



SWASTHYA SWARAJ

A People's Movement For Swaraj In Health

NEWSLETTER

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Issue 16

EDITOR'S CHOICE

- The Plight of a pregnant Woman
- Education: A right, not a privilege
- A Thar delivery

Unlike other issues, this has been flooded with reflections, which will make us contemplate.

Edited By:
Adithya



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The plight of a pregnant woman

It was during an overcast day in the middle of September 2023, when my perspective on healthcare in our country, changed forever. It had been but two weeks since I had joined Swasthya Swaraj, and I was tasked with going for a school health check-up by myself near our peripheral centre. We reached Silet (about 120 km from Bhawanipatna) around 10 am, and while we were loading supplies onto the jeep to take for the camp, a group of women could be seen walking towards our centre.

There was a young pregnant tribal woman, around 20 years old, supported by her mother and sister. The lady was at term, and contractions had set in the previous night. I took her into the labour room, and started eliciting a brief history. My first question to them was which village they were from, and when she replied, I was left speechless.

Their village was 16 km away!

This trio of women had left home at 5 am, and had walked 16 kilometres to reach our centre. All of this through severe labour pains. It turned out there was no proper road to their village, and they could not get any transport from any neighbouring villages. And so, they had set off on foot, undeterred by the weather or the terrain.

Based on what I had gathered during my 2 weeks in Kalahandi, I thought most deliveries took place at home, and mothers were only brought to medical centres in case of complications. Why did you walk all this way? I asked.

“Doctor, I had 2 stillbirths, and I did not want this child to perish as well, and thus we walked here to Swasthya Swaraj, knowing we would be cared for”, the mother said.

I was stunned for a few minutes, equal parts impressed by their tenacity, and dejected at the contrast between the care delivered to a pregnant woman in a city, versus in an area like this.

I had finished medical college in a large town, and had spent a couple of years working in a metro. The level of care and compassion that was literally demanded for by patients in private hospitals, seemed far removed from the reality I was seeing, which I was sure was the situation for most Indians.

Nowhere in a metro would a woman in labour be asked to walk, let alone such a distance, to deliver their child. It seemed most unfair, this stark difference between people divided only by geography.

Keeping my reflections aside, I decided to perform a basic exam. I was accustomed to having a CTG machine by my side, which provides a minute-by-minute update on the condition of the baby during labour. There was no such machine available.



I started to panic, for even though I had delivered babies for the greater part of the previous year, it was within the comfort zone provided by modern equipment and technology, and the safety net guaranteed by the fact that there were consultants always on call. I was alone here, with neither of the two options, and the actual significance of the scenario hit me.

They had trusted Swasthya Swaraj enough to have undergone this journey, and the only thing between a good and a bad outcome, was me. It was an enormous responsibility, one that I was not ready for. However, a gentle voice nudged me.

“Doctor, we have a handheld Doppler. You can check the baby’s heartbeat with that”.

While I was going through all these anxieties in my head, the trained nursing staff had already started gathering the materials and instruments needed for delivery in the background. A baby warmer was being turned on, sutures and scissors were being sorted out in case there was a need for repairing a tear, and one of the nurses even started to prepare a hot meal for the three brave ladies who had reached us.

Seeing the nursing staff composed gave me a sense of hope, and I knew I had to put my fears aside to do justice to my patient. I examined her, and she was just starting to dilate. It would be a good 4 hours before she delivered, I estimated. In the meantime, the staff for the school health camp wanted to know if they should cancel the camp. I was certain I would be able to finish the camp before she started delivering, and so, after making sure everything was ready for delivery, I entrusted the mother to the dedicated nursing team, promising I would be back soon.

We left for the camp, which was in a village around 4km from Silet. There were about 25 children, and we tried to see each patient as thoroughly and efficiently as possible, to get back for the delivery. I was growing anxious by the minute, wondering if my estimation was off, and she had already delivered. Finally, the last child was cared for, and we rushed back. And not a moment too soon.

She had just started to push, and the nurses had a pair of gloves and an apron ready for me.

Instincts kicked in, and reassuring the mother that all was going to be well, I conducted the delivery. The massive feeling of relief I had was short lived though. There was a big problem. The baby did not cry.

It had been a few years since internship, and I had not resuscitated a baby since then, having never had the need to, courtesy a team of paediatricians and neonatologists who would handle that aspect of childbirth.

This family had not entrusted their child's life to Swasthya Swaraj, and gone through struggles that nobody would fathom, just for me to fumble the ball.

I shifted her to the baby warmer. I knew that the baby had to be provided warmth and stimulation, and any secretions had to be removed. A vague memory floated through of a PG teaching the very basics of resuscitation during internship, and almost in a daze, I proceeded stepwise.

Seconds felt like hours, and just when I felt like I was about to give up hope, she cried.

That first cry was music to my ears. A weight was lifted from everyone present in the room, and I could feel the mother glancing my way, relieved that baby was well. It is difficult to describe what I felt when I handed the mother her baby girl, but humility and thankfulness were most of it. I had woken up that morning, ready to see a bunch of schoolchildren and have a fun relaxed day out. I had not anticipated anything of this sort happening. It put into perspective a great deal of questions that I had been asking myself since the past few years about privilege, our ideas of development, and if I could contribute anything worthwhile to my fellow man.

The reality of rural India is harsh, where stories and anecdotes like these are aplenty. People not only manage to persevere, but leave behind examples of great courage that will resound through generations.

I have saved the absolutely jaw dropping part of this story for last.

We had returned to Kerpai for the night. The next morning, I wanted to know the status of the baby. There was no mobile network so I took a bike and drove down to Silet. To my great surprise, the clinic was empty. Where is the family? I asked the staff.

"Oh! They left for home today morning. By walk".

The family could not afford to spend another day here rather than at their Dongar (farm). I could not believe what I was hearing. The mother had carried her new-born and had walked 16 kilometres back home. Within 24 hours of giving birth. With nothing but a smile on her face and the joy of having a beautiful baby girl. I did not have any words for that day, and I do not think I ever will.



Written By Shri

EDUCATION: A RIGHT, NOT A PRIVILEGE

As I reflect on my experience in tribal India, I am haunted by the stark reality of a broken educational system. The excitement of attending a school health checkup organised by our Health & Nutrition Promoting School Prog was short-lived, as I was met with a dismal sight: two cramped rooms, one serving as a storage space for midday meal rations, and the other housing 20-25 students of varying ages and grades, all under the supervision of a single teacher.

This was not the school I had envisioned – a place with multiple classrooms, dedicated teachers, and extracurricular activities.

Instead, I saw a system failing its children, with teachers lacking motivation and many absent without consequence.

▶▶▶ The bell rang, signalling the midday meal, and more children arrived from nearby farms, only to be herded into the same overcrowded space.

▶▶▶ Despite enrolment, many children don't attend school regularly, as they work on farms with their parents. No one has inspired them to dream, to strive for something more. Education, the powerful tool Nelson Mandela deemed capable of changing the world, is denied to them.

▶▶▶ “We, the privileged, have had the benefit of quality education. We know its transformative power. But in rural India this is denied to the children.”

▶▶▶ Private schools mushrooming in urban areas offer an option for a good education, a luxury the poor cannot afford. This is unacceptable.



We live in a world where our desires know no bounds, yet we fail to address the fundamental rights of our fellow citizens. I urge you to take a step back, visit tribal India, and let the harsh realities prick your conscience.

“Let us work towards a future where education is a right, not a privilege, and every child has the opportunity to dream, to strive, and to succeed”

Written By Tijo Thomas

**"EBE SE GHARE BHI SABOON MAGUCHANTI, HATHA DHUIBA PAI"
(NOW SHE ASKS FOR SOAP EVEN AT HOME, TO WASH HER HANDS.)**

Ropa Majhi, the mother of a creche child, happily narrated how she has learned the importance of hand washing from her two-and-a-half-year-old daughter who goes to the crèche, run by Swasthya Swaraj.

She says,

"I was never known the importance of hand washing with soap. I was washing my hands with mud or using nothing. But after going to the creche my little child teaches me how to wash the hand step by step using soap, and she demands soap for every hand washing and am happy that my child is learning new things and teaching us which we could never think."

Sumitra, a mother who works as an agricultural labourer explains,

"As no one is there at home to take care of my child, I must carry her to the field where I am unable to feed her regularly. She says that my worry is taken away and I am able to go for work regularly without any tension. Until I am back, Didis (Care Givers) take care of my child."



Despite the challenges that we face, difficulties we travel through, this program makes changes in the lives of the mothers and the community.

Written by Vinaya

A "THAR" DELIVERY

The remarkable moment gets unleashed at this very day when I and Mr. Dansingh set out in a Thar Jeep to assist a pregnant woman to the clinic, attending to the distress call from a far-off village. Our staff in Kerpai health centre is familiar with these distress calls and they are ever ready to set out and help the poor tribals- usually pregnant women with delivery complications. Wrapped in the warmth of determination, Dansigh navigated the winding trails in a trusty Thar Vehicle.

The night painted a canvas of ethereal shadows and silver light, casting a mystical aura over the dense foliage.

Under the enchanting glow of the full moon, amidst the silence of the ancient forest, slithering through the crisp, bone chilling air, our Thar rode across small currents of water to reach the nature's celestial spotlight, as the distant rustling leaves played a harmonious prelude to an extraordinary night.

The young mother entered the vehicle with her accompaniers and little belongings and we started our journey along the rickety road back to the health centre to reach her for a safe delivery. But on the way, her labour pain got intensified to the peak and the miracle of life unfolded in front of my eyes.

The Thar transformed into a sacred cocoon, sheltering the delicate dance between the newborns first cry and the crisp night air. I embraced the sacred responsibility of caring the newborn, raised him up from the lap of the Thar and cuddled the baby with my bare hands and clamped the cord to clean him up. He grasped my index finger, which send me into the thrill of being the mediator of healing. The ecstasy at the moment was inexplicable. My life just flashed in front of my eyes for no reason. Tears crumbled over my cheek and he felt the warmth of the nature through me.

In the stillness of that moonlit forest, I became a chapter in the story of nature's miracles, a healer beneath the celestial theatre, and a witness to the sublime intersection of life, cold, and moonlight-a memory etched in the annals of my medical odyssey.



Written By Sachin

Perils of Female Healthcare Workers in the Last Mile

It is a reality that many of the pro-poor schemes of the government fail in their implementation in hard-to-reach tribal areas.

The reasons are many: difficulties in reaching these areas, lack of communication facilities, inadequate educational facilities for children, different cultural practices of the tribal communities which are hard to adjust to, lack of supervision, monitoring, and timely support. We are all somewhat familiar with the challenges the poor face in the last mile. Their deprivation, the stark inequalities in infrastructure and service sectors, the abject poverty, and undernutrition. These areas often become hotspots for communicable diseases and deaths.

However, one aspect that is rarely considered, discussed, or written about is the staff working in these areas. The negatives are often highlighted such as shortages, absenteeism, unwillingness to stay, infrequent visits, and corruption. To close the wide gap of inequalities in these areas, addressing primary healthcare and primary education quality is crucial, as these are the foundations for any development. For this, we need healthcare workers and teachers willing to stay and work in these areas.

Swasthya Swaraj is an organization started with an idea of reaching out to the last mile, connecting with the people there, and serving them with the best services. Our flagship program is a comprehensive community health program focused on tribal health. Healthcare is a human resource-intensive endeavour.

We are convinced that it is not technology that brings about change, but committed healthcare workers who are willing to spend time with the people, learn from them, impart knowledge, and serve them.

It is not so much the number of healthcare workers, but their commitment and willingness to stay in hard-to-reach areas and practice healthcare. Working with the poor and the poorest is often romanticized. We celebrate those who dare to go to these areas willingly and work with the poorest, although their numbers are few.

Here is a glimpse of the extreme hardships faced by these healthcare workers. Most of them are women. Women, by and large, are more inclined to accept and withstand difficulties and hardships more than men. But when it comes to mobility, they are often helpless; they need men in these areas with no public transport and often no proper roads to ride the bike or jeep for support.

When the monsoon sets in, the perils of these staff are at their peak. Areas get cut off when the rivers swell. No vehicles can move except possibly tractors, which make the roads even worse. Bike riders cross rivers to reach pregnant women in labor or sick children. The mud roads become so slushy that even expert bike riders have to negotiate perilously to save themselves and their pillion riders from serious injury.



Even in normal times, network connectivity is poor or non-existent, and they have to depend on 'hello' points to make calls to discuss cases with doctors, get medicine supplies, and other essentials.

In the monsoon, this becomes even harder. Adding to their worries, the solar grid may not work during continuous rain. The main electricity supply invariably fails due to frequent tree falls in different locations. Drinking water often becomes contaminated, LPG gas supply is unreliable, and reaching provisions is challenging. Our team members in Bhawanipatna constantly worry during this season particularly about the well-being of the staff and the supply of medicine and essentials.

During the monsoon, when everyone is busy with cultivation activities, and Mother Earth appears in her mesmerizing beauty, the children of this beautiful mother suffer from malaria, which peaks during this season, as well as **diarrheal illnesses and respiratory infections**. Children are the usual victims of these illnesses, and death rates go up.

Despite all these perils, our healthcare staff reside in these hard-to-reach locations, withstanding all adversities. Summer comes with scorching heat, rivers and tube wells dry up, and drinking water becomes a major problem. Frequent power cuts add to the misery in summer. Walking for village visits and attending distress calls to assist in home deliveries in the scorching sun or pouring rain is an ordeal.

But these women healthcare workers of Swasthya Swaraj stay on. They are a group of bright young women from the tribal communities of Kalahandi, trained by Swasthya Swaraj with a formal course (Diploma in Community Health Practice), and work silently without grumbling and complaining in these hard-to-reach locations like Kerpai, Silet, and Nehela.

These women have become the backbone of Swasthya Swaraj in delivering healthcare to the most needy in locations where no one else would go and stay.

We need to celebrate them and speak more about them.



Silet Clinical Staffs



Kerpai Clinical Staffs

Written By Aquinas

Embracing Simplicity and Service: My Journey with Swasthya Swaraj

From the moment I left the bustling city of Bhawanipatna and entered the quiet village of Kaniguma, I realized I had stepped into a world many haven't seen. Life here is calm and slow. People move on with their days, unfazed. Walking around, I often saw villagers farming with their families using traditional methods, without heavy machinery. The seasons dictate their lives; they eat what they harvest and avoid processed foods. Even sweets are made with natural ingredients. This natural diet and physical activity result in very independent elders, something I greatly admired.

In Kaniguma, I felt a heightened awareness and presence, unglued from my phone. The villagers aren't chasing corporate ladders and seem content. Many rarely leave and are unaware of the world outside. This raised the question: Are they truly happy or just unexposed to other environments? It is said that when opportunity meets education, great things arise. When people are informed and given a chance, they seize it.

This is where Swasthya Swaraj comes in. Founded in 2014, their adaptability is admirable. Witnessing their community impact opened my eyes to my own privilege and the vast gap between the haves and have-nots. The hospital, though small by Western standards, is a beacon of hope. Locals can improve their quality of life and learn about hidden dangers. Illnesses once fatal are now treatable thanks to Swasthya Swaraj.

My role was to teach English to girls in the DCHP, a branch of Swasthya Swaraj offering a 2-year nursing course to local young women. These determined women return to serve in health centers set up by the organization. Their determination and camaraderie were inspiring, and it was a privilege to be part of their journey.

Seeing the team's hard work and love for the community and each other inspired me to look outward and consider how I can help others. The biblical commandment to ***"Love your neighbor as yourself"***



This was evident throughout my time here, and it was an honor to participate.

Written By
Oyinkansola Olorunleke

Resurgence of Malaria?



In Thuamul Rampur Block which is a malaria high endemic area, there are two peaks of malaria during the year- July-Set and Dec-Jan. During this monsoon we are witnessing a resurgence of malaria. Compared to previous year, this year the number of malaria cases and severe malaria cases have almost doubled by now, and we have 6 more months to go in 2024. All our health centres and staff are asked to be on high alert during this time lest we may lose many lives.

TULSI

- Visit from BRBNMPL :

We were honored by a visit from Managing Director of BRBNMPL, and team from Bangalore visited Kaniguma & Kerpai.

- Started the production of leaf plate and sattu at Kaniguma
- Tailoring training for girls by RSETI. 24 girls came aspiring to be trained, but only 6 could be selected as the minimum qualification was class 8!
- Sr Angelina started offered training in soft toys making, but girls were not interested how much ever she coaxed and cajoled them. They did not show any interest. But Didi persisted. Slowly things began to brighten up and her frustration changed to bright smiles. 10 girls, then 20, finally 40 young tribal girls came from remote villages and persisted in learning the art of tailoring and soft toys making.
- We also organized TULSI Mela in Kaniguma and Kerpai to boost the confidence of the girls by conducting competitions and a time of togetherness.



Bal Mela

In order to make the schools more lively and improve the attendance rate, we conducted Bal mela in all the 14 primary schools.

The aim was to

- Bring out their creativity
- Build trust among the peer group
- Make them less afraid towards books and school



Other Events

- STEP (Swasthya Swaraj Tribal Exposure/ Internship Programme) opened to individual students , from MPH, MD Comm medicine, etc. The students spent one to two weeks exploring and understanding the challenges in the comprehensive healthcare programs.
- Felicitation on Doctors' Day: Dr Aquinas Edassery was felicitated by Rotary Club of Bhubaneswar with a citation and a plaque of appreciation.



Training

- Neonatal resuscitation training to doctors and staff nurses by St Johns medical college and AIIMS Bhubaneswar.
- POSH training to all staff members



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