



SWASTHYA SWARAJ SOCIETY

A people's movement for Swaraj in Health

ANNUAL REPORT 2024-25



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ABOUT SWASTHYA SWARAJ

Swasthya Swaraj is a secular, not-for-profit organisation committed to making healthcare a reality for the poorest and most underserved. Our focus is on tribal health. Swasthya Swaraj has established a model community health program—the Swasthya Swaraj Comprehensive Community Health Programme—in the tribal-dominated Thuamul Rampur block of Kalahandi district, Odisha, India. We envision a people’s movement for SWARAJ in health: a just, equitable society, free from ill health, illiteracy, and poverty. All our programs align with government initiatives and are designed to strengthen the government system.

The organisation’s work has two core areas: delivering clinical healthcare high-quality, affordable primary healthcare through centres and outreach camps close to underserved communities.

We lead Community Empowerment Programmes and Initiatives grounded in health and nutrition, that expand to education, livelihood creation, and healthcare training. These efforts involve community members, enabling meaningful participation and collective action for sustainable long-term well-being.



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.



OUR VALUES

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

"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."



Board of Governance

Dr. George Albert D'Souza **President**

Dean, St John's Medical College,
Bangalore

Dr. Shantidani Minz **Vice President**

Prof. Dept. of Community
Medicine, Christian Medical
College, Vellore

Dr. Aquinas Edassery **(Jemma Joseph Edassery)** **Secretary**

Executive Director, Swasthya
Swaraj Society, Kalahandi

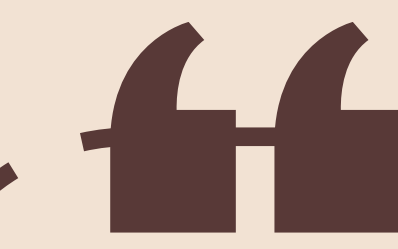
Dr. Narayanan Devadasan **Treasurer** Public Health Consultant

Dr. Venkata **Ramanamma Atkuri** **Member** **Public Health** **Consultant**

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

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

Message from the President



No greater opportunity,
responsibility, or obligation
can fall to the lot of a human
being than to be involved in
the care of the suffering.

It has been an eventful year for Swasthya Swaraj. The inauguration of the new hospital building in Kaniguma village on the auspicious day of Gandhi Jayanti, graduation of our 3rd batch of Diploma in Community Health Practice graduates, achieving the goal of starting 60 creches in 60 villages to improve the nutritional status of children etc etc. The starting of the new hospital building was a long-awaited need and a long-awaited event. The zeal with which our communities participated in its inauguration was an endorsement of the work done by Swasthya Swaraj. All this would not be possible without the selfless service of all our staff and volunteers and the support of our donors. We acknowledge the confidence that our donors place in us and is an impetus for us to do better in the year to come in providing equitable quality healthcare to the communities we serve.

As Harrison said 'no greater opportunity, responsibility, or obligation can fall to the lot of a human being than to be involved in the care of the suffering', This calls us to be ever diligent, honest, compassionate and empathetic to those we serve. It also calls for us to work as a team helping each other, acknowledging each other and respecting each other, sensitive to the local culture and practices, and help the communities we serve to achieve equity and improve their standards of living. Swasthya Swaraj upholds and tries to be always ethical in our behavior, in our healthcare practices. Let us pledge to continue to serve our communities with the utmost sincerity and continue the healing work of God.

Dr. George Albert D'Souza
President



Health Centres

Adivasi communities continue to face stark health disparities due to limited access to affordable and reliable services. To bridge this gap, Swasthya Swaraj operates two 24×7 health centres at Kaniguma and Kerpai, staffed by resident healthcare teams. These centres provide comprehensive primary healthcare, emergency services, maternal and newborn care, diagnostic facilities, nutrition support, and disease prevention — all guided by the principle of rational use of investigations and drugs. This work is supported by partners including the Azim Premji Foundation and other donors, alongside collaboration with government stakeholders.

Kaniguma Hospital

In 2023, Kaniguma Hospital was relocated to a larger facility on land leased by the District Administration, significantly expanding its capacity. The new hospital offers improved patient care with emergency obstetric and newborn services, an HDU, surgical and orthopaedic management, radiology, pharmacy, and advanced laboratory facilities including microbiology. It also hosts a training centre for newborn resuscitation and essential newborn care, with dental, vision, and physiotherapy units being developed. The construction and equipping of the hospital were made possible through the support of the District Administration, Gharda Chemicals, Azim Premji Foundation, Susmita Bagchi, Rotary International, SELCO Foundation, MSTC, LIC-HFL, SBI-MF, BRBNMPL, HVS Trust, and individual donors.

Kerpai Centre

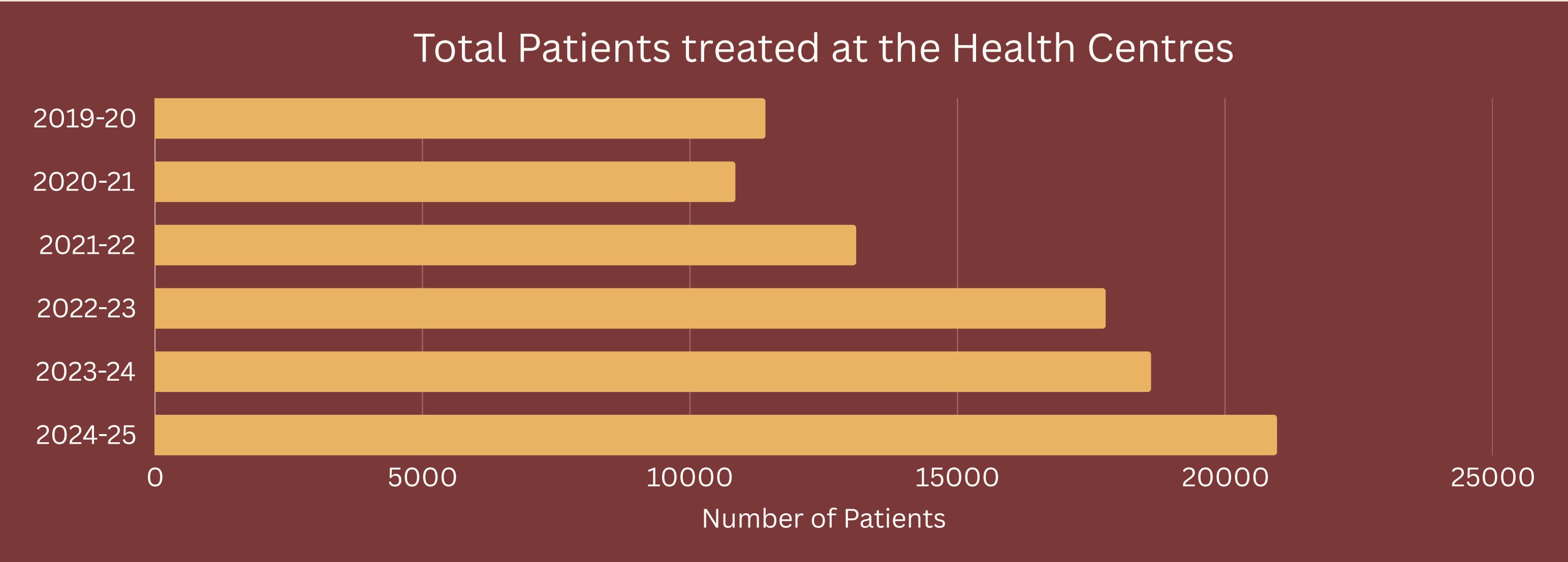
Accredited under Janani Suraksha Yojana (JSY), the Kerpai Centre reduces unsafe home deliveries by providing institutional delivery care. It specialises in neonatal resuscitation, management of severe acute malnutrition, and high-quality primary healthcare, serving as a lifeline for remote communities.

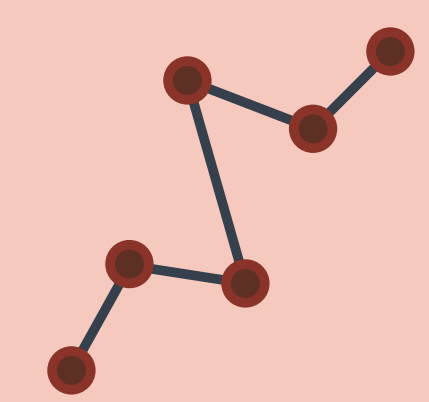
Gaon Swasthya Poshana Ghars (GSPGs)

To extend services deeper into remote villages, Swasthya Swaraj has developed Gaon Swasthya Poshana Ghars (GSPGs), each serving 1,000–1,500 people. These centres bring curative and preventive care closer to underserved communities, while also addressing undernutrition and child malnutrition. The first GSPG was launched in Silet in 2021, supported by the R G Manudhane Foundation for Excellence and SELCO Foundation, which powers centres with solar-enabled equipment. In October 2023, a new GSPG was established in Nehela, reaching 16 tribal-dominated villages and hamlets.

Expansion to New Area

Work is underway to expand into 35 additional villages across five Gram Panchayats in southern Thuamul Rampur, some accessible only by boat. Community meetings have been conducted in 35 villages and 30 Swasthya Sathis and 25 TULSI Sathis have been selected. Orientation trainings for both groups have also been conducted. A new GSPG is being established in Padadunga, Maligaon Panchayat, with support from BRBNMPL. This centre will host a Mobile Medical Unit, equipped with basic lab testing and pharmacy facilities, to deliver last-mile healthcare to some of the most remote habitations in the block.



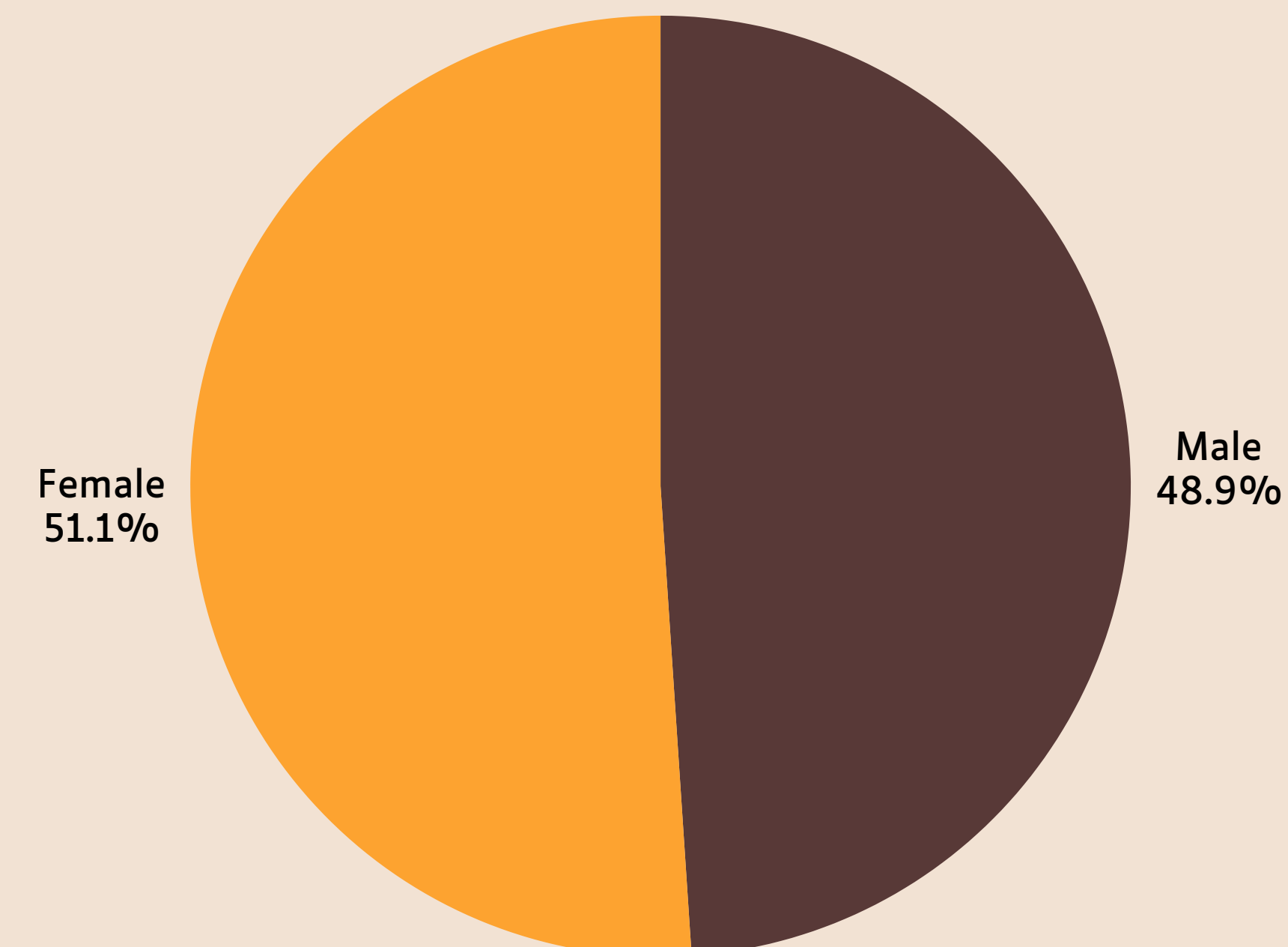


Datapoint @Health Centres

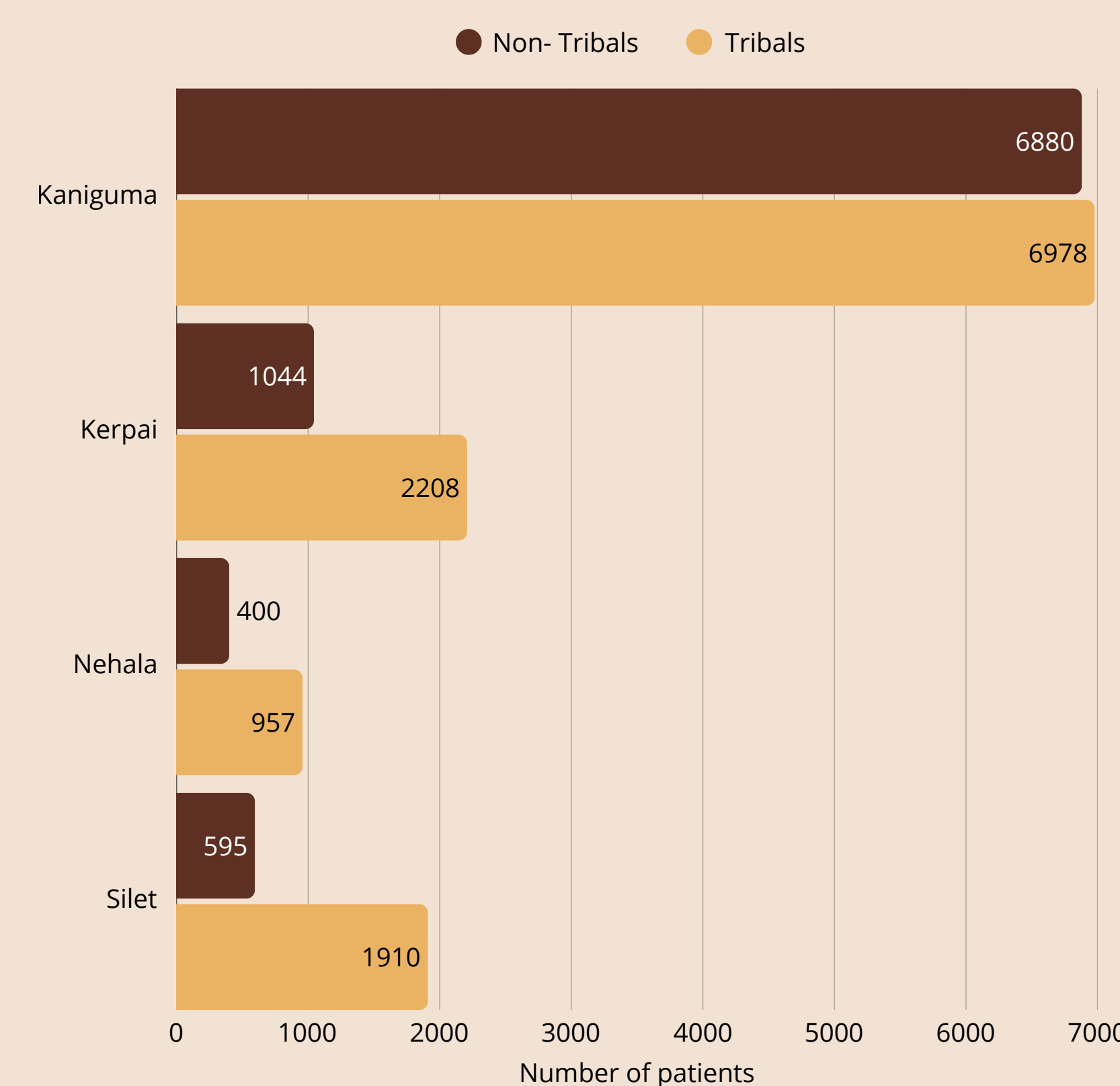


In-Patient Services

Number of patients seen in all the health centres
n = 20972



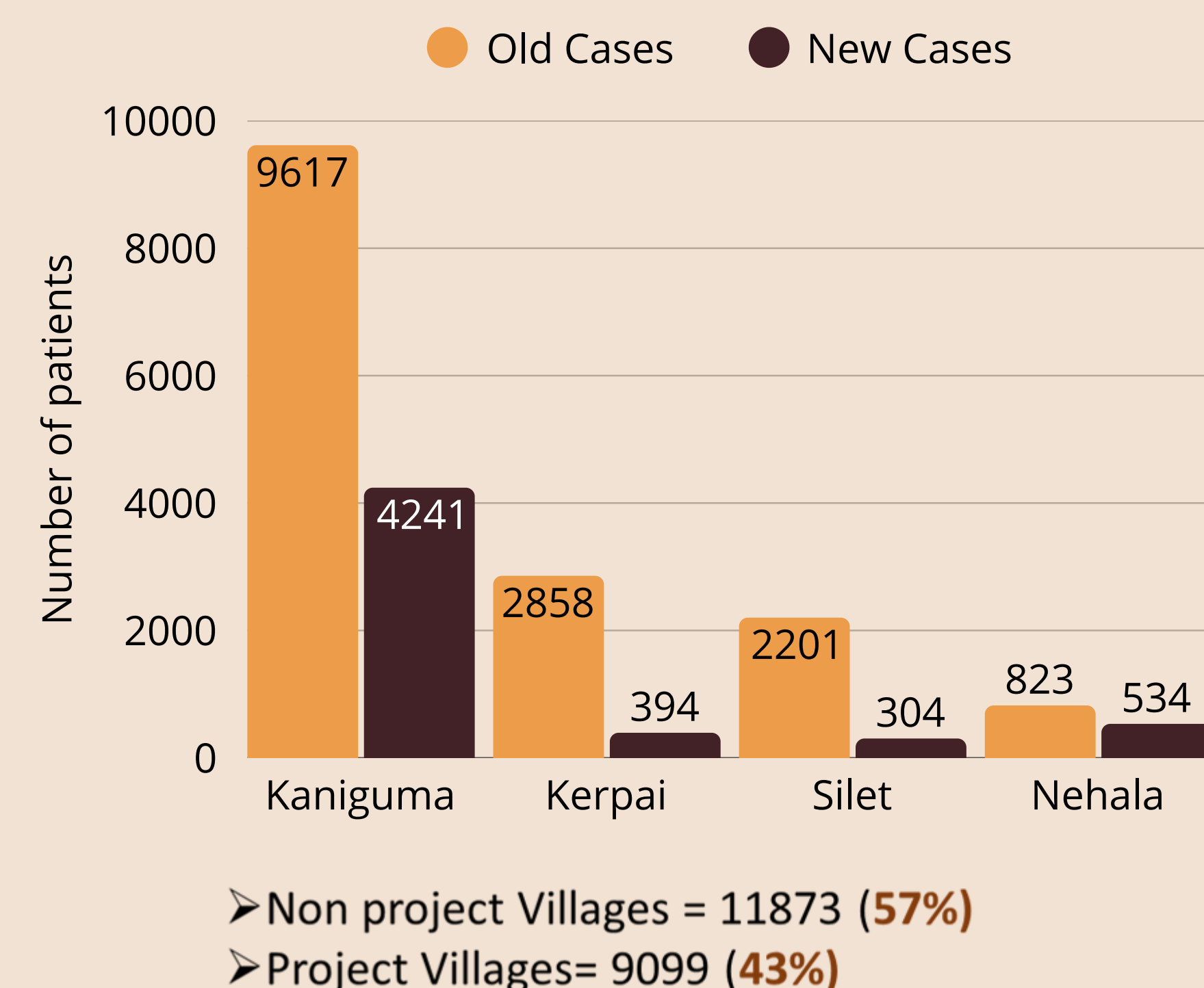
Caste wise distribution of patients



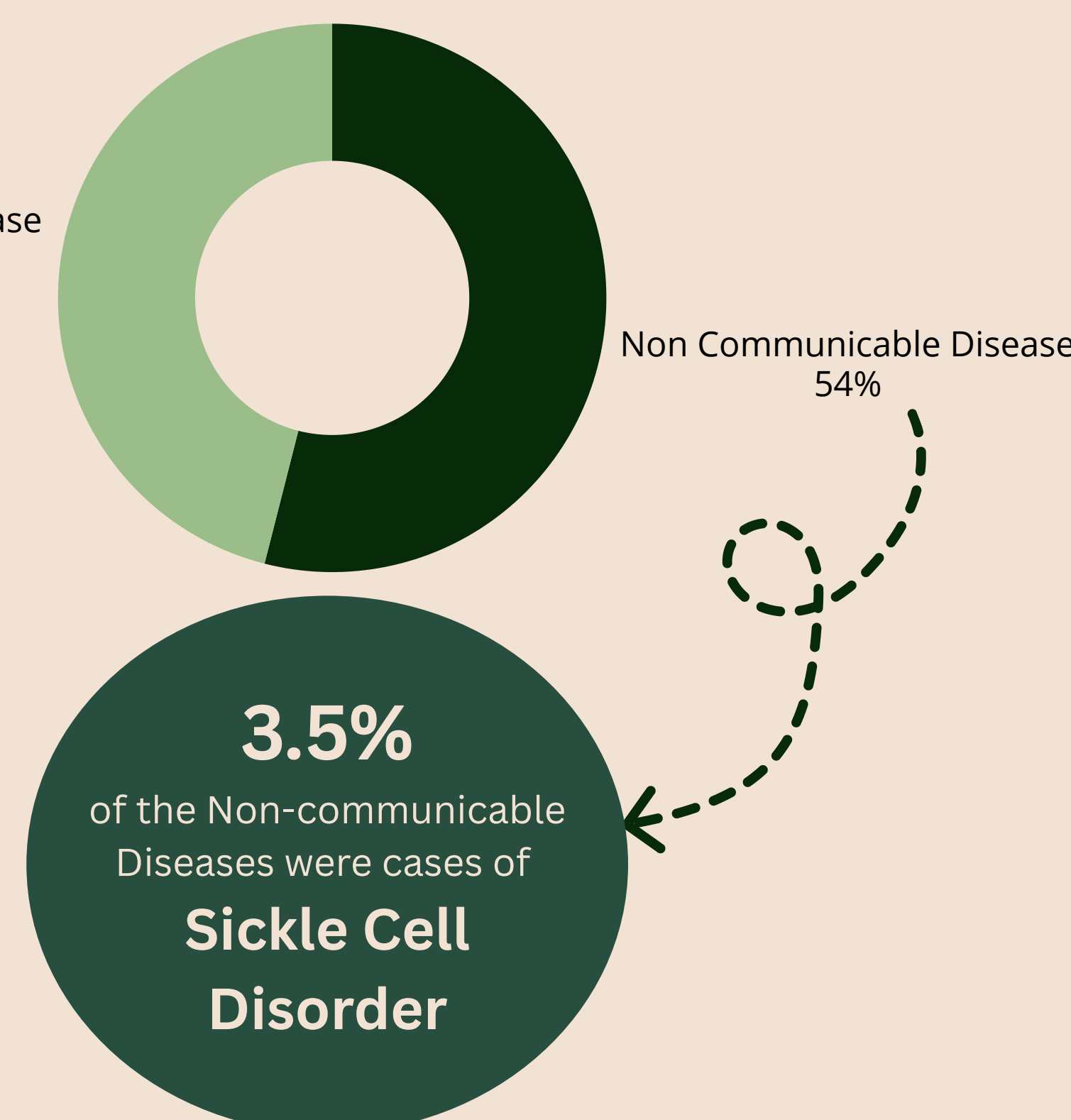
32

Live deliveries in Kerpai Centre (1 Still birth)

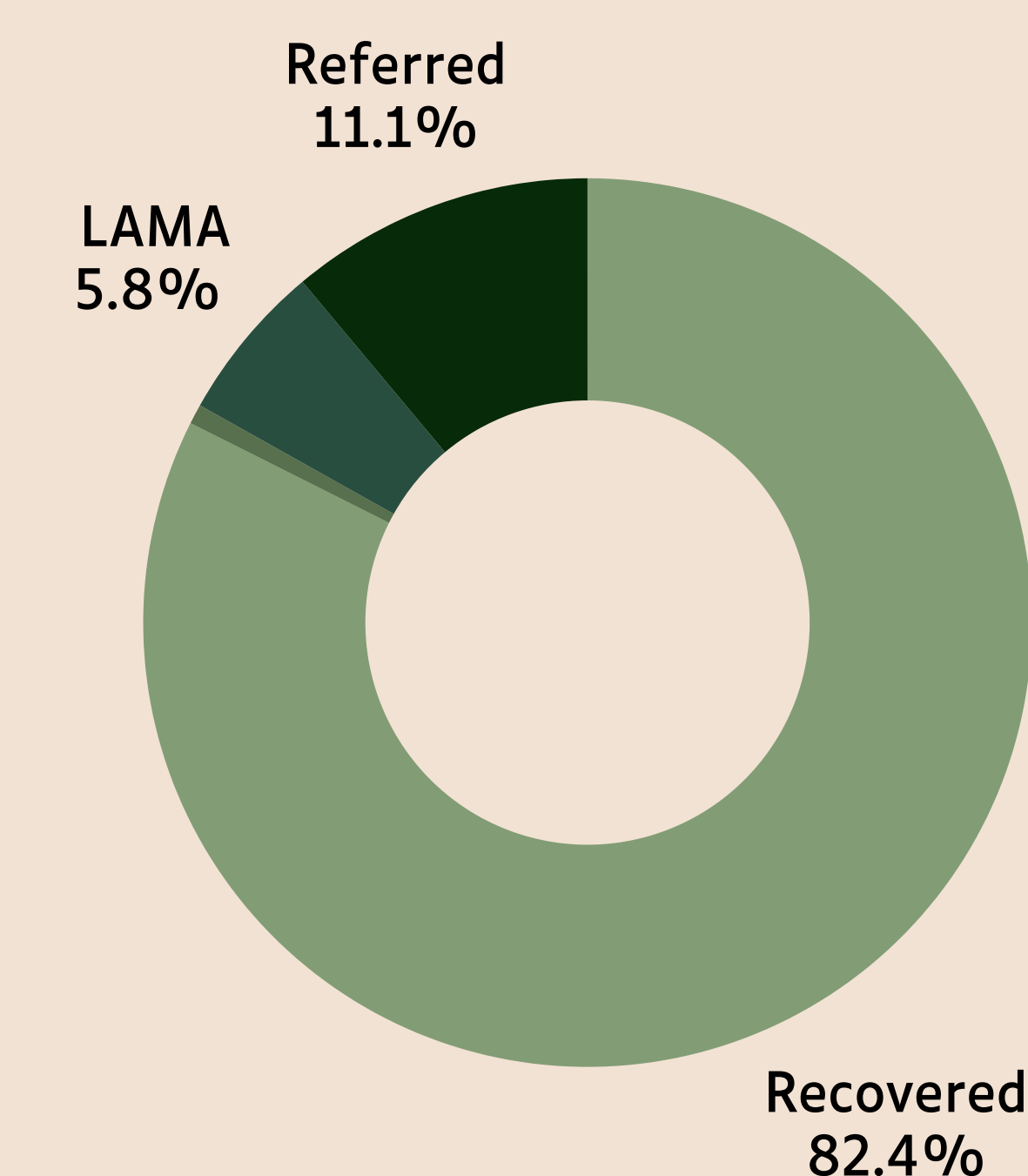
Cluster	Female	Male	Total
Kaniguma	148	144	292
Kerpai	69	25	94
Silet	17	12	29
Total	234 (56%)	181 (44%)	415



Communicable Disease 46%

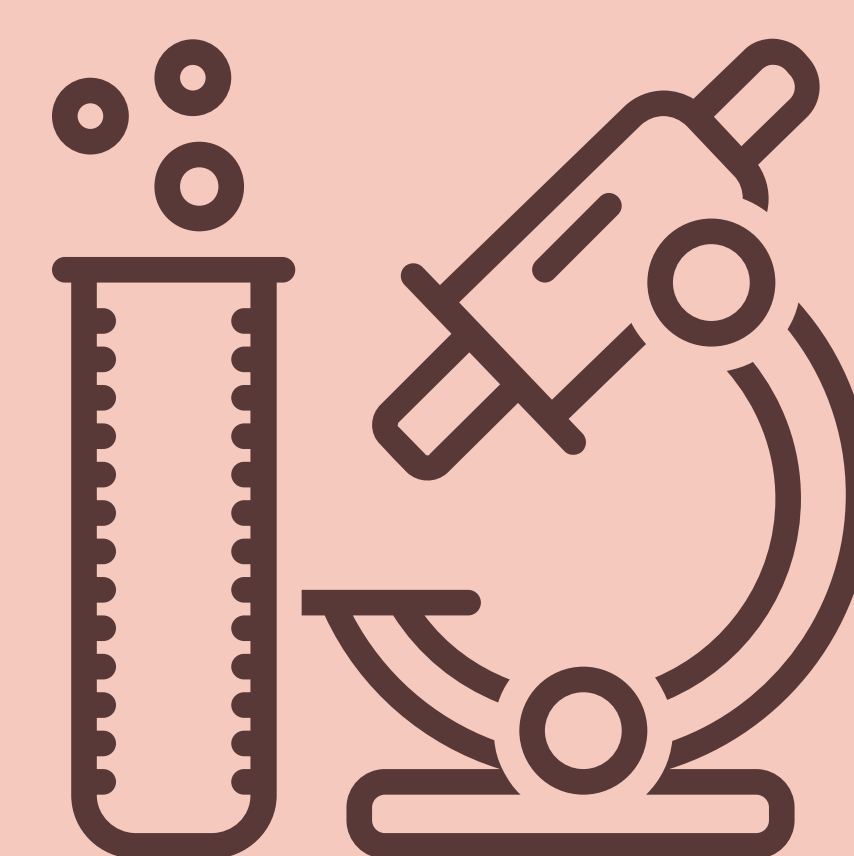


IPD patient outcome



Laboratory investigation data in all health centres

Laboratory Investigations /Test		Kaniguma	Kerpai	GSPG Silet & Nehala
Total Test		26282	4547	4270
Blood	Hematology	16384	3859	3806
	Biochemistry	5109	195	224
	HB Electrophoresis	375	0	0
	PCR for Malaria	500		
Sputum	Microscopy	416	8	4
	PCR/ TRUENAT	466	0	0
Urine		2196	469	225
Other	Others	466	6	2
	Microbiology	370	10	9



Number of laboratory investigations

35099

Bike Ambulance Initiative



A pregnant woman in the Bike Ambulance / Quick responder

To improve emergency response in hard-to-reach areas, Swasthya Swaraj introduced a bike ambulance service in Thuamul Rampur block with the support of TPWODL. This initiative brings timely and cost-effective emergency care to around 6,000 people across 35 remote villages, particularly in hilly terrain where conventional ambulances cannot reach quickly. The bike ambulance strengthens access to life-saving services in cases of accidents, obstetric emergencies, and other critical health situations, ensuring that distance and poor road infrastructure no longer remain barriers to care.

Outreach Clinics

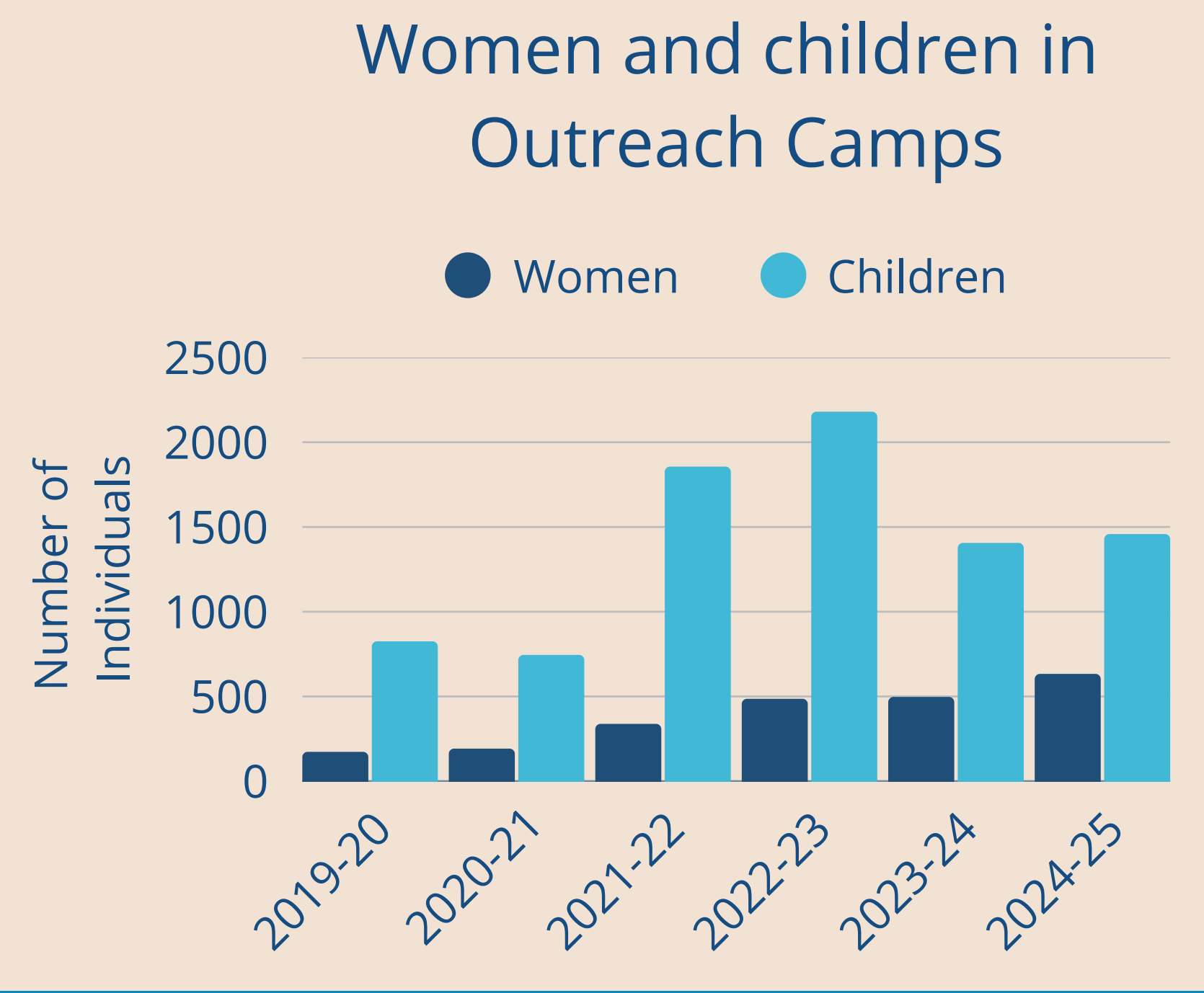
To improve access to essential healthcare in remote tribal villages, Swasthya Swaraj organises outreach camps every two months across 10 strategic hard to reach locations, with a special focus on pregnant women and children under five years. These camps serve as a crucial bridge in areas where regular healthcare access is limited.

The camps provide a comprehensive package of services, including growth monitoring, nutritional assessments, malaria and anaemia screening, laboratory tests, and detailed medical check-ups. Particular emphasis is placed on detecting high-risk pregnancies, preventing low birth weight, and identifying children with severe or moderate acute malnutrition (SAM/MAM). This year, the approach was sharpened to prioritise vulnerable groups—SAM and MAM children, antenatal and postnatal mothers, and sickly children—ensuring that limited capacity directly benefits those most at risk.

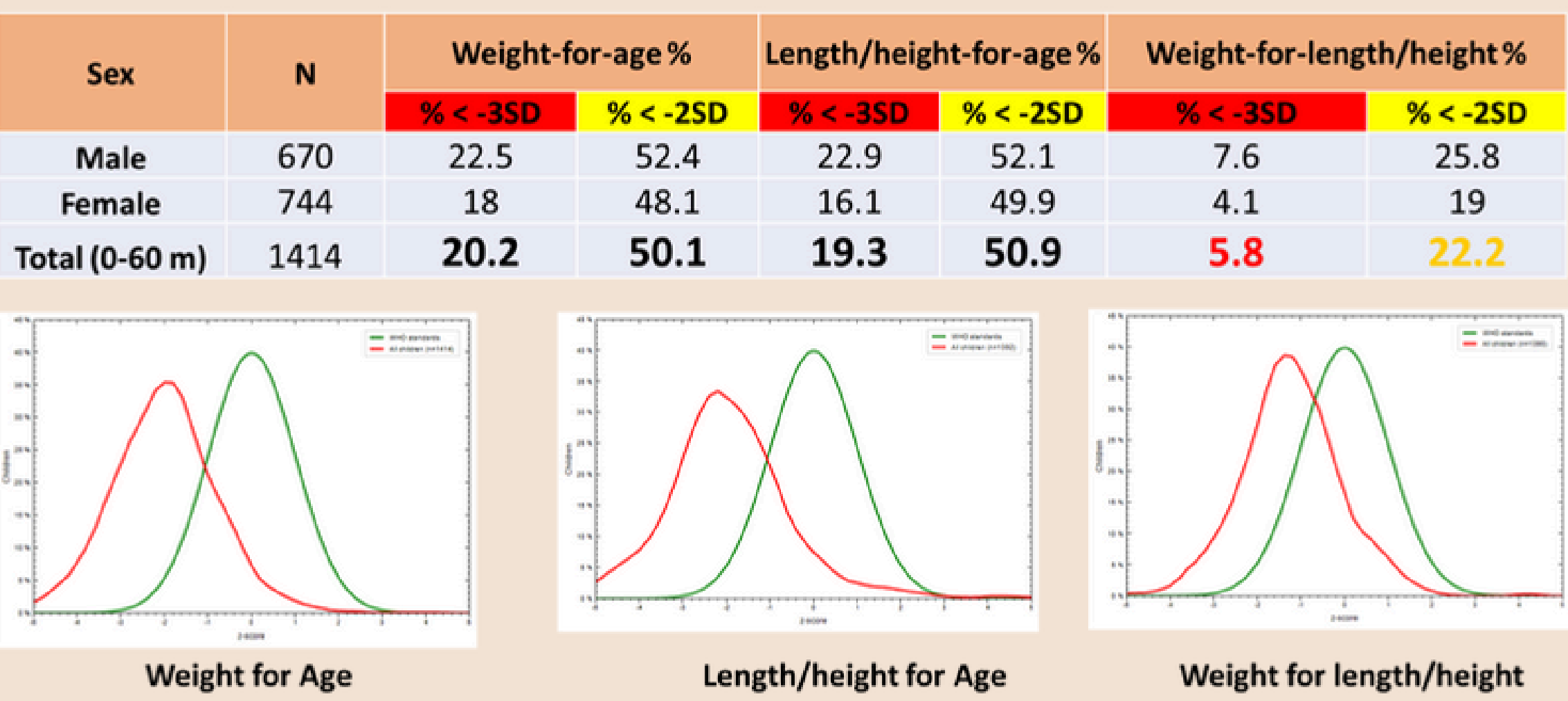
Alongside clinical services, health education is a core component.

Senior nurses and health workers counsel mothers on antenatal and postnatal care, immunisation, nutrition, family planning, and safe institutional deliveries. Myths and misconceptions around maternal and child health are addressed through dialogue, enabling informed choices within the community.

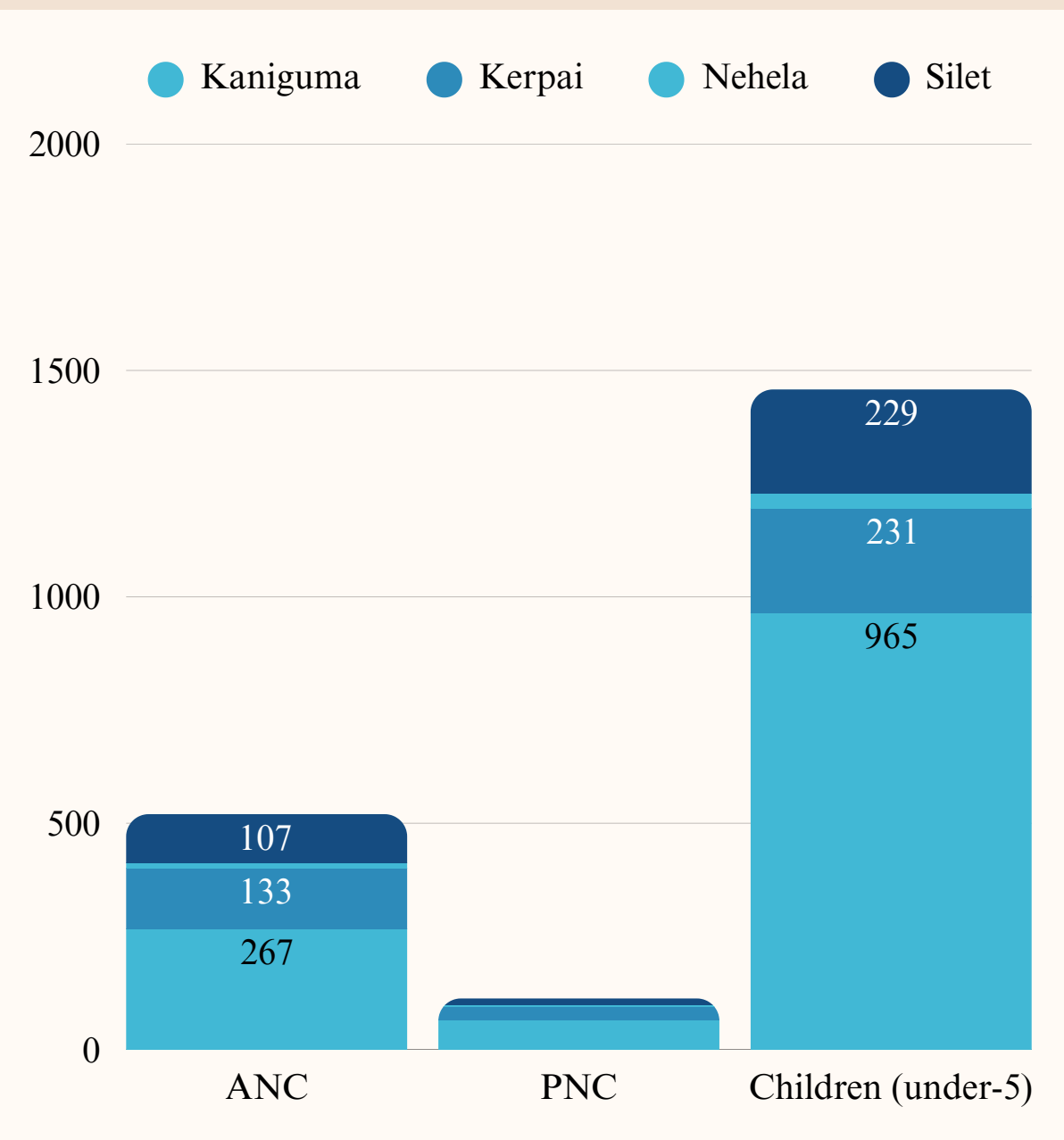
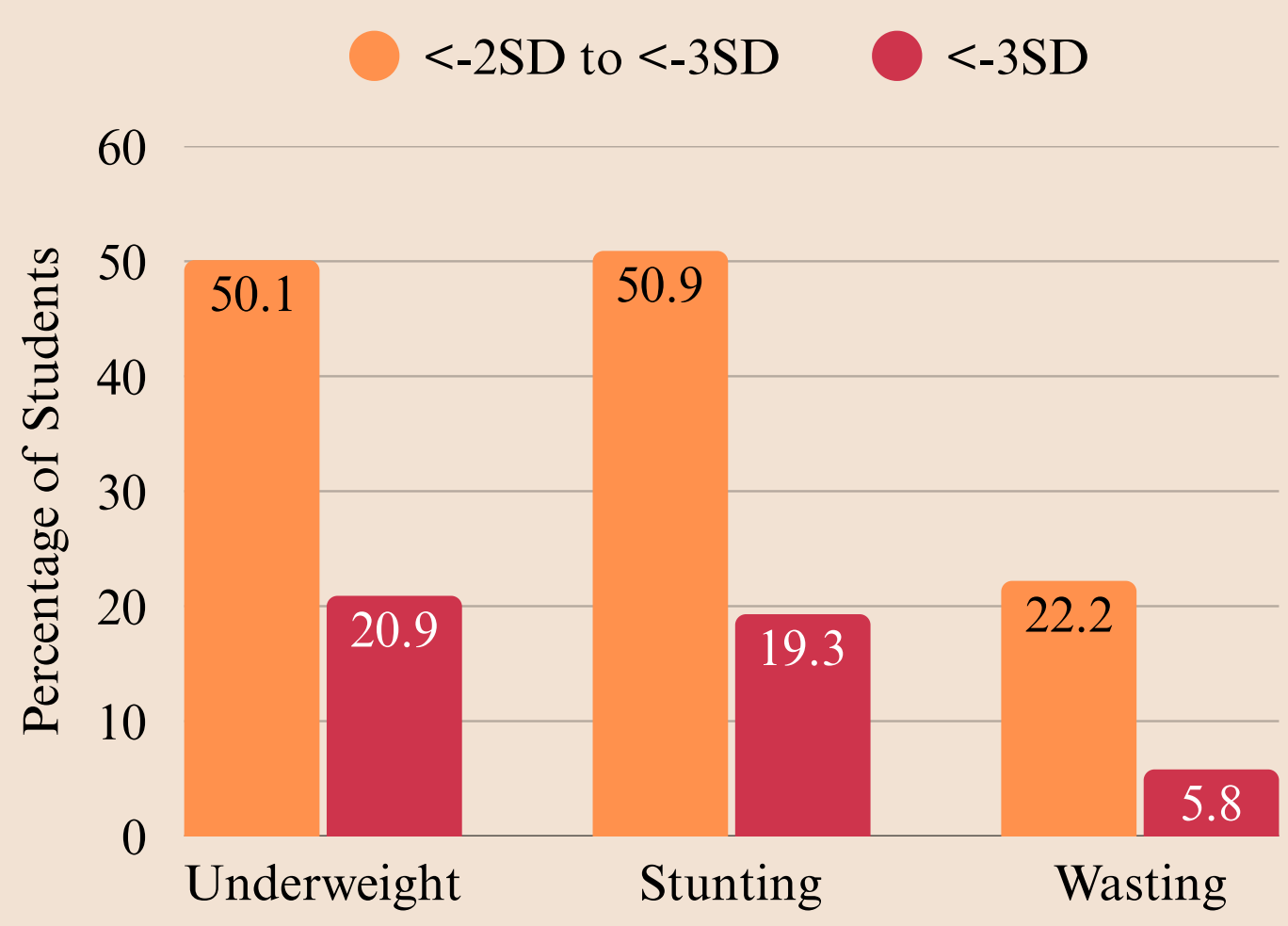
By combining medical care with education and nutritional support and nutrition kits to pregnant women, the outreach camps not only address immediate health needs but also work towards long-term improvements in maternal health, child growth, and overall community well-being.



Under Five Growth Monitoring (Outreach)



Nutritional Status of U-5 children N=1414

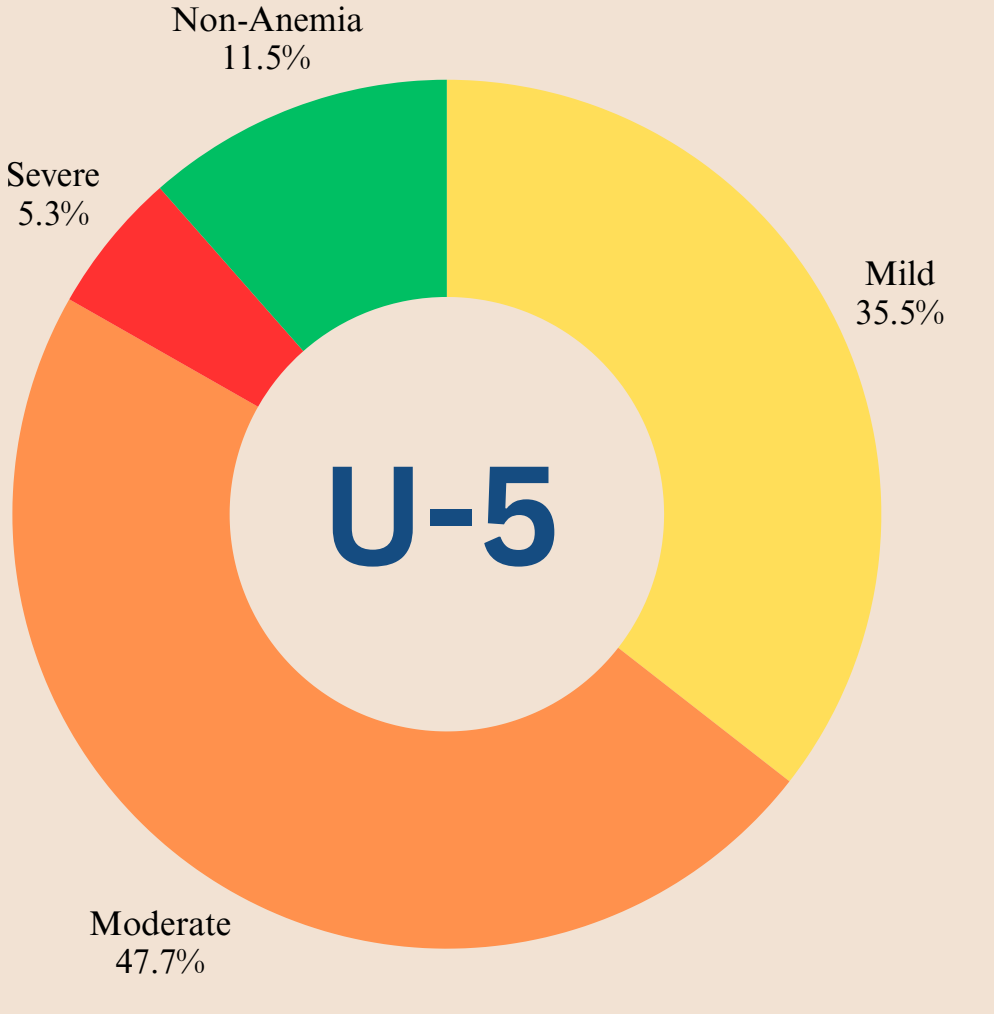
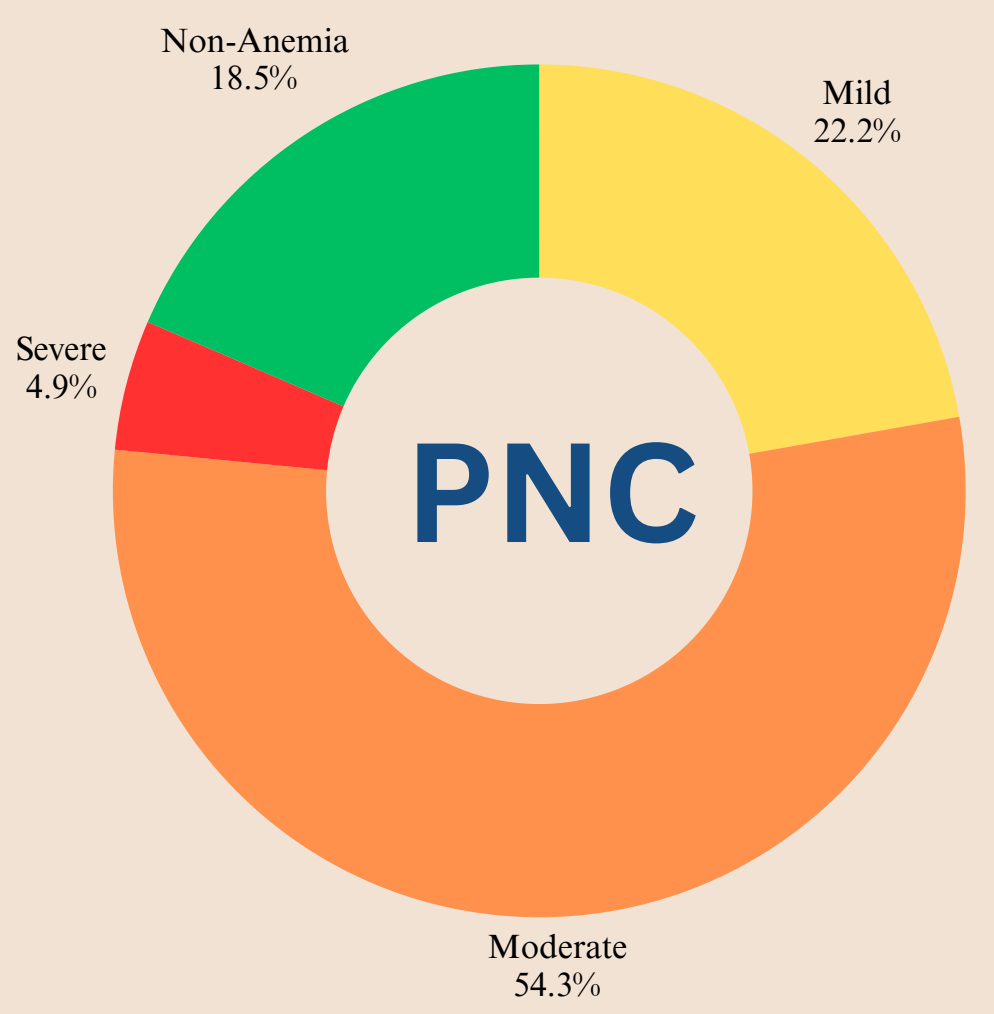
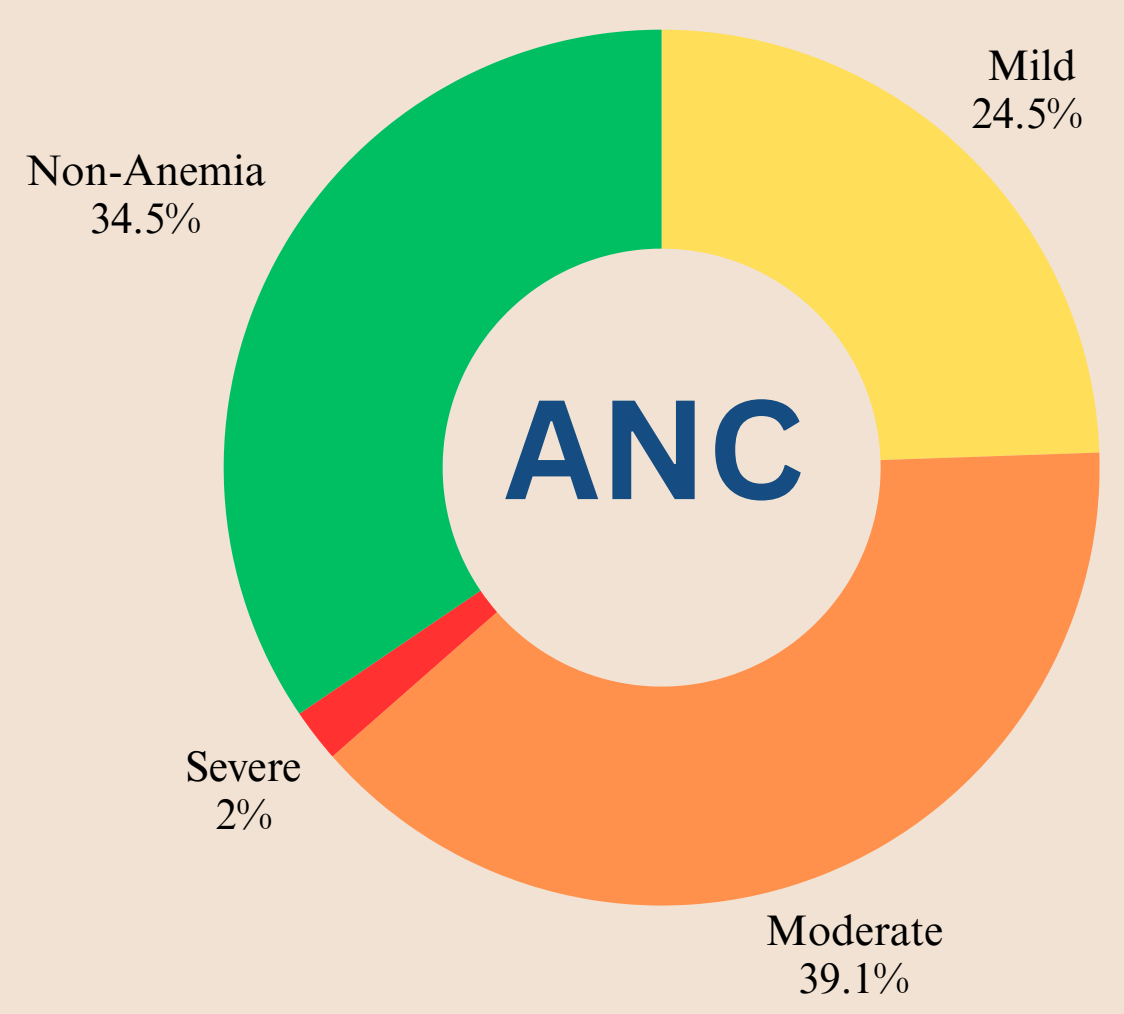


Total number of Ante-natal, Post-Natal and Under-5 children's Outreach camps

Cluster	ANC	PNC	Children	Total
Kaniguma	267	66	965	1298
Kerpai	133	29	231	393
Nehela	13	5	33	51
Silet	107	13	229	349
Total	520	113	1458	2091

Anemia Status in Outreach Camps

ANC/PNC/ U5	Mild	Moderate	Severe	Non Anemia	Total
ANC	112	179	9	158	458
Children (U5)	424	569	63	137	1193
PNC	18	44	4	15	81
Total	554	792	76	310	1732



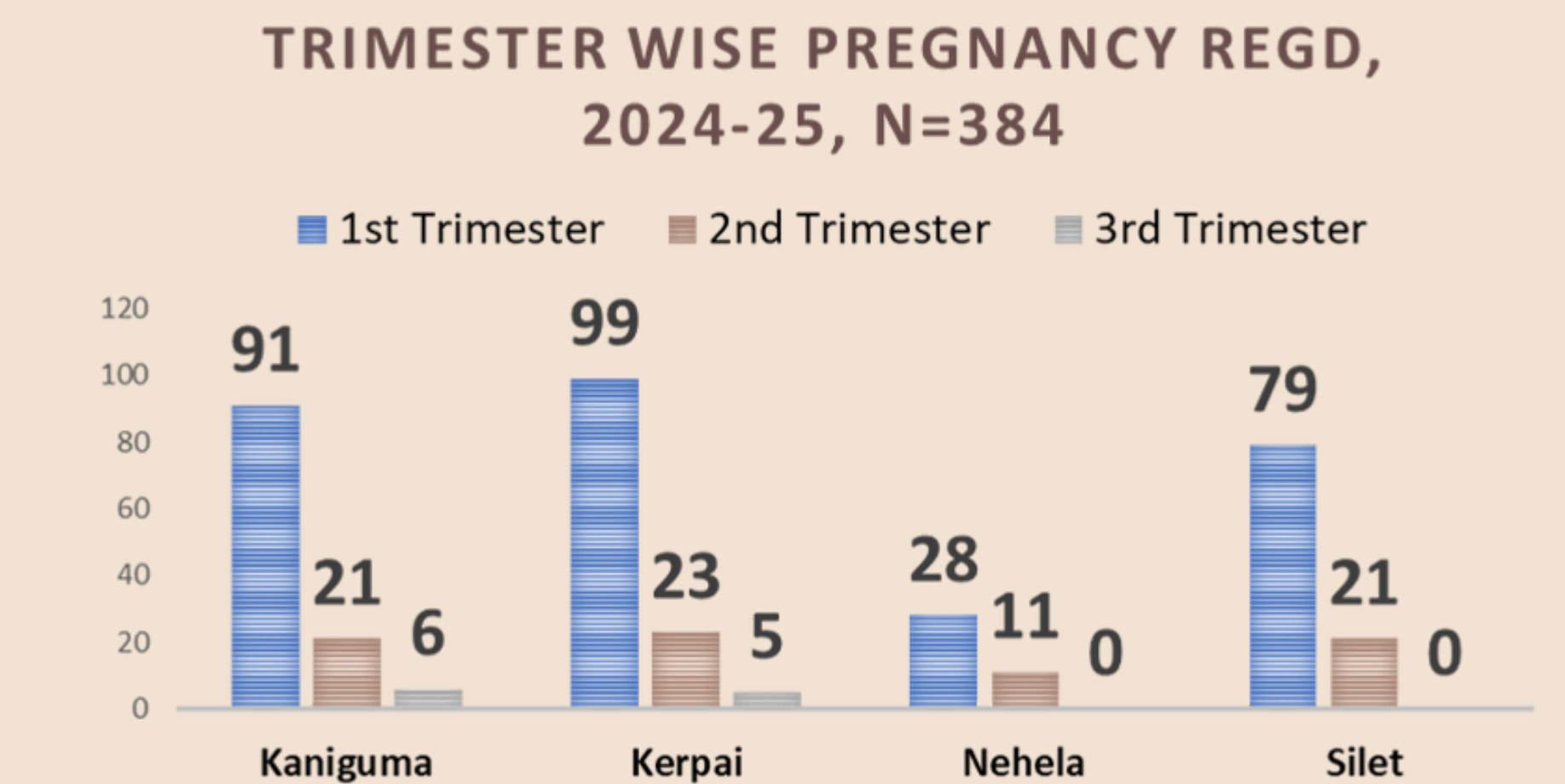
Malaria Status in Outreach Camps

ANC/PNC/ U5	Negative	PF	PV	PF+PV	Total
ANC	451	55	0	3	520
Children (U5)	1231	109	91	27	1458
PNC	110	13	1	0	113
Total	1792	177	92	30	2091



New Pregnancy Registration

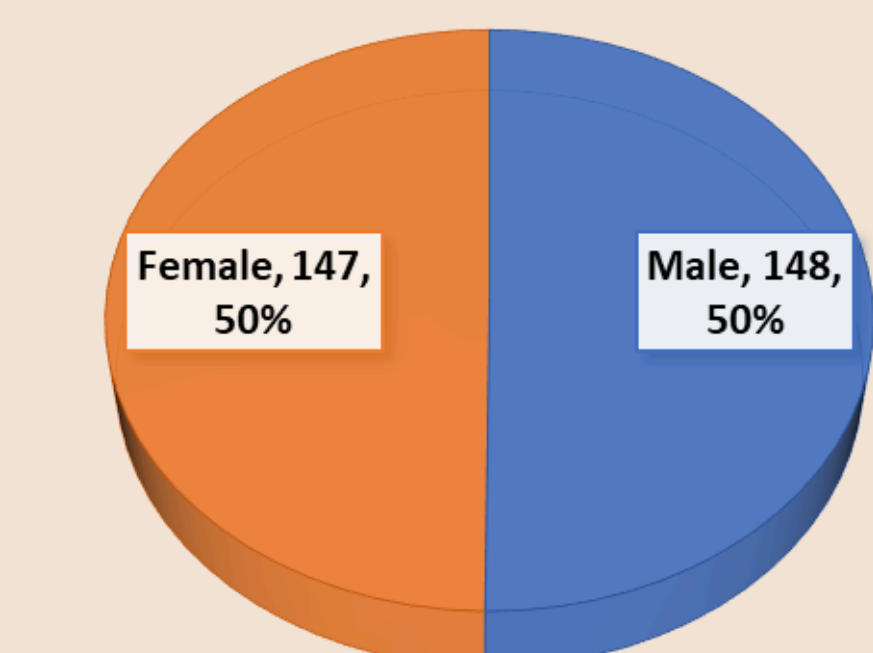
Cluster	Pregnancies Registered	High Risk Identified
Kaniguma	118	17
Kerpai	127	16
Nehela	39	6
Silet	100	33
	384	72 (19%)



Pregnancy Outcomes

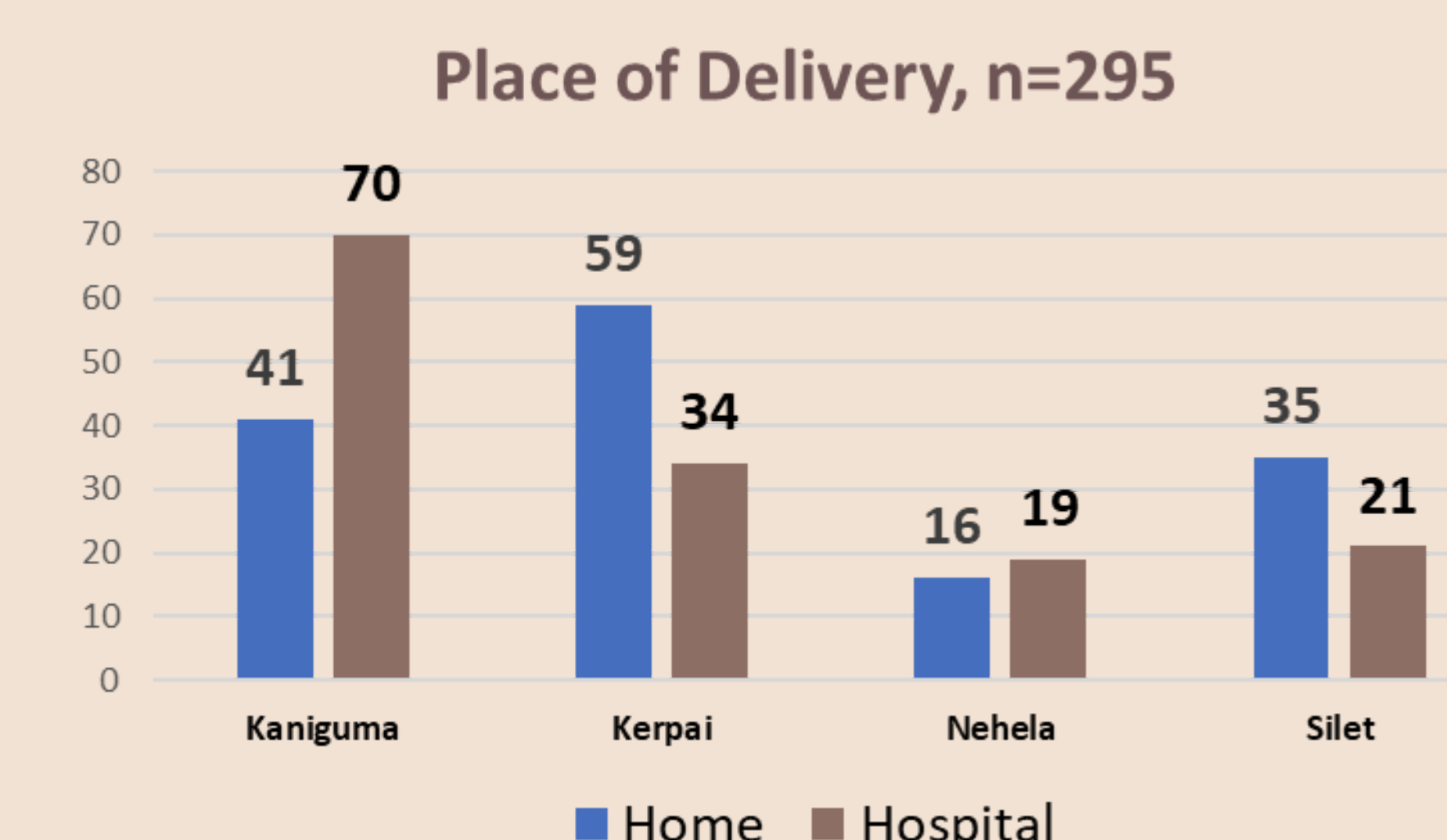
Pregnancy Outcome				
Cluster	Live	Still Birth	Abortion	Total
Kaniguma	109	2	9	120
Kerpai	90	3	17	110
Nehela	34	1	3	38
Silet	53	3	16	72
Total	286 (84%)	9 (3%)	45 (13%)	340

SEX AT BIRTH, N= 295, (LB-286, SB-9)

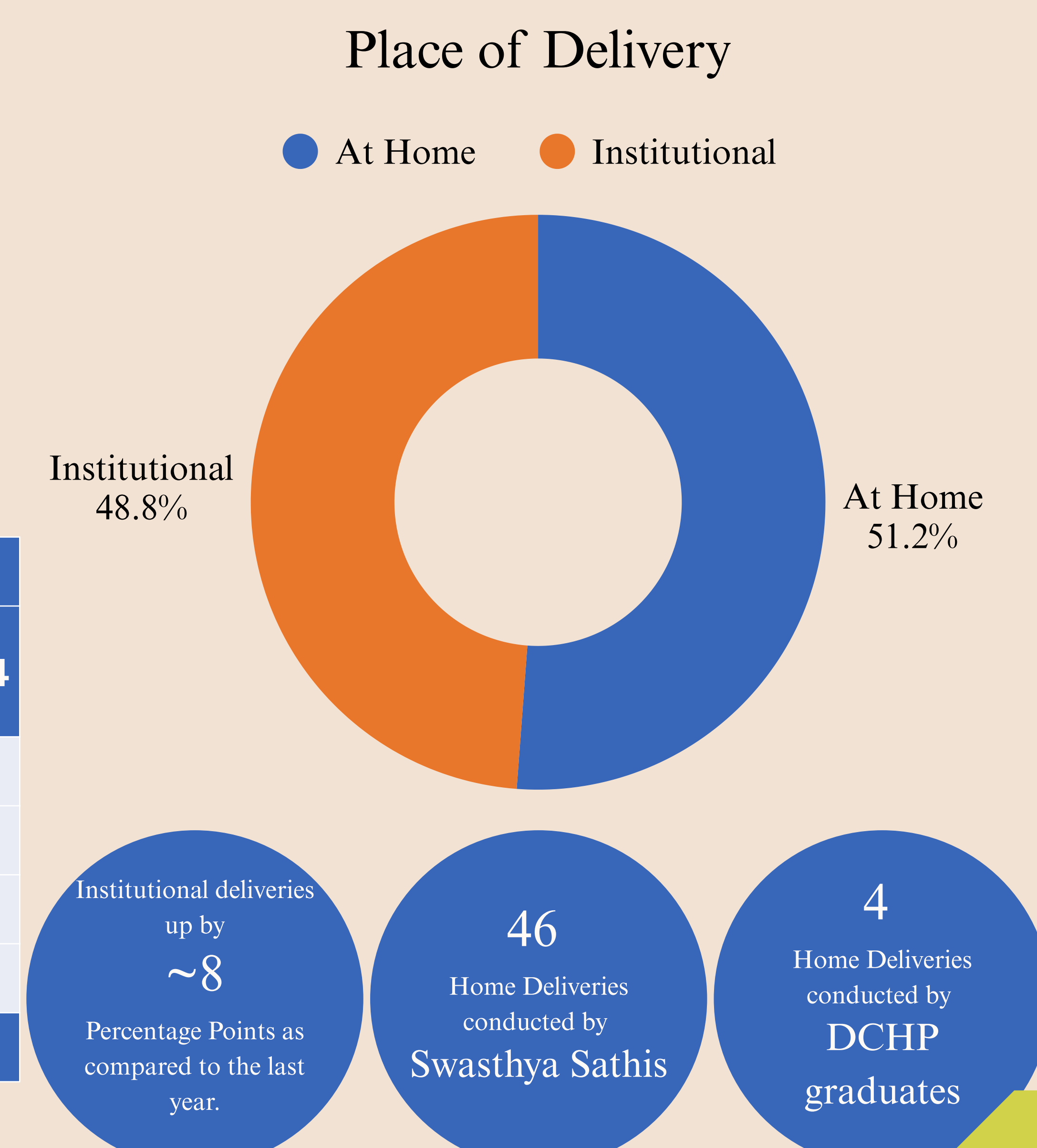


Low Birthweight = 88, (30%)
Very Low Birthweight = 18, (6%)
Neonatal Deaths = 11
Maternal Deaths = 1

Place of Delivery and ANC Services



ANC Visit				
Cluster	ANC_1	ANC_2	ANC_3	ANC_4
KANIGUMA	102	90	54	17
KERPAI	98	66	24	8
NEHELA	32	27	16	4
SILET	63	41	17	11
Total	295	224	111	40



Swasthya Sathis

Swasthya Sathis are the backbone of Swasthya Swaraj’s community health initiatives. As trained community health workers, they receive monthly capacity building on preventive care, diagnosis, maternal and newborn health, nutrition, and local diseases. They also operate a village-level disease surveillance system, tracking illnesses, outbreaks, pregnancies, institutional deliveries, malnutrition, and overall health trends.

By visiting every household once in every two weeks, Swasthya Sathis ensure close follow-up with patients, collect vital health data, and strengthen the organisation’s ability to respond quickly to community needs. Their work fosters community participation, improves care for mothers and children, and plays a crucial role in early detection of diseases like malaria and tuberculosis.



Disease Surveillance by Swasthya Sathis

Diseases/ cases	Annually
Fever	6793
Cold Sponging for fever cases	4086
Respiratory Infections (Cough)	4090
Worm in Stool	1689
Diarrhoea & Vomiting	3681
ORS Suppliment	3222
Community Follow-up of Malnutrition	642
Mosquito net use (by Households)	5242
Fits/ Convulsion	344
Scabies/ Skin disease	3052
Fever with rashes	1807
Night Blindness	550
Eye problem	1454
Dental/ Teeth problem	3354
Ear problem	1925
Snake Bite	56
Dog Bite	48

Malaria Control Programme

Malaria continues to be one of the most pressing health challenges in our operational areas. While previous years had shown a decline in prevalence, the year 2024–25 witnessed a sharp rise in positive cases, surpassing even last year’s increase. Despite scaling up both preventive and curative interventions, the surge remains alarming.

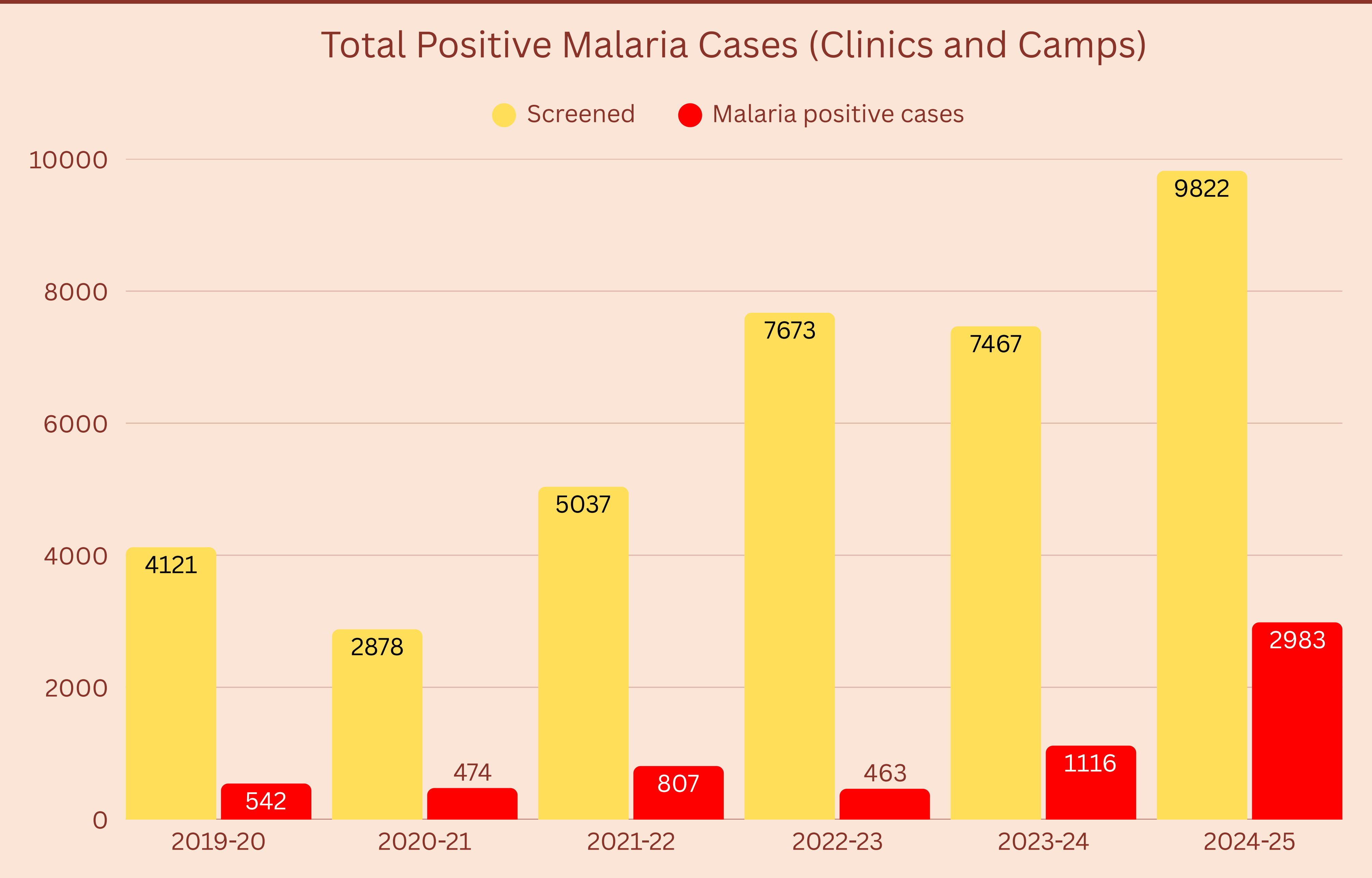
Early Diagnosis and Treatment

All four health centres provide admission and management facilities for severe malaria cases. Field staff and grassroots workers are trained in Rapid Diagnostic Testing (RDT) for early detection, while Directly Observed Therapy (DOT) in villages ensures timely and complete treatment adherence.

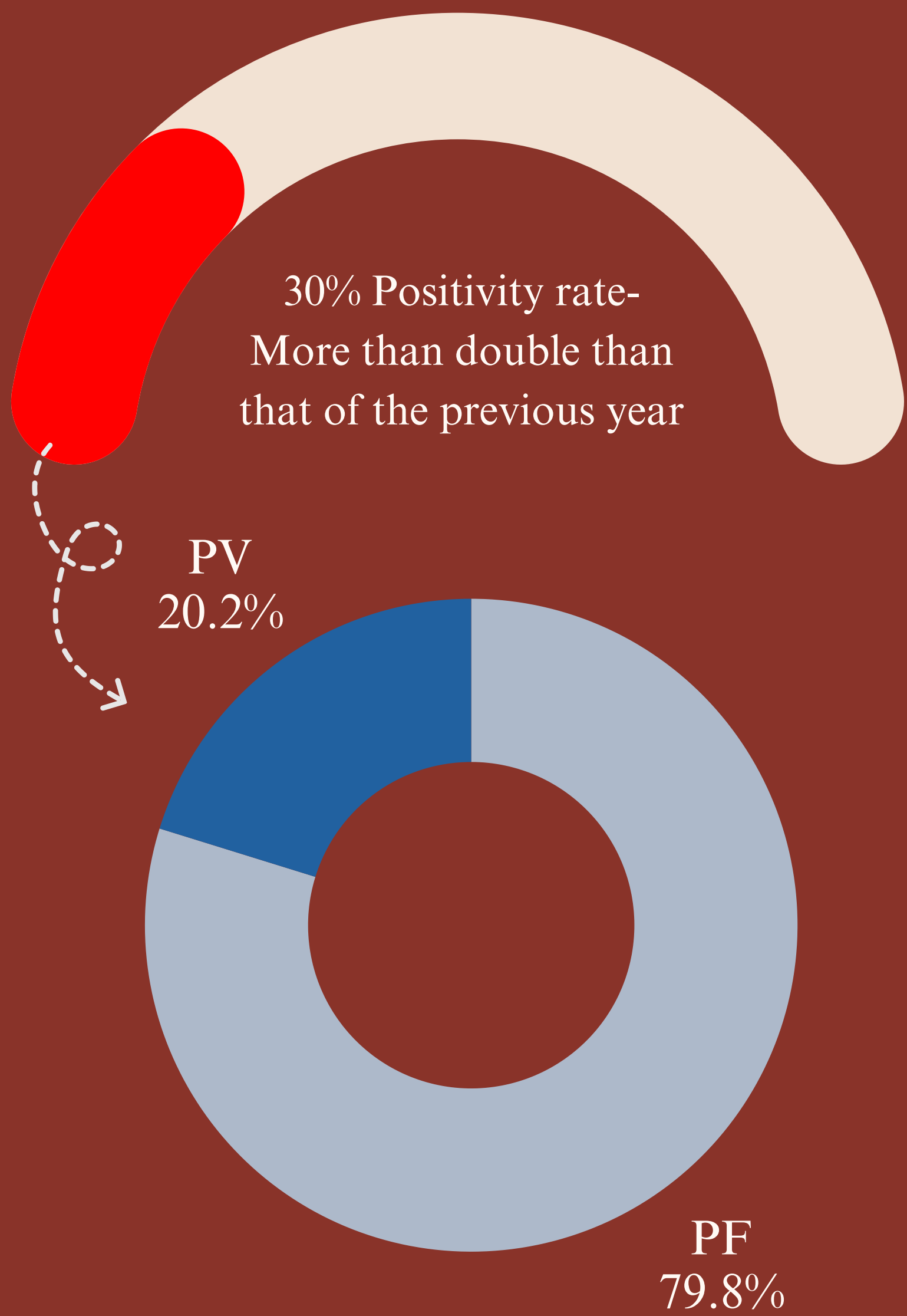
Preventive Services

- Training: Swasthya Sathis, field animators, and Guru Guniyas are trained to recognise severe malaria symptoms and refer patients promptly.
- Mass Screening: In collaboration with the Government’s malaria control programme, mass screenings are carried out every two months across 80 villages, focusing on pregnant women, lactating mothers, and children under five.
- Awareness: Village meetings include street theatre, songs, dances, and video screenings to spread awareness on prevention and care.
- School Health Education: Awareness session in all 15 Schools under the HNPS Programme. Street Plays on malaria awareness prepared and presented by students in 6 schools.
- IRS Spray: In all 34 Villages and Hamlets of Kerpai and Silet Clusters done by volunteers, trained and supported by the District Authorities.

The persistent hike in malaria cases underscores the need for sustained and intensified efforts, particularly in prevention, early detection, and community awareness.

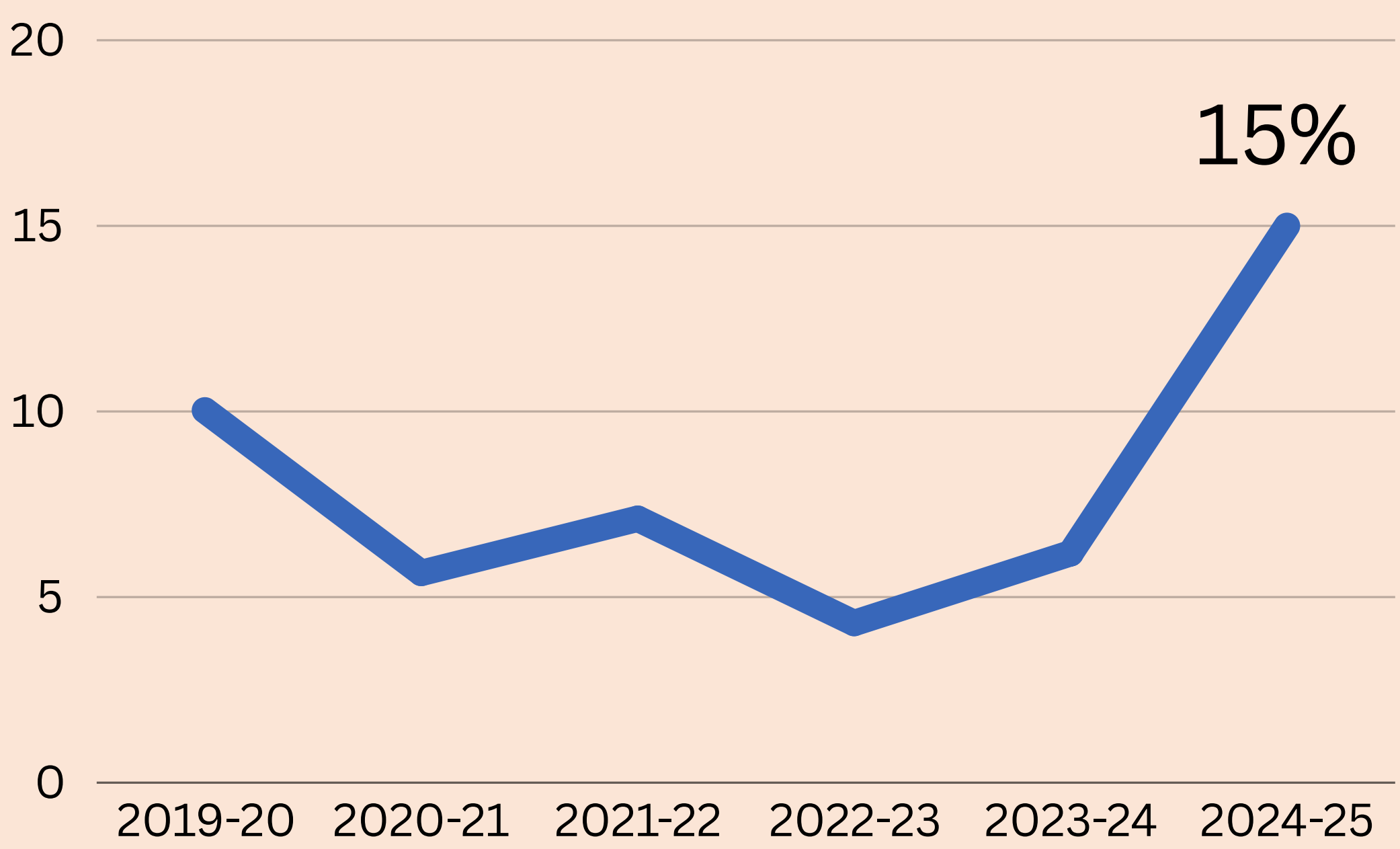


Malaria cases Identified Among Those Screened



MALARIA POSITIVITY RATE HAS **MORE THAN DOUBLED** IN THE PAST ONE YEAR

Malaria Positivity rates in Pregnant Women



A volunteer administering IRS Spray



Training on Malaria prevention for Swasthya Sathis

Tuberculosis Control Programme

Tuberculosis remains a major public health concern in the region, demanding a patient-centred approach that integrates medical care, nutrition, and sustained support. Swasthya Swaraj functions as a designated TB detection and treatment centre, complementing the National Tuberculosis Elimination Programme (NTEP) at the district level.

Key Interventions

- **Case Detection & Notification:** Regular TB clinics and coordinated field activities enable timely identification and follow-up of cases.
- **Treatment & Support:** Monthly clinics provide counselling, health education, emotional support, nutritional supplements, and travel assistance.
- **Patient Tracking:** Reminder calls and postcards ensure adherence and continuity of care.
- **Diagnostics:** Advanced facilities, including PCR, X-ray, and microscopy centres, strengthen accurate diagnosis.
- **Awareness:** World TB Day was observed on March 25 with community education activities.

Through this holistic model, the programme addresses both medical and social aspects of TB, working to reduce prevalence and improve patient well-being.

Outcome of 2024-25	#
Total number of TB patients cured at SS	92%
Total number of TB patients died	4
Total number of Lost to Follow Up (LFU) TB patients	10



World TB Day was observed on 24th March at Kaniguma Hospital with an awareness march by staff and students. DCHP students performed a TB awareness play. In the TB camp held that day, 48 registered and 23 new patients attended and all the registered TB patients received nutrition kits.

No of cases tested Sputum Microscopy	496
No of cases tested with TRUENAT/ PCR	427
Total Number of cases detected with TB	124
Pulmonary TB	44
Extra Pulmonary TB	21
Retreatment Cases	8
Childhood TB (<18 Years)	11%

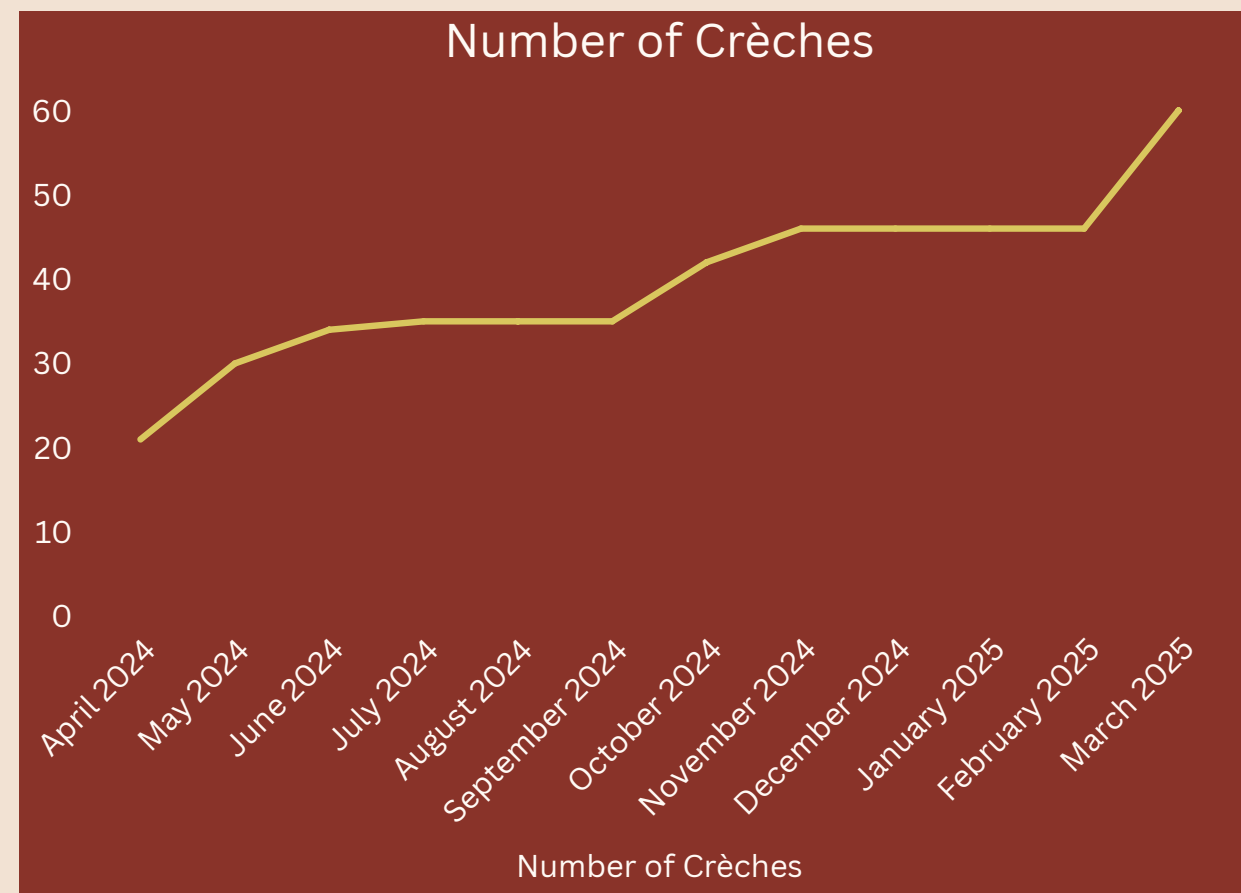


Nutrition Supplements distributed to TB Patients at TB Camp

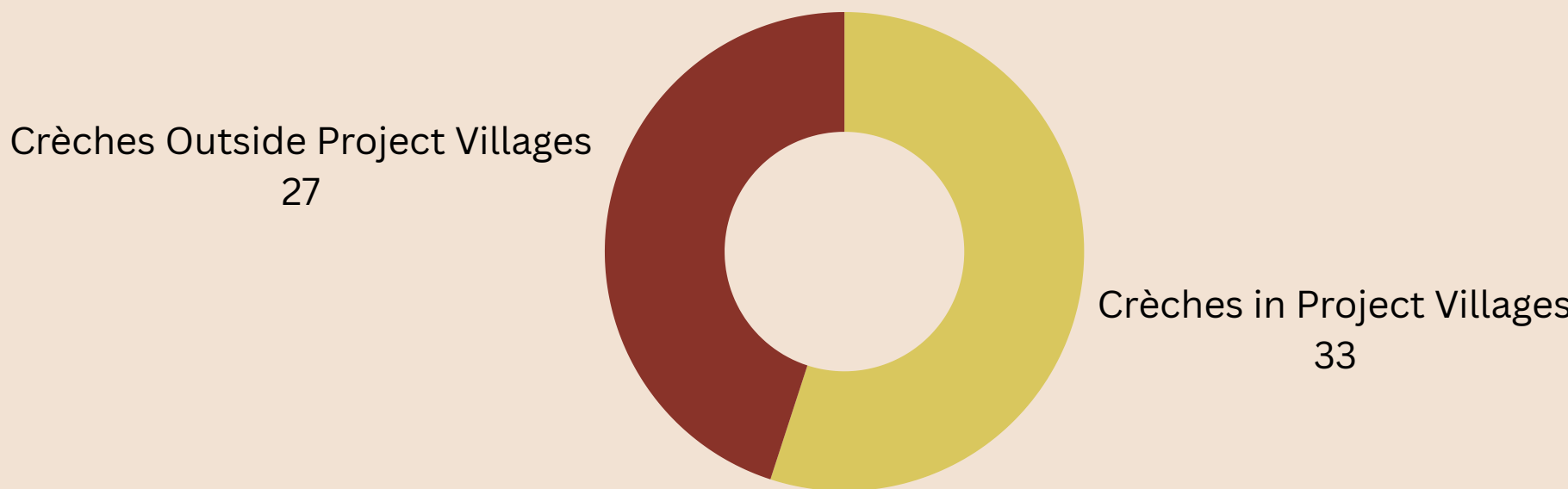
Rural Crèche Initiative

Supported by Azim Premji Foundation

Swasthya Swaraj launched the Shishu Ghar crèche programme in 2023, to address malnutrition among children aged 6 months to 3 years. In the areas where Swasthya Swaraj works, both parents are typically engaged in Donger (farmland on the hills) during the day, leaving young children in the care of older siblings and thereby compromising their well-being.



This year, we were able to achieve our target of starting 60 creches in and around our project area.



Capacity building: Capacity-building trainings equipped crèche staff with the skills and knowledge to ensure safe, effective, and holistic care for children. The sessions not only focus upon child safety, first aid management, and personal hygiene, but also practical modules on equipment maintenance, child's cognitive development, smooth crèche operations, and nutrition. Crèche supervisors and caregivers were trained to track and monitor children’s overall growth and development, as well as to identify and prevent common illnesses. Awareness sessions on malaria and other health concerns enhanced their ability to safeguard and promote children’s overall health and well-being. Specialized trainings for caregivers and supervisors further strengthened daily management and programme oversight.

120 Crèche Caregivers | 7 Crèche Supervisors

ECCD: At the creche centres, Early Childhood Care and Development activities blend play with learning to nurture well-rounded growth. Language skills are built through simple greetings, identifying family members, storytelling, and joyful songs. Physical development comes alive with outdoor games, ball throwing, running, dancing, and playful exercises. Cognitive abilities are strengthened through picture recognition, memory games, and activities that introduce animals, fruits, numbers, and the alphabet. Social and emotional growth is fostered through group dances, cooperative play, and shared creative activities, helping children learn, connect, and express themselves with confidence.

111000+

nutritious meals provided to the children*

57000+

eggs provided to children*

102 children

enrolled in Anganbadis*

Health Referrals

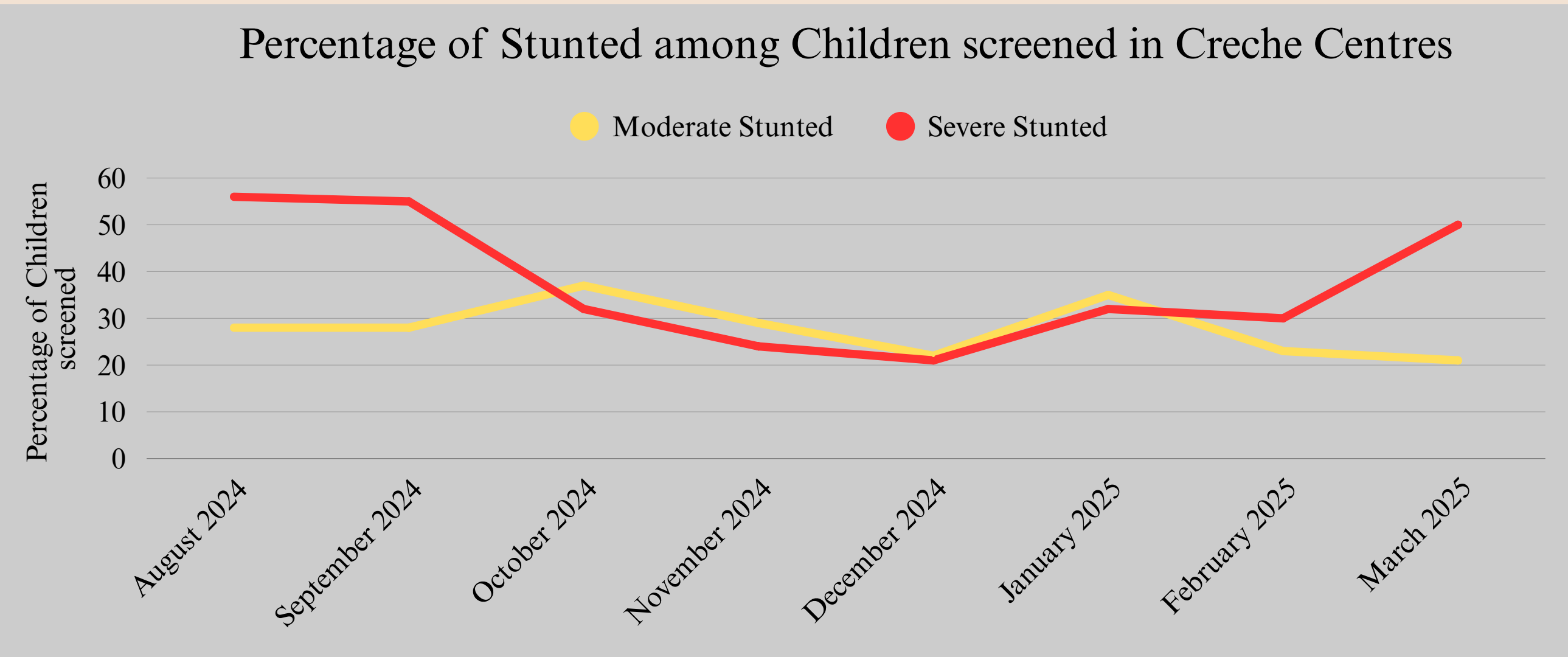
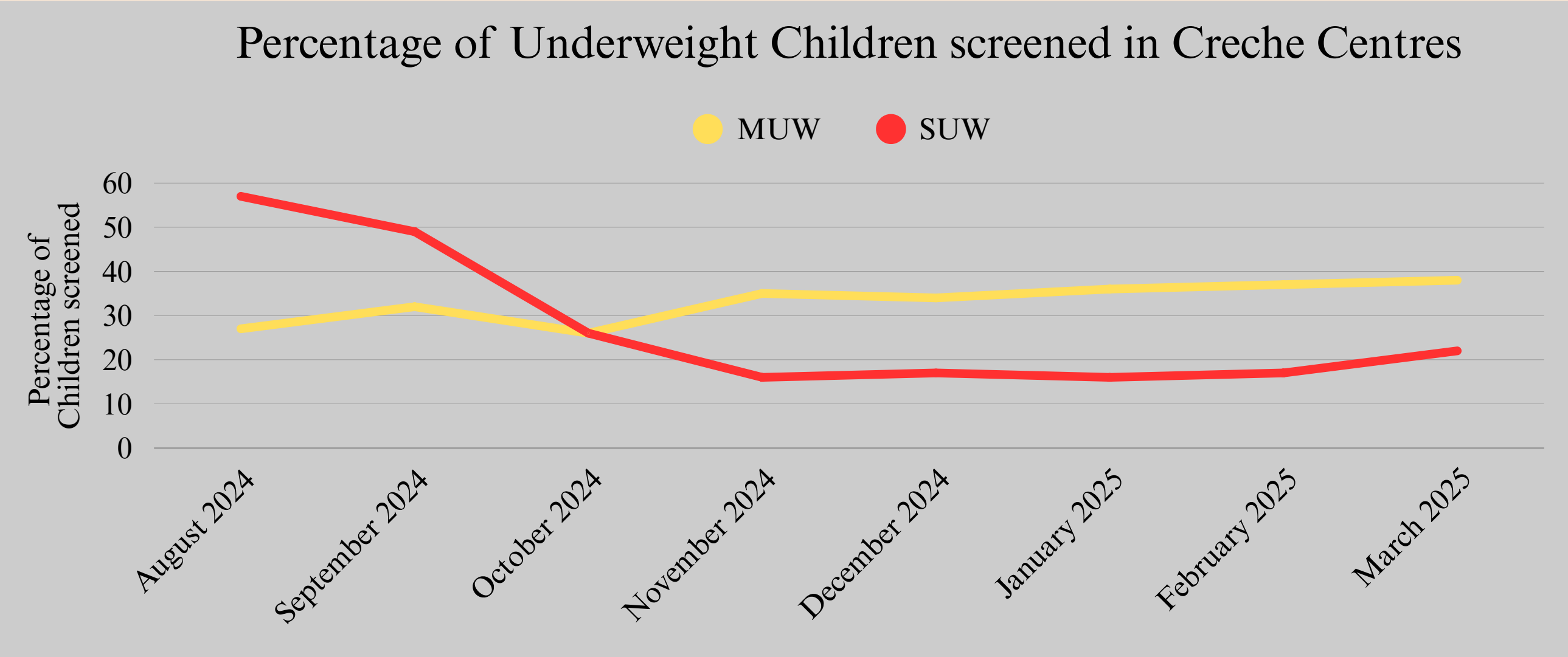
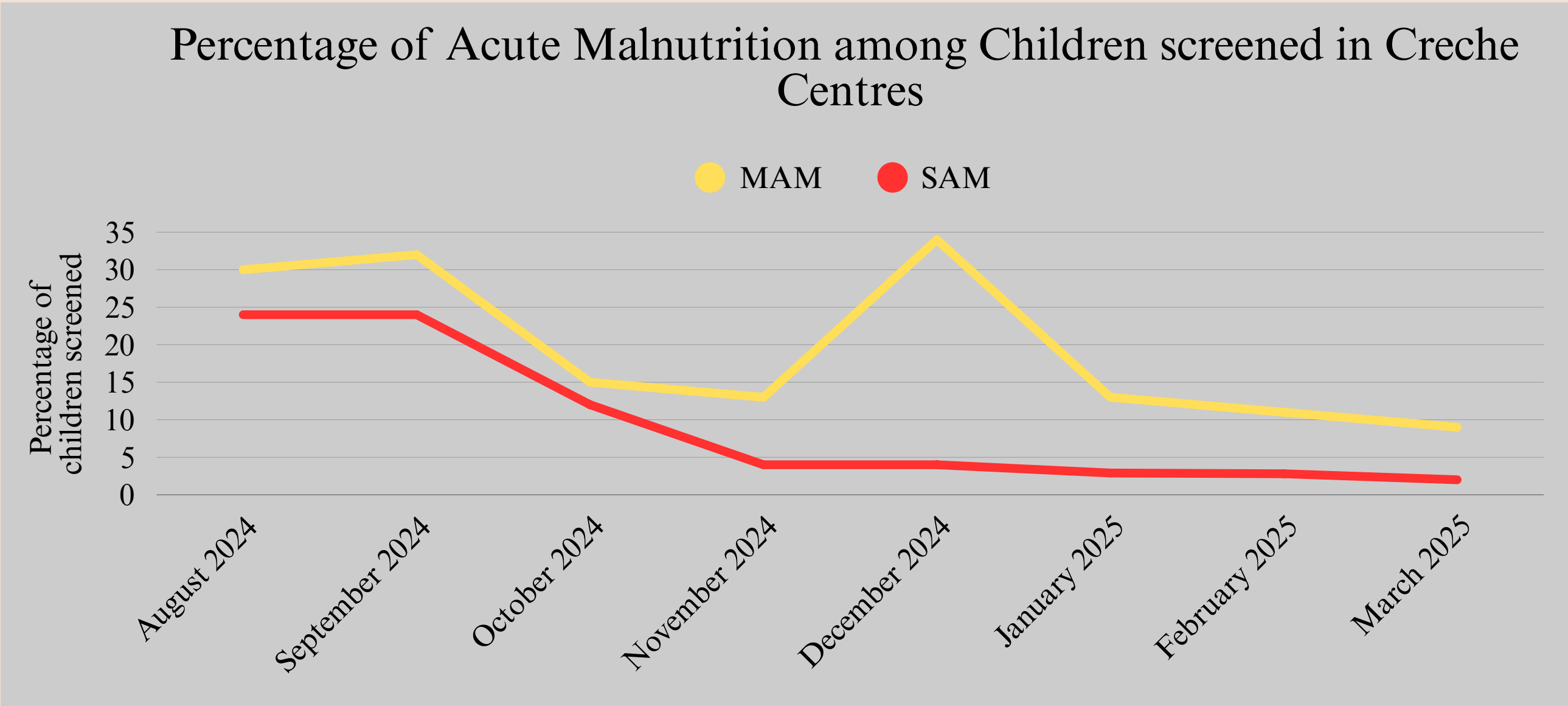
Co-morbidity	No. of cases
SAM + Malaria	8
SAM + Anemia	6
SAM + UTRI/Cold	5
SAM + Scabies	2
SAM Only	3

*Between August 2024 and March 2025



This year, the Rural Creche Initiative centred on delivering age-appropriate ECCD activities, ensuring safe and well-equipped infrastructure, improving attendance through community meetings and home visits, and strengthening health referrals. The team also focused on effective use of the Shishu Ghar MIS app and maintaining accurate, childwise documentation. Moving forward, the emphasis will shift towards deeper community engagement, with parents playing an active role in creche life through monthly ECC Days and counselling sessions. Stronger convergence with government departments and local administration will ensure consistent access to nutrition, immunisation, and health services, fostering community ownership and long-term sustainability of the programme.

Months	Moderate Acute Malnutrition (MAM)	Severe Acute Malnutrition (SAM)	Moderate Underweight (MUW)	Severe Underweight (SUW)	Moderate Stunted	Severe Stunted	No.of Children Measurement taken	Number of Children Enrolled
Aug 2024	40(30%)	32(24%)	36(27%)	76(57%)	38(28%)	75(56%)	134	529
Sept 2024	82(32%)	62(24%)	82(32%)	127(49%)	72(28%)	142(55%)	258	533
Oct 2024	54(15%)	42(12%)	94(26%)	93(26%)	131(37%)	116(32%)	358	667
Nov 2024	67(13%)	22(4%)	184(35%)	83(16%)	152(29%)	126(24%)	519	740
Dec 2024	178(34%)	21(4%)	178(34%)	91(17%)	116(22%)	108(21%)	523	723
Jan 2025	67(13%)	15 (2.9%)	185(36%)	84(16%)	179(35%)	165(32%)	518	674
Feb 2025	54(11%)	14 (2.8%)	188(37%)	87(17%)	119(23%)	151(30%)	509	613
Mar 2025	46(9%)	10 (2%)	195(38%)	112(22%)	107(21%)	107(50%)	512	842



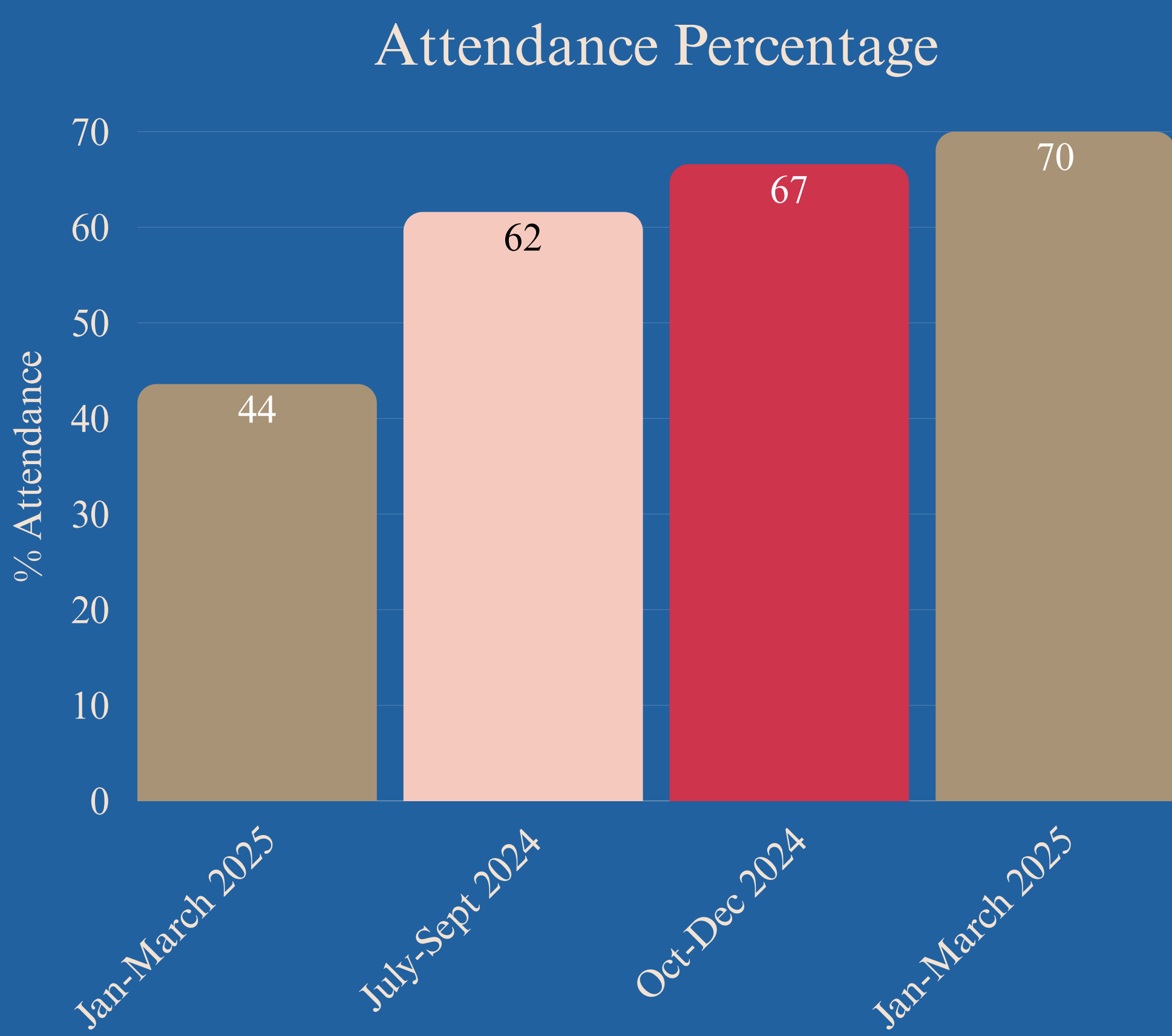
Health and Nutrition Promoting Schools

Supported by Hema Ashok Hattangady

In the remote villages of Kalahandi, many government primary schools struggle with irregular attendance, poor nutrition, and gaps in health awareness. The Health and Nutrition Promoting Schools programme works in 15 schools across Kerpai and Silet to address these challenges. By integrating learning support, health education, and nutrition, it ensures that 450 children not only come to school but also thrive in a safe and nurturing environment.

Attendance on the rise

Regular engagement by 14 Shiksha Sathis and active community involvement have led to a steady increase in school attendance



- 15 Government Schools
- 450 School Children
- 14 Sikhya Sathis

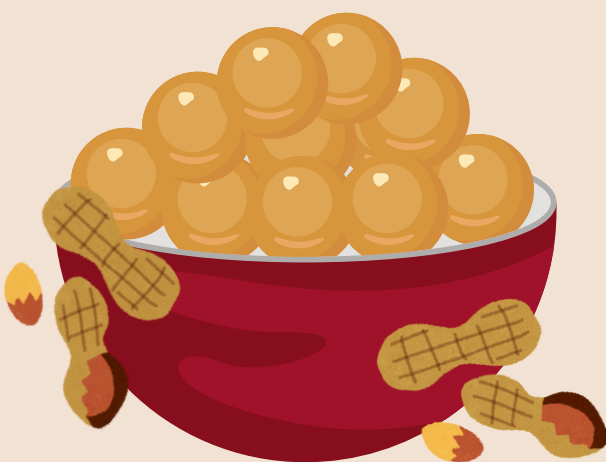


Key Achievements of 2024–25



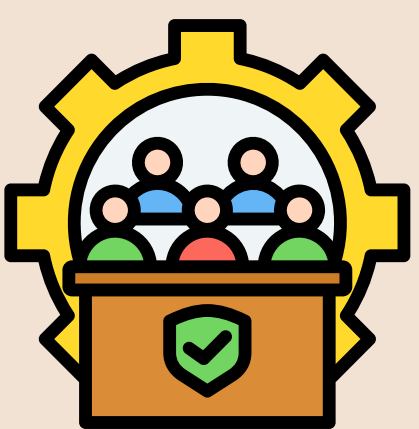
Midday Meal Programme back on track

Issues with midday meal delivery in 14 schools were fully resolved this year. Every child now receives a hot, nutritious meal daily — a key factor in both attendance and learning readiness.



12,225 Homemade peanut laddus

were distributed to boost nutrition.



65 School Health Committee meetings

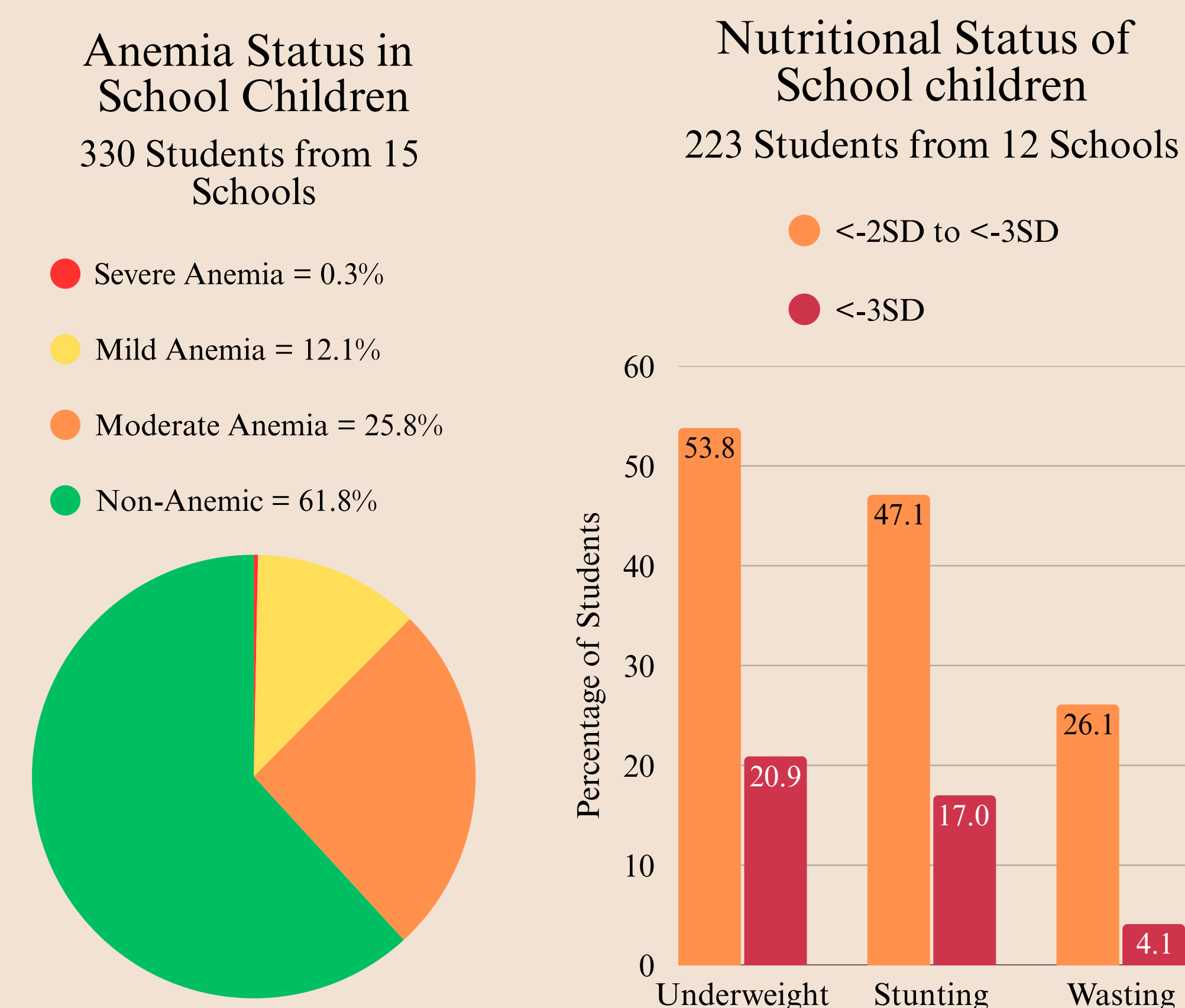
strengthened hygiene practices, health checks, and nutrition awareness.



Daily handwashing routines, weekly yoga, nail checks, and classroom cleanliness drives are now embedded in school culture.

Health and Nutrition Initiatives

School health camps screened 223 students for stunting, underweight, wasting, and anaemia, with referrals made where needed.



Learning and Enrichment Activities

- **Malaria awareness plays** were performed by students in 7 schools, reaching the wider community.
- **Art and craft projects** on health, hygiene, and local culture encouraged creative expression.
- The **Bal Mela** in 6 schools brought together **268 students** for games, storytelling, and reading.
- Nature-based learning through forest walks and plantation drives connected children with the environment.

Community and Parental Engagement

- **34 parents’ meetings** focused on boosting enrollment and ensuring regular attendance.
- Awareness rallies were organised during the **summer camp**, which engaged **380 children** in sports, dance, and competitions.
- Support was provided for documentation, with ongoing efforts to secure Aadhaar and birth certificates for **86 children**.



Case Study – Dashrath Majhi

In Serkapai village, a small family of five resides, Father Phulsing Majhi, mother Sambari Majhi, their son Dashrath Majhi(9 years old, Class 4), and two daughters. Dashrath enrolled in Serkapai Primary School in 2020 but struggled with regular attendance and lacked interest in studies. When I started teaching at the school, I made a consistent effort to encourage him to attend daily. Over time, his engagement in learning improved significantly. Previously, Dashrath was unable to read or write. Now, he can confidently do both. His parents express their heartfelt gratitude, saying, "Our child's education has improved because of you." Their pride in his progress is a testament to the power of consistent support and encouragement.

Shiksha Sathi: Layou Majhi
School: Serkapai

Challenges and Way Forward

Some schools still face infrastructure gaps, lack of water facilities, or long travel distances for students. In the coming year, the focus will be on:

- Regular parent and community meetings to sustain attendance gains.
- A “Back-to-School” drive for out-of-school children.
- A **digital education pilot in Silet School**.
- Continued integration of health, hygiene, and nutrition into everyday learning.

Toki Upliftment Self Empowerment Initiative (TULSI)

Supported by Bharatiya Reserve Bank Note Mudran Pvt. Ltd.

TULSI (Transforming the Lives of Adolescent Girls through Sustainable Interventions) works with adolescent girls in some of the most underserved tribal villages of Kalahandi. The programme addresses four key areas: life skills, education, health, and livelihoods — with a strong emphasis on building confidence, self-reliance, and community leadership among girls aged 10–19 years.

Components of the Programme:

Life skills education (LSE) focuses on cultivating personal life skills such as self reflection, problem-solving, and interpersonal skills. Life Skill Education will help to build confidence, improve decision-making skills, stress alleviation skills, adjustment skills in adversity, self-awareness skills, positive behavior, critical thinking, society's skills towards each others, general, communication skill and gender sensitization.

Non-formal education (NFE) focuses on improving the literacy level of adolescent girls who are school drop-outs and uneducated. NFE envisages improving the educational status by providing classes available to adolescents after their working hours.



On an Average, **515 Girls** attended regular FLN sessions conducted as part of Non-Formal Education.

29 dropouts were connected **Back to Schools**

The **livelihood** component of TULSI has empowered girls through a diverse set of skills — from **food production (sattu, ragi powder, peanut candy)** to **soft toy making, tailoring, leaf plate production, and bamboo bookmark crafting**. These ventures not only supplied nutritious products to crèches and schools but also created visibility at community events, such as the **3,000 paper plates** and **400 handmade items** prepared for the Kaniguma Hospital inauguration. Over the year, **40 girls** were actively engaged, supported with **20 tailoring machines** to start independent ventures, and together **generated ₹1.66 lakh in revenue**. Complemented by financial literacy training and savings accounts, these initiatives are steadily building confidence, responsibility, and pathways to sustainable entrepreneurship.



TULSI girls processing grains for Sattu powder production as a part the Livelihood initiative.

21 Tulsi Saathi Trainings conducted on different Themes.

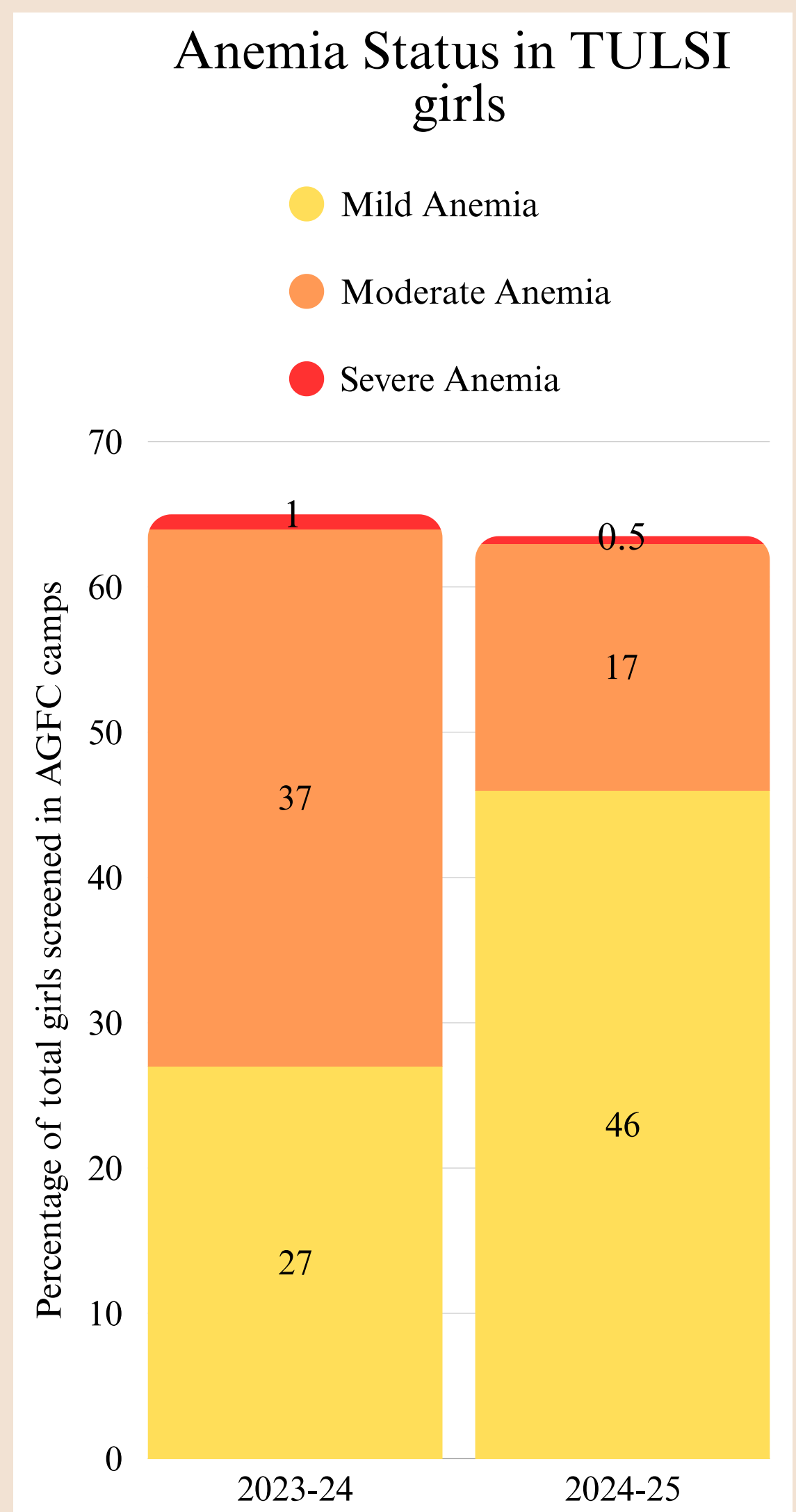
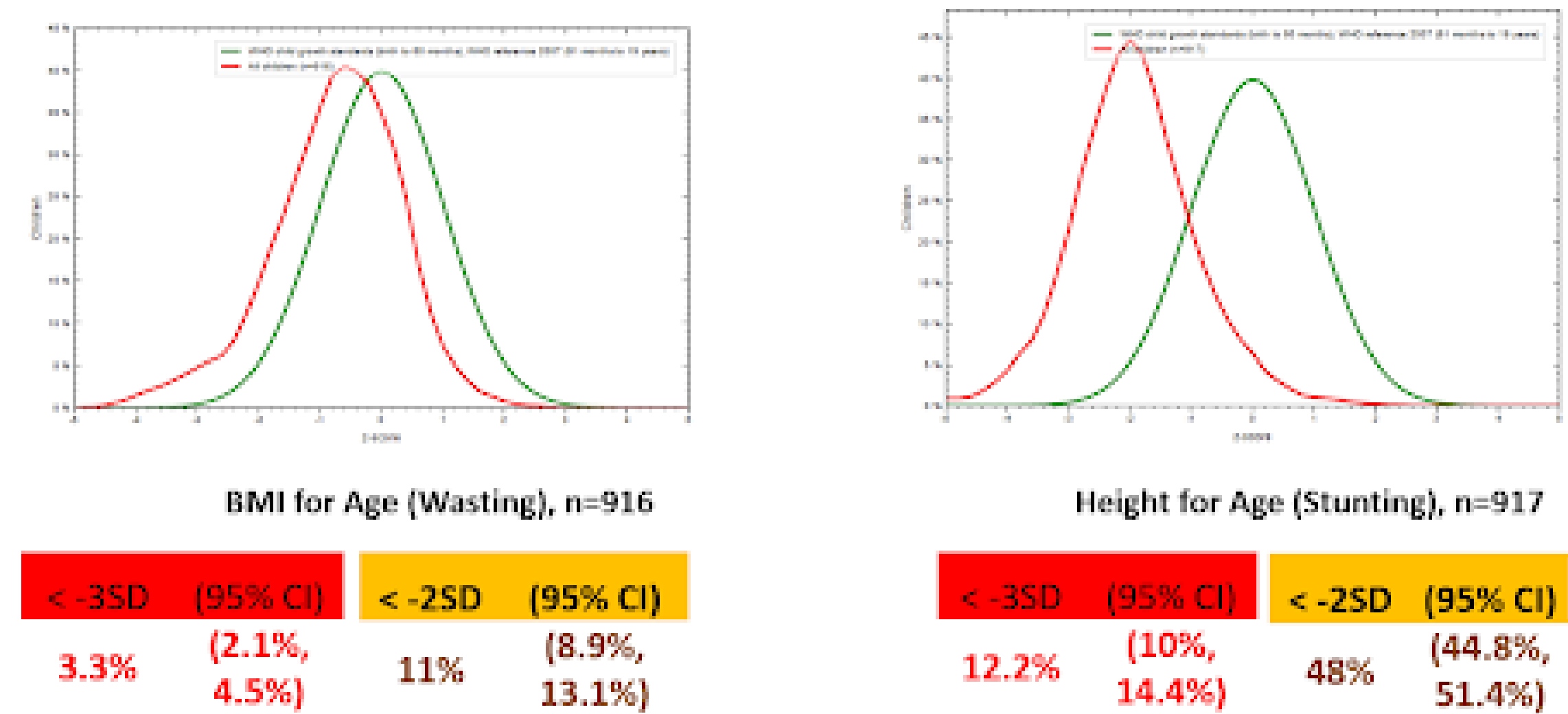
2043 Tulsi Club Meetings held

114 Tulsi Sathis peer group educators in 120 villages and hamlets

Adolescent Girls Friendly Clinics (AGFC)

Adolescent-friendly health clinics are crucial for assessing the health and nutritional status of adolescent girls, providing them with tailored support and services that address their unique needs. Conducted bi-annually in the project villages by health teams including physicians, lab technicians, field animators, TULSI Sathis, and TULSI coordinators, these clinics create a welcoming environment where girls can seek guidance and care without fear of stigma or judgment.

BMI for Age (Wasting) & Height for Age (Stunting)



9 ARSH Sessions held at Govt. Schools

Albendazole and Iron- Folic Acid Tablets given to 867 girls

11 Postponed Early Marriages

12 Postponed Pregnancies

Diploma in Community Health Practice (DCHP)

The Diploma in Community Health Practice (DCHP) remains a cornerstone of our strategy to strengthen the rural health workforce by training young tribal women to become frontline health professionals. Designed and implemented by Swasthya Swaraj in partnership with **Centurion University of Technology & Management (CUTM)**, Bhubaneswar, this two-year fully residential programme is tailored to the realities of tribal areas and offered free of cost to 12th-pass tribal girls. The course is followed by a six-month internship, with guaranteed employment at Swasthya Swaraj, ensuring both sustainability and dignity of livelihood for the graduates.

The programme blends theory with extensive clinical exposure, preparing students to serve as first-contact providers in their own communities. Students undergo competency-based training in:

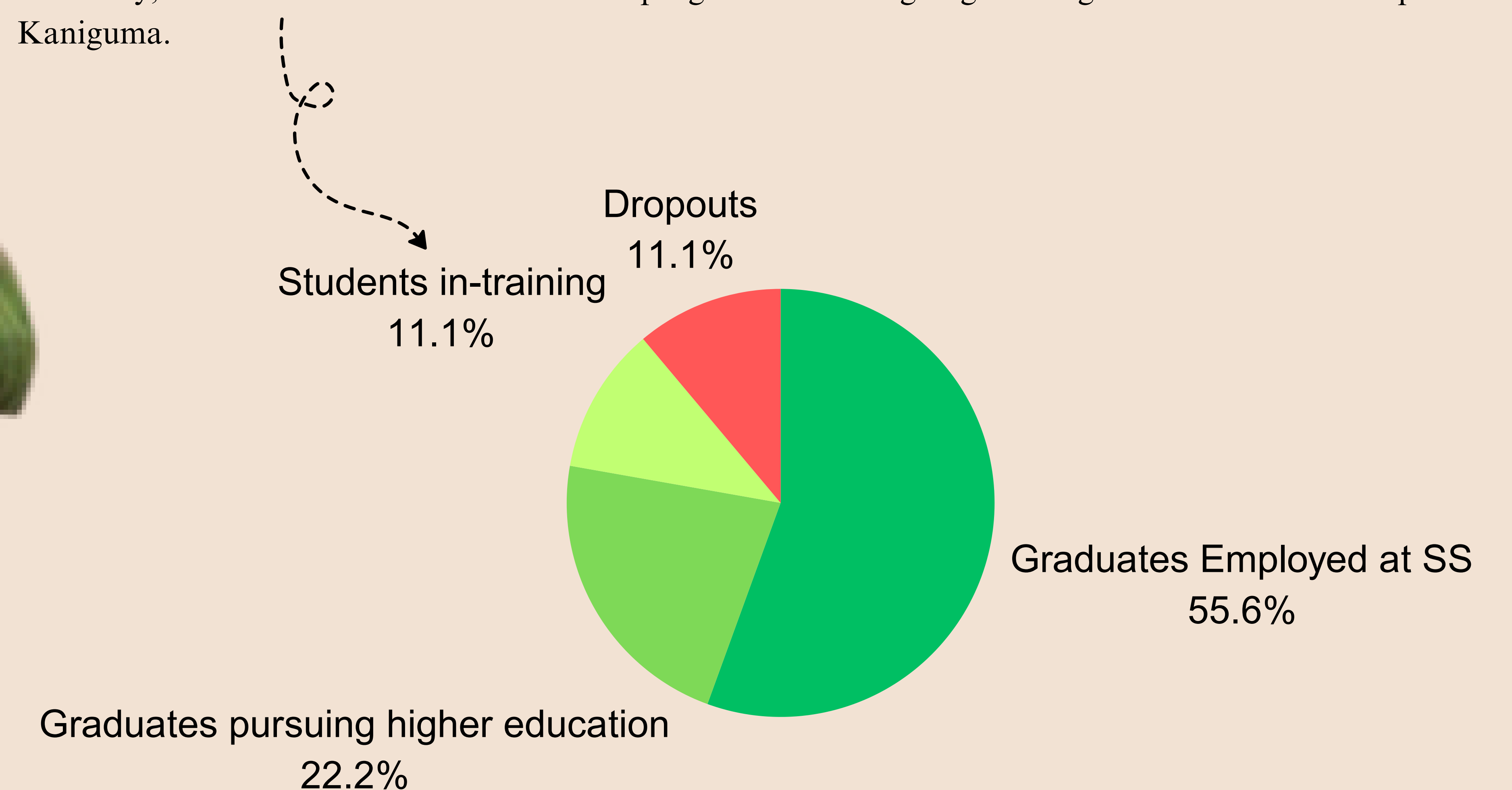
- Clinical Skills – diagnosis, treatment, wound care, and minor procedures.
- Maternal & Child Health – antenatal care, safe deliveries, neonatal care, and growth monitoring.
- Public Health & Prevention – disease surveillance, malaria and TB control, and health education.
- Emergency Response – trauma care, stabilisation before referral, and life-saving interventions.
- Community Health Leadership – mobilisation, patient advocacy, counselling, and navigating health systems.



Graduates are certified first as Ward Technicians (after Year 1) and later as Community Health Practitioners on course completion. Beyond technical expertise, the programme instils confidence, leadership, and ownership, enabling these young women to act as change agents in their villages.

Supported by **Shri Ramesh Kacholia (Caring Friends)**, the DCHP is increasingly recognised as a pioneering model to address healthcare workforce shortages in underserved regions. Continuous evaluation, adaptation of curriculum, and advocacy with experts and government stakeholders are underway to secure formal recognition, ensuring that this initiative can be scaled and replicated for lasting impact.

Currently, the **5th and 6th Batch** of the DCHP program are undergoing training at the residential campus in Kaniguma.



Vital Events



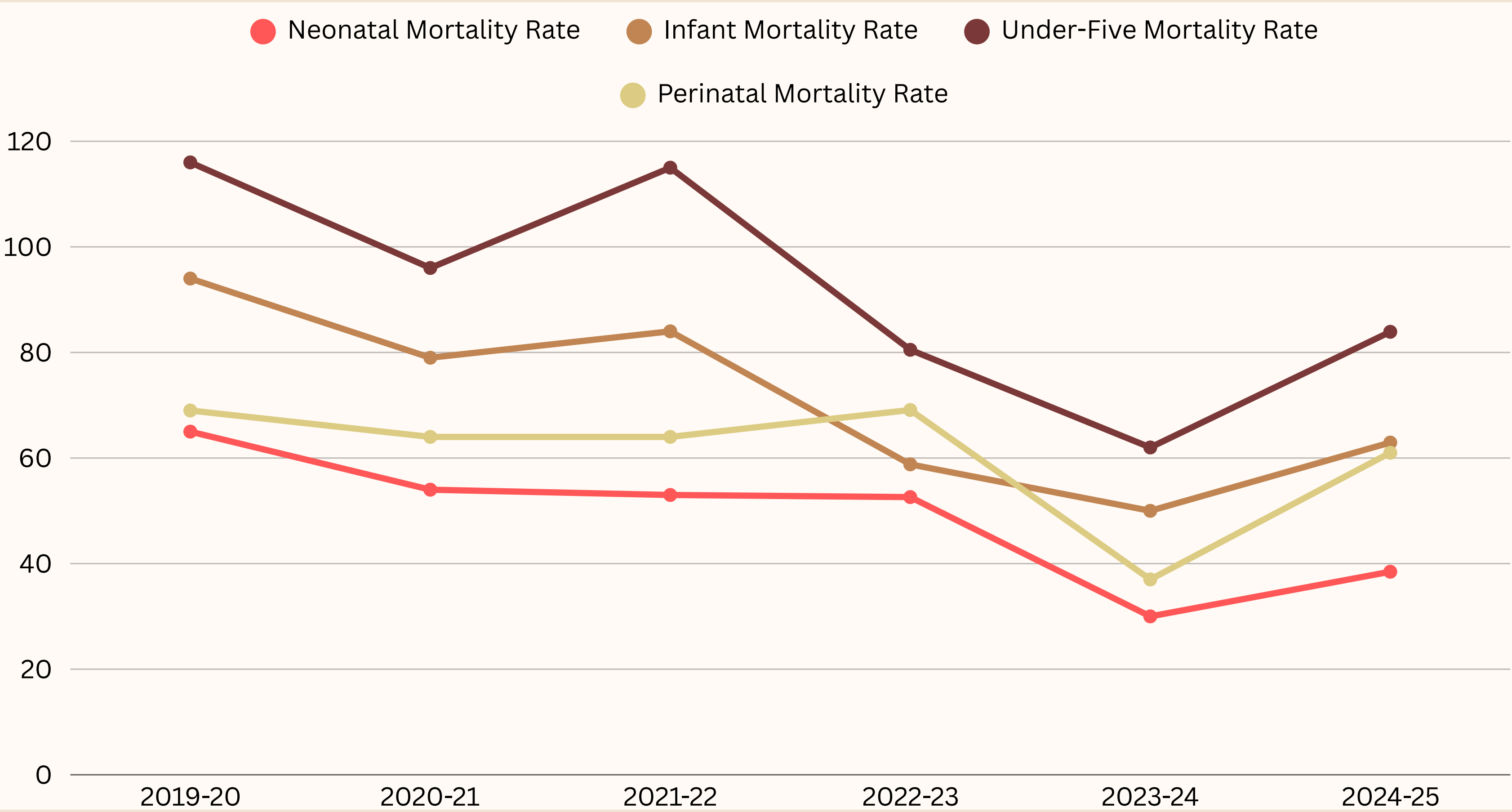
Estimated
Population:
13413

Total Deliveries	295
Total number of Live Births	286
Total number of Still Births	9
Maternal Mortality	1

2024-25	Crude Birth Rate - 21.3	Crude Death Rate - 8.57
---------	-------------------------	-------------------------

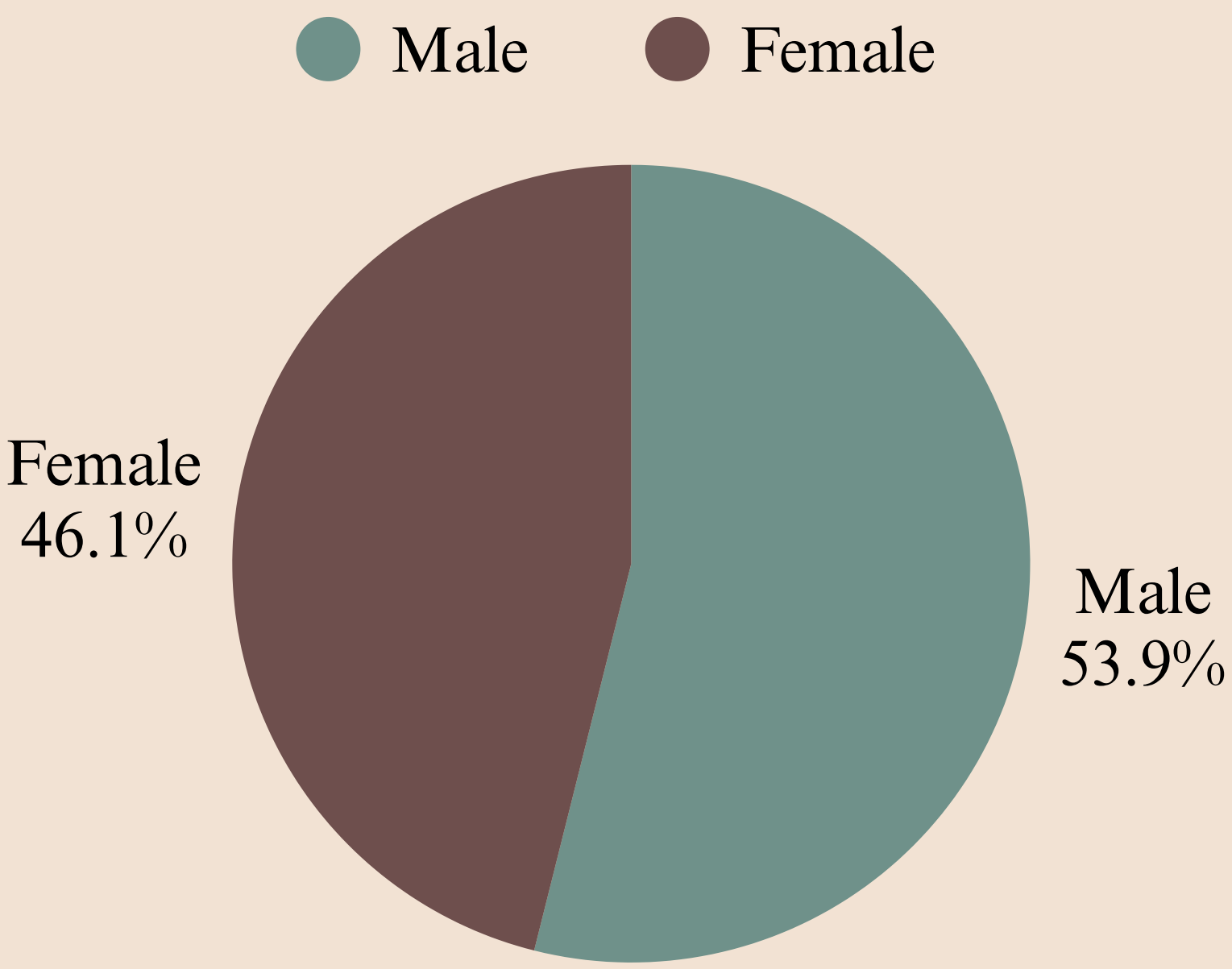
2023-24	Crude Birth Rate - 29.9	Crude Death Rate - 8.6
---------	-------------------------	------------------------

Perinatal Mortality Rate	61 per 1000 Total Births
Neonatal Mortality Rate	38.5 per 1000 Live Births
Infant Mortality Rate	62.9 per 1000 Live Births
Under Five Mortality Rate	83.9 per 1000 Live Births



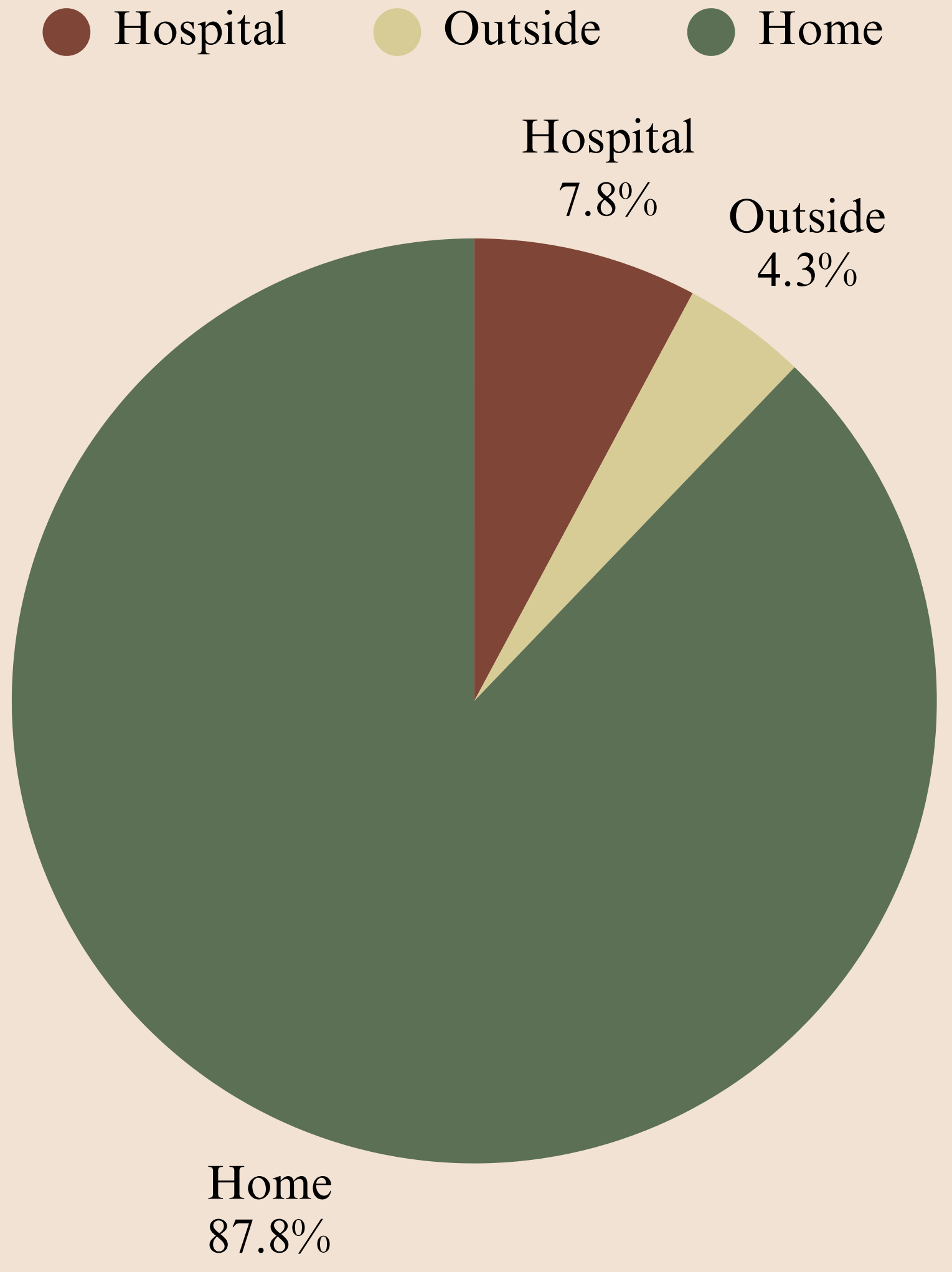
Age wise Category	No. of deaths	Cumulative
Early Neonatal (0-7 Days)	9	9
Late Neonatal (7-28 days)	2	11
Infant (<=1 Yr)	7	18
Under-five (<=5 Yrs)	6	24
Childhood (6- 9 Yrs)	6	30
Adolescent (10-19 Yrs)	7	37
Adult (20-60 Yrs)	38	75
Geriatric (>60 Yrs)	40	115
Total	115	

Gender-wise Death
n=115



Causes of Death		
Cause	No.	%
Fever	39	34%
Diarrhoeal Disorder	14	12%
Suicidal	13	11%
LBW and Prematurity	5	4%
Lethargic/ Baby unable to feed	4	3%
Accident & Injury	4	3%
Cancer	4	3%
Fits/ Convulsion	4	3%
Paralysis/ Stroke	4	3%
TB	2	2%
Post TB	2	2%
Maternal Death	1	1%
Malaria Death (proven)	1	1%
Others (SCD-1)	18	16%

Place of Death



Fellowships and Internships

Tribal Health Fellowship

The Tribal Health Fellowship is a one-year immersion programme that inspires and mentors young doctors to work in underserved tribal regions. Fellows are placed at our health centres, where they provide clinical care while gaining exposure to the systemic challenges of rural health. This year, two fellows continued their work, one completed the fellowship, and a new doctor joined the programme, further strengthening our clinical capacity in the community.

India Fellow Social Leadership Programme

We are proud to be a host organisation for the India Fellow Social Leadership Programme, which places young professionals in grassroots organisations for 1.5 years of hands-on learning and leadership. At Swasthya Swaraj, fellows engage with community health initiatives, gaining insights into the intersection of public health, equity, and social justice. One fellow completed his tenure this year, while two new fellows joined, bringing fresh energy and perspective to the team.

Travel Fellowship (Rural Hospital Network)

As part of our commitment to nurturing future healthcare leaders, we hosted three Travel Fellows this year. These short-term fellowships give young doctors the opportunity to work in tribal hospitals, gaining first-hand exposure to rural healthcare realities. The programme provides fellows with practical experience in resource-constrained settings and deepens their understanding of the pressing need for equitable health systems.

Azim Premji Health Equity Fellowship

Looking ahead, Swasthya Swaraj will also host fellows under the Azim Premji Health Equity Fellowship, an initiative aimed at nurturing postgraduate doctors committed to reducing health disparities in underserved areas. Fellows will work alongside our teams, receiving mentorship and field experience while contributing to systemic solutions for health equity.

Internships

Swasthya Swaraj also hosted students from leading institutions, providing them with field-based learning experiences. This year's interns came from:

- **Tata Institute of Social Sciences (TISS), Mumbai** – School of Public Health & School of Sociology & Social Work
- **Central University, Kasargod, Kerala**
- **Azim Premji University, Bhopal**
- **BCM College, Kottayam, Kerala**

Research Collaborations

- **Azim Premji University** – Provided funding support for implementation research on “Improving health and nutrition, and empowering tribal adolescent girls.”
- **St. John's Research Institute, Bangalore** – Partnered on the PORTENT Malaria Study, advancing point-of-care malaria diagnostics.
- **Leap to Shine, Mumbai** – Collaborated to pilot digital education in a government primary school in a tribal village, bridging gaps in learning resources.

Other Collaborations

- **100-Day Intensified TB Detection Drive** – In partnership with the District Administration, Swasthya Swaraj carried out an intensified campaign for tuberculosis detection. As part of this effort, more than 650 X-rays were conducted to ensure timely diagnosis and treatment.



Swasthya Swaraj at Events...

Swasthya Swaraj actively participated in key national and regional events this year, bringing grassroots experiences from Kalahandi into broader health and development dialogues.

National Tribal Health Conclave (Jan 2025, New Delhi)

Organised by the Ministry of Tribal Affairs and the Ministry of Health and Family Welfare, the conclave focused on strengthening community-based health systems and integrating traditional practices. Swasthya Swaraj, represented by Aarti Kala, contributed perspectives from the field on inclusive and culturally rooted health strategies.

Soura Udyogi Mela (Feb 2025, Bhawanipatna)

With over 1,000 participants, the mela showcased solar-powered livelihood models and Decentralised Renewable Energy (DRE) technologies. Represented by Sawan Kumar Chawda, Swasthya Swaraj explored opportunities for integrating renewable energy into healthcare and nutrition initiatives in remote tribal areas.

Annual Rural Surgery Conference (ARSICON 2025)

Dr. Shrinath Padmanabhan represented Swasthya Swaraj, engaging in discussions on improving surgical care in rural and underserved regions.

Felicitation on Doctors' Day (July 2024)

Dr. Aquinas Edassery was honoured by the Rotary Club of Bhubaneswar with a citation and plaque of appreciation for her dedication to rural healthcare.

Kalahandi Utsav 2025

Swasthya Swaraj, in collaboration with the District Planning and Monitoring Unit, hosted a stall on the Sustainable Development Goals (SDGs). Through interactive games, book displays, and handmade products by TULSI girls, the stall engaged students, officials, and the public in conversations on health, education, and gender equality.

Inauguration of Kaniguma Community Hospital

A major milestone this year was the opening of the new Community Hospital at Kaniguma, expanding Swasthya Swaraj's ability to deliver accessible and affordable healthcare in tribal areas. The hospital provides comprehensive services including maternal and child health care, management of malaria, tuberculosis and malnutrition, diagnostic facilities, and emergency services. It also serves as a centre for medical education and training, hosting the Diploma in Community Health Practice (DCHP) programme for tribal youth.

Alongside the inauguration, the Rural Crèche Initiative was officially launched with support from the Azim Premji Foundation, extending early childhood care and nutrition support to children aged 7 months to 3 years. The occasion also marked the Graduation Day of DCHP students, celebrating their transition into frontline healthcare providers in their own communities.



Events at Swasthya Swaraj...

Celebrating Joyful Learning

A vibrant Bal Mela was organised across 12 government schools, reaching over 230 children with storytelling, games, book reading, and cultural activities. The initiative rekindled the joy of learning, nurtured creativity, and encouraged school enrolment and retention.

Capacity Building & Training

- **Neonatal Resuscitation Training:** Conducted by St. John's Medical College and AIIMS Bhubaneswar for doctors and nurses, strengthening emergency newborn care.
- **Operational Efficiency Workshop (March 2025):** Facilitated by Mr. Sanat Hazra, this session introduced strategies for effective planning, delegation, and building a culture of efficiency within the team.
- **POSH Training:** A two-day training at Kaniguma by Swarnalata Mohanty (Juvenile Justice Board) sensitised staff to workplace safety, legal provisions, and redressal mechanisms.
- **Vitamin Angels Training (Nov 2024):** A two-day programme enhanced child-wise recordkeeping using the CommCare app through classroom sessions and field simulations.
- **Molecular Biology Training:** Conducted by St. John's Research Institute for local lab technicians, equipping them with skills to use advanced diagnostic technologies under the PORTENT study.

Exposure & Recognition

As part of the TULSI initiative, a **two-day exposure visit was organised for 80 TULSI Saathis** from Kaniguma, Kerpai, and Silet. For many, it was their first experience travelling outside their villages, watching a film in a theatre, or visiting a park. The visit celebrated their dedication, offered recreational activities, and strengthened team spirit through games, films, and shared experiences.



TULSI girls processing at the Exposure visit

Strengthening capacities through trainings

Capacity building has been at the heart of Swasthya Swaraj’s work this year, equipping frontline workers, caregivers, and educators with knowledge and practical skills to serve their communities better.

Swasthya Sathis

A total of 42 trainings were conducted for Swasthya Sathis, covering critical topics such as scabies, pregnancy care and immunisation, and diarrhoeal disease management. These regular trainings strengthen their ability to diagnose, refer, and support households in their villages, while also keeping disease surveillance active and responsive.

TULSI Sathis

TULSI Sathis underwent 27 trainings during the year. Each month, Sathis from different clusters gathered to build skills and knowledge which they later carried back to their TULSI clubs. The trainings were deliberately designed to be participatory—using games, roleplay, art, action songs, and group discussions. Rather than a one-way lecture, the Sathis themselves led the conversations, with facilitators guiding them along. This approach has made learning more engaging, practical, and empowering for adolescent girls, enabling them to pass on knowledge confidently within their peer groups.

Crèche Caregivers and Supervisors

Strengthening early childhood care was a priority, and a series of 15 capacity-building workshops were organised for crèche caregivers and supervisors. These included trainings on fire safety, child safety, equipment maintenance, malaria awareness, supervisor training, and first aid management. In addition, a total of 50 crèche caregiver trainings were completed, reaching five batches of caregivers, ensuring that they are well-prepared to handle day-to-day care as well as emergencies.

Sikhya Sathis

To support learning in schools, 9 trainings were conducted for Sikhya Sathis, equipping them with tools to make classrooms more engaging and child-centred. Alongside, 12 monthly planning meetings were held to ensure structured, activity-based learning and to keep the programme aligned with the needs of both children and teachers.

Shishu Sathis

As part of the community-based preschool education and hamlet nutrition programme, local women were trained as Shishu Sathis. Their training focused on early childhood education, play-based learning, and nutrition counselling for families. This initiative strengthens both early learning opportunities and nutrition practices in the most remote hamlets.



Fire Safety Training for Crèche Caregivers and Supervisors



Crèche Caregivers attending a training on First-Aid



Swasthya Saathi Orientation Training at Padadunga Community Hall



Sikhya Sathi engaging school children in a session on Handwashing



Sikhya Sathi training on fun games and activities to engage children through play

Looking Ahead...

Tackling Undernutrition in Tribal Children

With support from the Sachin Tendulkar Foundation, we are launching a new initiative to address undernutrition among under-five children. The programme will establish a dedicated Nutrition Clinic to manage Severe and Moderate Acute Malnutrition (SAM/MAM), provide follow-up care, and counsel mothers on nutrition and child development. Capacity building of Shishu Saathis and collaboration with ICDS and the Department of Women & Child Development will ensure a sustainable, community-based approach.

Establishing a Sickle Cell Unit

Recognising the growing burden of Sickle Cell Disease (SCD), we plan to set up a specialised Sickle Cell Unit (SCU) with the support from Azim Premji Foundation. The unit will provide comprehensive management—diagnosis, counselling, health maintenance, and management of complications, ensuring timely and quality care for affected individuals while reducing pressure on general health services.



TULSI II – Deepening Impact, Broadening Inclusion

Building on the success of Phase I, TULSI II expands both its reach and scope with continued support from BRBNMPL. The programme now includes 1,500 adolescent girls, 500 young women, and — for the first time — 500 adolescent boys. While continuing to strengthen health, nutrition, education, and life skills for girls, the new phase introduces a stronger focus on livelihoods and entrepreneurship. Inclusion of boys brings in critical work on gender sensitisation and reproductive health, aiming to reduce early marriages and build shared responsibility. TULSI II builds on lessons from the first phase, with a more inclusive and future-focused approach.

Expanding Healthcare Access: New GSPG & Mobile Medical Unit

Work is underway to establish a new Gaon Swasthya Poshana Ghar (GSPG) at Padadunga, supported by BRBNMPL, covering 35 additional villages in southern Thuamul Rampur. This will be complemented by a Mobile Medical Unit (MMU) stationed at Padadunga, bringing essential healthcare—including ANC/PNC services, under-five care, lab support, and general OPD—directly to hard-to-reach villages, some accessible only by boat.

Strengthening Services at Kaniguma Hospital

With the new Mother and Child Unit nearing completion, the Community Hospital at Kaniguma will soon house a comprehensive obstetric and neonatal care unit with emergency services. Plans are also underway to launch an ICU to strengthen critical care capacity. In addition, specialty surgical camps, including plastic surgery and spine surgery camps, will be held periodically, expanding access to advanced care for rural patients.



THANK YOU TO OUR DONORS

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SELCO FOUNDATION
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ST. JOHNS RESEARCH INSTITUTE, BANGALORE
ANISHA GEORGE

Balance Sheet as on 31st March 2025

SWASTHYA SWARAJ SOCIETY			
H.NO.2/379 RAM NAGAR PADA, BHAWANIPATNA, KALAHANDI-766001			
PAN : AAKAS8424M		ASSESSMENT YEAR : 2025-26	
DATE OF FORMATION : 26/03/2014		YEAR ENDING : 31.03.2025	
EMAIL ID : swasthyaswaraj@gmail.com		STATUS : AOP (TRUST)	
MOBILE NO. : 9348947986		WARD : EXEMPTION WARD/SAMBALPUR	
Balance Sheet as on 31st March 2025			
	Notes	March 31, 2025	March 31, 2024
SOURCES OF FUNDS:			
1 NPO Funds	3	8,86,99,383.41	7,33,76,066.28
(a) Unrestricted Funds			
(b) Restricted Funds		<u>8,86,99,383.41</u>	<u>7,33,76,066.28</u>
2 Non Current Liabilities			
(a) Long-term borrowings	4	-	-
(b) Other long-term liabilities	5	-	-
(c) Long-term provisions	6	<u>-</u>	<u>-</u>
3 Current liabilities			
(a) Short-term borrowings	4	-	-
(b) Payables	7	-	-
(c) Other current liabilities	8	-	-
(d) Short-term provisions	6	1,88,706.00	89,373.00
		<u>1,88,706.00</u>	<u>89,373.00</u>
Total		<u><u>8,88,88,089.41</u></u>	<u><u>7,34,65,439.28</u></u>
APPLICATION OF FUNDS:			
Non-current Assests			
Fixed Assets	9		
Gross Value (At Cost)		5,82,84,624.90	3,89,34,422.90
Less: Accumulated Depreciation		<u>1,00,93,494.00</u>	<u>67,80,627.00</u>
		4,81,91,130.90	3,21,53,795.90
Capital Work in progress	9	-	1,59,991.00
(b) Non-current investments	10	-	-
(c) Long Term Loans and Advances	11	-	-
(d) Other non-current assets (specify nature)	12	-	-
		<u>4,81,91,130.90</u>	<u>3,23,13,786.90</u>
Current Assets			
Current Investments	10	2,89,27,191.20	3,21,49,123.90
Inventories		-	-
Receivables	13	-	-
Cash and Bank Balances	14	38,84,632.48	70,45,200.48
Short-term loans and advances	11	14,79,392.00	1,46,767.00
Other Current Assets	15	64,05,742.83	18,10,561.00
		<u>4,06,96,958.51</u>	<u>4,11,51,652.38</u>
Total		<u><u>8,88,88,089.41</u></u>	<u><u>7,34,65,439.28</u></u>
Notes referred to are an integral part of accounts			
As per our report of even date attached.			
For BBA & Co			
Chartered Accountants			
FRN : 313104E			
K K BAJORIA			
FCA, DISA(ICA), FCS, LLB			
PARTNER			
(M NO 300-055051)			
Place: Bhawanipatna		SWASTHYA SWARAJ SOCIETY	
Date: 25.08.2025		Executive Director	
			
		Secretary	
		President	

Statement of Income and Expenditure for the Year 2024-25

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 : 2025-26						
YEAR ENDING : 31.03.2025						
STATUS : AOP (TRUST)						
Statement of Income & Expenditure for the Year ended 31st March 2025 (Amount in Rs.)						
Particulars	No	31 March 2025		31 March 2024		
		Unrestricted funds	Restricted funds	Unrestricted funds	Restricted funds	Total
I Income		5,62,22,073.73	-	5,62,22,073.73	5,24,80,164.74	5,24,80,164.74
(a) Donations and Grants		5,62,22,073.73	-	5,62,22,073.73	5,24,80,164.74	5,24,80,164.74
(b) Fees from Rendering of Services		-	-	-	-	-
(c) Sale of Goods		-	-	-	-	-
II Other Income	16	22,81,231.37	-	22,81,231.37	20,44,519.00	20,44,519.00
III Total Income (I+II)				5,85,03,305.10		5,45,24,683.74
IV Expenses:						
(a) Material consumed/distributed	17	-	-	-	-	-
(b) Donations/contributions paid		-	-	-	-	-
(c) Employee benefits expense	18	2,00,31,515.28	-	2,00,31,515.28	1,61,92,787.00	1,61,92,787.00
(d) Depreciation and amortization expense	19	33,12,867.00	-	33,12,867.00	20,79,129.00	20,79,129.00
(e) Finance costs	20	-	-	-	-	-
(f) Other expenses	21	1,98,35,605.69	-	1,98,35,605.69	99,61,411.67	99,61,411.67
Religion/charitable expenses		-	-	-	-	-
Other Expenses (specify nature)		-	-	-	-	-
Total expenses		4,31,79,987.97	-	4,31,79,987.97	2,82,33,327.67	2,82,33,327.67
V Excess of Income over Expenditure for the year before exceptional and extraordinary items (III- IV)				1,53,23,317.13	-	2,62,91,356.07

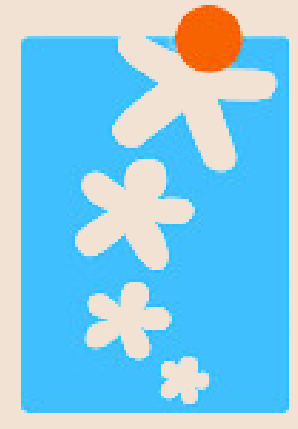
SWASTHYA SWARAJ SOCIETY						
H.NO.2/379, RAM NAGAR PADA, BHAWANIPATNA, KALAHANDI-766001						
PAN : AAKAS8424M						
DATE OF FORMATION : 26/03/2014						
EMAIL ID : swasthyaswaraj@gmail.com						
MOBILE NO. : 9348947986						
ASSESSMENT YEAR : 2025-26						
YEAR ENDING : 31.03.2025						
STATUS : AOP (TRUST)						
Statement of Income & Expenditure for the Year ended 31st March 2025 (Amount in Rs.)						
VI Exceptional Items (specify nature & provide note/delete if none)						
VII Excess of Income over Expenditure for the year before extraordinary items (V-VI)						
VIII Extraordinary Items (specify nature & provide note/delete if none)						
IX Excess of Income over Expenditure for the year (VII-VIII)						
Appropriations						
Transfer to funds, e.g., Building fund						
Transfer from funds						
Balance transferred to General Fund						

The accompanying notes are an integral part of the financial statements
As per our report of even date attached.

For BBA & Co
Chartered Accountants
FRN : 313104E
Place: Bhawanipatna
Date: 25.08.2025
K K BAJORIA
FCA, DISA(ICA), FCS, LLB
PARTNER
(M. NO. 300-055051)

For SWASTHYA SWARAJ SOCIETY
Executive Director
Secretary
President

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



Azim Premji
Foundation



BHARATIYA RESERVE BANK
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SBI MUTUAL FUND
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LV Prasad Eye Institute

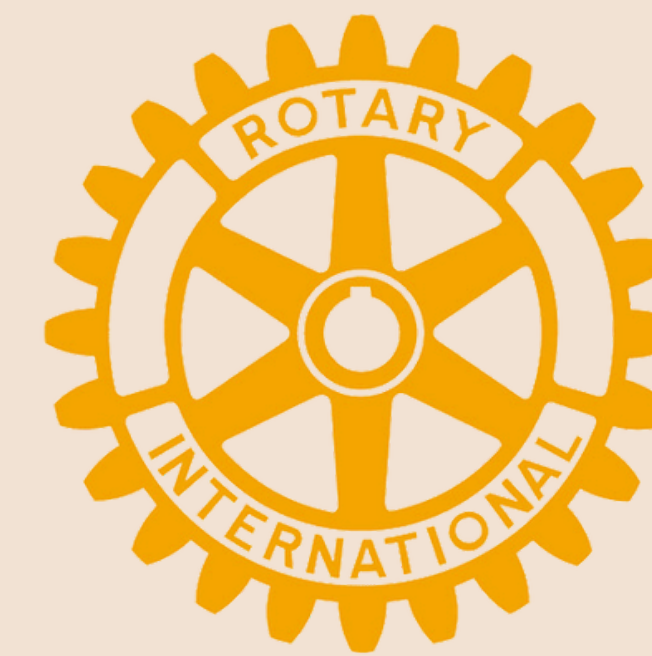


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Swasthya Swaraj Society,
(Regd under society act XXI of 1860 – XXVII/21/14/51 of 2014)
Regd u/s 12A& 80G, registered office, 2/379, Ramnagarpada,
PO: Bhawanipatna -766001, Kalahandi, Odisha, India

Admin Office: Mahaveerpada, MSA Chowk,
Bhawanipatna, Kalahandi, Odisha- 766001

Telephone no: 06670295476
Email: swasthyaswaraj@gmail.com
Website: www.swasthyaswaraj.org

Please send your donations to:

Swasthya Swaraj Society
BANK OF BARODA, Bhawanipatna
A/C No: 33670100007358 Bhawanipatna Branch
IFSC: BARB0BHAWAN(middle letter is digit 0)

Foreign Donors can make their donations through the
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Account No: 40469587654
IFSC: SBIN0000691
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