Swasthya Swaraj

A People's Movement For Swaraj In Health

NEWSLETTER

Multimodal transport to reach new project villages: the state of healthcare accessibility

STORIES OF NEW BEGINNINGS, STEADY PROGRESS, AND THE EVERYDAY GRIT SHAPING COMMUNITY HEALTH IN KALAHANDI.

ISSUE 18

APRIL 2025

Editor's Note

As the dry summer winds sweep through Thuamul Rampur, the land might seem still—but underneath, there's a quiet movement of change. In this edition, we bring you glimpses of that momentum: new villages being reached, Saathis stepping up, and paths being carved, sometimes quite literally, across streams and hills.

Whether it's the launch of a bike ambulance, the laughter of a Bal Mela, or the calm resilience of a caregiver in a crèche, each story reflects a shared belief: that health and dignity must reach even the last home in the last village. We hope you read, reflect, and continue to walk with us on this journey—where slow work becomes strong work, and every small step matters.

Warm Regards,
Aarti Kala

CONTENTS

EXPANDING OUR REACH: NEW INTERVENTIONS IN 35 VILLAGES OF THUAMUL RAMPUR

Swasthya Swaraj Heath Centres

Panchayats in the new Cluster

We've been working in 79 project villages in Thuamul Rampur block for some time now. This year, we officially expanded into 35 more villages across four Gram Panchayats in the southern part of the block, near the Indravati reservoir. Some of these villages are so remote they can only be reached by boat.

In the newly added Podapadar cluster, we've completed 35 village meetings and selected 30 Swasthya Sathis and 25 TULSI Sathis. Orientation trainings for both groups have also been conducted.

A baseline survey is planned in the coming months as we move into the next phase of our work.

Swasthya Saathis with our team after the orientation training at the Padadunga Village Community hall

Swasthya Saathi mobilising the residents of Tangniguda Village to build a stone and bamboo bridge across a stream

Swasthya Saathi Orientation Training at Padadunga Community Hall

Community meeting at Bagbeda Village

BRBNMPL CSR TEAM VISITS TULSI PROGRAMME VILLAGES

Posing with the TULSI Girls of Padadunga and Digribandh villages

Team crossing the Indravati Reservoir to visit project village in Podapadar GP

In interaction with the residents on Tal Temara village

In interaction with community members from Padadunga and Digribandh villages

On 19th and 20th March 2025, a two-member team from BRBNMPL—Mr. Rajagopalan (DGM, CSR) and Mr. Ajay Kakar (GM)—visited Kalahandi to review the TULSI programme and infrastructure supported under their CSR initiative, including the microbiology lab and the Mobile Medical Unit.

The visit covered project villages under the newly expanded area. In each village, the team was warmly welcomed with traditional songs and dances by adolescent girls and local leaders. They observed ongoing TULSI sessions and engaged in meaningful conversations with the girls, TULSI Saathis and Community elders.

The BRBNMPL team also visited the under-construction microbiology lab and reviewed the Kaniguma hospital's operations, interacting with staff and community members. As part of the TULSI livelihood component, a discussion was held on the impact of the programme and the challenges in sustaining it beyond external support. Sewing machines were distributed to TULSI members in Kaniguma and Kerpai as part of this initiative.

SJRI TEAM VISITS KANIGUMA

A team from St. John's Research Institute (SJRI), Bangalore—Dr. Mary Dias (Head, Infectious Diseases Division), Dr. Bharat, and colleagues—visited Swasthya Swaraj's field sites on 6–7 March 2025 to support the ongoing PORTENT Study.

The team visited Kaniguma Community Hospital and interacted with clinical staff, lab technicians, and researchers.

The two-day visit strengthened the partnership between SJRI and Swasthya Swaraj and reaffirmed their shared commitment to advancing malaria diagnostics and community health research. The technical inputs provided will be instrumental in the successful continuation of the study.

WITNESS

Poem by Dr. Vishwanath Jagannath, ex-Associate Director

In the quiet cradle of Eastern Ghats,
where three slender streams like pencil lines trace
a village long lost in time,
Indravati is born.

They named it so, though none recall how,
and the tales told here by the hill folk, the Adivasi,
are woven of myths as old as rock and root,
where names bear no burden of grandeur,
and every leaf holds a lineage.

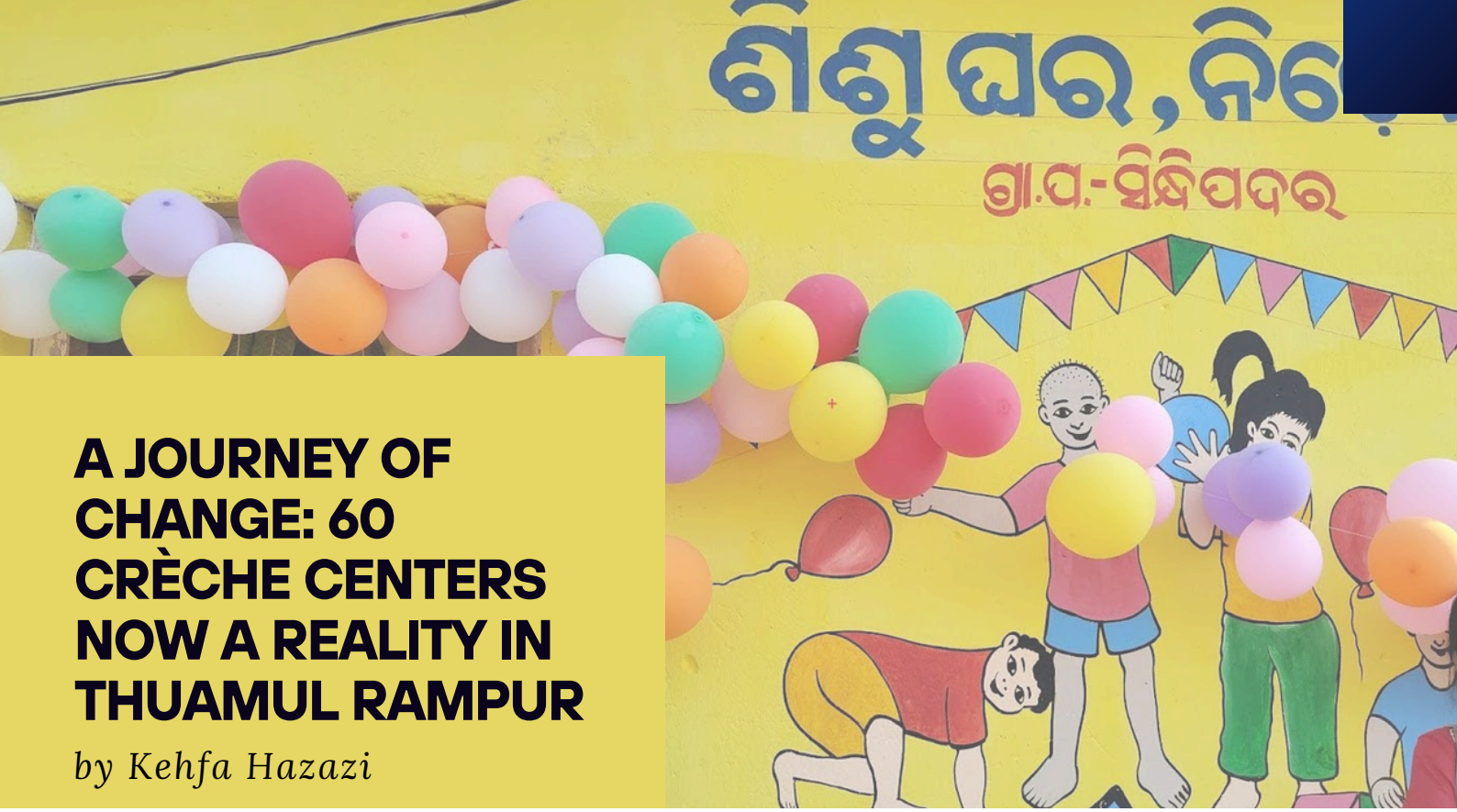
From here, she journeys,
a river swelling through forest folds,
cutting paths that find their way to Godavari's holy arms,
that sacred sweep of the South.

Along her spine, two great reservoirs stand—
man's command to make barren lands fertile,
where eager hands clasped more land than they could sow,
their hunger a strange affliction
to those who walked barefoot on this earth,
who spoke to trees and tilled by tradition.

Indravati, endless witness to the age-old tale—
the weight of progress upon the backs of simplicity,
where the clash of ideals sends dust and blood
to mingle in her flow,
where once only whispers of worship drifted.

Oh, what sorrow she has carried,
silent witness to battles born by her banks,
ideals fractured in the fire of time,
and young lives lost in causes
they neither dreamed of nor desired.

And yet, the hills remember, the forests hold faith.
One day, she will rise in thunderous rebuke,
a voice for the voiceless, a roar of stone and stream,
and the heart of the Adivasi will find
the answer in her ancient, patient might.



A JOURNEY OF CHANGE: 60 CRÈCHE CENTERS NOW A REALITY IN THUAMUL RAMPUR

by Kehfa Hazazi

In the heart of Thuamul Rampur block, nestled within the tribal landscape of Kalahandi, a quiet shift is unfolding. What began as an idea, curated by **Azim Premji Foundation** as the **Rural Crèche Initiative**—an aspiration to create safe, nurturing spaces for children in some of Odisha's most remote villages—has now taken shape as **60 fully operational crèche centers, or Sishu Ghars, across the block**.

We began, humbly, with conversations—village meetings under trees, one-on-one discussions outside homes, and long walks through hilly terrains to reach the most isolated hamlets. Explaining what a crèche truly meant took time and patience. We weren't just talking about a building. We were introducing the idea of early childhood development: a place where children from 7 months to 3 years could play, learn, eat well, and be safe during the hours their caregivers were occupied elsewhere.

Even once the idea gained acceptance, the work had only just begun. Identifying suitable spaces to house these crèches became a logistical maze. Many villages lacked vacant community buildings or public spaces that could be used. Some homes were too small, others unsafe. In a few locations, we had to start from scratch—transforming unused rooms, community halls, and in some cases, shared household spaces, into vibrant centers for children.

Yet, it was during these struggles that we saw the true spirit of the community. Villagers stepped forward to help—some offering land, others helping clean and paint rooms, and many simply spreading the word. This grassroots participation slowly shifted the project from something "outsiders were doing" to something the **community was owning**.

One of the most transformative aspects of the initiative was the selection and training of crèche caregivers. Over 130 local women—many of whom had never stepped into formal work before—were identified and trained. These were women who carried their own stories of strength: mothers, daughters, farmers, and homemakers. Through structured training sessions, live demonstrations, and constant handholding, they grew into capable, confident caregivers.

Today, each of these 60 centers hums with life. More than 1,200 children now have access to a safe, structured environment where they receive nutritious meals, engage in early learning through songs, stories, and play,

and benefit from regular health check-ups and growth monitoring. The caregivers, once unsure and hesitant, now sing rhymes with confidence, organize activities, and maintain daily records with care and precision.

For mothers, the centers have brought a deep sense of relief. Many have resumed work at the *dongars* (fields on the hills), knowing their children are cared for. In several villages, the centers have sparked conversations around parenting, nutrition, and the importance of early education—topics that were rarely part of everyday discourse.

We've also built strong coordination with government departments like ICDS and Health. Through these partnerships, we've ensured that children are receiving immunizations, vitamin supplements, IFA syrup, and are included in monthly health monitoring drives. This convergence approach has helped bridge the gap between public services and the needs of young children in hard-to-reach areas.

But even as we celebrate this milestone, we know this is only the beginning.

Looking ahead, we are focusing on strengthening the quality of these centers. Caregivers will receive continued training, new play and learning materials are being introduced, and we're developing community-based monitoring systems to ensure accountability and sustainability. We're also documenting stories—of children who've shown remarkable health improvements, of caregivers who've become community leaders, and of villages that now see ECCD as a priority.

Crèche Coordinator Inaugurating a Shishu Ghar

Plans are underway to host open-house days at the crèches, where parents and local leaders can spend time at the centers and see their impact first-hand. We're exploring how to tailor our early learning curriculum to reflect local culture, tribal languages, and traditions, ensuring that children feel a sense of belonging and pride.

What this journey has shown us is that change doesn't always come in big declarations. Sometimes, it comes slowly—one conversation at a time, one repaired wall at a time, one child smiling through a song at a time. And when a whole community walks together in that direction, what once felt impossible starts to feel inevitable.

Crèche Capacity Building Manager in meeting with Mothers and Children at Shishu Ghar

The Rural Crèche Initiative in Thuamul Rampur is a testament to what's possible when vision meets persistence, and when communities are not just consulted but centered in every step of the process.

We're deeply grateful to every partner, volunteer, caregiver, and parent who has been part of this journey. Together, we've laid the foundation for something that will ripple far beyond these 60 centers—for generations to come.

BIKE AMBULANCE INITIATIVE LAUNCHED TO SERVE REMOTE VILLAGES

On 28th February 2025, a Bike Ambulance—also known as a Quick Responder—was inaugurated at the office of the CDMO & PHO, Bhawanipatna, by Mrs. Minatilata Dash, CDMO and PHO, Kalahandi. This initiative aims to bring emergency medical services to hard-to-reach villages like Kerpai and Silet in Thuamul Rampur block.

The event featured a ribbon-cutting and a live demonstration of the bike ambulance. The service is expected to benefit around 6,000 people across 35 villages, expected to reduce response time during emergencies such as accidents or childbirth complications. The bike ambulance offers a cost-effective, agile solution to the challenges of hilly terrain and poor road infrastructure, making healthcare more accessible in some of Kalahandi's most remote corners.

A pregnant woman in the Bike Ambulance / Quick responder

EMERGENCY RESPONSE: EXTENDING A HELPING HAND IN MALTIPADAR VILLAGE, THUAMUL RAMPUR

On 10th April 2025, a relative of a patient from the village of Maltipadar, Silet Gram Panchayat, made an urgent call for help. The patient, Paladei Majhi (female, 35 years), had gone into labour and needed assistance to reach the Silet GSPG for a safe delivery. Upon receiving the call, Sani, the bike ambulance driver, rushed to Maltipadar in the quick response vehicle.

However, there was a challenge. Maltipadar lies on the bank of a river, and the bike ambulance approaching from the Silet centre was on the opposite side. With no bridge or crossing available for the bike, the patient had to first cross the river to even access the ambulance.

The Community Health Practitioners immediately stepped in to help. They improvised a stretcher using bamboo sticks and a saree. Together with the patient's family, they lifted Paladei onto the stretcher and carried her across the river on their shoulders.

Once across, Sani transported her on the bike ambulance over roughly five kilometres of uneven, katcha (unpaved) road, ensuring she reached the GSPG without delay. Upon arrival, the community health practitioners quickly took charge, beginning her diagnosis and treatment.

A healthy baby was delivered at the centre the same day. The bike ambulance service proved invaluable in ensuring that Paladei received the care she needed—care that might have been impossible to access otherwise. Accessibility challenges remain, but human resilience and compassion continue to bridge the gap.

A 40 KM WALK FOR HEALTHCARE: A REFLECTION ON SYSTEMIC INEQUITIES

by Dr. Tijo Thomas

He started his journey at 5 in the morning, walking 40 kilometers from his village to reach the health center. When I asked him, "Kentha kari asithilo?" (How did you come ?), he simply replied, "Chali chali..." (Just walked). It took me a moment to process that he had walked this entire distance for a basic health check-up. The realization hit me hard, and I felt an immense sense of responsibility as I prepared to treat him—a responsibility I hadn't felt so acutely before.

The man had been suffering from a high fever, cough, and cold for the past week. But beyond these immediate concerns, my examination revealed bilateral cataracts severely obstructing his vision. When I asked about it, he acknowledged his reduced vision but dismissed it as something he could live with. For him, even a simple cataract surgery was an unaffordable luxury.

This encounter left me grappling with a whirlwind of thoughts. How does our healthcare system fail people like him so profoundly? Coming from Kerala, where super-specialty hospitals are abundant and accessible, this was a bitter pill to swallow. The poor functioning of government hospitals is a grave injustice to those who depend on them. It's disheartening to see the lack in access to basic procedures like cataract surgeries or thrombolysis for myocardial infarctions (MI).

Moreover, tribal communities and marginalized groups frequently face discrimination and neglect within these healthcare systems. This systemic sidelining discourages them from seeking medical care altogether. In a world where even government policies increasingly cater to corporate interests, how can the common person survive? Who will advocate for the poor?

As Rudolf Virchow aptly stated, "Physicians are the natural attorneys of the poor." Yet, in today's capitalistic world, the corporate-driven healthcare system has become the biggest culprit. It brainwashes budding doctors into prioritizing tertiary care and profit over primary care and social responsibility. This shift not only undermines the ethical foundations of medicine but also perpetuates the cycle of inequity.

This experience has reinforced my belief that healthcare is a fundamental right, not a privilege reserved for those who can afford it. It is our collective responsibility to advocate for systemic reforms that prioritize accessibility, equity, and compassion. Only then can we hope to bridge the gaping chasm between the privileged and the marginalized in our Society.

SWASTHYA SWARAJ AT...

National Tribal Health Conclave

On 20th January 2025, the Ministry of Tribal Affairs, in collaboration with the Ministry of Health and Family Welfare, hosted the National Tribal Health Conclave at Bharat Mandapam, New Delhi. The conclave, held under the Dharti Aaba Janjatiya Gram Utkarsh Abhiyan, brought together stakeholders from government, civil society, and healthcare institutions to address persistent health inequities in tribal regions. Aarti Kala represented Swasthya Swaraj at the event, which provided a valuable platform to highlight grassroots experiences from Kalahandi. Discussions centred around strengthening community-based health systems, integrating traditional practices, and ensuring convergence of schemes for better health outcomes in tribal areas. The conclave marks a step forward in shaping inclusive, culturally rooted health strategies for India's tribal populations.

Solar Entrepreneurship Development Meet

Soura Udyogi Mela 2025, jointly organised by SELCO Foundation and Seba Jagat, was held on 12th Feb 2025 at College of Agriculture, Bhawanipatna. Sawan Kumar Chawda represented Swasthya Swaraj at the mela. With over 1000 participants from across blocks, the event showcased solar-powered livelihood models and practical demonstrations of Decentralised Renewable Energy (DRE) technologies. It aimed to spark innovation, build awareness, and foster partnerships around sustainable rural livelihoods. For Swasthya Swaraj, the mela offered valuable exposure to clean energy solutions—critical for healthcare delivery in remote areas—and opened up possibilities for integrating DRE into community health and nutrition programmes.

ARSICON 2025

The Annual Rural Surgery Conference (ARSICON) 2025, held from February 13th to 15th, brought together rural healthcare practitioners, surgeons, and experts to address surgical challenges in underserved settings. Representing Swasthya Swaraj, Dr. Shrinath Padmanabhan attended the event and returned with valuable insights and ideas to improve surgical care delivery in Odisha.

Shaheed Hospital

DCHP 3rd semester students visited Shaheed Hospital for hands-on training in midwifery. This exposure gave them valuable insights into childbirth practices and maternal care, aligning with their academic requirements and strengthening their practical understanding of midwifery in a real hospital setting.

NEWS IN SHORT...

BAL MELA BRINGS JOY AND LEARNING TO 12 GOVERNMENT SCHOOLS

A vibrant and engaging Bal Mela was successfully organised across 12 government schools, bringing smiles and sparkles to over 230 children. The events were filled with storytelling sessions, Khel Geet, origami, games, and book reading, turning classrooms into spaces of laughter, exploration, and creativity.

The primary objective of the Bal Mela was to make schools a more joyful and welcoming place, encouraging student enrolment and retention. It also aimed to nurture a love for reading, promote activity-based learning, and create an environment where children feel free to express themselves without fear.

Through this colourful initiative, the Bal Mela re-ignited the joy of learning and helped foster creativity, curiosity, critical thinking, and collaboration among students—ensuring that the school remains a space where fun and education go hand in hand.

TULSI EXPOSURE VISIT

A two-day exposure visit for 80 TULSI Saathis was held on March 7th (Kaniguma team) and 8th (Kerpai and Silet team) in Bhawanipatna. Organized as part of the TULSI initiative, the event aimed to recognize the Saathis' dedication, provide them with recreational experiences, and encourage team bonding.

For many participants, it was their first time traveling outside their villages, watching a movie in a theatre, or visiting a park. The visit featured film screenings of Nil Battey Sannata and Mrs. The Saathis also engaged in fun games and activities and explored the Smart Park. A portion of the schedule allowed free time for personal exploration. The day ended with prize distribution and reflection of the visit.

WORKSHOP ON OPERATIONAL EFFICIENCY

On 24th March 2025, Swasthya Swaraj hosted a workshop on operational efficiency, facilitated by Mr. Sanat Hazra. With relatable examples and practical tools, Mr. Hazra introduced strategies for effective planning, setting priorities, and building a culture of meaningful delegation. The workshop was well-received, leaving the team energised with fresh perspectives on working smarter and with greater clarity.

POSH TRAINING

A two-day POSH (Prevention of Sexual Harassment) training was held at Kaniguma for all Swasthya Swaraj staff. The sessions were facilitated by Swarnalata Mohanty, member of the Juvenile Justice Board, who guided discussions on workplace safety, legal provisions, and redressal mechanisms.

WORLD TB DAY

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.

FAITH, FATE, AND THE FINAL PUSH

by Dr. Abhay Nelson

My first trimester of the travel fellowship was over, yet I chose to stay a few more days to witness the celebration that marks the annual festival of the Adivasis here—Toki Parva. Toki means adolescent girls, and Parva means festival.

All of December is spent harvesting the rice fields, and now that all the produce is packed, transported, and stored, it is, in a sense, a festival marking the welcoming of another crop year.

The approach of Toki Parva is well marked in the mind of a foreigner like me in many ways. One clear sign is the drop in the number of patients attending the OPD—from the 200s to the 50s (and even these are mostly people coming from afar). Seeking medical consultation at a hospital is a kind of luxury here, and it's a sure no when people are busy working in the fields. The same applies to the weekly floating market held in different villages—it was huge this time, filled with everything in every design: shoes, ornaments, vivid colour variations of Sambalpuri sarees, and all kinds of eateries.

Fast forward to Friday night. I had just returned from attending the procession in a nearby village, where people were preparing and getting into the spirit of the festival. That night, I was simply sitting in my room. Toki Parva was two days away, on Sunday. Suddenly, Tijo rushed into the room asking if I had a condom! For a moment, my mind went wild with thoughts, but soon the wit and surprise faded as he explained—after a quick search in the cupboard—that there was an emergency multiple (twin) pregnancy happening in a village near Kerpai (our other health centre about 50 km from Kaniguma, where we stay).

He had heard there was a delayed interval between the deliveries. The first baby had been delivered at 6 PM, and the second still hadn't come. One of the possible complications in such cases, especially dangerous for the mother, is postpartum haemorrhage. In a resource-poor setting, a condom can be used in emergency situations to manage PPH—a method called condom tamponade.

We searched the room and pharmacy, but five minutes into waiting for Ekalavya Bhaiya to start the ambulance, we still hadn't found a condom. Not having much time to spare, we left. I had a hundred questions in mind, but I kept them to myself. I didn't know what to expect—maybe the delivery of a dead foetus. The goal was clear: save the mother.

Tijo was reading and planning for the delivery and managing the complications. He had contacted an OBGYN. I told myself I would help however I could. The ambulance flew through narrow roads, a shortcut that took us to the village in less than an hour.

Free birth is the norm here—when a woman gives birth without medical or midwifery assistance. It's considered impure, infective, even untouchable. In these home births, it's usually just the pregnant mother and maybe a midwife involved. Less than 15% of births among tribal women in these areas happen in a hospital or under supervision. Most home births here go smoothly—complications are rare, partly because babies are born with low birth weights due to widespread anaemia, poor nutrition during pregnancy, and malaria.

Tijo had once shared an experience of finding a pregnant woman on the floor at the back of her home, giving birth—a scene I was prepared for tonight.

Ekalavya Bhaiya dropped us at the village. On a cold, starry winter night, a hut at the base of the mountains glowed yellow from firewood burning inside. A two-room clay and wood house, with no electricity or running water. Inside, the air was thick with firewood smoke. A shirtless middle-aged man with long hair and two boys—around 8 and 5—sat in front of rice steaming over the fire. On the floor, a child lay fast asleep on a woven mat, oblivious to the activity. Dried corn hung from the rafters.

Tijo asked the man where the woman in labour was. He pointed us to a shed nearby. There, a small, young woman sat almost into the fire trying to keep a silent baby warm. The baby wasn't feeding. The only thing abundant in the house was smoke—intolerably thick.

Tijo asked, "Isn't there one more baby? Come, let's go to the hospital. May I look at your baby?"

She handed over the baby. He didn't need much examination to feel the coldness. He added an extra linen layer and quickly realised the baby hadn't breastfed yet. He then asked to examine the mother to assess the progress of the presumed second delivery. But she was fully reluctant. She took back the baby and spoke in Kui to her husband. Neither of us understood the language. The husband translated: she wouldn't come to the hospital. He kept repeating, with a strange smile, "Shorigola marigola"—"It's over; it's dead."

He had assisted in the delivery himself. They knew it was a multiple pregnancy. I don't recall how many antenatal scans they might've had—the nearest scan centre is 70 km away—so they accepted whatever happened as destiny.

But the body of the dead foetus was nowhere to be seen. The timeline was confusing, but as time passed and more villagers gathered, we learned she had delivered both babies—one alive, one dead. The husband had already buried the body. The deliveries had taken place hours apart, one in the morning and one in the evening.

None of the neighbours entered the home—it was considered impure. Not even other mothers would step inside.

It was too much to process. We pleaded to let the mother and baby come to the hospital so we could check on them. The husband calmly said, "Tomorrow is Toki Parva, and we don't want to be stuck in a hospital. If the baby lives or dies, it's up to destiny. We'll stay."

The elder son then served the mother rice and curry. She sat there, having just delivered two babies, and ate with ease. They all ate, almost as if we weren't there. The baby wasn't crying or feeding. The mother didn't engage with us. She kept speaking to the husband, who translated again, "Delivery is over, one is dead, you may go—we won't come."

We waited inside and outside the hut. After about an hour and a half, our constant requesting and the persuasion of the crowd worked. Our negotiation was simple: come to the hospital, we'll just check and return the same night. No admission, no referral. Just one injection, and they could attend the festival.

The husband slowly agreed. He went to the storeroom, opened an aluminium box (their locker), took out his only good shirt and ₹170—perhaps all their savings—woke the sleeping toddler, and walked with us. They took a route through the fields to avoid passing the Gudi (community centre). The ambulance was parked there.

It was a 30-minute ride to the Kerpai centre. There, Tijo and a nursing officer did a per vaginal exam to check for bleeding or retained placenta and kept the mother under observation. Sasmita and I placed the baby on the warmer and monitored vitals and blood sugar.

The baby had signs of hypothermia—bluish extremities (peripheral cyanosis) and slow heart rate (bradycardia). We managed with oxygen, positive pressure ventilation, and monitored vitals closely. Death felt more likely than not. A NICU admission was warranted. It took about two hours for the baby to turn pink, but the heart rate remained low. By 2 AM, there was no good news. I explained this to the father and went to the dorm to get some sleep.

In the morning, I woke expecting the baby to be dead. I didn't have the heart to face the parents. As I stepped out of the dorm, I heard a baby crying.

I ran outside to see the baby in the mother's arms, breastfeeding. The father was feeding poori to the toddler. The family was smiling. It was the only time in the last 10 hours I saw the mother smile.

The warmth and care had changed their fate. After breakfast, they were dropped back home as promised. We returned to Kaniguma.

It was paradoxical. We went there as doctors to do clinical work. From a setup where you prescribe medicine and move on, to a moment where you must win trust through negotiation—just to convince someone to take a leap towards healthcare.

LOOKING AHEAD:

A NEW INITIATIVE TO REDUCE UNDERNUTRITION AMONG TRIBAL CHILDREN

We are excited about an upcoming programme supported by The Sachin Tendulkar Foundation, focusing on reducing undernutrition among under-five children in a tribal block. This initiative will address undernutrition at both the community level and within hospital settings, reaching children from our ongoing project villages as well as those visiting the hospital from outside these areas.

Team from Sachin Tendulkar Foundation at the Kaniguma Community Hospital.

A key component of this programme is the establishment of a dedicated Nutrition Clinic for the management of undernutrition, especially Severe Acute Malnutrition (SAM), Moderate Acute Malnutrition (MAM), and other forms of undernutrition. This clinic will offer specialized care, follow-up, and counselling of mothers to improve nutritional outcomes.

In addition to direct child health interventions, the programme will focus on capacity building of Shishu Sathis—dedicated part-time community volunteers, and mothers, to strengthen knowledge and practices around child nutrition, early childhood care, and development.

Importantly, this initiative will work collaboratively with ICDS, The Department of Women and Child Development (WCD) to ensure a synergistic and sustainable approach toward combating childhood undernutrition in the region.

As part of the preparatory phase, we were honoured to welcome Ms. Zoya Kazani and team from The Sachin Tendulkar Foundation, who visited our health centre and surrounding communities on 11th & 12th Feb 2025. Their visit offered them firsthand insight into our ongoing work and experience in the field of maternal and child nutrition. Their observations and encouragement have further strengthened our shared commitment to building a healthier future for tribal children.

This Newsletter is only for private circulation

Visit or Contact us at:

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 following.
(FCRA Registration Number: 104950105)
Account No: 40469587654
IFSC: SBIN0000691
SWIFT: SBININBB104