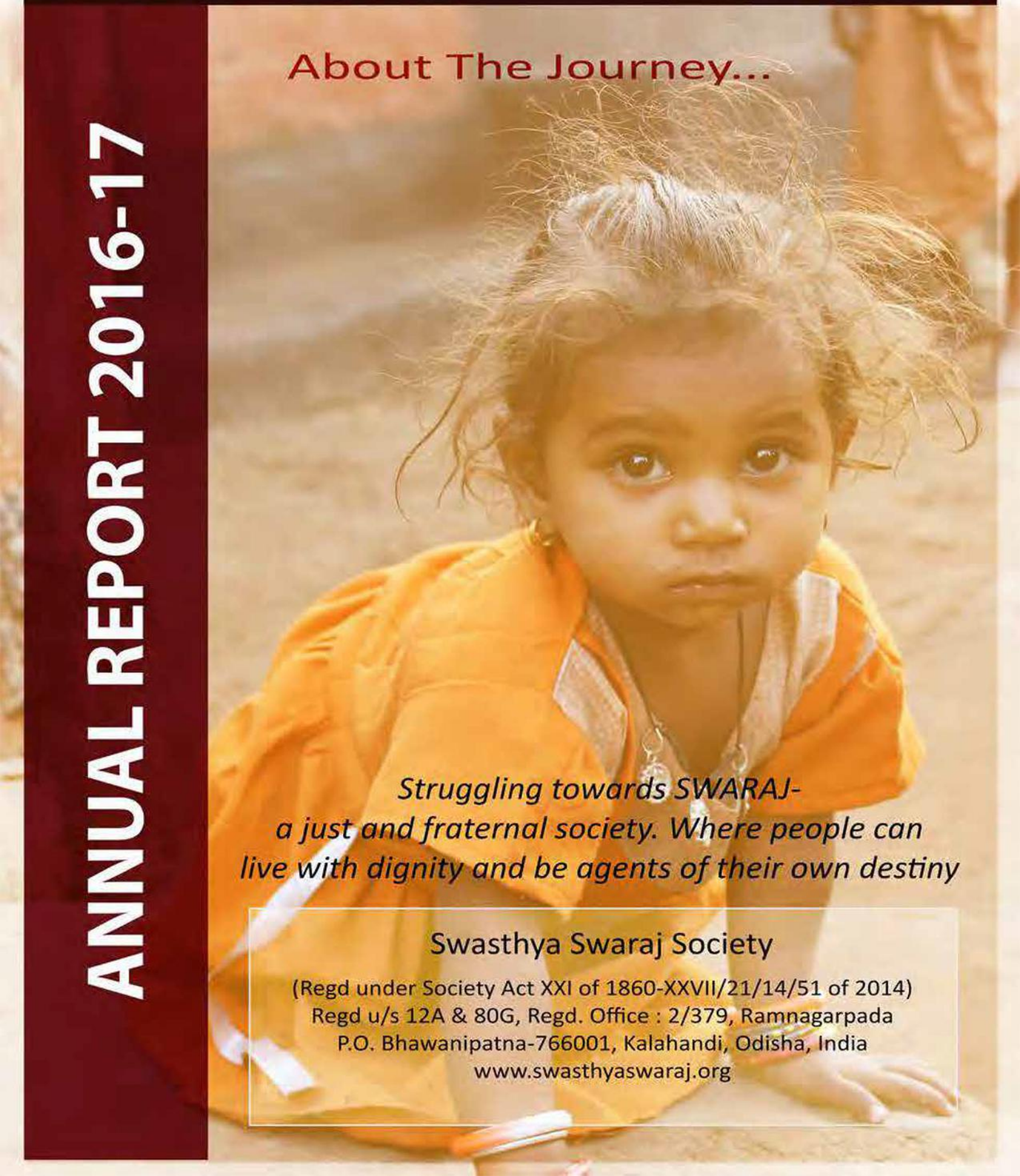
Swasthya Swaraj Society

Comprehensive Community Health Programme

ANNUAL REPORT 2016-17



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
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Introduction

"Sometimes the lack of substantive freedom relates directly to economic poverty, which robs people of the freedom to satisfy hunger, or to achieve sufficient nutrition, or to obtain remedies for treatable ill-nesses, or the opportunity to be adequately clothed or sheltered, or to enjoy clean water or sanitary needs." *Amartya Sen , Development as Freedom*. Swasthya Swaraj -as the name indicates is the yearning of the poor and poorest towards ' swaraj ' in health (control over one's own destiny) and it is most relevant in an area where the inequity in health is shocking.

Swasthya Swaraj was initiated in Thuamul Rampur block of Kalahandi district of Odisha where the infant mortality and underfive mortality rates are over 200 per 1000 live births and maternal mortality and morbidity are unacceptably high, where malaria is rampant in epidemic proportions accounting for many preventable deaths, where people in their helplessness literally wait for the death of their sickly loved ones because healthcare is not available and accessible. It is in this area that a small group of health professionals (all women) started exploring and studying. Swasthya Swaraj Society was registered as a not-for-profit, secular society in 2014 with the clear purpose of improving the extremely poor health status of the people in tribal areas. The organization has now completed 3 years of existence and within this short span has had many achievements .

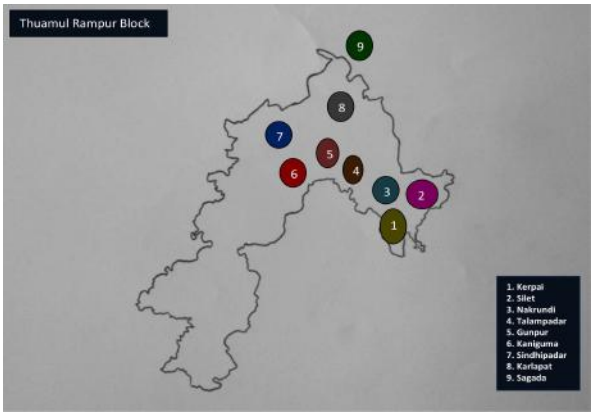
This report is a summary of how Swasthya Swaraj is tackling the heathcare challenges in tribal area.

Our vision:

A society free from ill health, illiteracy and poverty, where all live in harmony with nature.

Comprehensive Community Health Programme is the flagship programme of the Society. Towards the larger vision of the Society, the overall goals set are: *reduction of the deaths and disease burden due to preventable diseases, reduction of maternal mortality & morbidity, and reduction of infant mortality & underfive mortality.*

Location:



76 villages in Thuamul Rampur Block of Kalahandi district. These villages are tribal-dominant villages drawn from 6 Gram Panchayats (recently divided into 8 GPs). Programme covers a population of 14000.

An overview of activities:

A. HEALTHCARE

While the country battles more and more with noncommunicable diseases and an epidemiological transition is fast happening in many areas, the tribal India is weighed down with infectious diseases and undernutrition. The death rates are high as there are hardly any health facilities, lack of purchasing power, grinding poverty and illiteracy. The tribal India desperately needs healthcare. *Swasthya Swaraj believes and practices that the poorest and the most vulnerable require the best healthcare.*

Type of intervention	People reached directly	People reached indirectly
A. Healthcare services		
1. OPD services	10890	54450
2. Emergency care	350	
3. Laboratory services	15670	
4. Pregnant women thru ANC clinics	290	
5. U5 children thru U5 clinics	2624	
6. Malaria cases detected and treated	3630	
7. TB patients	146	
B. Training & Empowerment of the community		
1. Swasthya sathis	80	14000
2. Shikhya sathis	13	8000
3. Community nurses under training	8	
4. Community based malaria control	14000	38000
5. community based TB control	14000	36000
6. Tulsi- Adolescent girls' prog	548	14000
7. Health promoting schools	1300	5400

1. Two Health Centres:

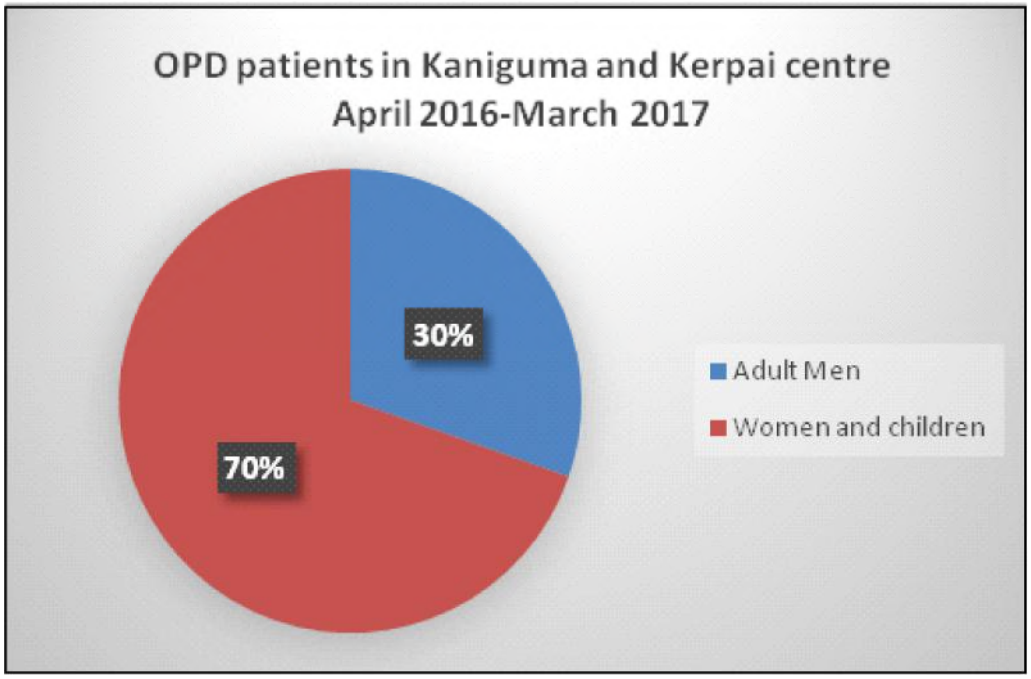
Swasthya Swaraj in its attempts to close the unjust gap in healthcare, started 2 health centres deep in the tribal-dominant block of Thuamul Rampur. The two health centres are at a distance of 60 km from each other- Kaniguma & Kerpai . The health centres are located in humble rented buildings.

(Kerpai Health Centre)

Started as weekly OPD services, these centres very soon became ***24x7 health centres*** with full team of resident health staff. The nearest Health Centre ***Kaniguma*** is 55 km from the town Bhawanipatna and the farther one ***Kerpai*** is almost 90 km away.

(Kaniguma Health Centre Team)

• Both the health centres provide high quality primary healthcare in an area which was deprived of healthcare till now.



• The two health centres cater to patients from more than 160 villages from almost all gram panchayats of Thuamul Rampur block and adjoining blocks of Kalahandi district.

• The two health centres are indeed the *life-line in the tribal block saving many precious lives who otherwise would have succumbed to death.* Commonest medical emergency admitted is severe malaria and the victims are almost always children.

• Spectrum of diseases: 40% of the OPD patients are malaria cases. Undernutrition, skin diseases, acute respiratory infections, diarrheal illnesses, tuberculosis, COPD, sickle cell disease, psychiatric disorders etc constitute the remaining 60%.

• Minor surgical procedures are also done in both health centres in limited circumstances.

• The doctors attend the clinic once a week at each centre.

• The clinic staff are trained in a regular systematic way, protocols are strictly adhered to which leads to capacity building and skills building of the clinic staff in giving ethical and rational healthcare .

• Both the health centres have attached *low- cost pharmacy which stocks only essential generic drugs* procured directly.

Outcome: From about 488 per month OPD visits in 2015-16, the number has climbed to almost 900 per month in 2016-17. 70% of these are women and children.

Admissions for emergency cases - average 3 per week in each health centre.

Roadblocks: lack of transportation facilities for patients.

What next? 4x4 jeeps to be stationed in each health centre to help transportation of patients from interior villages.

Radiology facility to be attached to one clinic (no facility in 125km distance)

2. Laboratory services:

The labs attached to the health centres perform all essential lab investigations. Getting all the biochemical tests done in serious cases is indeed a luxury in tribal areas. A portable mini autoanalyser was donated by St John's Medical college Alumni Association during the year.

Total no of investigations done	15670

Rational use of investigations followed strictly.

3. Maternal and Newborn health services:

Good quality antenatal care programme is the first step to reduce maternal mortality and morbidity. Problems staring at us are:

- Lack of awareness and gross ignorance of the women about the importance of antenatal care
- Woman in difficult labour are carried on country stretchers over long distances and arduous terrain to health centres
- Poverty and poor nutritional status of the pregnant mothers
- Malaria raging in the area throughout the year
- Culture of unassisted self deliveries in the homes
- No Trained Birth Attendants (TBAs) in the area
- Anemia due to nutritional deficiency aggravated by malaria
- Very low birth weight of babies
- High incidence of preterm babies
- High maternal mortality and morbidity
- High newborn mortality

Activities carried out:

Even though both health centres are located deep in tribal area, antenatal mothers do not come on their own. The team goes to the mothers in their locations.

a. ***Peripheral Antenatal clinics*** in 8 locations where a team from each health centre goes to run the clinics. Doctors always attend these clinics.

Total number of pregnancies registered	420
No. of peripheral ANC clinics held during the year	26
ANC visits in the 2 health centres	10-14/ week
No. of pregnant mothers attended the ANC clinics at least once	290 Kaniguma cluster-70%, Kerpai cluster-60%
Women with Hb <10gm	68%
Pregnant women with Hb < 8 gm	28%
Pregnant women with Malaria	22%
Women who attended 3 or more times	20%
Pregnant women using mosquito nets regularly	60%

All the pregnant women from the programme villages receive free mosquito nets at the first ANC visit. From January 2016, an incentivised antenatal care programme was initiated- the pregnant mothers are served nutritious food and take- home nutrition supplements at each visit which made a very visible difference. Those who have completed 3 visits and come for 4th visit receive some gift in the form of useful kitchenware

The women are always accompanied to the clinics by swasthya sathis.

High risk cases are identified by swasthya sathis, reassessed by community nurses and confirmed by doctors; they are advised institutional delivery well in advance and make arrangements to shift to district hospitals in Rayagada or Bhawanipatna.

The pregnant women are given health education on danger of malaria in pregnancy at each visit and are encouraged to use mosquito nets.

b. ***Cadre of Trained Birth Attendants (TBAs)***: All the swasthys sathis are being trained as TBAs. They visit the pregnant women in their respective village by home visits every week, assess the risk level using pictorial cards and they document their examination findings in the card on a weekly basis.

c. ***Safe delivery kits*** are distributed to to all registered pregnant women through the swasthya sathis. About 20 swasthya sathis do conduct home deliveries. Others are still in the process of gaining confidence.

d. ***Care of the new born in the houses*** -Home based newborn care (HBNC) by swasthya sathis in a systematic way by at least 4 visits in the first one month.

Outcome:

ANC attendance increased by	60% (at least one visit)
% visited > 3 times	20% (from 0 level it has reached 20%)
Mosquito net use	60 %
Malaria in pregnancy decreased by	10 % (from 32 to 22%)
Assisted deliveries in homes by TBAs	11
Institutional deliveries slowly picking up	5% in Kerpai cluster 18% in Kaniguma cluster
Maternal mortality during the year in the programme villages	2

Roadblocks: Silet and Kandelguda clusters in the newly formed Silet GP (Kerpai Cluster) could be reached out only twice during the year at great risk as the roads are not travelworthy. Nehela cluster too had set-backs. This affected the total numbers. Lack of transportation is a crying need.

4. Underfive children's health services:

The care of this vulnerable group is given great importance.

a. U5 clinics are carried out together with ANC clinics. U5 clinics are combined with nutrition supplements to all children, dietary advice to mothers.

No. of U5 clinics carried out during the year: 26

(U5 clinic at Semikhal)

These clinics are in effect malaria-malnutrition detection camps/ mass screening of U5 children and is done on a regular basis. This is essential as the U5 children are the most vulnerable group and 85% of deaths due to malaria happen among them and they keep getting repeated episodes of malaria which push them to malnutrition. Almost all the severe malaria cases admitted to emergency have SAM too with or without chest infection.

Child Health Record is maintained for each U5 child.

In the U5 clinics: growth monitoring, assessment of Hb and active screening for malaria, complete physical check up, treatment.

b. Regular growth monitoring in the field once in 2 months

No. of children under the U5 programme	2624
SAM children detected	-2 Z score 70% -3 Z score 20%
Total no. of malaria in U5 detected	56%
Average Hb of U5 children	9 gm%

Outcome: 93% coverage of underfive children through U5 clinics at least twice a year.

Roadblocks: not able to reach all areas regularly because of extremely poor accessibility.

5. Malaria control programme:

a. Early diagnosis and prompt treatment essential to reduce parasite load in the community. This is achieved to a great extent. Towards this purpose:

- 24x7 health centres in 2 locations where patients can drop in at any time, get tested and get treatment – all free of cost.
- Special clinics for pregnant women and children where malaria screening is integral part.
- All swasthya sathis and field staff are taught to detect the danger signs of severe malaria and refer them to health centres.
- The two health centres are equipped with all facilities to manage severe malaria except blood transfusion.
- 36 field staff members (including swasthya sathis) were trained for doing RDT and dosage of ACT and obtained certificates from district malaria officer.

Total no of malaria cases tested	8262	
Total no of malaria cases detected	3630	PF - 90% PV - 10%
Malaria in U5 children	56%	
Malaria in pregnancy	22.7%	

b. **Malaria Mass Screening** : A mass screening for malaria was undertaken by Swasthya Swaraj in collaboration with Malaria department in Kerpai cluster in April 2016. Population covered –86.5% (population of 2395). Malaria detected -38%.

c. IRS activity : In 2016 June, Swasthya Swaraj undertook the IRS (indoor residual spraying) in Nehela cluster (7 villages) with 98% coverage involving the local youth. The outcome was that no malaria-related death was reported in the peak malaria season of 2016 in this cluster.

d. Malaria awareness activities

These are regularly carried out in the programme villages.

The following health education media were produced during the year:

Malaria documentary film in Odiya language , street theatre on malaria, song on malaria, malaria cartoons etc.

(Street play on malaria- at Kerpai village)--

e. Training of professionals

Training of school teachers from 15 Govt schools in Kerpai GP on malaria

Training of guru guniyas (tribal traditional healers) on malaria, detection of severe malaria and early referral

6. TB control programme

a. Clinic based programmes:

- Monthly clinics exclusively for TB patients are held in both clinics on a regular basis for the patients who are detected. They are given motivation sessions, counselling, screening of children in the family.
- Daily regimen of ATT is followed in both the clinics and patients are given nutritious food and take-home nutrition supplements.
- CBNAAT: At the diagnosis the sputum or body fluid sample is sent to District hospital in Bhawanipatna for CBNAAT for checking Rifampicin resistance.

b. Community based aspects:

- Communities are given awareness on TB. Those who bring chest symptomatics and if TB is confirmed, that person gets an incentive.
- Patient tracking system: through post cards which is the reliable communication system in the villages
- Incentive to swasthya sathi when patient completes treatment successfully.
- World TB Day is celebrated in both centres as a mega event with much activities. This is used as an occasion for mass awareness programmes on TB.

No. of TB patients on record	146
New TB cases detected during the year	57
Cases who got cured during the year	14
MDR TB detected	4

Roadblocks: Compliance of patients to take treatment for 6-9 months very difficult.
Poor nutritional status of the patients

What next?

- Still a long way to go to increase case detection rates
- Detection rates of childhood TB to be increased
- Getting a portable Xray unit has become necessary
- Impact of TB-malaria coinfection to be studied.

B. Community empowerment programmes

Different cadres of people in the village communities are being trained on a regular basis.

1. ***Swasthya Sathis:*** these are women selected by each village. 92% are tribal women. 90% illiterate. From 76 villages 80 women are being trained as primary healthcare providers.

Once a month on a pre-set day these women come together in each cluster and have a residential training for one full day with once a year intensive training for 4 days.

(Swasthya Sathi trainning at Kerpai)

50 of them have completed 3 yr curriculum and 40 of them are knowledgeable and skilled enough to be recognized as certified swasthya sathis.

In the villages they do regular home visits, diagnose simple sicknesses, detect danger signs, refer patients to health centres, collect vital events data (births, deaths, pregnancies) from their respective villages on a regular basis, do disease surveillance using pictorial cards, do ANC assessment and bring them to ANC clinics, impart health education to other women, motivate and bring adolescent girls to the Tulsi programme etc.

The swasthya sathis are regularly being monitored and supervised by community nurses and field animators in the field. The data collected by swasthya sathis are cross checked by field animators.

What next?

Well trained swasthya sathis will be provided the diagnostic & management kits/bags at a public function.

Ongoing training will continue once a month as they require continuous hand holding and support .

Performance assessment of the swasthya sathis will be done on a continuous basis.

Some of them will be promoted as the group trainers to other swasthya sathis.

The swasthya sathis are also being trained as Trained Birth Attendants.

2. ***Shikhya Sathis:*** These are literate youths. The focus of their training is community based implementation of malaria and TB control programmes. They support the swasthya sathis in the field.

   No. of shikhya sathis - 13

   6 of them are promoted to field animator status

3. ***Health Auxiliaries/ Community Nurses:*** A training programme for educated local tribal girls who have an aptitude for healthcare. Two year integrated curriculum with hands-on-training, theory inputs, practice in the field and practical exposure to well known centres.

   8 girls are enrolled into the programme now.

4. ***Adolescent girls (Tulsi programme)***

There is a great need to focus on this group and empower them. Tulsi programme conceived by Swasthya Swaraj is aimed at holistic health, development and empowerment of this group.

Total no of adolescent girls enrolled into the programme -	524
No of Tulsi clubs formed in villages and functioning -	24
Residential camps organized for the girls -	7
Average Hb of the adolescent girls -	8 gm%
Malaria prevalence among the girls -	42%

(Tulsi programme at Melghara cluster)

7. Children's programme (Health Promoting Schools)

A programme visualised to address health, education and nutrition of the school going age group children as all three are crying needs. This programme is conceived to work in collaboration with Govt primary schools and use the existing system to make a difference gradually.

15 Govt Primary Schools of Kerpai GP are enrolled into the programme.

No of children enrolled in the 15 govt schools - 1300

3 schools do not have buildings

Activities carried out:

a. Workshop on Health Promoting Schools – which was attended by all teachers, Education Dept and Health Dept officials.
b. Teachers' meeting held twice at Kerpai
c. School health check up done in 14 schools and data compiled
d. Student health record for each child
e. School health committee in each school formed
f. Children's park in each school set up through recycling and reusing waste materials
g. Made arrangements to reach the quota of rice for mid day meal to the schools in remotest areas and ensure that mid day meal programme goes on uninterruptedly.
h. Innovative HPS curriculum being prepared
i. Summer camp for the children not attending school organized successfully at Kerpai. 350 children attended this 3 day residential camp with much fun and creativity and competitions. The aim was to generate interest in coming together and learning.

(HPS prog. at Kutrumali)

(Children's summer camp at Kerpai)

Stunting among the school age children	32%
Wasting among the children	42%
Average hemoglobin level	9gm/dl, (< 8gm%- 22%, 8-10gm% - 74%)
Prevalence of malaria	43.4%

Our Team: consists of doctors, public health professionals , social worker , nurses , senior lab technicians , asst lab tech , OPD assts, field animators , community nurses under training , driver , cook cum janitor. Admin: accountant , data entry operator .

Voices from outside:

'Because of Swasthya Swaraj, many of our children are today alive. If Swasthya Swaraj had not started these healthcare services in our area, many of our children would not be alive today'.

-Tribal women from Kerpai GP

Swasthya Swaraj is listed as one among 8 organizations in the country doing excellent work in the field of tribal health focusing on maternal and child health in tribal areas.

http://www.dasra.org/cause/improving-maternal-and-child-health-in-tribal-communities

Funding: Tata Trusts.

We are grateful to our individual donors:

Vitamin Angels; SELCO Foundation; St John's Medical College Alumni Association;

Holy Cross Sisters, Bangalore, Tata Trusts SOI staff team, Bhubaneshwar; Dr Siddartha Mukherji, Kolkata; Arun Jose & Liz, Trichur; Dr Ravi D'Souza & Dr Ramani, Bhopal; Dr Gagandeep Khang, CMC Vellore; Dr Maya Jacob Philip, Bangalore; Dr Raj Shah & Dr Nandini Shah, Ahmedabad; Ms Neela D'Souza, Mumbai; Ms Brigit George, Mumbai; Dr Mohan Isaac, Bangalore; Dr Tushar Garg, Jaipur; Dr Urwashi Dhamija, Delhi; Mr C.S. Rangaswamy & Vimala Rangaswamy, Baroda; and many others who supported our work in many ways.

M/S SWASTHYA SWARAJ SOCIETY
RAMNAGARPARA, BHAWANIPATNA, KALAHANDI

BALANCE SHEET AS OF 31st MARCH 2017

Funds and Liabilities	Amount - Rs.	Property and Assets	Amount - Rs.
		Fixed Assets	2502442.00
		Less-Depreciation	-903297.00
Corpus Fund	1194325.00		1599145.00
Capital Fund Account	1672099.00	Loans & Advance	58169.00
Specified Fund Account	1734743.44	Cash-in-hand	1644.00
Expenses Payable	48988.00	Cash at Bank	3302332.40
Excess of Income over Expenditure	311134.96		
	4961290.40		**4961290.40**

INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR ENDED 31st MARCH 2017

	Expenditure	Amount - Rs.		Income	Amount - Rs.
To	Tata Trust Project Expenditure	8267067.50	By	Grant-in-Aid	8267067.50
To	Project Expenses for Health Program	55490.50	By	Clinical Receipts	166295.00
To	Surplus carried Over to B/S	193602.50	By	Membership Fee	10000.00
			By	Staff Donation	51005.00
			By	Other income (Interest)	21793.00
	Total	**8516160.50**		**Total**	**8516160.50**

For SPP ASSOICATES
CHARTERED ACCOUNTANTS
Bhubaneswar

TRUSTEES
Swasthya Swaraj Society
Bhawanipatna

Executive committee members

Dr Suranjan Bhattacharji	- President
Dr Yogesh Jain	- Vice President
Dr Sr Aquinas Edassery (Jemma Joseph)	- Secretary
Dr Ravi D'Souza	- Treasurer
Ms. Mercy John	- Member
Dr Kanishka Das	- Member
Dr K.R.Antony	- Member

Advisory Board: Dr John Oommen, Dr Raman Kataria, Dr Ramani Atkuri, Dr Sara Bhattacharji, Dr Thelma Narayan, Ms Shashi Minz

Reflections

When you give a dinner, call the poor, the deprived, the neglected who are not able to pay you back..... Lk 14: 12-14

Progress and development are more plausibly judged by the reduction of deprivation and misery of the poor than by the further enrichment of the opulent. ..... Is there, then, hope for the poor?

- Amartya Sen

These young precious lives that fall off like tender leaves of a tree loudly proclaim that something is seriously wrong with our systems and our society at large. This stark inequity in healthcare which the poor have accepted passively as their fate cannot be tolerated. Our development paradigms and our medical education and knowledge are called into question by the shocking events which we see in tribal India and continue to happen not in small numbers in the poor tribal belts.

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

To visit us or contact us:
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Please send your donations to
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