SWASTHYA SWARAJ NEWSLETTER

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What's inside this issue?

STORIES FROM THE FIELD

Editor : Rakshikha

In every issue, we bring to you stories from our project villages with many being opinion pieces or insights from our experiences. This time around the entire issue is exclusively of stories of our ground level staffs, of their experiences, of their reflections, of their challenges and of their learnings. We hope you enjoy the read!

TULSI PROGRAMME - INSIGHTS ON THE PLIGHT OF TRIBAL ADOLESCENT GIRLS

LINCY PRIYADARSHINI (ASSOCIATE PROGRAM MANAGER)

Ms. Jasmita Majhi has been working under this project for more than a year. She had done her ANM course and joined this programme in October 2021 as a cluster-level coordinator only because she wanted to earn some money for herself and her family. In the beginning, she felt uncomfortable during field trips, she faced communication barriers as her Kui was different from the local people's Kui, adolescent girls were shy to discuss the problems they were facing. Gradually her interest started to develop, and with frequent visits she understood the challenges these girls face such as: poverty, undernutrition, illiteracy, early marriage & motherhood, lack of access to healthcare and health information, and violence against them. All these contributed directly and indirectly to their poor health and eventually, that leads to high maternal, newborn, and child mortality. Reaching these adolescent girls was a big challenge in tribal areas. Jasmita got emotionally attached and gives her full devotion and commitment as she is convinced that she is not doing a job for salary, but she is improving the life of those village adolescent girls.

WHAT IS TULSI PROGRAMME?

TULSI:- TOKI (=adolescent girl in Kui language) UPLIFTMENT and SELF EMPOWERMENT INITIATIVE is a programme conceived by Swasthya Swaraj Society after seeing the plight of the tribal adolescent girls in Thuamul Rampur Block of Kalahandi district of Odisha. They are the most disempowered and invisible group in tribal villages yet they are the crucial link in reducing maternal mortality and morbidity, improving child survival and child nutrition in these backward areas. Improving their health and empowering them is essential in achieving the Sustainable Development Goals (SDGs) by 2030.

It is just a coincidence that this programme is called TULSI. Tulsi plant symbolizes sacredness, blessings that bring to the house and its family members, and medicinal properties, and it is planted in front of houses. The adolescent girls likewise are not 'someone's property, their innocence and rights are not to be destroyed and married off at a very young age, they are not meant only for reproduction, but a source of hope for the growth and development of the tribal community.

There are 79 villages and hamlets that fall under this programme and they are tribal-dominant, poverty-stricken, remote, and far away from any means of local transportation and communication. These villages are the intervention villages of Swasthya Swaraj Society and we have formed “TULSI clubs” in each village and hamlet where all the adolescent girls of the village (tribal and nontribal) are the targeted population who will get benefited from this programme. One is selected among them as a peer group educator called “TULSI Sathi” who are trained every month.

“Adolescent girls friendly clinics” are another aspect which are being organized regularly closer to them. Nutritional status assessment, health check-ups, counselling are part of these clinics. Nutritional supplements and take-home rations which are much needed during this time of growth spurt are also given importance. Many innovative activities to improve the girls’ literacy levels, life skills education to improve their self-esteem and build their self-confidence are of primary importance.

CHALLENGES

Reaching the adolescent girls in far off tribal hamlets is the biggest challenge our team faces. We train the TULSI sathi, but the sathi is not able to impart the training she received to the girls in hamlets with the same vigour and confidence. They need the hand-holding support for a long time, to come to the expected levels to effect changes. Illiteracy of the tribal adolescent girls is another blocking factor. Illiteracy leads to their poor self image and shyness and we struggle to draw out their hidden strength and capabilities.

STORIES OF HOPE

Though it might be too early to talk about success stories and behavior change among the girls, there is definitely positive trends in this direction. The story of Mukta Majhi of Semikhal and Chapuri Majhi of Silet is worth mentioning.

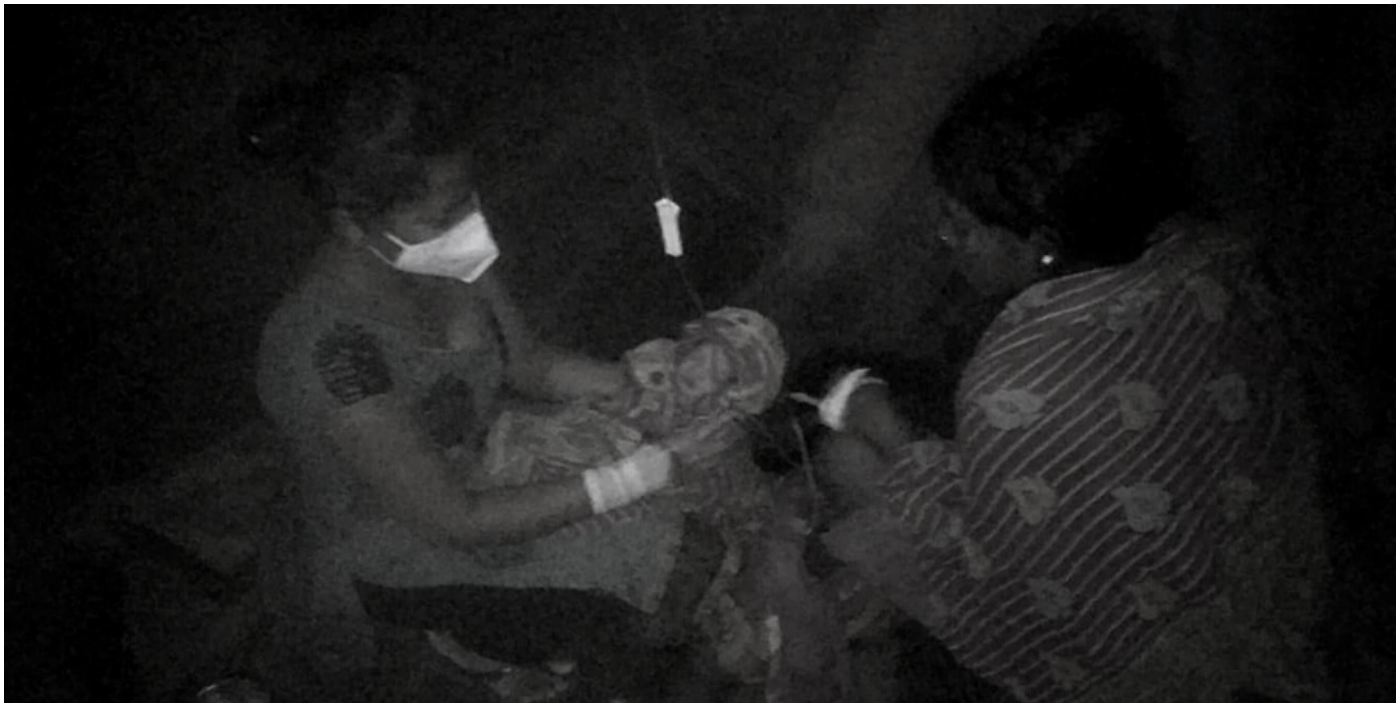
Mukta Majhi, a 16 year old girl, was quite regular for our trainings but has never been to school. Our staff noticed her talent in hand stitching dresses and blouses. She loved the idea of making something out of her own hands and she wanted to get a manual sewing machine. But she was afraid even to think about it as she was illiterate and would not be able to take measurements and also lacked money. Angelina Didi who is the strong pillar of support to all in Kerpai health centre came to her rescue. She was called to the health centre and was given one week intensive training. In one day Mukta learned to make masks, small panties etc. In one week she was sent home with a new sewing machine for herself and with a mid-level mastery in tailoring. Today she is the most sought-after, confident tailor in the sleepy village of Semikhal. Mukta overcame her block of illiteracy with her inner determination.

Chapuri Majhi, a 15 year old girl, was the Tulsi Sathi of Silet village. With her father passing away recently, her mother soon found a boy from another remote village and fixed her marriage against her wish. Chapuri Majhi who was a regular to our TULSI clubs and having been in circles where sexual & reproductive health, the perils of early marriage and consent are extensively discussed, did not want an early marriage. But she was clueless about how to convince her mother out of this, for whom marrying her only daughter to a good boy is the dream. The engagement was very grand. The mother fed the boy’s party and her whole village with bhoji- rice with chicken.With all this happening, Chapuri’s determination was only getting stronger. She did not want to get married before 21 years of age. But not able to convince or change the mind of her mother, she took the extreme step. She returned back all the gold ornaments her mother made for her and went to another town where she now works as a daily wage earner in brick kilns. Our team is now in the process of counselling the mother to change her mind and getting the marriage plans canceled and bringing her back to the village.

From our experience of working with the community, it is clear that to improve the plight of the tribal adolescent girls, great deal of work has to be done with the parents who are stuck with their old traditions and not inclined to change. Improving the literacy levels of adolescent girls and young women through non formal education in the villages is a great need too. Giving adolescent group the awareness, access and confidence while improving their health and nutrition status, so that they take an active role in their own life would be the ultimate motive of this programme.

WHEN ANXIETY AND EXCITEMENT COEXISTED

ANJANA MAJHI (DCHP GRADUATE, 1ST BATCH)



In a region where still 72.4% of the deliveries happen at home and in most cases unattended, what are the challenges to a fresh Community Nurse cum skilled birth attendant? And what are the odds that you will be in a circumstance to actually conduct the delivery at home or alone in resource-poor health centre? This is the plight of many of our nurses in remote tribal villages and hamlets.

17 September 2022 was one such day for me! I was in the health centre in Kerpai on duty. My colleagues were all gone to attend to another patient in another far off village. While engaged in caring for the patient who is admitted in the health centre, Jayashankar Majhi, the centre in charge brought a delivery patient at around 8.40am. I requested Jayashankar to call Sasmita as soon as possible. But she could come only by 9.30am.

The patient had come with severe uterine contractions. I hurried to check her vitals and did her per vaginal examination too (PV-8 cm with 100% effacement). I realised that the delivery might happen any time soon and had to keep everything ready. Everything happened so soon that I couldn't comprehend what was happening. The delivery set was ready, baby care tray, PPH prevention medications etc. Since I was alone with the patient, I was in a dilemma as to whether conduct the delivery on the bed or on floor where she was squatting. Patient was not willing to get on to the delivery cot and she was getting strong, frequent contractions and could not cooperate. I made the call to conduct the delivery on the floor. I called the

patient's mother in law to help me. I gave her instructions to give me equipment as I ask for it. I was so nervous that I couldn't even speak 'Kui' and there was a language difficulty because of that. I called Chaitanya, our lab technician to bring me the required injections from the fridge, loaded in the syringe. Meanwhile I was doing vaginal examination for any membrane rupture that's when I noticed meconium (baby shitting when it's in distress in mother's womb). As soon as I saw it, I was nervous thinking about the condition of the baby. I was afraid about how I would handle if something happens to the baby.

The delivery started. The relative was giving support from behind. Baby's head came out first at 9.10am. I was relieved. But the mother was not allowing me to take hold of the baby. Since I was wearing gloves, I couldn't keep her thighs apart. After so much difficulty, I pulled out the baby. The baby had turned blue. I anxiously rubbed the baby's body and it soon cried. I put the baby on mother's abdomen and waited for the umbilical cord pulsations to stop to clamp the umbilical cord and cut it. I asked the mother to lie down as she waited for the placenta to be expelled. I went ahead to take care of the baby.

By now, my colleague Sasmita had reached the clinic. I quickly updated her of the status and she immediately took care of the baby. Then I went on to take care of the mother. It took 25 minutes for the placenta to be expelled. This was a time of anguish and anxiety and nervousness. I tried to call the doctor on call, but calls were not going.

The mother and the baby were healthy. It was the first time I had ever handled a delivery alone. I was very happy seeing their faces.

The day doesn't end there! I had done 2 night continuous duty as there was a Low birth weight (LBW) baby and another patient with deep burns caused by lightning while she was under the tree. Sasmitha had also trekked a mountain for an ANC camp. Both of us were exhausted.

At around 5 pm, two boys from Taramundi had come walking 5km crossing ghats and rivers to call us for support. They told us, "A mother was delivering in their village but it was not happening properly". Elderly women in the village had requested the boys to bring the 'didis' from the clinic. Though what was communicated was unclear, I understood it promptly. I rightly guessed that it may be a case of retained placenta. We promptly started calling the doctors in the mobile phone. Taramundi village has no network whatsoever. So we wanted to talk to any of the doctors for directions before we left for the village. None of the numbers were reachable as they were all traveling through the Karlapat forest after the busy Kaniguma OPD. We were totally confused and nervous. Somehow we got through one of the doctors and quickly got some guidance. We understood that we had to handle it alone. We quickly picked up our emergency home delivery kit with the medications. Thus, we left the two patients admitted to the centre and left for Taramundi village by bike with our field staff. The road ahead was extremely difficult. We had

to get down at many places as it was difficult to cross certain roads. We reached the village by 6 pm.

When we arrived the mother was lying down in a small mud room in the backyard ("pinda") with the goats tied on one side of the room. The baby was lying down in the fluid and blood since the time of delivery. Looking at the sanitary condition, we were very disturbed. However we didn't spend time dwelling on it, we went on to start our work straight away. Sasmita went on to check the vitals of the mother. I took care of the baby. I clamped and cut the umbilical cord. The newborn baby was lying on the bare earth for nearly 3 hours. It was shivering from the cold. Mother's vitals were stable but even she was shivering. We wrapped the baby well and kept it on mother's chest. We insisted the mother to feed the baby. High dose Oxytocin drip was started. The patient had become very tired because of the long hours of labour. It was almost 1 hour since we came, we were clueless. Tab Misoprostol also was given. We were discussing whether to refer the patient. We communicated to the patient's relatives that we had brought very less medicines or equipment and requested them to bring the mother to the health centre somehow. The relatives expressed their inability to bring the patient to the health centre as they didn't have a vehicle. While we were trying to look out for alternatives, we kept hoping and praying. Finally, at around 7pm, the placenta came out. Luckily there was no heavy bleeding. The mother was just 17 years old. We cleaned the mother, gave her glucose to drink and gave her and the family health education about hygiene, baby care and the importance of institutional delivery especially in such cases.

On the way back, we both were silent. Both the mothers were in so much distress and pain in giving birth to their little ones. We feel happy that we tried our best to help in their most difficult moments. Even though we were so tired, the smile on their faces, the thankful words they spoke, hope in their eyes made us forget all our tiredness. We were happy to be of service to our community.

LEARNING THE ART OF COMMUNICATION

JAYASHANKAR MAJHI (CLUSTER INCHARGE)

On 09 September 2022, a female child weighing 1.8kg was born (home delivery) in Tadadei, a village in our Kerpai cluster. After 5 days of birth, Swasthya Sathi of the village informed me of the birth weight of the baby (VLBW). On knowing this, I along with Dr Nithin and Anjana sister went to Tadadei to see the mother and the baby. After Dr Nithin examined them, we realised that there was infection in her umbilical cord. We tried to convince her parents and other family members to bring the baby and the mother to our Kerpai centre or take them to Govt PHC in Kashipur. At the outset, they seemed to agree to us and that they would bring the mother and the child little later. We came back to our clinic and were waiting for them optimistically. A day went by, they did not come. Dr Nithin had to go to another centre the next day and he had asked me to visit the patient once again.

The next day morning I went to the village to meet and enquire as to why they did not come. After persistent inquiry, they opened up that they do not like to stay in the clinic as they are afraid and the mother feels shy to come to the clinic. After hearing what they had to say, I spoke to them in Kui. I tried to appeal to their hearts by talking about the very reason of marriage and the importance we place in procreation. I further added about how today, an increased number of couples do not have children and the struggle they undergo. Having a child is such a blessing. While the mother has carried the baby for 9 months and given birth, now it's our responsibility to ensure that it grows into a healthy child. I further stressed how important it is to seek medical help on time. I made an earnest request to the parents.

After talking to them for nearly 45 minutes, they slowly came around. But there was a caveat- they are ready to come and go but not to stay. Initially, I was relieved they at least agreed to come, so in a reflex, I agreed to that. On rethinking, I felt they would think I lied. So I quickly added that they would have to stay at least for 2 or 3 days as the baby is very sick. The husband didn't seem to be convinced. As the last resort, I relied on Swasthya Sathi and other mothers to convince them. Swasthya Sathi then took the baton from me. She made an earnest request by talking about what would happen if the health of the baby worsens. She added pointing at me, 'This sir is from another village. He has come all this way to ensure that the health of the mother and the child is better. Please go'. There was still some reluctance. The couple kept making an excuse that it was the other person who was reluctant. I called them both to one side and asked them who has the problem. It became apparent that both of them are ready to come. So I quickly added that we would pick and drop you there back.

Finally, they got convinced. But even after coming in for the treatment, we had to convince them on an everyday basis to make them stay for one more day. After 2 days of treatment, the mother and the baby left with improved health. For review check-ups, we didn't have to plead. They came on their own!

EARLY DETECTION AND TREATMENT

CHANCHALA MAJHI (SENIOR NURSE, GSPG SILET)

On 21 September 2022, Wednesday, Sanat Majhi, a 10 year boy from Muspang village had come to our GSPG (Gaon Swasthya Poshan Ghar) in Silet. He had been having dysentery and vomiting since early morning, 4 am. The family members brought the boy to us around 7.30am. The boy was tested for Malaria and it turned PF (plasmodium falciparum) positive. He also had severe dehydration. Treatment for severe dehydration and malaria was started. He was given IV Artesunate injection and IV fluids for dehydration. His dysentery and vomiting had stopped by evening.

On 22nd morning, our GSPG received a message that there was a death of 45 year male in Muspang village He also was having dysentery and vomiting for a few days. Napa, Ghasiram and I decided to immediately

visit the village. On hearing the news of death, we put together a kit with essential medicines, RDT kit, saline bottles, and ORS sachets.

We wanted to assess whether it is the beginning of the diarrhoeal outbreak. Both the boy admitted to our clinic and the man who had passed away had similar clinical symptoms. They are from the same village. Moreover, they are sharing the same water source (river water). The village is dependent on river water. Contaminated river water would be one of the causes of the outbreak. To assess the overall situation and to prevent any further such cases, we went door to door to give health education on safe and hygienic practices and also distributed chlorine tablets for water purification. They also examined if anyone else in the village also had any health issues and provided medicines. The boy who was admitted insisted on getting discharged as he was getting better.

On 23rd September, another girl of 5 years from Marguma, village on the other side of the river, had the same complaint. On hearing the news, again the three of us started to Marguma village. We stopped at Muspang for a brief time. As we reached the village, we found a group of women sitting in a huddle and crying. On enquiring we understood that the boy who was admitted had become very sick now. We examined the vitals, the boy was extremely lethargic and not responding. We immediately started fluid for the boy. After a few hours, the boy was getting stabilized. It was getting late, so we decided to split up. Napa stayed back in Muspang to attend to the boy and Ghasiram and myself went ahead to Marguma to see the girl. The girl had mild dehydration. The girl was also checked for malaria it turned out to be PV (vivax) positive. After providing the girl immediate care, we asked the girl to be brought to the clinic. The team came back to Marguma village. The boy had become little better and they convinced the parents to take the boy to the clinic. In the GSPG we continued the treatment for severe Malaria with IV Artesunate. The boy was getting better; however he was kept under observation for few more days. Once his health improved and stabilised, he was discharged.

On 26 th September 2022, 5 am the GSPG received a message, a woman of 35 years from Muspang had developed similar symptoms of diarrhea and vomiting. At around 6.00 am, the three of us left to Muspang with all the diagnostic and treatment materials. On examining the woman, she had severe dehydration and the BP was very low. The patient was given IV fluids, injection was given to stop the vomiting. But there

was no improvement in the woman's health. Simultaneously our team had started to talk to her relative to bring her to the clinic. The family members were not ready. We were neither able to convince the family members nor able to leave the patient as such, we were in a dilemma. We stayed back in the village and went back only by 7pm. Until then they were giving the woman medicines. Next day early morning, our team went to Muspang to check on the woman. Her condition had not improved. They tried again to convince the family members to bring her to the clinic and they finally gave in. Treatment for rehydration or vomiting was given. Though she was getting better, the woman was not passing urine for 2 days. So she was referred to Kerpai clinic. And she improved with aggressive rehydration and supportive management.

On the 27 th September of 2022, Dr Vishy, Ghasiram, Lanji, Jaysingh, Chaitanya, myself and Naresh visited Muspang village and Marguma village. We went around the village to better understand their living conditions, what are their main sources of drinking water and general hygiene of the village. In Marguma, there was heavy rain. Even then, we put up a small health camp in Marguma. (Marguma was chosen as Muspang village was small and we had covered the entire village door to door. Marguma villagers, most of the time, do not come to the clinic. (They attend the ANC- U5 camps too only if it is held in their villages).

In Marguma, there were 2 new patients with the same complaint. During the camp, we mobilised the villagers to talk to them. It was important to equip them with preventive practices and ways to prevent the condition from worsening. We mostly spoke about the importance of safe drinking water, hand sanitation and seeking early care. We also reiterated the importance of constantly hydrating themselves to prevent severe dehydration and gave them alternatives to ORS like dal water, rice water with a pinch of salt and lemon water with salt. Few of us went around the village to find unclean places and places where water had got stagnated. We worked with the villagers to clean the area and stressed the importance of clean and dry surroundings especially in monsoon season as it poses extra risk of malaria.

As soon as we saw an unusual increase in the number of diarrhoea cases, we were quick to detect and act on it. Our inquiry or treatment did not stop at just those who came to our clinic. We went into the community, actively screened for other cases, gave them awareness about preventive care, and stayed in contact with the community throughout the process. I think we were able to prevent a massive diarrheal outbreak in the area because we were vigilant right from the first patient and took proactive steps.

QUESTIONS FROM CURIOUS MINDS

AN EXCERPT FROM A DISCUSSION WITH DCHP 4 TH SEM. STUDENTS

Imagine! Imagine looking at a person, who is evidently lost in their own world, trying to put together their opinion with what they saw, trying to frame a question which would encompass all the hundred thoughts in their head. This sight makes me happy - to see their curious minds at work. Questions , and not answers are the reflection of curiosity and confidence to speak their mind.

As part of their 2 year diploma course, the DCHP students were posted in different villages around Kaniguma for a couple of days for field exposure. This was the first time they were engaging with the community directly as someone who is trained in medicine. They stayed with the Swasthya Sathi of the village who took them around to show the beautiful places atop mountains and across rivers. The main agenda of the posting was to conduct examination of post partum mothers and their neonates, and understand the nuances by putting their knowledge into practice.

While they were staying in the villages, observing and interacting, there are a few incidents that they witnessed. This article is an excerpt from the discussion about the things that they saw, felt and thought in those 2/3 days!

Major part of their work involved giving the mothers health education about how to breastfeed properly, how to self-check if there are any hardness/ infection in the breasts, how many times to breastfeed, how to properly wrap the baby, kangaroo care, when to start bathing them, about the importance of nutritious food intake for the mother. They were to also do preliminary examination of the babies and the mothers – look for any pus discharge / signs of infection in the umbilical cord, look for danger signs in the baby, checking the vitals of the mother-baby duo, checking whether the mother have vaginal bleeding, note down the frequency at which she changes the pad, checking for uterus fundus in the mother and to check the colour of the discharge.

There was an infant in the Pustiguda village that had very high fever. The villagers told Sundrika, a DCHP student that the baby has not been sucking milk properly for 2/3 days. One could hear constant cry of the baby at night. The previous night the baby was taken to Guru Guniya (traditional healer) and the baby had

stopped crying. But it was still not able to suck milk properly. After examining the baby, Sundrika advised the parents to take her to the hospital. Though they agreed to take her to the hospital, even after multiple persuasions, they did not.

Domina, another student who visited Tarapadar narrated her experience. Early morning when the sun has still not peeked over the horizon, Domina along with Swasthya Sathi had gone to the river side for their morning chores. She saw a mother with a new born baby there. She immediately recognised the mother, she was a patient who had come to our Kaniguma clinic a few weeks back. As Domina was recalling her memory, she saw her dipping her 1 month 23 days old baby in the cold water 3 or 4 times. Shocked, she ran to tell her not to do that. She asked her to bathe the baby only in hot water for a few months. The mother immediately told that she doesn't have the time to take care of the baby.

"I feel that they should keep their health as their priority. We should make them understand why it is essential to take medical help at the right time. When they go to Guru Guniya, they first give the paste of tree's root (Cherrymoli root) and if they don't get better they give another. One after the other", says Sundrika.

Discussion then broke out about how we should see Guru Guniyas. Few of them started reflecting on how they used to see, whether has anything changed. Sanjusree narrated a story of when she had got diarrhoea when she was in high school; her father had taken her to Guru Guniya. Guru gave her a paste of Cherrymoli root and asked her to eat it. Diarrhoea got better within a day. But it reoccurred within 3 months, this time she went to hospital. Pinki added that few years back she had very high fever and throat pain. She couldn't even get up. Her mother had taken her to Guru Guniya. He asked them to sacrifice a goat and they did. The very same day her health got better.

There was an intense discussion among the girls about their experience and how to see the practice of traditional healers. Now after 2.5 years of first-hand experience of practicing evidence based medicine, they showed the urge to educate their community. In the first instance of interacting with the community directly, they are left with more questions.

"How to give health education in a way the community get convinced? How to make communication most effective? If we go to the village and give health education, they are not valuing it. They seem to passively listen to what we say, but when it comes to practice they follow the ways they always do. How to nudge

them to a path of behavioural change? We were angry, irritated and disturbed when we saw whatever we have spoken had no effect on them. How to make them see the value of preventive care? While some of us come from the community, having experienced the healing powers of Guru Guniya, these 2.5 years of training showed us a different world. Can we keep aside the healing powers of our Gurus just because we cannot rationalise them with reason or evidence? We don't want to cast aside the practice but we want the community to know the healing powers of evidence-based medicine too. We don't want to force them to choose but want to give them a choice. They can still continue to go to Gurus, while knowing if it doesn't improve, it is not the curse of the spirits, and they can approach us. This village visit made us think about the importance of effective communication", told the girls in one voice but in different words/ expressions.

Another surprise that was awaiting the few who were originally from a nearby block was how the women see child birth. A mother from Melghara village had narrated the story of how she gave birth to her 3 rd child. She was busy working in the corn fields in the donger when she had an acute abdominal pain. She very calmly moved inside the house, delivered the baby herself with no assistance. They have heard stories of mothers who have delivered in their homes, in their backyards, on the hills and in the fields, on the road to the hospital and in the ambulance on the road to the hospital as well as now, in the hospital too. But to hear from the mother herself narrating the story of child birth in plain language, making it sound simple like making 'baath'(cooked rice), surprised some of them!

Nomita who had visited U Talampadar and Tundamuyi had some rather interesting narrative to add to the group. In Tundamuyi, she had visited a house of a pregnant woman who was already a mother of 6 children 1 son and 5 daughters. In a reflex, she asked her whether she wanted to have more children, she immediately said 'hui'. In the same breath Nomita asked her 'why?'. The question might have made her feel judged; she immediately looked away without saying a word. Then her mother who was watching the conversation and Swasthya Sathi who had accompanied Nomita told her that it was because of her husband. It turns out that the husband prefers a male child over female child, as male members would take forward the family lineage while the females would eventually become a part of someone else's family. She looked at the mother to talk to her, but felt disturbed while trying to comprehend the helpless situation she is in. She strongly advocated that men should also be given health education, especially in case of family planning. She strongly put forth her thought that men do not understand female body or the pain she undergoes. This again sparked a conversation about the pregnant women they were seen in the clinics, the helplessness in some of their faces, or sometimes expressionlessness in some others.

Disturbed in these discussions, Anju told us her experience from her visit to Jakkam, a village across a river. It was towards the end of the Monsoon but still there was enough water to make the crossing difficult. The entire time Anju was in the village she could only think of the peak seasons of monsoon when the entire village would be isolated. Even if anyone is seriously ill, ready to seek medical help, they cannot come out of the village. The village was practically cut off!

While Anju was emotionally pouring down what she saw and how she felt about it, Basanti who was until then listening intently asked the group a question – "Why is the government not giving any importance to tribal areas? Why are there no roads here? Why is there no connectivity here? Why all the development activities happen only in the cities? There are more people in rural areas. Who will care for us?" The question broke the room into silence.

While I continued to give them a piece of my mind, throwing questions at them and sharing my thoughts, I was happy to see their curious eyes. We agreed to meet more often to sit down as a group to reflect on our experiences and together unravel the questions in our minds and seek answers.

IN OTHER NEWS

ANNUAL GENERAL BODY MEETING 2021-22

The Annual General body Meeting of Swasthya Swaraj Society was held on 5 & 6th of August 2022, at Bhawanipatna for the first time! The meeting was in hybrid mode with all the EC members except Dr Kanishka Das attending the meeting in person.

INDEPENDENCE DAY CELEBRATIONS

76th Independence Day was celebrated in 5 schools, despite heavy rain and road blocks. In Silet and Majhigaon, flag was hoisted in the presence of school teachers, ward member, ex Sarpanch, our staff and the students.

NEW AMBULANCE

An ambulance is very crucial to our project for enhancing our efforts and expediting our work towards ensuring that we reach the last man underserved. Thanks to LIC HFL CSR team, we now have an ambulance to cater to the needs of the people.

MENSTRUAL HYGIENE WORKSHOP

Menstrual hygiene workshop was conducted for all our female staff in our DCHP centre by our guests from Bombay Accueil and Mumbai Connexions group, Monique, Fabrice and Elizabeth. They took a insightful session on menstruation and sustainbale practices that one can take up. They also distributed reusable cloth pad kit to all the participants. Thanks to Mrs Anshu who made this possible.

BASELINE SURVEY 2022

In the month of November, we undertook the baseline survey of our 79 villages. We were a total of 37 members who were divided into smaller groups. The whole survey was completed in a span of 10 days.

GANDHI'S TALISMAN

"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.

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