meditation sessions made all the participants speak out their mind. It encouraged them to introduce themselves to their new friends from different parts of India. The group activities extended hand to them for a fruitful sharing among themselves.

“Those 6 magical days have tied all of us in the beautiful never ending bond of friendship. These days have gifted us a sense of belongingness. We became friends with each other and familiar with the environment of panchgani during the period of training. On the last day, we said good bye to the campus and to each other with a heavy heart. We exchanged our phone numbers and e-mail id's and promised to share the progress of our work. *This training programme will surely help us to decide our further plan of action and we will try to work with some innovative ideas that would contribute for the betterment of our people.*” Said Jayshankar.

(Turn To Pg. 10)



(Contd. From Pg. 9)

May this Leadership Training Programme be the turning point for Jayshankar and Radheshyam. May the values they have learned in the programme guide them for the rest of their life. May they grow into good leaders who can be beacons to their people who are dejected and leaderless. May their seed of happiness be sown in the life of those poor people of the tribal villages, may that seed grow into a huge tree of bliss and happiness.



(Radheshyam Majhi (Left) & Jayshankar Majhi (Right))

All The Best to Radheshyam and Jayshankar!

DIDI's HEALTH TIPS

Pain Balm

Chilly as a Medicine

Chilly contains Vitamin C, B1, B2, and copper. It acts as anti-inflammatory and local painkiller. Around the world, chill peppers are used to treat rheumatism and arthritis. Hard physical work often brings tired and aching muscles, with old age joints and muscles start to ache. Chilly ointment used as a topical agent relieves pain related to sprains and rheumatic complaints.

Preparation of chilli ointment

Equipment needed

- Cooking pan - 2 (one small and one big)
- Measuring jug -1
- Sieve - 1 (or filter cloth)

Materials needed

- Vegetable oil -1 liter
- Red chilly powder -100gm
- Bee wax or candle wax - 100gm

Preparation

Half fill the big pan with water and keep it on the fire to boil. Pour 1 Litre of oil into the smaller pan and add 100 gm chilly powder. Put small pan into the



big pan with care not to get water into the oil. Continue to heat the oil and the content while the water is boiling. Stir the mixture every 10 to 15 minutes. After 2 hours take the pans off the heat. Remove the small pan without getting water into the oil and filter the mixture with a filter cloth or sieve. To produce a solid ointment dissolve 100gm of melted wax into the oil. Heat the mixture again in the water bath for another 3-5 minutes. Once the wax has melted, remove the wicks and pour the oil into the containers and lid it. Leave the oil to settle for 30 minutes to 1 hour. Now chilly ointment is ready for use.

-Sister Angelina Thomas