





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

- Martin Luther King Jr

CONTENT

ABOUT US

Mission, Vision, Values	01
Board of Governance	02
Message from the Founder	03
Where we work	04

THE PAST YEAR

Highlights of the year	05
COVID care and support	06

COMPREHENSIVE COMMUNITY HEALTH PROGRAMME

Health Centre	08
Gaon Swasthya Poshan Ghar	09
Malaria control programme	10
Tuberculosis control programme	11
Outreach Clinics	12

COMMUNITY EMPOWERMENT

Swasthya Sathi	20
Trained Birth Attendants	20
Shishu Sathi	21
Field Animators	22
Diploma in Community Health Practice	22
Toki Upliftment and Livelihood Self Initiative	23

Health and Nutrition Promoting Schools	25
--	----

Guruguniya	28
------------	----

NEW INITIATIVES

Tribal Health Fellowship	30
--------------------------	----

Swasthya Swaraj Tribal health Exposure Programme	31
--	----

New Hospital Building	32
-----------------------	----

VITAL EVENTS

FINANCES

Donor's list	34
--------------	----

Balance Sheet	35
---------------	----

Statement of Income and Expenditure	36
-------------------------------------	----

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 D'Souza

President

St. John Medical College,
Bangalore

Dr. K. R. Antony

Member

Public health consultant,
Cochin

Dr. Kanishka Das

Vice President

AIIMS,
Bhubaneswar

Dr. Shantidani Minz

Member

Christian Medical College and
Hospital, Vellore

Dr. Aquinas Edassery

(Jemma Joseph Edassery)

Secretary

Executive Director,
Swasthya Swaraj Society,
Kalahandi

Dr. Narayanan Devadasan

Member

Public Health Consultant,
Bangalore

Dr. A.V. Ramanamma

Treasurer

Freelance Public Health
Consultant

MESSAGE FROM THE FOUNDER

Swasthya Swaraj came into existence as a response to the shocking inequalities in health existing in a PVTG tribal-dominated Th.Rampur Block of Kalahandi district. Today in 2022 after the completion of 8 years this young organization is still focused on closing the wide gap of health inequality, with undiminished passion and commitment.

Tribal areas constituting 8.6% of India's population which lag behind in all human development indices contribute to more than 50% of maternal and child deaths. Tribal health issues need a special approach tailored to their needs and context and that is what Swasthya Swaraj is working at. The driving force behind all that we do is the quest to reach out to the most unreached women and children, following Gandhi's Talisman.

The year 2021-22 has been an especially hectic time with many new initiatives and programmes and developments. The pandemic was not a major issue in this area and life continued largely undisturbed when the world was gripped with fear and panic, but we had to reduce our outreach activities due to covid protocols. Though the killer disease Malaria is on the decline, it is showing signs of resurgence and we are constantly on high alert. A patient-centered, comprehensive approach to TB control increased our cure rates. Our fight against undernutrition continues.

I hope that reading this annual report will give you an insight into our approaches, innovations, challenges and achievements in following our vision. We do small things and believe a big difference is coming. It's like the miraculous drops of water that seep through mountain limestone. They gather themselves into springs that flow into creeks that merge into rivers that find their way to oceans. Our work is to envision the drops as oceans. We do our small parts and know a powerful ocean of love and compassion is downstream. Each small gesture can lead to liberation/swaraj.

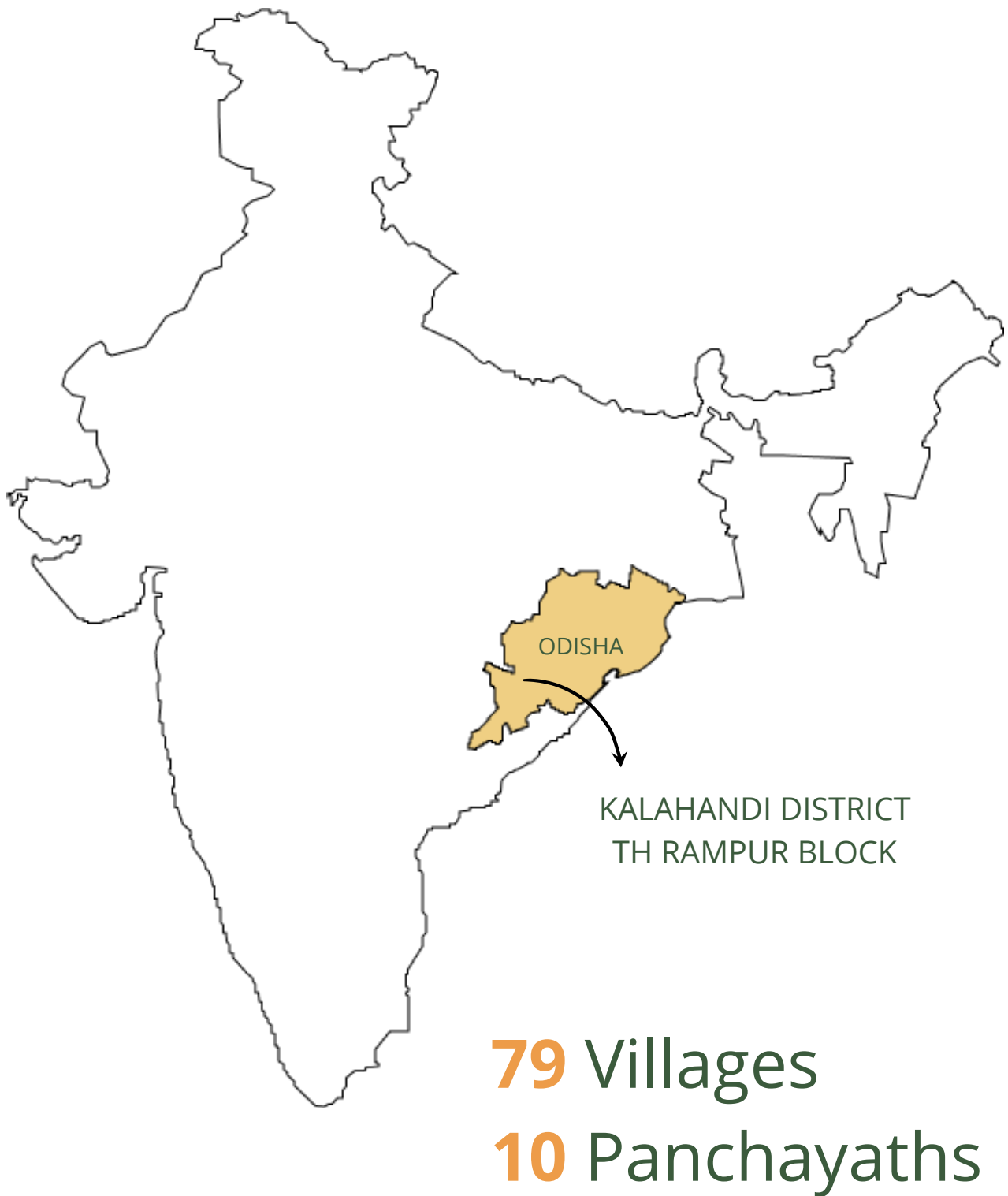
We are touched by the love and affection we have received from the local communities, from the District, our colleagues past and present, and the support we receive from countless people across the country. I hope that by reading this report your own resolve of participating in our work of wiping every tear from the eyes of the poor and achieving the SDGs in this tribal area will be strengthened, and our work will translate into a movement for SWARAJ in Health which brings us closer to the dream of Mahatma Gandhi as our country celebrates the 75 th year of Independence.



Dr Aquinas Edassery (Jemma Joseph)

Co-Founder and Secretary

WHERE WE WORK



HIGHLIGHTS OF THE YEAR

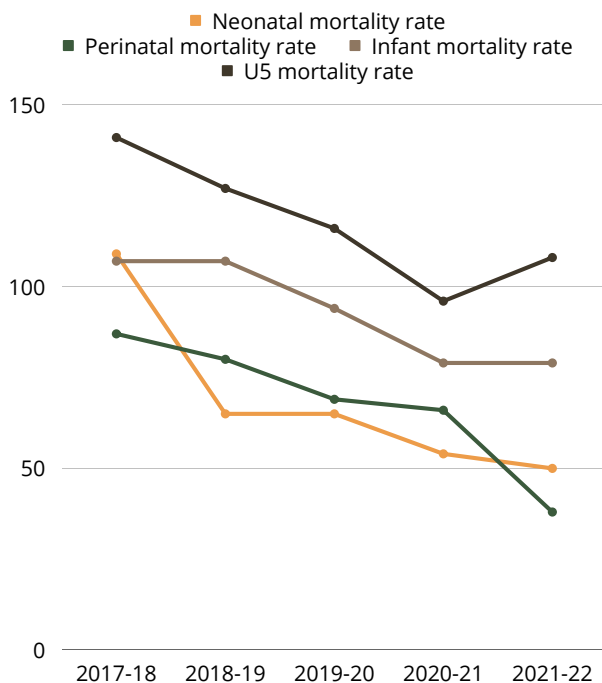
One acre

land donated by District administration and construction of a health centre is initiated

03

Tribal Health Fellows

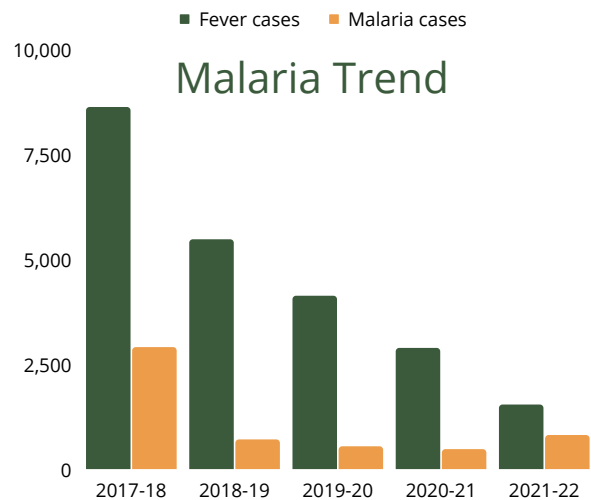
Trend in mortality rates



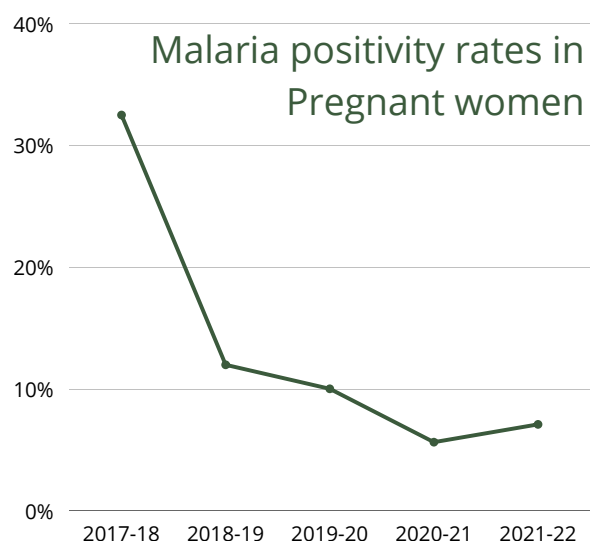
Three batches of students visited us for SS Tribal Health Exposure Programme - **STEP**

GSPG Plans for in **Silet** scaling up.

TrueNat system installed in Kaniguma



Long-awaited **XRAY UNIT** was installed and registered in a temporary building in Kaniguma



SUMMER CAMP 2022

HNPS programme taken off the ground in 14 govt primary schools.

COVID CARE AND SUPPORT

Tribal villages were largely spared from the pangs of the covid pandemic. But the restrictions applied and guidelines were strictly followed in the two health centres. Both Kaniguma and Kerpai health centres provided health education in every way possible. A pictorial pamphlets specially designed for illiterate people were widely distributed in the clinics and villages.

Once the organization was registered in the ICMR portal, a special drive was taken up in the month of June and July 2021 for testing the symptomatics at their doorsteps. A team consisting of one doctor, labtech and support staff toured around all our project villages providing health education and testing of all who had ILI. COVID-19 testing drive was conducted in 82 villages of 8 Gram Panchayats.

SELCO Foundation supported this test drive fully, including the Rapid Antigen



333 total number of patients tested for COVID



28 positive cases detected

test kits, medicines and other accompaniments. Azim Premji Foundation donated Molecular testing facilities (TrueNat system) along with Biosafety cabinet which enabled us to start RT-PCR test confirmation for the COVID. This was installed in July 2021 and is come as a big boost in the TB diagnosis in this Block.

In the latter part of the year the importance of vaccination was stressed upon and people were encouraged to vaccinate themselves from the nearest facility.



COMPREHENSIVE COMMUNITY HEALTH PROGRAMME



HEALTH CENTRES

Tribal health is the focus of Swasthya Swaraj comprehensive community health programme. Tribals have a high load of communicable diseases and poor nutritional status which is ubiquitous spanning across all age groups. The areas where adivasi people live are characterised by poor infrastructure, hilly terrain, poor transport facilities, lack of communication facilities and thin population tucked in forested pockets.

In order to make healthcare accessible and available to these people, Swasthya Swaraj runs two 24x7 health centres (Kaniguma & Kerpai) managed by full-time resident staff, excellent diagnostic laboratories 24x7, and provides emergency care services. The two health centres function as a base camp from where we run all our outreach clinics. The centers offer high quality primary healthcare services at affordable costs or free of cost to those who cannot afford. Principles of ethical, rational healthcare are strictly adhered



13107 patients seen in the two health centres



14736 laboratory tests done



37.4% women & **33.5%** men



28.9% children of 0-14 years



17.7% under five children



185 patients received in emergency / In Patient care



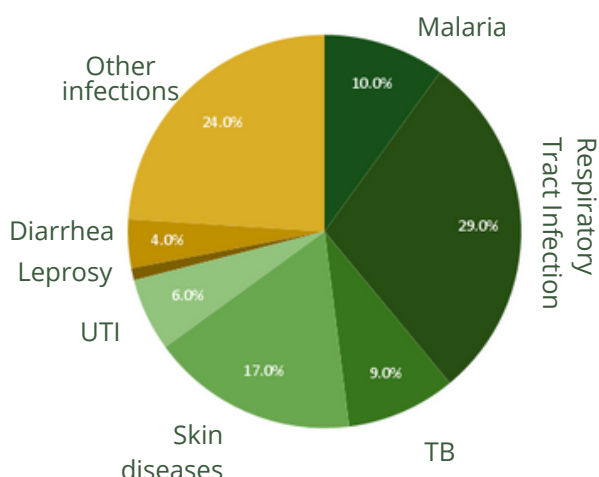
69% communicable diseases



23% non communicable diseases

to and these centers are open to all from project villages and outside. Patients from 9 Blocks of Kalahandi and Rayagada districts benefit from these health centres. What was started as weekly clinics in abandoned GP building is now functioning in two humble rented buildings, as full fledged health centres with resident staff- doctors, nurses and paramedics and support staff.

Graph 1.1 - Communicable Diseases



GAON SWASTHYA POSHAN GHAR

To address the health inequality in remote villages, Swasthya Swaraj has designed a model 'Gaon Swasthya Poshan Ghar or Tribal-friendly Village Health & Nutrition Centres' for the extremely hard-to- reach areas to address the health and nutrition concerns.

This was started in a pilot mode from July 2021 in one remote tribal village Silet for a population of 2000 from 15 hamlets and villages. It is run completely by tribal staff. GSPG is a model which ensures health facilities which are tribal - friendly and tribal specific, are closer to the people and which is manned by a health workforce which is trained in tribal healthcare practices.

Apart from the the weekly visit by the doctors and 24x7 curative services provided by the nurses, the GSPG also has a basic rural laboratory which is



2210 patients served (inclusive of outreach camps)



17 SAM and MAM children treated



13.6% deliveries were assisted by SS nurses/ TBA

managed by nurses, a safe delivery point/ Labour room with indigenous settings where tribal women feel at home, augmented antenatal & postnatal clinics. The GSPG also serve as Therapeutic Management Centre for SAM (severe acute malnutrition) children, and also focus on community-based management of uncomplicated SAM and MAM children.

MALARIA CONTROL PROGRAMME

According to the World Malaria Report 2021, India accounted for 83% of cases in the South-East Asian region. The state of Orissa, with a population of 36.7 million (3.5%), contributes about 25% of the total annual malaria cases, nearly 20–30% of deaths caused by malaria in India. The biggest burden of malaria in India is borne by the most backward, poor and remote parts of the country, especially the tribal pockets of our country. Swasthya Swaraj works in close collaboration with the District Malaria control prog. It has a dual approach - health centre-based and community-based. A significant contributor to the abortions, still births, low birth weight and thereby increasing the infant mortality is the endemic malaria in the region. Recurrent malaria cases also adversely affect the nutritional status of the children. Malaria and malnutrition together jeopardises India's tribal community and diseases elimination.



1529 no.of fever cases screened



128 malaria cases identified (12.9%)

PF 125 PF cases identified

PV 3 PV cases identified



619 pregnant women screened



7.1% of pregnant women screened were malaria positive (44)



2889 under - five children screened



10.3% of under - five children screened turned malaria positive (297)

Swasthya Swaraj screens all pregnant women and under-five children in the 79 project villages regularly for malaria and anemia once in every two months along with their nutrition status assessment. This is because this is the group vulnerable to repeated attacks of malaria.



TUBERCULOSIS CONTROL PROGRAMME

TB being a biological indicator of the poor quality of life and the underlying inequality, is prevalent among the tribal population and leading to more deaths than in other areas. Poor case detection and delayed diagnosis of TB are main problems encountered in TB control in tribal areas.

Nutrition support is considered as a therapy in our programme, as important as TB drugs. Community participation in TB control is through our swasthya sathis, field animators, guru guniyas. Moreover diagnosis and care of childhood TB is given great importance. Molecular diagnostic facility (TrueNat) was made available to us in July 2021. This excellent point-of-care test has made our TB diagnosis and confirmation quick and round the clock. The setting up of Xray unit greatly help us in management of TB patients.



326 cases screened for TB with microscopy and TrueNat



31 new sputum positive cases detected



16 extra pulmonary cases detected



46 TB cases cured during the year.



2 patients lost follow up and **3** deaths



16.22 Average BMI of male patients

15.66 Average BMI of female patients



8 patients with BMI < 14 Kg/sqm

Due to covid pandemic after a gap of two years, we could organize World TB Day observation on March 24 in 2022. On this day we organized public meeting and invited all our TB patients. Awareness programme was given to the public by our staff and students & sumptuous lunch were provided. We work in close collaboration with District TB programme and are supported by them.



PATIENT CENTERED CARE

Swasthya Swaraj follows an integrated patient-centered approach to the care and prevention of TB. This prog consists of:

- Monthly clinics exclusively for TB patients
- Patients receive counselling, detailed evaluation by team of doctors
- Treatment of comorbidities
- Follow up of patients and reminder post cards in areas with no net work
- Contact tracing of child contacts,
- Supply of Nutrition supplement, facilitation of Govt's DBT, substantial take-home nutrition supplements
- Travel allowance for the expenses coming to hospital are part of this care.
- Field animators and Swasthya Sathis assist in detection of TB patients by sending sputum specimens and/or advising the patiens to visit hospital.

OUTREACH CLINICS

IMPROVING MATERNAL AND CHILD SURVIVAL PROGRAMME

Swasthya Swaraj does not wait for the pregnant mothers & underfive children from remote hamlets to come to hospitals for antenatal care. The team

consisting of doctors, senior nurses, community nurses, paramedics, and support staff go regularly from both health centres, to 10 hard to reach

locations every two months. These are the areas where people need most the healthcare and face many hardships.



56 outreach ANC and under 5 clinics held

338 pregnant women

1856 under 5 children

The camps are held in VDC ghar/Govt primary schools/any empty individual houses withstanding many constraints by the team.

This regular programme consists of:

- Camps are held once in every two months in each cluster
- Anthropometry of pregnant mothers and underfive children
- Assessment of nutrition status of each underfive child
- Screening for malaria and anemia for all the pregnant women and children irrespective of their symptoms
- Routine lab investigations for pregnant mothers
- Detailed check up of pregnant women and risk assessment by nurses and then by doctors
- Health education to the antenatal women in groups in the ANC corner
- Play materials for U5 children in the U5 corner
- High calorie nutrition mix prepared by Swasthya Swaraj to SAM & MAM children.
- Treatment to all along with dietary advice

- Take-home nutrition supplements to the pregnant women
- Distribution of Safe Delivery Kits prepared by Swasthya Swaraj team to the near- term mothers

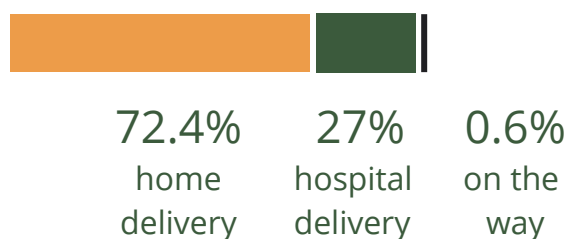
All the swasthya sathis from the hamlets attend these ANC-U5 clinics and participate in delivering the health education.



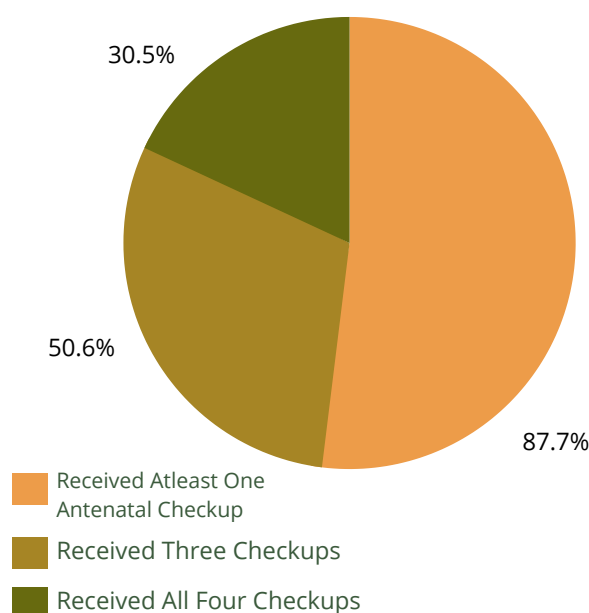
Total no. of new pregnant women registered	398	
Total no. of pregnant women registered in first trimester	308	
Total no of pregnant women reached in one year	1140	
High risk Pregnancies	158	39.6%
Pregnant mothers with Anemia: Hb<11 gm /dl	268	84.5%
Pregnant Mothers with severe anemia: Hb <7gm/dl	13	4.8%

Out of **334** deliveries,
323 were live births
and **11** still births

Place of Delivery



Graph 1.2 - Utilisation of ANC services



Postnatal mothers too attend the camps with their newborns. Nutrition kits distributed to pregnant women are substantial and this is aimed at improving the nutritional status of the mothers and reducing low birth weight babies. This also serves as incentive to the mothers to come to these augmented ANC clinics.

Birth weight of newborns

61.1%

Normal
birth weight



38.9%

Low
birth weight

1.9%

Very low
birth weight

The number and percentage of children with normal birth weight has marginally increased from last year . Overall 61.1 % (n= 193) of the children have normal birth weight compared to 59% (n= 185) last year.



ADOLESCENT GIRLS FRIENDLY CLINICS (AGFC/ TULSI CLINICS)

This was initiated in 2022 Feb-March as a regular outreach clinics considering the difficulties in accessing healthcare and extremely poor health-seeking behaviour of this disempowered groups who are largely illiterate. The clinics are held in 10 hard to reach locations in addition to Kaniguma, Kerpai health centres and Silet GSPG on every two months.



Special features:

- The team consists of lady doctor, senior nurse cum counsellor, community nurse, Tulsi prog cluster level coordinators
- Distribution of Nutritious snacks
- Nutrition assessment by anthropometry, Hemoglobin assessment once in 6 months
- Clinical check up for physical complaints and relevant investigations
- Referrals to the health centres for further needful
- Counselling services for those who need it.

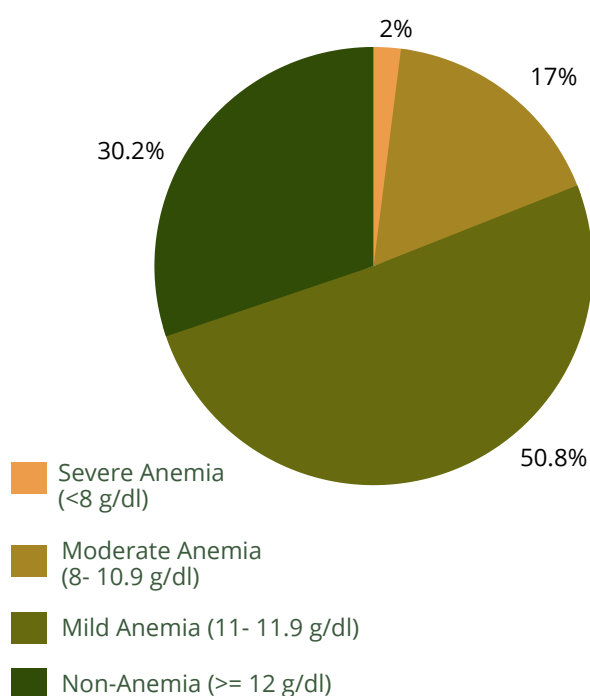


1280 adolescent girls in the villages

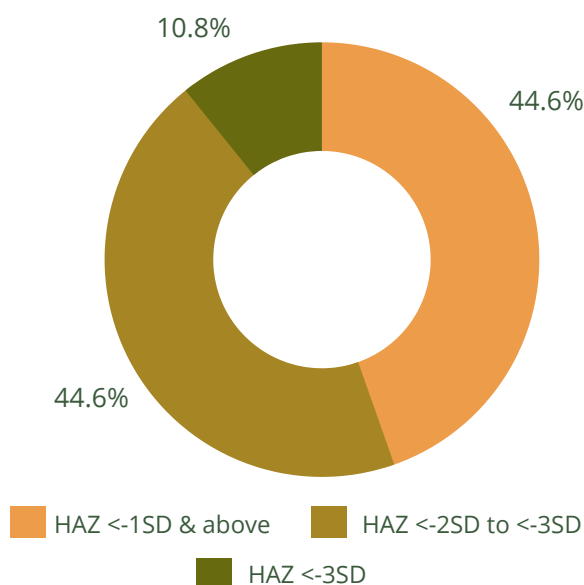


92.3% of the girls belong to the ST population

Graph 1.3 - Anemia profile of adolescent girls

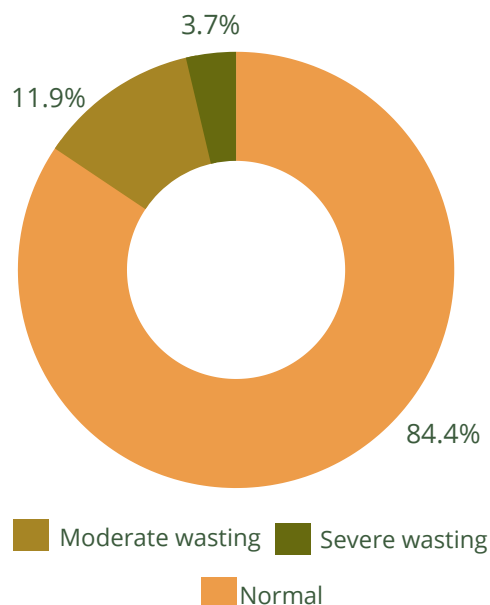


Graph 1.4 - Height for age (%)



Stunting was more profound in the age group 15-19 years i.e. 56.8 % & severe stunting at 15.8 %.

Graph 1.5 - BMI for age (%)



Wasting was seen more in the age group 10-14 Years i.e. 17.4 % and severe wasting at 6.3%.

— TACKLING UNDERNUTRITION OF UNDER-FIVE CHILDREN

It is disconcerting that even after seven decades of independence, the tribal areas are afflicted by serious public health issues of child undernutrition. Poor nutrition not only adversely impacts health and survival but also leads to diminished learning capacity and poor school performance. And in adulthood it means reduced work capacity and increased risks of chronic diseases.

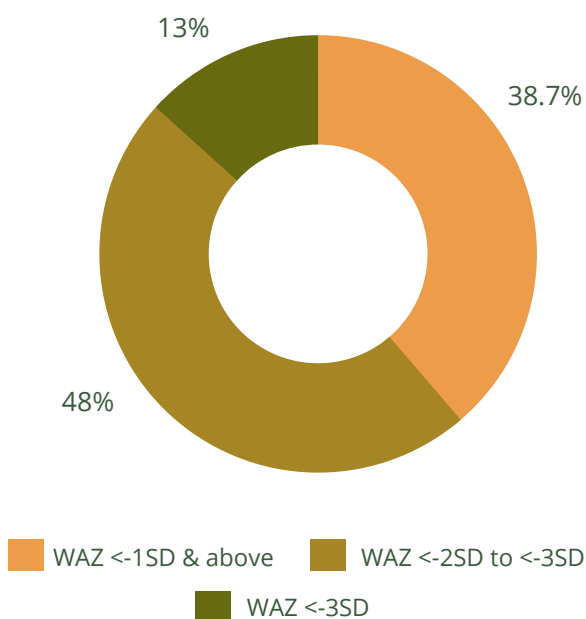
All nutritional status indicators in the tribal children are far worse compared to the national averages shown by NFHS-5, indeed it is at shocking levels. Swasthya Swaraj works in a war-footing level against this grave public health issue leaving no stone unturned. Our nutrition programme is overarching all

our activities- pregnant women, U5 children, adolescent girls, primary school students, TB patients, patients with low BMI, elderly etc. U5 children, adolescent girls, primary school students, TB patients, patients with low BMI, elderly etc.

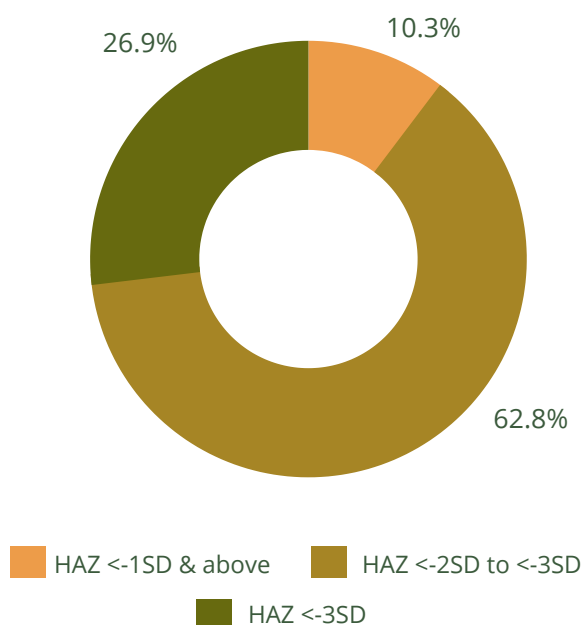
As the root cause of the rampant undernutrition is multifactorial, our activities too are multiple keeping in view our capabilities and limitations. Our focus is the children living in tribal hamlets.

1856 under-five children
reached for
growth monitoring

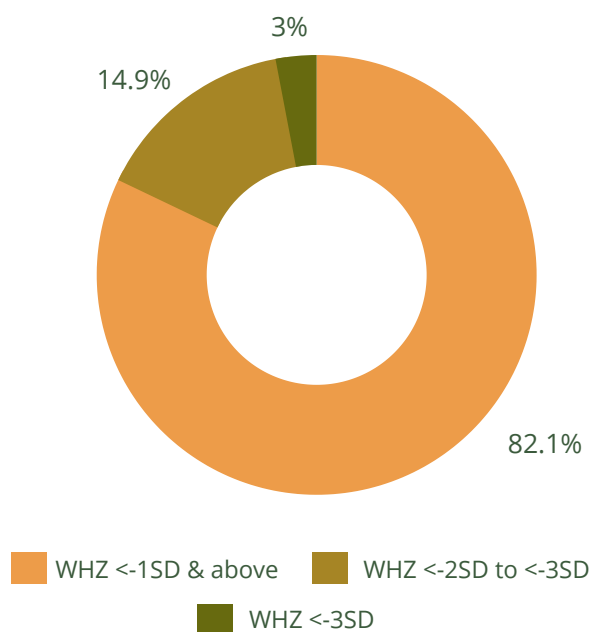
Graph 1.6 - Weight for age (%)



Graph 1.7 - Height for age (%)



Graph 1.8 - Weight for Height (%)



For both sexes combined, severe underweight (18.5%) and stunting (39%) are prevalent among the age group 12-23 months followed by 16.8% of severely underweight among 36-47 months age group. Severe stunting (39%) is prevalent among the age group 12-23 months followed by 29% among the 24-35 month age group. Severe wasting is prevalent among 0-5 months age group 6.7%

- **ANC-U5 camps** organized once in two months which are attended by the Health team consisting of doctors, nurses, paramedics etc. reassess the nutritional status of the children and advise the mothers.
- **Gaon Swasthya Poshan Ghar** piloted in Silet and to be scaled to two other locations where people have identified the location.
- **Community action against child undernutrition:** This is a need-based, context-specific programme being developed by Swasthya Swaraj. Children in the tribal hamlets are deprived of not only the nutrition supplements from Govt's ambitious ICDS programme, but they are also deprived of Pre-school education for their intellectual stimulation.
- **Shishu Sathis** are a cadre of informal preschool educators- one in each tribal hamlet where the children are most deprived.



Children of 3-6 years are targeted, for 2 hours daily, but children below 3 years & above 6 years who are not going to school are attending the programme in some remote hamlets and they are not prohibited.

- **Hamlet nutrition programme:**

This is yet to be piloted in few villages where the Shishu sathi is active. Hot cooked meal of the ICDS programme will be served after the classes. This programme is awaiting approval from the District authorities.

Other activities in improving the nutrition status are:

- Take home nutrition supplements to the pregnant women once in two months and to TB patients every month

- Nutrition Mix prepared by Swasthya Swaraj team to all MAM and SAM children and low BMI patients.

- Nutrition Education to pregnant mothers, postnatal mothers, all mothers in the villages, adolescent girls through TULSI clubs, TB patients in the TB clinics, High school students in Govt high schools in Th Rampur.

- Hands-on training sessions on various locally acceptable recipes by the mothers and adolescent girls.

- Admission and management of complicated SAM children in the health centres for therapeutic management using the protocols.

- Screening for malaria, anemia once in two months of all U5 children in the U5 camps and screening for childhood TB of the SAM and MAM children in the health centres.



COMMUNITY EMPOWERMENT



SWASTHYA SATHI

79 passionate tribal women who agreed to learn and equip themselves better to serve their community is our biggest strength. Though they are illiterate, they have shown immense interest and surprised us by quickly picking up the skills that a nurse would possess. Their training and capacity building is given paramount importance.

The training is done in two clusters (kaniguma and Kerpai) for one & half days (residential) every month, to ensure effective participation. Trainings consist of - who is swasthya sathis- her duties & responsibilities, data documentation of vital events and disease surveillance from her village/ hamlet,

Health communication, common communicable diseases- malaria, Diarrhoea, ARI, scabies, Nutrition, Is my child growing? anthropometry, antenatal care, detection of danger signs, safe delivery, care of the newborn and postnatal care, First aid were given. The Swasthya Sathis were evaluated for their knowledge and skills and communication periodically. They are given a monthly stipend and wages for the days of training.



TRAINED BIRTH ATTENDANTS

TBAs are local midwives accepted by the community, and held with respect and honour within their communities. Swasthya Swaraj has worked with TBAs in remote hamlets to make inroads into

the communities and thereby, improve the delivery outcomes mothers and newborns. Integrating TBAs into our healthcare system and providing them the professional training and support

required, has been highly rewarding in the past 6 years. TBAs attend refresher trainings in both clusters once in six months for one day, given by doctors & senior nurse trainers on conducting safe deliveries and detection of danger signs well in advance. They are provided TBA Kits which help them to conduct deliveries in hygienic and scientific ways.



SHISHU SATHI

Over the years Swasthya Swaraj has worked with various age groups in the tribal community. Through these interventions, we have realised the importance of pre-primary education in these tribal pockets. Importance of pre-school education is that it helps in a child's emotional, social and personal growth and development. When a child is put into an educational set up at the age of 6/7, they find it difficult to cope up with the age- appropriate learning expectations.

'Shishu Sathi' is our response to this specific need. They are a cadre of informal preschool educators- one in

each tribal hamlet where the children are most deprived. She is a literate or semiliterate or illiterate woman from the hamlet, selected by the people. 63 Shishu sathi women were trained in December 2021 in a 3 days' residential training by a competent trainer. People have identified space where children can be engaged in each hamlet. Children of 3-6 years are targeted, for 2 hours daily, but children below 3 years and above 6 years who are not going to school are attending the programme in some remote hamlets and they are not prohibited. These women need periodic refresher trainings and great motivation.



FIELD ANIMATORS

Our commitment to empower the tribal communities led us to the search of youth leaders within the community. The Field Animators are passionate, young and aspiring leaders who want to work for their community and bring change. 12 educated tribal youth are trained who are responsible for a cluster of 7-8 villages. From taking anthropometric measurements, community mobilization, conducting village meetings, problem identification and solving them, implementing the various programmes, giving hand - holding support to swasthya sathis

Tulsi sathis, Shishu sathis, Shiksha sathis – they do it all. Their capacity building are held regularly to equip them with better tools and knowledge to lead stronger.



DIPLOMA IN COMMUNITY HEALTH PRACTICE

Skilling the educated tribal women as responsible middle level health workers

School of Community Health Science and Practice initiated by Swasthya Swaraj in 2018 in Kaniguma village conducts this training programme. This course was designed by Swasthya Swaraj to equip the educated tribal women as competent and committed healthcare workers in the hospitals and communities as community nurses, and the course is affiliated to Centurion University of Technology & Management, Bhubaneswar. Minimum

qualification for admission is class 12 passed. The course is completely free of cost and job-assured for two years with Swasthya Swaraj with full salary. They will be provided career guidance and guided for individual development. The course was initiated in 2018 and is intended to produce a well qualified and competent tribal healthcare workforce (community health practitioner) in remote tribal areas.

As the Covid-19 lockdown brought a halt to all socio-economic activities, the classes of the 3rd batch of DCHP (8 no.) students were also disrupted. In October 2021, the 4th batch of 11 DCHP students were welcomed. The district health authorities support us by providing these girls exposure programmes, student postings in NRC etc.



TOKI UPLIFTMENT & SELF EMPOWERMENT INITIATIVE

This is an ambitious programme targeting 1500 tribal adolescent girls from PVTG communities of 79 villages and hamlets of Swasthya Swaraj CCHP.

Adolescence is a critical transitional period in different domains - physical, social, emotional, cognitive and intellectual. Focusing on adolescent health becomes imperative as it is also one of the most challenging periods from a health perspective as they are exposed to many health risks. In tribal areas the impoverished, poorly educated and adolescents are more likely to be adversely affected than their wealthier, urban and educated counterparts. Adolescent girls is the crucial link in reducing maternal mortality & morbidity, and

newborn mortality and improving child survival in this tribal area. investing in adolescent health reaps many benefits as it influences 2 families and the health and well being of 3 generations.

The TULSI program which was being done in piecemeals so far, could be organized into a regular and vibrant programme with the funding support from BRBNMPL, from December 2021. The training and empowerment of the adolescent girls is an important aspect of community empowerment.

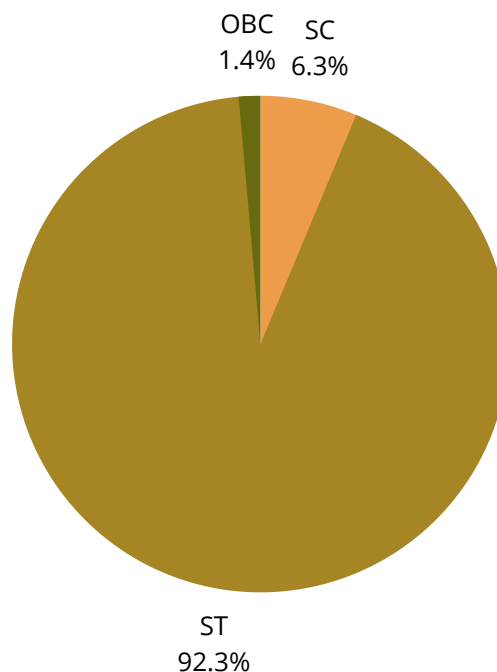
APPROACH

- **Tulsi clubs** in each of the 79 villages and hamlets- The club meets once or twice a week for 2 hours and are led by the Tulsi Sathi. She communicates what



795 adolescent girls 75 TULSI Sathis

Graph 2.1 - Caste profile of adolescent girls



she learned in the training sessions using the TLM. Tulsi Sathis are the peer group educators one in each village and hamlet. Training of Tulsi Sathis happen once a month as a residential training for one and half days in Kaniguma and Kerpai cluster by our senior trainers. TLM are distributed to each Tulsi Sathi to use in the Tulsi Clubs to educate the adolescent girls.

• Trainings

- Community based trainings: the topics include- Sexual & Reproductive health, gender sensitization, Nutrition, Common health issues etc. Trainings is imparted through the trained Tulsi sathis. In addition to these, subcluster level trainings are organized by cluster level coordinators to reinforce the knowledge of the girls.
- Institutional trainings: This is with permission from District Education dept and District

social welfare dept. Targets 500 adolescent girls in 7 Govt High school in Th Rampur Block. The topics for this programme consist of: Nutrition, Sexual Reproductive health, Gender sensitization, Life skills. The training modules for the community based trainings are tailor made to the need and context of the adolescent girls majority of whom are illiterate & always employed in work. The training content are iterated in multiple training sessions conducted by the coordinators and the TULSI Sathis in various forums so that better conceptual understanding is achieved.

- **AGFC/ TULSI clinics** - This is done once in two months in the health centres and in outreach clinics considering the context in which we are working. Counselling on delaying pregnancy, spacing of children and family planning are also given in these clinics.
- **Nutrition improvement** - Nutritious meals and Nutrition kits are planned for them at regular intervals. The adolescent girls are

encouraged to do hands-on training in various nutritious recipes in the GSPG, in the training sessions etc. Nutrition garden in their houses and villages are encouraged.



HEALTH & NUTRITION PROMOTING SCHOOLS

“We want our children to study bhaiya but there are no teachers in the school” is the constant complaint we would hear from the community. On dwelling deep into this issue we realised that it is way more complicated than it seemed. Teacher - student absenteeism was more of a chicken and egg situation, going on in loops. Adding another layer of complexity is the dysfunctional school buildings and content unrelated to tribal children’s context or culture. The children coming to the primary schools are first-generation learners with no support system, motivation and encouragement from parents or from the teachers/schools.

We knew for sure we had to intervene as we unanimously believed that good quality basic education is every child’s



rights. Then the question was ‘Why not make the schools into nodal points of health promotion and nutrition education of the children themselves and of the village community?’ And that’s how the ‘Health and Nutrition Promoting School’ concept was born, drawing inspiration from WHO’s initiative. It translates into the promotion of community’s health & nutrition, and children becoming

agents of this change. Primary education and primary healthcare are the foundations of human development; our nation's policy of focusing more on higher education in the education field and tertiary healthcare institutions in the health field, at the cost of the extremely cost-effective and foundational primary education and healthcare has led to the present situation of an ever-widening gap of inequalities.



APPROACH

We got permission in 2021 from District Education department to start addressing this mountain-like challenge. Education Dept has been supportive and have done many repair-renovation works for the schools.

We have identified Shikhya Sathis in 14 of our selected villages. Shikhya Sathis are literate youth with a minimum qualification of Class 8, who



400 children enrolled in 14 schools



14 Shikhya Sathis



49% are girls and **51%** are boys



3.5% were malaria positive (both PF and PV)

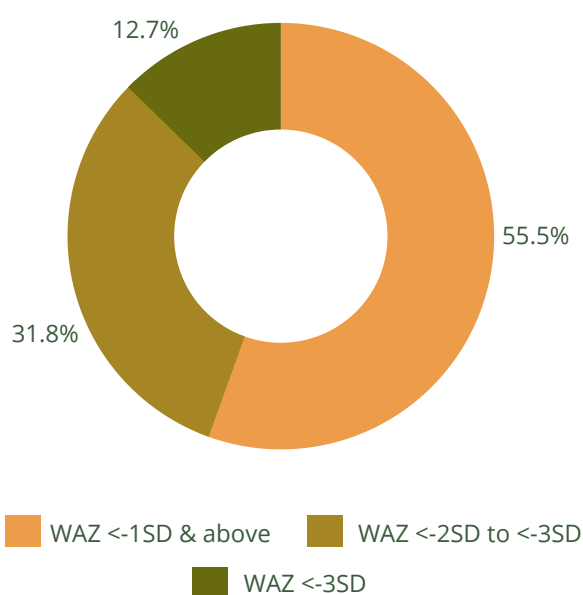


78.2% have mild to moderate anemia

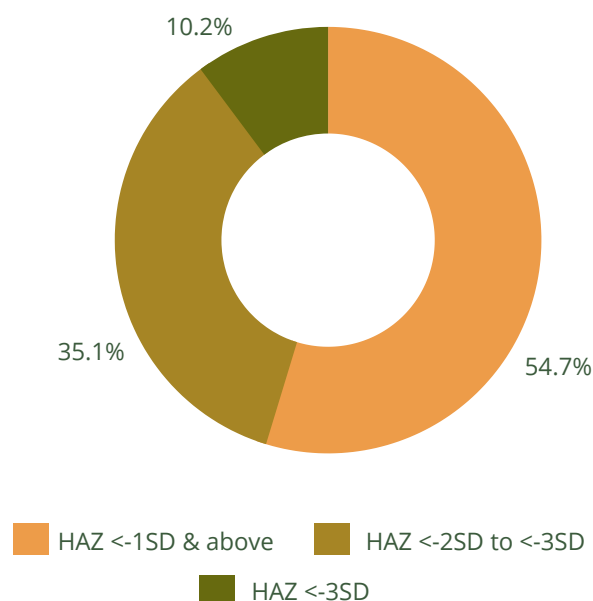
are passionate about working for the upliftment of the community. We engage with them in building their capacities through periodic training and providing them with teaching materials. Even though there are dropouts in this group, at least 10 are regular and we keep replacing others. They are trained and re-trained regularly in creative methods of education, appealing to the tribal children in their context.

The Shiksha sathis along with Field animators under our dynamic Education programme coordinators - Pinky and Ananya toured around the

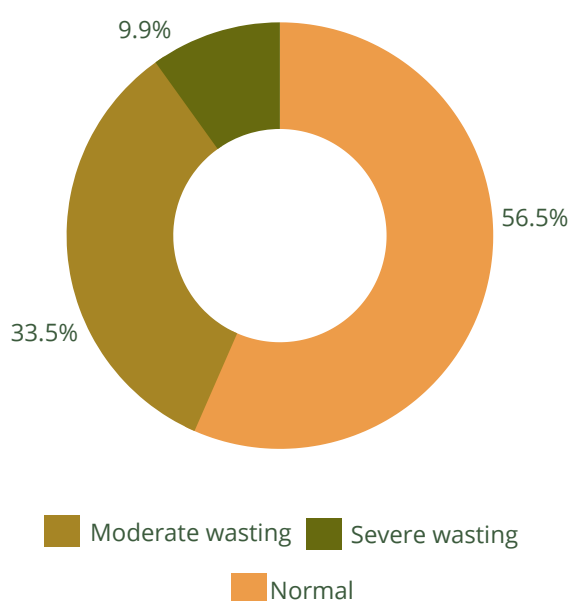
Graph 2.2 - Weight for age (%)



Graph 2.3 - Height for age (%)



Graph 2.4 - BMI for age (%)



villages, houses, held village meetings, organized 'Nukad Nataks'/street plays to motivate the passive community which had lost hope.

A contextualized, tribal-friendly and child-friendly **Health & Nutrition education curriculum** is being brought out with activity-based training modules which are taught across the regular school curriculum.

Setting up a **School Nutrition Gardens** are in the pipeline, again to address the objective of improving the health and nutrition status of these children. It will be set up in 5 schools following the guidelines of FAO adapted to tribal context.

School Health Checkup is done in all its seriousness. School health record is maintained for each students. The last health check up was done in Nov-Dec 2021 and will repeated at six monthly intervals.

SUMMER CAMP 2022

With the aim of recreating the fun and safe environment for the children of Kerpai and Silet GPs, we had arranged a Summer Camp for three days. A total of 380 out of the 500 students from all 14 schools participated in the 3 days summer camp program. Creating a safe space, where children can come out from their comfort zone, socialise with children from other villages and have fun was our top most priority. We had carefully curated the programmes for the camp keeping this in mind.

The first day in the summer camp started with the registration of all children. It was followed by fun games, poster making competition (Theme: Save Nature) and movie screening. Day two started with skipping competition, notebook balance race, musical chair race,

running race, dancing and singing competition for all students. We had organised a rally on the last day from Kerpai to Pindapadar to bring awareness about the need for education in tribal communities.



GURU GUNIYA

These traditional healers are an integral part of the tribal culture and they are respected by the community. For the majority of the tribal population, the first port of call in ill health is the gurus. They are periodically trained by us to enable them to participate in improving

the health status of the tribal people. It is a mutual learning process & they learn about the danger signs in common communicable diseases, medical emergencies and when to refer etc.

NEW INITIATIVES



The shortage of doctors and their maldistribution between urban and rural areas contribute to inequitable health care delivery. This inequality is stark when it comes to remote tribal areas. As a health-focused, secular NGO working in the neediest tribal area of Kalahandi district in Odisha, Swasthya Swaraj offers opportunities for young medical students / doctors to explore, experience and understand the nuances of this starking inequity in healthcare.

TRIBAL HEALTH FELLOWSHIP for Young Doctors

Tribal health Fellowship is a one year paid programme which offers unique experiences in the area of comprehensive primary healthcare in the tribal block of Thuamul Rampur in the Kalahandi district. This is nurturing a bunch of young doctors as next-generation leaders in health to promote health equity in the country. This program seeks to enhance the passion, dedication, and commitment of young doctors by mentoring them and providing them opportunities for experiential learning by working in challenging situations, to empower them to pursue their own quest for social justice in health.

In the year reported, we have 3 doctors doing the fellowship. Young, passionate doctors with a strong and constant urge to learn, equip and experience have been travelling with us for the past 10 months. They immerse themselves in all the activities of Swasthya Swaraj, trains the nursing staff and DCHP students. They have



taken constant effort and interest to be part of community training programmes. Academic programmes and community-based research are also part of this programme.

SWASTHYA SWARAJ TRIBAL HEALTH EXPOSURE PROGRAMME

for Medical Students

Catch them young, they say and the STEP attempts to do exactly that. STEP aims to inculcate in medical students' desire and motivation to work in badly underserved areas of the country. Motivating the students to spend their professional skills and knowledge at least for some time for the benefit of the most underprivileged and inculcating in the students principles of ethical practice of healthcare in an unequal world are envisioned by STEP. The program will be tailored to the time and interest of the participants. The participants gain first-hand knowledge about the community-rooted health work at Swasthya Swaraj in the 2 health centres and 'village health & nutrition centres' in the community. They are also given ample opportunities for discussions, debates, reflections and doing small projects.

So far, three batches of fourth year medical students have visited us as part

of the STEP. The first batch of 13 students visited us from St Johns Medical College, Bangalore. They were highly motivated students who had very keen observations and reflections to share with us from their time here. The second batch of 10 students visited us from Hi Tech Medical College, Bhubaneswar. They were studious students who were keen on experiencing and understanding the real face of healthcare in tribal Odisha. The third batch of students were all the way from Pondicherry Institute of Medical Sciences. A batch of 9 students who was with us during our summer camp and enthusiastically took part in all our activities.

The initiative came from medical students themselves and that was great. We hope to reach many more colleges across India and interact with medical students.



NEW HOSPITAL BUILDING

The District Administration had granted one acre of land near Kaniguma village to Swasthya Swaraj. The long awaited foundation stone laying ceremony took place on 6th April 2022. It was graced by the presence of Mr. Pradip Kumar Dishari, MLA of Lanjigarh, Mr. Dayanidhi Majhi, the Chairperson of Th Rampur block, the Sarpanch and the Zila Parishad member.

The hospital is envisioned to be a 10 bedded Primary Healthcare Centre in Kaniguma. Much-awaited facilities like Radiology unit, Emergency Obstetric care facilities & Neonatal Care Unit, Primary Vision Care Unit will be integral parts of the new Primary Healthcare Centre in Kaniguma.



The construction of the hospital has been progressing steadily.

“The bravest thing we can do in this world is not cling to old ideas or fear of judgment, but step out and just do something for love’s sake. . . .”

VITAL EVENTS OF 2021-22

DEATHS AND MORTALITY RATES

Total deliveries - 334, Live Births - 323, Still Births - 11

Estimated population -14000

PARTICULARS	#
Number of neonatal deaths (0-28 days)	17
Number of infant deaths (0- 1 year)	27
Number of child deaths (0- 5 years)	37
Number of maternal deaths	1
Number of other deaths	111

Crude Death Rate - 10.64
Crude Birth Rate - 23.07



THANK YOU TO OUR DONORS

The support of our donors through the years have been greatly influential in ensuring quality primary healthcare is accessible to the tribals and start new initiatives to reach out to the most remote and isolated villages. It is their continued support that sustains our mission and makes all the difference.

Azim Premji Philanthropic Initiatives Pvt
Ltd (APPI), Bangalore

Bharatiya Reserve Bank Note Mudran
Private Limited (BRBNMPL)

GIVE Foundation, India

SBI - MF, Mumbai

Gharda Chemicals, Mumbai

Cereware Tech, Coimbatore

Hema Ashok Hattangadi, Bangalore

Ashish & Ramesh Kacholia(caring
Friends), Mumbai

Dr Kumkum Bhasin, USA

Dr Ashutosh & Sudha Gupta, USA

Madhu Bhaduri, Dharwad

ACCEL Partners India, Bangalore

Society of Sisters of the Holy Cross,
Bengaluru

Mr Nishit Navnital Sanghrajka, Mumbai

Ernest Fernandes, Mumbai

Bengal Finance and Investment Pvt Ltd,
Mumbai

Harcharan Singh, New Delhi

Daanish Singh Bindra, Punjab

Dr Maya Jacob Philip, Bangalore

Arun P Jose, Bangalore

Mamy Pappachan Edassery, Kanjoor

Selvam Saminathan

Kuttan Pillai Rabindran, Gujarat

Vimala Ramakrishnan, New Delhi

Polaris Bunyan Holding, Chennai

Sanat Hazra, Mumbai

Shri Deoki Nandan Bhargava,
Mangalore

Puru Indu Upadhyaya Foundation,
Dehradun

Govind Madhab Murari, Bhawanipatna

Neela D Souza, Mumbai

Urwashi Dhamija, New Delhi

Sudhakar P Parthasarathi, Chennai

Shirley Charles Shung, Surat

Ammu Kannampilly, Kerala

Neil Jose Edassery, Kanjoor, Kerala

Bhagwanidev Basudev Jhu, Mumbai

Sridhar Tripathy, Bilaspur

Siddharth Mukherjee, Kolkata

Kamal S Asrani, Chennai

Vandana Kamath, Bangalore

Prannoy Mehta, Jodhpur

Gopala Nisat, Pune

Ashish Kumar Badtiya, Koraput

Poonam Deshpande, Indore

Manjiri Kulkarni, Pune

Foundation of His Sacred Majesty,
Chennai

Amol Kulkarni

Cinemese Twins Pvt Ltd, Mumbai

Nishit Navnital Sanghrajka, Mumbai

SC Karat

Praveen

Gokul Krishnan Rajamani

Shakti Singh

Sachin

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 : 2022-23
 YEAR ENDING : 31.03.2022
 STATUS : AOP (TRUST)
 WARD : EXEMPTION WARD/SAMBALPUR

Balance Sheet as on 31st March 2022

	Notes	March 31, 2022	March 31, 2021
SOURCES OF FUNDS:			
Corpus Fund	A	99,52,646.22	64,81,608.00
Capital Fund Account	B	18,17,973.00	18,17,973.00
Excess of Income over Expenditure		1,99,15,167.24	1,62,27,883.44
		<u>3,16,85,786.46</u>	<u>2,45,27,464.44</u>
Current Liabilities			
Provision for Expenses / Payables	C	19,642.00	18,459.00
Other Liabilities		-	-
		<u>19,642.00</u>	<u>18,459.00</u>
Total		<u>3,17,05,428.46</u>	<u>2,45,45,923.44</u>
APPLICATION OF FUNDS:			
Fixed Assets			
Gross Value (At Cost)	D	1,17,36,979.90	50,21,513.00
Less: Accumulated Depreciation		32,24,216.00	22,08,783.00
		<u>85,12,763.90</u>	<u>28,12,730.00</u>
Capital Work in progress	D-1	1,38,051.00	-
		<u>86,50,814.90</u>	<u>28,12,730.00</u>
Current Assets			
Investment in FDs	E	1,78,18,526.20	1,60,60,125.32
Short-term loans and advances	F	2,32,559.38	1,84,086.98
Cash in hand and Bank Balance	G	40,15,767.98	54,83,262.14
Other Current Assets	H	9,87,760.00	5,719.00
		<u>2,30,54,613.56</u>	<u>2,17,33,193.44</u>
Total		<u>3,17,05,428.46</u>	<u>2,45,45,923.44</u>
Notes referred to are an integral part of accounts	I	-	-

As per our report of even date attached.

For B B A & 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

Place: Cuttack
 Date: 29.07.2022



SWASTHYA SWARAJ SOCIETY

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

PAN : AAKAS8424M

ASSESSMENT YEAR : 2022-23

DATE OF FORMATION : 26/03/2014

YEAR ENDING : 31.03.2022

EMAIL ID : swasthyaswaraj@gmail.com

STATUS : AOP (TRUST)

MOBILE NO. : 9348947986

Statement of Income & Expenditure for the Year ended 31st March 2021

PARTICULARS	Notes	March 31,2022	March 31,2021
I. INCOME			
Grant in-Aid			
Grant in-Aid (Give India -Lab, Medicines, etc)	J	-	9,19,539.84
Grant in-Aid (Give India - Covid Relief)	K	-	18,53,000.40
Grant in-Aid (GCL)	L	20,00,000.00	-
Grant in-Aid (APPI PVTG)	M	66,39,528.00	77,96,184.00
Grant in-Aid (APPI Covid Relief Fund)	N	4,35,000.00	20,00,000.00
Grant in-Aid (DCHP)	O	15,00,000.00	13,00,000.00
Grant in-Aid (Polaris Banyan Holding)	P	-	6,54,565.00
Grant in-Aid (Give Foundation-CACU)	Q	11,31,612.00	-
Grant in-Aid (Grant Give Foundation)	R	9,31,822.70	-
Grant in-Aid (Food & Dry ration)	S	12,90,048.10	-
Grant in-Aid (Hema J Hatangadi)	T	33,75,000.00	-
Grant in-Aid (BRNMPL)	U	9,87,760.00	-
Community Contributions :-			
Kaniguma		4,23,181.00	2,73,825.00
Kerpai		87,117.00	1,28,134.00
Silet		6,355.00	-
Donation		2,96,509.87	63,35,262.28
Interest Income	V	11,63,675.35	8,93,962.74
Miscellaneous Income		38,486.00	42,125.00
TOTAL		2,03,06,095.02	2,21,96,598.26
II. EXPENDITURE			
Hunger Allevation Project :-	W	-	7,134.75
Give India Foundation:-			
Lab, Medicine, Consumables & Others	X	13,41,237.00	8,76,885.65
Covid Relief Expense-Nutritional Kits & Supplements	Y	2,76,332.00	18,53,000.00
APPI			
APPI Program Cost - Expenses	Z	66,25,502.00	53,17,746.50
APPI Covid Relief - Expenses	AA	-	20,00,000.00
APPI Covid Testing & Care - Expenses	AA-1	83,979.00	-
Contd...		83,27,050.00	1,00,54,766.90

As per our report of even date attached.

For B B A & Co

Chartered Accountants

FRN : 313104E

Place: Cuttack

Date: 29.07.2022

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

DATE OF FORMATION : 26/03/2014

EMAIL ID : swasthyaswaraj@gmail.com

MOBILE NO. : 9348947986

ASSESSMENT YEAR : 2022-23

YEAR ENDING : 31.03.2022

STATUS : AOP (TRUST)

	B/f...	83,27,050.00	1,00,54,766.90
DCHP - Program Cost	AB	12,95,959.00	8,35,435.30
BRNMPL Expenses	AC	6,92,860.00	-
CMAM Polaris Expenses	AD	2,26,906.00	-
PERSONNEL (HEMA)	AE	15,30,226.00	-
Society Programme & Overhead Expenses			
Society Programme Exps	AF	30,56,792.00	12,97,922.00
Society Overhead Exps	AG	4,73,585.22	1,89,083.49
Depreciation for the year	D	10,15,433.00	3,31,406.00
TOTAL		1,66,18,811.22	1,27,08,613.69

III. Excess Income over Expenditure of Current Year	36,87,283.80	94,87,984.57
IV. Less: Prior period Adj. (Refund of Grant-SDTT)	-	(74,462.79)
V. Excess (Net Income over Expenditure Carried Forward)	36,87,283.80	94,13,521.78
VI. Excess Income over Expenditure Brought Forward	1,62,27,883.44	68,14,361.66
VII. Excess Income over Expenditure Carried Forward	1,99,15,167.24	1,62,27,883.44

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
ERN : 313104E

Place: Cuttack
Date: 29.07.2022

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

**For SWASTHYA SWARAJ SOCIETY**

Executive Director
Secretary

President

"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."

M.K. Gandhi



BHARATIYA RESERVE BANK
NOTE MUDRAN (P) LTD.



India's largest & most trusted donation platform



LVPEI
So that all may see
LV Prasad Eye Institute



Centurion
UNIVERSITY

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

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)

