SWASTHYA SWARAJ NEWSLETTER

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Jan-Apr 2018 / Issue:4 / Year:2 / Pages:12 / (Only for private circulation)

Inside the Pages

CHANGE, THE EDITOR

The previous issue of the Swasthya Swaraj Newsletter had Change-Makers as its theme and this issue's theme although similar sounding is something that remains a constant – it's plain and simple, CHANGE. And although a lot has changed in our toddler of an organisation in the last three months, the foundations for this change remain entrenched in the hard work and empathetic approach put in by the Change-Maker team led by Dr Aquinas.

Both our centres have seen some amazing changes over the last few years, but Airtel setting up a satellite tower to give SS phone network, a new grey bolero jeep gifted by classmates from St John's and the new laying of roads on the way to both Kaniguma and Kerpai with more roads planned in the Melghara cluster deep inside Karlapat and the Nakrundi road to Kerpai have worked wonders to connect our community to the mainstream. Although it all seems miraculously positive and completely unimaginable until just a year ago, only time will tell if these 'inroads'(and the real reason for them) spell the right kind of 'development' for the tribal community.

As we grow from being that toddler that's eager to race ahead, the sure-fire positives are a massive decrease in malaria and related morbidity in both our clusters with a shift in focus now to treating the scourge of the under-fives i.e. malnutrition with the Gaon Poshan Gharo project in sight. Our community nurses will now be starting a university-certified yet unique-to-tribal-community course in being competent hospital based professionals as well as social problem-solvers. The Swasthya saathis have been provided with a diagnosis and management kit to start using in the field. The individual centres, too have seen changes with the Kerpai centre being renovated and expanded and a foundation stone for a more spacious and well equipped centre inaugurated in Kaniguma. We are also phasing out some of the roadside and developed villages and are in the process of taking up more inaccessible ones further within the Karlapat and Talampadar GPs.

All of these exciting new changes both in the Swasthya Swaraj Society as well as in the community have certainly made us more visible and seem more involved as a community based organisation and the tribal community more aware of its rights and entitlements .It is a small but certain shift toward POORNA SWARAJ in health.

- Dr. Randall Sequeira

The Last (S)Mile Connect

Bengaluru, the large burgeoning megacity, start-up capital of India, with its eclectic mix of people and cultures is Home to me. The Namma Metro lines with its criss-crossing colours is a welcome remedy to traffic woes. I chugged along the purple line, agonizing over the post-metro mode of transport to office. As I looked out of the large carriage window, I gazed at the checkerboard of buildings and rain-trees, momentarily transported to the hills of Kalahandi.

The initial impression of Thuamul Rampur, when i started working here in August 2017, with its green hills was an idyllic paradise. I was curious as to why T. Rampur Block in Kalahandi, South Western Odisha was considered one of the "hard core" areas by seasoned development professionals in India. My first day at Kaniguma was to be the first in a series of epiphanies which led to more questions than answers.

Kaniguma, a village on the way to the block headquarters at T.Rampur has a health centre run by Swasthya Swaraj

functioning as an emergency, life-saving station. A four-year old girl who came in with a fever and cough, presumably due to tuberculosis lay dying in her mother's arms as doctors, nurses and the health team watched on, knowing there was nothing more we could do for her. The girl passed on and the mother sang a heart- wrenching dirge as she held onto her little one with such grace and tenderness. It was just mother and daughter. No one from the family had accompanied them, there was no phone connectivity and road connectivity was limited with the torrential monsoon rains. In the fading light the mother and girl were taken in the health centre's vehicle back to the village, 8kms away for the last rites and burial. I was told that the dead were buried within two hours of their passing. It was then that it occurred to me that as health care providers we needed to be there throughout the continuum of being - ensuring dignity in life as well as in death.

Kerpai, a village located remote within Thuamul Rampur was another great teacher. People walked 15-20 km to get treatment at the health centre. One had to be seriously ill to come to the health center and that was an ultimate irony. I was taken aback by the strength of the men, women and children who walked such distances despite debilitating illness. It reminded me of the marathoners' saying,"keep miling and smiling - endure and remain upbeat". As doctors we felt a hieghtened sense of responsibility and were grateful for those who made the trek seeking healthcare. I realized that the miling-smiling took place for everything I had taken for granted - attending school, buying-selling commodities, getting food grain (through the public distribution system),health care and much more. We watched a pregnant mother in labour carried to the health centre in a basket from a village on a hill top 8 km away. There was no road or vehicle to bring her by any other means. She was in labour very early in pregnancy due to malaria. The mother and her baby did not survive the ordeal.

In the clusters of villages where Swasthya Swaraj worked, one in ten infants died, one in five children died before age five, one mother died for every ten live births, malaria killed many, under-nutrition was rampant, tuberculosis wreaked havoc, very few people were literate yet there was an unexplained resilience and equanimity in the community. The quiet laughter and little groups swaying in unison to the rhythm of drum beats remain etched in my mind. Here was where I learnt to dance with a child-like abandon. I was taught by senior ladies providing health care who transformed into little giggly girls at the sound of a drums beat.The harmony with nature in which people seemed to live was inspiring. Here was the true indomitable spirit of nature. It seemed so precious. I wondered about the spirit that made the tribals so resilient and stoic. What made them so happy and peaceful? Will we ever learn to be as gentle?

I was rocked out of my reverie, back to the realities of my urban lair of concrete steel and jacaranda trees, haggling my way into an auto-rickshaw. I caught myself grumbling about the need for last mile connectivity. Thuamul Rampur's lesson in Miling and Smiling is a keep-sake for my moments of weakness.

-Dr Aditi Krishnamurthy

Dr Aditi worked at Swasthya Swaraj as the Assistant Director from August 2017 to March 2018 and was invaluable for the work ethic she inculcated in all the team members here at Swasthya Swaraj

A New Paradigm for Hunger Alleviation

The District of Kalahandi has been synonymous with widespread poverty and malnutrition for decades, which eventually gave it, it's moniker, 'The Starvation Capital of India'. And this is mainly because the district suffers from Food Insecurity.

Food insecurity, in simple terms, happens when the availability of nutritionally adequate and safe foods or the ability to acquire acceptable foods in socially acceptable ways is limited or uncertain. Multiple research studies prove that food insecurity occurs when there is uncertainty about future food availability and access, inadequacy in the amount and kind of food required for a healthy lifestyle, and the need to use socially unacceptable ways to acquire food.

So how bad is food insecurity? Well, research studies prove that food insecurity is the cause of adverse long-term health and development effects in the affected population, like poor academic performance, increased susceptibility to diseases due to reduced immunity, poor social development, poor physical and mental health status of the population and the list goes on.

Swasthya Swaraj in the fight against Food Insecurity

As an organization known for health services, Swasthya Swaraj has come a long way. The organization initially restricted its focus to malaria and preventable deaths and diseases but currently, it works in diverse areas like maternal

child health, women empowerment, malnutrition, tuberculosis and education.

With the objective to improve the nutritional status of the tribal population and reduce the food insecurity in the region, Swasthya Swaraj started the 'The Hunger Alleviation / Tuber Project ', where various tuber crops like yams and sweet potatoes will be introduced across the 75 project villages, primarily targeting families with pregnant mothers and children under 5 years of age - the most vulnerable groups among our tribal community.

This project is being piloted in 7 villages and will have three primary components. The first component is the training, where the villagers will be given training on the various cultivation techniques that are easy to incorporate, socially acceptable and feasible for the community. The second component is behaviour change, where various awareness initiatives about the health benefits of tuber crops in the form of skits and plays , dance and song and PLA (Participatory Learning and Action) methods among the tribal villages. The third component is the distribution and follow-up. Following the awareness initiatives, the tuber vines will be distributed for cultivation among the villagers. There would then be a documentation of the various problems faced by the tuber-farmers during the cultivation and harvest as well as the dietary consumption of the tubers among the villagers especially the vulnerable groups.

Field Animators and farmers from Kerpai GP at a tuber cultivation training

The rationale for introducing the tuber crops in the context of food insecurity is worthwhile, as studies have proved that tuber crops are rich in macro and micronutrients, easy to cultivate, self-perpetuating and most tangibly, socially acceptable among the Kondhs of Kalahandi district.

The consequences of the food insecurity are quite apparent, and there is a need for interventions to tackle this problem. The Tuber Project is one such intervention which hopefully helps the villagers to make their food sources more secure and improve the nutritional status of their most vulnerable people.

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-Dr Sandeep Praharsha

SWASTHYA SWARAJ REVISITED

Somnath Mukherjee is a volunteer with AID in Boston and had visited Swasthya Swaraj in early 2015 and 2016 as a friend, supporter and well-wisher and had now revisited us again in early 2018.

SwasthyaSwaraj started working in the forest villages of Kalahandi, Odisha in 2014, to improve the health of the people the dangerous rates of maternal mortality, infant mortality (5 times the national average),deaths due to malaria, severe malnutrition and host of other preventable diseases which turn killers in these mountains. They wanted to build the capacity of the community to be the first line of defence against illness and malnutrition. They worked with women in these remote forest villages to train them as community health workers and nurses. At that time it seemed like they were planning to move mountains…today the mountains have indeed moved a bit.

AsmitaMajhi has been working as a SwasthyaSaathi (community health worker) for the last 3 years. Today she accompanied 2 expectant mothers to the clinic for checkup. She said she helps with deliveries, diarrhoea or any other emergencies in her village of Madanguda with 50 households, which is 6kms from the clinic. She is also trained to identify people who might have TB and malaria. There is no scabies in her village—a huge achievement of the SwasthyaSwaraj team. Almost all families had scabies 3 years ago. Asmita and other SwasthyaSaathis are the difference between life and death in their villages.

Napa Majhi is a community nurse who not only helps in the clinic but also trains SwasthyaSaathis and raises awareness in the community. She is trained to draw blood, check BP, temperature, pulse, respiration rates etc. Both Asmita and Napa have been

working for the last 3 years and have not only significantly changed the health outcomes of the community but also their health seeking behaviour. Villagers come to the clinic when they have fever and ask for a blood test to understand if the underlying cause is malaria. Since there was no access, people were sceptical to seek any healthcare support. But that is changing slowly.

Durga is one of the 2 senior lab technicians who support the clinical work at Kaniguma. In this small lab with a sloped roof, they do routine tests of urine, sputum, blood and stool. Additionally, they are capable of doing renal tests, test for liver function, lipid profile, check for malaria and sickle cells. Durga explained that there could be upto 150 patients in the clinic on a busy day. A lot of them have to catch the last bus at 2 pm, so he and his colleague, Anoop work extra hard to complete all the testing on the same day by 1 pm so that the doctors present can check the results and prescribe (or not) accordingly. Durga is not only a health professional but an agent of social change. He feels it is his own work that he is doing.

At Kaniguma, in the adjacent primary school building, young, motivated community health workers were rehearsing a street play for World TB Day on 24th March. TB, malaria and malnutrition are the biggest killers in the region of Kalahandi. A committed set of doctors inspired by Dr Aquinas and people from the community are bringing about a positive change in the corners of India that has been deliberately left out so that they can bear the cost of "development" without partaking in its outcomes.

In Kerpai too, 30-40 patients come on the clinic days. The team has had significant success in reducing mortality due to malaria and incidence of scabies has come down by 90%. Solar panels help with electricity and weekly trips by the SwasthyaSwaraj vehicle brings doctors, medical supplies and till now, news from Bhawanipatna. An Airtel tower now gives phone connectivity to both the clinics. Before this, one needed to go 10-20 kms to get mobile connectivity. Contact during health emergencies could mean life or death. In the monsoons, this area often gets cut off.

Contrary to the establishment's perspective, market forces will not solve the problem of unconscionable inequity (health in this case), but human spirit with commitment to justice and equity will. SwasthyaSwaraj embodies that which is reflected in the handwritten poster on the almirah —***Go to the People; Live among them; Love them; Learn from them; Begin with what they know; Build on what They Have…***

-Somnath Mukherji

Broken Bodies, Broken Lives - Vol.2

On a sunny Saturday morning, towards the start of spring, I sat in a busy Kaniguma out-patient clinic looking through the usual gamut of patients with Dr.Sandeep. That's when Ekalabya, our driver, came up to inform me about a mother in one of our programme villages - Poladumer who had delivered a baby in the early morning hours but had still not expelled her placenta close to noon. I immediately sent him in our Thar-gaadi (4x4 jeep) to pick her up and get back to the clinic.

Ekalabya was prompt and got back to me in half an hour with some bad news. The woman's husband wasn't around for some reason and no one in the village was ready to take responsibility to get her to the hospital. The fact also remained that Poladumer wasn't a roadside village. In balance I thought that the 40 odd patients that needed attention in the OPD could be managed by Dr Sandeep and quickly left for Poladumer with Roshni, our community nurse and some obstetric medicines. The Bolero, this time, dropped us of the road from where we crossed a couple of fields, waded through a slushy stream, jumped a deep ditch and climbed a hillock to finally reach the hamlet.

When I reached Rachna Majhi's (name changed) house, though quite a scene awaited us. She lay in the outer corridor of her house in one corner, famished and heaving, barely able to keep her eyes open, with her child connected to the umbilical cord lying untouched, naked and quiet on the gobar smeared floor while a woman (her friend probably) wiped the sweat of her brow. Roshni immediately cut to the chase, wrapping up the baby as I cut the cord. The poor cold child began stirring and gave a weak cry as we bundled it up and handed it over to a bunch of women in the other corner – this was her 4th live child and 6th delivery – all of them happening on the same gobar- smeared floor.

As I then approached her to ask if I could examine her below the overlying petticoat I realised Rachna was in no position even to protest. For the tribal, Kondhagara women, child-birth is just another day of their lives like their dongar or chaas-kaam. They do it sitting up, holding on to coir extending from the low hanging, corn-paved roof, without the help of a dai and traditionally hold the child only after the fuul (placenta) has fallen. As I lifted up her skirts I realised that although her placenta had almost detached completely it had dragged along half of her uterus out, now hanging dangerously close and oozing blood onto the floor. We immediately started her on a saline drip of oxytocin and another line for i.v. fluids, again Roshni being extremely prompt as I fervently tried to remember the passage from my obstetric textbookthat detailed out the management

of an 'inverted uterus'. After 15 minutes of the saline, with her uterus now contracting, I gloved up and tried to manually reposition her uterus, succeeding only partially. This woman absolutely needed the sterile environs of a hospital though.

As I got out of her house though to see if we could fashion some kind of a stretcher, her husband returned , with the Guruguniya of the neighbouring village . This man hadn't thought of our hospital- 7km away but had rather trekked 5 hours to get a Shaman! I held off berating him and worked really hard to convince him that both baby and mother needed a hospital. Once he was convinced, he worked quickly with his tangiya (axe) to lash two large bamboo poles to the interwoven fence they used to keep out goats from their fields. I was then a wheel in the four man team as we stretchered a weeping and broken-looking Rachna down the hill, over the ditch and across the stream to the waiting jeep. As we bundled her into the jeep the elusive Swasthya Saathi of Poladumer too jumped into the jeep.

When we got to Kaniguma, we were able to get Rachna's haemoglobin levels done (which were mercifully good despite all her blood that paved her house) and start her child on intravenous fluids. As I sat her down to examine her with the swasthya saathi in tow I realised with a sigh of relief that the uterus had involuted in of its own accord probably due to one of the bumpy rides either on the stretcher or the jeep. The Swasthya saathi though was completely bemused and wondered aloud if the uterus fell out and we should check the jeep for it!???

Rachna Majhi's last tear fell on her child as she attempted to breast feed him that evening ….

Inversion of the uterus is a serious and rare obstetric complication with even minor manipulation in an un-contracted uterus causing instant shock in the patient. It usually occurs due to multiple pregnancies and lax tissue around the uterus. But that wasn't the only cause of her broken body - she had made it and only time will tell if her child will recover from those 7 hours spent on the bloody floor, untouched and unloved- a life hanging in the balance.

-Dr Randall Sequeira

Finding the Roots

The following is from an interview with the tribal youth who visited the CTCRI and the Tribal Museum in Bhubaneswar.

Q: How was the travel to Bhubaneshwar? Which was the first place you visited?

Shibo Majhi : In the morning after we reached Bhubaneswar by train which was a first for me - travelling such a long journey by train, we got to the Tribal museum and took tickets to enter the garden in front of the museum. The garden had different animals we see in our forest like the peacock, deer and mongoose all made of cutting of plants into different shapes. I had never seen such a thing earlier.

Q: What were the high points of your visit to the Museum?

Shibo Majhi : Inside the museum we were shown around by a kind woman who told us about the different types of Kondh tribals – Kutia Kondh, Dongria Kondh and the other numerous tribals who live in Odisha. We saw the different kinds of dresses, costumes, ornaments and weapons used by different tribes. . We also saw our people going about their routine lives, carrying water from the stream, different types of houses by the different tribes, different styles of construction and roofing. We saw beautiful tribal artefacts of the Bhotada tribe with statues of Lord Ganesh and different birds like the peacock made completely of rice grains.

Swasthya Swaraj field staff observing Dongariya Kondh fabric at the Museum of Tribal arts and Artefacts

Q: Which part of the visit was close to your heart?

Shibo Majhi : When I saw the Dongariya Kondh statues standing dressed in their traditional dress my heart was throbbing .We found our roots in this tribal museum and feel so very happy and proud about our tribal identity.

Jaysankar Majhi : My perspective of this visit…

This was the first time I visited Bhubaneshwar the state capital and that was quite something. At CTCRI, I learnt the basics of how to cultivate tuber crops, the different climates for each of them, the amount of water required and how nutritious are these tubers which are always relished by us, adivasis especially in the lean seasons. I learnt how and when to plant them, the varieties of tubers and it was very educational. We also visited the caves of Khandagiri which was again a very exciting experience.

After the visit to tribal museum I feel more conscious about my roots, my tribal identity and our rich traditions; something which I, as an adivasi was not so acutely aware of till now. I'm determined to promote tubers and ensure that our people do not go hungry during this summer.

Jaysankar Majhi, Radhesyam Majhi, Amarsingh Majhi, Kumarsingh Majhi, Shibo Majhi, Kana Majhi, NarnuMajhi and EklavyaMajhi our Swasthya Swaraj field staff who were taken to Bhubaneswar in the company of Dr. Randall Sequeira, Dr. Ajay Mehr, Dr. Sandeep Praharsha, Sr. Angelina and Ms Rajalaxmi. This trip was organized in connection with the hunger alleviation programme of Swasthya Swaraj to get direct information and learnings from the senior scientists in Central Tuber Research Institute in Bhubanehwar.

-ShiboMajhi, JayshankerMajhi, Randall Sequeira

Running High Quality Rural Laboratories in Remote Tribal Areas

"An accurate diagnosis is the first step to getting effective treatment," says Dr Tedros Adhanom Ghebreyesus, WHO Director-General. "No one should suffer or die because of a lack of diagnostic services, or because the right tests were not available."

We often hear the complaint of low utilization of primary health services by the poor. The present day health system widens the inequality by providing disproportionately better and more critical and diagnostic services to the better off, of the society in urban areas. One hidden assumption is that poor people living in poor localities have simple illnesses which do not need competent doctors and staff and need only minimum investment in diagnostic facilities.

Availability, accessibility, affordability and community participation are some of the basic principles of primary healthcare. But equally important factors in planning healthcare 'to the very last mile' are quality of diagnostic facilities and rational use of investigations. In providing good quality curative healthcare services, diagnostic laboratory services are essential. In rural areas this has many setbacks. Finding committed lab technicians , their continuing medical education and skills building, quality checking of lab tests, having uninterrupted power supply and running water supply in the lab are all major problems in rural areas, if we have to have good quality functioning laboratory facilities.

Swasthya Swaraj is an organization committed to providing high quality, rational, ethical healthcare to the poor and poorest in neglected tribal areas irrespective of their purchasing capacity. The Society runs 2 health centres deep in the Eastern Ghats – at Kaniguma and Kerpai and these centres have attached 24x7 diagnostic laboratories manned by competent senior lab techs.

Usually in rural areas and primary health centres the laboratories perform only the minimum possible. But at Swasthya Swaraj although the lab looks extremely simple with very limited space and conveniences, it has uninterrupted power supply from a solar power grid and running water supply provided by a gravity based system. The competent and committed techs are always busy working on microscopes and very low cost, technologically sound machines. There are Auto-analyzers which perform the whole battery of usual blood biochemistry tests and body fluid analysis at very affordable rates or free of cost. The whole battery of investigation costs less than Rs 90! The Lab is able to perform even HbA1C (test for diabetes), S.Amylase (pancreatic disease), CRP (C Reactive protein), ASO (rheumatic heart disease), S. Iron, TIBC etc. Every investigation is incredibly cost effective too. As this is not a commercial lab, we do not entertain requests from outside. CBNAAT for TB diagnosis is one test we depend on outside (govt. district hospital where it is done free of cost) and hormone assays (private providers) in the town.

Haemoglobin Electrophoresis: Sickle cell disease is a common problem in tribal belts. But there is no place where Hb electrophoresis is done in Kalahandi. Samples have to be sent outside and it is expensive test. Swasthya Swaraj again shows the way by doing it at a nominal cost of Rs 25 -using a low cost affordable technique.

Unfortunately microbiology here is restricted to microscopic examinations. There are no culture facilities available in the entire district. Radiology facilities is another area where we feel very handicapped. We need to wait for adequate funds.

The question arises, do we really need all these tests in a poverty-stricken area? The poor and poorest do have serious health problems which need thorough investigations to arrive at a correct diagnosis apart from our clinical skills. They often come late when the disease is well advanced. The main factors limiting their coming to hospitals are poor transport facilities and poverty which makes healthcare a low priority for them and they resist going to higher centres located far away when referred. It is not only the rich who need best quality healthcare; the poor too have a right to receive high quality healthcare at an affordable cost or free of cost.

It is necessary to run high quality, affordable diagnostic laboratories in remote tribal/backward rural areas where we are busy saving many precious young lives. Swasthya Swaraj shows the way and proves that it is possible. What is most important is the human resource - committed, passionate doctors and competent, socially sensitive lab technicians; unfortunately these are the commodities hardest to obtain in today's market-driven economy. Durga Prasad Gupta and Anoop Panda are our senior lab techs at Kaniguma and Sr. Angeline at Kerpai.

-Dr Aquinas Edassery, Durga Prasad Gupta

An Innovation in Primary School Education

This article speaks about the concept of Health Promoting Schools which Swasthya Swaraj has initiated in 15 government primary schools which is still in its infancy.

Primary school education is the basis of a child's education and by extension the development of a nation. Unfortunately, this foundation of education is a sham in tribal areas. Swasthya Swaraj has chosen the most backward tribal pocket in the tribal-dominant Thuamul Rampur Block of Kalahandi district in Odisha for an innovative programme in primary education. Health Promoting School is a programme in which we address 3 burning issues affecting child survival and development – Health, Education and Nutrition (H E N), as all three are vital and are integrally related.

Childhood is a time of intense activity, growth and development at physical, mental and intellectual levels. It is a time for a realization of the great potential hidden in them. If given opportunities poor children in poverty-stricken areas can grow and develop and bring out their hidden, unique abilities just as much or even more than urban-bred, sophisticated children.

A child's health and nutritional status is the mirror of the health and nutritional status of any community. In adivasi areas, the children are sickly, malnourished and receive no motivation from teachers or parents to continue schooling. The government primary schools are demotivating, dull buildings and most child-unfriendly places.

In solving a problem, very often the solution has to be sought within the problem itself. In communities where poverty and ill health are rampant the children can be the solution. This is the assumption on which the concept of health promoting schools is built. Health Promoting Schools (HPS) is a programme conceived after our observations and understanding of the vexing problems in the adivasi areas. We believe that children can become leaders and teachers for the community - the change-makers; schools can become the nodal points of transformation in the community.

The goal of this programme is improved learning environment and better academic performance of the children along with better health outcomes in government primary schools selected for implementation of HPS programme in 2 years.

Components of a Framework for HPS:

- School health policies
- New curriculum and training modules for teaching health topics across the regular school curriculum.
- Skills-based health education
- Health-supportive school building, campus and environment
- School health services
- School/community projects and outreach by the children
- Health promotion for school staff
- Training of trainers (HPS animators and regular teachers of the school and other staff of the school)
- School safety- building, toilets, drinking water
- Physical exercise, recreation and sports
- Counselling and social support.

Each school has to establish its own health promotion interventions and various components that serve as a framework for a Health-Promoting School.

HPS project envisages school based and community based activities by the children in order to achieve the goals of the project. Health Promoting School Framework for Action are being drawn up and agreed upon by all stakeholders (children, teachers, School staff, Parents, SMC members and SwasthyaSwaraj), the backbone of which will be a unique new curriculum for tribal education using elements of the Kuwi language, traditions,songs and stories developed with the help of the above stakeholders so as to be culturally acceptable.

-Dr. Aquinas Edassery, Ms Rajalxmi Behera

School Health Check-up - A great learning experience for teachers, students, parents and health team

The School Health Check Up is carried out as a part of the Health Promoting School Programme. This article presents how the ordinary event of school health check-up was made into a great learning experience for all the stake holders.

In the first half of 2018 the activity was initiated and headed by Mahir Bhatt with help from the clinic staff, field animators of the respective clusters, community nurses and dedicated lab staff. The whole program completed school health check-ups in 14 schools in Kerpai and Silet GP's within a month with 451 students examined and all their problems suitably dispatched.

Each schools program would begin with a visit to the school concerned on the previous evening and a meeting held with the parents of the school-going students on the morning of the check up with a different unique approach for each school. After a quick introduction of the parents present at the meeting there was a small educational program on malaria its causes and its effects on children along with preventive measures for the same. Thereafter the agenda moved into the functioning attendance of school-going children as well as the school teachers , the reasons for dropout and the regular running of the Mid –day Meal program in each of the schools. The next topic discussed with the parents was the importance of sports and forming of children's sports clubs in each of the schools run by the students themselves. After which we proceeded with the proper school health check-up.

We were so sad to see that three of our schools in villages namely Taramundi, Maltipadar and Rupen had no school buildings while the one at Serkapai was an unfinished shell of a structure. The roofs at the Dandpadar and Sylet schools were leaky. Although it is very difficult to go into specific details of each school there were only a few schools where the MDMP was run religiously and these were the very same ones in which the teacher and student attendance was higher namely Sylet , Rupen , Marguma , Sargipadar and Kachalekha (which is a residential school).

In a number of schools where we could interact with the school teacher we were able to find out numerous logistical problems the school teacher faces in conducting regular classes for example – the treacherous terrain over which transport of MDMP supplies is difficult , unresponsive government authorities for infrastructure and toilet maintenance and the contract status of the teachers . A running theme in all the schools were the presence of spectacled swachch bharat toilets without running water in any of the 14 schools.

Out of the 451 students examined almost 236 or more than 50 % were anaemic while 183 students (40%) were found to have malaria (down 3% from last year) of which 1/3 had a positively palpable spleen. Something worrying and typical of a malaria holo-endemic area was that out of these 183 students with malaria almost 108 or almost 60 % were completely asymptomatic. Apart from these expected problems, 104 students or 23 percent of the students had dental caries. The prevalence of diseases like scabies and bitot's spots has come down drastically from last years' school health check-up. A number of students with disabilities and those requiring further workup were identified and referred accordingly. The anthropometric analysis threw up a typically depressing picture with close to 45% students underweight and 32% students stunted.

The LV Prasad Eye institute had trained our field staff in diagnosing simple eye ailments and assessing the vision of children which could be successfully carried out during the HPS check-up which was gladdening to see.

There were a number of operational difficulties while conductingthe school health check-ups like the transportation of anthropometry instruments and medications to the respective schools for example while we had to cross the river from

Community nurses Hemanjali and Lalita checking the visual acuity of children at Kachlekha school

the village of Muzpang to Marguma for the school check-up , the students had to cross the very same river from Maltipadar to Kandelguda . Another challenge was mobilising all the children enrolled in the school for the check-up as a number of them especially girls always had work at home or on the hills that the tribal Kondh community cultivate .On a particular week when check-ups were scheduled in three different schools they clashed with the tribal wedding season and we had to change our schedule completely .Despite these difficulties we were able to examine 450 students that covers above 40% of the enrolled students in our 14 schools in our field area , according to Government data.

The HPS as a project especially engineered and geared toward development of a curriculum for students in tribal areas upholding their unique culture, traditions and language; is something revolutionary and we hope to move into the next phase.

-Mahir Bhatt, Dr Ajay Meher, Dr Randall Sequeira, Dr. Sandeep Praharsha

The Local Cultural Festival - An Occasion for Mass Health Education

A Swasthya Swaraj Experience

The Kalahandi Mahotsav - Ghumura is an annual cultural event which everyone looks forward to. The 2018 Kalahandi festival was organized by the Govt from 14th to 17th January at LalbahadurShastri stadium with much fanfare. Ghumura is a platform that encourages and reflects the various arts, dances and music forms, drama and other cultural traditions of the great and diverse state of Odisha of which almost 22% are tribal.

This festival attracts tribal and folk artists from all over the district, neighbouring districts and states and they put up some spectacular performances. Organizations, self-help groups and government departments put up stalls and display their greatness and contributions to the public and sell their products and goods.

Swasthya Swaraj decided to participate in this year's Kalahandi festival and we decided to put up a stall with a difference. The entire team worked day and night and put up a stall that was manned by our field staff (Field animators, Hindiga and Ghasiram and community nurses, Nappa and Sarojini) and Swasthya sathi (Mahadei Majhi) under the guidance of senior staff. This stall was not meant just to showcase our work and activities or sell products, but it was designed in such a way so as to be a means of interactive health education, involving the general public. The biggest hit was the TB, Malaria and Anaemia-themed electric game board that lit up every time a right answer was given, especially among the school-going kids and youth. Then there were other participatory and skill-based games like the hoopla hoopcombined with different nutritious foods and dart games based on health-based quizzes.We had more than 500 patrons who participated in the games.Our stall attracted many students and youth and many more were given health education pamphlets on malaria and TB.We were happy that our stall became a very popular spot in the midst of numerous stalls put up by various groups from far and wide.

This experience gave us many insights on how to make use of local cultural festivals as occasions for mass health education as well as how to innovate with our own health education activities in our community health work.

A burgeoning crowd outside the swasthya swaraj stall eager to participate in the games

-Deeparani Patra, Hindiga Majhi, Ghasiram Majhi, Mahir Bhatt, Randall Sequeira

Medical Knowledge Demystified

Community health education is appropriate to the extent that it helps the poor and powerless gain greater control over their health and their lives. For this to happen, doctors need to demystify medical knowledge.

Here is an example of 40 illiterate women Swasthya Sathis (village level health worker in each tribal village/hamlet) trained by Swasthya Swaraj for 4 years. 28 of them received a merit certificate and Swasthya Sathi Bags (diagnostic and management kits) at a big public function from the district collector on 24th March 2017. These women were from the remotest villages. 12 Swasthya Sathis received certificates of appreciation only as they were from accessible villages. Of the 40 women who were trained over 4 years, only two have been to school, and are able to read and write. Another 40 women are still undergoing training. Mahadei Majhi (from Kerpai village) one of the Swasthya Sathis speaks about the training she received.

Swasthya sathis posing for a photo with all dignitaries after receiving the diagnostic kits

"We (38 women in Kerpai and 42 in Kaniguma) are being trained by Swasthya Swaraj doctors and senior nurses for more than four years. Our training consisted of 3 days intensive training (residential) every year x 3 years, and ongoing training once a month regularly for one full day (residential training). Even though we are illiterate, our doctors and didis taught us all about malaria, diarrhoea, pneumonia, TB, scabies. We learned how to arrive at a diagnosis from history and a physical examination, detect danger signs in each disease, refer on time or treat with simple medications. We were also taught how to do some blood tests like RDT for malaria and received certificates from the district malaria officer. We still need to pick up confidence in this.We were taught many things about nutrition, growth monitoring of babies, child health record, and growth curves, milestones in a baby's growth and immunization. Many days were spent on teaching us repeatedly regarding antenatal care, use of safe delivery kit, postnatal care and care of the new-born. In the pictorial antenatal card we record weekly, the findings of examination and we are able to assess the risk level of pregnancy and take decisions on time.

We also document all vital events every month - births, deaths and pregnancies in our villages in khatas given to us in pictures And we do disease surveillance in a very simple picture format.We were shy and very hesitant to speak and share. Now we have gained confidence and gained so much knowledge thanks to Swasthya Swaraj. People in the village trust our knowledge and experience and turn to us in case of health problems. The diagnostic kits that we are provided boosts our confidence and commitment".

Mahadei Majhi explains the items in her kit

The Swasthya sathi (SS) bags consist of the following items:

- ***Soap and nail-cutter***: Used on house visits to cut nails of children and teach them hand washing.
- ***First aid box***: Containing cotton, cleaning & dressing materials, bandages, Gentian violet for local use.
- ***Colour-coded mercury thermometer*** to check body temperature. SS uses the one minute sand clock 3 times to time 3 mins and reads the level of mercury column at the end of 3 mins. The lower red indicates hypothermia in new-born and upper red indicates high fever. In high fever cases the SS gives cold sponging
- ***Spring balance with sling*** to weigh the new-born children up to one month age. Handling the baby is done by SS carefully after washing the hands with soap and water.
- ***Beaded chain to count the breaths of children under five years of age***: The SS times one minute using the one minute sand clock and counts the breaths by moving the beads. If the colour is within green, it is <40 min which is normal except for new-borns, yellow is at danger level, red colour showing very high danger levels in which case the SS refers to the health centre.
- ***Beaded chain to count foetal heart rate:*** This longer beaded chain is used by SS to count foetal heart rate of the baby in utero of the pregnant mother. Upto the green colour beads it is within normal limit
- ***Fetoscope*** to listen to the baby's heart beats in utero

- ***MUAC tape***: Using this tape, the SS measures the mid upper arm circumference on the left arm of the child (6 months to 5 years). Green colour shows normal, yellow shows that baby is undernourished and red shows that baby has severe acute malnutrition (SAM).
- ***BP apparatus*** with round scale. The SS can check approximate BP by palpation method. When they are confident and not making mistakes they will be provided a stethoscope too which will enable them to check BP by auscultation method correctly.
- ***Bag consisting of medicines***: At present the SS can give only tab paracetamol as per the age of the child (looking at the pictorial age bands) and for adults, ORS packets for diarrhoea. As they advance in their knowledge and skills and practice they may be given more medicines.
- ***Khata (Records) that Swasthya sathis maintain***: All these khatas are done in pictorial way.

i. Vital events data: In this the SS records each birth, death and pregnancy in the village in each month.
ii. Antenatal card: pictorial again. The SS documents each pregnancy, the obstetric history and examination findings during home visits. By these, she assesses the risk level of each pregnancy.
iii. Flip charts on Malaria: to educate mothers in the villages, all households on malaria.
iv. Flip charts on Nutrition
v. Danger signs of malaria in pictures
vi. Nutrition and child growth flip charts
vii. Pregnancy and care during pregnancy – pictures.

- Pencil box containing pencil, eraser, pencil-sharpner completes the SS kit.

-Ms Sunita Samal & Ms Anjani Uike (senior nurses).

The Theatre Workshop

Chanchala Majhi and Anjana Majhi are community nurses who participated in a 3 day theatre workshop and training held at Kerpai along with other field staff. They relate their experiences.

Ms Sheeba Sheikh from Delhi came and stayed with us and gave a 3 days' training to the field staff of SwasthyaSwaraj from March 7th-9th at Rajiv Gandhi Seva Kendra. We were altogether 18 people. We were apprehensive in the beginning; Sheeba didi's dress, dynamic nature, language, noisy speaking and laughter were all alien to us.

The ice breaker games on the first day were very tough. Each one had to act out a gesture when we introduced ourselves. We were too shy and found it difficult to follow her instructions. But by 2nd day we overcame our shyness and fears and acted out the parts given to us and participated in the activities and games. We grew in confidence to perform and speak in front of people.We had no idea about how to involve the people in discussion, inspire them and mobilise the people in our community. Now we realize the importance of games, activities and street theatre in mobilising the tribal communities who are by and large quiet and silent people.

Chanchala, Geeta and Ajay doing a role play in the Rajeev Gandhi Seva Kendra in Kerpai

We gained confidence and skills to conduct health awareness and education activities in our villages. Thank you Sheeba didi for this training.

Sheeba Sheikh is a theatre professional working with Tadpole International and also a voice-over artist based in Delhi.

-Chanchala Majhi, Anjana Majhi

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Bhago, Bhago TB Rogo…….World TB Day, 2018

Swasthya Swaraj closely collaborates with the government in all national disease control programmes. Every year World TB Day is observed by Swasthya Swaraj in different ways, involving the community. In 2018, the observation of the day was by organizing a grand public function at Kaniguma. It was attended by Shri Balabhadra Majhi, Member of Legislative Assembly who was the chief guest. Mr. Anjan Kumar Manik , the District Collector of Kalahandi district, Ms.Subhadipta Mohanty the Asst-Collector , Dr.Govind Murari from Tata Trust,other dignitaries and last but not least, the people from the many villages of Kaniguma and Kerpai clusters as well as outside the project areas.

Dr. Aquinas welcomed the dignitaries as they arrived. In her speech, she recalled the birth of SwasthyaSwaraj in the village of Kaniguma 4 years ago, the contributions and support received from the public for building and starting the health centre, water supply by the Gram Panchayat, financial support from Tata Trusts, solar power grid by SELCO Foundation, and now, land for a new construction of a health centre by Antodaya organization, another NGO. She thanked all who supported Swasthya Swaraj and the Airtel management who installed satellite based mobile towers both in Kaniguma and Kerpai to end the misery of not having connectivity and communication facilities at all. She emphasized that Swasthya Swaraj is committed to strive relentlessly towards eradicating malaria and TB from this tribal Block, to stop the high maternal mortality and reduce the child mortality rates.

MLA- Shri Balabhadra Majhi unveiled the foundation stone for the new heath centre in Kaniguma. He thanked Swasthya Swaraj for filling the big health-care gap in this tribal Block. The District Collector then addressed the crowd. He honoured the AIRTEL management represented by Mr Arijit Roy and SELCO Foundation. The high point of the programme was when the District Collector and MLA distributed certificates and Swasthya Sathi diagnostic kits to 28 well trained Swasthya sathis from remote villages (from among 80 who were trained over 4 years by Swasthya Swaraj team). 22 were from Kerpai and Silet panchayats and others from Nehela- all these areas are remote, unconnected by road or any facilities and are extremely poor. All the women except 2 are illiterate and have never seen the inside of a school. Tela Dei Majhi from Pindapadar came carrying her one week old new-born baby to receive the certificate and bag.

All TB patients being treated presently and in the past by Swasthya Swaraj were the special invitees to this meeting and were specially honoured by gifts. Later, testimonies were given by a couple of TB patients motivating all to fight against the disease resiliently by following the course of treatment as advised by doctors. The Swasthya Swaraj field staff then performed, a TB awareness skit in the style of a street theatre which gave the message loud and clear to all. The high point of the skit was the newly composed song on TB control- TB Rogo, Bhago Bhago…. repeated by the crowd.

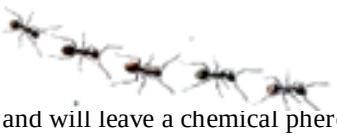
Swasthya Swaraj team performing a street play

The villagers who came from far and wide made use of the opportunity to submit their various needs and written petitions to the District Collector and MLA. The closing session included a vote of thanks to guests and a dance performance by our community nurses followed by bhoji/ community meal which is an integral part of all celebrations in tribal areas.

-Rajalaxmi Behera, Dr Anuja Pardhee

Didi's Health Tips

How to get rid of house ants?



Odorous house ants are always seen when there are sweets lying around and will leave a chemical pheromone trail wherever they travel. If you kill them, other ants will simply follow the trail and show up in the same places. For this reason, when you see the first few ants, you can sponge them (and the surrounding area) with soapy water to eliminate the pheromone trail. Immediately work to figure out where they're getting into your house, and begin placing homemade ant bait at the entry points. Practising good sanitary hygiene is one of the best ways to make your home less attractive to ants. Be sure to store all food – especially sweets – in tightly sealed containers or zip-top bags. Ants will choose more desirable bait (like spilled soda or cookie crumbs) over this natural bait, so learning how to get rid of ants naturally means keeping your place clean.

Method: Borax kills odorous house ants, and powdered sugar attracts them. Make homemade bait by thoroughly mixing one part borax with 3 parts powdered sugar. Fill tiny containers (bottle caps) with this homemade bait and place them as close to the place where you suspect ants are entering your house. If you see trails of ants, place small containers of the mixture directly in their path. This prevents most of them from traveling all around your house if they have easy access to this sugary treat. If you have pets or kids who might get into this powdery mixture, try this instead: mix one cup warm water with ½ cup sugar and 3 tablespoons borax. Soak it up with cotton balls and place them in shallow dishes near ant trails. Resist the urge to kill all the ants you see. They will carry the bait back to the nest, unable to differentiate between the borax and sugar, and the borax particles will eventually kill the entire colony.

-Gathered by Sr.Angelina Thomas