

Annual Report 2017-18



Swasthya Swaraj Society

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

Swasthya Swaraj Society was started in 2014 in a tribal dominated area of Kalahandi district, in Odisha. It was a response to the acute need for healthcare in an area where an unjustly wide gap of inequity exists. It was indeed, a leap into darkness. Today the organization is like a curious toddler who is learning from people and mistakes, raising questions, searching for answers and solutions, meeting with successes and failures and still continuing to learn.

The year in review 2017-18 was an eventful in which many challenges were faced and overcome, starting with a scarcity of drinking water which was dealt with by a collaboration of local panchayat authorities and Gram Vikas. Thanks to the SELCO Foundation and their solar solutions the problem of frequent power outages was solved and a simple air-light fitted into the roof provided ample light during the day. Communication especially in emergencies was always considered an insurmountable problem but thanks to Airtel we now have direct phone connections with both the Kaniguma and Kerpai health centres. The Airtel management and ground personnel went out of their way to set up satellite based network towers in both of our remote field areas. The journey to development in this sleepy area may be now faster than anyone can imagine.

. In an area where, for almost 85% of patients the first health-care contact were the guru guniyas (tribal shamans) while the other 10% visited the 'bengali/kabirajduktar' and only less than 5% used to seek allopathic healthcare situated far away (FGD findings); this trend is changing and today the percentages are reversing

How did it all happen? Decreasing death rates and the disease burden of communicable diseases is a basic human right and this is the stepping stone to development in any society. Swasthya Swaraj's Health-care programme brought together many professionals from far and wide who were willing to choose the path less travelled and that made all the difference.

In order to reach Sustainable Development Goals targets in this remote area, we need to be systematic in identifying solutions tailored and acceptable to this area with potential for high impact. Making comprehensive emergency obstetric care available, reducing severe acute malnutrition (SAM) among under-five children, improving the nutritional status of school-going age group children and of adolescent girls to break the chain of under-nutrition, reducing hunger among children and adults and improving the literacy levels of women are some of the problems we need to find solutions in order to make sustainable impact on health.

Eighty *swasthya sathis* who are trained systematically every month are the first line of defence in the model comprehensive primary healthcare SS has set up. The second line of defence are the *community nurses* who are senior level community health auxiliaries. They are under training in an innovative, yet unique way. The 2 health centres have not been envisioned as permanent structures, moving from a primary to a secondary to a tertiary set-up

Most of the diseases can be taken care of and health promotion work can be done successfully by the first and second lines of defence who are being trained and empowered to be knowledgeable, skilled and competent in the villages. The death rates are beginning to show a downward trend - malaria rates are coming down, and awareness on TB is much more today. In the current year 2017-18, we focused on under-nutrition - setting up an accurate data system of under-five children in the programme villages, their nutrition status, growth monitoring and detection of nutritionally-at-risk children in the 76 programme villages. This is difficult work as the parents are illiterate, cannot recall the exact month and year of birth and there are no official documents or records in the Aanganwadi centres either.

2017-18 also saw more vigorous programmes in empowering tribal adolescent girls in far flung villages, 90% of whom are illiterate. This invisible yet mobile and hard-working group is an important link in reducing maternal and new-born mortality. Based on our experiences of working with adolescent girls, Swasthya Swaraj will soon be bringing out an entrenched model of empowerment and training of tribal adolescent girls which can be replicated in other areas.

Along with healthcare, SS focuses on one of the most important determinants of health - Literacy. Our 2 years of concerted work with the tribal community and villagers, parents and children, government school teachers and the education department is beginning to pay dividends. Today 90% parents want their children to be educated; they understand the value of education and the teachers are willing to work with us. Hopefully our Health Promoting School programme will bear fruit in 2018.

In tackling the mountain-sized challenges in a deprived tribal area, Swasthya Swaraj focuses on health issues and simultaneously on health empowerment of the community by bringing newer but proven interventions and strategies and initiating and fostering linkages with many organizations and institutions to create a sustained and self-sustaining impact.

These mountains are showing signs of moving but we do realise we have a long way to go to achieve our goals. We forge ahead with undiminished enthusiasm, supported by the Executive Committee, many individual friends and well-wishers and above all the financial support of Tata Trusts. But for how long will this beautifully sylvan area of mountains beyond mountains, peopled by an innocent people living tranquil lives be able to continue living here, tilling the hills, foraging in the forests? How long before they be displaced?

Dr Aquinas Edassery
Exec. Director

Swasthya Swaraj Society

Vision

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

Mission

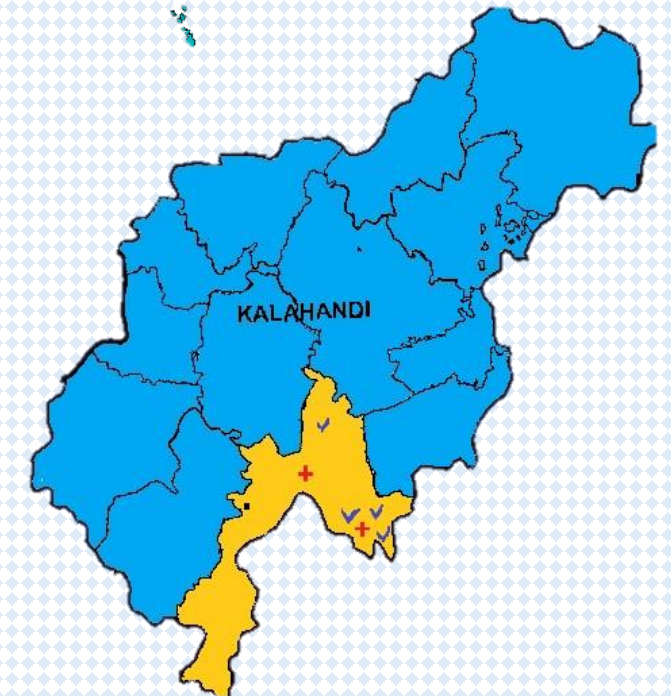
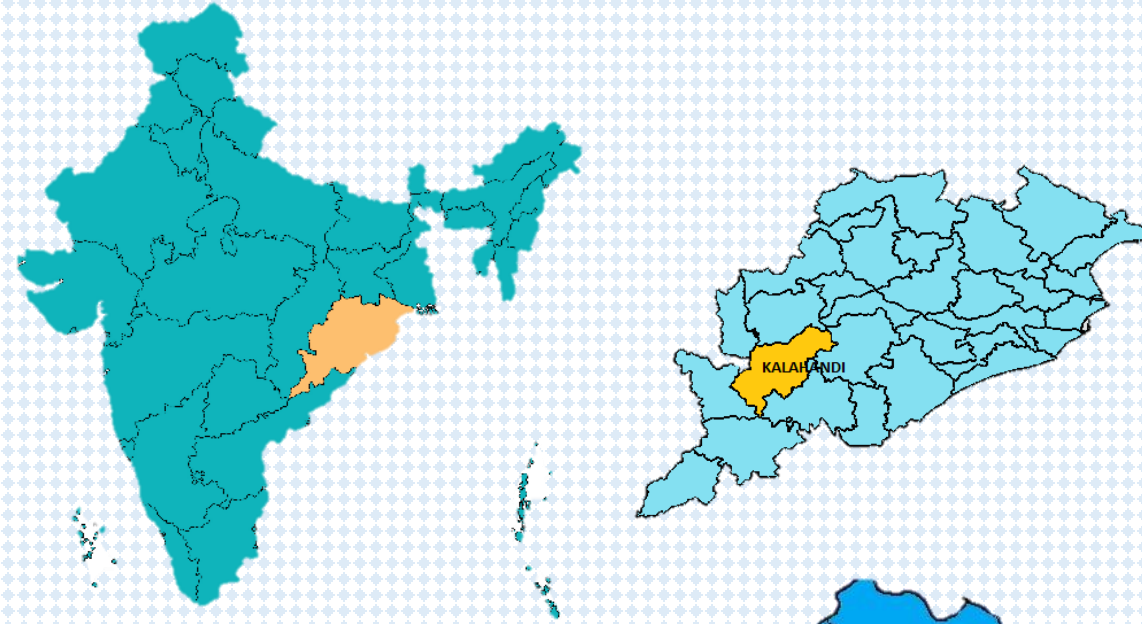
To build solidarity with the least and the last and the most unreached in the society, to liberate them from the bondages of ill health, illiteracy and poverty. We empower the poor communities and facilitate people's movement for health- Swaraj – people taking control of their health. We promote a participatory and human rights-based approach, respecting the noble values in the tribal culture and building on the people's knowledge, experiences and local resources in all the activities and programmes.



VISION

MISSION

Where we are?



SWASTHYA SWARAJ
ସ୍ୱାସ୍ଥ୍ୟ ସ୍ୱରାଜ
COMPREHENSIVE COMMUNITY HEALTH PROGRAMME
ସମନ୍ୱିତ ଗୋଷ୍ଠିୟ ସ୍ୱାସ୍ଥ୍ୟ କାର୍ଯ୍ୟକ୍ରମ
THUAMUL RAMPUR BLOCK, KALAHANDI DIST., ODISHA
ଶୁଭାମ୍ଭଳ ଗ୍ରାମପଞ୍ଚାୟତ ହଲ, ନିଲ-ଜଳାପାଣି, ଡେରି ।
CLINIC & TRAINING CENTRE, KANIGUMA, TH. RAMPUR BLOCK
CLINIC FACILITY AVAILABLE 24x7 HRS, ADMIN OFFICE-H.No. 2334, KANIGUMA, KANIGUMAPATRA



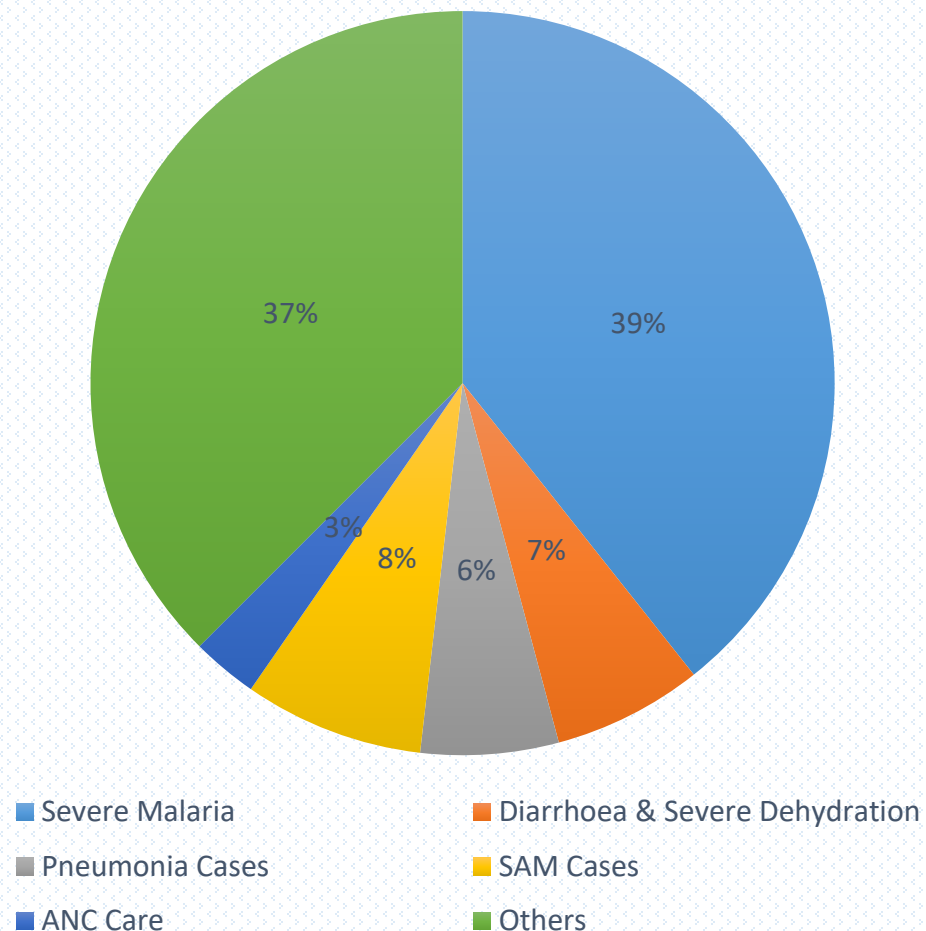
Swasthya Swaraj Team

Year in Review 2017-18

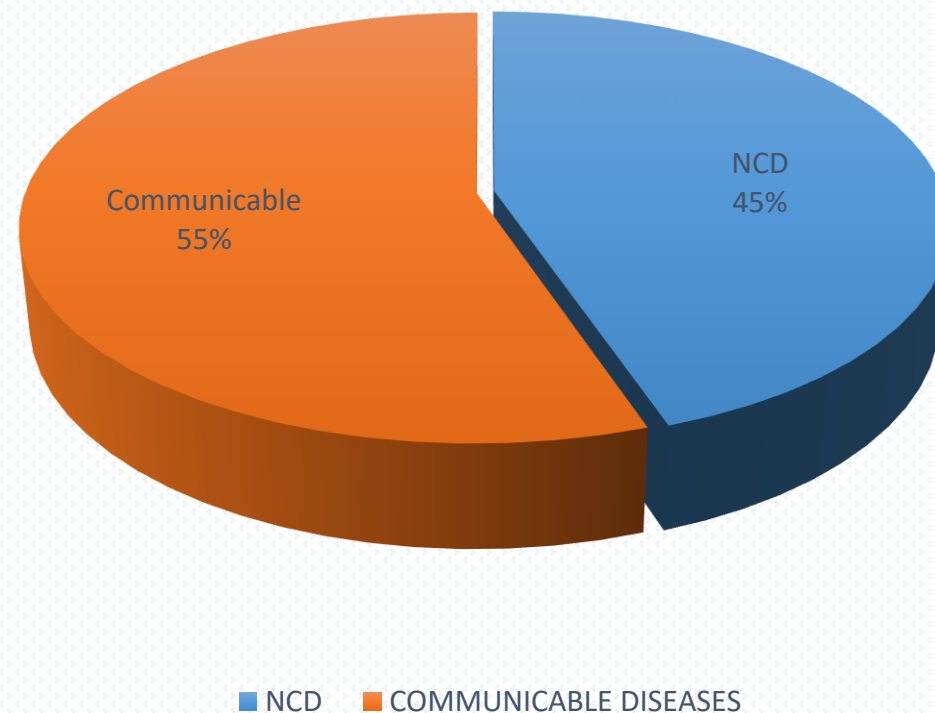
Healthcare Services

A constant striving to reach out to the 'last mile', to the most unreached and neglected and bring smile on their faces.

Emergencies Managed at Health Centres



Spectrum of NCD and ID coming to the health centers 2017-18 (n=11979)



1.1 Primary Healthcare through two 24x7 health centres

It is the poor who need healthcare more than others; they suffer from a heavy disease burden which further decreases their work capacity and sinks them deep into poverty levels.

The two health centres in Kaniguma and Kerpai are beacons of hope in this tribal area and are committed to providing high quality primary healthcare to the poor and poorest. These two health centres function in rented buildings with rudimentary infrastructure, but provide the best quality healthcare round the clock. The staff are resident there including the doctors. Both centres have emergency health-care facilities which help us in saving many precious lives.



Doctors busy seeing the patients in the health centre



Swasthya Samvad at Kaniguma



1.2. 24x7 Diagnostic Laboratories

The two Swasthya Swaraj laboratories functioning in very simple buildings stand out as models of making high quality diagnostic facilities available in extremely remote and deprived villages at affordable rates. It shows that more than the infrastructure what matters most is the competent and committed technicians who are socially sensitive, and the availability of low cost technology.

1.3 Targeted approach to pregnant mothers and underfive children:

These include:

1.3 a) ANC- U5 (Antenatal care and underfive children) clinics in 8 peripheral locations

- I. (Serkapai, Semikhal, Mahajal, Silet and Kandelguda in Kerpai cluster) and (Poladumer, Arkhpidi, Melghara and Khakesh in Kaniguma cluster). In each location pregnant mothers and children come from 6-8 villages.
- II. Once in 2 months these extension clinics are organized in each location and the entire team from each health centre with portable diagnostic facilities attend these clinics.
- III. This is a necessity in tribal areas where pregnancy and child birth are considered very ordinary events, unassisted home deliveries is the norm, neonatal deaths are not mourned, and the importance of antenatal care services are still not understood well by the community. Moreover the mothers carrying their sick babies usually resist walking more than 3-4 km for the sake of getting healthcare. They would rather consult the local tribal shaman or the 'bengali duktars' who exploit them.
- IV. The regular ANC-U5 clinics of Swasthya Swaraj are slowly changing the situation. (pics)

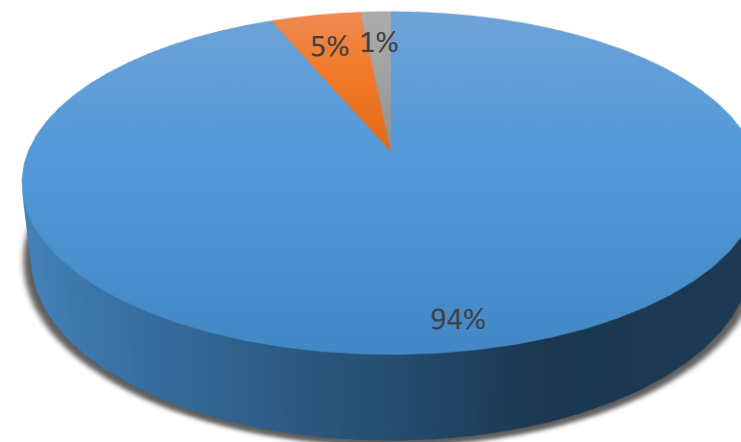


ANC-U5 clinic in Silet being held in the govt. school building



ANC-U5 clinic in Silet being held in the govt. school building

Birth Outcome in SSS-CCHP



■ Live Birth ■ Still Birth ■ Abortion



Clinic staff busy in an ANC-U5 clinic

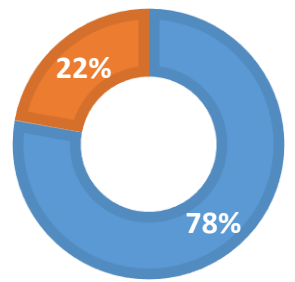
1.3 b)Attending home calls for home delivery and obstetric complications
 1.3 c)Providing transportation to patients in labour



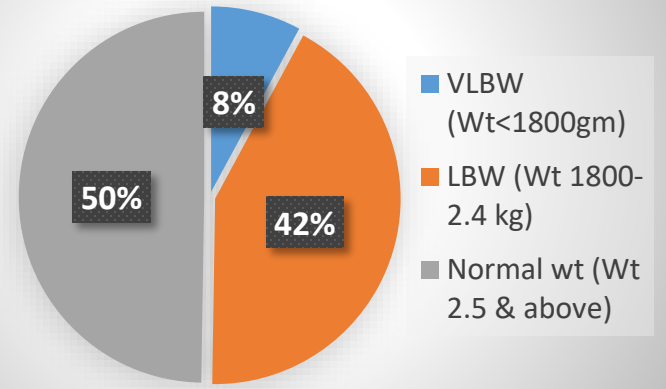
Transportation to patients in Labor

Place of delivery in programme villages of sss

■ Home Delivery ■ Institutional Delivery



birth weight (n=203)



1.3 d) Conducting deliveries in homes and health centres : This is something which our doctors and nurses are eager to do

1.3 e) Training of TBAs (Trained Birth Attendants): This is setting up a cadre of women in the tribal areas to conduct home deliveries in inaccessible villages. There is no such cadre of women in this area. Second session of the training yet to be done.

1.3 f) Augmented ANC care in addition to the regular antenatal care and risk assessment, consists of: active screening for malaria in pregnancy, constant reminder for use of bed-nets while sleeping, iron sucrose infusion for severe anaemia in the field settings, health education for malaria prevention, nutrition supplements and take-home nutrition supplements to each mother at each visit once in 2 months.



Dr Ajay leading an interactive health education to pregnant mothers in small groups.



Dr Randall in action at Arkhpidi clinic

1.3 g) Under-five clinics consist of: regular growth monitoring, detection of nutritionally-at-risk children, detection of silent (asymptomatic) and active malaria, detection of anaemia, detailed check up by team of doctors, treatment, health education to mothers, nutrition supplements to children, regular Vit. A supplements and deworming.



Durga busy getting a baby's blood sample.



Community nurses with other staff busy in anthropometry documentation and registration...

“If deprivation is the root cause of disease, then doctors are the natural attorneys of the poor”.

Rudolf Virchow



War against Malaria



Falciparum malaria is a public health emergency in this tribal area. (95% malaria in this area). Being a holo-endemic area, the victims of severe malaria and deaths are mainly children under five years. Malaria in pregnancy is the no.1 cause of the high perinatal mortality, preterm babies and low birth weight babies who have less chance of survival. 35.2% of pregnant mothers were detected to have malaria. The huge problem of malaria was addressed on a war-footing level in collaboration with Govt. and joining hands with other NGOs under Tata Trusts.

In addition to the usual components of EDCT, IRS, LLIN promotion, Swasthya Swaraj produced:

- Training modules on malaria for school students and for teachers,
- gave training sessions in residential schools,
- dry day observation thru school students in the villages,
- skit on malaria,
- produced an excellent educational documentary on malaria in Odiya language,
- song on malaria with tribal dance to the music
- flip charts for village health workers are some of the activities carried out during the year.

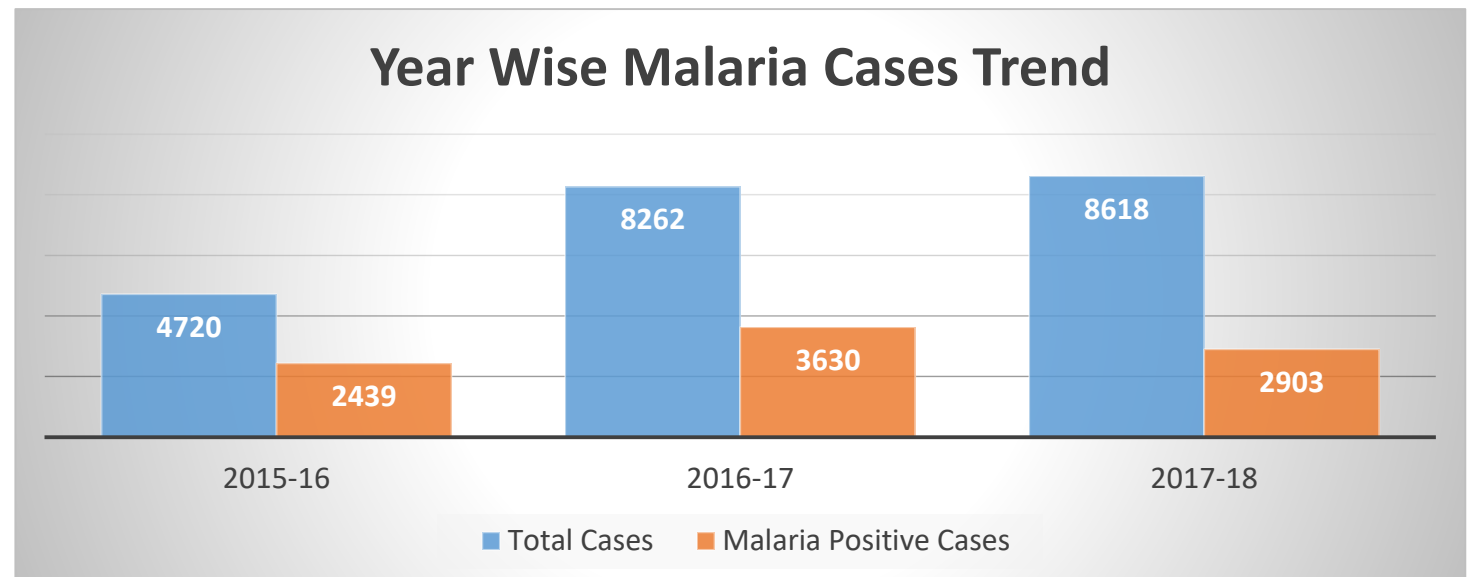
Direct interventions by Swasthya Swaraj team which brought down the reservoir of parasites in the population are:

- regular ANC-U5 clinics where regular screening of all pregnant women and U5 children at every visit. This contributed in a big way to reduce the parasite load in this high endemic pockets.
- Screening of malaria of 450 school children in Kerpai & Silet Gram Panchayats which are the hotspots of malaria
- Screening of adolescent girls for malaria and anaemia – once a year
- Mass screening for malaria in 32 villages



Dr Sandeep giving a training on malaria in a tribal residential school

Year Wise Malaria Cases Trend



TB Control

TB is a killer disease among socio-economically backward populations and so it is in this area. The mortality due to TB is higher compared to other areas. High no of childhood TB shows the high prevalence of TB.

SS is the organization recognized as the one which notifies the third highest number of TB patients in Odisha and best practices in case detection.

- Total No. of TB cases Treated and undergoing treatment: 257
- New Sputum positive detected: 41
- Sputum Checked for Microscopy and CBNAAT: 427

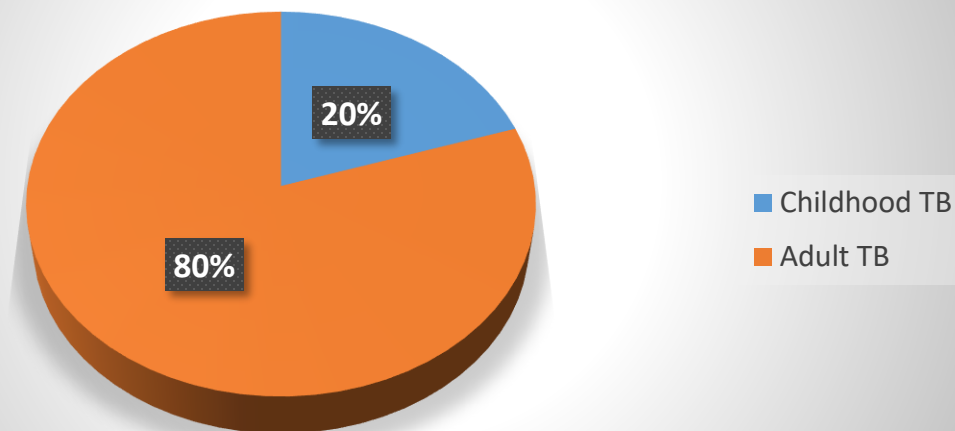
→ **END
TB**

TB patient brought to the clinic carried on a fibre cot.

Regular TB clinics in Kaniguma & Kerpai every month, active tracing of patients, regular health education to the patients and families, incorporating childhood TB care in primary healthcare, public awareness on TB, recognized as one of the organizations with the highest no. of sputum checking rates for TB (CBNAAT), promotion of patient support groups, regular nutrition supplements to the patients and take-home nutrition supplements at each visit, giving travel allowance to the patients for coming to health centre.

Community level activities - Street theatre, flip charts, song etc for awareness creation., observation of World TB Day every year.

Prevalance of TB



Public function organized in Kaniguma by SS was attended by MLA Shri Balabhadra Majhi, District Collector, DRDA etc. On the occasion of World TB Day.

Leprosy Control

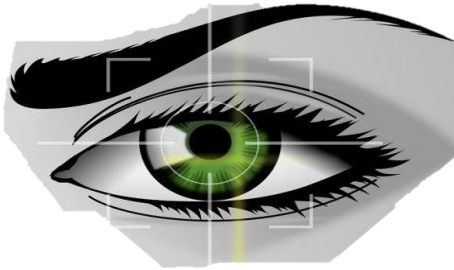
National Health Policy (2017) envisages proactive measures targeted towards elimination of leprosy from India by 2018. Odisha is the hotspot of Leprosy and has a lot to be done in this field.

In the health centres detection, treatment, follow up of patients are done. But this is not yet organized into a programme mode.



Attending the one week training on primary eye care at LVPEI, Rayagada

Primary Eye Care



Swasthya Swaraj has established a linkage and collaboration with the best Eye-care institution in India- LV Prasad Eye Institute (LVPEI).

In the first phase of this collaboration, 12 Field level staff from Swasthya Swaraj were trained by LVPEI team for one week and subsequently in the field enabling them to do the primary eye disease screening.

Next step: secondary level checking by the trained technicians from Rayagada LVPEI in SS clinics and referral to Rayagada for free corrective surgery in batches.



Vision checking in the field under supervision

Tackling Undernutrition

Problems faced are:

- Rampant under-nutrition of children due to food insecurity and poor feeding habits,
- Malaria contributing to and aggravating malnutrition.
- Dysfunctional ICDS programme in tribal villages
- Lack of awareness among the mothers about the importance of child nutrition and weaning practices.

Swasthya Swaraj response:

- Regular growth monitoring of U5 children, setting up a database
- Detection of SAM (severe acute malnutrition) children and NAR (nutritionally at risk) children and their close follow up.
- Active screening for malaria of all U5 children at every U5 clinic and prompt treatment, as malaria worsens child under-nutrition levels.
- Nutrition education to Swasthya sathis, field animators, adolescent girls and mothers.



Child with severe malaria and SAM- this is a frequent admission in the two health centres.

Voices from the Field

“Thanks to Swasthya Swaraj our children are alive today.”

Mothers in Kerpai Village



Basanthi Majhi community nurse carefully reading MUAC



Adolescent girls are taught to prepare nutritious food using locally available items

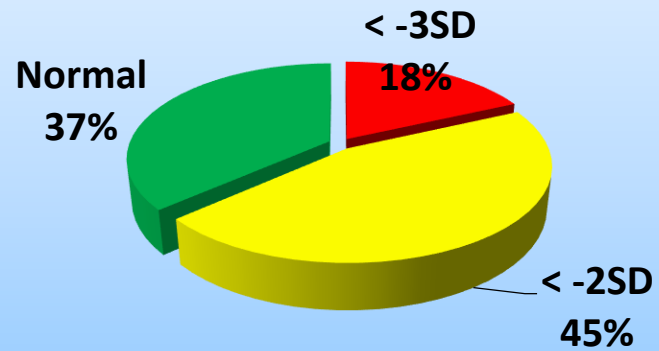


Each child is examined in detail in the field as well as at the health centre.

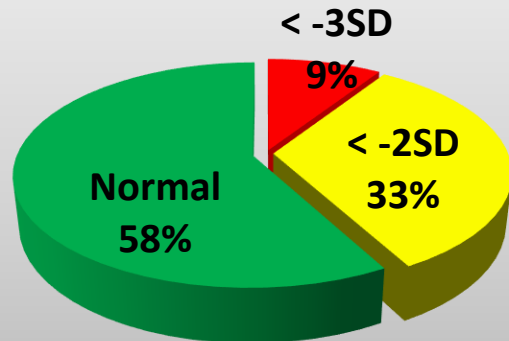
- Community education on importance of nutrition of children.
- Hunger alleviation through supplying and promoting self-perpetuating nutritious tuber crops in families with pregnant mothers, SAM children, lactating mothers and TB patients
- Trying to make anganwadis to function by creating awareness among the mothers about this scheme and their entitlements, negotiating with ICDS dept...village meetings & discussions, street theatre, study circles

Nutritional Status of Children Aged 6-14 years

Underweight (Height-for-Age) among school children in HPS, n=424



Stunting (Weight-for-Age) among school children in HPS, n=424



Nutritional Status of Under Five Children



5 in every 10 children are under-weight with 2 being severely under-weight (weight for age < -3 SD)



6 in every 10 children are stunted with 3 being severely stunted (Height for age < -3 SD)



2 in every 10 children are wasted. (Weight for Height < -3 SD)

Empowerment of Community

76 villages in 10 GPs were selected in 2014

Being true to Swasthya Swaraj's mission to reach out to the last mile. After 4 years of working with the people, 15 relatively better off villages were dropped and in their place the same number of most needy and inaccessible villages are selected.

The criteria used for phasing out are: improvement in health scenario- no maternal deaths, drop in infant deaths, drop in malaria, roadside villages with access to transportation and easier to come to Kaniguma health centre. In all these villages well trained Swasthya sathis are there and they will continue to help people and continue linkage with Swasthya Swaraj.

Training the Swasthya Sathis

Swasthya Sathi is the first line of defence in tackling the health issues in our tribal area. This is enabling and empowering tribal women as leaders in health(80 women from 76 villages). 92% are tribal women and illiterate. Turning this illiterate but highly enthusiastic women into health activists and leaders is what is visualised by this training program.

3.5 yr training curriculum is completed by 40 women.

All these 40 women received a merit certificate

28 swasthya sathis who are from remote, unreachable villages received *diagnostic and management kits* along with a certificate.

All the Swasthya sathis receive hand-holding support in the villages and continuous monitoring and evaluation in the field along with ongoing training and capacity building every month regularly.

Another 50 swasthya sathis are undergoing the 3.5 year curriculum and are at various stages.

Ultimately there will be a large number of women trained in the essential aspects of health, diagnostics and management will be in the villages even after the programme winds up.



A Swasthya sathi training in session in Kerpai with group work and discussions



Even though illiterate, they are eager to learn BP checking



28 swasthya sathis received the diagnostic and management kits from the dignitaries on the occasion of the World TB Day. A group photo.



Teladei Majhi from Pindapadar village receiving the diagnostic bag carrying her one week old newborn baby.



Madei Majhi from Kerpai village demonstrating her diagnostic kit



A recap with Swasthya sathis



Shantidei Majhi from Melrafa weighing the newborn using her spring balance and she is excited.

“To break the intergenerational stunting and wasting existing in this area it is essential to improve the health and nutrition and the care of the pregnant women and adolescent girls which will ensure the health and growth of the baby in utero and survival of the child.”

WHO

Training the Community Nurses

The Community nurse is an educated tribal girl and she is the second line of defence and a senior level community health auxiliary. In tackling health problems in tribal areas, we look for solutions within the community. 15 tribal girls with minimum education of class 12 are selected for being trained as community nurses or senior level community health auxiliaries.

This is a two year Diploma course, affiliated to Centurion university of Bhubaneswar. The girls are already undergoing preliminary trainings and orientations with theory inputs, clinical teaching and village work. The regular course will be starting from July 2018. This training is well balanced with 50% time spent in the community and 50% in the health centre with theory and clinical teachings. They will be well trained to work in the community as well as in the health centres.

This 2 year programme is a fully subsidized course with monthly stipends during the study period.



Inauguration of community nurse training programme

Capacity building of Field Animators and Shikhya sathis

20 literate youth drawn from weaker sections of the community are trained regularly, building up their capacities and leadership. 10 are promoted as Field Animators who are responsible to run and supervise the various programmes in the villages. They live in the villages and look after the programmes implementation under the guidance of program co-ordinators. Building the capacities of these mid level programme staff is given great importance in SS.

5 senior field animators attended the Tribal Leadership seminar in Panchgani, Maharashtra by Tata Steel co. Some of them attended the repeat sessions held at Jamshedpur.



Field animators and community nurses attending a class by Dr Aditi.



Mahir Bhatt gives Life Skills training to field animators in small groups.



Kumarsingh Majhi engaging the women in a discussion.



Radhesyam Majhi our field animator at work in the field



Suresh Majhi checking the khata/ data entry register of the Swasthya sathi



Field animators on an exposure visit to the Tribal museum in Bhubaneswar



An undernourished adolescent mother with her low birth weight IUGR baby (1.4 Kg) who has a lesser chance of survival.

Empowerment of adolescent girls

Tribal adolescent girls are the invisible but crucial link in reducing the maternal mortality and morbidity and reducing the infant and child mortality.

TULSI is being developed as an entrenched, sustainable model of adolescent girls' empowerment in remote tribal areas.

The focus areas of this programme are: The girls' health and nutrition, essential nutrition actions, reproductive health, prevention of early marriage and motherhood, non formal education and skills trainings relevant in the tribal context and adding quality to their lives.



At the end of a workshop on "Theatre in Health" posing for a group photo.



Nappa Majhi explaining the female reproductive system to the adolescent girls in groups.

Mass Health Education Programmes

- Kalahandi festival (Jan 14-17, 2018) which is a big cultural festival of Kalahandi was used by Swasthya Swaraj team as an opportunity for health education: An interactive stall with many health education games and quiz programme attracted large number of people and they could gain information through fun.
- Public meeting on the occasion of World TB Day on March 24th. As a prelude to this many health education sessions were carried out in many villages.
- World Malaria Day on April 25th 2017 was observed in many villages by engaging the children from the government primary schools and adolescent girls.



Field animators and nurses doing a skit on TB on the occasion of world TB Day

Education

Health Promoting Schools (HPS):

The emergent international theme is "health in all" approach as complement to 'health for all'.

HPS is working with 15 government primary schools in the two most backward gram panchayats- Kerpai and Silet to improve health, education and nutrition (H E N) of the children in an integrated way.

The National Health Policy of Govt. of India (2017) lays greater emphasis on investment and action in school health- by incorporating health education as part of the curriculum, promoting hygiene and safe health practices within the school environs and by acting as a site of primary health care.

In Health Promoting School programme we explore how health can be taught across the school curriculum.



Normally govt. primary schools do not function due to absenteeism of children and teachers. They roam in the jungle and hills. They are undernourished and illiterate.



A village meeting on education in Kandelguda



Making school education attractive and enjoyable



What is taught in the class room is practised in the village by children- Dr Sandeep and field animators in action guiding the children.



Community nurses Hemanjali and Lalita checking the vision of school children.



Children being examined in detail by the doctors

This programme is trying to make the non-functioning government primary schools to be functioning to some extent together with the regular teachers so that the children and the community benefit.

Mid day meal programme: SS is bent on making the mid day meal happen regularly in all the 15 govt. primary schools whether the teacher comes or not. In a situation where malnutrition is rampant this is an essential activity; depriving the children of food which is their right is a grave violation.

School health check up: This is a half yearly event which the villagers in Kerpai and Silet Gram Panchayats look forward to, and are done with lot of preparation and following the check list strictly. Village meetings are held, parents' meetings and school health committee meetings are held prior to the school health check up. Components: nutritional status, malaria, anaemia, vision deficits, Vit. deficiency manifestations, disabilities

Nonformal education: Health and literacy go together. Literacy of mothers reduce maternal mortality and improve child survival rates. To promote health it is essential to improve the extremely low literacy levels in tribal areas and especially of adult women. 20 of Swasthya sathis and many of adolescent girls are enrolled into non-formal education which will ultimately have ripple effects and change the situation of the tribal villages in the near future.



Children lining up for the blood test

Assessment of nutritional status of the children, active screening for malaria, Haemoglobin estimation, complete physical examination, assessment of disabilities and vision checking are done systematically by a team of doctors and health staff.

Data is documented and analysed on a yearly basis.

This data is discussed with the teachers and with parents



Trying the luck in skipping



Clay mould making competition



A rally by the children to create awareness on education.



Many were to participate in drawing competition- it comes natural to them

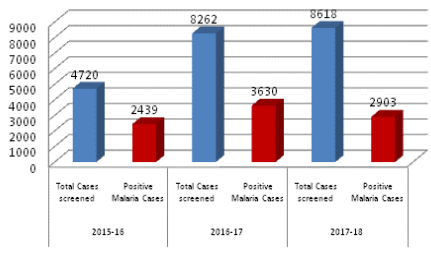
Summer camp for children

This is an annual event which school-going age group children (6-14 yrs) from the 15 govt. primary schools in Kerpai and Silet GPs look forward to. This year 350 children were registered and participated.

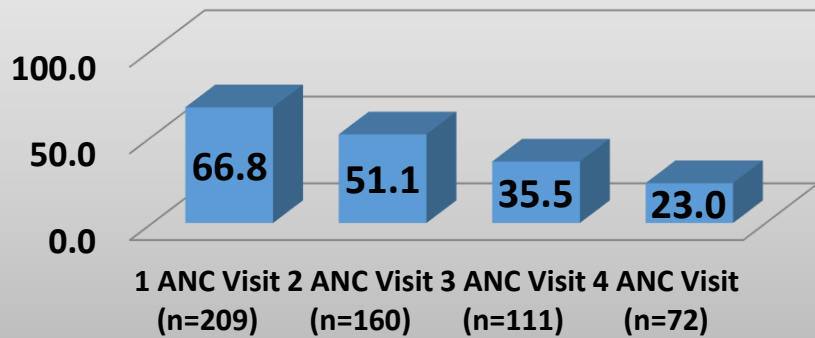
One big improvement noticed compared to previous year is that no child ran away, all stayed on and there was whole-hearted cooperation and participation of all teachers. There were many competitions, children spoke about their school, about their dreams, played, had enough fun, had debates and entertainment and won attractive prizes. Children from Marguma school got the highest number of prizes!

Outcomes in 2017-18

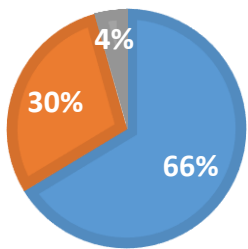
Year wise Malaria cases Trend



Utilization of ANC services (%) (Total birth=313)



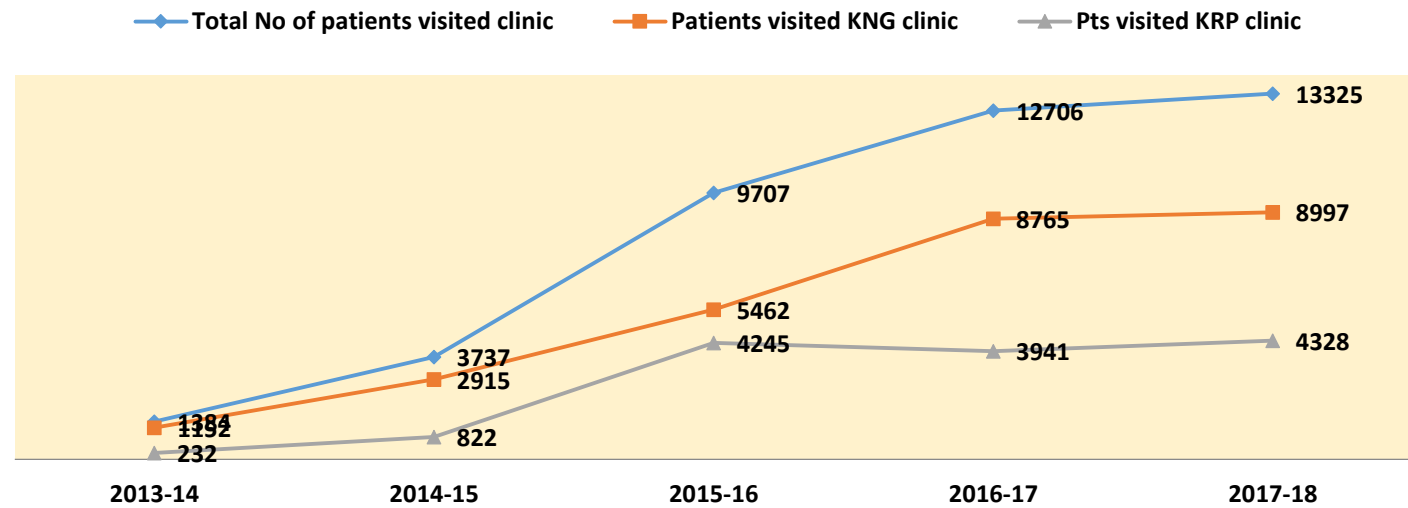
■ 1st Trimester Registration ■ 2nd Trimester Registration
 ■ 3rd Trimester Registration



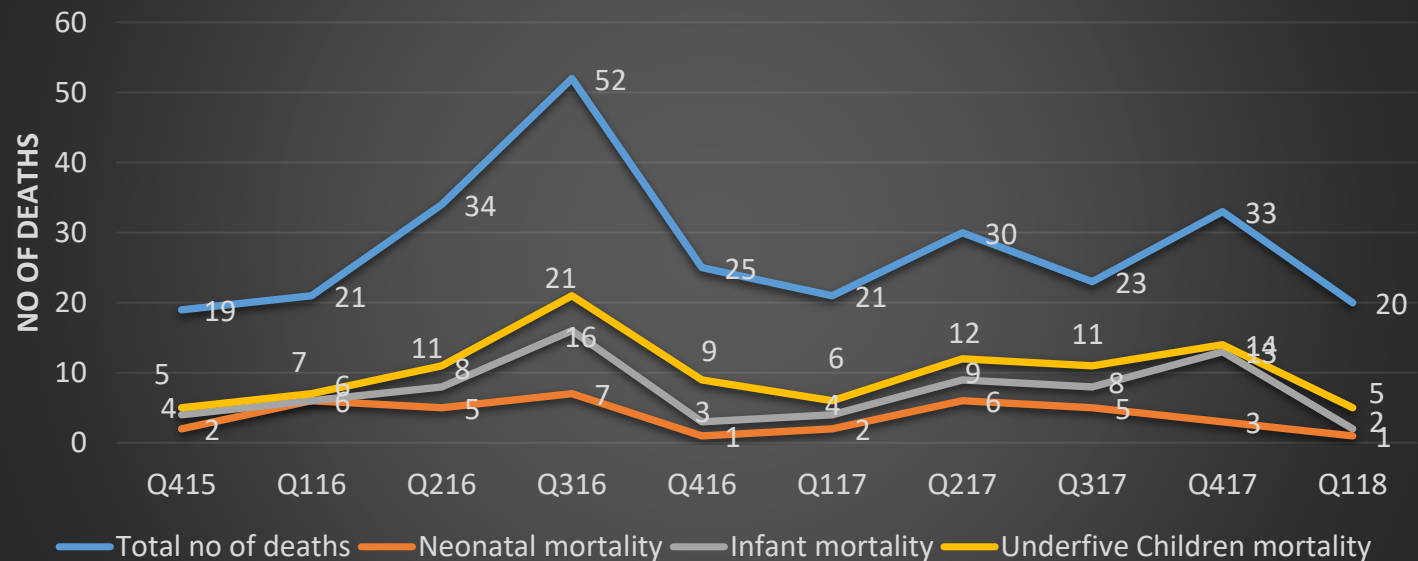
Mortality today

- Perinatal Mortality:- 87/1000 Total Birth
- Neonatal Mortality:- 67/1000 Live Birth
- Infant Mortality:- 107/1000 Live Birth
- U5 Mortality:- 141/1000 Live Birth

Trend of Patients visit since 2013 to 2017-18



Mortality Trend since 2015-18



Recognitions, Collaboration, Referral Linkages, Research Linkages, Student Placements...

Following recognitions for Swasthya Swaraj in 2017-18:

- GOLD level award for Transparency by Guidestar India during the financial year 2017-18.
- Chief Minister's award for notifying 3rd highest number of TB patients and best practices in TB control in Odisha state. Announced on March 24, 2018.
- Recognition from district for outstanding performance in malaria control

Collaborations with the following institutions established:

- Centurion University, Bhubaneswar
- L V P E I (LV Prasad Eye Institute, Bhubaneswar)
- SELCO Foundation, Bangalore
- EKJUT

Research linkage:

- St John's Medical College, Bangalore

Capacity building of staff , resource sharing and referral linkage:

- Christian Hospital, Bissamcuttack
- Jan Swasthya Sahyog., Bilaspur

Fellowship & Student placement:

- India Fellowship
- Tata Fellowship
- Christian Medical College, Vellore
- Azim Premji University, Bangalore.

3 research papers presented by Swasthya Swaraj team at 15th World Rural Health Conference, 2018.

1. Health & Nutrition status of primary school children in tribal pockets- a public health emergency
2. High Burden of Malaria among School Going Children in the Tribal block from Kalahandi district of Orissa.
3. Experience of mass screening of the population for Malaria in a malaria-endemic tribal area in Kalahandi district, Odisha



MLA Shri Balabhadra majhi unveiling the foundation stone for the future SS health centre in Kaniguma

Thank You

Our Funders

TATA TRUSTS

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Mr Rethinam
Holy Cross Sisters, B'lore

We express our heartfelt gratitude for every single expression of support which enable us carry out the work which we have initiated here.

Balance Sheet as at March 31st , 2018

Source of Funds	Amount (Rs)
Corpus Funds	37,88,608.00
Capital Fund Account	22,94,301.00
Specified Restricted Fund Account	-
Excess of Income over Expenditure	50,53,810.17
Total	1,11,36,719.17
Current Liabilities	1,12,826.00
Expenses Payable	
Other Liabilities	23,575.00
Total	1,36,401.00
	1,12,73,120.17
Application of Funds	
Fixed Assets	
Gross Value	35,19,043.00
Less: Accumulated Depreciation	12,24,742.00
	2,294,301.00
Current Assets	67,49,852.00
Investment in FDs	
Short Term Loans & Advances	64,570.00
Cash in Hand and Bank Balance	
Other Current Assets	21,62,937.17
	1,460.00
	89,78,819.17
Total	1,12,73,120.17

Statement of Income & Expenditure Account for the Year ended March 31st , 2018

Income	Amount (Rs)
Grant-in-Aid	
SDTT Project	10,120,586.44
Heal For India Project	406,000.00
Grant-in-Aid (Hunger Alleviation)	237,000.00
Grant-in-Aid (St. John's Malaria Project)	50,000.00
Clinic Receipts:-	
Kaniguma	164,254.00
Kerpai	67,040.00
Donation	47,19,725.64
Interest Income	192,774.00
Total	15,957,380.08
Expenditure	Amount (Rs)
Tata Trusts	
Personnel Cost	55,96,692.00
Capital Cost	2,04,845.00
Programme Cost	27,89,228.00
Overhead Cost	12,31,974.27
Heal for India (Tata Trust)	
Personnel Cost	75,000.00
Hunger Alleviation Project	
Exposure visit of 20-25 people to CTCRI	15,459.00
Society Expenses	
Capital Cost	9,15,595.00
Overhead Cost	31760.60
Excess of Income over expenditure	5096796.21
Total	15957380.08

Leadership

Executive Committee Members

- Dr Suranjan Bhattacharji – President
- Dr Yogesh Jain – Vice President
- Dr Aquinas Edassery (Jemma Joseph)
– Secretary
- Dr Ravi D’Souza - Treasurer
- Ms. Mercy John – Member
- Dr Kanishka Das – Member
- Dr K.R.Antony – Member

General Body Members

- Sr Angelina Thomas
- Dr John Oommen
- Adv. Durga Madhav Padhy
- Dr George D’Souza
- Dr Sachin Barbde
- Dr Abhijit Gadewar
- Dr Regy George
- Ms. Palak Aggarwal
- Prof. D.N.Rao
- Dr Anjana Saxena
- Dr Harish Hande
- Ms.Neesha Noronha

Advisory Committee

- Dr Thelma Narayan
- Dr Sara Bhattacharji
- Dr Ramani Atkuri
- Dr Raman Kataria
- Dr Kumkum Bhasin
- Ms Madhu Bhaduri
- Dr Nirmala Nair
- Ms Jill Deviprasad

Statutory external auditor: Mr Krishna Bajoria & co. Cuttack

Whenever you are in doubt, or when the self becomes too much, apply the following test. Recall the face of the poorest or the weakest man whom you may have seen, and ask yourself, if the step you contemplate is going to be of any use to him, will he gain anything by it? Will it restore him to a control over his own life & destiny? In other words, will it lead to swaraj for the hungry and spiritually starving millions? Then you will find your doubts and yourself melting away.

Please send your donations to:

**Swasthya Swaraj Society
A/C no. 33670100007358
Bank of Baroda
Bhawanipatna Branch
IFSC:- BARBOBHAWAN**