



# SWASTHYA SWARAJ NEWSLETTER

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## Introduction Of The Newsletter

Welcome to the first issue of the 'Swasthya Swaraj Newsletter'. This newsletter is seeing the light of the day after a long gestation period. It is a medium for the Swasthya Swaraj team to write their reflections, share their success stories, their adventures etc. with the outside world. In Thuamul

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Rampur Block, where technology and digitalisation has not yet penetrated, written material is still the medium of communication.

I congratulate Ms. Priyanka Shejale who worked hard on it and brought it out. I hope Priyanka will be able to bring out the issues once in two or three months regularly. As the time goes on, I hope there will be more articles written in Odiya.

-Dr. Aquinas Edassery ( Director, Swasthya Swaraj Comprehensive Community Health Programme)

Swasthya Swaraj started work in the Thuamul Rampur block of Kalahandi district in Odisha in the year 2013. This is one of the poorest and most backward parts of India, and a part of the KBK (Kalahandi, Balangir, Koraput) region of western Orissa.

The country here is part of the Eastern Ghats, mostly forested, remote, relatively inaccessible, and populated largely by the Kui tribals.

The health problems here are overwhelming. Malaria is rampant, but there is also a high prevalence of tuberculosis, diarrhoea and other water-borne diseases. Childhood malnutrition is high too. All these have their impact on the health indicators for the region.

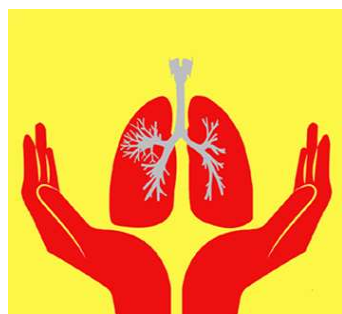
In this situation, where does one begin?

The articles in this newsletter will give you some idea of the people we work with and the situations we face. Tribals are simple, trusting, hardworking, honest and humble people. Unfortunately it is these very qualities that have helped others take advantage of them. The articles show their attitudes to daily life, illness and death. They also explain some of the interventions of Swasthya Swaraj.

This newsletter is an effort to keep you informed of the activities of Swasthya Swaraj, and about the people we serve. We welcome your feedback.

-The Editorial Team

## Swasthya Swaraj celebrates 'World TB Day': A Memorable Experience



March 24<sup>th</sup> is the World Tuberculosis Day. Every year Swasthya Swaraj celebrates World TB Day in a grand style involving as many people as possible. It is an opportunity to create awareness on TB among the people in Kalahandi, Odisha. TB being the companion and byproduct of poverty, there is a high load of TB patients in the tribal-dominated Thuamul Rampur Block. The death rates are also very high among TB patients in this area, high malnutrition rates contributing to it along with poor treatment compliance. But the detection rates of TB is extremely poor which necessitates aggressive TB awareness programmes.

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### Gearing up for World TB Day-

- As soon as the dates for both the centres got finalized, every member of team swasthyaswaraj started preparations for this grand event. At the staff meeting there was a flood of ideas from both the clusters. A schedule of the programme was made accordingly.
- Printed invitations to all TB patients – treated in the past and being treated now, patients who discontinued treatment to attend the TB Day.
- Poster exhibition on TB in both centres. More than 30 posters were prepared.
- TB awareness programmes in villages where there are high density of TB patients. This was done on 3 consecutive days- the team swasthyaswaraj going from village to village on two wheelers and four wheelers driving through very difficult areas. 9 villages were covered. In each village they put up street theatre, TB song etc.
- ‘TB rogo, Bhagobhago!’ was the slogan of our programme.
- Response from villages was great.
- A documentary film on TB is in the finishing stages. Script and production by Milind Bhagwat, one of the team members. All are eagerly looking forward to this educational documentary based on the lives of the TB patients.

### TB Day in Kaniguma



World TB day celebration in Kaniguma was planned on 28<sup>th</sup> March along with the usual monthly TB clinic day. All the TB patients (past and present) had come along with their partners or parents in response to the invitation.

The awareness programme was effective as it was interactive sessions. The cured patients shared their experiences and advised the other patients about the importance of continuing regularly the medication and regular check up. All were given sumptuous meal and bus fare or free transportation and a handkerchief as a token.

On Saturday the culmination of the programme took place in the market with awareness programme-skit, song, slogan etc. Vikram Paswan (Associate Programme Co-ordinator- Swasthyaswaraj) remarked- “I am very proud of all my team members who went round the villages non-stop for 3 days.. This event would not have been successful without their enthusiasm and wholehearted support. Response of the patients and the people from nearby villages was very satisfying.....”

### TB Day in Kerpai

World TB day is celebrated in kerpai on 30<sup>th</sup> March. Here the field animators along with Matthhew (Associate Programme Co-ordinator) held meetings with villagers in as many villages as possible and invited them for the TB day on 30<sup>th</sup> March.



The programme was held in Rajiv Gandhi Seva Kendra and was attended by almost 500 people from many villages together. The staff of the Kerpai health centre and field animators put up an incredible show. Each one outsmarted the other in leadership, acting, dancing in a very smooth manner. When asked about an experience of organizing such an event at such a grand level, Matthew said, “It was a great opportunity for all our field animators and clinic staff to prove themselves. The credit of a successful event at kerpai with huge response of people goes to all the field staff of swasthyaswaraj.....”

### What next?

World TB day celebration reminds one and all the huge problem of TB in the world and each one's responsibility to join the fight against TB and end TB.



## Tulsi Programme – in search of her identity

In spite of the hustle-bustle all around, a smiling girl in pink long dress caught my eye. She was sitting under the tree with some of her friends.. They were all trying to peep in an Odiya newspaper which this girl was holding in her hands. They were all figuring out their fashion statement by going through the fashion page of the newspaper. And this smart girl was clearing the doubts of others. I was observing the group from behind. “What is her name?” I curiously asked Pramila, one of our staff members. “My name is Shantilata.” The girl turned towards me and answered quickly. I was amazed by her confidence. I looked into her eyes. Those gleaming eyes left me speechless.

Later, I spoke to Shantilata. She has recently passed her 10<sup>th</sup> standard exams. “Would you like to study further?” I asked her. “Yes, I like to study but studying further needs a lot of money. That is impossible for my parents in their current situation”. she answered disappointedly, and went for lunch with all her friends, leaving me with many more questions.

It was during the ‘Tulsi - Adolescent girls programme’ that I got an opportunity to live with 37 bright and smart adolescent girls at Melghara. This 3 days programme had a variety of activities that were the tool of bringing out the best in each girl. All the girls were from different nearby villages with the same motive of doing something different from their daily routine and refreshing their her comfort zone and trying to get comfortable in these new

surroundings. Their sparkling faces and gleaming eyes were assuring us of the success of the Tulsi programme.

They had done all their favorite things in these 3 days. They played with each other, shared their happiness and sorrows, prayed for a ray of hope. They made nice origami flowers, made big beautiful drawings, watched different Odiya movies. Along with this they had simple input sessions on menstruation and anemia. Every girl had her own beautiful way of coming out of her comfort zone and trying to get comfortable in these new surroundings. Their sparkling faces and gleaming eyes were assuring us of the success of the Tulsi programme.

After living with this group of bright and clever girls in



a small village, I have learned some skills from them. Their way of tackling situations, their level of making adjustments with the surroundings, their problem solving abilities have their own beauty. And I feel that we should not interfere in it by civilizing everything and dragging them into the mainstream society. The struggle for survival is an

inseparable part of life and everyone is going through it irrespective of class, caste or social strata. Hence, we should be constantly working for the betterment of tribal people with a great amount of patience without putting them in stress. And we should also be adaptive about their culture, their habits. All we have to do is should stop being judgmental about their life and accepting them as they are and letting them live without fear. This may lead us towards answers of those unanswered questions.

*-Priyanka Shejale*

### पानी बचाओ, जिंदगी बचाओ...

शब्द छोटे हैं, लेकिन इसके मायने बड़े हैं। हमको अब समझ आया।

हमारे कनिगुमा स्वास्थ्य स्वराज सेंटर में तीन महिने से पानी की समस्या चल रही थी। लेकिन हमारी उम्मीद बरकरार थी। वह उम्मीद ही हमारा विश्वास बढ़ा रही थी। पानी ना होने से हमारे उद्देश्य के सामने कोई कमी नहीं आयी थी। हम पूरी ऊर्जा के साथ अपना काम कर रहे थे।

हमे बहोत ही दूर जाकर पानी लाना पड़ता था। गंदे पानी से नहाना पड़ता था। मगर अब कुछ आदत सी हो गयी थी। कभी

थोडा साफ पानी देख भी लेते थे तो हमारी उम्मीद सौ गुना बढ़ जाती थी। सेंटर में पानी लाने का हर पयास करते थे हम। मगर कमयाब नहीं हो पाते थे।

अंतः पानी आ ही गया। पानी देख कर हम तो खुशी से फूले नहीं समा रहे थे। अब केवल इस बात का डर है की पानी देखकर हम कहीं फिसे लापरवाह ना हो जाए। जिससे फिर पानी की कमी ना हो जाए।

*-Durgaprasad Gupta*

“I measure the progress of a community by the degree of progress which women have achieved.”

*-Dr. B. R. Ambedkar*





### The Start of a Long Walk.....

When I travel along the rickety roads of Thuamul Rampur Block in Kalahandi district, I enjoy watching groups of adivasi women walking along the road. Unlike other women, these women are unique in the way they walk – they always walk in a line, one after the other and in silence. They walk barefooted or in their worn out plastic slippers. They are focussed on reaching their destination as soon as possible and are not disturbed by what's happening around them. Invariably, the young mothers have a baby in a sling on one side and nicely balancing their head-load with the other hand. Surprisingly the children are also silent, they hardly disturb the mother. I'm told that this habit of groups of women walking in a straight line may have originated from the cultural and historical background of their ancestors. The one who walks in front can sense or see danger ahead and give a signal to those behind to escape if necessary. It could also be because they are used to narrow footpaths in the forests where they have to walk in a line and are not used to broad paths or roads. Whatever be the reason, these women born and brought up in the deep silence of the forests, are inspiring and lead one to spiritual depths. It has made them into people who speak less and listen more.

To me these tribal women appear to be women who are in touch with their deep selves, and focussed on their goal of reaching their destination, unperturbed by many obstacles and dangers on the way. They cross rivers and streams, climb up and down mountains and rough roads in the scorching sun or pouring rain. Their skinny, half-naked bodies clad in colourful sarees, their weather-beaten but

calm and composed faces, determined minds, immense ability to endure hardships, pain and loss, hard working nature (they start their daily chores from 3 am) speak volumes. They are the silent spiritual masters the modern world should seek – imparting lessons of patience, deep caring, equanimity, endurance, tolerance, focussing on the goal, absolute honesty, and the value of silence in a noisy world.

It has been 3 years since the birth of Swasthya Swaraj in this largely tribal area. In the search for the very last mile, this less known tribal area was chosen; 76 tribal villages in Thuamul Rampur Block were selected after a year-long exploration. In an area with extremely poor infrastructure, no communication facilities, villages situated in hills and valleys where no vehicle can reach and only walking is possible, long distances on stony roads in the jeeps, often with no electricity and water, we have managed to persevere and are continuing the work with undimmed enthusiasm and optimism. We continue to learn from the people. We try to respond to the crying needs in the area of healthcare and primary education of the most vulnerable groups of society.

Even though miserably underdeveloped, Thuamul Rampur Block is an area of enchanting scenic beauty - mountains beyond mountains, lush green forests, streams, rivers and springs, unpolluted air, clean villages, pleasant climate and simple beautiful people. We walk on our path like the tribal women, disregarding obstacles, hardships and difficult circumstances, but focussed on the goal of SWARAJ - health empowerment of the least and the last.

-Dr Aquinas Edassery

### Swasthya Swaraj (SS) Celebrates

It was almost 9 pm on Friday when the 'Thar gaadi' arrived. It had gone to fetch the young girl in labour from a village called Serkapai about 4 km away. The girl had started experiencing labour pains that morning and had walked the narrow mountain path (not motorable) to reach the *Swasthya Saathi* (health friend) in neighbouring Serkapai. The *gaadi* had left a while ago to pick them up and as it was late, we suspected that she had already delivered her child.

Right enough, as soon as the *gaadi* stopped and the men, (SS driver and field animator, Serkapai *sarpanch*, the girl's husband and a couple of others) all jumped out, we heard that she had delivered in the *gaadi* itself. Happy 3<sup>rd</sup> birthday *Thar gaadi*! Here's your present!

The umbilical cord had not yet been cut so the resident nurse and the women helpers with solar lights in hand jumped into the *gaadi*. The baby was crying audibly, a sound that for now was music to our ears. It only took a few moments till a helper carried the swaddled boy out to be cleaned, weighed and measured. He looked good and less wrinkled than I imagined a new born to be. The women clambered out one after another - SS staff, *Swasthya Saathi*, mother and mother-in-law of the girl. The new mother came out last, quietly, and sat in the shadow of the *gaadi*, close to it like it was the familiar home she knew. At some point when the women were done bustling about the child and prepping the room for the mother, they came looking for her and took her in.

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(Contd. from Pg. 4)

As we sat outside the now closed doors I suddenly heard the young woman crying. I wondered how she felt in the new environment, surrounded by strange people, equipment and processes. I later learned that she had some blood clots which had not yet been expelled and needed removing. I was consoled by the memory of one of the SS doctors telling me that among these girls pelvic infections were rare and their reproductive health was good. Their menstrual hygiene practices must be good and as far as she knew fidelity was the norm. Still, I prayed under the star sprinkled night sky that along with the *swasthya* (health) of this small community they remained *swaraj* (self governed) even in this procreative and creative field. I hoped the girl had a say in her own and her baby's health care.

My musings naturally turned to urban hospitals and the attitudes of doctors and patients and clients there. I was fortunately interrupted on that mostly downward spiraling train of thought by the emergence of the girl's mother carrying something wrapped in cloth. She took a shovel and opened the gate and stepped out across the road into where the "forest" began. With the solar light she proceeded to dig the earth and bury the placenta. Soon after the *sarpanch* and the rest of the men left. I too headed to bed realising that the rest of the stars I had been waiting for that night had descended to earth and were walking around. I had already witnessed them and there was nothing I could offer except gratitude.

Saturday morning as the staff and I headed to the stream to bathe and wash our clothes the family women folk did the same. We then all had breakfast except the young mother. Not knowing why, we tried to ask whether it was because she hadn't yet bathed or if there was some other custom to be followed. Eventually she sat with a plastic bag of poha and the baby in her arms. I noticed that where the canula (for the saline?) had been, there was a simple bandage. The *gaadi* was readied to drop them back to Serkapai and the *didis* joked that the baby *should* be named Tarun Majhi after

the Thar *gaadi*. Remembering it was my last day there and I had no pictures at all of the people and place I'd spent time with, I brought out my phone camera. Before I could even think of taking pictures the mother of the girl said something to me with the word "photo" which I was told was an instruction to take pictures of the young one (rather than them). Once permission was granted, I ended up photographing them all.



As the dust settled behind the family in the *gaadi* I picked up the discarded canula from the dirt to throw it into the dustbin. As I did this, the nurse *didi* remarked at how clever and brave the young mother was in delivering her own baby, her first. How unlike many others from her community she kept pressure on the spot on her arm. How unlike us city folk who require so much privacy to change an item of clothing, she birthed and adjusted and changed her clothing as discreetly as possible with so many around. I smiled, thinking happily that if this is how the different cultures meet and learn and share with each other then perhaps the true meaning and vision of Swasthya Swaraj lives well and will continue to grow.

The next day -Sunday, I learned, was 4 years to the day that a few brave women from across the country had arrived here with the intention to create Swasthya Swaraj. That this vision is taking shape and inspiring people is a gift to all. Thank you and happy birthday!

- Neesha Noronha

### Joining Hands with Guru-Guniyas for building Healthy Society....

People from Kalahandi district especially those who live in tribal-dominated areas face this dilemma of ill health and lack of healthcare providers and facilities on a daily basis. They suffer from treatable diseases like malaria and tuberculosis, diarrheal illnesses, pneumonia and succumb to death early. When it

comes to choosing a way of treatment to get cured, they prefer to go to a "guruguniya" (native healer) rather than to consult a doctor. In a FGD it was found that 84% of people in Thuamul Rampur Block consult first guru-guniyas for their health problems.

(Turn to Pg. 6)



(Contd. from Pg. 5)

‘Guru -guniya’ is tribal priest cum healer in adivasi tradition. It is an inbuilt spiritual tradition in their culture. It is not an exploitative system unlike the ‘kaboraj’ or ‘bengali’ who are informal doctors (so called quacks) who exploit people’s ignorance and helplessness. The adivasi people find it much easier and comfortable to share their problems with the guru, and expect a solution in the form of their rituals and blessings. In keeping with gender equality seen among tribals, there are female gurus and male gurus.

Swasthya Swaraj has taken significant steps to provide quality primary health care and to create awareness on health in an area where people are coming into contact for the first time with modern healthcare system. Many different cadres of people are being trained as primary healthcare providers, health communicators and educators. In February 2017 a training was organized for guru guniyas. It was a one day training programme for all gurus of the Kerpai cluster.

“Both of us are working for same goal of improved health and better quality of life for our people. We need to respect each other and join hands and learn from each other”. As more than 80% of people consult gurus at one time or the other during their illness, this group is an important link in creating health awareness and practices.

The initial sharing session made us all awe-struck. The gurus shared their experiences in healing diseases, the casualties they came across, their gratifying

experiences etc. They look at allopathy with respect and do advice patients when they fail or cannot heal. They also shared very candidly on how they learnt the art thru intuitive knowledge, through revelations of ‘mattima (mother earth) etc. it was a sharing at heart-level.

The topic of discussion was Malaria- the no.1 killer disease in tribal areas. For the gurus each type of fever has a name and there are at least 22 kinds of fever which they named. The symptoms of malaria fever come under ‘palijwar’. The topic of Malaria was presented to them in a very creative and participatory way by Jayshankar Majhi and the team of 5 Field Animators in Kerpai cluster in a very understandable way using pictorial presentations, group discussions etc. They understood the danger signs and symptoms of severe malaria and promised that they will refer patients as soon as they see these symptoms. They were surprised to see the malaria parasite in the microscope.

One of the senior gurus said, “It is impossible to cure the malaria patient by taking the blessings from god. Correct treatment and proper medication is equally important to save one’s life.” Here the Swasthya Swaraj team has won the battle. This one day workshop lasted till 4 pm. A token of appreciation was also given to all of them. All of them wanted more frequent sessions of this training in the future and to cover all gurus!

- Priyanka Shejale

## H P S DIARY

**Health Promoting Schools** is a programme launched by Swasthya Swaraj in 2016 after a lot of preparatory work. It is a response to the dire need to improve the literacy rates and health of the school-going-age group children in tribal pockets of Thuamul Rampur Block. The area selected is KERPAI (now divided into Kerpai & Silet) Gram Panchayat. It is an ambitious project trying to transform 15 government primary schools from almost nonfunctioning/dysfunctional schools to schools functioning to its optimum. Out of 15 schools, 3 do not have buildings. HPS tries to address Health, Education and Nutrition of children with the participation of children, parents, teachers, school

management committee, education department and health department. The programme is still in its infancy and has not taken off the ground. Still a lot has been done so far.

- Official permission from district education department for intervention in the government primary schools of Kerpai panchayat obtained.
- Village meetings and Grama sabhas in every village was organized and idea discussed with the people. consent of the people obtained. Cooperation of the parents ensured.
- Children’s clubs formed in all villages

(Turn to Pg. 8)





### Waiting for 'Death' to come...

We reached our Kerpai health centre around noon. This time we could not come to the clinic on Monday so we were late by 3 days. Patients had started coming there by the evening. As the number of patients was more than usual at this unusual time, I realized that our 3 days delay was telling. One of our Swasthya Sathis (female health worker) from a nearby village had come with a patient. In conversation, she told me about another patient from her village who was very sick since the last 2-3 days. I assured her that I would myself go to the village to see him, after seeing the patients in the health centre. I took Jayashankar, one of our field staff with me and drove a motorcycle to that village.

There were a few people outside the patient's house. We exchanged greetings with them. Some of them were familiar to me. I entered the typical low mud adivasi house. A few women, men and children were sitting around the patient in a central room. The children were calm, but all the others were tense. I could not find his family among them. His wife and son were sitting at random among the others. A light was switched on and it helped us to see the patient well. He was a man, about 50-55 years old, lying on a mat completely unconscious, breathing heavily, with fluids in his throat. That was making his breathing laborious. The patient had fever and seizures since the last four to five days, and then was non-responsive for two days. He had been given medicines but his condition got worse. I asked why he was not taken to the PHC (Primary Health Centre). The PHC is 13 km away with a bad road and almost no transport facility on most days except Thursday, which is a weekly market day. There was no point in asking that question because the PHC does not have a doctor and it is non-functional. While I was asking these questions, the patient had a fit and no one near him tried to restrain him.

This was not usual. I made him lie on one side. His wife said "He is having hapud (seizure in Kui language) many times a day. We tried initially to hold him and did guruguniya (traditional healing) but it was all in vain. What is the point in taking him to the PHC, they do nothing. We shall try to go to Rayagada (district hospital) once our son reaches here". "Where is your

son", I asked. "He works in Kerala, he has been informed about the situation here the day before yesterday and it may take another two days for him to reach here. He has to borrow money for treatment." I advised that he be taken to our clinic. She asked "Is it going to help? Will he be better? If so, then we shall come". I said, "I cannot assure you but I shall try my best". Somehow they agreed. Because of the road our vehicle could not come up to the house. I advised that he be carried on a cot. Four people got ready and carried him on a wooden cot for about half a km before reaching the jeep.

What will happen if a similar kind of situation occurs at our home in any town or city? We would turn the sky upside down. There will be vehicles to take the patient to a hospital or a tertiary care centre, and not to any PHC. Doctors will be available and every diagnostic facility is made accessible. At no cost would we be awaiting the death of our loved ones. But at these places you cannot do anything for your loved ones if they are sick. You cannot do anything if you are old enough and your son is working hundreds of kilometres away. Here people do it, they wait for death to come and take their loved ones, without much suffering. They know they cannot do anything beyond this and there is no system to take care of their sufferings, so they surrender. They surrender to nature, in front of their god and in the situation for which all of us are also responsible. Unless we come out of our comfortable environment, the situation is not going to change - it will get worse day by day.

*-Dr. Abhijit Purushottam Gadewar*

#### **Programmes Initiated by Swasthya Swaraj**

1. 24x7 Health Centres in Kaniguma & Kerpai with fully equipped Laboratory Facility
2. Outreach Clinics for ANC mothers & Under 5 children for every week
3. community based Malaria & TB Awareness Prog.
4. TULSI- Adolescent Girls Empowerment Programme.
5. Health Promoting Schools for Children
6. Regular Trainings for Swasthya Sathi's (Female Health Workers), Shiksha Sathi's (Male Educational Workers), Field Animators & Community Nurses.

**HPS DIARY**

(Contd. from Pg. 6)

- One- day- Workshop on HPS was organized on June 29, 2016 at Bhawanipatna. Attended by CDMO, Assoc. DEO, BEO, CRC, all the teachers, all staff of Swasthya Swaraj related to HPS prog. Workshop was facilitated by Dr K.R.Antony (Cochin).
- 31<sup>st</sup> Aug. 2016: Teachers' meeting organized in Kerpai for visioning of HPS programme and strategic planning. Attended by BEO, CRC and teachers from the 15 schools. Teachers' concerns were discussed. Open sharing and suggestions for solutions.
- School health committee formed in all schools
- Children's park is prepared in 8 schools using waste materials.
- School health check ups done in 14 schools. This included assessment of nutritional status. School health record for each student. Total no of children examined: 360. School enrolment .1300.

- 17<sup>th</sup> Jan. 2017: Teachers meeting at Kerpai. Attended by BEO and all the teachers from 15 govt schools. At this meeting,
  - a) Data of the school health check up : this was presented and discussions followed.
  - b) Ensuring mid day meal programme in all schools. Transportation of the rice is a major obstacle. Swasthya Swaraj agreed to help in this by transporting the rice up to Silet in tractor from Kachelekha.
  - c) Training session on MALARIA was given to teachers.
- Origami and drawing taught to children by Milind Bhagwat. HPS animators were taught these skills.
- Visit from Ms. Neesha Noronha from Mumbai who stayed in Semikhal village and explored the possibility of innovative methods to make the schools functional.
- Meetings of school health committees in the schools
- HPS curriculum is drafted.

*-HPS Team, Swasthya Swaraj***DIDI's HEALTH TIPS****Amla Preparations**

Amla contains many nutrients, it is abundant with Vitamin C and is beneficial for our body no matter in what form it is eaten. Amla strengthens our digestive system and it increases the resistance power of our body. It is also used in the making of many herbal medicines. Eating Amla regularly will help you maintain good health. It lowers risks of mouth, throat, stomach & cervical cancers. Vitamin C fortifies the immune system and a number of studies shows that it reduces the duration and severity of cold.

**Amla Candy**

Ingredients:

- Amla: 1 kg ( 30- 35)
- Sugar: 700 gm ( 650gm + 50gm powdered)

**How to make Amla Candy**

Wash the amla well. Pour water in a vessel, just enough for the amla to submerge and keep for boiling. When water begins to boil put the Amla into it, keep it boiling for 2 minutes and then remove it from the stove. Keep



it covered for 5 minutes. (*Make sure that you put the Amlas for cooking only when the water is already boiling.*)

Strain the Amla and when they become cold, slice them up using a knife. Put the sliced pieces of Amla in another vessel and pour around 650 gms of sugar so that it covers the Amlas. Keep it for a day. Next day you will find that the sugar has turned into a syrup and Amla pieces are floating in this sugar. Stir the syrup and cover it for another 2-3 days. After 2-3 days, these pieces

will sink to bottom of the vessel because they have soaked up the sugar syrup and become heavier. Now sieve these pieces from syrup and put them in Sunlight to dry. After drying, coat these Amlas with the powdered sugar.

Amla candy is ready. Store the candy in an air-tight container and enjoy 6- pieces everyday.

*- Sister Angelina Thomas*