

# SWASTHYA SWARAJ NEWSLETTER

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## Celebrations never end!

EDITOR: DAANISH SINGH BINDRA

January is the month in which many cultures celebrate harvest festivals, and we have one such of our own, referred to as 'Toki Parba' which our field staff wait the entire year for!

This year Nithin and I decided to stay in the village where the main celebration was happening: Kuang, and camped thanks to a tent that we carried with us. We had our own expectations, but all were surpassed by the pure energy and aura that surrounded us! Dancing and hooting groups from all surrounding villages in the cluster arriving by foot, almost in a state of trance at 3am in the morning is not something that we have previously experienced, as we developed new standards for the term "night-life", which we cherished during our college days. We discussed migrant labour, politics and culture with the many grooms that were to be married post the rituals. There was a strong sense of community, which we felt a part of when people invited us to dance and swing to the rhythmic beats of the drums!

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# Empty Markets

WRITTEN BY NITHIN.P. I

Our clinic in Kaniguma on a Saturday OP day is as if an extension of the village weekly market. People from villages near and far flock to their big bazaar to buy cloths, footwear, vegetables, pottery and everything in between and also end up hopping into our clinic for various reasons. Various food stalls, the gambling stall, the liquor shop, tailors and even a quack medical practitioner add flamboyance to the space. However the week after the tribal harvest festival of Toki Parba was quite different, there were only less shops and even lesser people.

**It was as if great depression hitting the village economy. " After parba no one has money. There is no use of coming here these times." -said one shop owner who never misses his weekly hustle on a rickety bike loaded with supplies braving tricky roads and the early morning chill.**

Even the footfall of patients in our clinic was lesser but we were not surprised as tribal people are known to be proud, independent and self esteemed, who won't prefer to accept any product or service for free, even if it is offered on a no-cost basis. Also however free it may sound, health care in a hospital setting is never 'free' if we take into account the loss of wage and the cost of transportation involved.

The concept of money - savings, investments and expenditure in the tribal population never ceases to amaze us. They seem to have mastered the art of living in the moment with lesser worries about tomorrow. But in today's world this very quality is more of a curse than a boon. Whatever little money people have from selling their harvest is quite lavishly spend on cloths, liquor, food and other commodities for the Parba. People end up starving in monsoons as they often fail to save up for the whole year. Even the brave risk taking men who migrate to Kerala wont risk it beyond earning a mobile and motorbike and very little capital to return to his village. No one from tribal community prefers to run even a small scale business. All these problems are much more complex and no governmental programs have percolated enough to our tribal hamlets even to acknowledge these issues. We, being an health service based NGO trying to facilitate people's movement for health in a tribal ecosystem are often left with no choice but to address some of these challenges, whose root cause mostly lays in areas outside our expertise. Be it following the policy of accepting whatever people offer by choice as payment for our services or attempting to bring Anganwadi rations into the hamlets or talking about concepts of economics to our tribal field animators during their life skill training our responses has to be contextual and innovative and out of the comfort zone of health care providing.

# A Bike Ride to Forget

WRITTEN BY CHANCHALA MAJHI

I had began to drift into sleep after a tiring day of work in Kerpai clinic when I was awoken by Dhansingh Majhi, the anxious looking husband of Asanti Majhi who is now in seventh month of her second pregnancy. Knowing her previous obstetric history of giving birth to a premature baby and the baby dying within hours after a home delivery, I was expecting a distress call. But what Dhansingh said was so shocking that it took me a minute or two to respond. The second gravida mother got into premature labour and delivered at home. The baby didn't survive first hour of life and the mother has had uncontrolled bleeding after the delivery for last six hours, She is unconscious. The placenta has not come out and bleeding hasn't stopped despite the traditional medicine.

The darkness, rain, muddy- hilly roads and multiple streams on the way stopped any vehicle from getting into the village which was 8km away. It was almost impossible for the villagers to carry Asanti Majhi all the way to our clinic. It was late night and I attempted to call an 108 ambulance to take her out of the village to some medical facility. Even the ambulance couldn't make it any closer than 5km from the village and after numerous unsuccessful attempts the ambulance went back. Next day when the sun was out and weather bit more pleasant me and the intern posted in the clinic decided to brave the odds and travel to the village. Our brave field animators were ready with their bikes to take us through. Riding as a pillion, walking and borderline swimming to cross the streams in between it took us about 2 hours to reach Dhanpadar village. Asanti was in hypovolemic shock. She was unconscious, pulse was feeble and BP 70/50mmHg. We established an IV line, resuscitated her with IV fluids and gave her Oxytocin, Methergen and Misoprostol to stop bleeding. Despite multiple attempts we were not able to deliver out the placenta.

With no options left to save her life, we decided to take her in a motorbike to Kasipur CHC, which was 30km away so that we could get an ambulance to take her to the Rayagada district hospital. That 30km bike journey with an unconscious bleeding patient with retained placenta sandwiched between me and our field animator Ghasiram was a nightmare which we wish to forget. From Rayagada doctors attended her, delivered out the placenta to stop bleeding and gave her blood. Asanthi Majhi narrowly cheated death and was discharged after five days.

Even though I felt very happy being able to save the life of a pregnant mother, a lot of questions remained unanswered in my mind.

**Why are there no good roads to our villages? Why don't people come to the hospital well prior to onset of labour pain? Why there is no other hospital with emergency obstetric care nearby? Why do our infants die in larger numbers? Even today about an year after the incident all these questions remain unanswered.**





# Indoor Residual Spray (IRS) activity

WRITTEN BY ABIEL KHOSLA

During the ongoing Corona pandemic many government program activities got disrupted including the National Vector Borne Disease Control Programme (NVBDCP) which targeted diseases such as malaria. The Long lasting insecticidal net (LLIN) distribution and indoor respiratory spray (IRS) activities which were supposed to be done in the month of April had to be postponed because of the pandemic which became a national emergency.

Meanwhile the malaria cases started rising up in the malaria endemic areas including the Th. Rampur block of Kalahandi. Though later the IRS activity was done in these areas, the cases were still rising because it was done shabbily.

**The men appointed for IRS only sprayed medicine outside the houses and not the indoors because all of them belonged to the scheduled caste (SC) and were not allowed to enter inside the house, which was a caste related issue. Many villagers were also afraid of letting people into their houses because they thought they might get infected by Coronavirus through them.**

Swasthya Swaraj was then approached by the NVBCPD department to conduct the IRS spray in high burden project villages, which had a high number of malaria cases according to the month of June and July. IRS was entrusted by the program coordinator to the respective field animators. Villages with high burden malaria cases and hard to reach areas were selected for IRS activity. Swasthya Swaraj also received two IRS pumps, two buckets, five packets of DDT (dichloro diphenyl trichloro ethane), and personal protective equipment (PPE) from the NVBCPD department. Many of the field animators had learned how to do IRS earlier but general instructions on the mixture of water and DDT ratio and a demonstration was done before handing over the pump. About 26 villages of Th. Rampur blocks were covered during IRS. The department of NVBCPD has appreciated Swasthya Swaraj for our cooperation. We are genuinely thankful to our field animators who took up the responsibility and did it successfully in spite of all the hardships that they had to endure during their stay in those villages.



## Gandhi's Talisman

“Whenever you are in doubt, or when the self becomes too much with you, apply the following test. Recall the face of the poorest and the weakest man [woman] whom you may have seen, and ask yourself, if the step you contemplate is going to be of any use to him [her]. Will he [she] gain anything by it? Will it restore him [her] to a control over his [her] own life and destiny? In other words, will it lead to swaraj [freedom] for the hungry and spiritually starving millions? Then you will find your doubts and your self melt away.”

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