

The Swasthya Swaraj Story

ODYSSEY



Foreword

A Decade Of Swasthya Swaraj

Pioneering Health, Empowering Lives In Tribal Area

In the tapestry of time, certain threads stand out, weaving stories of resilience, innovation, and transformation. As we flip through the pages of this coffee table book, we embark on a visual odyssey, tracing the extraordinary journey of Swasthya Swaraj Society. A journey that spans a decade, a narrative painted with hues of health, empowerment, and community-driven change.

In these pages, you won't find just the story of an organisation; you will witness a tale of myriad adventures, learnings, and the unwavering spirit of those who dared to dream of a healthier, more equitable world in a neglected tribal area. Swasthya Swaraj, over the past ten years, has not just provided healthcare; it has orchestrated a symphony of Swaraj — self-rule in health, where communities are the architects of their well-being.

The book oscillates between the organisation's work and the lives of the people it touches and aspires to improve, continuously and holistically. So, settle into the rich aroma of this narrative, let the images tell tales, and allow the stories to seep into your soul. But do not take this to be conclusive! The extent and impact of the work spreads beyond what the pages of this book could accommodate.

Inspirations

"I will give you a talisman. Whenever you are in doubt, or when the self becomes too much with you, apply the following test.

Recall the face of the poorest and the weakest man or woman or child whom you may have seen, and ask yourself, if the step you contemplate is going to be of any use to him or her.

Will he or she gain anything by it? Will it restore him or her to a control of his or her own life and destiny? In other words, will it lead to Swaraj for the hungry and spiritually starving millions?

Then you will find your doubts and yourself melt away."

- M. K. Gandhi

If I define my neighbour as the one I must go out and look for, on the highways and byways, in the slums and tribal hamlets, on the farms and in the mines - then my world changes.

This is the 'option for the poor'.

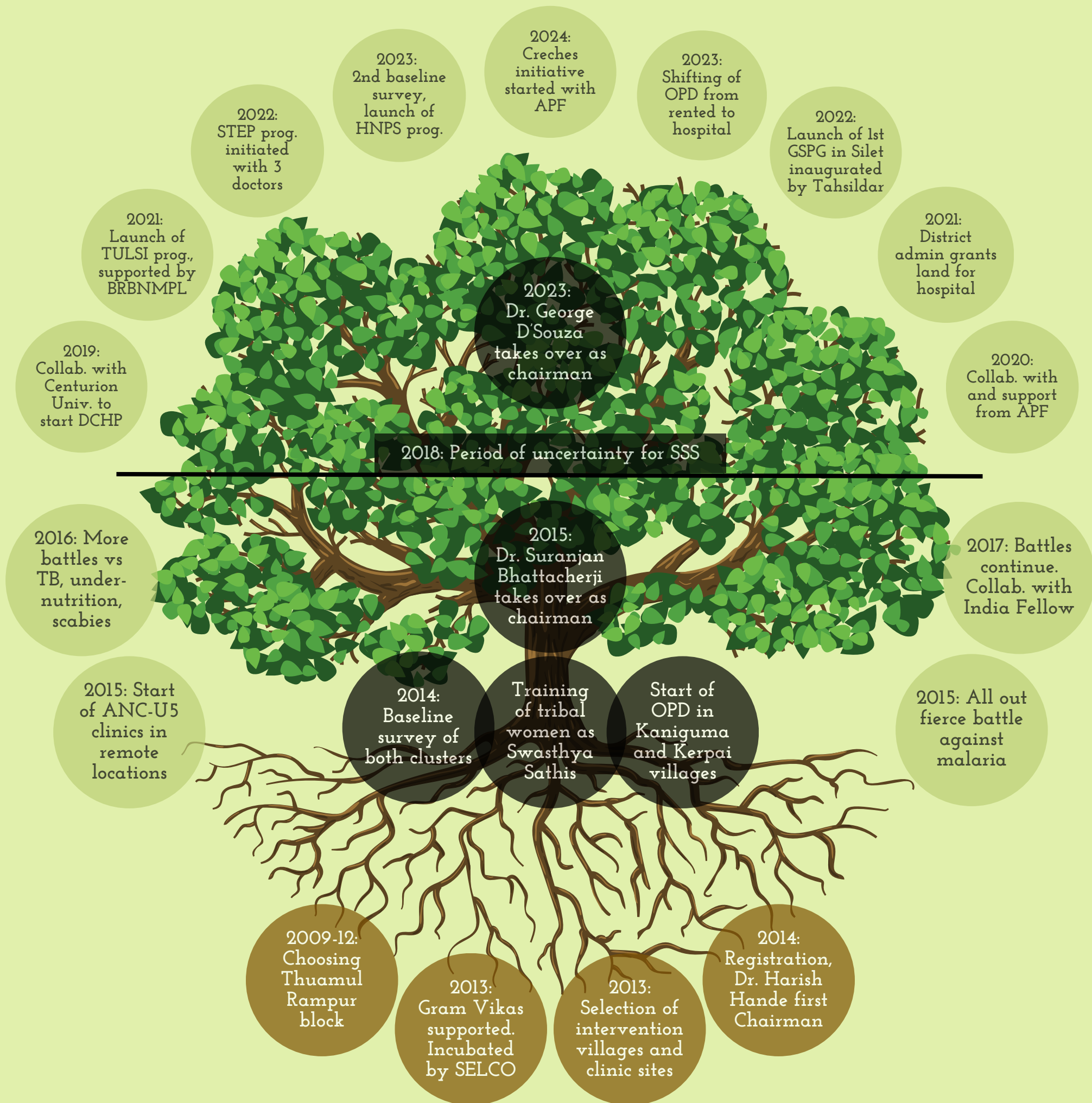
It is this poor child or woman or man in the last mile,
my neighbour par excellence.

"When you give a lunch or a dinner, don't invite your friends, or your relatives and wealthy neighbours. For surely they will also invite you in return and you will be repaid. When you give a feast, invite instead the poor, the crippled, the lame and the blind. Blessed are you then, because they can't repay you ..."

Lk 14: 12-14



Our logo depicts the deep seated yearning and longing for SWARAJ – for freedom from ill health, illiteracy and poverty, a society where justice and equality reign



An Ode To Adivasis

Guardians Of The Planet Earth

In the heart of ancient forests, where shadows dance,
Lies a tapestry woven by hands in a tribal trance.

Oh, guardians of the earth, noble and free,
Your spirits connected to nature's symphony.

Beneath the emerald canopy, where life takes its birth,
Tribal souls, stewards of this sacred earth.

Through generations, a legacy unfolds,
A story of harmony, where nature's tale is told.

With hands that till the soil and hearts that beat in time,
You've embraced the land, a rhythm so sublime.

Custodians of rivers, mountains and sky,
Your ancient lore, a guide as time goes by.

The wind carries your songs, a hymn of the wild,
A chorus that echoes, as nature's own child.

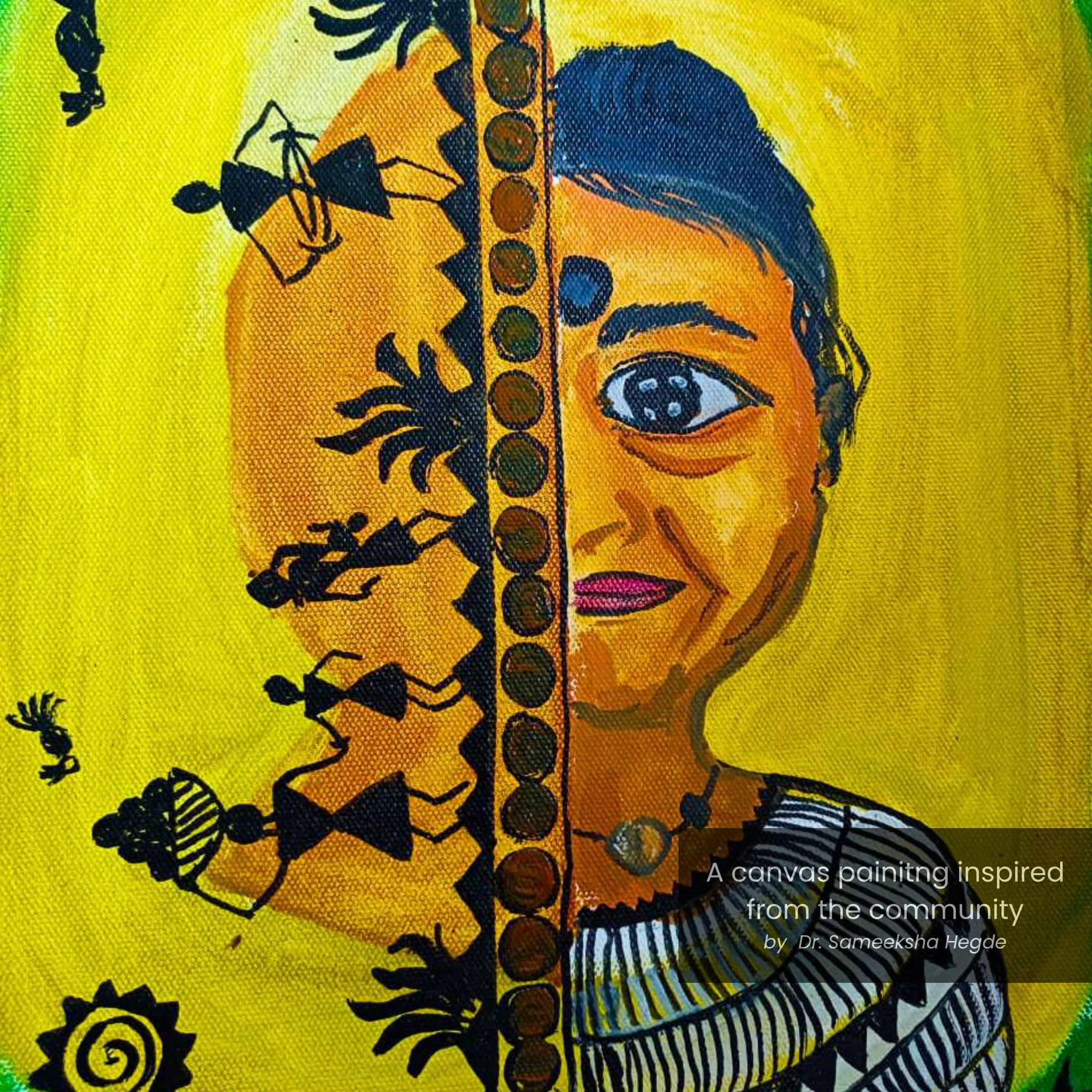
Oh tribals, the stewards of eco systems,
Untold in your wisdom, the secrets of the earth unfold.

In the deep silent night, when stars brightly gleam,
You share tales of constellations, a celestial dream.

Oh guardians of the earth, with roots running deep,
In your sacred care our world finds its keep.

In your hands the threads of nature entwine,
A testament to living in rhythm and rhyme.

Ode to tribals, keepers of the ancient hearth,
Your existence sustains the very soul of the Earth.



A canvas painting inspired
from the community
by Dr. Sameeksha Hegde

Dance Of The Forest

The Start

You are always dancing, in day and in night,
 In dry hot summer, in pouring rains, you are dancing.
 The rhythm of your dance keeps changing, dancing to the many tunes of the wind,
 It is always a group dance like the Adivasi dance, all dancing in unison.

Everyone joins, the birds, animals big and small, and children, young and old,
 All are drawn to and follow the same rhythm as you dance and enter into a rapture.
 Sometimes you're dancing like an old woman drunk with mahua spirit,
 Sometimes as gentle as a baby walking.

As spring arrives, your dance in different colours and costumes brings joy, excitement, and wonder to all.
 In the monsoon, your beauty is out for all to see and your dance is intoxicating.
 In the summer when the temperature soars high, you go into a trance, a still meditation,
 And all become restless; awaiting your awakening from your meditation.

In your still meditation, are you silently reminding us human beings of the doom that is awaiting,
 If we destroy the forests ruthlessly in the name of development?
 The stream of life that flows through you flows through every living being,
 The very same flow of life in me too.

When will humanity realise that we are not separate from you,
 All are interconnected and part of one whole being?
 When will we, forgetting all differences sing and dance with you?
 All that humanity maim and destroy, hurt and punish,
 Your dance turns into life and beauty.

Dance of the forests beckoning all to dance,
 Sends the silent message to all -

"Do not worry, everything passes away ..."



Another painting inspired
from the community
by Dr. Sameeksha Hegde

The Humans, And Their Rights



Of all the forms of inequality,
inequality in healthcare is the
most shocking and inhumane.

Martin Luther King Jr.

The Start Of A Long Journey

Early Days

In the tribal villages, I've observed a unique sight; Adivasi women walking silently in single file along the roads. They move with purpose, often carrying babies in slings and balancing head loads. This quiet procession likely stems from their ancestral traditions, possibly a survival tactic or a result of forest footpaths' narrowness.

These women, raised in the forest's serene silence, exude a profound spirituality. They navigate challenging terrains—rivers, mountains, and rough roads—with resilience and grace. Their weather-beaten skin, colourful sarees, and work ethic starting from very early morning reflect their endurance, determination, and simplicity. They serve as spiritual guides, teaching patience, care, equanimity, endurance, and tolerance in an increasingly noisy world. They embody a focused pursuit of life's ultimate goals rather than mere modern achievements.

3 women, accompanied by a driver who doubled as a translator, journeyed in an old jeep, visiting village after village. They identified the 45 most deprived, tribal dominant villages from 5 panchayats in Kaniguma area in Thuamul Rampur block of Kalahandi district in Odisha. The exploration of the adjoining Kerpai area was dangerous, involving roadless jungles, river crossings, mountain treks, and long walks. Amidst the hardship, some questioned if they should first focus on the initial area before expanding. However, Dr. Aquinas insisted,

"If we are to serve, it is the most deprived who need us most. Let's go."

For over a decade, Swasthya Swaraj has worked in this region, focusing on providing healthcare to all and empowering 80 tribal villages to improve health and education. Despite challenges, our commitment remains strong. We learn from the tribal communities' resilience and respond to their urgent needs. Thuamul Rampur, with its breathtaking landscapes, represents a blend of natural beauty and simplicity. We persevere like the tribal women, undeterred by obstacles, with our eyes set on our goal; empowering health for the most vulnerable, embodying the spirit of Swaraj.



The three women, the old jeep, the local driver, and the remote place!



A woman with her child, going about her chores, in Thuamul Rampur block in Kalahandi, Odisha



The Swasthya Swaraj team in one of their early outreaches

From Death To Life

Plight Of A Tribal Child

In 2014, two doctors from Swasthya Swaraj were on a village visit and by noon they were exhausted from walking to 3 villages where the jeep would not go, and attending to many seriously ill patients. As they arrived at Podapoi village, they encountered a distressing scene: a sickly child, about 6 years old, lay naked on the ground, surrounded by vomit and pecking chicks. The child, named Ananto (called Anto), was suffering from a high fever and continuous vomiting.

The village was quiet during the daytime, as most healthy individuals were in the hills for agricultural work, leaving only the sick and elderly behind. The doctors learned, Anto's parents had left him in the village square to die, as they had been told by a local guru (traditional healer) that he would not survive. With no medicines left except paracetamol and chloroquine, and knowing the child couldn't tolerate oral medication, the doctors made packets of powdered medicine and entrusted them to a young man in the village, who for some reason had stayed back. Despite their doubts, the doctors hoped it would alleviate the child's suffering.

To their surprise, the following week, they encountered Anto at the Kerpai Swasthya Swaraj Health Centre's weekly OPD, brought by the Swasthya Sathi of Podapoi village. He was not only alive but also wearing a brand new school uniform, and smiling broadly. Anto had been treated for plasmodium falciparum malaria and had responded well to the medication.

"We could not believe it - the child had survived"

Years later, I met Anto again at the government primary school in Podapoi village, where education was sparse due to absentee teachers. Anto, though he should have been in a higher grade, was still in class 4 due to the educational challenges in the area. The school had only upto class 4. In 2023, Anto was enrolled in a government boarding school in Kalyansingpur, studying in class 6. While he should have been further ahead academically, his mere survival and pursuit of education were remarkable considering the circumstances.

Anto's story is the story of many tribal children. For them survival is a matter of high risk. Then comes their life in school. Very often they are called unteachable, disinterested in studies, not able to study etc. But Anto's story tells how the system fails a child. With over 10 years of schooling, he could reach only upto class 6, not because of his fault or lack of interest but our education system in tribal areas defeats the children and their future.



It is not unheard of that ailing kids were abandoned in the village square, as there was no hope of their survival ...

Failed Them, Time And Again

Malanti Majhi's Story

Malanti was brought into Swasthya Swaraj by her husband after being bedridden at home for over a week. 4 months pregnant, Malanti had not attended any antenatal clinics, relying instead on a traditional healer, the local guru-mei, for treatment. This was her fourth pregnancy, and of her previous, only 2 children had survived.

I remember the moment I saw her; the stark image of a young mother, struggling not only for her unborn child but for her own life. Her condition was dire, yet it was a diagnosis we had seen all too often in this region - pregnancy with starvation. She was pale, frail, and unable to sit up. But when we checked the baby, a small flicker of hope emerged; the baby was still alive, holding on. We acted quickly, starting treatment and nutritional support.

Within a few days, Malanti was not only sitting up, but walking, talking, and regaining some of her strength. Just as we felt we were making progress, her husband brought their youngest son to the clinic. The boy, no older than 3, was suffering from Severe Acute Malnutrition. He was wasted and severely anemic, his face expressionless, his small body limp and fragile. Their eldest daughter, only 7 years old, couldn't come to the clinic. She was left at home to manage the house, tend to their livestock; a goat and few chickens, and small patch of land they farmed in the hills.

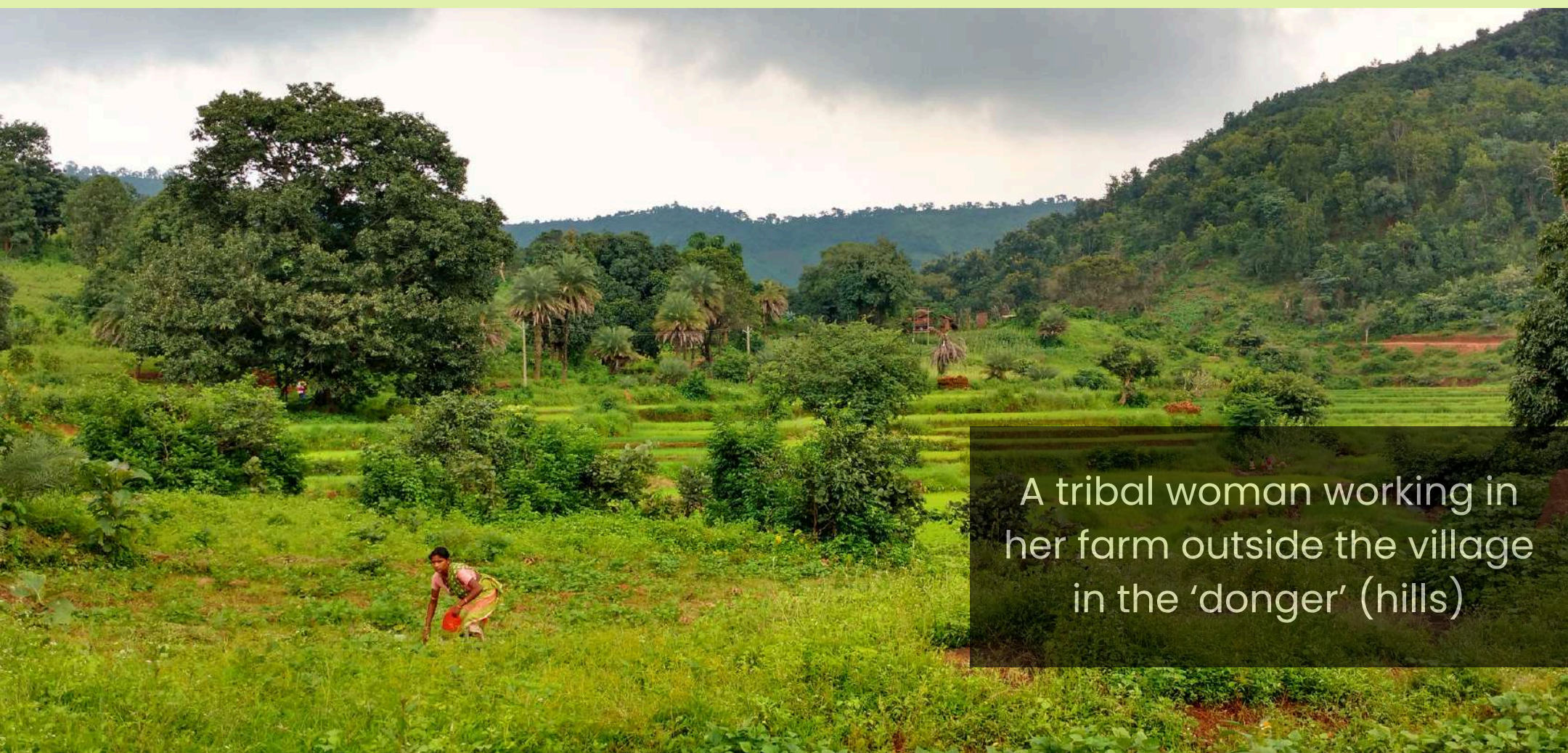
As we treated the boy, he began to improve. But before we could fully stabilize the family's health, they left. They didn't wait for the hospital vehicle to take them home; instead, they walked the 8 kilometers back to their village, through the hills, carrying the weight of their struggles with them. We had seen this before – families, bound to their land, their survival tied to their crops. The hills don't wait, neither do the seasons.

Malanti delivered prematurely in her seventh month. The baby lived for only an hour. I still think about that baby. So much potential for life, but gone in an instant, a victim not just of illness but of the crushing cycle of undernutrition and poverty that grips this region. Malanti, her family, and countless others like them, are caught in this cycle, where survival means more than just food; it means battling a system that fails them time and again.

Nearly half of all deaths in children under the age of 5 can be attributed to undernutrition. This statistic, an unimaginable loss of about 3 million lives every year, paints a grim picture. And while famine and war capture headlines, the lethal hand of malnutrition is far more subtle. It quietly stunts growth, deprives children of essential vitamins and minerals, and leaves them vulnerable to disease.



An ailing woman being carried to the Swasthya Swaraj Health Centre



A tribal woman working in her farm outside the village in the 'donger' (hills)



Villagers having a relaxed afternoon



Summertime drying of Saili leaves







A Spirited First Step, And The Early Team



It may be that when we no longer know what
to do we have come to our real work, and
that when we no longer know which way
to go; we have begun our real journey.

Wendell Berry

The Founding

Initiating The Comprehensive Community Health Programme

Inspired by Gandhian philosophy and driven by the courage and dedication of an elderly physician Dr. Aquinas Edassery and couple of female companions - Angelina and Bijimary, Swasthya Swaraj Society emerged to serve the marginalized tribal communities. We are also deeply grateful to Jan Swasthya Sahyog in Ganiyari, Bilaspur for early guidance and support.

The area picked was marred with no electricity, no mobile connections, poor road connectivity; an area which was a den of malaria where people frightened us saying,

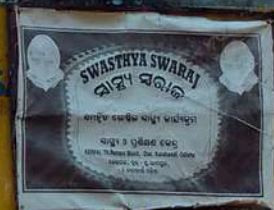
***"If you drink the water of Kalahandi, if you take bath in Thuamul Rampur waters
you will get malaria and die."***

When we lacked financial resources, SELCO Foundation stepped in with collaboration and support. In the unfamiliar area, Gram Vikas offered us accommodation at their unit in Kumudabahal village. We began OPD services in panchayat buildings in Kaniguma, and within 6 months, expanded to Kerpai.

Despite being understaffed, under-equipped, and facing resource constraints, our enthusiasm and spirit remained high. Basic lab services were introduced in both locations, and patients began pouring in. Within a year, Tata Steel and Tata Trusts came forward to support our comprehensive community health programme.



Villagers waiting for OPD clinic to start outside the Kaniguma Health Centre



Swasthya Swaraj's
Kerpai Health Centre



Our team in 2014 with
visiting Tata Trusts
members (extreme left)



Our expanded
team in 2024 now

The Torch Bearers

Our Swasthya Sathis

Community health education is appropriate to the extent that it helps the poor and powerless gain greater control over their health and their lives. For this to happen, doctors need to demystify medical knowledge. When the doctors and health professionals are willing to do that, miracles happen.

That is what we see in our Swasthya Sathi cadre, silently working in 80 intervention villages. They are indistinguishable from the ordinary - no official uniforms which separates them. They are often seen in torn clothes, going round unassumingly from house to house in their villages with their 'Khata Books' and 'Reminder Cards', after they have come from their hard work in the hills. Like the other village women, her day starts from 4am and it is non-stop work. And yet, she finds time to visit every family once in a fortnight. She imparts the knowledge she gained in the monthly training sessions by Swasthya Swaraj to other women, door to door.

"We are 35 women in Kerpai and Silet, and 42 from 6 panchayats of Kaniguma who have joined Swasthya Swaraj from the start. Our training consisted of 3 intensive days (residential) to start with and thereafter every month for One and a half days. Although we are illiterate our doctors and didis respect us and taught us about malaria, diarrhoea, pneumonia, tuberculosis, scabies.

We learned how to arrive at a diagnosis from the history, physical examination, detect danger signs, refer on time, or treat with simple medications that we are provided with. We were taught how to do some blood tests like RDT for malaria and received certificates from the district malaria officer in 2017. We were taught about nutrition in detail, growth monitoring of new borns, milestones in a baby's growth and immunisation, antenatal care, the use of safe delivery kit, postnatal care and care of the newborn. We also document all vital events every month from our villages - births, deaths and new pregnancies. We do disease surveillance which helps us to alert about disease outbreaks.

People in the village trust our knowledge and experience and turn to us in case of health problems."

- A Swasthya Sathi



A Swasthya Sathi checking the birth weight of a newborn

Twin Shackles Of Malaria And Tuberculosis

Malaria is a disease of inequality. It is rampant where tribals live. Odisha is the capital of Malaria in India. A Malaria mass screening done by our team in 2016 revealed a 40% positivity rate among afebrile patient, 60% of fever cases had Malaria. Swasthya Swaraj and its team declared an all-out battle against malaria. Both health centres started operating 24/7 with diagnostic facilities and treatment.

Due to distance and lack of transportation, many patients couldn't reach hospitals, so we organized Antenatal - Underfive Clinics in 10 hard-to-reach locations. These satellite clinics, staffed by doctors, nurses, and paramedics, served 6-8 villages each. Pregnant women and children under 5 attended in large numbers, receiving nutritious snacks, eggs, and lunch.

Tuberculosis thrives in poverty, and tribal areas have 3 times the tuberculosis rate compared to other regions. Detection was poor, and cure rates were dismal. From the start, Swasthya Swaraj focused on tuberculosis control through detection, treatment, and health education to prevent its spread. Our patient centric approach included nutritional support, counselling, and covering transportation costs to tuberculosis clinics. Monthly tuberculosis clinics were held on fixed days at both health centers, provide essential incentives, especially given the patients' low Body Mass Index (BMI).

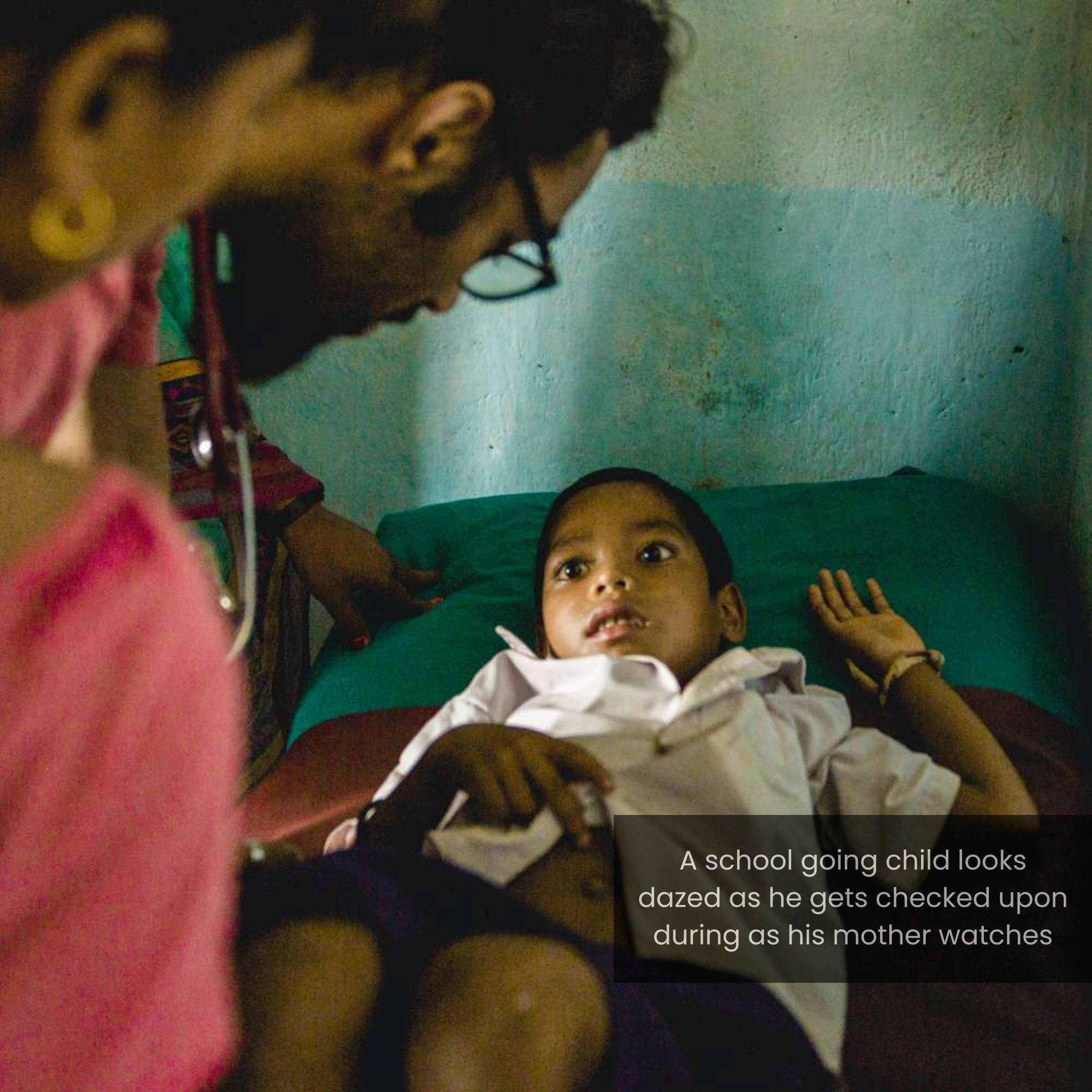
Every year on March 24th, World Tuberculosis Day, Swasthya Swaraj organises extensive awareness programs and public functions, a tradition that continues to this day.



Malaria awareness rally by children in Dandpadar village



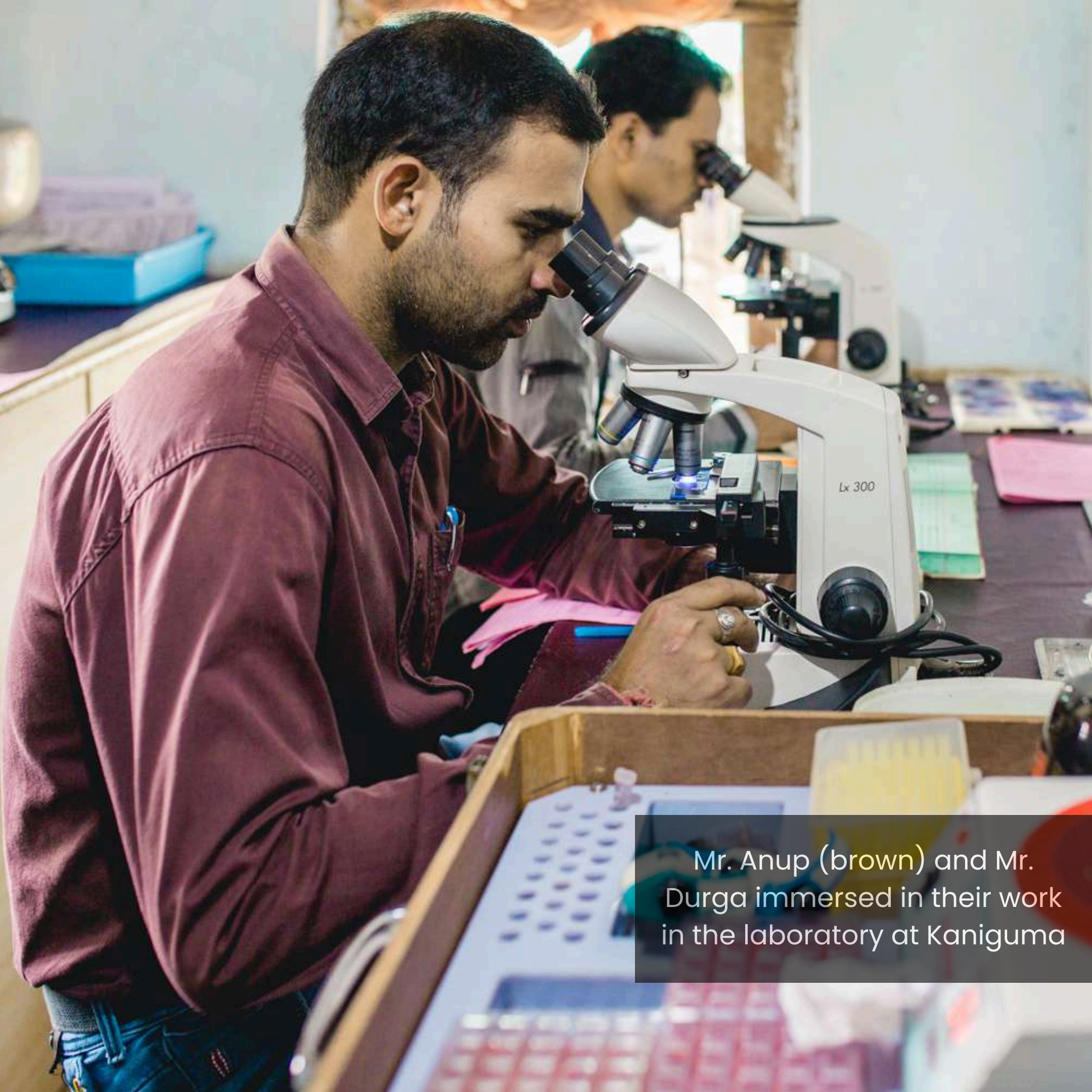
Dr. Aquinas diagnosing a child who has come with his mother to the weekly OPD clinic



A school going child looks dazed as he gets checked upon during as his mother watches



Dr. Aleena diagnosing a patient in Kerpai clinic



Mr. Anup (brown) and Mr. Durga immersed in their work in the laboratory at Kaniguma

Warrior Women



Communities and countries and
ultimately the world are only as strong
as the health of their women.

Michelle Obama

A Night In Kerpai

Tara Majhi's Story, by Dr. Surabhi, Junior Medical Officer

As we settled after a long day's work at our clinic in Kerpai, we hear hurried footsteps. Maha Dei, our trusted Swasthya Sathi, came running, barefoot, her breath ragged. She told us about a young woman who had unexpectedly gone into labor in the upper part of the village – long before her due date. As we put on our headlamps, I felt a strange mix of anticipation and nervousness.

"Would the family be relieved to see a doctor?"

Would this be one of those moments where I could step in and make a difference, even save a life?"

When we arrived, what I saw left me speechless. We were led to what looked like a cowshed. There, in the dirt, squatted a petite girl, no older than 16, over a pool of blood. Her tiny newborn lay beside, no bigger than a man's palm, covered in dirt and turmeric. The baby was being scrubbed in a bucket of water by an elderly woman. I stood frozen, as the staff moved quickly around me. Few tended to the mother, moving her to a cleaner spot, the rest focused on the baby. I gently took the fragile little girl into my arms. She couldn't have weighed more than a kilo, her tiny eyes sealed shut, her body trembling from the cold. I realised the umbilical cord was bleeding; it hadn't been tied. We quickly clamped and tied it. I wrapped her snugly in a clean blanket, holding her tightly against my chest to keep her warm. In that moment, nothing else mattered. All that existed was the only desire to keep her safe.

When finally arrived at the clinic, which felt like a lifetime. As the mother's condition improved, we tried to initiate breastfeeding. But she had no breast milk in those first few critical hours. With guidance from a paediatrician, we began feeding the baby every 2 hours through a nasogastric tube. She was a very low birth weight infant, and our clinic, remote and under-resourced, was her best chance at survival. Over the next few days, the mother began producing adequate milk, and started breastfeeding. The clinic staff, ever diligent, often called to tell me that the mother was doing well—so well, in fact, that she didn't want to leave.

However, despite the mother's wishes, the family took the baby home after a week - for rituals and traditions that could not wait. And the young mother - what choice did she have? She was just another girl in this part of the world; married off as soon as she reached menarche, pregnant before she understood what was happening, and destined to endure this cycle over and over, until her body could no longer bear. That night, as we watched this girl leave, I worried; the baby might not survive, and there was nothing I could do. But if she does, I hope she grows into a healthy child. And when she becomes a woman, I pray she lives in a world where she would have choices ...



An adolescent mother holding her tiny new born close to her chest

Of Mothers Who Could Not Live On

Why Did Bijra Majhi Die?

Bijra Majhi, a young mother eagerly awaiting the arrival of her fourth child, had always relied on her own quiet strength. She had given birth to her first 3 children at home without any problems, each experience deepening her belief that she could manage childbirth on her own. But in April 2021, 7 months into her pregnancy, Bijra tragically lost her life.

Bijra's death shook her family and community. She was not considered a high-risk case, she carried on with her daily work, quietly enduring the signs her body was sending. When she began experiencing occasional bleeding, she didn't share it with anyone. Poverty, illiteracy, and the relentless demands of life in the hills made her brush it off. The ASHA worker had issued her a Mamata Card, and Bijra had planned to deliver her baby in the Thuamul Rampur government community health centre. But she never made it to her due date.

In mid-April, Bijra was suddenly struck by severe abdominal pain and heavy bleeding. She died likely from a condition called abruptio placentae, where the placenta prematurely detaches, cutting off the baby's lifeline. It's a dangerous, often silent condition that requires urgent medical intervention – something that could have been identified if Bijra had access to an ultrasound, which is unavailable in her remote, tribal area. Her death raises a heartbreaking question though, ***"Could this have been prevented?"***

If Bijra had recognized the warning signs, had means to seek help, her community had been aware of the pregnancy risks, the health workers had been vigilant, the infrastructure in her village allowed quicker access to care, Bijra might still be alive. But it wasn't just the system that failed Bijra. It was the everyday struggles of women like her, poor, illiterate, and burdened by hard labor; who don't always feel they have the right to prioritize their own health. This quiet, dangerous belief led to her keeping her symptoms hidden, even during her antenatal clinic visits.

Maternal death refers to the loss of a woman during pregnancy or within 42 days following delivery, due to any cause. The health, survival, and well-being of pregnant women and newborns are key indicators of a country's progress in improving the lives of its people. Therefore, the death of even one mother from preventable causes must be thoroughly examined, with prompt action taken by healthcare providers, the government, and society to prevent future tragedies.



A young tribal mother listens with rapt attention as her toddler tied around her with a cloth, plays on

Swasthya Swaraj conducted a maternal death review, 4 months after Bijra Majhi's passing. It revealed just how much needs to change. We must address this systemic failure with urgency. Here are some key notes we made post that experience:-

Immediate education for women and adolescent girls about the importance of antenatal care

Training for health workers to recognize and respond to danger signs early

Improved antenatal care with detailed evaluations and examinations

Empowerment of ASHAs and Swasthya Sathis to follow up on high-risk pregnancies

Infrastructure improvements so that emergency care is available in remote areas

Bijra's death was not just a loss to her family, it was a loss to her community and a stark reminder that maternal deaths are preventable if we take action. Every death like Bijra's must force us to stop being bystanders. It's on all of us – healthcare providers, communities, and the government – to ensure that no more women in remote tribal areas suffer the same fate.

In 2014, when we conducted our initial baseline in our intervention regions, here are some stark figures that screamed back at us.

Infant Mortality Rate at 152 per 1000 live births

Under Five Mortality Rate at 304 per 1000 live births

Maternal Mortality Rate at 16 per 1000 persons

This dire situation, with death rates worse than those in civil wars, was a humanitarian crisis.



A tribal woman's life in this region is harsher than we imagine. An old woman is seen drying Sai leaves here



Often the first choice in these remote parts is Guru Guniyas (local traditional healers). They are an integral part of the tribal culture and respected by the community. Here is one such Guru Guniya (left). They are given regular training by us



A mother with her children,
waiting in Kaniguma clinic for
their turn at the OPD service

Hands That Have Midwived Hundreds Of Lives

Gurubari Parabhoi's Story

In the remote hamlet of Butriguda, deep within the Nehela forest, lives a remarkable woman whose hands have cradled the fragile beginnings of life for hundreds of newborns. Gurubari Parabhoi, an elderly yet determined woman with a thin frame and a weathered face, has been a lifeline for pregnant women in her village for decades.

Her journey as a traditional birth attendant (TBA) began from a deep-seated calling, not formal training. She became a mother at a young age, and with that, she took it upon herself to help other women – answering the cries of labouring mothers with nothing more than her instinct and experience.

2014, when the Swasthya Swaraj team first reached this secluded corner of Kalahandi, the village women instantly nominated Gurubari as their Swasthya Sathi, a community health worker. To them, she was already their trusted caregiver, a figure of unwavering strength. And despite the challenges of the terrain, Gurubari never missed a single training session. She learned the essentials; how to assess pregnancy risks, safely and hygienically conduct deliveries, and intervene in complications. With her TBA kit in hand and her new training, Gurubari returned to Butriguda, more prepared than ever, to serve the women of her village.

Today, she is more than just a midwife – she is a hero. There has not been a single maternal or neonatal death under her care. Her courage was perhaps most profoundly tested during the monsoon of 2014. One of her patients, faced a grave complication—a retained placenta, a dangerous condition that can lead to fatal infection. The swollen rivers had cut off the village from the outside world. For ten agonizing days, this woman endured with the retained placenta, unable to reach medical care. But Gurubari never gave up. With the village still largely inaccessible, she managed to bring the woman to our then weekly OPD clinic at Kaniguma. Then, Gurubari did what she always does – she found a way. She arranged for the woman to be carried on a cot by men from the village, navigating the treacherous terrain until they reached a point where an ambulance could finally meet them. The woman made it to the district hospital, received the care she needed, and returned home safely 2 days later.

Gurubari's story is about a woman who, without formal education, became a guardian of life in the most remote and unforgiving landscapes. She is a reminder that heroes walk among us. Gurubari Parabhoi, whose quiet courage and unshakable resolve have made an immeasurable difference in the lives of so many. She is living proof that one person, with enough heart and determination, can change the course of an entire village's future.



A 'worried mother's face' is one of the most common sites here. In image, a mother with her 4 year old for registration in the Kaniguma clinic



A mother and child portrait needs to be a happy picture. Their smiling faces indicate a healthy nation



At Swasthya Swaraj, working
towards this has since the start,
become our core mission

A Resilient Childhood



Children are the living messages we send
to a time we will not see.

John F. Kennedy

Broken Bodies, Broken Lives

Tuberculosis Kills

Meena (name changed) is dancing with her friends in the evenings in her village after a heavy day's work. Dance in tribal areas is something relaxing, and healing and it restores them to peace. In this area where homes are not invaded by televisions, mobile connectivity or the likes, dance is the main means of relaxation. In the evenings the adolescent girls come together and start dancing spontaneously, undisturbed by anyone.

Meena's mother died of tuberculosis when she was 10 years old. Her grandmother had died of tuberculosis 10 years ago as well. Meena who was the only surviving child, was brought up with great difficulty by the single father - himself an old case of tuberculosis. Her father fell victim to it again and although he was cured after successful completion of treatment, he had serious sequelae - post TB Bronchiectasis which is prone to get repeated infections and pneumonia. He was unable to earn his livelihood or support his daughter's further education after she passed her class 10 with 60% marks. Meena, his adolescent daughter supported the family of two by going daily for road construction instead of going to college.

When a patient like Meena's father comes to hospital after many days of illness, we wonder why he could not come to the hospital a little earlier, and why he wasted his time going to Guruguniyas. But what we do not ask them is, "***Did you eat anything today?***"

Meena's father finally died at home leaving his adolescent daughter an orphan. He could not come to the hospital when he was down with pneumonia, though he wanted to. He did not have money for the bus fare. Poverty is Dehumanising. It leads to under nutrition, repeated infections like tuberculosis, low economic productivity, inability to access quality care, and early death.

There are so many Meenas around us here. Their dreams and being crushed under the grinding poverty. And still, wiping their tears, they dance with their friends, swaying to the rhythm of the wooden drums.



Dr. Joseph checking
a suspect TB patient

Little Girl Caught By The Devta

Rajanti Majhi's Story

2017. Our team of doctors, nurses, paramedics, field staff, and support personnel, set out for the ANC-Underfive Clinic in Serkapai village. These clinics are like a village festival, where pregnant women and under-five children gather at the local government primary school for nutrition assessments, health check-ups, lab tests, malaria screenings, health education, and nutritious meals, followed by take-home rations and medicines. After the clinic ended, one vehicle carrying staff and equipment departed, as we had some sick patients to attend to in the village.

The Swasthya Sathi led us to a small, dingy house to see a 2-month-old baby girl suffering from diarrhoea and severe dehydration. Her lips were parched, eyes sunken, and fontanelle had caved in. The child had not urinated for hours. The mother, sitting in the corner, seemed indifferent to her child's critical condition. We asked the mother to express breast milk and feed her baby, but she refused. Desperately, we requested the family to bring the baby to the hospital, explaining she needed IV fluids. The family refused, revealing their belief:

"The Devta, a local deity, required the life of the child.

We feared that if we took her to the hospital, bhoot (evil spirit) would snatch her away."

Despite our pleas and reasoning, the mother remained adamant. The father was absent, away as a migrant labour. Realizing the gravity of the situation, the Swasthya Sathi fetched an ORS packet from her kit. We prepared it and carefully began feeding the baby, drop by drop. To our relief, she swallowed the fluid. But with heavy hearts, we had to leave her behind, entrusting her care to the Swasthya Sathi, who promised to keep feeding her ORS. The Sathi took it upon herself to bring the baby to the hospital the next day, if she survived ...

2022. I returned to the village for a community meeting. We were discussing several issues, including how to make the primary school functional. During the meeting, our field animator Jaysankar quietly pointed out a little girl by the hand pump. I couldn't believe my eyes. The same child who was so close to death 5 years ago was now energetically pumping water from the hand pump, helping her mother. The mother, approached me with a young, breastfed child in her arms. She smiled. **"Yes, it is Rajanti,"** she confirmed.

Rajanti was in for some divine luck. But that is not always the case, as you would have guessed.



At the ANC camp, Ms. Kalpana - lab technician, testing the patients for malaria

A Quiet Transformation

Of 15 Government Primary Schools In Thuamul Rampur Block

Education is an important determinant in improving the health status of children. It has been proved that when the mother is educated upto class 5, the child mortality decreases by 40% and when she is educated upto class 8, it decreases by >60%. If so, improving primary education is vitally important in improving health of the people, especially in areas where the poor live.

But in the tribal belt that Swasthya Swaraj works in - the state of government primary education is in shambles. In geographically isolated areas where the poor tribals live, children suffer from multiple hardships. They are sickly, anemic, undernourished, they receive no motivation from parents and teachers to continue schooling. Moreover the economic poverty is crippling. Primary schools in these areas are pathetic, demotivating, dull buildings and child-unfriendly; with no sanitation facilities. Often also unsafe for children. It is not unusual to see them lying unoccupied, ghostly, through most of the academic year's duration.

We believe the children themselves can be the solution to this vexing problem. Children can become leaders and teachers of the community - the change makers. Schools can become the nodal points of transformation in the community. The social innovation of Swasthya Swaraj in this regard is the health and nutrition promoting schools.

2024, after 8 years of frequently interrupted attempts to do this intervention in 15 government primary schools in two gram panchayats, Swasthya Swaraj has learned a lot and has organized this programme in an effective manner. There is a working model ready now and it is a full-time intervention in the government primary schools with community support and participation and government support and approval.

Shikhya (Shiksha) Sathis are the backbone of the programme. One in each school. They are the educated local youth who stay in the village or who go the school daily and engage the children in education during the school hours. They are voluntary workers who are paid a stipend. They are trained every month in new methodologies of teaching and improving their and children's creativity.



Our team members walking with some kids towards their school – splashing water on their way!



Shikhya Sathis recieving
lifeskill training by one of our
first India Fellow – Mahir Bhat



This girl from Rupen village
is back to her school now

As part of the intervention, and as provisioned in the New Education Policy (NEP, 2020) by the GoI, school health committees are formed and meet in each school regularly. Here children's representatives, teacher's representative, and non teaching staff from the school along with parents' representatives, youth/alumni representative, Shikhya Sathi, Swasthya Sathi, community nurses and programme manager are the members.

Village and hamlet level meetings are organized by Shikhya Sathi, frequently, to motivate parents and improve the school attendance.

Training manual for health and nutrition promotion brought out by Swasthya Swaraj is being piloted in the schools by the trained community nurses. This is through activity based teachings and learnings. Teachers' trainings to make them understand the concept of this programme and enthuse them and improve their presence in the schools is underway.

School health check up by the health team consisting of doctors, nurses, paramedics and support staff where nutrition status and health check up are done and documented. This is made into a learning and teaching exercise for the children, teachers, parents and health staff by discussing the findings.

Over time, we have seen the attendance in these government primary schools improve. Summer camps, inter school drawing competitions for children with teachers' participation, rallies by children to create awareness on health and nutrition have happened. School nutrition garden and hand wash station are now in each school. Games and sports events, training of the children in origami, craft and drawing is a regular.

While this is just a start, it is a motivating one and we are committed to continue our pursuit of bringing quality primary education to the children in the region - not just as a service, but as justice and their right.



Children of varying ages
enjoying an early evening game
as our team member looks on



Girl students immersed in their chalks and slate in a government primary school



*"Every child comes with the message
that God is still not discouraged of
man" – Rabindranath Tagore*



The Care Providers Of Swasthya Swaraj



Why don't we train our healthcare providers in compassion? So that they can do what they're supposed to do, which is to transform suffering.

Joan Halifax

The Unsung Heroes Of Kalahandi

Panodei Majhi's Story

"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 or ignorance anymore." - Panodei Majhi

In the heart of Tadadei village, tucked away in the rugged hills of Kalahandi, lives Panodei Majhi. Panodei's life has been shaped by hardship and a fierce love for her community. Born in an underprivileged tribal family, her childhood was marked by relentless poverty. Like many girls in her village, she never had the chance to attend school. Instead, spent her days tending to household chores and in the fields, her dreams stifled by the realities of life.

Married as a teenager, Panodei soon became a mother. Life was a constant struggle, a battle against the odds. But everything changed one day in November 2014 when the team from Swasthya Swaraj visited her village. During a village meeting, Panodei was chosen by her community to become their Swasthya Sathi. Carrying her breastfeeding baby, Panodei began attending the monthly training sessions at Kerpai. It wasn't easy. The long walks, the challenges of balancing her responsibilities at home, and the fear of the unknown weighed heavily on her. But something within her began to shift. But life continued to test her.

Her husband was diagnosed with pulmonary tuberculosis, requiring long-term treatment. Then, elder daughter fell severely ill, teetering on the brink of death from dehydration. But it was the loss of her youngest daughter to malaria that would change Panodei forever. Haunted by the decision to delay medical treatment, opting instead for traditional rituals, she carried her convulsing baby to the hospital, only to lose her on the way. The grief was overwhelming, a pain she still holds in her heart. But in her darkest hour, Panodei found a new resolve. She vowed that no other mother in her village would experience the same heartbreak. Determined to learn and grow when she later gave birth to twin boys, she returned to her training sessions two weeks after their birth.

Today, Panodei has become the person her neighbours turn to in times of need, a trusted advisor who is always ready to help. Ever since she took on the role of Swasthya Sathi, there have been no malaria-related deaths in Tadadei. Her meticulous records, maintained with the help of her children and husband, tell the story of a community transformed. The village of Tadadei no longer relies on traditional healers; they trust in the care and knowledge that Panodei brings.



Swasthya Sathi training at Kaniguma by Ms. Sunita (left)

Diploma In Community Health Practice

A Beacon Of Hope

A comprehensive community health programme runs on two pillars; First, providing high quality primary healthcare through static health centres and outreach clinics. Second, empowering the tribal communities and enabling meaningful community participation in health. For the latter, the trickier, we need to know the pulse of the community, its people, rich culture and traditions, problems, underlying root causes of the problems so that one can design solutions in participation with the community.

In closing the wide gap of health inequalities in tribal areas, the availability of trained, competent, committed healthcare workforce is a real problem. There is a great need for middle-level health workers to fill the gap and provide quality healthcare to the community where different categories of people have to be reached out and managed - pregnant women for antenatal care, conducting delivery, postnatal care, newborn care, healthcare of under-five children, school going children, adolescent girls and boys, youth, elderly, disabled, destitute and orphans, chronic diseases, acute infectious diseases, non-communicable diseases etc.

As visualized by Swasthya Swaraj, Diploma in Community Health Practice - DCHP (a 2 year residential programme, affiliated to Centurion University, Bhubaneswar) is to produce a cadre of competent middle level health workers trained in the primary healthcare setting, and will practice in the community. Curative care, disease prevention, health promotion, working with various groups of people in the community, and supporting and capacity building of all grassroots-level health workers are carried out by this cadre. This is a competent workforce trained rigorously to practice evidence-based medicine, communicable and noncommunicable diseases, provide emergency care, to implement all national programmes at the grassroots level, effective mother and child healthcare, nutrition care, educate the communities, supervise the grassroots level healthcare workers etc.

Yearly 6-10 girls are admitted to this course (4 semesters) and 6 months internship. The course is offered free of cost to selected candidates. On completion of the course, they are appointed in the various health centres and community programmes of Swasthya Swaraj.



DCHP students group picture. The 6th batch has started in July 2024



A child being attended to in
an Antenatal - Underfive
Clinic by a community nurse



Growth monitoring of an U5
(under five) child in an
Antenatal – Underfive Clinic

Changemakers

A Salute To Our Doctors

Changemaker is a term less heard in the healthcare sector. In the world of health care, doctors are seen as super-human beings, not easy to access personally, icons of competence, compassion, and hard work, spending long hours in the clinics and operation theatre and working miracles with the skills they have gained. 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 tech driven, and also it is a highly commercialised and profiteering industry. Such a healthcare model has to be city based to survive and then thrive because of the easy availability of infrastructure and human resources.

In primary healthcare which is the foundation of healthcare, there is no glamour. It is rather difficult to find doctors today who like to stay on with primary healthcare in tribal areas and commit themselves to work for the poorest of the poor, opt to live a simple life, not interested in making a fast buck and the rat-race of career building. Those doctors who opt willingly to live in rural areas and practice primary healthcare are considered abnormal. Far from it, they are the real heroes and trail-blazers in the medical milieu of today.

Surprisingly from the start, Swasthya Swaraj attracted young, exemplary, passionate doctors, motivated by the Gandhian ideology who chose to work in primary healthcare in the most neglected parts of the country. They were not just waiting for patients to come but went beyond the illusionary boundaries that keep those devoid of health-related rights and services. They went to the tribal villages and hamlets many a time walking miles to inaccessible spots, crossing rivers, carrying medicines, conducting clinics, attending calls for assistance in home delivery, sometimes carrying a post delivery woman with complications to the jeep, willing to put up with any inconveniences in rendering healthcare to a deprived people. They stayed in the health centres with bare minimum facilities and saved many lives from our Kaniguma and Kerpai. centres. They trained grassroots level workers, middle-level health workers, and clinic staff, bringing innovative ideas and artistic talents to add colour to the life of all.

Drs. Ashish Changole, Sachin Barbde, Dhanshree Bagal, Abhijit Gadewar, Ashwini Mahajan, Smita Todkar, Aditi K, Sandeep Praharsha, R Sequeira, Dewal, Nithin, Ramya, Sameeksha, Ameena, Surabhi, Aleena etc. All of them were unique and contributed to what Swasthya Swaraj is today.

We salute them all.



Dr. Sandeep, India Fellow, in action during a community visit on malaria awareness



Dr. Tijo at a creche during a regular health checkup camp



A community nurse with
a new born after delivery



Dr. Sameeksha at a school health camp



Dr. Aquinas, across her 10 years in the community, practicing what she does best!

Of Well Being And Sustaining



This isn't one of those rare diseases
that we don't have the solution for.
We know how to fix hunger.

Josette Sheeran

Gaon Swasthya Poshan Ghar (GSPG)

Addressing Nutrition Inequity

Picture this: a landscape where communicable diseases and malnutrition are relentless foes, claiming 50% of malaria-related deaths, rendering tuberculosis three times more prevalent, and haunting 20% of U5 children with severe acute malnutrition. The narrative is one of preventable suffering, with death rates soaring, life spans dwindling, and institutional deliveries languishing at a disheartening 30%.

Yet, amid this challenging tableau, a beacon of hope emerges - the Gaon Swasthya Poshan Ghar (GSPG) by Swasthya Swaraj. This innovative marvel, currently thriving in three remote corners, is a testament to transformative healthcare. GSPG stands tall for a population as humble as 1500, tailored to combat the daunting hurdles of long, foot-covered distances, treacherous hilly terrains, and a dearth of transport and communication. But it's not just a physical structure; it's a haven crafted for comfort, where healthcare feels like home.

The secret ingredient? Empowered tribal girls, armed with DCHP learning, breaking the shackles of healthcare limitations, guided by doctors, and a commitment to uplift their communities. GSPGs unfold a tapestry of comprehensive care - from health promotion activities to basic rural laboratories, safe delivery points to antenatal and postnatal clinics, and a sanctuary for severe acute malnutrition in little ones. They tackle medical emergencies, surgical conditions, and even embrace mental healthcare for the community.

This is more than a program; it's a symphony of empowerment, cost-effectiveness, and a rallying cry for accessibility. GSPGs aren't just tribal-friendly; they're tribal-powered. They don't just bridge gaps; they build bridges, connecting communities to a brighter, healthier future.

"Before, we had no hospitals or health centres nearby. The closest ones were in Nakrundi or Kashipur, 15 kilometers away. We had to spend around Rs. 100 on an auto rickshaw for the round trip, and if no auto was available, we had to walk. Every trip felt like a struggle."

"The other centres charged for medicines, adding to our burden. But here, we don't have to worry about our expenses, and we don't have to bear the pain and expense of long journeys."

- Patients about the GSPG



Patients seen in the GSPG - 8644
Number of U5 children - 832
Malaria patients treated - 1075

Empowered Voices

How Adolescent Girls Are Sparking Change In Tribal Villages

In the heart of Kalahandi's remote tribal villages, a remarkable transformation is unfolding, one led by the very girls who were once the quiet, hidden backbone of their communities. Through TULSI (Toki Upliftment and Self-Learning Initiative), these young girls are finding their voices and changing the narrative of their lives.

The vibrant Toki Porba festival, a grand celebration of adolescent girls with dance, music, and festivity held every year in January. Yet, amidst this celebration, the reality for many of these girls is starkly different. These adolescent girls, known as Tokis, are largely invisible in their villages. They are the ones working tirelessly in the fields, collecting firewood, fetching water, and engaging in grueling labor. Their dreams have been limited by a lack of education, often dropping out of school.

Once they reach menarche, these girls are deemed ready for marriage. Their mothers teach them about this transition, drawing on ancestral wisdom. After menarche, the girls move to a shared house in the village known as a Tangdi Ghar, where they sleep together each night. This practice not only ensures their safety but also fosters a sense of camaraderie.

Marriage often comes at a young age, with many girls unable to accurately state their ages. While they might say they are 18 or 21, the reality is they are typically between 15 and 17 years old. Despite their challenging circumstances, a profound transformation occurs once these girls become mothers. They rapidly evolve into responsible and mature wives and mothers, their growth in maturity and new familial roles both remarkable and poignant, even though their education remains limited.

In this regard, the TULSI programme is bringing these once-invisible girls into the spotlight, empowering them with new knowledge and hope. Through TULSI, they are not only gaining education and skills but also discovering their own potential, leading to a renewed sense of empowerment and possibility that reshapes their futures.

In all 80 villages we work in, TULSI clubs have been established. These clubs meet weekly for 2 hours in their local areas, providing a space for learning and sharing



From 200 in 2015, the clubs now
have over 1,300 girls coming

Each club features a TULSI Sathi, a peer educator chosen from among the girls in the group. These Sathis play a crucial role in leading and guiding their peers. Educated tribal women called TULSI Coordinators oversee groups of 10-15 TULSI clubs within each cluster. They ensure that the clubs run smoothly and effectively. TULSI Sathis receive monthly training through a structured curriculum that covers:

- *Sexual and Reproductive Health*
- *Gender Equality*
- *Nutrition*
- *Context-specific Life Skills Education*
- *Non-formal Education*
- *Practical Livelihood Skills*

The TULSI clubs have become more than just meeting places; they are spaces of learning and growth. These weekly gatherings are where the girls come together to learn and support one another. From shy and reserved, they are becoming confident TULSI girls who proudly declare their affiliation to it.

In Kerpai, Angelina Didi has been a pillar of strength and encouragement. Her unwavering dedication to teaching and mentoring these girls has led to extraordinary changes. Despite their initial hesitation, around 30 girls from the most remote hamlets have embraced tailoring skills. Many of them, despite being illiterate, now dream of sewing fashionable clothes and envisioning a future beyond the confines of their villages. In various villages, girls have ventured into creating soft toys, menstrual pads, face masks, and even snacks and leaf plates for sale.

The life skills education provided through TULSI is equally transformative. These girls are learning about their bodies, the importance of postponing marriage, and the value of education. They are returning to school, opening bank accounts, and gaining the confidence to seek help when needed. They now understand how to navigate the systems that once seemed foreign and intimidating.

"To know so much about my body and to be able to teach the girls in my village about what i learn myself, makes me feel empowered." - Paldei Majhi, TULSI Sathi



(From top left, clockwise) Production house in kaniguma, TULSI club meeting in Silet, TULSI Sathi training in Kerpai

Rural Creches

Addressing An Acute Need

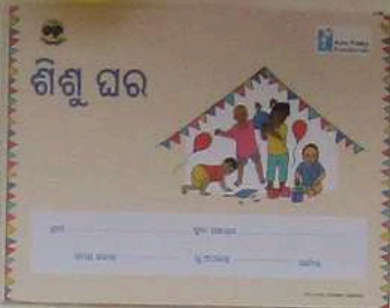
Undernutrition is a silent emergency. It kills more number of people than any civil war or pandemic on a day to day basis. There are many disturbing faces of poverty and undernutrition we see in this area:

- *Pregnant women not gaining adequate weight and giving birth to low birth weight babies*
- *Adolescent girls getting married and giving birth to very low birth weight babies*
- *Children not reaching their full height potential, remain stunted*
- *Mothers who do not mourn over their young child's death*
- *A child who is dull in studies in the school and drops out of school*
- *A severely malnourished, wasted child at imminent risk of death*

Nearly half of all deaths in children under five can be attributed to undernutrition. This translates into the unnecessary loss of about 3 million young lives a year. Only a fraction of these children die in catastrophic circumstances such as famine or war. In the majority of cases, the lethal hand of malnutrition is far more subtle. It predisposes them to disease, delayed recovery, more undernutrition. Managing undernutrition and making individual patients well again does not complete our responsibility as healthcare providers. The responsibility is not just towards the individual patient but to the entire family and the community he or she comes from.

It is in this context that Rural Creche Initiative (RCI) started - one creche in each village with community participation and ownership. This idea was conceived by Azim Premji Foundation and propagated it in this tribal area where undernutrition levels of children are very high. Swasthya Swaraj readily partnered with APF.

These rural creches run in a building which the villagers decided and gifted. All the children of the village from 7 months to 3 years are brought to the creche by the mothers. Creche is open from 9am to 4pm till the mothers return from 'donger' (hill) to take their child back. Children are fed, cleaned, put to sleep and given intellectual stimulation through play and teaching. Growth is monitored regularly, health check up, regular mothers' committee meetings, frequent trainings of the creche workers are the main features of these creches.



Across 35 creches so far, 496 enrolled children are deriving care and nurture. We hope to add another 45 this year to include all 80 villages under this initiative



Children in a creche listen to a story with utmost attention; a site hitherto rare in these areas



What the creche initiative does is give the mother a breather and a cognitive release window as she goes about many chores, knowing her young one is safe

The Future Forward



For he who has health has hope;
and he who has hope, has everything.

Owen Arthur

The Old Is Giving Way To The New

A Gift From The Kalahandi District Administration

After 9 years in a dilapidated building, the hospital in Kaniguma moved to a new facility in mid 2023, thanks to the generous land grant from the Kalahandi district administration. Generous donors, including Gharda Chemicals Mumbai, Azim Premji Foundation, and Susmita Bagchi, made this 10-bed hospital a reality, with Rotary International providing essential equipment.

It offers round-the-clock emergency obstetric care, including blood transfusions and caesarean section, as well as newborn care, elective surgeries in a major operation theatre, emergency management in an high dependency unit, and ultrasound services. It will feature a primary vision care unit, primary dental care unit, and basic physiotherapy unit. This facility is a crucial step forward in addressing accessibility challenges for the tribal population, equipped with an intensive care unit, neonatal intensive care unit, emergency room, labor and pre-labor room.

We also have high hopes of establishing a hands-on training center for newborn resuscitation and essential newborn care, benefiting ANMs and nurses in the region. Our team, trained by St. John's Medical College and AIIMS Bhubaneswar, aims to pass on this knowledge to basic healthcare workers. A Sickle Cell referral unit is also in the pipeline.



Dr. Aquinas planting a tree at the new hospital in Kaniguma as other team members applaud



The new hospital premise in Kaniguma is now ready

वो जाना चाहते हैं - प्रवाह के विरुद्ध
वहाँ - जहाँ पहले कोई भी नहीं पहुँचा।
हमारे माथों में ये मँडनेस है
वो भी सहमत - ये मँडनेस ही है।

MADNESS..

• वो जाना चाहते हैं ऐसी जगह
जहाँ लोग ना उनके इरादे समझते हैं - ना ही भाषा
हर पल शक की सुई के नीचे
और भी मजबूत बनती उनकी आशा
शायद यही बात उन्हें हमसे अलग करती है
और वो विनम्रता से - ये मँडनेस ही है।

उन्हे जाना है ऊँच पहाड़ी के ऊपर बसे
उस पंधरा बीस घरों के गाँव में
रास्ता - शायद अपनी दुनिया के इन्सानो
ने पहली बार उसपर कदम रखा हो
और वो भी जिंदगी के इस पड़ाव में
वो कहते हैं की उस गाँव में भी
इन्सान रहते हैं, और हम कहते हैं -
ये 'मँडनेस' ही है।

वो बहुत जिद्वी है - दलती उमर
और कमजोर हड्डियाँ भी उनके
हौसलो को नहीं रोक सकेंगे।
हम रोते रहते हैं हालातों के आगे
और वो कहते हैं 'झौक देंगे'।

शायद जोखीम उठाना ही
उनकी फितूरत में है और हम
बस यही कहते - ये 'मँडनेस' ही है।

वो रखते हैं साहस उन बहिष्कृत लोगों के आँसु पोंछने का
वो रखते हैं हौसला उन निराशा चेहरों में हँसी खिलाने का
वो रखते हैं हमदर्दी, उन खुले जख्मों पर मरहम लगाने की
और हम बस यही कहते हैं - यह 'मँडनेस' है।

हम सयानेपन का मुखवटा पहनकर जिंदगीभर सयाने ही रहते हैं।
पुरखों ने बनाया हुआ रास्ता ही सही मानकर जिंदगीभर चलते हैं।
वो रास्ते से हटकर - हर पल नया रास्ता लगाने में लगे रहते हैं
और हम कहते हैं - यह 'मँडनेस' ही है। (Written by Sagar & Ashish)

(With love, from Sagar, Neha, Dhiraaj)

The Country-Town Nexus

A Vision For The Future

Ever since the founding team came to the region, we have had medical professionals, social workers and public health students join forces with us - as colleagues, often as fellows and sometimes as volunteers too. It is in this collaboration of the urban and the rural, of the technique and the compassion, of our professionals and community torch bearers that the model of Swasthya Swaraj thrives.

Our first India Fellows came in 2017 and continue to join us every year. The Tribal Health Fellowship for young doctors started in 2022. It is a year long immersion aimed at motivating, mentoring the young doctors. 3 doctors are selected each year. The Swasthya Swaraj Tribal Health Exposure Programme (STEP) was born from a deep conviction that young medical students need to have real, hands-on experiences in tribal areas to truly understand the challenges and beauty of serving those who live in the most underserved parts of our country. Since the program's launch in December 2022, 3 batches of passionate, eager medical students have taken part in this journey. For many, it's their first glimpse into the realities of healthcare in remote regions, where infrastructure is limited, and the simplest medical intervention can mean the difference between life and death.

"My time in Kalahandi was a profound eye-opener into the struggles these communities endure. I came back changed – not only more informed but also more grounded, empathetic, and patient. Every time I reflect on this experience, I learn something new about myself and the world."

The most significant takeaway for me was the importance of empathy, humility, and patience. I learned that if we go in with a mindset of 'helping' people, it unintentionally creates a feeling of superiority, as if we're doing them a favour. That blinds us to their daily struggles and lived experiences. We must instead meet them on equal footing – understand their problems from their perspective, and only then can we truly serve them. It's not about us being better or doing charity; it's about fulfilling our responsibility to them as fellow human beings."

- Shabaree, Medical Student of STEP



Dr. Tijo with a patient in
one of our health camps



Tribal Health Fellows (left to right)
Sameeksha, Ramya and Ameena



Two women in a light banter in a forest village in Thuamul Rampur block in Kalahandi, Odisha

Torn Dress, But Warm Souls

By Sameeksha

They came running with torn dress,
Wearing a huge smile with eyes filled with happiness!

This is not my imagination,
But the sight of a very small and most backward part of our nation.
You see the innocent faces filled with warmth,
Which the world is at its dearth.

They sleep and wake up with hunger,
Which makes us question with anger.
When they are striving to live their daily life,
We are more concerned about likes and dislikes.

Even though underprivileged in many aspects,
Is privileged with precious hearts.
They live with blinded eyes,
By hiding their deepest scars.

Lied with promises,
By giving instant gratifications.
We often forget to acknowledge their sweats.
And the abundance of nature preserved by their hands.

Let us all accept them as we are. Do as much as we can to empower!



Still They Are Singing

By Sameeksha

What can I say
That I have not said before?

So then, I will say it again.
The leaf has a song in it.
Stone is the face of patience.

Inside the river,
There is an unfinishable story,
And you are somewhere in it.

And it will never end until it all ends.

Take your busy hearts,
To the art museum and the chamber of commerce.
But take it also to the forest.

The song you heard singing in the leaf,
When you were a child,
Is singing still.



Acknowledgement

Odyssey, this photo journey compilation and story telling of a decade of Swasthya Swaraj was possible owing to photographs clicked by several colleagues, including Dr. Sachin, as well as community members and visitors, many of them by Amrit Vatsa of 3 Minute Stories, who documented our work in 2017.

The content was crafted by various medical professionals and social workers who have worked with us; a lot of them by Dr. Aquinas herself. Each one of them have nudged Swasthya Swaraj toward the path it is on today, and in turn, Swasthya Swaraj has touched and altered them for ever. It has been put together by our current India Fellows Adithya Kumar and Rahul Kumar; supported by Anupama Pain who is the coFounder of the India Fellow Social Leadership programme and a friend of Swasthya Swaraj.

Finally, it is the graciousness of the many community members who have been profiled here, their willingness of being seen and their stories retold by us which has led us to present this to you.



***Scan Here To Donate
And Support Our Efforts***



In Homer's Odyssey, the poor Odysseus, keeps going forward and backward, up and down. The story of humanity and life journey of individuals are a play of forces, rational and irrational, conscious and unconscious, involving fate, fortune, nature and nurture.


This is a powerful metaphor for Swasthya Swaraj's journey. It started with someone leaving the familiar comfortable setting in search of the poor in an unknown area. It was a departure from a sense of order to disorder; there was no turning back.

Swasthya Swaraj is an Odyssey of women; it is a women-initiated, women-led and women-majority organization. The health centres are being managed fully by the tribal women who were trained and made competent. The community resource persons are all from the tribal communities who dared to come out of their cocoons, in that process discovered their potential.

Ten years is too short a time to celebrate. However it is an important milestone. There is still a long way to go and we continue to strive towards making the dream of Swaraj a reality in this area and beckons all to join us in this movement.




Mahaveerpada, MSA Chowk
Bazarpada, Bhawanipatna
Odisha - 766001

06670295476 

www.swasthyaswaraj.org 

swasthyaswaraj@gmail.com 

swasthya-swaraj 

swasthyaswaraj 

swasthyaswaraj 

@copyright

swasthya swaraj society, 2024