SWASTHYA SWARAJ NEWSLETTER

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A Mothers Love and a Mothers Need – An Editorial

In the time that I have spent in Kalahandi, I have seen many mothers. On the day that I arrived a film-maker arrived here at Swasthya Swaraj and while filming had a shot where he recorded mothers with lost children – some numbering up to 6 dead children! The mothers I have seen paint a motley picture, always with the cloth/gamcha knotted at their shoulders and child at their hips, working on the dongar with a small child either in the bamboo machan or suckling at their breast, cooking food or crushing grain at home with the kids milling around, elder sisters sometimes doubling up as mom when the mother isn't around and so many more. Mothers who are so young they don't know how to be mothers and mothers who are so old, they couldn't care less about the stretch-marks that repeatedly scar their belly. 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 slowly but surely, in the hospital too; high-risk mothers who have spent hard-earned money to get to a government hospital 100 kms away but are then turned away.

During my work here I have also seen children with no mothers, their zombie-like fathers barely able to care for them. In fact, I write this editorial at a time when I am planning to go home to spend some precious time with my own mother.

I realized that the value of a mother's life changes according to where we live and among whom we live – what is our caste and our class and our creed. At a time where mothers in the city plan water births and painless deliveries with caudal analgesia all recorded by the father on a 50K Sony video-recorder, there are women birthing unassisted, alone in the forest and then walking home with a bundle in one hand, blood streaking down their weary legs with pale eyes and cracked lips. This edition of the Swasthya Swaraj Newsletter is a tribute to both those groups of mothers, the ones with and without antenatal check-ups, the ones with and without a roof overhead to birth and the ones that live their lives bringing up our generation the hope that the next mother's lot would be better. We all need to work to bring up that value for our mother's life to a semblance of equality. Till then, calling ourselves a humane society is a fallacy.

-Randall Sequeira

A Dead Woman Speaks from her Graveyard

State and national data on maternal mortality may look quite good and consoling, but for regional inequalities we need to look into districts and blocks within the districts. Maternal mortality and morbidity are harsh realities poor communities put up with. In analyzing maternal mortality we need to look beyond the medical cause of death into the realities in these communities - early marriage, maternal illiteracy, poverty, superstitious culture, no availability of and no awareness on importance of antenatal care, the questionable quality of antenatal care a poor woman receives, the delay in arranging transportation to reach a health facility if the family is in remote areas and the gaps in the healthcare in the hospital (lack of doctors, lack of investigation facilities, distance to higher referral centre). All of this contributes to the structural violence our society is a part of.
The following is the summary of a community social audit conducted by Swasthya Swaraj after the death of Ujal Dei Majhi written as a first person narrative.

I was probably 15 years when I got married (I do not know the exact age- it was hardly 2 yrs after attaining my menarche). I was born in a poor adivasi family and married to an adivasi boy whose only means of livelihood was his 2 acres of land in the hills. In my family none went to school and nor did my husband.

My first baby was born after one year. I had no antenatal care. It was home delivery and I underwent much pain and suffering. Being a tribal girl, I knew how to endure my pain. When I saw my daughter, how happy I was! Her sight erased all tears from my eyes and I brought her up with much love and affection even though we were poor. She is now 6 years old and is going to school.

My second child was born after 3 years. This spacing happened because of prolonged breastfeeding of my older child. This baby was also delivered at home with no assistance from dais as there are no dais (traditional birth attendant) in my village. The phunel budima (Dai) who comes to assist the deliveries only gives moral support and she massages my back and thighs when the uterine contractions come. After the baby is delivered, it continues to lie on the cold earthen floor till the placenta is expelled. Once the placenta is expelled, I had to cut the umbilical cord myself and release the baby into the phunel budima's care who gives a hot water bath to the baby and cares for it till I have finished cleaning the mess in the spot of delivery and having a hot water bath which my people had already kept ready for me. Then only I'm given the baby to breastfeed.

My second daughter is now 3 years old and she seems to be growing well.

My third pregnancy came after 3 years. I had no antenatal care like all other women in my small village. I went on as usual with the heavy work in the hills and household chores. In December 2018, one woman who was selected as Swasthya Sathi in my village after the Swasthya Swaraj team came and spoke in our village meeting. Once in 2-3 months antenatal & under-five children's clinics are conducted in Poladumer – a village 2 km away from our village (but we have to cross a river and rocky mountain to reach there). Because the Swasthya Sathi of our village was insisting, I too went for the antenatal check up in the 4th month of my pregnancy which was my first experience in all my 3 pregnancies. They checked my weight, height, my blood and urine. After that the nurse examined me and then the doctor. They told me that my blood was less. As I was having cough and right sided chest pain they collected my sputum and told me to come to Kaniguma health center in a few days.

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They told me that I need to eat more and rest for some time daily. They gave me medicines and told me to come to Kaniguma in one week to know the result of the sputum test as the doctor suspected that I may be having TB. They also gave me eggs, 2 kg chana and one bottle oil to take home and improve my nutrition. But as a mother I have to ensure everyone at home has food to eat first so I hardly got anything. I never returned to the hospital and did not have any other check-up again as I didn't feel the need for it. Moreover I was busy with our 'donger' work without which we wouldn't survive. My 3rd delivery took place in May 2018 and again it was a home delivery which was unassisted. I hoped that it would be a baby boy. But to everyone's surprise it was a twin delivery. Both babies were very small. Both died after 3 days and I mourned their death.

The most unwanted thing happened just after 3 months of my twin delivery. I became pregnant again. I had no power to tell my husband that I do not need a baby again and refrain from sex or use a condom. I did not know anything about abortion services available at the hospital. As no ANM visits our village, I did not know whom to ask. As I cannot read like all other women in my village, I could not gather any information from printed materials. As all adivasi women are, I kept my doubts to myself. It was only after 2 months, I doubted, I might be pregnant. One day, around that time I started having fever, vomiting and severe headache. On the 3rd day morning I became disoriented. I started having vaginal bleeding too. My father –in-law is a tribal shaman and tried his healing tricks and he checked his 'panchang' and found that this disease belongs to something like malaria and asked my people to shift me to Swasthya Swaraj hospital in Kaniguma. I had to be carried over the stream and rocks to reach the level road where the jeep was waiting. I was brought to Kaniguma and they immediately attended to me. They checked me completely and did all the tests. Pregnancy was confirmed, malaria was ruled out, urinary infection with septicemia was ruled out and I was told that I was having an infection in my brain probably due to TB or a virus and it would be better to take me to the district hospital in Bhawanipatna. They started on medications in the interim period and tried to arrange 108 ambulance. I was taken to district headquarters hospital in Bhawanipatna on the same day – Sunday. In DHH we had to wait for long time and took almost 7 hours and then my people were told to take me to Burla medical college hospital located 250 km away in Sambalpur.

My people were in a dilemma now. They had already spent Rs.2500 on the taxi. Hospital told that they will arrange ambulance to go to Burla. My people thought that there will be expenses in the hospital which is an unknown place for us. My husband had only Rs 2000 left with him. If I die in Burla what could they do? How can they carry the dead body to my village which would be even more expensive? So they finally decided to return to my village and wait for my fate. He spent the balance money with him on taxi back to our village. By this time my condition had worsened. On the same day I died. My two children have become orphans with no mother to care for them. If I were educated, if my husband had some more purchasing capacity, if there were someone to counsel me in the village, my story would have been different. I could have avoided my unwanted pregnancy and my children becoming orphans.

I'm writing this story so that all other sisters and brothers of mine in adivasi villages will know these things and avoid unnecessary, easily avoidable maternal deaths today. Poverty, deprivation, illiteracy may take time to be eradicated, but we need not lose precious lives unnecessarily. We women can make a difference if we empower ourselves with knowledge and skills and support one another.

- Dr Aquinas Edassery

Newsworthy Events

- World malaria day celebrated on April 25, 2018 with community mobilization for cleaning of stagnant water areas and awareness program in each cluster
- MBBS students from Christian Medical College visited for a 2 week Secondary Hospital Program and did a project on Malnutrition in Adivasi Society and understood the social determinants of Health.
- Inauguration of the Diploma Community Health Practice course and campus in Kaniguma by Swasthya Swaraj along with Centurion University Bhubaneswar on 27th August 2018
- Visit by Dr Manu Prakash a scientist from Stanford University and discussion of uses of the foldscope (a handheld origami microscope) and setting up of an automated fluorescent microscope for malaria diagnosis on 15th September 2018
- Health Promoting Schools Workshop with all the school teachers in Kerpai cluster and the health and education department attended by the CDMO Dr. Saroj Tiady and Sub-collector Mr. Mirdha Toppo to understand the problems faced by teachers in the daily Mid-Day Meal Program and teaching content 25th October, 2018
- Starting of the first meetings of Participatory Learning and Action in Kerpai field area in October 2018
- Diwali celebration at Kerpai with building of a soak-pit on November 7th 2018
- Swasthya Swaraj team picnic to Harishankar on November 27th 2018
- New year day Celebration with entire Swasthya Swaraj Team in Community Health Practice School on January 1st 2019
- Tribal Leadership Training Program in Tiradhgarh, Bastar – 9th-16th Feb 2019

Mid-level Health Workers to Tackle Tribal Health Challenges

"Of all the forms of injustice and inequalities, inequality in healthcare is the most shocking and inhumane". Martin Luther King Jr.

The existing health system fails to provide much needed primary health-care in hard-to-reach tribal areas. As long as the urban-rural divide remains and keeps widening, the great disparity in the distribution of doctors and health professionals is sure to continue. In order to address this challenge in health-care services and distribution of health-care professionals in backward areas there is a great need for solutions other than the conventional ones. Diploma in Community Health Practice (DCHP) is a course designed from this perspective.

The School of Paramedics and Allied Health Sciences of Centurion University of Technology & Management, Odisha and Swasthya Swaraj Society have designed DCHP to create local human resource to solve a local problem. The course is designed to develop a cadre of mid-level health workers, selected from disadvantaged communities. They will acquire the right knowledge, clinical and communication skills and competencies in the preventive, promotive and curative aspects of health to care for the health needs of the population in hard-to-reach tribal areas. The education and training will be done largely in a rural setting by competent doctors, public health professionals and nurse educators. After the study, the students will stay and work in inaccessible areas and deliver comprehensive primary health-care.

DCHP is a 2 year full time course with a 3 month compulsory internship in tribal villages. Students who graduate from this course will be called Community Health Practitioners. The students who have diploma in community health practice will be able to assess and monitor overall health of the community; diagnose and manage common illness and decide referral cases; participate in prevention and control of communicable and non-communicable diseases; run a rural basic laboratory; undertake basic obstetric care including antenatal examination; conduct a home delivery, post-natal care and new born care; undertake capacity building of village level health workers; perform a social audit and organize meetings with community based organizations. They can work in supervisory positions in different field level health programs/projects.

DCHP was inaugurated in the Field Learning Center at Kaniguma Village of Thuamal Rampur Block of Kalahandi district in the Swasthya Swaraj School of Community Health Science & Practice on 27th August with the first batch of six students. Prof. Haribandu Panda, Vice Chancellor, CUTM; Kaniguma Gram Panchayat Sarpanch-representative, the local Ward Member, Dr Aquinas Edassery, Director, Swasthya Swaraj and the Swasthya Swaraj team of staff were present at the inauguration. Members present explained to the students about the DCHP, expectations of the local community and the future career path that lies ahead for the students.

It is a hope that the curriculum could in the future become exemplary and the students become beacons of Swaraj in their communities.

- Bulla Sudhakar Reddy and Dr Aquinas Edassery

Adventures in Conducting Home Deliveries

Mora Protham Delivery

On 23/8/18 I got ready at 6.30 am and we left for Melrofa village – Me and Dr Randall – for a delivery that we had been informed about. It was raining heavily that day and due to the continuous rains all the bridges had been washed away and so we had to walk to Melrofa. . On the way a man met us just outside Kerpai village. This man was from Rupen village. His wife was also having labour pains. So we assured him that we would come to his village after visiting the patient at Melrofa. As we went past the fork in the road to between Melrofa and Rupen, the worried husband followed us and asked us to please come as soon as possible.We told him that we would make it quick. We reached Melrofa at 8 am in the morning at the house of the pregnant patient. The swasthya sathi had gone to the river and after asking the villagers we found out that the delivery had already happened and we had reached a few hours late. We went and examined the child and inspected her breast feeding technique and asked the mother to keep the child well wrapped all the time. Both mother and child were doing fine.

We then, bid goodbye and started walking towards Rupen. On the way there we had to cross the same gushing river 3 times. Enroute to Rupen we also met the Swasthya Sathi, Suna Dei Majhi who was getting a group of patients to Kerpai as it was an OPD day. The first two bridges had drowned in the earlier monsoons and so we were used to crossing them but the most dangerous one was the newly broken bridge just before Rupen with the river overflowing over the road in great force. Just as we started crossing the broken road, the father-in-law of Jipa Majhi, the mother in labour, climbed down the road to the other side .He helped us cross the river, some parts of which we couldn't even see and had to be lead by hand due to the force of the river and unsteady footing. We finally reached Rupen at 10.30 am.

On reaching Jipa's house we checked the strength of her contractions, the foetal heart sound and did a vaginal examination to check the progress of her labour. I informed Dr Randall all my findings of the examinations and he told me that it would take a few more hours for the delivery to happen. He asked me if I would stay and conduct the delivery while he went for the OPD clinic at Kerpai. He also assured me that he would be back to help me after the clinic. As Dr Randall left, I felt a little fearful because I had never conducted a delivery myself and she was a first time mother. I said yes because sir told me he would be back after the OPD.

I stayed with the mother in the 'daapa'(back part of the house where women stay during periods and usually used by goats and chicken of the house) with another old woman who was called the Punel Budima or Raapiani (a traditional tribal dai who helped conduct the

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delivery and cut the umbilical cord). Jipa Majhi had multiple episodes of vomiting which scared me but I reassured her. She kept sitting and holding onto the rope from the ceiling during contractions only agreeing to lie down when I wanted to check her foetal heart. Her father-in-law in the meanwhile went and summoned the Gurumei (female shaman) who handed out some rice and ragi grains she had prayed over to be thrown on the pregnant mother and some leaves which were put in the hair of Jipa, behind her ears. At 2 pm I did a second PV examination and pricked her water-bag. This increased the strength of her contractions .The gurumei started singing in a frenzy in kuwi asking the home spirit of Jipa (who was her dead brother-in law to kick out the baby, asking him if he had any shame or not and why was he taking so long, giving Jipa so much trouble). I really felt like laughing in that moment but I couldn't. The villagers felt that as the Gurumei started singing louder, the labour progressed. As her labour progressed Jipa delivered a baby boy at 2.30 pm and he cried immediately at birth. Jipa expelled the placenta within 5 minutes too. I immediately kept the child at the breast and examined the mother for bleeding. We then weighed the baby (3kgs) and Jipa went to have a bath. The Raapiani then buried the placenta and cleaned the Daapa with gobar. Immediately after Jipa had a bath, she was could enter the house and was given a warm meal of Rice Kanji.

They offered me some food and by that time Radheshyam- the field animator of Rupen, had also come. We had a quick meal and on the way back at 4pm we met Dr Randall. I was so happy that I conducted my first delivery all alone in a Majhi household.

I want to thank Dr Randall for giving me the confidence to do this on my own. I hope to learn a lot for my people. And teach all the community nurses here how to do safe deliveries in the field as well as at the hospital.

-Chanchala Majhi

Learnings from a Diarrhoea Epidemic

There had already been 3 deaths at Rupen and at least 10 reported cases of which 1 was our own Swasthya Sathi, Sunadei from Rupen and the epidemic had spread its tentacles to the neighbouring villages of Dandpadar and Muzpang. Our ANM's and community nurses had already done demonstrations on the use of soap for regular hand-washing, boiling of water before drinking and the use of chlorine tablets for purification. A similar activity with treatment with I.V. fluids was done by govt. functionaries too and medicines were further distributed by the L&T Company that had mining interests in this area.

So, we started a house to house survey on reaching Rupen and diagnosed 4 new cases of diarrhoea with severe vomiting. One of them was an 11 year old girl named Nomi Majhi whose mother had just recovered from the diarrhoea herself. Chanchala coaxed and cajoled her into drinking the ORS water we had prepared for her but Nomi was either too stubborn or just hated the taste of the orange-flavoured ORS. She spat it out and pushed the vessel away. We then asked her mother to treat her with some salted rice water which she promised to do, then completed our survey and moved on, first to Dandpadar and then to Muzpang villages where more cases were reported. After finishing a round of the affected villages we visited Sylet, Marguma, Kandelguda and Maltipadar just to make sure the deadly disease hadn't spread further.

It was dark as we reached Rupen, still 7 km away from our home at Kerpai clinic. On an afterthought I decided to check on the patients in the village we had already treated. In the disorienting darkness, I checked on Machei Majhi whom the govt. functionaries had already loaded with intravenous fluids as Radhe and Rajalaxmi called out to me from the other side of the village. It turned out that over the period of the day our obdurate Nomi had refused to have anything to drink and when I entered her house I saw some regurgitated rice on the floor next to the cook-fire that provided the only light in the shadows.

Rajalaxmi and Ghasiram frantically tried to convince her parents that she needed a hospital as I looked into her sunken yet defiant eyes. She refused to budge as her drunken father feasted on a chicken with the guruguniya. A chicken they had just cut to appease their angry Majhi ancestors so that they would let Nomi live. The father refused to listen to reason and insisted that he would listen to whatever the guniya said. The team grew a little hysterical with Nomi's mother and father in the outer room. The guniya started chanting eerily, looking and blowing into Nomi's face, invoking gods and ancestors and dramatically at the end of 5 minutes suggested that we could take her to the hospital.

We immediately bundled her in a blanket for the cold road and with her drunken father in tow, played a game of musical chairs with the still defiant girl on our bikes and set out for Kerpai. Although the pitch darkness and a reluctant pillon rider didn't help we safely arrived at Kerpai. Once again Nomi turned out to be a difficult patient as it took almost an hour to start a line on her miniature veins. But start a line, we did and watching her sleep in the arms of her father after the resuscitative fluids, at 10pm was just reward for a hard day's work. Nomi smiled at me the next day and indicated wryly that she wanted the intruding medicath out as soon as possible. I told her it would be out if she drank her ORS. She agreed albeit with a face that only meant she didn't really like me.

Diarrhoea outbreaks are not uncommon in tribal villages but whenever it happens there is lot of publicity and many drop in and visit the villages- Health dept, bureaucrats, politicians, news reporters, if its a bauxite-rich area then mining company proxys, etc. But the root cause of these outbreaks remain unsolved- safe drinking water. We found out later that quite a few people of Rupen didn't really follow our preventive instructions. We had to involve the guruguniyas/traditional shamans too in our preventive work. The writing was on the wall.

-Randall Sequeira

Broken Bodies, Broken Lives……

Living stories from a tribal land

When TB hits Adivasi women

Tribal women are known for their resilience, endurance and high pain threshold levels. But one thing which many do not know is how they continue to work hard till they drop dead. Sukei Dei Majhi, a 45 year old woman was seen in the OPD from a village not so far from the village where the Swasthya Swaraj health center is located. She appeared at least 55 years old,with an emaciated body and weather-beaten, wrinkled face. Like any other tribal woman she has worked hard all her life -as a child, as an adolescent girl, as a young mother and now in her apparent old age. She has worked on the mountain top digging and ploughing her 2 acre land, carrying heavy head loads, cutting firewood,

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harvesting, threshing, toiling on road and building construction sites and in the local brick kilns. All in addition to her daily chores at home, to support the family.

She had been coughing for more than two months with occasional blood in her sputum and feeling very weak since quite a few days. But she continued to work and never thought of seeking healthcare. She has a family of 5 children and a sickly husband. While being preoccupied with her family's needs she forgot about her own life.

She was brought to the OPD by the Swasthya Sathi of the village. The anthropometry revealed that her BMI was only 14 (normal for adults >18.5 kg/m2). In the hospital she was diagnosed as TB and was asked to return after 3 days for confirmation of the diagnosis and starting anti-TB treatment. As she did not return after one week, the nurse went to the village but did not find her. Finally she was located in a far off village where she had gone to work in a brick kiln!

Yes, they continue to work till they drop dead. Like the huge trees that surround them and like the mountains where they live and work and die, they are strong, even though they are skinny and not much to look at. But with a BMI of 14, she is like a walking dead body. How does this woman continue to do the heavy manual labour which requires so much calorie expenditure? Under-nutrition and TB always go together, each leading to and aggravating the other. Their bodies waste away under a disease like TB which practically eats away their innards, but their will power remains unbeaten by the disease. Their life is a mystery which science cannot explain!

-Dr Aquinas Edassery

How Do New Leaders Emerge

Ghasiram completed his 12th exams this year. He was also found to be the most eligible candidate for the tribal leadership program run by Tata Steel at Panchgani in Maharashtra.This is his account of how he found it useful to become the next community leader.

Tata Steel had arranged for the Tribal Leadership Program (TLP) in Panchgani this year. My friends in Swasthya Swaraj had attended it last year and so I was eager to attend this year. This year there were 92 adivasis – men and women – from 56 different tribes in 21 states.

I heard from my colleagues that the TLP, last year had some interesting sessions on how to improve your self-confidence and build your inner soul as well as training on how to work for your community. I was very happy to be here. I liked the energy of the place particularly because there were only people from tribal areas around me. I became friends with a lot of people from different states. I got to learn about different cultures, traditions and the rituals of different tribal people. I was really inspired by how different people were working for their adivasi communities and got a lot of ideas on things to incorporate in my own work.

We had some amazing teachers. Mr.Dileep Patel was one of them. He understood us and made us understand his thoughts and lessons very simply through games and videos. We did a lot of evaluation of success stories in tribal areas with him and it was a great learning experience. Another good trainer was Mr Bhavesh Bhatia. He was blind. His life story was really inspiring and made me feel like I could achieve anything, especially since he had no money to complete his studies. To earn money he tried to work in a candle making company but he didn't get the job. The

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owner told him he wouldn't be able see the light on a candle so how would he work in the factory. Though he was disappointed, he took this to heart and decided to create a candle making factory himself. He started working as a masseuse. On earning 5000 rupees, he bought wax for his factory and kept working and started employing his friends and brothers in arms. He is now the owner of Sunrise Candle Company and employs only blind people at the company. After hearing this story I felt that to accomplish anything I have to start believing in myself and things would sort themselves out.

The aim of the TLP was to nurture tribal youth to build their 'antarashakti' to become tribal leaders, how to motivate people, how to bring about awareness, how to work with the team and how to increase the confidence of the entire community in the leader, that is me. This was done in various training forms.

The process involved this particular question –'where did the turning point come in my own struggle?' There was a group discussion by all the participants on turning points and how that turned into their own success story. This was a great learning experience for me. Because of this I could relate to my own story of how to change adversity to success and I was proud of being able to stand among my new friends and relate my own story.

When in the field, in Kandelguda, Ghasi feels he has had a few successes and a few failures too. But being able to share the experience with peers has made him more vocal about the problems he is facing and the solutions he has.

-***Ghasiram Majhi***

Didi's Health Tips

Lemon peel to cure joint pain

We use the lemon to make a lot of food .We give flavor to our salad, we quench our thirst in the summer or we give a fresh touch to our cakes. It is useful even to remove one or another stain. However peeling and peeling we may be wasting the best part. Almost half of the lemons nutrients are concentrated in its bark. Calcium-each 100grams of lemon peel contains 134mg; potassium in 100gram-129 mgs while fiber each 100gram contains 10.6g of fiber. All these nutrients as a whole act on the joints helping the relaxation of blood vessels. In turn they work as a body anti-inflammatory. Lemon peel is an effective remedy for join pains.

Ingredients

2 tablespoon oil virgin olive oil
2 large lemons organic
10 eucalyptus leaves
An air tight container

Preparation: Wash lemons well and peel away the white skin beneath the bark. The white part will not be used. Place the skins in a glass jar and pour the olive oil over them until it is completely covered. Add the eucalyptus leaves, check that the leaves are also immersed in the oil and let stand in a cool dry place for two weeks, shaking occasionally. After two weeks pour the oil into a strainer and discard the rest and you will get the precious oil.

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How to use: Moisten a clean gauze with a little of this oil and place it on the sore area. Cover the gauze with a bag, put on a scarf or something similar. The idea is that the lemon peel oil acts directly on the pain and that the joint is in permanent heat .It is necessary that this heat is not dispersed .Perform this treatment before going to sleep ,this way the ointment will act all night while you sleep.

Coffee cup stain remover- Put some lemon peel into a coffee cup add warm water and allow to sit for a few hours then wash it.

Freshen your fridge- Place a lemon peel inside your fridge to absorb smell and bring citrus scent inside your fridgedd a subheading.

-Sr Angelina

Kerpai Cluster Swasthya Sathis And Mothers

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