



SWASTHYA SWARAJ NEWSLETTER

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Sep. to Dec. 2017 / Issue : 3 / Year : 1 / Pages : 10/ (Only For Private Circulation)

Unsung Heroes

-An Editorial

I was agonising over Dr Aquinas' request to write an editorial as I rode a Mumbai local today. 'Unsung Heroes' can be the theme, she said. Here in the media capital of our country, I can't escape the heroes (bollywood, politics or business) and their photoshopped smiles looking down from hoardings. Yet, I remain uninspired. Until I got home and went through the articles she had sent.

Perhaps to be true heroes they must be unsung, must be hidden, must become the fabric of our society. Just like the doctors adapt to the people and situation in Kalahandi and the swasthya sathis adapt to include modern medicine into their midst perhaps their heroism lies in their doing, not what is unique, but what is essential. Perhaps the true work of heroes is to not make what they do glorious but ordinary. Perhaps the hero essence of Gandhi emerges in Kalahandi because all embody it, even if in different ways. The people in their resilience, self sustainability and their ability to find the sacred in all things. Maybe even in their acceptance of the processes of life and death (hard as it may be for us urban folk to do). The swasthya sathis in their ability to face the contradictions of the new modern medicine and traditional healing, in their ability to accept possibilities and challenges of living in both worlds. The doctors in their commitment and passion, in their choice of simple living, in their willingness to serve all and to serve in all ways. Perhaps they are all heroes because they find ways to live and work together despite many differences. Perhaps the hero essence is the ability to do what is necessary and right regardless of expertise and even role, to do all that is required as a human being. No matter if one is in Maharashtra or Orissa. And irrespective of results.

Perhaps then, we need another standard and set of eyes to recognise heroism. Not in the "ONE" who stands out or stands in front of but in the one who stands with. As the starter that ferments a new batch of dahi or dosa batter merges with it perhaps we need to find and become the hero within and in our midst. What would you do if you could see the hero in everyone, bring out the hero in everyone, in you and me? Would you be inspired then? I would.

Neesha Noronha

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CHANGEMAKERS

'Changemakers' is an often heard term in the corporate world today, but less heard in the health-care sector. In the world of health-care, doctors are seen as super-human beings, not easy to access on a more personal level, icons of competence, compassion and hard work, spending long hours in the clinic or operation theatre and working miracles with the myriad skills they have gained through study and experience. Most of them have an infallible aura of professionalism around them. They live mostly in urban areas and belong to or climb up to higher rungs of the middle or upper class in the socioeconomic ladder. Today healthcare is highly sophisticated and technology-driven, with specializations and super specializations galore and it is a highly commercialized and profiteering industry. Such a health-care model has to be city-based in order to survive and then thrive because of the easy availability of infrastructure and human resource.

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It is rather difficult to find doctors today who like to stay on with primary health-care in rural areas and commit themselves to working for the poorest of the poor ; who shun all attractions of city life, dress and live like rural folk, not interested in making a fast buck and the rat -race of career building and live a simple life by choice. They are not to be confused with doctors who work in rural areas to complete the rural service bond of the Government or some hallowed medical colleges for one to two years as ‘bonded doctors’ but who have consciously ‘de-classed’ or even un-classed themselves and committed themselves to a rustic life in the village and rural health-care passionately.

“Primary health care: Now more than ever”- WHO brought out a document in 2008. Primary healthcare is the foundation of healthcare , but also the most neglected aspect of healthcare today. There is no money , no glamour and no attractions. Those doctors who opt willingly to live in rural areas and practice primary healthcare are considered today as abnormal people, as mad people , who may be looked down upon by the elite in the cities and the competitive race of doctors being churned out of our medical education industry. *These doctors who willingly opt for primary healthcare and are willing to stay on with it are not abnormal; they are the real heroes and trail-blazers in the medical milieu of today . They are the cream of the society who have recognized the real kernel of health-care.*

This article is about some such doctors whom I came across in life when I chose to work in a most neglected tribal area in Kalahandi district in Odisha. Swasthya Swaraj was born in 2014 as a response to the shocking inequity in health-care existing in this area. There was no hope of any young doctor joining in this venture. But surprisingly from the beginning Swasthya Swaraj attracted young, exemplary, passionate doctors – motivated by the Gandhian ideology who chose to work in primary health-care in the most neglected parts of the country. I salute them as the real changemakers.

The names and faces of **Dr Ashish Changole, Dr Sachin Barbde & Dr Dhanashri Bagal, Dr Abhijit Gadewar & Dr Ashwini Mahajan** are quite familiar among the tribals in this small sylvan pocket of Kalahandi. There were many others who came for

shorter periods. They were not just sitting, waiting, wishing and doctoring but went beyond the illusionary boundaries that keep those devoid of basic health-related rights and services. They worked in tribal villages, many a times going walking as no vehicle would reach some highly inaccessible hamlets , crossing rivers, carrying medicines and other paraphernalia on their backs , conducting clinics in never-reached areas, willing to put up with any inconveniences and deprivations rendering health-care to a deprived people who tasted for the first time modern healthcare in their lives. They went to the houses of the poor and conducted deliveries in their homes, carried patients in labour, saved many lives in the two health centres in Kerpai and Kaniguma Gram Panchayats . They trained many grass-root level workers, the clinic staff in both health centres regularly, brought out innovative methods of training, organized awareness programs to the people . It is indeed “madness” in the profoundly poetic words of Dr Sagar Kabra , another insane trail-blazer whom we reminisce of in tribute . Some of these young enthusiastic doctors were artists and poets par excellence and used their artistic talents to empower the weakest of our sister souls.

Each one of them was unique, with a strong-willed personality and came from different medical colleges. However some common features of these doctors are: all of them are from Maharashtra, all of them studied in Govt medical colleges, all of them had been through Nirman programme of SEARCH, Gadchiroli. None of them were motivated by any religious belief systems. These young modern Gandhians are the shining ideals in today’s society and throwing the gauntlet before the many young doctors coming out of the many medical colleges of the country to challenge their own convictions , to think and operate independently and unconventionally and to draw from within a potential they never knew they had.

This kind of very special category of doctors like Ashish, Sachin & Dhanu, Abhijit & Ashwini, Smita are small in number and are rare to be seen but they are the ones who hold hope for the future of a radically reformed healthcare system. They are the real changemakers and Swasthya Swaraj will salute them always.

-Dr Aquinas Edassery



UNSUNG HEROES IN TRIBAL VILLAGES INSPIRING STORY OF PANADEI MAJHI- A SWASTHYA SATHI

“For my carelessness I lost my three year old baby to malaria. That day I decided that no child in my village should die of malaria and ignorance anymore”. Panadei Majhi

Panadei Majhi a young woman in her early thirties from an economically underprivileged tribal family in Tadadei Village of Kerpai Gram Panchayat in Kalahandi district. Her childhood memories are all related to utter poverty which her family went through. Due to poverty and ignorance of parents she was not sent to school and spent most of her time in domestic and family's agriculture work up on the hills. After she attained puberty she was married off as a teenager and now she is a mother of four children.

In November 2014 Swasthya Swaraj team (then known as Bangalore team) came to her village and had a long village meeting where almost all the villagers were present. The villagers unanimously elected Panadei Majhi as their Swasthya Sathi (village health worker) to be trained by Swasthya Swaraj team, which she unwillingly accepted. She was a popular guru guniya (traditional healer) in her village.

She started coming for the monthly residential trainings at Kerpai carrying her breast-feeding baby. Her initial reluctance vanished under the highly motivating trainers of Swasthya Swaraj and her confidence improved.



During this period she went through crisis after crisis in her personal life. Her husband was diagnosed as pulmonary TB and needed prolonged treatment. Her little daughter was once saved from a near-death experience due to severe dehydration from diarrhea and vomiting. The real turning point in her life was when she lost her dear youngest daughter to severe malaria. She feels even today guilty that she wasted precious time doing the traditional healing ritual for the child and finally when she decided to take the baby to Swasthya Swaraj health centre at Kerpai, it was too late. She carried the continuously convulsing baby to the hospital and on the way the baby breathed her last. Panadei was shaken by this experience and was inconsolable, more so because of her guilt conscience. She conceived again and this time it was twins –baby boys. It was a touching scene for us - Panadei coming for the training sessions carrying her twins from the 2nd week onwards after delivery.

Today she is very popular in her village. She is like a litmus paper imbibing all what is taught at the monthly training sessions at Swasthya Swaraj and learning the clinical skills. Being associated with Swasthya Swaraj for various health-related initiatives she is confident to interact with village women, pregnant mothers, lactating mothers, adolescent girls disseminating knowledge about sensitive health issues pertaining to community health. Be it promoting health check up of pregnant mothers, under-five children, spreading awareness on TB, Malaria and other communicable diseases she is in the forefront. She motivates people to come to hospital and get the investigations done and avail medical treatment. She visits all the houses at least twice a month, sees the patients and suspected malaria cases are sent for blood test to the hospital and once diagnosed as malaria she sees to it that they complete the treatment. All pregnant mothers from her village are brought to the ANC clinics and the under-five children to the under-five clinics. She sees to it that all the adolescent girls from Tadadei village attend the Tulsi meetings (adolescent girls' meeting/ training) organized for them. Panadei's records are always up-to-date filled up with the help of her children or semiliterate husband.

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Broken bodies and broken lives....!

This is a series of living stories of men and women in tribal areas in whose lives we share, whose bodies are broken and whose lives are shattered. Faced as they are with scandalous degrees of poverty and burden of injustice, no wonder they are paralysed in life and succumb to a fatalistic mentality without any escape route.

A folksong which I heard in rural Karnataka goes like this - 'never to be born as a woman, and never to be born as the daughter of poor parents.' Fortunately I haven't heard such a song of despair and hopelessness in the tribal area we work. In this area, where homes are not invaded by TV, dance is the main means of relaxation. In the evenings the adolescent girls come together and start dancing spontaneously, undisturbed by anyone. Dance is a folk art, done together always in groups with beautiful, uniform, rhythmic body movements. In tribal life everything is a celebration, not just births and marriages, but the blooming of mango trees, the flowering of pumpkin-creepers, maize goldening on stalks, ragi being harvested, the list goes on and on all these occasions they dance together. There is no solo song or lonesome music in our tribal communities...

The other side of the life of these beautiful people is an endless list of misery which these people have silently accepted as their lot without raising a hue and cry. They endure wordless as the trees and hills that surround them, be it physical pain or mental anguish. And though they have their own language with all the intricacies of dialect and intonations, they barely have an audible voice – these voiceless.

Lalita is an intelligent girl who finished metric (class 10) with almost 60% marks (In remote tribal pockets a tribal girl passing with 60% from a Govt school is extremely rare and quite an achievement). Her dreams of going to college for studies

were shattered as she was the daughter of poor illiterate parents - a family destroyed by TB. Poverty kills human beings both physically and mentally. The poor carry a heavy burden of disease both going hand in hand, with death always waiting at their door. Lalita's mother died of TB when she was 12 yrs old. Her grandmother had died of TB 10 yrs ago. Lalita, who was the only child was brought up with great difficulty by the single father who himself was an old case of TB. Her father fell victim to TB again and even though he was cured of TB after successful completion of treatment, he had serious sequelae (post Tubercular Bronchiectasis) which is prone to get repeated bacterial infections and pneumonia. He was unable to earn his livelihood or support his daughter's higher education. His adolescent daughter supported the family of two by going daily for road construction works instead of college, which enabled them to avoid death from starvation.

When a patient like Lalita's father comes to hospitals after many days of illness, we wonder why he could not come so long to hospital, why he wasted his time with kabirajs (local quacks) and guruniyas (tribal shamans). But what we do not ask them is do you have money for the bus fare? Did you eat anything today? Lalita's father too finally died at home leaving his adolescent daughter an orphan. He could not come to hospital when he was down with pneumonia because he did not have money for the busfare! Poverty is dehumanising; it leads to undernutrition, repeated infections, low economic productivity of individuals and early death.

There are so many Lalitas around us who are being crushed under the grinding poverty and still wiping their tears as they dance with their sisters swaying to the rhythm of the wooden drums

-Dr Aquinas Edassery

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Today Panadei is more popular in her village as a Swasthya Sathi than a guru guniya. Now the people of Tadadei prefer to go hospital rather than traditional practice. No doubt the superstitions and practices are still prevalent in the community. In spite of the many obstacles Panadei has succeeded in changing the

mindset of the villagers to a great extent.

Panadei is true to her commitment to save the lives of small children and villagers and she passes on this enthusiasm to others too.

-Deeparani Patro
(Associate prog. coordinator)



कागज

ये बहुत सरल और स्वच्छ होता है, इसमें दुनिया का इतिहास लिखा मिलता है। ज्ञान का सागर और विचारों का समावेश मिलता है, कागज 'कोरा' होते हुए भी हमारे भावनाओं को व्यक्त कर देता है। कागज में मुद्रा छपे तो उस देश की करन्सी, ज्ञान की बातें लिखें तो ग्रंथ, साक्षी लिखें तो सबूत, जन्म और मृत्यु लिखें तो प्रमाण बन जाता है। "कागज कितना अनमोल है" पैसे की दृष्टि से नहीं, बल्की पर्यावरण की दृष्टीकोण से।

कागज बनाने के लिए न जाने कितने पेड़ काटे जाते हैं, लिखते समय अक्षर अच्छा नहीं बना, कुछ काट छाट हुआ या लाइन सिधी नहीं रही तो हम उसे आसानी से फाड़ कर फेक देते हैं। जरा सा भी नहीं सोचते की इस कागज को हम कुछ (रफ) और कारण के लिए उपयोग में ला सकते हैं।

वर्तमान पत्र (न्युज पेपर) ये तो बहुत ही मासूम होता है, दुसरे दिन बेकार और निकम्मा हो जाता है। हम इसे भी छोटी छोटी चिजों में उपयोग कर सकते हैं, जैसे पॉकेट, बैग आदी के रूप में उपयोग करें, तो हमें बहुत सी जगहों पर पॉलीथीन का उपयोग ही नहीं करना पड़ेगा। कागज का उपयोग कर के हम अपने आस पास को पॉलीथीन मुक्त कर सकते हैं। कागज का कोई दुष्परिणाम भी नहीं होता, तो आओ हम सब मिलकर कागज को महत्व दें।

— दुर्गा प्रसाद गुप्ता

Understanding Disease from A Different Perspective

As a medical doctor, I was trained in the medical college to look at a disease in a curative approach, which involved recognizing the symptoms, investigation and giving the appropriate management and fixing the problem. After working in Swasthya Swaraj (my host organization) for some months now, I realize that giving medical treatment is nowhere close to being the answer for controlling infectious diseases like Malaria. I also realize that the focus of healthcare should be prioritized on the vulnerable groups among the population who are affected the most, on undernutrition which cuts across all age groups, and finally understanding the terrain they inhabit in.

Under 5 Children and Pregnant Mothers

Based on my observations of the demographics of patients so far, it is clear that the most vulnerable age groups affected by Malaria are children under 5 years of age and pregnant mothers. I had personally seen numerous cases where a child aged less than 5 years of age, having severe malnutrition, positive for Plasmodium falciparum malaria and the hemoglobin levels as low as 2.5 gm%. The normal levels for a child of an age ranging anywhere from 6 months to 6 years are 11.5-12.5 gm/dl.

Malaria is also particularly dangerous in pregnant mothers as there is the reduction in immunity during pregnancy, which makes them more vulnerable to the parasitic infection of malaria, and poses a substantial risk to the mother and fetus by increasing the risk of fetal death, prematurity, low birth weight (LBW), and maternal anemia.

I still remember an incident at the health center where a mother was brought to the health centre carried in a basket from a far off village with a history of abortion with retained placenta. Patient was profusely bleeding from vagina and had convulsions. After the appropriate investigations, It was later found that the lady had cerebral malaria with extremely high parasitic count and severe anemia, which caused the premature abortion. I feel that incidents like these explain the high infant and mortality rates in the region.

Malnutrition

My visits to the ANC (Antenatal Care) and Under 5 clinics showed me the extent of the malnutrition in this area. Every child under 5 years of age comes with Grade 4 Malnutrition in terms of both height and weight, and is below the -3 standard deviation when assessed in growth monitoring chart. Malnutrition reduces the overall immunity of the body and also causes micronutrient deficiencies such as iron, folate, vitamin B12 which eventually leads to anemia.

Malnutrition is also apparent in the pregnant mothers either due to poverty, food insecurity or traditional restrictions on certain foods due to tradition. During the ANC camps, It is not very uncommon to encounter pregnant women with severe anemia and very less weight gain. One of the incentives provided in the ANC camps which I really appreciated was the fact that the pregnant mothers were given mosquito net at the first visit, snacks and lunch at every visit and take home nutrition supplements of chana or moong dal and oil along with Iron folic acid and calcium supplements.

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*(Contd. from pg. 5)***Health Education on Malaria**

I'm also involved in teaching the school children and teachers in the Government residential schools about the causes and preventive measures of malaria. Even the teachers believe that malaria is caused by drinking contaminated water, by bathing in Kalahandi's water etc. To achieve this objective of controlling malaria by creating awareness on malaria in the school children, I feel that it is essential to understand the geography and the terrain of the region I'm working in. The Block I'm currently based is mostly hilly terrain and receives heavy rainfalls during the monsoon, extreme temperatures and has high humidity. Heavy rainfall causes accumulation of water which acts as breeding areas for Anopheles mosquito. These climatic conditions are quite favorable for breeding of the mosquitoes carrying malaria parasites, particularly the Plasmodium falciparum type.

Lack of Accessibility

There are literally no accessible roads to several villages. People literally walk several kilometers (10-12 km on average) for work or even while coming to the clinic. Over the course of time, I realized the correlation of accessibility with improving health outcomes. For instance, imagine some in a remote village suddenly felt sick and needed emergency medical intervention; but he/she couldn't reach the nearest public health centre or a clinic due to lack of access to any means of transport or even a road. This is further evidenced in a research about modes of transport for accessing food by Tenkan, et.al. (2016), where he says that the interaction of an individual with the surrounding physical environment and social structures shapes not only one's daily life practices, but also one's health conditions.

Conclusion

The experience of working in Kalahandi, especially the tribal community taught me that identifying the vulnerable groups among the community, understanding their dietary habits and the local landscape are the core areas which are to be investigated thoroughly to curb the prevalence of malaria in the region. The sole reliance on curative medicine on solving a large scale endemic diseases like Malaria seems nugatory; and this fact helped me with better understanding of malaria.

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*-Dr Sandeep Praharsha***The plight of the disabled in tribal area...**

Rajendra Majhi is a 29 yr old young adivasi man living with his family in Korang village which is 80 k.m away from district headquarter, Bhawanipatna . In spite of poverty and many difficulties he has managed his family well by doing agricultural and daily labour work. Though poor he was happy and content with his small family. But unfortunately a year ago in 2016 he met with an accident by falling down from a tree and sustained a spine injury. This led to paralysis of both lower limbs and lack of control of bladder and bowel functions. He was bed-ridden. The small family sank into deep sorrow and helplessness. They became dependent on the mercy of the poor neighbours for day to day needs. He was admitted in district hospital for 5 days which confirmed the diagnosis of a spine fracture, but nothing else was done. He was advised to go to the medical college hospital 250 km away which he declined and was brought back home. Subsequently he moved with his family to his in-laws house at Kaniguma where Swasthya Swaraj staff met him.

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The social worker of Swasthya Swaraj found Rajendra helpless and in depression, confined to bed. A wheel chair was essential for Rajendra. An application with all the documents were submitted at the District Disability Rehabilitation Centre (DRCC) at Bhawanipatna and fortunately this was approved fast. With all the difficulty involved in transportation of a paralysed patient in Thuamul Rampur Block, somehow the social worker managed to get a wheel chair for him from the department. Now having obtained a wheel chair, who will put him in the wheel chair? His frail wife is not able to lift him and put him in the wheelchair. Moreover this did not end the misery of the poor man.

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Getting a Disability certificate from government was also a challenge for Rajendra. Illiteracy of the poor adds to their misery. The SS staff helped him to register online his case. Now having done the registration, the biggest hurdle was to get the certificate from the government orthopaedic doctor who sits only twice a month for the screening of the disabled and certifying the percentage of disability.

However the concerned doctor at DRCC rejected his application citing the reason that there was no appropriate evidence /medical documents to certify that HE IS A DISABLED PERSON AND IS ELIGIBLE TO GET the Certificate. The Doctor asked Rajendra to come some other day with proper medical documents.

Poor Rajendra made the difficult trip up and down Bhawanipatna 4 times. Twice when he reached there after 12 noon the doctor was gone and had to go home disappointed. There are only 2 buses plying in the Kaniguma-Bhawanipatna route and they are so overfilled that Rajendra is not able to get the seat reserved for the disabled and have to return back. Twice he arranged for taxi at a huge cost for which he had to borrow from other, sinking him deep in debt. Once he went in the afternoon bus so that he could see the doctor in the morning the next day. But he, his wife and small daughter had to sleep on the pavement with the result that his wife and daughter got pneumonia.

Not able to make an end to the plight of this patient, Swasthya Swaraj staff took him in the project jeep and got him admitted in the district hospital orthopaedic ward. Again he was Xrayed even though his old Xray and reports were with him to ascertain the degree of disability. Again Rajendra was carried to the doctor with the documents. But again the concerned doctor of DRCC was reluctant to issues certificate citing some reasons which could not be understood. Then Swasthya Swaraj took up the matter with CDMO. After personal intervention of CDMO finally Rajendra was able to receive the disability certificate at the fourth visit to Bhawanipatna! For a meagre Rs 500-1000 per month this poor man had to go from pillar to post. For him and his family this small amount is the only source of support.

What a plight of the disabled in remote areas. Like Rajendra there are so many disabled people facing difficulties which add to their miseries, for getting a small pension certificate. The story of Rajendra prove that how the poor and deprived people struggle and are exploited or taken for granted by the system and the privileged.

-Deeparani Patro

(Associate prog. coordinator)

Strength does not come from winning.

Your struggles develop your strength.

When you go through hardships & decide not to surrender, that is strength.

-Mahatma Gandhi



Why Nature Prefers Hexagons

The geometric rules behind fly eyes, honeycombs, and soap bubbles.

By Philip Ball

How do bees do it? The honeycombs in which they store their amber nectar are marvels of precision engineering, an array of prism-shaped cells with a perfectly hexagonal cross-section. The wax walls are made with a very precise thickness, the cells are gently tilted from the horizontal to prevent the viscous honey from running out, and the entire comb is aligned with the Earth's magnetic field. Yet this structure is made without any blueprint or foresight, by many bees working simultaneously and somehow coordinating their efforts to avoid mismatched cells.

The ancient Greek philosopher Pappus of Alexandria thought that the bees must be endowed with "a certain geometrical forethought." And who could have given them this wisdom, but God? According to William Kirby in 1852, bees are "Heaven-instructed mathematicians." Charles Darwin wasn't so sure, and he conducted experiments to establish whether bees are able to build perfect honeycombs using nothing but evolved and inherited instincts, as his theory of evolution would imply.



Forces at work:

Bees seem to have evolved capabilities(for making perfectly hexagonal cells from the soft wax that they secrete. However, some researchers believe that surface tension in the soft wax might be sufficient to pull the cells into shape, in much the same way as it organizes bubbles in a bubble raft. *Grafissimo / Getty.*

Why hexagons, though? It's a simple matter of geometry. If you want to pack together cells that are identical in shape and size so that they fill all of a flat plane, only three regular shapes (with all sides and angles identical)

will work: equilateral triangles, squares, and hexagons. Of these, hexagonal cells require the least total length of wall, compared with triangles or squares of the same area. So it makes sense that bees would choose hexagons, since making wax costs them energy, and they will want to use up as little as possible—just as builders might want to save on the cost of bricks. This was understood in the 18th century, and Darwin declared that the hexagonal honeycomb is "absolutely perfect in economizing labor and wax."

Darwin thought that natural selection had endowed bees with instincts for making these wax chambers, which had the advantage of requiring less energy and time than those with other shapes. But even though bees do seem to possess specialized abilities to measure angles and wall thickness, not everyone agrees about how much they have to rely on them. That's because making hexagonal arrays of cells is something that nature does anyway.

(Extract from Nautilus, April 2017)

Educating the Tribal Population: Life Skill training approach

Education of the scheduled tribe population is a big challenge. There is considerable amount of research data available on the condition of tribal education in India. The scheduled tribes for long were a neglected community in post independent India. Geographic isolation and social exclusion from the general population are the hall marks of many tribes. The variance in terms of language, location, culture etc amongst the different tribes itself is so huge that there can be no general framework to address the education needs of all scheduled tribes. Each tribe requires a different model of intervention to educate them. Inclusive growth in India can only happen when education and skill development of the scheduled tribes gets equal focus.

Odisha has 62-scheduled tribes, it is the homeland of tribals. Out of these 13 communities are considered as primitive or particularly Vulnerable Tribal Groups (PVTGs). Low level of literacy and educational backwardness are some of the main reasons behind their chronic poverty. The scheduled tribe population in the state of Odisha constitutes 22.8% of the state's total population (Census of India 2011).

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(Contd. from pg. 8)

Every state with tribal population requires unique interventions for all round development of the population; similarly, Odisha too requires unique project interventions in order to uplift the tribal society in the rural areas.

In such a situation, one way to make sure that the community is equipped enough to deal with day-to-day challenging life situations is to give them life-skill training. Life skill training is a way to give the community a ray of hope, to make them realize that they are capable of doing a lot more, to make them self-confident and conscious. They have to break the cycle of poverty; many of them have not seen the world outside their habitations.

We recently conducted a life skill training for our field workers (field animators of Swasthya Swaraj) who are tribals and are being trained for educating the tribal children. A 3-day program consisted of sessions that imparted various skills that the field animators can apply not only in their day-to-day professional work but also in their personal life. The training program was divided into 3 parts, the first part consisted of sessions where the field workers were made to think about their past so that they can identify their strengths & weaknesses; main objective of the day was to increase the level of self-awareness among the field workers. Objective of the second day of the training was to impart some soft skills like body language, managing emotions and being solution-oriented; the most important session of the day was understanding

the role of gender in society. On the third and final day delegates were asked to dream and imagine their future, what is the goal that they want to achieve in their life and for their people and how can they reach this goal.

The training gave me many insights on the mindset of the tribal people and was a great learning experience for me. The field workers after the training program started applying some of the skills in their day-to-day situations and that has certainly helped them to not only increase work efficiency but also communicate better with the community.

I believe that following up on the life skill training on a regular basis will certainly make the field workers better leaders in their community. Life Skills help people in managing situations in their day to day life. Raw academic education alone do not impart strength and confidence to face the challenges of the present and future; life skill serves as a complement to the education. Slowly and steadily if similar training program is applied to a large community then it can surely benefit the community in a very positive manner. Such training initiatives should be undertaken for children at primary school level itself; it can eliminate lot of social stigmas that exist in our society today. Young children are very vulnerable in terms of what they learn and believe. That is all the more a strong reason to start life skill training for children in primary school itself.

-Mahir Bhatt. B.Tech
India Fellow

To visit us or contact us:

SWASTHYA SWARAJ COMPREHENSIVE COMMUNITY HEALTH PROGRAMME

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Please send your donations to

Swasthya Swaraj Society, a/c no. 33670100007358

Bank of Baroda, Bhawanipatna Branch. IFSC: BARB0BHAWAN

Didi'd Health tips:**Muringa Laddu**

Drumstick leaves are rich source of vitamin A and will protect your eyes to stay healthy, calcium minerals which are absolutely needed to keep the healthy bone. Vitamin B complexes play the role in stimulating the nervous system. Potassium control the heart muscle contraction and make the heart can pump the blood smoothly, control the blood pressure. It acts as the antioxidant which can prevent the inflammation of the heart. It also acts an antioxidant and prevent the growth of cancer cells. It contain vitamin C seven times greater than orange fruit and it boost your immune system. Iron mineral helps the red blood cell formation and prevents anemia. Essential amino acids which can increase the appetite, acts as the detoxifying agent, controls the blood sugar level, It is best to be consumed during pregnancy or after delivery - it can increase the breast milk secretion. The fiber in it help to digest food well and prevent constipation. Vitamin B3 (niacin), vitamin C, and iron minerals in drumstick leaves are the crucial nutrients for the hair growth and prevent hair loss.

Muringa leaves have been used for generations in Eastern countries to treat and prevent diseases such as diabetes, heart disease, anemia, arthritis, liver disease, and respiratory, skin, and digestive disorders. Moringa leaves are highly nutritious, and should be particularly beneficial for people who are lacking in essential nutrients.

Muringa LadduIngradients:

Muringa Leaves – 200gm, Dhal (khandul or chana dhal) - 100gm, Badam (almond/ groundnuts)- 50gm, Rice flakes – 50gm, Cashew nuts – 50 gms, Jaggery – 200gm, Ghee- 50gm, Cardomom – 5nos, Jeera – 1 pitch.

Preparation:

Fry Dhal, Badam, Riceflakes, Sliced cashew nuts, in ghee and powder it. Fry muringa leaves in ghee and mix it with other ingradient. Make the jaggery syrup, add the content and powdered cardamom and jeera into it and mix well. Make balls and serve it. It can be good nutritious supplement for children with malnutrition.

-Gathered by : Sr. Angelina Thomas

***** Enjoy Good Health *****

<p>Thank you for your love, generosity, support, encouragement</p> <p>Wish you and your loved ones Happy and Healthy New Year 2018</p>	<p>Dear Friends, As this year 2017 comes to a close, Swasthya Swaraj continues its quest to close the wide gap of inequity in health. It strives to improve the quality of life of marginalized communities in tribal areas.</p> <p>Our work will be complete only when SWVARAJ becomes a reality for our communities.</p>		<p>Swasthya Swaraj remembers you with immense gratitude for your generous support, contribution and goodwill which enables us to save lives in the tribal areas of Kalahandi.</p> <p>As the world celebrates the birth of a child, we renew our commitment towards the wellbeing of every mother, child and family in our region.</p> <p></p> <p>3 minute video on Swasthya Swaraj Society: https://drive.google.com/file/d/1OgmRC6pVOx-0CWjDw38YD58j21tKkx7f/view?usp=sharing</p>	
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