Executive committee members:

Dr Suranjan Bhattacharji	President
Dr Aquinas Edassery (Jemma Joseph)	Vice president
Prasanta Biswal	Secretary
Ms Palak Aggarwal	Treasurer
Dr Yogesh Jain	member
Ms Mercy John	member
Dr Ravi D'Souza	member

Advisory Board:

Dr John Oommen, Dr Raman Kataria, Dr Ramani Atkuri, Dr K.R. Antony, Dr Thelma Narayan, Dr Sara Bhattacharji, Ms. Shashi Minz.

"When someone is the victim of scandalous degree of poverty that he can do nothing about, when children fall victims to tuberculosis because nothing has been planned against it, when people die of malaria or hunger because social structures are not concerned by these realities- such cases of 'collateral damage' spawned by the logic of the production of wealth and security for a few harm not only this or that human being but human dignity as a whole."

Swasthya Swaraj beckons all to dream for a better future where all can enjoy health and live with dignity.

To visit us or contact us:

SWASTHYA SWARAJ COMPREHENSIVE COMMUNITY HEALTH PROGRAMME

Admin office: 2/306, Nuapada, P.O.Bhawanipatna- 766001

Kalahandi district, Odisha, India.

Mob. 08895478648

Email: swasthyaswaraj@gmail.com

Website: www.swasthyaswaraj.org

ANNUAL REPORT 2015-16

Swasthya Swaraj Society

Comprehensive community health programmme

About the journey...

*Struggling towards **SWARAJ** –*
a just and fraternal society, where people can live
with dignity and be agents of their own destiny.

Swasthya Swaraj Society

(Regd under Society Act XXI of 1860-XXVII/21/14/51 of 2014)

Regd u/s 12A & 80G, Regd. Office : 2/379, Ramnagarpada

P.O. Bhawanipatna-766001, Kalahandi, Odisha, India

www.swasthyaswaraj.org

Introduction

Swasthya Swaraj Society started with the clear vision of serving and empowering the underprivileged in tribal areas has now completed two years after its birth on March 26, 2014. Swasthya Swaraj Comprehensive Community Health Programme is the flagship programme of Swasthya Swaraj Society. Initiated in Thuamul Rampur Block of Kalahandi district in Odisha state, Swasthya Swaraj Comprehensive Community Health Programme was born out of the passion and commitment of a small group of health professionals. Swasthya Swaraj, true to its name and vision, is committed to empower the various categories of people in this predominantly tribal block in health and simultaneously provide the much needed health care in the best quality possible within the limit circumstances, so that ultimately the dream of a peoples' movement for better health will become a reality.

Swasthya Swaraj Society was registered as a not- for- profit society in 2014 March. It has now completed two years of dedicated service in the tribal belt of Kalahandi district. This journey has been full of learning, with successes, failures and challenges. Being a new organization, every step is new and exciting. We keep moving forward, one step at a time.

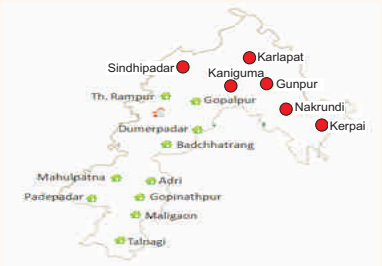
The year 2015-16 has been a period of intense activity and indepth learning from the community.

About the area

Thuamul Rampur block is blessed in many ways with its lush green forests, mineral-rich soil, high rainfall, many water bodies , perennial springs and water falls. But one most striking feature is the wide gap existing between the acute need for healthcare and acute shortage of healthcare services and personnel. As in most indigenous areas of the world, Th Rampur is also characterized by poor infrastructure, thin population, subsistence agriculture by the tribal population and poverty. Working with tribal population requires from us understanding of their belief systems and culture and their sacred traditions.

Population we cover is 16000 in 75 tribal-dominated villages drawn from 6 Gram Panchayats in Thuamul Rampur Block of Kalahandi district.

The glaring inequity is also visible in the field of education. 70% of the population is illiterate, women's literacy being abysmally low.



Organizational vision, mission, core values

Vision

A society free from ill health, illiteracy and poverty, where everyone lives healthy and happy, in harmony with the Nature.

Mission

In order to attain the vision we are committed to:

- Work towards 'Health for all'.
- Promote community health through empowerment of the community and active community participation to ensure improved health and quality of life of the poor .
- Our focus is empowerment of the poorest, the least and the last in the society so that they liberate themselves from the bondages of ill health, illiteracy and poverty in order to participate in the development of the nation.
- Service, education and research
- Justice, Equity, Integrity and Compassion are our guiding principles/ core values.
- Participatory, empowering, respecting the noble values in the tribal culture, and human rights- based approach in all the activities and programmes.
- A comprehensive, community based approach to health addressing the various determinants of Health especially Education and Livelihood opportunities will be our way, in collaboration with other like-minded organizations and people.

Overall Goal of Swasthya Swaraj Comprehensive Community Health Programme:

Improved health and quality of life of the poor by reducing deaths and disease burden due to preventable diseases, reduction of maternal mortality and reduction in infant mortality & underfive mortality.

An overview of activities in 2015-16

India has made significant progress in the field of medical technology over the last few years, but getting access to basic healthcare facilities is still considered a luxury in many parts of the country, especially in interior tribal belts. Technology and development take health professionals farther away from rural areas. Swasthya Swaraj Comprehensive Community Health Programme with its dedicated team of doctors and other health professionals has contributed in a significant way in making healthcare available and accessible in a most needy, badly underserved area. Communicable diseases and undernutrition are the commonest health problems and taking away the lives of the people.

An overview of activities in 2015-16:

Type of intervention	People reached directly	People reached indirectly
1. Healthcare services		
a.OPD services	7900	39500
b.Emergency care	380	
c.laboratory services	5850	
d.Pregnant women thru ANC clinics	142	
e.Underfive chidren thru U5 clinics	1429	
f.Mal-Mal camps	1042	
g.Mass screening for malaria	2395	
h.TB clinics	96	
i.Deliveries in the SS clinics	5	
j.conducting home home deliveries by staff	8	

Type of intervention	People reached directly	People reached indirectly
2. Training & Empowerment of the community		
a.Swasthya Sathis	80	16000
b.Shikhya sathis	15	13000
c.community-based malaria control prog	16000	35000
d.community-based TB control prog	16000	35000
e.TULSI-Adolescent girls' prog	228	11000
f.Chidren's clubs for health promotion	520	6000
g.Health auxiliaries under training	8	

A.Healthcare services

Two 24x7 Health Centres

The two outpatient clinics started in rented buildings in ***Kaniguma*** village (55 km from the district headquarters- Bhawnaipatna) and ***Kerpai*** village (90 km from Bhawanipatna) were upgraded into 24x7 health centres with emergency care facilities and full teams of resident staff. The centres are equipped with labour room and minor surgery facilities. The nursing and paramedical staff are empowered by regular ongoing trainings and under close supervision of doctors to run the clinics efficiently.

Kerpai Clinic

Kaniguma Clinic from outside

The official inauguration of Kaniguma health centre was done on 31st October 2015 at a large public function attended by large number of villagers of the Block. The district collector Dr Brinda Devarajan I A S inaugurated the health centre.

OPD buzz with activities

The clinics are attended by patients from 10 gram panchayats of Th Rampur Block and other neighbouring Blocks of Rayagada district. More than 100 patients attend the OPD services in Kaniguma. The number of patients in Kerpai clinic is less; it is more a life-saving station. The patients coming are very serious and needing more care. Kerpai gram panchayat is more hill-locked and cut off from the mainland, with >92% tribal population, superstition-bound culture which prevents them from seeking healthcare. In both the places for the majority of patients swasthya swaraj offers the first time contact with modern allopathic system of healthcare.

Two third of the patients coming to the clinics are women and children. Average body weight of the adult women 41 kg and of adult men 46 kg.

Commonest diseases detected at the clinics are malaria (23%), Diarrheal diseases, undernutrition (SAM & MAM), scabies in its worst infected forms, TB, acute respiratory tract infetions. NCDs is a rare entity in this largely primitive population. The average life span is 60 years.

Rural Labs

The two health centres have attached 24x7 rural labs functioining in very limit circumstances of poor power supply, but carrying out all essential investigations. Both health centres provide high quality primary healthcare and practice evidence-based medicine.

ANC Clinics:

India contributes a higher global share of maternal and newborn deaths than any other country in the world. The irony is that most of these deaths are preventable, if low-cost technological solutions are implemented on the ground. Most of these maternal deaths and underfive children's deaths happen in tribal pockets.

In this adivasi area where unassisted home delivery is the normal practice, antenatal care is a luxury and not easily availed of. Swasthya Swaraj organizes regular antenatal clinics closer to people in 8 different locations in the project area, reaching out to people. In each location pregnant women from 6-7 villages come to avail of the services. The swasthya sathis motivate and bring the pregnant women from their villages to the clinics. ANC clinics are always combined with underfive clinics.

Counseling of pregnant women by nurses

Malaria in pregnancy is the focus of our ANC programme. One third of the pregnant women are PF malaria positive and majority of them are asymptomatic. Malaria in pregnancy contributes to high maternal mortality; combined with anemia and undernutrition of the mothers it leads to low birth weight babies, premature births, still births and abortions which are highest in tribal areas. Active screening for malaria (by blood smear examination) is done for every pregnant woman at every visit. All antenatal women are given free mosquito nets, neem oil for external application as mosquito repellant, and nutritious food along with health education by the staff.

No of ANC camps organized - 25

No of antenatal women who received ANC during the year- 142

No of pregnant women detected with with malaria (pl. falciparum) – 32%

Average Hb of pregnant women – 8 .0 gms%.

Underfive Chidren's clinics

This is conducted always in combination with ANC clinics- done in 8 locations closer to people. Repeated malaria leads to malnutrition and poor learning capacity in children, which contributes in a major way to the persistent underdevelopment of the tribal areas where the human capital is wasted. Many children gets 3-4 times malaria in a year and is a matter of serious concern.

The focus of the U5 programme is

a) detection and management of Malaria

b) detection & management of Severe acute Malnutrition (SAM)

c) prevention of SAM

In the underfive clinics all U5 children are called from the villages of each subcluster. Growth monitoring of each child is done, screening for malaria (by rapid diagnostic kit) is done, Hb estimation is carried out , physical examination by doctors and treatment, dietary advice and health education to mothers. The children are given nutritionally rich food and snacks.

Each village cluster gets this chance once in 2 or 3 months and it is like an 'utsav' each time.

Child Health Record is maintained for each child.

The SAM chidren are given special nutrition supplements, and dietary advice to mothers.

No of U5 camps organized during the year - 17.

Total no of children attended - 1429.

39% U5 children detected with malaria.

Community-based Malaria control programme

The objectives are:

- Reduction of deaths due to malaria and disease burden due to malaria in the community considerably.
- Reduction of API to < 10 from the present 480.

a. Early diagnosis and prompt treatment: the two clinics and the ANC-U5 clinics offer diagnosis and healthcare available to the people of Th Rampur Block. ANC & U5 clinics held regularly closer to people in different locations also help to achieve this goal.

DOTS in malaria: In the tribal villages, DOT is needed in malaria treatment as hardly anyone completes the 3 days' treatment. Illiteracy, passivity and apathy which are all manifestations of extreme poverty are probably the causes for not taking the medications. Our field animators and swasthya sathis go from house to house after every U5 clinics to see that the children are given the medications correctly for 2 days more after the first day's dose in the clinic.

b. Empowerment of grass root level workers to detect and treat malaria: 80 swasthya sathis from 76 villages are being trained in diagnosis and management of malaria in the field. 50% of these illiterate women are confident to correctly diagnose malaria, administer paracetamol, make blood smear and malaria medicines.

c. Management of severe malaria cases: Both the health centres are equipped with facilities to manage this emergency and the staff are trained. The field staff are trained to detect the severe malaria and refer promptly.

d. Creating awareness on malaria in the community: This is an essential and very important activity where illiteracy galore. Different cadres of people are trained to communicate the message to the people. The Swasthya Sathis through their house visits, the Shikhya Sathis & Field Animators through their village meetings and activities, the adolescent girls, the youth and finally the children too.

A Cycle rally by 'Youth for Health' (a loose network of youth initiated by swasthya swaraj) was done in October 2015. 100 youth from 38 villages in Kaniguma cluster participated in this malaria awareness rally, going from village to village cycling for three full days and giving awareness on malaria to each village thru skits, songs and talks. It was the first of its kind in this area.

District Collector addressing the public meeting CDMO & DMO on the dias.

Public meeting on malaria awareness: was organized in Kaniguma on October 31, 2015. The District Collector Dr Brinda D evarajan I A S was the chief guest and the chief district medical officer and district malaria officer attended this large public meeting. It again was the first such public meeting held in this block.

e. Mass screening of malaria : This active screening for malaria was carried out in 21 high density villages in collaboration with the District Malaria Dept.(NVBDCP)

- The population coverage was 2395 (86.5%)
- 34.2% of the population was found to be infected with malaria (PF).

f. Mal-Mal camps for U5 children : 9 Camps conducted.

- 1042 underfive children attended.
- 35% detected to have malaria.

g. Health education materials on malaria: Swasthya Swaraj has brought out flip charts on malaria, Malaria skit, malaria song, tribal dance, leaflets and handouts.

h. Health education in the schools : the field animators give the health education classes on malaria in the govt schools in their areas.

Community-based TB control programme :

a. Monthly clinic days exclusively for TB patients: all the TB patients diagnosed and put on treatment by swasthya swaraj are called on a specific day for review in both the clinics. The TB clinics is combined with health education, counseling, repeat sputum checking at every visit, nutrition supplements and take home nutrition supplements.

b. Patient tracking system: through special post cards brought out for TB control, through swasthya sathis and shikhya sathis and field animators.

c. DOT : In the programme villages the swasthya sathi visits the TB patients in her village every week and make sure she/he is taking medicines.

d. World TB Day as an occasion for creating TB awareness: The World TB Day (March 24, 2016) was celebrated in Kaniguma on 22nd and Kerpai on 31st with public meetings, TB poster exhibition, skit on TB and health education classes. In Kaniguma about 200 people attended the meeting and in Kerpai amost 700 people.

World TB day Celebration at Kaniguma

New cases diagnosed during the year and started on treatment : 96
No of patients cured during the year : 30
Patients who developed MDR TB during the year : 4
Constraints:

- Case detection of TB is less, as public awareness on TB is poor.
- Detection of childhood TB is extremely poor.
- Lack of Xray facility in the clinic and lack of Xray unit in about 100 km radius, which hampers diagnosis and follow up of patients.
- Unwillingness to take prolonged duration of treatment.
- Poor nutritional status of the patients

TB Day at Kerpai

B.Community empowerment activities:

Recap through drawing

Learning in Groups

Consists of mainly training and empowering different cadres of people in the village communities on various aspets of health.

a)SWASTHYA SATHIS : – In many of the tribal villages there are no ASHAs and the ANMs do not reach out. In the 75 programme villages one woman (in large villages two women) are selected by the villagers. There are 80 such women – swasthya sathis.
Majority of them are illiterate, but eager to learn.

The training follows a 3 year curriculum, 4 days' intensive training once a year, and ongoing training for one and half day every month. All trainings are residential. The training content and methodology aare specially prepared taking into consideration the unique context and needs of the tribal villages, their illiteracy.

Practical learning by Swasthya Sathis

The objective of the training is to prepare them as effective primary healthcare providers in their own village communities-diagnostic and management skills on common conditions, detection of danger signals, health communication skills, and documentation of vital events statistics of her village and disease surveillance.

4 swasthya sathis are promoted as *Swasthya Sathi Sahayikas*. Each swasthya sathi sahayika along with being swasthya sathi in her own village, is given charge of 5-6 villages in Kaniguma cluster which she will visit regularly (at least twice a month), motivate the swasthya sathis, organize subcluster level trainings as reinforcement of the trainings received at the regular training sessions, collate the data documented by them etc.

b) SHIKHYA SATHIS- These are literate youths who are being trained with a special focus on implementation of national control programmes of malaria and TB in the grass root level. Village meetings and activities like medication of nets, giving awareness to groups pf people, sessions in schools, organizing ANC- U5 clinics, children's clubs etc. are done by them They also support the swasthya sathis. In malaria and TB control community based.

Training o Shikhya Sathis

c) Adolescent girls' prog (TULSI programme)– The adolescent girls in tribal villages are the invisible, disempowered group. They are illiterate, anemic and unhealthy. TULSI prog is conceived seeing their plight and the great need to awaken them and empower them. They are the future mothers and community builders.

Posing for a photo after training

Learning to make Herbal Cosmetics

TULSI clubs are formed in the village level and in the subclusters level with the help of swasthya sathis. Regular training sessions are organized for them at sbcluster level and cluster level.

The focus of the programme is : overall empowerment of the adolescent girls. Training sessions consist of knowing themselves and their potentials, reproductive health, nutrition, life skills, and various skills such as knitting, herbal cosmetics making, low cost nutritious food preparations etc. along with literacy skills. 90% are illiterate. Hemoglobin checking of each girl is done once a year. Their average Hb is 8 gm%.

No of TULSI Training camps organized - 11 camps.

d) Children's programme: Children's clubs are formed in 28 villages of Kerpai GP. It will be formed also in all other programme villages. Chidren's programme is visualized to motivate them for schooling, to draw out their skills, provide them with recreational facilities, and finally empower them as health promoters in their own villages.

e) Health Promoting Schools- This programme is being implemented in 15 government primary schools in Kerpai GP from this academic year onwards. It is transforming the malfunctioning govt schools into nodal points of health promotion – of the children themselves and of the village community.

f) Training of Health auxiliaries / community nurses- this is training local tribal girls in healthcare. This is nonformal course which is contextualized and need based. It combines theoretical knowledge with practical skills of nursing and laboratory skills. They are trained to be both clinically competent and community oriented. They follow ethical healthcare, rational use of drugs and investigations, and National guidelines on management of diseases.

8 girls are being trained now. They learn the work while working in the clinics and have regular theory inputs.

Goal: to train 20 girls in 2 years.

Travel is a Challenge.

A Village Meeting with Staff

Voices from the ground:

"When people ask me what reward I get in being a swasthya sathi, I tell them that the happiness and the light of knowledge I am able to bring to many families when I help them in their hour of need and teach them what I learned at Swasthya Swaraj is my greatest reward".

Saiboni Nayak – swasthya sathi

"For the first time in the history we have now access to modern health care. In serious conditions we had to walk for kilometers and kilometers over the hilly areas to reach the patient to hospital. We consider ourselves fortunate to have swasthya swaraj team in our area".

Lexman Majhi- Kerpai village

We are trying to make Swaraj a reality for the poor and poorest which they are not even able to dream of now.

Dr Aquinas Edassery

TEAM :

Programme staff- Technical: Dr Aquinas Edassery, Dr Abhijit Gadewar, Dr Ashwini Mahajan, Nidhish E T, Pradeep Digal, Vikram Paswan, Angelina Thomas, Bijimary Karavattathyil, Jayanti Das, Morgonita Dip, Sunita Samal, Pramila Nayak, Anup Kumar panda

Field staff- Jaysankar Majhi, Amarsingh Majhi, Eklavya Majhi, Radhesyam Majhi, Ghasiram Majhi, Kumarsingh Majhi, Hindiga Majhi, Susanto Parabhoi

Health auxiliaries under training: Nappa Majhi, Sarojini Majhi, Resmita Majhi, Kalpana Majhi, Vasanti Majhi (sr), Anjana Majhi, Vasanti Majhi (jr), Gitanjali Majhi.

Admin staff- Rajesh Krup, Babagrahi Bag.

Driver cum maintenance: Chitaranjan Sahu, Padmanab Tandi

OPD assistants (part time): Suresh Majhi, Gangadhar Majhi,

Cooking cum housekeeping: Gurbari Majhi, Savitri Goud.

Funding source:

Tata Trusts (south Odisha initiative)

We also acknowledge with thanks the contributions received during this financial year from: Vitamin Angels(generous supply of Vit A and Albendazole), Dr Sidharta Mukherjee, Dr Kumkum Bhasin, Ms Orla Hazra, Mr Sanat Hazra, Dr Maya Jacob Philip, Ms Sunita Hazel Fernandez, Mr Devaki Nandan Tripathy, Angelina Thomas, Ms Celine Malayani, Dr Felicitas R and others.

Looking ahead:

1.Health Promoting School Prog – being initiated in 15 govt primary schools of one GP – scaling it up
2.Community-based management of severe acute malnutrition of Underfive children.
3.More intensive and extensive TB control programme
4.Scaling up of TULSI programme
5.Community-based blindness control programme
6.Setting up one health centre with inpatient facilities (10 beds), EmOC facilities and Xray facilities in Th Rampur block.