



SWASTHYA SWARAJ SOCIETY

A people's movement for Swaraj in Health

ANNUAL REPORT

2023-24



"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."



**Source: Mahatma Gandhi
- The Last Phase, Vol. II (1958)**

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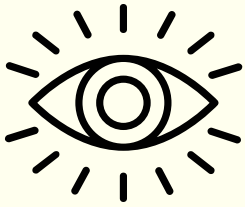
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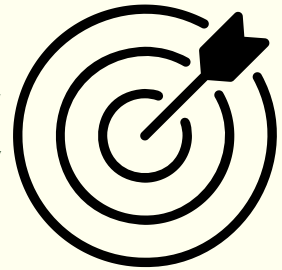


VISION

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

MISSION

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



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

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



VALUES

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

BOARD OF GOVERNANCE

Dr George Albert D'Souza
President
Dean, St John's Medical
College, Bangalore

Dr. Venkata Ramanamma
Atkuri
Member
Public Health Consultant

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

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

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

Dr. Sudhir Kumar Satpathy
Member
Prof. and former Director
School of Public Health,
KIIT, Bhubaneswar

Dr. Narayanan
Devadasan
Treasurer
Public Health Consultant

MESSAGE FROM THE PRESIDENT



This annual report is of special significance as Swasthya Swaraj is completing a decade in 2024, since a people's movement to bring equity in health was initiated in 2014 in Thuamul

Rampur Block of Kalahandi district in Orissa. Starting as a much-needed clinical service, it quickly realized its objectives would not be met without empowering the community.

Looking back, the organization led by Dr. Sr Aquinas can truly take pride in having established a health movement integrated with the life of the tribals in helping them improve their health outcomes. It has become a model for the delivery of health in tribal areas. Today many come to Swasthya Swaraj to volunteer, understand and experience the joy of serving!

This year the much-needed hospital will be commissioned. This will be the hub for the delivery of safe and quality care to the people of Kalahandi. It will strengthen all the health initiatives by the organization and begin a new chapter in the evolution of Swasthya Swaraj.

I would like to thank all those who made it possible.

The success of Swasthya Swaraj is due to the passion with which Dr. Sr Aquinas has

motivated her team all of who have worked with commitment and sincerity to make a difference in the life of our 'Tribal' brethren. We also thank all our donors and well wishers who have believed in us and supported the organization over the years.

We have also faced challenges; the most important being getting healthcare personnel.

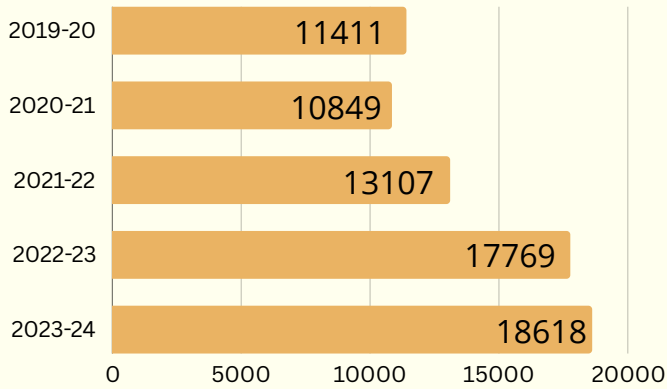
Swasthya Swaraj has started sensitization programs for medical graduates and medical Students and other healthcare professionals and a Tribal Health Fellowship program for doctors. I hope more doctors will come forward to follow the example of Dr Tijo whom I know personally and join us in furthering the mission of Swasthya Swaraj.

As Swasthya Swaraj begins a new decade, I hope more will join in supporting us on the mission that we have embarked on to bring equity in health and thus help make our country a vibrant and healthy community. God bless Swasthya Swaraj

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

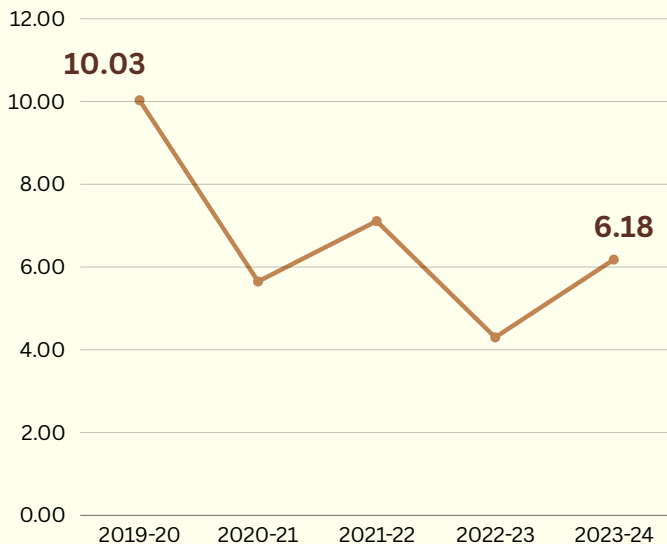
HIGHLIGHTS OF THE YEAR

Total patients treated

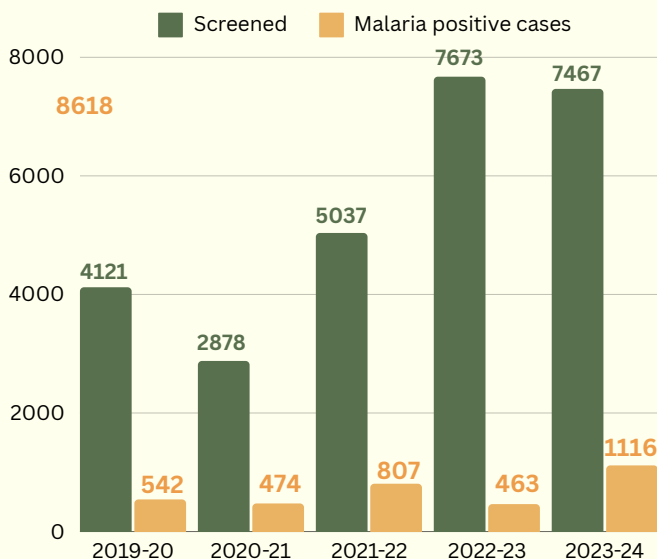


TB Cure Rate **93%**

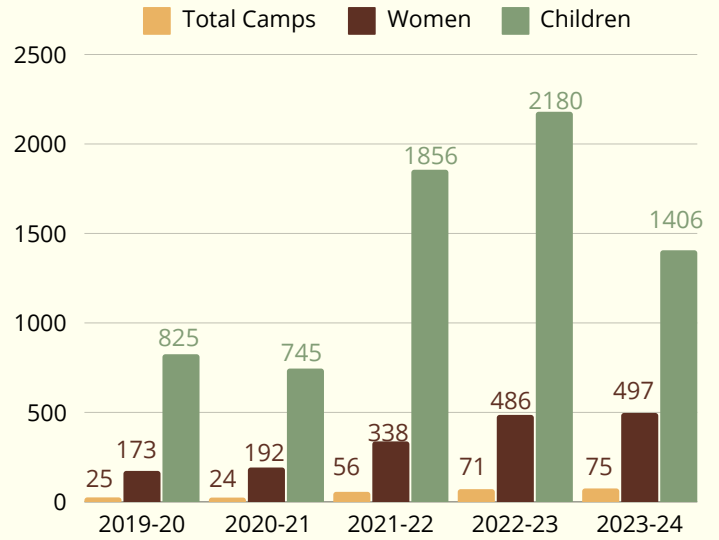
Malaria positivity rates in Pregnant women



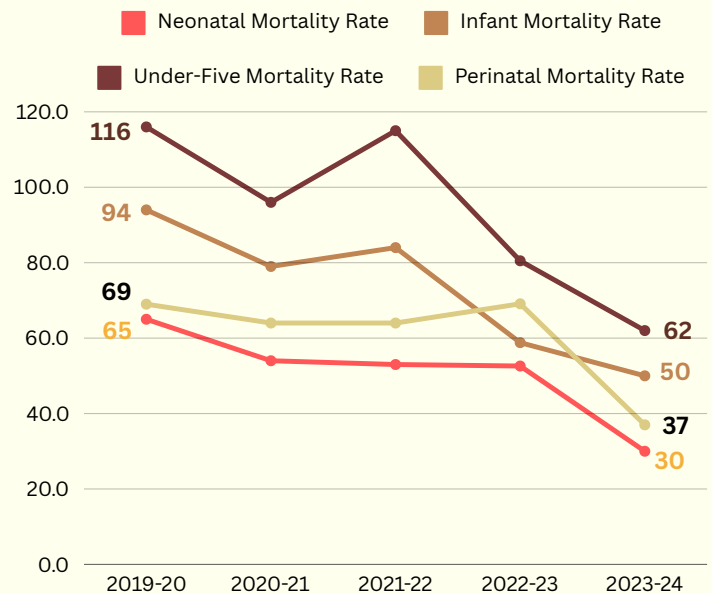
Malaria Trend



Outreach Trend



Trend in mortality rates



32 Institutional Deliveries in Kerpai

Major Events

- Inauguration of Nehala GSPG
- Inauguration of Creche Centers
- Spine Camp at Kaniguma
- TULSI Mela
- Bal Mela

COMPREHENSIVE COMMUNITY HEALTH PROGRAMME



Health Centres

Adivasi communities face health disparities due to limited access and availability of the healthcare services.

To bridge this gap of access and availability, Swasthya Swaraj operates two **24x7** health centers in Kaniguma and Kerpai villages, managed by a resident healthcare team. These centers offer comprehensive primary healthcare services, emergency care, and diagnostic labs. Strategically located near major connecting villages, they ensure accessibility for remote residents and the constant availability of healthcare professionals.

The unique feature of the hospitals is that they strictly follow the rational use of investigations and drugs and teach all to follow them.

This critical work is made possible through the support of partners like the Azim Premji Foundation, and other donors. These centers practice evidence-based high-quality primary healthcare, including diagnostic services, maternal and newborn healthcare, nutrition support, disease prevention, and management, all at an affordable cost.

To strengthen our approach and sustainability, we have partnered with the government and other stakeholders.



New Hospital at Kaniguma

• New Hospital Building

Kaniguma Hospital is relocating to a new, larger facility, with land leased out by the District Administration.

Administration. This has enhanced our capacity to serve the community better.

This hospital offers

- Improved patient care
- Emergency obstetric & newborn care,
- Emergency medical services
- High Dependency Unit (HDU)
- Radiology services
- Surgical & orthopedic management
- Pharmacy & high quality Lab
- Microbiology lab, Primary Dental unit, Primary vision care unit, Basic Physiotherapy unit (in the pipeline)
- Training Centre for Newborn resuscitation & essential Newborn care to primary care doctors and nurses.

The construction of the new hospital and equipping is made possible with support of District admin, Gharda Chemicals, Azim Premji Foundation, Susmita Bagchi, Rotary International, MSTC, SELCO Foundation, SBI-MF, and individual donors.

Kerpai Centre

This center is a JSY-accredited delivery point, which aims to reduce unsafe home deliveries. The center also specializes in neonatal resuscitation and care, and management of severe acute malnutrition. along with quality primary healthcare.

Gaon Swasthya Poshana Ghar (GSPG)

Establishment and Impact:

In remote tribal areas, preventable communicable diseases and undernutrition are rampant. Swasthya Swaraj addresses these issues by bringing healthcare and nutrition services closer to these populations. Each center serves between 1,000–1,500 people, providing curative and preventive healthcare, managing acute malnutrition in children, and offering nutrition education. The First GSPG was established in Silet in 2021.

The R G Manudhane Foundation for Excellence supports this programme. SELCO Foundation provides solar-powered equipment to enhance services in GSPGs.

Expansion:

Building on the success of the Silet GSPGP, Swasthya Swaraj established a new GSPG in Nehela on October 2, 2023, covering a population in 16 tribal-dominant villages.. These centers provide crucial medical support and health education, improving healthcare access and utilization rates. Swasthya Swaraj plans to replicate this model in other tribal areas with poor health indicators.

Number of patients seen in the GSPG

2952

Number of SAM/ MAM patients managed & educate at community level

47

Number of Institutional Deliveries In GSPG

3

Number of Under 5 Children

616

Number of Malaria Patients treated

486

Number of diarrhoeal cases treated

208



SILET GSPG

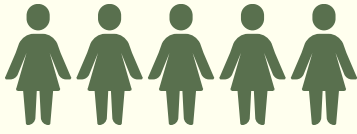


Nehela GSPG

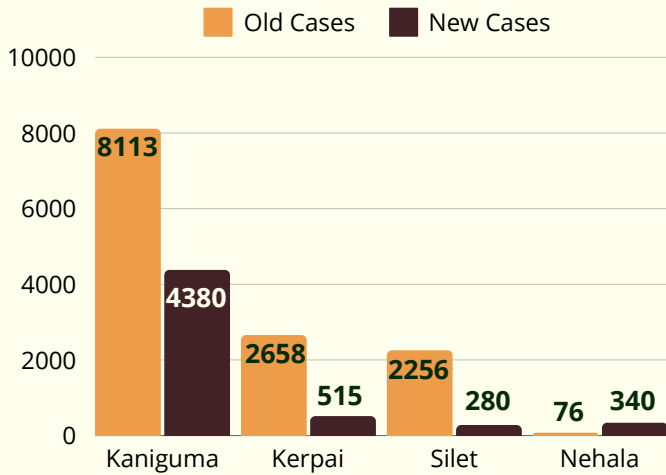
18618 Number of patients seen in all the health centres



8759 (47%)



9859 (53%)



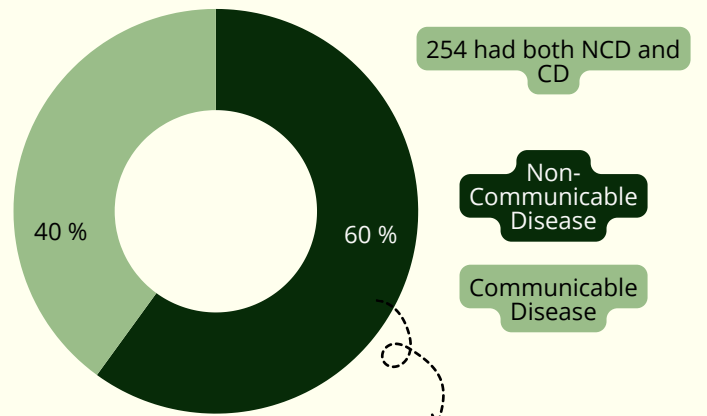
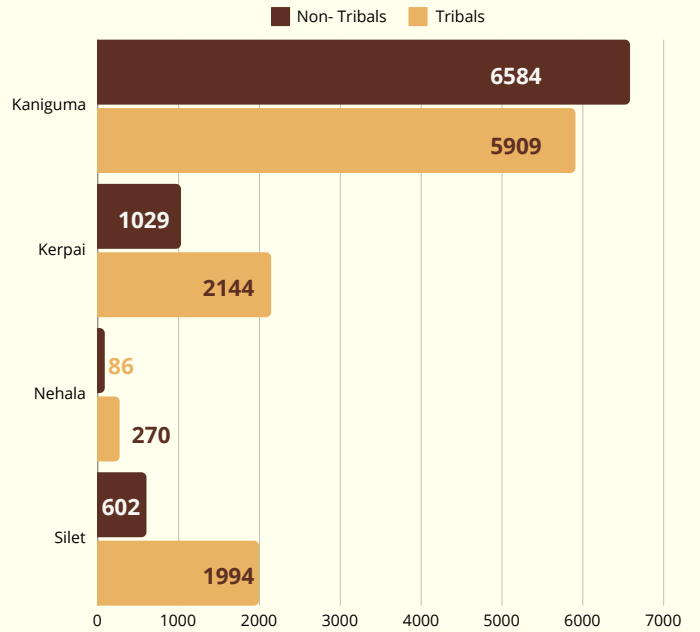
SAM Managed **119**

MAM Managed **91**

Severe Anemia Treated **207**

ANC Check-up **534**

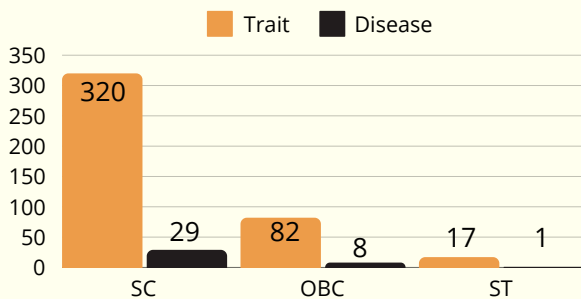
PNC Check-up **37**



Among the NCD, **6.9%** were lifestyle related diseases and **4.15%** were sickling. Majority of them belong to the non-tribal community

Laboratory investigation data in all health centres

Sickle Cell Disease & Trait



Number of laboratory investigations **36415**

Laboratory Investigations /Test		Kaniguma	Kerpai	GSPG Silet & Nehala
Total Test		25194	7774	3447
Blood	Hematology	13279	4582	1080
	Biochemistry	5025	1081	275
	Others / RDT	2098	1301	1872
Sputum	Microbiology	490	88	0
	PCR/ TRUENAT	411	71	0
Urine		1848	590	220
Other	Others	286	43	0
	Microbiology	33	7	0
	PCR	7	0	0
ECG		314	11	0
X-RAY		1403	0	0

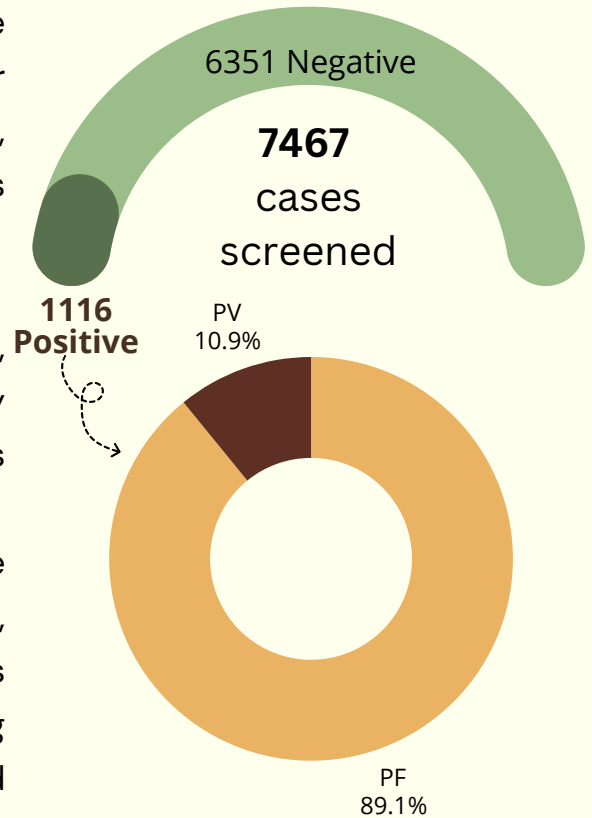
Malaria Control Programme

The Malaria Control Programme addresses the high prevalence of malaria, focusing on prevention and curative aspects to reduce death rates, especially among under-five children and pregnant women.

- **Early Diagnosis and Treatment:** All four Health centers admit and manage severe malaria cases. Field staff and grassroots workers are trained in rapid diagnostic testing (RDT) for prompt detection and treatment. In villages, directly observed therapy (DOT) ensures proper medication adherence.
- **Preventive Services:**
 - **Training:** Swasthya Sathis, field animators, and Guru guniyas are trained to identify severe malaria signs and refer patients promptly to health centers.
 - **Mass Screening:** Collaborating with the Government's Malaria Control program, Swasthya Swaraj conducts mass screenings every 2 months in 80 villages, targeting pregnant women, lactating mothers, and children under five years old.
 - **Awareness Programs:** Malaria awareness is raised through street theater, songs, dance, and videos during village meetings.
 - **Health Education:** Training programs on malaria are organized for students and teachers in 14 government primary schools.
- **Impact:** Though there was a drastic reduction in malaria prevalence in the previous years, a hike was observed during 2023–24.
- **Future Plans:**
 - **Behavioral Change:** The goal is to reduce malaria's endemic status through behavioral changes.
 - **Research Collaboration:** Plans to participate in future studies with research institutes.



Malaria cases Identified Among Those Screened



Severe Malaria Treated

30



Tuberculosis Control Programme

The Tuberculosis Control Program addresses the high prevalence of TB in the region. There is a critical need for a patient-centered approach to TB care and prevention, emphasizing nutrition and coordinated teamwork among healthcare providers.

How?

- Case Detection and Notification: Regular, exclusive TB clinics and coordinated field activities ensure prompt detection and follow-up of TB cases.
- Treatment and Support: Monthly TB clinics provide health education, emotional support, counseling, treatment, follow-up, and take home nutritional and travel support for patients.
- Patient Tracking System: Reminder postcards or mobile calls keep patients engaged and informed, ensuring continuity of care.
- World TB Day was observed on March 25 to promote health education and public awareness.

What?

- Swasthya Swaraj is a designated TB detection and treatment center, significantly contributing to TB control in the district.
- Improved diagnostic facilities include a PCR lab and X-ray facilities, in addition to the microscopy centers.
- The program collaborates with and is supported by the National Tuberculosis Elimination Program (NTEP) at the district level.
- The comprehensive approach aims to reduce the TB burden, focusing on nutrition and consistent patient care.

Tuberculosis treatment Outcome of 2023-24

Outcome of 2023-24	Nos.	Rates
Total number of TB patients cured at SS	81	93%
Total number of TB patients died	2	2%
Total number of Lost to Follow Up (LFU) TB patients	4	5%

Total No of cases screened for TB	557
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No of cases tested Sputum Microscopy	536
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No of cases tested with TRUENAT/ PCR	414
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Pulmonary TB	47
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Extra Pulmonary TB	27
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Childhood TB (<18 Years)	25
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Retreatment Cases	6
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TB Awareness Programme in Village

Outreach Clinics

Ante natal and Post natal Services

We conduct outreach camps in remote tribal villages to improve healthcare access for pregnant women and children under five. There is a need to detect high-risk pregnancies, identify health issues in children, and prevent low birth weight babies, fostering better maternal and child health outcomes in these underserved areas.

This is achieved through the following.

- **Regular Camps:** Outreach camps are held every two months at 10 strategic locations, providing essential healthcare services.
- **Comprehensive Services:** Camps offer anthropometric measurements, nutritional assessments, malaria and anemia screening, lab tests, detailed check-ups, health education, and distribution of take-home nutritious supplements.
- **Health Education:** Senior nurses educate expectant mothers about antenatal care, nutrition, immunization, postnatal care, and family planning, advocating for institutional delivery.

The camps play a vital role in enhancing maternal and child health awareness by addressing essential aspects of prenatal and postnatal care, dispelling myths, and promoting healthier childcare practices.



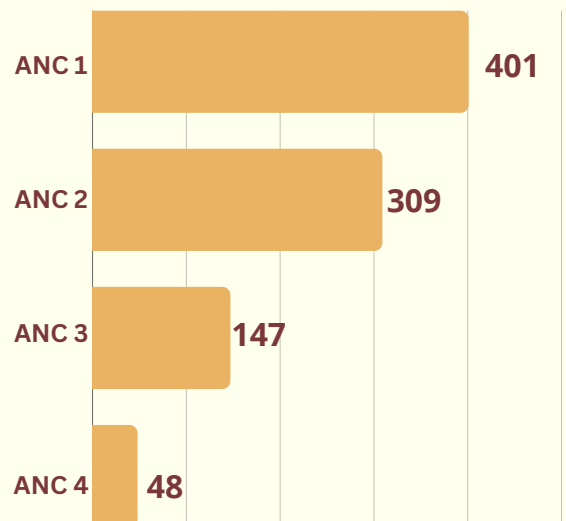
At the ANC and PNC camp



At the ANC and PNC camp

71 ANC outreach clinics organised

Utilisation of ANC services



Under Five Clinics

Swasthya Swaraj emphasizes early intervention in children under five to enhance their nutritional status and overall development. Identifying and addressing severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) in hard-to-reach areas is crucial for ensuring the well-being of the most vulnerable children.

How

- Regular Growth Monitoring: Growth monitoring of under-five children by field staff, along with analysis using WHO Anthro, helps identify children at risk of SAM and MAM in hard-to-reach areas.
- A shift in focus in the outreach clinic: More attention was given to SAM and MAM children, antenatal care (ANC), postnatal care (PNC), and sickly children than all children. This change was adopted this current year.

What

This targeted approach addresses the challenge of limited capacity in outreach clinics, ensuring that the most vulnerable children receive the necessary support. The organization focuses on improving the nutritional outcomes and overall well-being of affected children through early intervention and targeted care.



At the Under 5 camp

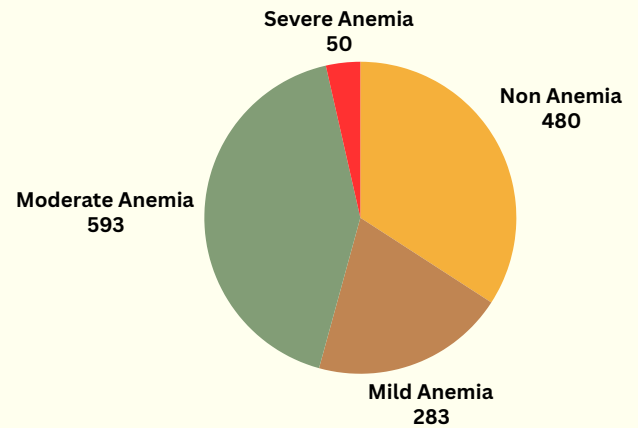


At the Under 5 camp

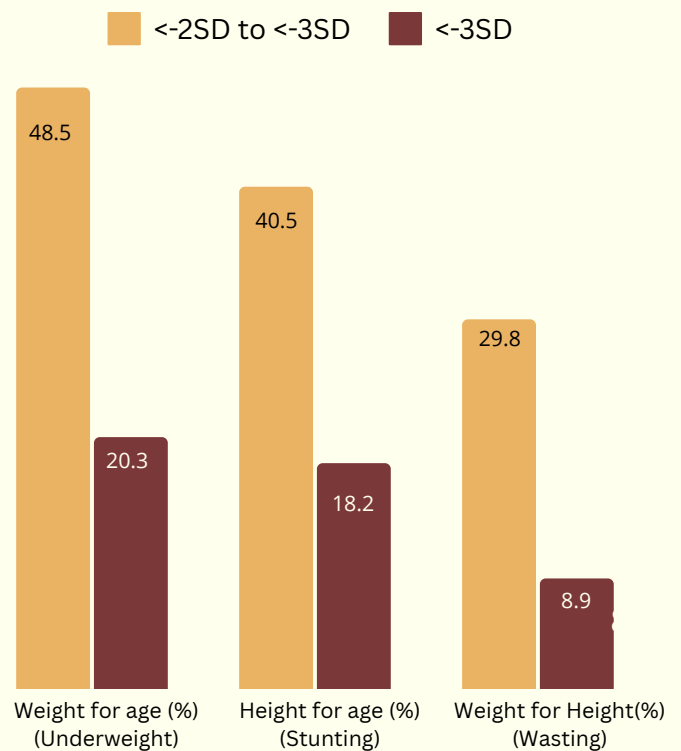
1749

Number of under five children reached for growth monitoring

Anemia Profile of Under 5 Children



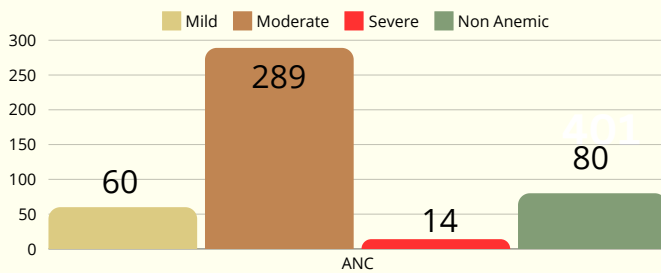
Nutritional data of Under 5 Children



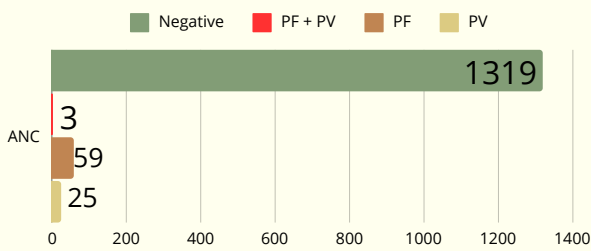
New Pregnancy registration during 2023-24

Total no. of new pregnant women registered	380	
Total no. of pregnant women registered in first trimester	307	81%
Second Trimester	64	17%
Third Trimester	9	2%
High risk Pregnancies	100	26%

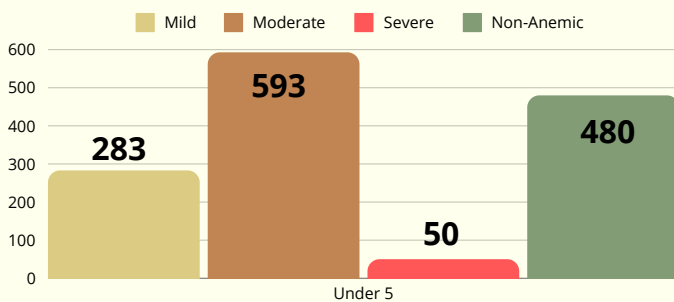
Anemia among ANC



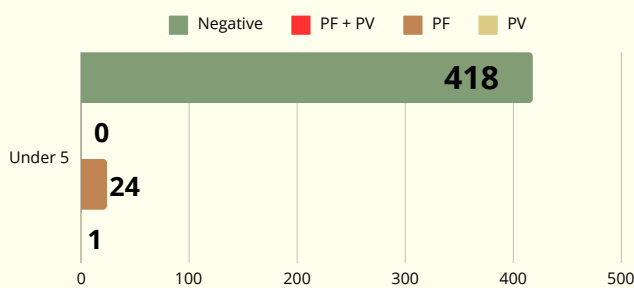
Malaria in Pregnancy



Anemia among U5 children



Malaria among U5 children

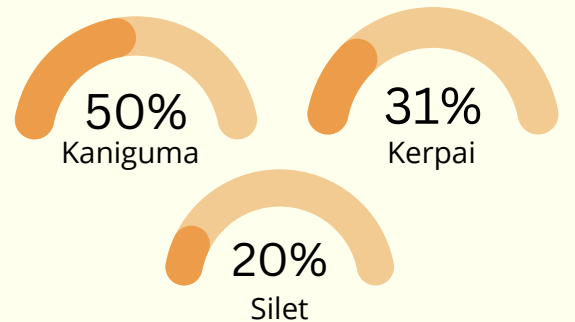
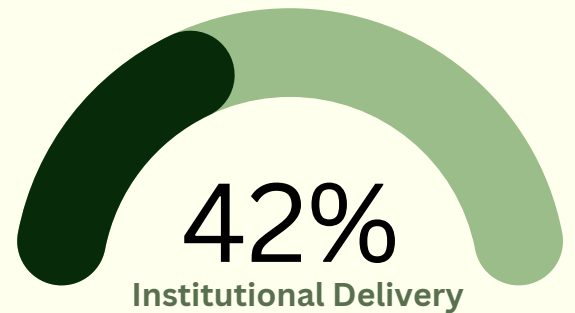


Pregnancy Outcome during 2023-24

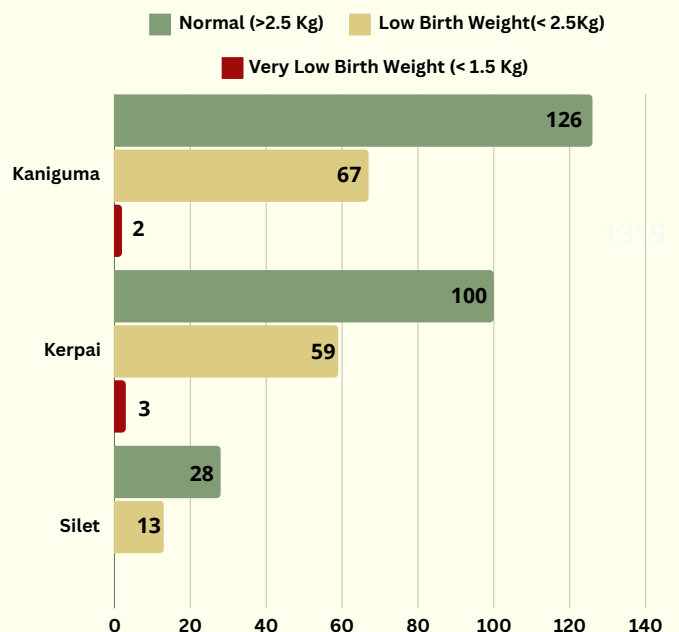


408 Deliveries
401 (98%) Live births
7 (2%) Still births
40 Abortions

Place of delivery



Birth weight of newborns



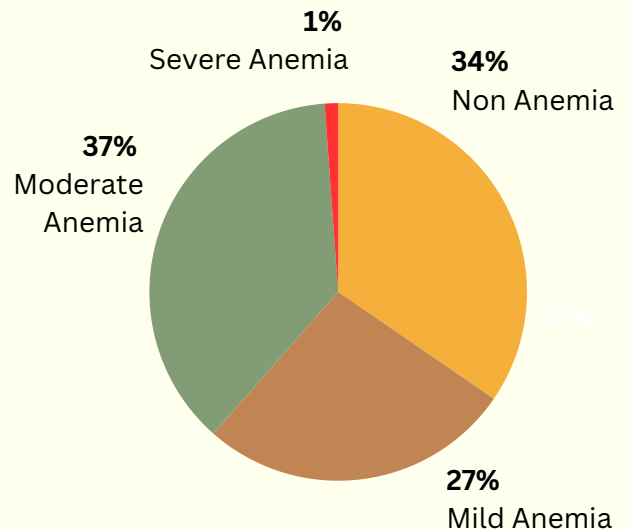
Adolescent Girls Friendly Health Clinics

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

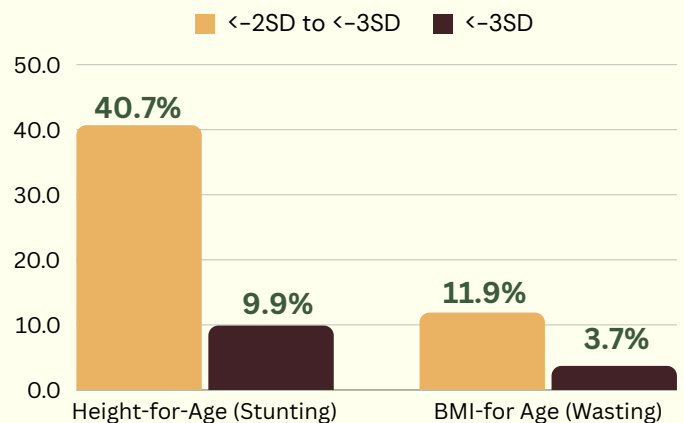
As part of the larger TULSI programme, which focuses on the female adolescent age group, we run Adolescent Girls Friendly Clinics (AGFC) in 10 hard-to-reach locations, once every two months. A team of doctors, a senior nurse-cum-counselor, a community nurse, and TULSI programme cluster-level coordinators run these clinics. This holistic approach addresses the multi-faceted needs of adolescents and supports their overall well-being.

1486 Number of adolescent girls reached through AGFC

Anemia profile of Adolescent girls (n=1486)



Nutritional status of Adolescent girls (n=1368)



At the AGFHC Camp



TULSI Girls at the AGFC clinic

COMMUNITY EMPOWERMENT



Swasthya Sathi

Swasthya Sathis serve as a cornerstone in Swasthya Swaraj's initiatives, acting as community health workers who are trained monthly on preventive healthcare, diagnosis, maternal support, local diseases, and community data gathering. Operating a disease surveillance system, they monitor illnesses, outbreaks, diseases like malaria and tuberculosis, new pregnancies, institutional deliveries, and health trends in their villages. These grassroots volunteers play a pivotal role in the organization's responsiveness, encouraging community participation in programs, emphasizing antenatal and newborn care, and monitoring malnourished children.



Pictures from Swasthya Sathis' Training



Village-level monthly statistics of vital events and disease surveillance, along with community-level follow-up of patients, are managed by Swasthya Sathis. Swasthya Sathi follow-up and visit every household once in two weeks.

Disease surveillance by Swasthya Sathis

Diseases/ cases	Annually
Fever	2503
Cold Sponging for fever cases	1382
Respiratory Infections (Cough)	1467
Worm in Stool	718
Diarrhoea & Vomiting	1349
ORS Supplement	974
Community Follow-up of Malnutrition	263
Mosquito net use (by Households)	3092
Fits/ Convulsion	155
Scabies/ Skin disease	1219
Fever with rashes	483
Night Blindness	194
Eye problem	934
Dental/ Teeth problem	1277
Ear problem	857
Snake Bite	20
Dog Bite	13

Diploma in Community Health Practice

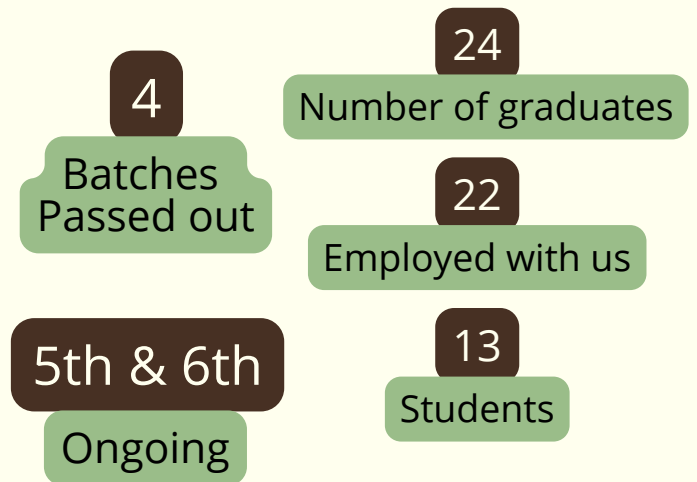
Our strategy for community empowerment is centered on training, educating, and skill-building individuals to drive sustainable change. By actively involving community members, we foster a sense of ownership and pride.

The Diploma in Community Health Practice (DCHP), developed by Swasthya Swaraj and affiliated to Centurion University of Technology & Management, (CUTM) Bhubaneswar, is a cornerstone of our efforts. This two year residential program is completely free, exclusively for tribal girls, requiring a minimum 12th-grade qualification, and guarantees job placement at Swasthya Swaraj with a full salary. We advocate with experts, advisors, and government entities to formalize this diploma course and secure government recognition of DCHP.

This programme is supported by Shri Ramesh Kacholia (Caring Friends)

Field Animators

Field Animators are young community leaders who implement and support all our cluster-level initiatives. They engage with villagers to uncover community needs, address health challenges, and brainstorm ways for organizational assistance. These animators facilitate communication about new initiatives, assist with logistics for outreach activities, mobilize communities for camps, and support Swasthya Sathis.



Through this professional course initiative, we are not just creating committed healthcare professionals but nurturing leaders who will drive change and uplift the tribal communities.



Overseeing 10-15 villages each, Field Animators receive training for skill development and capacity building. Involved in decision-making and project implementation, they gain hands-on experience in resource management, conflict resolution, and driving positive change within their communities.

Toki Upliftment Self Empowerment Initiative (TULSI)

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

Through the TULSI programme, we are committed to this transformative age group, aiming to influence behaviors and habits that shape long-term health outcomes. Our program reaches 1,500 tribal adolescent girls across 80 villages and hamlets in our working blocks.

Our hope is that these efforts will spark a brighter, healthier future for each girl, empowering them to become strong, informed women who can lead their communities towards positive change and prepare them for safe motherhood.

This program is supported by BRBNMPL(Bharatiya Reserve Bank Note Mudran Pvt Ltd).

Total TULSI Girls
1355

Total TULSI Sathis
68

The programme has multiple verticals aimed at empowering the adolescent girls to make informed decisions. Trainings are community based through TULSI clubs and trained TULSI Sathis.

- **Life skills** - Trainings along with practical sessions on life skills- 1355 adolescent girls benefited every month.
- **Health Education** - Trainings on various aspects of health and well being like Nutrition, Anemia, Reproductive health, Menstrual hygiene etc are provided to the adolescent girls.
- **Adolescent Girls Friendly Health Clinics (AGFHC)** - Important initiative to ensure the health and well-being of young girls in the age group of 10-19.
- **Non-formal education** - It has been introduced starting with numerical literacy, for girls who have dropped out or never been to school. 344 girls from Kerpai, 114 girls from Kaniguma and 57 girls from Silet were benefitted.

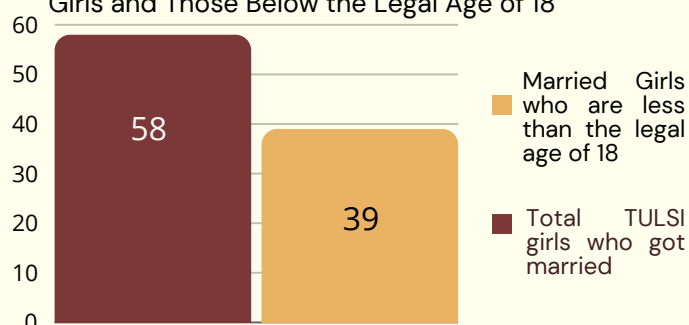
TULSI Programme in Schools:

688 girls from 7 Govt residential Schools and 3 Junior Collages trained in ARSH and Gender Sensitization



TULSI Mela

Comparison of Total Married Adolescent Girls and Those Below the Legal Age of 18



Livelihood Initiatives (TULSI)



Members of Peanut Candy Team



Soft Toys production at Kerpai

Peanut Candies which are directly sold to the school programme has made a good revenue, and they have also started a savings account in the post office.

The Soft toys business has also attained the traction. The produces have been recently sold to the inhouse Creche programme.

“

I used to be very shy and always wondered if I would ever be confident enough to do a business like this,” says Champa.

Champa Majhi, 20 years old is the TULSI Sathi of Pushtiguda. She leads the girls group who are working in the sattu and peanut candy production.

Livelihood – To develop business mindset and give them a secondary source of income, various projects have been initiated which includes

- Food processing units,
 - Peanut Candy
 - Sattu Powder
- Soft toys production
- Leaf plate making.

There are in total 20 girls who are actively participating in these activities from both Kaniguma and Kerpai.

With the machines being installed in Kaniguma and the training being completed.

- The full pledge production and sales of the leaf plates and cups, would not only increase the revenue of the community but also will promote sustainability.
- The sattu production is started and has attained a good traction , where we were able to make changes in the model to attain self sustainability.

Health and Nutrition Promoting Schools

Over the years, we've seen that improving primary education and primary health together can transform a community. In Kerpai and Silet GP, many families struggle with poor health and nutrition, which affects children's ability to learn and thrive. This cycle perpetuates poverty and limits future opportunities.

Our holistic program integrates health and education to drive meaningful change in 14 Govt Primary schools through:

- **Local Volunteers (Sikhya Sathis):** We train local volunteers to assist government teachers, enhancing the educational experience of children and bring children back to schools.
- **Capacity Building:** Continuous training and support for Sikhya Sathis empower them to aid teachers and students effectively.
- **Health & Nutrition Committees:** We form committees in 15 schools, including teachers, students, parents, and community members, to promote health initiatives and monitor progress.
- **Inter-School Activities:** Events bring children from different schools together, fostering community spirit and sharing health and education best practices.

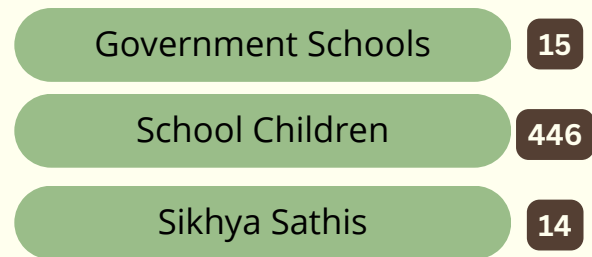
The program is transforming the schools, and the inter-school activities have strengthened community bonds, creating a brighter future for everyone involved.

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

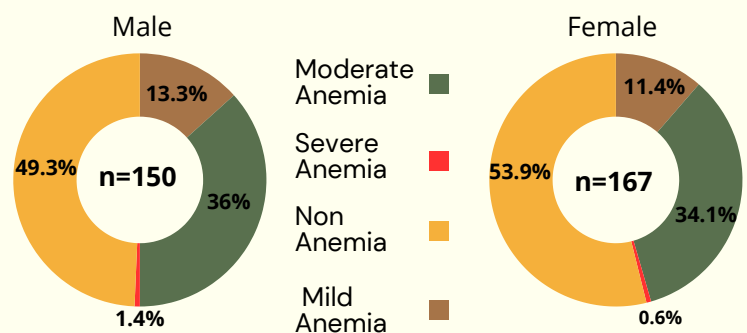
This prog is supported by Hema & Ashok Hattangady.



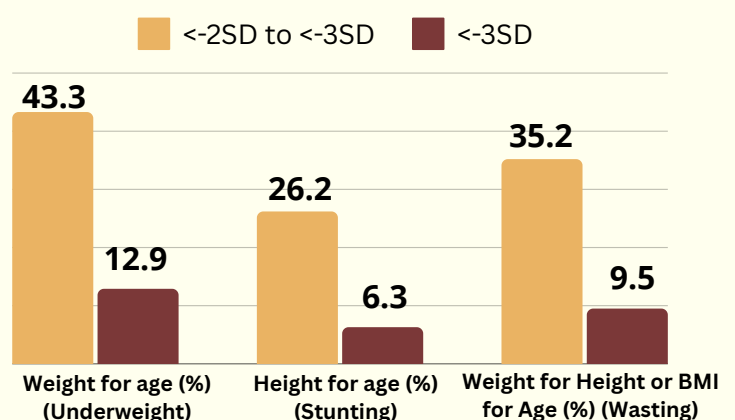
Children engaging in Bal Mela



Anemia Profile among School Children, n=317



Nutritional Status of School children, n=317



Pre School Education Programme



Pre-school education is nearly non-existent in the tribal dominant villages we work in, yet it is crucial for promoting early cognitive, social, emotional, and academic development. It prepares children for formal schooling, enhances language and communication skills, fosters holistic development, addresses achievement gaps, and encourages parental involvement.

Currently, our Pre-School Education program faces challenges due to insufficient funding. The primary objective is to engage children aged 3-6 for 2 hours daily through Shishu Sathis and provide them with nutritious snacks. We have streamlined efforts, regularizing training for Shishu Sathis at the field centers

Despite these hurdles, the program continues to make strides in early childhood education and development, laying a strong foundation for the future of these young learners.

Children enrolled in Preschool

190

Villages where the pre-school is functioning

18



Shishu sathi training at Kaniguma Center



Sishu Sathi engaging with children

Tribal Health Fellowship and STEP

In our mission to improve the health status of the poor and address inequalities, we embrace a multipronged approach. Doctors are the backbone of the health system, but they need motivation, mentorship, and exposure to the stark realities of tribal areas.

Our Tribal Health Fellowship is a one-year immersion program designed to inspire and mentor young doctors. Each year, we select three doctors to participate, and the results have been incredibly encouraging as we see them grow in empathy and commitment. Currently, our second batch is making a profound impact.

The Swasthya Swaraj Tribal Health Exposure Programme (STEP) started with small groups of medical students spending 7-10 days in tribal areas, witnessing the severe inequalities firsthand and leading them in reflections. This experience deeply disturbs and motivates them to take action. STEP has now expanded to include PG students, public health professionals, and others who choose to voluntarily immerse themselves in this eye-opening experience.



Tribal Health Fellow at the Kerpai Clinic

Spine Camp

During this Financial year, on 6th and 7th of October, we organized a spine camp at Kaniguma hospital in collaboration with Spine Foundation of India.

Outcome:

900 patients from 12 Blocks of Kalahandi and 2 adjoining districts attended the two days' camp in the upcoming small hospital of Swasthya Swaraj.

554 were musculoskeletal cases who were screened by the orthopaedic surgeons and physiotherapists and **200** were specifically spine-related cases. **55** patients required spine evaluation and **3** needed immediate surgery. The experience reinforced the significance of providing assurance, physiotherapy, and targeted interventions for optimal care.



Deepanjali Majhi, who was not even able to stand because of the Tuberculosis of the spinal cord. Post the surgery, she is walking without support.

NEW INITIATIVES



Creches To Prevent Child Undernutrition

In tribal villages , many families struggle to find safe, reliable, and enriching childcare, affecting early brain development and holistic growth of infants and toddlers.

Our creche program provides specialized childcare facilities for children aged 7 months to 3 years. These centers offer a safe, stimulating, and nurturing environment, promoting early childhood care and development (ECCD) and providing nutritious supplements.

“First 1000 Days are a period of rapid physical growth and accelerated mental development and offer a unique opportunity to build lifelong health and intelligence”

Strategically located for easy access, these creches support working parents by ensuring their children receive quality care. The program enhances children's development and well-being, giving them a strong foundation for the future and allowing parents to focus on work with peace of mind. By offering this vital support, the creche program aims to uplift the entire community, fostering growth and resilience from its youngest members.



Sishu Ghar (Creche Center) inauguration



Children being engaged through pictures and story telling

Children enrolled

438

Creche centers

35

Existing-10

Newly Inaugurated-25

Creche Care Givers

70

Components of Sishu Ghar

- Nutritional Support: Providing meals that are rich in essential nutrients, helping to combat malnutrition and promote healthy physical development.
- Regular Health Checkups and Anthropometric measurement
- Care and supervision: With a favourable caregiver-to-child ratio , each child receives the attention and care they need for their overall development

Capacity building of Staff

Training on Neonatal Resuscitation & essential newborn care to doctors and staff nurses by St John's medical college and AIIMS Bhubaneswar team.

In the pipeline: Setting up a training centre in the new hospital in Kaniguma, for hands on training on neonatal resuscitation and newborn care for doctors and staff nurses working in primary healthcare.



Hands on training on neonatal resuscitation



Visit by the BRBNMPL officials

On 6th and 7th of February, the BRBNMPL Board of Directors and team (funders of TULSI programme) visited the villages of Kaniguma and Kerpai Cluster in which they distributed tailoring (sewing) machine and Non-Formal Education (NFE) Kit.



At the food exhibition

They also attended the food expo where the girls showcased the local food produces and visited the PMU where they engaged with the livelihood team.



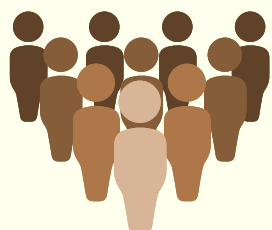
Solar Street light in every village

Wooden pole-mounted solar street lights were installed in 80 villages and hamlets and 15 Government Primary Schools, with community involvement.

This Project was supported by Gharda Chemicals, Mumbai



VITAL EVENTS OF 2023-24



Estimated
Population:
13413

PARTICULARS	#
Total Deliveries	408
Total number of Live Births	401
Total number of Still Births	07

PARTICULARS	#
Total Deaths	115
Number of Maternal deaths	0
Number of Under-five deaths (0-5 years)	25
Number of Infant deaths (0-1 years)	20
Number of Neonatal deaths (0-28 days)	12
Number of Early Neonatal deaths (0-7 days)	8
Number of Perinatal deaths (22 week of gestation - 7 days of child birth)	15
Number of other deaths	90

Crude Birth Rate - 29.9

Crude Death Rate - 8.6

Maternal Mortality Ratio

0 per 100000 live birth

Under Five Mortality Rate

62.3 per 1000 live birth

Infant Mortality Rate

49.9 per 1000 live birth

Neonatal Mortality Rate

29.9 per 1000 live birth

Early Neonatal Mortality Rate

19.9 per 1000 live birth

Perinatal Mortality Rate

37.4 per 1000 total birth

Photo Gallery



At the Medicine Conference hosted by CMC Vellore



At the TULSI Mela



FCRA

We received the long awaited FCRA registration on 17th of November



Publications during the year 2023-24

- **Clinico-epidemiological profiles & outcome of severe malaria in children under-five in the tribal area of Kalahandi, Odisha.** Edassery A, Meher AK, Gupta V, Rodriguez R. Indian J Med Res. 2024 Jan 1;159(1):17-25. doi: 10.4103/ijmr.ijmr_3302_21. Epub 2024 Mar 4. PMID: 38439122.
- **Evolution of community health workers: the fourth stage.** Mor N, Ananth B, Ambalam V, Edassery A, Meher A, Tiwari P, Sonawane V, Mahajani A, Mathur K, Parekh A, Dharmaraju R. Front Public Health. 2023 May 30;11:1209673. doi: 10.3389/fpubh.2023.1209673. PMID: 37333563; PMCID: PMC10270722.

Guest Lecture

We organized a guest lecture on “Effect of Environment & Nutrition on Health & Aging” by Dr. Shalender Bhasin (Senior Professor at Harvard Medical School and a senior Endocrine Consultant at Brigham and Women’s Hospital) at the new SRM Medical College, Kalahandi.



THANK YOU TO OUR DONORS

The support of our donors during the year 2023-24 enabled us to make quality primary healthcare accessible to the tribals and start new initiatives. It is your continued support that sustains our mission and make a difference in the lives of the poor.

Azim Premji Philanthropic Initiative Pvt. Ltd(APPI)
Gharda Chemicals Limited
Susmita Bagchi
Bharatiya Reserve Bank Note Mudran Ltd
R G Manudhane Foundation for Excellence
Hema & Ashok Hattangady
MSTC Limited
Abhay Dan (Charitable Trust)
Saathire Social Impact Solutions Pvt Ltd(Give.do)
Mansa Devi Trust
Madhu Bhaduri
Cereware Tech
Tafa Shung Limited
Ashish Kacholia
Macro Tech
Smt. Bhagwanidevi Basudev Jhunjhunwala Trust
Project Smile Trust
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Veenu Shah
Kuttan Pillai Ravindran Nair
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Lokeshwar Sinha

IN KIND DONATIONS:

Azim Premji Foundation
SELCO Foundation
Bharti Airtel Ltd
SOCHARA, Bangalore
Sneha Support Foundation, USA (Dr Tapti Panda)
Sundar Serendipity Foundation,Chennai (Freedom from hidden hunger)
St John's Medical College Alumni Association
Bank of Baroda

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 : 2024-25
 YEAR ENDING : 31.03.2024
 STATUS : AOP (TRUST)
 WARD : EXEMPTION WARD/SAMBALPUR

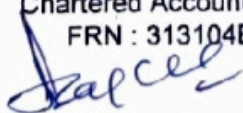
Balance Sheet as on 31st March 2024

	Notes	March 31, 2024	March 31, 2023
SOURCES OF FUNDS:			
Corpus Fund	A	99,52,646.22	99,52,646.22
Capital Fund Account	B	18,17,973.00	18,17,973.00
Excess of Income over Expenditure		6,16,05,447.06	3,53,14,090.99
		<u>7,33,76,066.28</u>	<u>4,70,84,710.21</u>
Current Liabilities			
Provision for Expenses / Payables	C	89,373.00	1,09,715.00
Other Liabilities		-	-
		<u>89,373.00</u>	<u>1,09,715.00</u>
Total		<u><u>7,34,65,439.28</u></u>	<u><u>4,71,94,425.21</u></u>
APPLICATION OF FUNDS:			
Fixed Assets			
Gross Value (At Cost)	D	3,89,34,422.90	2,72,48,045.90
Less: Accumulated Depreciation		67,80,627.00	47,01,498.00
		<u>3,21,53,795.90</u>	<u>2,25,46,547.90</u>
Capital Work in progress	D-1	1,59,991.00	1,59,991.00
		<u>3,23,13,786.90</u>	<u>2,27,06,538.90</u>
Current Assets			
Investment in FDs	E	3,21,49,123.90	1,73,74,723.90
Short-term loans and advances	F	4,36,389.00	20,37,276.40
Cash in hand and Bank Balance	G	70,45,200.48	40,41,626.01
Other Current Assets	H	15,20,939.00	10,34,260.00
		<u>4,11,51,652.38</u>	<u>2,44,87,886.31</u>
Total		<u><u>7,34,65,439.28</u></u>	<u><u>4,71,94,425.21</u></u>
Notes referred to are an integral part of accounts	I	-	-

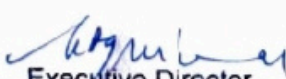
As per our report of even date attached.


Place: Bhawanipatna
 Date: 12.08.2024



For BBA & Co
 Chartered Accountants
 FRN : 313104E

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

For SWASTHYA SWARAJ SOCIETY


 Executive Director
 Secretary


 President



SWASTHYA SWARAJ SOCIETY

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

PAN : AAKAS8424M

ASSESSMENT YEAR : 2024-25

DATE OF FORMATION : 26/03/2014

YEAR ENDING : 31.03.2024

EMAIL ID : swasthyaswaraj@gmail.com

STATUS : AOP (TRUST)

MOBILE NO. : 9348947986

Statement of Income & Expenditure for the Year ended 31st March 2024

PARTICULARS	Notes	March 31, 2024	March 31, 2023
I. INCOME			
Grant In-Aid			
Grant in-Aid (RG Manudhane)	J	17,46,000.00	22,00,000.00
Grant in-Aid (S. Bagchi)	K	50,00,000.00	50,00,000.00
Grant in-Aid (GCL)	L	-	60,00,000.00
Grant in-Aid (APPI PVTG)	M.1	-	65,93,410.00
Grant in-Aid (APPI Hospital)	M.2	50,00,000.00	1,00,00,000.00
Grant in-Aid (APF G-2312-17650)	M.3	1,33,98,000.00	-
Grant-in-Aid (APPI_Creche)	M.4	1,50,19,000.00	-
Grant-In-Aid (APU)	M.5	2,58,210.00	-
Grant in-Aid (Saathire Social Impact Solutions Pvt Ltd)	N	2,55,777.00	-
Grant in-Aid (DCHP)	O	9,00,000.00	15,00,000.00
Grant in-Aid (LIC HFL)	P	-	18,86,684.00
Grant in-Aid (Give Foundation-CACUN)	Q	-	-
Grant in-Aid (Give Foundation)	R	5,45,601.60	5,75,876.19
Grant in-Aid (Food & Dry ration)	S	-	-
Grant in-Aid (Hema A Hatangadi)	T	14,38,000.00	6,78,000.00
Grant in-Aid (BRNMPL)	U	39,07,485.00	29,93,135.00
Grant in-Aid (MSTC)	V	8,51,003.00	-
Grant in-Aid (Veenu Shah)	W	1,00,000.00	-
Grant in-Aid (Project Smile Trust)	X	1,00,000.00	-
Grant in-Aid (Mansa Devi Trust)	Y	50,000.00	-
Grant in-Aid (Madhu Bhaduri)	Z	2,00,000.00	-
Community Contributions :-			
Kaniguma		12,54,521.00	8,43,786.00
Kerpai		1,64,478.00	93,327.00
Silet		58,530.00	27,345.00
Nehela		1,230.00	-
Tulsi Girls		1,840.00	-
Donations		22,30,476.14	11,66,205.50
Donations in kind		13.00	4.00
Interest Income	AA	19,07,394.00	11,86,920.62
Miscellaneous Income		1,37,125.00	74,645.00
Prior Period Adjustment (Legal Expenses capitalised)		-	52,978.00
TOTAL		5,45,24,683.74	4,08,72,316.31

Contd...

As per our report of even date attached.

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

Place: Bhawanipatna

Date: 12.08.2024

K K BAJORIA

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

For **SWASTHYA SWARAJ SOCIETY**

Executive Director
Secretary

President



SWASTHYA SWARAJ SOCIETY

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

PAN : AAKAS8424M

ASSESSMENT YEAR : 2024-25

DATE OF FORMATION : 26/03/2014

YEAR ENDING : 31.03.2024

EMAIL ID : swasthyaswaraj@gmail.com

STATUS : AOP (TRUST)

MOBILE NO. : 9348947986

II. EXPENDITURE

R. G. Manudhane	AB	15,61,224.00	6,75,334.00
LIC IFL Expenses	AC	2,67,815.00	45,170.00
Give India Foundation:-			
CACUN Expenses	AD	-	11,31,612.00
Lab, Medicine, Consumables & Others	AD-1	5,45,601.00	8,19,350.00
Food and Dry Ration for 500 Women Expenses	AD-2	-	8,83,668.00
		<u>23,74,640.00</u>	<u>35,55,134.00</u>

APPI

APPI Program Cost - Expenses	AE	-	80,52,811.00
APPI (Hospital)	AE-1	-	31,97,772.00
APPI Covid Testing & Care - Expenses	AE-2	2,11,141.00	98,880.00

DCHP - Program Cost	AF	12,00,138.48	13,24,262.10
BRNMPL Expenses	AG	36,63,574.92	29,93,134.98
CMAM Polaris Expenses	AH	3,26,529.00	1,01,128.00
PERSONNEL (HEMA)	AI	1,63,352.00	14,70,671.00
Programme (HEMA)	AI-1	1,48,985.00	3,14,623.00
APF (G-2312-17650) EXPENSES		1,17,54,596.00	-
APPI Crèche		30,90,410.98	-
APU Expenses		34,720.00	-
HEMA HNPS		8,45,511.00	-
MADHU BHADURI EXPENSES		1,18,573.00	-
VEENU SHAH EXPENSES		2,000.00	-
Other -GCL		20,060.00	-

Society Programme & Overhead Expenses

Society Programme Exps	AJ	16,67,326.00	20,47,673.00
Society Overhead Exps	AJ-1	5,32,641.29	8,40,021.48

Depreciation for the year

D	20,79,129.00	14,77,282.00
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TOTAL

<u>2,82,33,327.67</u>	<u>2,54,73,392.56</u>
-----------------------	-----------------------

As per our report of even date attached.

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

Place: Bhawanipatna

Date: 12.08.2024

K K BAJORIA

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



For SWASTHYA SWARAJ SOCIETY

[Signature]
Executive Director
Secretary

[Signature]
President



SWASTHYA SWARAJ SOCIETY

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

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

ASSESSMENT YEAR : 2024-25
YEAR ENDING : 31.03.2024
STATUS : AOP (TRUST)

III. Excess Income over Expenditure of Current Year	2,62,91,356.07	1,53,98,923.75
IV. Less:Prior period Adj. (Refund of Grant-SDTT)	-	-
V. Excess (Net Income over Expenditure Carried Forward)	2,62,91,356.07	1,53,98,923.75
VI. Excess Income over Expenditure Brought Forward	3,53,14,090.99	1,99,15,167.24
VII. Excess Income over Expenditure Carried Forward	6,16,05,447.06	3,53,14,090.99

Notes referred to are an integral part of accounts

J

As per our report of even date attached.

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


Place: Bhawanipatna
Date: 12.08.2024


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



For SWASTHYA SWARAJ SOCIETY


Executive Director
Secretary


President



“

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

- Martin
Luther King Jr

”



give



ASHOK & HEMA
HATTANGADY



SUSMITA &
SUBROTO BAGCHI



Corporate
Social
Responsibility



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)

Foreign Donors can make their donations through the
Following. (FCRA Registration Number: 104950105)
Account No: 40469587654
IFSC: SBIN0000691
SWIFT: SBININBB104

