



ARUNIMA

Voices of Transformation: Case Studies from SWAT's BRACDIP Interventions

Forward Message . . .

The narratives compiled in this book are rooted in the lived experiences of five panchayats—Balandapada, Pakari, Luising, Kuernandu, and Pahiraju—nestled within the remote terrains of the Balandapada region in the Phiringia block of Kandhamal district, Odisha. These villages, characterized by their isolation and limited accessibility, face significant challenges in maternal and child health.

Persistent issues such as financial instability, low literacy rates, and deeply ingrained traditional beliefs have contributed to a lack of awareness regarding maternal and child well-being. Compounding these challenges are inadequate access to modern healthcare facilities and prevailing practices like traditional healing and witchcraft. Social customs, including child marriage, polygamy, closely spaced pregnancies, apprehension towards hospital deliveries, and reluctance to adopt family planning, further exacerbate maternal and child mortality rates.

In response to these pressing concerns, SWATI (Social Welfare Agency and Training Institute), with support from the National Health Mission, has established Maternity Waiting Homes (Maa Gruha) in Balandapada, Katringia, and Tikabali. These facilities provide expectant mothers with safe accommodation, nutritional support, and access to trained healthcare professionals in the days leading up to delivery, thereby promoting institutional births and reducing maternal and neonatal mortality.

Complementing these efforts, the PRACDIP project, implemented with assistance from CRY (Child Rights and You), focuses on enhancing the health and development of mothers, children, and adolescent girls. The initiative emphasizes health and nutrition education, life skills training, prevention of child marriage, and the promotion of hygienic practices among adolescents.

These concerted endeavours have begun to yield positive transformations within the community. Government programs, coupled with SWATI's initiatives and the evolving perspectives of the younger, educated generation, have fostered increased awareness and proactive engagement in maternal and child health matters.

The stories presented herein offer a window into these evolving dynamics, capturing both the challenges faced and the strides made towards healthier communities. It is our hope that this compilation serves as a source of inspiration and insight for individuals and organizations dedicated to community development and health advocacy.

Er. Harishankar Rout

Secretary, SWATI

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Anganwadi Center Spark a Health Revolution in Pakari Panchayat



In the heart of Odisha's Kandhamal district lies Firingia block — a region once synonymous with isolation, poverty, and alarming maternal and child health indicators. With malnutrition and infant mortality rates historically surpassing state and national averages, the health crisis in this tribal belt seemed insurmountable. But a quiet revolution has been taking place, led by Anganwadi centers, government health programs, and grassroots organizations like SWATI, breathing hope into these remote communities.

One village that stands as a beacon of this transformation is Pakari, located along the Gochhapada-Balandapada road. Once dismissed as a Maoist-hit, inaccessible area with scant attention to health or education, Pakari struggled with malaria, food insecurity, and a high burden of maternal and child illness. Traditional beliefs and a lack of awareness meant women bore the brunt—managing households, raising children, working on farms, and gathering forest produce—often on an empty

stomach. Early pregnancies and frequent childbirths further compounded their vulnerability.

The Anganwadi center in Pakari village was established in 1984, part of India's broader Integrated Child Development Scheme (ICDS) launched in 1975. But in its early years, the center was shrouded in fear and misunderstanding. Misconceptions around sterilization, hospital deliveries, and iron supplements led villagers to shun services meant for their welfare. Many believed pills would lead to complications in childbirth or feared that hospital births would result in surgeries that would render women unfit for social or domestic duties.

Everything began to change in 2016 when Parvathi Manjari Kanhar, a daughter-in-law from a respected and educated family in Pakari, was appointed as the Anganwadi worker. With her empathetic approach and deep connection to the community, she began reshaping perceptions. Holding regular meetings, organizing mother's

committees, and conducting door-to-door visits, she became a trusted advisor. She educated women about maternal nutrition, prenatal care, vaccination schedules, and newborn care. Her efforts were complemented by SWATI's PRACDIP program, which brought additional momentum to Anganwadi services.



Together, Parvathi and the SWATI team galvanized village women and adolescent girls. Awareness camps, health drives, and nutrition counselling became regular features. Crucially, the deep-seated myths around hospital deliveries began to fade. Women started seeking institutional

support, aided by facilities like the maternity home run by SWATI in nearby Balandapada. Malnourished children were identified and referred to the District Nutrition Center for timely treatment.

Today, Pakari's Anganwadi center is a model of success in the Panchayat. It has achieved 100% vaccination coverage for pregnant women and children, significantly reduced malnutrition rates, and improved maternal and infant survival. Most importantly, it has reshaped the mindset of the community. Women now visit the center regularly, eager to access health and nutrition services. There is growing confidence in institutional deliveries and preventive care.

What was once a village gripped by fear and misinformation is now an empowered community leading the charge for better maternal and child health. Pakari's story is a testament to what sustained local leadership and community-driven action can achieve — one Anganwadi at a time.



Sarita's Dream: A Future in Nursing, Not Early Marriage



Fourteen-year-old Sarita from Pakari village dreams of wearing a nurse's uniform one day, caring for the sick, and supporting her community. A Class 9 student in the local school, Sarita lives with her father Shiva Rana, mother Ujjwala, and younger brother. Despite limited means, her parents try their best to support their children's education. But in a region where girls' education is often overlooked and early marriage is the norm, Sarita carries a quiet fear—what if her studies are cut short?

In many villages around Pakari, girls drop out of school early, and some are married off before they even turn 18. Sarita has seen her classmates vanish from school, and some of her friends have already received

marriage proposals. Though she loves learning, she worries that her parents might one day ask her to give up school and accept marriage instead.

A turning point came when Sarita attended a Life Skills Education Training Camp for adolescent girls organized by SWATI under the PRACDIP program. There, she found a safe space to share her fears and dreams. With courage, she told the group, "I want to become a nurse, but I'm afraid my parents might force me to marry early."

The facilitators at the camp assured her that child marriage is illegal, and no one—including her family—has the right to marry her off before she turns 18 or without her consent. They informed her about the role of the Panchayat, Child Protection Committees, and police in preventing child marriage, and encouraged her to focus on her goals with confidence.

Later, SWATI's team visited her home and had a heart-to-heart with her parents. After understanding the laws and learning about available support schemes for girls' education, her parents pledged to support Sarita's dream.

Today, Sarita studies with renewed determination. "The camp gave me courage," she says. "Now I know I have the right to study and build my future."





Conscious Mother Ritima: A Model for Safe Motherhood

In the quiet hamlet of Gudrisahi in Pakari village, lives Ritima—a young, educated mother of two healthy daughters. Her story stands out as a powerful example of how awareness and timely health practices can transform maternal and child health outcomes in rural areas where challenges like malnutrition, low birth weight, and maternal mortality remain widespread.

At just 24 years old, Ritima is the mother of a 3-year-old and a 3-month-old. Despite the region's longstanding issues of poor maternal health—often caused by closely spaced pregnancies, lack of knowledge, and inadequate healthcare—Ritima has defied the odds. Her secret? Education, awareness, and consistent engagement with health services.

Ritima studied up to matriculation before marrying Prashant, a local farmer, at the age of 20. When she became pregnant a year later, she wasted no time in registering with the local Anganwadi center. She diligently followed every piece of advice: attending monthly health checkups, receiving vaccinations, consuming iron and folic acid tablets, and taking home the nutritious food provided. When her delivery date approached, she visited the nearby Balandapada Health Center with the support of Anganwadi workers. The result—a healthy baby girl born without complications.

Her commitment didn't end there. Ritima breastfed exclusively for six months, introduced complementary feeding at the

right time, and closely monitored her baby's growth with help from the center. She also ensured her daughter received timely vaccinations and stayed clean and active.

Two years later, Ritima became pregnant again. With experience on her side, she managed her second pregnancy even more effectively. SWATI's field staff, working through the PRACDIP program, provided additional guidance. They discussed proper nutrition, advised her to take more rest, and worked with her husband and mother-in-law to build a nutrition garden at home—rich with papaya, greens, and seasonal vegetables.

As advised, Ritima stayed at SWATI's Maternity Waiting Home in Balandapada during her final days of pregnancy. There,

she safely delivered her second daughter, weighing a healthy 3 kilograms. Today, Ritima beams with pride as she watches both her daughters grow strong and healthy.

Ritima's story is a testament to what educated and conscious parenting can achieve. She believes every mother should have the information and support she received. "From pregnancy to delivery, I did everything on time. I listened to the Anganwadi Didi and health workers, and that made all the difference," she says with a smile.

In a region still grappling with maternal health issues, Ritima's journey lights the way for others to follow.





A Second Chance: How Kavita Fought for Her Baby's Health

When Kavita from Pakari village gave birth to her son, the baby weighed only 2 kilograms. Doctors said he was extremely weak. Kavita herself was in critical condition after a complicated delivery that required a caesarean section and a blood transfusion. Despite the pain and long 15-day stay in the hospital, Kavita was filled with joy—she had finally become a mother.

Kavita and her husband Duryodhan Digal had been married for three years without having a child. Their poverty forced them to work as laborers, often going without proper food. Kavita's fragile health led to

two heartbreaking miscarriages and left her mentally traumatized. Desperate for a child, she turned to traditional healers and rituals, but nothing worked.

That's when hope came through SWATI, a grassroots organization working in the area. After learning of her situation through the Anganwadi worker, SWATI staff visited Kavita and realized her health issues stemmed from severe malnutrition. They advised her on the importance of nutritious food, rest, and avoiding heavy work. They also encouraged Duryodhan to start a small nutrition garden with green leafy vegetables, papaya, and drumstick.

A few months later, Kavita became pregnant again. This time, she followed all the advice she received—registering at the Anganwadi center, taking folic acid, iron supplements, vaccinations, and eating dry ration food from the center. Despite her efforts, her weight remained low, so she was advised to go for an institutional delivery.

When the time came, she was taken to the hospital, where she delivered a baby boy via C-section. The baby, underweight and frail, required extra care. Due to insufficient breast milk, she fed him Lactogen. But his growth was slow, so mother and baby were sent to the Phulbani Nutrition Resource Center. After a month of support, they

improved and returned home. At six months, they returned for follow-up care. Today, the child is one year old and weighs 6.5 kg—gaining steadily.

SWATI staff still regularly visit Kavita, guiding her on nutrition and child care. With help from Anganwadi workers and her own determination, Kavita is slowly rebuilding her strength—and her child's future.

Kavita's story shows that with awareness, support, and care, even the most vulnerable mothers and children can thrive. Safe motherhood and child nutrition are not luxuries—they are rights every family deserves.





Model Anganwadi Raiguda: A Beacon of Change and Care

Tucked away in the lush hills of Kandhamal, the Raiguda Anganwadi Center in Lusing Panchayat is not just a place for meals and vaccinations—it's a symbol of transformation. Serving the three hamlets of Raiguda, Burusing, and Bagh Padar, this center has become a model for others, thanks to the tireless efforts of the dedicated Anganawadi worker, Sumitra Digal.

Sumitra has been serving as the Anganwadi worker here for an incredible 24 years. Since 2001, she has become a familiar face in every household, building deep bonds with families and playing a key role in improving maternal and child health in this remote region. Known affectionately as the "Anganwadi Maa," Sumitra's care spans generations—she once supported the births of today's young parents, and now, she's

guiding them through their own journeys of parenthood.

Her journey hasn't been easy. Two decades ago, the roads were unpaved, transport was scarce, and awareness about institutional births was almost nonexistent. Many women gave birth at home due to fear, superstition, and lack of access. Girls married young and became mothers too soon, leading to high rates of maternal deaths, miscarriages, and undernourished children. Vaccination hesitancy was widespread; iron and folic acid tablets were hidden or thrown away, and proper nutrition was rarely a priority.

Sumitra faced resistance—sometimes anger, sometimes apathy—but she never gave up. She stayed up nights at hospital doors, helped mothers in crisis, and slowly, through

education and empathy, changed attitudes. Alongside her efforts, organizations like SWATI began strengthening the maternal care ecosystem, setting up Maternity Waiting Homes and conducting widespread awareness campaigns.



Now, the impact is visible. Women voluntarily register at the center as soon as they're pregnant. They take vaccinations and supplements seriously. Nutrition, once neglected, is now embraced with the support of government dry rations and locally grown vegetables. The Raiguda Anganwadi boasts 100% vaccination coverage, and over 90% of deliveries are

institutional. Maternal and child mortality have drastically declined.

But Raiguda Anganwadi isn't just a health center—it's also a hub of joyful learning. The space is bright and inviting, with colorful wall paintings, child-friendly furniture, toys, and story corners. 90 children between ages 1–5 are enrolled, and 42 receive pre-primary education. Children sing, dance, and learn through play. The center also supports 15 pregnant women, 28 adolescent girls, and regularly celebrates Nutrition Day, Motherhood Day, and teen health awareness programs.

From nutrition to early education, from maternal care to adolescent health, the Raiguda Anganwadi Center has become the heart of the village—a model of what's possible when compassion, persistence, and community come together.

Sumitra Digal stands as a living example that one woman's dedication can indeed rewrite the story of an entire village.





Ranjita Leads the Fight Against Child Marriage

In the quiet village of Katimeska, nestled in the Luisling Panchayat of Odisha, a bold young voice is rising against a deeply rooted social issue — child marriage. That voice belongs to Ranjita Mallick, a first-year +2 student at Balandapada, who has made a powerful personal choice: she will not marry until she reaches a suitable age and becomes self-reliant.

Ranjita's determination is not limited to her own life. She actively encourages her peers to focus on education and delay marriage. Her message is simple yet powerful: *"Let us choose education and self-respect over early marriage."*

During her college breaks, Ranjita eagerly participates in meetings and life-skills

education camps organized by the SWATI organization. These sessions focus on empowering adolescent girls through discussions on health, education, gender equality, and the consequences of early marriage. Through these experiences, Ranjita has come to understand how child marriage negatively impacts the future of girls — robbing them of education, affecting their health, and curbing their independence.

Ranjita observed that while legal awareness has helped reduce the pressure from families, a new challenge has emerged — secret child marriages. Many young boys and girls now marry without informing their families, misled by emotion and social media influences. Since families fear legal

repercussions, they stay silent, while the adolescents themselves make uninformed and impulsive decisions.

Realizing that enforcement alone can't solve the problem, Ranjita took the issue to heart. She began spreading awareness in her community by forming a teenage girls' group. Together, they meet regularly to discuss topics like education, health, and future careers. Ranjita even makes short videos and social media reels to share the message, especially targeting her generation.

Today, Ranjita is a recognized youth leader in her village. Her calm and thoughtful nature makes her a respected figure among her friends and peers. She talks openly

about the misuse of smartphones and how girls can use their time more creatively — in reading, learning skills, or supporting community work.

According to her, the biggest challenge today is not just family pressure, but emotional decisions made by teenagers in love. In tribal communities where families allow greater autonomy, such decisions go unchecked unless the youth are educated. Ranjita strongly believes that lifeskill education at the family, school, and community level is essential to help boys and girls make informed choices.

Ranjita is not just dreaming of change — she is leading it.



The Hidden Cost of Early Marriage: Ambika's Story



In Katimaska village of Lusing Panchayat, the story of Ambika, a young mother, shines a light on the silent crisis of child malnutrition caused by early pregnancy.

Ambika was married off at the tender age of 17 — a practice still common in the region despite increasing awareness. Her family, like many others, believed that when a "suitable groom" arrives, delaying marriage is unnecessary. But this decision would soon affect not just Ambika's life, but also the health and future of her child.

Just seven months after marriage, Ambika became pregnant. She registered at the Anganwadi center, took her vaccines, and followed medical advice. But her body — still underdeveloped and weak — couldn't cope with the demands of pregnancy. She became severely malnourished. When her delivery date neared, she was taken to the Maternity Waiting Home in Balandapada, where she received extra care. Her baby girl was born underweight at just 1.4 kg.

The baby was referred to Phulbani Nutrition Resource Center, and later to MKCG Medical College in Berhampur due to her frail

condition. After months of medical care and support, the child's condition gradually stabilized. Yet, even now, her growth and mental development lag behind normal standards. She continues to receive treatment and nutritional support every six months.

Ambika is now pregnant for a second time — but her body still hasn't fully recovered. At seven months, she faces recurring health issues. SWATI workers are closely monitoring her, offering regular counseling, nutritious food guidance, and medical support. She's been advised to shift to the maternity home again before delivery to prevent similar complications.



Ambika's story is not unique — it represents the intergenerational impact of early marriage and pregnancy. In local women's and adolescent girls' group meetings, SWATI is now using stories like Ambika's to create awareness. They emphasize how early marriage puts both the mother and the baby at risk, and why delaying marriage and focusing on girls' health and education is critical.

Padmavati's Journey: A Beacon of Hope for Maternal Health in Interior Kandhamal



In the interior pockets of Kandhamal district lies Kilikupa village, a village of Lulling GP in Phiringla block, where 25-year-old Padmavati's story unfolds—a narrative of resilience, awareness, and the transformative power of community health initiatives.

During her first pregnancy, Padmavati faced the challenges common in many remote villages: limited access to healthcare, prevalent misconceptions about pregnancy, and societal restrictions. However, the establishment of the Maternity Waiting Home (Maa Gruha) in Balandapada, managed by SWATI with support from the National Rural Health Mission, marked a turning point.

These maternity waiting homes serve as safe havens for expectant mothers, especially those from hard-to-reach areas. They provide essential services such as nutritious food, rest, and medical care, ensuring safer deliveries. For Padmavati, this meant a healthy delivery of her first child, a baby boy, at the Balandapada Health Center,

A year later, Padmavati found herself pregnant again, sooner than anticipated. Fearful and uncertain, she turned to the local Anganwadi and SWATI workers for guidance. They offered her counseling on

prenatal care, nutrition, and managing responsibilities with her young son. With their support, and help from her family, she maintained a healthy lifestyle and reduced stress during her pregnancy.

As her due date approached, Padmavati returned to the Maternity Waiting Home. There, she received comprehensive care and eventually gave birth to a healthy baby girl. Recognizing the importance of family planning, she accepted advice on contraceptive measures to space future pregnancies.

Padmavati's experience underscores the critical role of maternity waiting homes in improving maternal and neonatal health outcomes. By bridging the gap between remote communities and healthcare facilities, these centers have significantly reduced maternal mortality rates in regions like Kandhamal. Her story is not just a personal triumph but a testament to the impact of community-driven health initiatives. It highlights the importance of accessible healthcare, education, and support systems in empowering women and fostering healthier communities.



Young Panchayat Leader Champions Women and Child Health in Pakari



In the remote Pakari Panchayat of Kandhamal district, where access to healthcare and education has long been a challenge, a young leader is making a difference. Purnachandra Kahur, elected as a ward member soon after completing his secondary education, now serves as the Naib Sarpanch. With youthful energy and a strong sense of responsibility, he is driving a quiet transformation focused on women and child health.

Understanding that the foundation of a prosperous village lies in education and good health, Purnachandra has made the functioning of schools and Anganwadi centers a top priority. Under his leadership, issues such as infrastructure, drinking water availability, and proper management of the seven Anganwadi centers in the Panchayat are regularly discussed in meetings. He

ensures that Anganwadi workers and schoolteachers are encouraged to raise their concerns directly in Panchayat forums.

With support from SWATI's PRACDIP program, Purnachandra has emerged as a key advocate in local health initiatives. He actively promotes nutrition awareness and has encouraged the creation of home-based nutrition gardens. Families with pregnant and lactating women are now growing green leafy vegetables, papaya, banana, and drumstick—providing fresh nutrition right at their doorstep.

Breaking long-held myths around hospital births, Purnachandra educates villagers on the safety and benefits of institutional deliveries. He monitors the timely disbursement of benefits under schemes like Mamata Yojana and Pradhan Mantri Matru Vandana Yojana and ensures consistent supply of nutritional support to women and adolescent girls.

"This region faces many challenges—malnutrition, poor literacy, and maternal deaths," he says. "But the mindset is changing. People are becoming aware, and together we can build a healthier future."

With committed leadership like his, Pakari Panchayat is steadily paving the way for a brighter, healthier tomorrow.





Pangita's Journey: Overcoming Loss and Embracing Motherhood in Kandhamal

In the remote village of Tetlapada, nestled within the Tulsing panchayat of Odisha's Kandhamal district, 26-year-old Pangita's story unfolds—a testament to resilience, community support, and the transformative power of accessible maternal healthcare.

Married for six years, Pangita faced the heart-wrenching loss of her first child, who passed away three days after birth due to complications. This tragedy plunged her into profound grief, leading her to seek solace in traditional rituals and unverified treatments. Despite her efforts, she remained childless for the next three years, burdened by fear and societal pressure.

A turning point came when local Anganwadi and SWATI workers reached out, offering empathy and guidance. They encouraged her to consult a gynecologist at the Phulbani District Headquarters Hospital. Following medical advice and treatment, Pangita conceived again. Determined to ensure a healthy pregnancy, she diligently attended

prenatal check-ups, received vaccinations, and adhered to nutritional guidelines provided by the Anganwadi center. She also participated in monthly Mamata Day celebrations, fostering a sense of community and shared learning.

As her due date approached, Pangita moved into the Maternity Waiting Home (Maa Gruha) in Balandapada, managed by SWATI with support from the National Rural Health Mission. These homes serve as safe havens for expectant mothers from remote areas, offering accommodation, nutritious food, and round-the-clock medical care. After a month-long stay, she gave birth to a healthy 2.8 kg baby girl in January.

During her time at the waiting home, Pangita received comprehensive education on newborn care, including breastfeeding practices, nutrition, immunization schedules, and developmental milestones. This knowledge empowered her to confidently embrace motherhood.



Overcoming Cultural Misconceptions to Ensure Safe Motherhood in Sambukusha Village

In the remote village of Sambukusha, located within Kuermandu Panchayat, a pregnant woman was found seated under a shrub, surrounded by her family and a traditional healer. She was experiencing severe abdominal pain, yet no one dared to assist her due to the healer's prohibitions. The healer performed rituals and offered incantations, believing these would alleviate her suffering. Such reliance on traditional practices over medical intervention is not uncommon in rural India, where cultural beliefs and misconceptions often dictate health-seeking behaviors.

Upon receiving information from the local Anganwadi worker, a SWATI worker and the village Sarpanch promptly visited the woman's home. Recognizing the urgency of the situation, they advised the family to take her to the hospital. However, the father-in-law resisted, fearing that medical procedures would render his daughter-in-law impure and unable to participate in religious rituals. This highlights the deep-

rooted cultural barriers that often impede access to essential healthcare services in rural communities.

The SWATI worker and Sarpanch patiently explained the potential risks of home delivery, especially given the woman's weakened condition and lack of prenatal care. They emphasized that medical professionals could manage complications, provide necessary medications, and ensure the safety of both mother and child. After much deliberation, the family agreed to transport her to the Balandapada Health Center.

At the health center, the woman received immediate medical attention. She stayed at the local maternity waiting home for three days, during which her condition was closely monitored. When labor commenced at midnight, the medical team successfully delivered a healthy baby. The doctor then educated the family on postpartum care, emphasizing the importance of continued medical support.

Jharana Leads the Way in Promoting Life-Skills Education among Adolescent Girls



Fourteen-year-old Jharana from Pakari village in Kandhamal is not just a Class 10 student—she's also a determined change-maker. The youngest of three sisters, with the other two already married, Jharana is determined to chart a different course. Her dream is to become a teacher, and despite the odds stacked against her, she is moving steadily toward that goal.

In her village, like many others in the region, girls often struggle to stay in school. Household chores, farming duties, and wage labor take priority, leaving education on the back burner. Many girls drop out, fearing failure and lacking encouragement. But Jharana refused to give up. Her turning point came when she attended a Life Skills Education Training Camp organized by SWATI under the PRACDiP project.

The camp opened her eyes to the deeper social challenges that girls like her face—early marriage, domestic responsibilities, lack of awareness, and the silent pressure to quit school. Inspired and empowered, Jharana decided to take action, not just for herself, but for others too. She began talking to five of her friends who had dropped out.

While some hesitated, worried about the shame of returning to class after a gap, two of them agreed—and rejoined school. For Jharana, this was a moment of immense satisfaction.

Encouraged by SWATI workers, Jharana formed an adolescent girls' group in her village. The group meets monthly to discuss issues like child marriage, health, gender-based violence, and the digital risks girls face in today's world. Jharana leads discussions on safe phone and internet use, online scams, and how to stay protected in a fast-changing world.

Jharana believes that in today's time, education is not just about textbooks—it's a shield against exploitation and a path to self-reliance. "Whether it's managing a home, raising children, or protecting oneself, girls need education to survive and thrive," she says.

Her quiet leadership is lighting a path for others to follow. In a region where girls have long been held back, Jharana is helping them step forward—with courage, confidence, and a voice of their own.



A Social Worker's Journey: Transforming Maternal Health in interior Kandhamal



My name is Samanti, a social worker with the SWATI Institute. In 2018, I began working in the Balandapada region of Odisha, bringing with me five years of experience in advocating for women's rights, child welfare, and community empowerment in Phulbani. Being a native of Kandhamal, I was familiar with the local culture, but Balandapada presented unique challenges.

Before 2015, Balandapada was largely inaccessible due to poor road conditions and limited transportation. The area was also affected by Maoist activities, which deterred government officials from visiting. The local health center was the only medical facility, but many villagers preferred traditional healers over medical professionals. This reliance on traditional practices often led to preventable health issues, especially among pregnant women.

When I first visited the villages, engaging with women was challenging. Their daily routines were filled with labor-intensive tasks, leaving little time for health education. Many were unaware of the importance of prenatal care, vaccinations, and nutrition during pregnancy. Some even discarded folic acid tablets provided by health workers, fearing side effects.

To address these issues, we organized community meetings and collaborated with Anganwadi workers to identify and support pregnant women. We emphasized the importance of regular health check-ups, proper nutrition, and institutional deliveries. Our efforts were supported by the Mamata Scheme, a conditional cash transfer program launched by the Odisha government in 2011. This scheme provided financial assistance to pregnant and lactating women, encouraging them to seek proper medical care. In 2024, the government doubled the assistance to ₹10,000, further motivating women to prioritize their health.

Over the past seven years, we've witnessed significant improvements. More women are now registering their pregnancies, attending health check-ups, and opting for hospital deliveries. There's a growing awareness of the importance of nutrition and rest during pregnancy. However, challenges remain. Some women still have multiple pregnancies with short intervals, and misconceptions about contraception persist.



Our journey in Balandapada underscores the importance of community engagement, education, and accessible healthcare services. While we've made significant strides, continued efforts are essential to ensure that every woman receives the care she deserves.



Lilima Gives a Strong Message of Safe Motherhood

In the remote villages of Balandapada and Pakari in Odisha, myths and fears around institutional childbirth have long discouraged women from accessing safe delivery services. Many still believe that giving birth in a hospital leads to unnecessary surgeries, long-term health issues, or weak babies. But amidst these deep-rooted misconceptions, young mothers like Lilima are becoming powerful voices for change.

Hailing from Brundipada village in Pakari Panchayat, Lilima is an educated mother of two healthy sons—aged four and one. Having studied up to class 10, she has used her knowledge and awareness to ensure both her pregnancies were safe, informed, and handled with proper medical care. Her story is now inspiring many others in her village.

Lilima became pregnant a year after her marriage. From the beginning, she prioritized her health. She registered at the Anganwadi center, took all recommended

vaccines, consumed iron and folic acid tablets, and went for regular check-ups. Despite feeling anxious and facing common pregnancy issues like nausea and fatigue, she leaned on the guidance of health workers and Anganwadi Didis, never skipping her checkups.

Unlike many in her village, Lilima rejected harmful taboos around food and nutrition. While others avoided fruits, green vegetables, and nutritional supplements fearing oversized babies, she made sure to eat a balanced diet—leafy greens, papaya, fish, eggs, and health drinks like Horlicks. With support from her husband and mother-in-law, she also took adequate rest and light walks. As her due date approached, she confidently chose to deliver at Phulbani District Hospital. Her first son was born there, a healthy 3.3 kg baby, without any complications.

Two years later, Lilima was pregnant again. With prior experience, she managed everything with greater confidence. This

time, she delivered at the Balendrapada Health Centre, where her second son was born weighing 3.2 kg:

Now, Lilima is more than just a mother—she is a messenger of safe motherhood. She actively speaks to other women in her community, busting myths and highlighting the importance of institutional deliveries. "There can be many complications—anemia,

lack of amniotic fluid, twin pregnancies, or fetal distress," she says. "But all of these can be managed safely in a hospital."

Lilima's story is a beacon of change. Through her lived experience, she is helping others see that hospitals are not places of fear, but of safety, care, and hope for both mother and child.

Kilumati: A Beacon of Learning amidst Lockdown



In the secluded village of Potupidiya, Odisha, Kilumati, a Class 9 student from Bandhagarh Girls' High School, emerged as a symbol of resilience during the 2020 COVID-19 lockdown. With schools closed and limited access to online education, many children faced disruptions in their learning. Recognizing this gap, Kilumati took the initiative to teach younger students in her village, starting with six children and eventually guiding twenty, ensuring they remained connected to their studies.

Her leadership qualities caught the attention of the Social Welfare Agency & Training Institute (SWATI), an organization dedicated to empowering rural communities in Odisha.

Through SWATI's life skills training programs, Kilumati enhanced her understanding of adolescent health, education, and the importance of delaying early marriage. She formed a girls' group in her village, advocating for continued education and raising awareness about teenage health issues.



Kilumati's efforts not only bridged educational gaps during a challenging time but also fostered a sense of community and empowerment among young girls. Her story exemplifies how determination and community support can overcome adversity, ensuring that education remains a beacon of hope even in the most trying times.



Bhumika Changed the Traditional Practices: A New Path for Safe Motherhood

In the remote village of Raiguda in Kandhamal district, where traditions have dictated women's roles for generations, a young mother named Bhumika Digal is breaking age-old practices with wisdom, awareness, and love.

Bhumika, a matriculate and one of the few educated women in her village, gave birth to her first child just four months ago. Her story is not just about safe motherhood—it's about challenging customs that are harmful in the name of tradition and finding a respectful balance between culture and care.

In Bhumika's community, an old custom dictates that new mothers and their babies stay in isolation for about a month after childbirth, separated from the rest of the family. The belief is that this period of seclusion protects both mother and child from infections and evil influences. While the intention may have been good, over time the practice turned into something unsafe and even inhumane.

Most families do not have extra rooms, so women are often kept in makeshift huts or sheds near the house. These places are rarely clean or secure. Goats, chickens, pigs, and stray dogs walk in and out. The floor is covered with straw or old sacks, and there are no windows for ventilation. In summer, the space becomes unbearably hot; in winter, it turns freezing cold. Rain leaks in during monsoon, and mosquitoes and insects pose constant health threats.

What's worse, during this period, the new mother is not allowed to eat food cooked in the family kitchen. The husband is expected to cook for her, but many lack the skill or seriousness to do so. Some, due to alcohol addiction or irresponsibility, fail to provide proper meals, leaving the new mother weak and malnourished—right when she needs strength the most.

Bhumika, aware of these challenges, refused to follow this version of tradition blindly. Together with her supportive husband, she prepared a safe and clean space within their

house ahead of delivery. He renovated a room next to their main house, fitted it with a proper bed, mosquito net, warm blankets, and drinking water facilities. A separate toilet and arrangements for hot water bathing and laundry were also made. They ensured the room was protected from animals and well-ventilated.

Bhumika gave birth to a healthy baby boy weighing 2.7 kg at the district hospital. Upon returning home, she and her child stayed in the clean and cozy room her husband had prepared. But Bhumika didn't just stop at infrastructure. She also involved her husband in understanding her nutritional needs. The couple consulted with health workers and learned about the importance of leafy vegetables, eggs, fish, pulses, and fruits. Her husband cooked meals daily with care and love, ensuring she recovered well.

Reflecting on her experience, Bhumika says, *"Both husband and wife are responsible for raising a child. For one month, when the mother is healing, it's a beautiful tradition if*

the husband cooks. It is an act of love, not burden."



Her story is inspiring others in the village. Women are talking, questioning, and beginning to see that traditions must evolve to prioritize health and dignity. Bhumika's small yet significant changes have shown that culture can be preserved without compromising care—and that a family's strength lies in shared responsibility.

In a region where women have long suffered in silence, Bhumika's voice is a ripple of hope. She is not just a new mother—she is a changemaker, proving that with awareness and support, even the oldest customs can be rewritten for a brighter, healthier future.



Babita's Journey: Embracing Education Amidst Adversity



In the remote village of Kuermandu, Odisha, 17-year-old Babita stands as a beacon of resilience and determination. Despite facing significant personal and familial challenges, she remains steadfast in her pursuit of education, illustrating the transformative power of life skills training.

Babita's family comprises her father, who earns a modest living through farming and wage labor, her mentally ill mother, an elder sister who is married, a younger brother pursuing higher education, and a younger sister studying matriculation staying at a hostel. The family's financial constraints and her mother's deteriorating health placed immense pressure on Babita, compelling her to consider discontinuing her studies to care for her mother.

However, a turning point came when Babita attended a life skills education training organized by the Social Welfare Agency & Training Institute (SWATI). These sessions, focusing on emotional resilience, problem-

solving, and goal-setting, equipped her with the tools to navigate her challenging circumstances. Research underscores the efficacy of such programs; for instance, a study highlighted that life skills training significantly decreases anxiety and boosts self-esteem among students.

Empowered by the training, Babita devised a balanced approach to manage her responsibilities. She began studying from home, leveraging online resources and notes from peers, while also tending to her mother's needs. This dual commitment not only ensured her academic continuity but also reinforced her role as a caregiver.

Babita's journey underscores the critical role of life skills education in empowering youth, especially in marginalized communities. Organizations like SWATI play a pivotal role in this regard, offering programs that address various aspects of community development, including adolescent health and education.

In a world where unforeseen challenges can derail aspirations, Babita's story serves as a testament to the indomitable human spirit and the profound impact of targeted educational interventions. Her resilience not only charts a path for her future but also inspires countless others facing similar adversities.



Titelpada: Bridging the Gap in Maternal and Child Health



Nestled deep within the forests of Kandhamal district, Titelpada village in Luising Panchayat remains a poignant example of the challenges faced in delivering maternal and child health services to remote communities. Located approximately five kilometers from the main panchayat and 12 kilometers from the nearest health center in Balandapada, the village's isolation is compounded by treacherous roads and limited infrastructure.

The closure of Titelpada's sole primary school has further hindered educational outreach, leaving residents with limited awareness about health and nutrition. Consequently, many villagers rely on traditional healers and quacks, often leading to delayed treatments and exploitation.

Despite these challenges, the local Anganwadi center serves as a beacon of hope for surrounding villages like Kalumunda, Bachhera, Aghajiri, and Koladi. Annually, over 15 pregnant women register at the center. However, accessing its services is arduous; expectant mothers often traverse dense forests, braving harsh weather conditions to receive vaccinations, health check-ups, and nutritional supplements. While more than 40 children are enrolled for preschool education, only

those from Titelpada can attend regularly, with others relying on home deliveries of food due to the challenging terrain.

Recognizing these hardships, the Social Welfare Agency & Training Institute (SWATI), a dedicated NGO in Odisha, has intensified its efforts in the region. SWATI workers conduct regular visits, offering health advice to pregnant and postpartum women. They emphasize the importance of institutional deliveries, often facilitating transportation to maternity homes in Balandapada. For instance, Ranjita Sahu from Kolumunda, after facing complications during her first childbirth, was guided to a maternity home for her second delivery, ensuring a safer experience. Similarly, Chandra Kahur, suffering from sickle cell disease, received timely medical intervention and blood transfusions, culminating in a successful delivery.

SWATI's interventions extend beyond individual cases. On Health and Nutrition Days, their workers gather vital data on maternal and child health, addressing issues like malnutrition by coordinating with nutrition centers. They also strive to dispel myths surrounding traditional healing practices, advocating for evidence-based medical care.



Sridevi Nayak – The GKS member Leads Community Health Revolution



In the heart of Odisha's Kandhamal district, the Village Welfare Committee (Gaon Kalyana Samiti) of Baghadangeri stands as a beacon of community-driven health and welfare initiatives. At its forefront is Sridevi Nayak, whose unwavering commitment has transformed local health practices and community participation.

The Gaon Kalyana Samiti, integral to the state's health infrastructure, comprises Anganwadi workers, ASHA workers, ward members, mother committee members, inspection committee members, and self-help group representatives. This committee supervises Anganwadi activities and spearheads health development initiatives at the village level.

Sridevi's leadership has been instrumental in mobilizing the community against prevalent health challenges. Recognizing the threats of malaria, dengue, and other waterborne diseases, she organizes regular clean-up drives, targeting stagnant water bodies and overgrown bushes—common breeding

grounds for mosquitoes. She educates villagers on preventive measures, advocating for the use of mosquito nets, neem oil applications, and the practice of burning neem leaves to deter insects.

Beyond disease prevention, Sridevi actively participates in Anganwadi programs such as Nutrition Day, Menstrual Hygiene Week, and Girl Child Day. She ensures the quality of nutritious food provided at the centers and monitors its distribution to beneficiaries, emphasizing the importance of maternal and child health.

Her dedication aligns with the objectives of the Social Welfare Agency & Training Institute (SWATI), a non-governmental organization committed to the development of rural and marginalized communities in Odisha. SWATI's initiatives focus on sustainable livelihoods, health, and community empowerment, resonating with Sridevi's grassroots efforts.

Sridevi's story underscores the significance of community involvement in health and welfare programs. Her proactive approach not only addresses immediate health concerns but also fosters a culture of collective responsibility and empowerment. In villages like Baghadangeri, such leadership is pivotal in bridging gaps between government schemes and grassroots implementation, ensuring that health and welfare initiatives are both effective and sustainable.



From Despair to Hope: Tarajini's Journey to Motherhood in interior Kandhamal



In the remote village of Talpanga, nestled within Odisha's Kandhamal district, 28-year-old Tarajini and her husband Pradeep faced the harsh realities of poverty. Their daily lives were consumed by strenuous labor, leaving little room for rest or proper nutrition. Tarajini's health deteriorated, leading to anemia and, heartbreakingly, four miscarriages over six years of marriage.

With limited financial means, access to medical care was a distant dream. Traditional remedies offered no solace, and the couple's hope waned. However, a turning point arrived when a dedicated community health worker from the Social Welfare Agency & Training Institute (SWATI) learned of their plight. Recognizing the urgency, she escorted Tarajini to the Balandapada Health Centre.

At the center, medical professionals diagnosed Tarajini's condition as a result of physical weakness and nutritional deficiencies. They prescribed a regimen of iron supplements and emphasized the importance of a balanced diet. The SWATI worker reinforced these guidelines, advising

Tarajini to moderate her workload and prioritize her health.

Months later, hope rekindled as Tarajini conceived again. This time, the SWATI worker ensured she was registered at the local Anganwadi center, where she received essential vaccinations and nutritional support, including multigrain supplements and eggs. Regular check-ups monitored her weight, blood pressure, and hemoglobin levels.

Despite these efforts, by the sixth month, Tarajini's health showed minimal improvement. Acknowledging the risks, the SWATI worker recommended a stay at the maternity waiting home in Balandapada. Concerned about the prolonged absence from home, Tarajini hesitated. Understanding her apprehensions, the SWATI worker coordinated with her family, arranging for her to stay at her mother's house.



During this three-month period, Tarajini received consistent care, nutritious meals, and much-needed rest. Her health improved significantly, and she underwent regular medical evaluations. Eventually, she delivered a healthy baby boy weighing 2.6 kg at the local hospital, free from complications.



Seema's Journey: A Story of Safe Motherhood

In the quiet village of Raiguda, nestled within Odisha's Kandhamal district, 20-year-old Seema Rana embarked on a transformative journey into motherhood. Having studied up to matriculation, Seema's awareness of maternal health was evident from the onset of her pregnancy, eight months after her marriage to Vijay. She promptly registered at the local Anganwadi center, ensuring she received necessary vaccinations and nutritional supplements. Recognizing her underweight status, her family supplemented her diet with additional nourishment, highlighting their collective commitment to her well-being.

Regular visits from a Swati health worker provided Seema with guidance on managing common pregnancy symptoms and emphasized the importance of institutional delivery. In alignment with this advice, Seema and her husband travelled to Phulbani for an ultrasound, confirming the baby's health,

Heeding recommendations, Seema relocated to a Maternity Waiting Home (Maa Gruha) ten days before her due date. These facilities, established under Odisha's health initiatives, offer expectant mothers from remote areas a safe environment near healthcare centers, complete with accommodations, nutritious meals, and medical supervision. Seema's stay culminated in the birth of a healthy 3.1 kg baby boy, facilitated by skilled doctors and nurses.

Seema's story underscores the critical role of Maa Gruhas in reducing maternal and neonatal mortality by bridging the gap between remote communities and institutional healthcare. Her experience highlights the effectiveness of community health programs and the importance of accessible maternal care, offering a model for improving health outcomes in similar rural settings.

Mandari – Mother of twelve children



In Sajutpa village of Odisha's Kuermandu Panchayat lives 65-year-old Mandari Kanhar, a woman whose life story captures the silent struggles of motherhood in a time when healthcare, awareness, and basic support systems were nearly absent. Married at the age of 16 to Mane Kanhar, Mandari gave birth to twelve children. Today, only three sons survive—nine of her children succumbed to diseases like diarrhea, fever, and infections that were rampant in the region decades ago.

Mandari recalls that when she was young, the environment and lifestyle were vastly different. Forests were the primary source of food. Families survived on wild fruits, tubers, greens, and roots. With minimal agriculture and no road access or healthcare facilities, sickness was common—and deadly. There was little understanding of disease or its treatment. Illness was viewed as a curse, an act of divine wrath, or the result of black magic. Superstition ruled, and people rarely visited hospitals, fearing injections and medical procedures. Traditional healing was the only recourse.

The high child mortality rate led families to have more children in hopes that a few would survive. For women, childbirth was not just a natural process but a social obligation. It was their identity. Women who failed to conceive were ostracized, while

those who bore children were expected to continue, regardless of their physical or emotional state.

Pregnancy care was non-existent. Women worked in fields and forests until the moment of labor. With no concept of due dates, many gave birth on the roadside or deep in the forest. Elderly village women assisted in childbirth, but there was no medical help or postnatal care. After giving birth, mothers were often isolated for a month and fed by their husbands.

Mandari bore the burden of multiple pregnancies and the profound grief of losing her children. Yet, she had little support. Men, including her husband, had minimal involvement in raising the children. Her first fifteen years of marriage were marked by relentless work, pain, and emotional trauma.

Today, as she reflects, Mandari sees hope in the changing times. She acknowledges the presence of Anganwadi centers, maternity homes, and Swati workers who raise awareness and ensure timely care. She hopes that no woman in her village ever has to suffer the way she did.

Mandari's story is a stark reminder of the silent struggles of women in the past, and a powerful call to strengthen healthcare, awareness, and community support for maternal and child health in rural Kandhamal.





Fighting Malaria and Misconceptions: A Pregnant Woman's Recovery

Balandapada region is known for its high incidence of malaria. Yet, in many villages like Dekkadi of Kuirimandu Panchayat, people still associate malaria symptoms—chills, fever, vomiting, and dizziness—with superstition. Illness is often attributed to witchcraft or evil spirits, and traditional healers are consulted instead of doctors. This delay in medical treatment often worsens the condition.

During a community health drive, Swati workers conducted blood tests in Dekkadi. Several individuals, including three members of Basant Kanhar's family, tested positive for malaria and were given chloroquine. When Swati workers returned a month later for follow-up tests, they discovered that Basant's wife, Sasmita, who was seven months pregnant, had also contracted malaria.

Malaria during pregnancy poses serious health risks, including anemia, weakness, and complications for both mother and child. Given her condition, Sasmita was advised to seek medical treatment

immediately. However, the family dismissed the advice, claiming the diagnosis was false and relying instead on traditional remedies. Despite visible symptoms—recurrent fever, vomiting, and dizziness—they refused hospital care.

Undeterred, the Swati worker returned two days later and found Sasmita's condition worsening. She patiently explained the potential dangers of untreated malaria in pregnancy. Realizing the seriousness, the family finally agreed to seek medical help. Sasmita was taken to Balandapada Hospital, where her malaria was confirmed. She received appropriate medication and care under a doctor's supervision.

With timely treatment, Sasmita recovered safely. This case underscores the critical importance of awareness, timely diagnosis, and the role of health workers in challenging harmful beliefs. It also highlights how persistent community engagement can overcome resistance and save lives—especially for vulnerable groups like pregnant women in malaria-endemic areas.

Sumangi's Saksham Anganwadi: A Beacon of Hope for Maternal and Child Health



In the interior pocket of Kandhamal district, the Sumangi village Anganwadi Centre stands as a beacon of hope and transformation. Designated as a 'Saksham' center under the Government of India's Mission Saksham Anganwadi and Poshan 2.0 initiative, this center exemplifies the strides being made in combating malnutrition and promoting maternal and child health in interior tribal villages.

Serving the twin villages of Sumangi and Lamadi, this center has become a lifeline for vulnerable groups, including pregnant and lactating women, children, and adolescent girls. Through the Poshan 2.0 scheme, beneficiaries receive monthly nutritional support, regular health check-ups, and essential education on health and hygiene practices.

The center's infrastructure reflects its commitment to holistic development. Equipped with a functional kitchen, clean drinking water, sanitation facilities, and a vibrant flower garden, it provides a conducive environment for learning and growth. Inside, children engage with colorful wall paintings, educational charts, and a variety of toys and books, fostering an early love for learning. Currently, 28 children benefit from these facilities, receiving both education and nutrition.

At the helm is Kshiradri Bhoi, a dedicated Anganwadi worker since 2017. Her unwavering commitment involves registering 15 to 20 pregnant women annually, conducting home visits, monitoring health statuses, and maintaining meticulous records for schemes like Mamata Yojana. Under her guidance, the centre hosts monthly meetings with the Village Welfare Committee, Mothers Committee, Food Inspection Committee, ensuring community involvement and transparency in operations.

The center also observes Rural Health, Sanitation, and Nutrition Day each month, offering health check-ups for women and children, and providing crucial health advice. Adolescent girls participate in discussions on health and receive nutritional support, addressing the unique challenges they face.

The impact of these concerted efforts is palpable. There's been a notable increase in institutional deliveries, comprehensive vaccination coverage, and a significant reduction in malnutrition rates among women and children. Malnourished children are promptly referred to nutrition support centers, ensuring timely intervention.

Local Swati workers play an instrumental role in this transformation, actively engaging the community, disseminating information on government health initiatives, and promoting practices that enhance maternal and child well-being.

The Sumangi Anganwadi Centre continues to strive towards the goal of 100% institutional deliveries. It stands as a testament to the positive change that dedicated individuals and comprehensive government programs can bring to rural communities.

The Child Was Cured : A Journey of Hope and Resilience



In the remote village of Baghadangeri, nestled within the Balandapada region of Kandhamal, access to advanced medical care remains a formidable challenge. The local primary health center serves as the initial point of contact for medical needs, but complex cases often necessitate referrals to distant facilities, imposing financial and logistical burdens on impoverished families.

In 2018, Lili and Damodar Majhi welcomed their newborn son at the Balandapada Health Centre. Their joy was short-lived upon discovering that the infant was born without an anus—a critical congenital condition. The urgency of the situation led to a series of referrals: first to Phulbani General Hospital, then to Berhampur Medical College, and finally to SCB Medical College in Cuttack. Each transfer spanned hundreds of kilometers, undertaken by a new mother carrying her ailing child, often without adequate sustenance or rest.

At SCB Medical College, initial assessments led to a temporary solution: a colostomy procedure that allowed the child to defecate through an opening in the abdomen. With limited resources and mounting despair, the Majhi family returned to their village, facing not only the medical challenges but also societal stigma. Misconceptions about the

child's condition led to blame and ostracization, further isolating the family.

The turning point came when a SWATI (Society for Women's Action and Training Initiatives) worker, informed by the local Anganwadi center, visited the Majhi household. Recognizing the gravity of the situation, the SWATI worker accompanied Lili and her son to a public hearing with the District Collector in Phulbani. Moved by their plight, the Collector facilitated a consultation with the District Chief Medical Officer (DCMO), who recommended a definitive surgical intervention at SCB Medical College. To alleviate the financial burden, the Collector allocated ₹10,000 from the relief fund for the child's treatment.



Armed with renewed hope and necessary support, the Majhi family returned to Cuttack. The child underwent a successful surgery to construct an anal opening, eliminating the need for the colostomy. After a 15-day recovery period, the family returned home, this time greeted with relief and joy by their community. Today, the boy is a healthy seven-year-old, his life transformed by timely medical intervention and unwavering advocacy.

Satyabati's Safe Delivery: A Journey of Intervention and Awareness



Satyabati, a young woman from Kadampanga village under Lulsing Panchayat, was married off early and became pregnant within a year of her marriage. Despite being in a vulnerable stage of life, her pregnancy went largely unattended. Due to household responsibilities and traditional expectations, she continued with strenuous work—cooking, collecting firewood, fetching water, and working in the fields—throughout her pregnancy. Her family, steeped in misconceptions and lacking awareness, paid little attention to her nutritional needs or antenatal care. She neither received proper checkups nor took iron-folic acid tablets, leading to anemia and weakness.

The turning point came when a local Anganwadi worker informed a Swati field worker about Satyabati's condition. Upon visiting her, the Swati worker found Satyabati sitting alone under a Mahul tree. She was eight months pregnant, visibly frail, and had dangerously low hemoglobin and blood pressure levels. Realizing the urgency, the Swati worker advised immediate admission to the Maternity Waiting Home (MWH) in Balandapada. However, Satyabati was reluctant, citing the need for her husband and in-laws' approval.

When the family returned, the Swati worker sensitively engaged them, explaining the health risks for both mother and child. Though they verbally agreed, they did not act. A week later, Satyabati's condition worsened. The Swati worker, with the local ASHA, found her bedridden and unattended. Realizing the danger, they arranged an auto and took her to Balandapada Health Center. From there, doctors referred her to Phulbari District Hospital. She was transported via the Janani Suraksha Yojana ambulance and kept under observation.

However, without informing the hospital staff, her husband and father-in-law took her back home. On learning this, the Swati worker once again intervened, returning her to Phulbari hospital in an ambulance. Medical examination revealed severe anemia. Four units of blood were arranged with the Swati team's help. Once stabilized, Satyabati was shifted to the MWH at Balandapada for continuous care.

After 13 days of supervised care and nutritious food at the MWH, Satyabati delivered a healthy baby. The delivery was safe, with no complications—an outcome made possible only through persistent follow-up, medical intervention, and community health support.

This case highlights the critical role of grassroots health workers and the urgent need for awareness around maternal health. It underscores how entrenched beliefs and neglect can endanger lives, and how timely intervention, education, and health system support can change outcomes for vulnerable women like Satyabati.



The Role of Men in Child Care: A Social Narrative from Interior Kandhamal

My name is Manas, and I have been working as a community facilitator with the Swati organization in Balandapada area of Kandhamal dist for the past decade. Growing up in this tribal-dominated region, I was familiar with the cultural norms surrounding maternal and child health, especially through my mother's work as an Anganwadi worker. However, my professional journey revealed deeper insights into the evolving dynamics of gender roles in child care.

Traditionally, in the Kandha tribal community, childbearing and rearing were shared responsibilities. After marriage, couples often lived separately from their extended families, and husbands actively participated in caring for their pregnant wives. It was customary for husbands to

feed their wives during the postpartum period until the child's naming ceremony.

Over time, these practices have diminished. Many men have become less involved in maternal and child health, often due to alcohol addiction and societal pressures. This neglect has led to delays in seeking medical care, inadequate nutrition for pregnant women, and increased maternal and infant mortality rates.

Furthermore, the absence of social restrictions on polygamy has resulted in men marrying multiple times, leaving women to bear the burden of large families without adequate support. Women often juggle household chores, farming, and child-rearing alone, while men, controlling the family's finances, indulge in better meals outside, leaving women with minimal nutrition.



Recognizing these challenges, we initiated community meetings focusing on the importance of men's involvement in maternal and child health. We emphasized that a mother's well-being directly impacts her child's health and the family's overall prosperity. Discussions highlighted the significance of shared responsibilities, from accompanying wives to antenatal check-ups to ensuring proper nutrition during pregnancy. Our efforts also addressed the benefits of smaller families and the importance of spacing between children. We encouraged men to support family planning initiatives and to be active participants in their children's upbringing.



While change is gradual, we've observed a positive shift in attitudes. Increased education and awareness have led to more men participating in maternal health care, understanding the value of their involvement, and challenging traditional norms that previously sidelined them.

In conclusion, fostering male involvement in child care is crucial for the holistic development of families in rural areas. Through continuous engagement and education, we aim to rebuild the shared responsibilities that once defined our communities.





Bridging Beliefs and Health: Sarojini's Path to Informed Family Planning

In the rural expanse of Sumangi village, Kandhamal, Sarojini, a 35-year-old mother of five, embodies the intricate interplay between cultural beliefs and reproductive health. Married at 20, she welcomed her first daughter two years later, followed by two more daughters and two sons over the next decade. Despite health workers' recommendations for sterilization after her fourth child, Sarojini declined, citing her belief that children are divine blessings and expressing concerns that sterilization would hinder her participation in religious rituals and diminish her physical strength for labor-intensive tasks like farming and gathering forest produce.

Recognizing Sarojini's situation, a SWATI (Social Welfare Agency & Training Institute) worker visited her home to discuss her health and family well-being. Sarojini shared her challenges, including fatigue and reduced lactation for her youngest child. She

also expressed uncertainty about how to prevent further pregnancies without resorting to sterilization.

The SWATI worker, understanding the cultural sensitivities, introduced Sarojini to alternative contraceptive methods such as oral pills, condoms, and intrauterine devices (IUDs), emphasizing their reversibility and minimal impact on daily life. With guidance from the local Anganwadi center, Sarojini opted for contraceptive pills, marking a pivotal step towards informed and culturally respectful family planning.

Sarojini's journey underscores the necessity of culturally sensitive health education and the availability of diverse contraceptive options. Empowering women with knowledge and choices enables them to make decisions aligned with their beliefs and health needs, fostering a community where tradition and well-being coexist harmoniously.

Safe Motherhood and a Joyful Twin Birth: Binati's Story



Binati Kahur, a resident of Sajutpa village in Kuermendu Panchayat, stands out as a beacon of awareness and courage in a region where myths and fears still dominate pregnancy care. While many women in her community shy away from hospitals and medical advice, Binati took a different path—guided by awareness, trust in health services, and the support of SWATI workers.

During her first pregnancy, Binati independently registered herself at the local Anganwadi, received all necessary vaccinations, and regularly took iron and folic acid supplements. She made frequent visits for health check-ups, maintained a nutritious diet, and followed medical advice. When she neared her due date, the Swati worker encouraged her to stay at the Maternity Waiting Home (MWH) in Balandapada. With support from her husband and family, she shifted there well before delivery.

At the MWH, Binati received proper accommodation, timely meals, regular check-ups, and the emotional support of other expectant mothers. The stress-free

environment, medical proximity, and care made her feel safer than at home. She delivered a healthy baby girl and returned home with tears of joy and gratitude.

Two years later, when she conceived again, Binati resumed her routine health practices. However, by the fifth month, she began feeling unusually heavy. At seven months, she consulted the doctor at Balandapada Hospital, who referred her to Phulbani for an ultrasound. There, it was revealed that she was carrying twins. Concerned about the risks, she decided to return to the MWH in her eighth month.

She stayed at the MWH for nearly six weeks, receiving intensive care. Her weight, hemoglobin, and blood pressure were monitored regularly. The nurses boosted her confidence and encouraged her daily. With the support of the Balandapada Hospital medical team, she delivered twin babies—each weighing 1.5 kg—through a normal delivery. Though underweight, both babies were healthy.

Doctors guided Binati on postnatal nutrition and proper breastfeeding for two children. She followed their advice carefully. Today, her twins are one and a half years old and thriving.

Binati credits her successful motherhood journey to the timely advice, constant care, and unwavering support of Swati workers and the Maternity Waiting Home. She now encourages other pregnant women in her village to choose institutional care and stay at MWHs for a safe and stress-free delivery experience.



Mamata: Pursuing Education Against All Odds

In the quiet village of Kuerimandu in Kandhamal, Mamata Nayak's story stands as a testament to determination and the power of education. A bright student, Mamata passed her matriculation from Phulbani with an impressive 74% score. Yet, despite her academic success, poverty forced her to pause her dreams. Her family's small patch of agricultural land could barely sustain them. With her father unwell and unable to work, the entire family of seven relied solely on her elder brother's daily wages.

At the same time, her elder sister Bhayani was pursuing higher education in Phulbani. The family, already burdened, could not afford to send two children to college. As a result, Mamata had to drop out, despite her capabilities and ambition. For two years, she worked in the fields, collected firewood, helped at home, and contributed to the family's survival.

Her life took a turn when she attended a life-skill education training camp organized by SWATI in the local panchayat. There, adolescent girls discussed the challenges they faced and learned how to set goals despite adversity. Mamata felt inspired. Her desire to study reignited.

With guidance from SWATI workers, Mamata learned about a new college in Balandapada, just 5 km away. She repaired her old bicycle and began commuting through forested roads. Despite the risks and responsibilities at home, Mamata resumed her education.

Now enrolled in Balandapada College, Mamata manages both her studies and her household duties. Her resilience shines through. "Circumstances are not always favorable," she says, "but success comes when you confront obstacles and keep moving forward."



More Girls Than Boys: A Shift in Rural Education Dynamics

Pahiraju, a remote panchayat in the Phiringia block of Odisha, is witnessing a quiet revolution in education. At the heart of this change is the Government Residential High School, offering classes from 1st to 10th standard. With infrastructure upgraded under the state's ST initiative, the school boasts modern facilities—well-equipped classrooms, a science lab, computer education, smart classes, and residential hostels—making it comparable to urban schools.

Over 400 students from the surrounding areas study here today. A decade ago, things looked very different. Attendance was poor, especially among girls. Children missed school during farming seasons or due to illness. Parents lacked interest in education, and teachers struggled to keep students engaged. Those in the hostel were better monitored, but even they returned late after vacations. The situation was disheartening.

Today, however, there is a remarkable transformation. The school now records 20% more girls than boys. The headmaster attributes this shift to growing awareness among parents and improved government support—free textbooks, uniforms, bicycles, midday meals, and safe residential facilities. Girls are not only enrolling in greater numbers but are also outperforming boys in many subjects.

Yet, the progress is not without challenges. Dropout rates among girls remain high, especially by class eight. Many students enroll late—between ages 8 and 10—and by class five, they reach puberty. By the time they're in class eight, some girls are already 16 or 17 years old. At this stage, adolescent vulnerability peaks. With widespread mobile use, peer relationships and early love affairs lead to school dropouts. Additionally, some girls are married off early or pulled out of school to contribute to household chores or labour work.



Recognizing these issues, schools have started providing sexual and reproductive health education. Organizations like SWATI are complementing these efforts by conducting life skill training camps. These sessions empower adolescent girls to dream bigger, set life goals, understand the risks of early marriage, and become self-reliant through continued education.

The growing number of girls in schools like Pahiraju's shows a promising shift in community mindsets. But sustained efforts in health education, gender sensitization, and family awareness are essential to keep these girls in school—and shape a brighter, more equal future.



Sitakanti Ends Child Marriage, Chooses Education



Sitakanti, a bright and determined girl from Gunjipriya village in Pahiraju panchayat, defied societal expectations and took charge of her future. After passing her matriculation exam with an impressive 75 percent, she hoped to continue her studies. However, due to financial constraints and the lack of nearby higher education institutions, her dream was put on hold. Instead of joining college, she stayed home helping her mother with domestic chores.

Like many adolescent girls in Kandamal district, Sitakanti soon began receiving marriage proposals. For her family, the idea of marrying off a beautiful and educated daughter seemed like a secure and timely decision. Her father, a farmer supporting a family of six, believed that early marriage could protect her from potential social risks. But Sitakanti had other plans—she wanted to continue her education.

During this time, Sitakanti became involved in various adolescent programs run by SWATI, a grassroots organization working in the region. She participated in life skill training camps and learned about nutrition, adolescent health, and the rights and development of young girls. The sessions opened her eyes to the consequences of child marriage—not just the physical and mental health risks, but also the loss of personal autonomy and missed opportunities for self-reliance.

When Sitakanti learned about the opening of a new college in nearby Balandapada, she made a bold decision. Even as her family was preparing to proceed with a marriage negotiation, she spoke up. She told her mother that she didn't want to marry yet and expressed her desire to study further. Backed by SWATI's support, a field worker visited her home and explained to her father the risks of early marriage and the long-term benefits of allowing Sitakanti to pursue higher education.

Moved by his daughter's resolve and the organization's guidance, her father agreed. He realized that education could empower his daughter not just to support herself, but to uplift the entire family. Sitakanti's happiness knew no bounds. She enrolled in Balandapada College, determined to continue her journey.



Sitakanti's story is not just about rejecting an early marriage. It's about claiming agency, breaking cycles of gender-based expectations, and proving that rural girls, when supported, can choose education and independence over outdated traditions. Today, she is preparing for college with renewed hope and ambition. Her decision stands as a beacon for other girls facing similar challenges—showing that with the right support, change is possible.



Male Involvement in Maternal Care – The Journey of Kahnu and Indra in Interior Kandhamal

In the remote village of Pahiraju Panchayat, Kandhamal, the story of Indra and Kahnu exemplifies the transformative impact of male involvement in maternal health care. Married in 2020, both had completed their intermediate education and shared a deep bond. Their first pregnancy ended tragically with the loss of their newborn, a sorrow that strengthened their resolve to approach subsequent pregnancies with heightened awareness and care.

In 2024, upon conceiving again, Indra proactively registered at the local Anganwadi center, ensuring timely vaccinations and regular intake of iron and folic acid supplements. Kahnu played a pivotal role by procuring nutritious foods and health supplements, emphasizing the importance of maternal nutrition. Their commitment extended to attending monthly health and nutrition camps, monitoring vital health indicators, and consuming government-provided nutritious foods.

Their efforts culminated in a healthy delivery at Balendapada Hospital, where Indra gave birth to a 2.5-kilogram baby.

Post-delivery, adhering to traditional customs, Indra and the newborn were housed in a separate, well-prepared room to ensure warmth and protection. This practice, rooted in cultural beliefs, also served as a communal signal of the newborn's arrival, fostering community awareness and support.

What sets this narrative apart is Kahnu's active participation in postpartum care—a role traditionally reserved for female family members. For a month, he took charge of household chores, prepared nutritious meals, ensured Indra's comfort, and managed the baby's needs. His involvement challenges conventional gender roles, highlighting a shift towards shared responsibilities in maternal and child care.

Indra and Kahnu's journey illustrates the transformative impact of education, awareness, and shared responsibility in maternal health. Their experience serves as a testament to the positive outcomes achievable when traditional values harmonize with contemporary healthcare practices, fostering a supportive environment for mothers and children alike.

Kamini's Journey to Safe Motherhood at Balandapada Maternity Waiting Home



In the remote village of Luisig, Kandhamal, Kamini Sahu's experience underscores the transformative impact of maternity waiting homes (Maa Gruhas) in enhancing maternal health outcomes. Her journey reflects the critical role of such facilities in bridging healthcare accessibility gaps in underserved regions.

Despite governmental initiatives aimed at reducing maternal and neonatal mortality, barriers like limited awareness, entrenched traditional beliefs, and caste-based prejudices have historically impeded the utilization of institutional maternal healthcare services in Kandhamal district. Recognizing these challenges, the Swati Institute, supported by the National Health Mission (NHM), established maternity waiting homes in remote areas, including Balandapada in Phiringia Block, to provide comprehensive maternal care services.

Kamini, having previously delivered her first child at Balandapada Hospital, was aware of the benefits of institutional deliveries. During her second pregnancy in 2024, she faced health concerns, including low weight and blood pressure. Given her residence in an interior village with limited immediate access to advanced healthcare, Kamini decided to utilize the maternity waiting home facility.

Fifteen days prior to her expected delivery date, Kamini was admitted to the Balandapada Maternity Waiting Home. Here, she received regular health check-ups, nutritional support, and health education, which collectively contributed to the improvement of her health status. The facility ensured a safe and hygienic environment, staffed by trained health professionals, to monitor and support expectant mothers.

With the assistance of a local doctor and the support of the maternity home's staff, Kamini successfully delivered a healthy child. Her positive experience highlights the effectiveness of maternity waiting homes in providing essential maternal healthcare services, particularly in remote regions where access to such services is often limited.

Kamini's case illustrates the potential of maternity waiting homes to overcome socio-cultural and logistical barriers to institutional deliveries. The Swati Institute's efforts in community engagement, including addressing caste-based prejudices and promoting awareness about maternal health, have been instrumental in increasing the utilization of these facilities. Such interventions align with the objectives of the NHM to enhance maternal and child health outcomes in underserved areas.

The successful delivery and improved health outcomes in Kamini's case underscore the importance of maternity waiting homes in rural healthcare infrastructure. By providing accessible, culturally sensitive, and comprehensive maternal care, these facilities play a crucial role in reducing maternal and neonatal mortality rates in remote regions.

Lisuma's Nutrition Garden: Cultivating Health and Hope in remote Kandhamal



In the heart of Gabaranala village, nestled within Kandhamal's Pahiraju panchayat, 25-year-old Lisuma Kanhar embarked on a transformative journey during her first pregnancy. Living in a joint family of 13, Lisuma faced the challenge of ensuring adequate nutrition amidst limited resources. Traditional meals often lacked the diversity needed for a pregnant woman's diet, relying heavily on rice, dal, and minimal vegetables purchased weekly.

Upon confirming her pregnancy, Lisuma promptly registered at the local Anganwadi center, receiving essential vaccinations and iron-folate acid supplements. Recognizing the importance of a balanced diet, Swati health workers emphasized the need for daily intake of greens and fresh vegetables to maintain her health and support fetal development.

Understanding the family's constraints, the Swati workers suggested establishing a nutrition garden—a concept aligned with nutritional garden initiative, which promotes household gardens to combat malnutrition. Encouraged by this idea, Lisuma's husband, Avinash, dedicated half an acre of their land

to cultivate a variety of vegetables, including okra, tomatoes, eggplants, beans, and leafy greens. The entire family participated, turning the garden into a communal effort.

Within two months, the garden flourished, providing a steady supply of fresh produce. This not only enriched the family's meals but also ensured that Lisuma received the necessary nutrients during her pregnancy. Regular health check-ups at the Anganwadi center confirmed her improved health metrics, including stable weight and hemoglobin levels.

As her due date approached, following the advice of the Swati workers, Lisuma relocated to a nearby Maternity Waiting Home. There, she received continuous care and eventually delivered a healthy baby at the scheduled time.



Lisuma's story underscores the profound impact of community-driven initiatives and the importance of nutritional awareness. Her family's proactive approach serves as a model for other rural households, illustrating how sustainable practices like home gardening can lead to healthier pregnancies and stronger communities.

Model Anganwadi Center in Baghdadangeri



In the heart of Balendrapada Panchayat, the Baghdadangeri Anganwadi Center stands as a testament to what community-driven initiatives can achieve. With its pristine surroundings, vibrant flower garden, and walls adorned with informative murals on maternal and child health, the center offers a nurturing environment for early childhood education. Inside, children engage with educational materials, toys, charts, desks, and benches, all designed to foster holistic development. Essential amenities like clean toilets and safe drinking water further enhance the center's commitment to child welfare.

Serving 46 children and over 10 pregnant women annually, the center's success is largely attributed to the dedication of Anganwadi worker Basanti Majhi. With 22 years of service, Basanti possesses an in-depth understanding of the health dynamics of every family under her care. She observes that over the past decade, there's been a significant shift in community behavior:

- **Increased Awareness:** Pregnant women now proactively register themselves, attend vaccinations, and participate in Village Health and Nutrition Day (VHND) meetings.

- **Dispelling Myths:** The community has moved away from home births, recognizing the safety and benefits of institutional deliveries.
- **Active Participation:** Families regularly visit the center to collect nutritious food and ensure their children attend preschool sessions.

The center's effectiveness is further bolstered by active committees like the Village Welfare Committee, Mother Committee, and Inspection Committee. These groups convene regularly to address challenges, implement solutions, and collaborate on health and sanitation initiatives.

Non-governmental organizations, notably the Social Welfare Agency & Training Institute (SWATI), play a pivotal role in this ecosystem. SWATI provides life-skill education to adolescent girls, organizes social programs, and celebrates significant national and international days. Their efforts include facilitating safe deliveries by arranging transportation for pregnant women and directing malnourished children to nutrition centers. Such collaborations have led to tangible outcomes, with reports indicating that 99% of women in the program delivered babies at institutions and 94% of children aged 9-12 months were completely immunized.

The Baghdadangeri Anganwadi Center exemplifies how grassroots leadership, combined with community engagement and NGO support, can drive substantial improvements in health and education. It serves as a model for other regions aiming to enhance their Integrated Child Development Services (ICDS) infrastructure and outcomes.



Triplets in a Time of Trial: Pratima's Journey from Hardship to Hope in interior Kandhamal

In the remote village of Kuvasing, nestled within Pahiraju Panchayat of Odisha's Kandhamal district, Pratima and Janak Kanhar lead a humble life. Relying on subsistence farming, forest produce, and daily wage labor, their existence is marked by resilience amidst adversity.

In 2021, at 31, Pratima became pregnant. She diligently registered at the nearby Kusupaju Anganwadi Centre, receiving essential vaccinations and supplements. However, financial constraints prevented her from accessing comprehensive prenatal care. By June 2022, as labor pains commenced, she was admitted to Balandapada Hospital. Due to complications, she was referred to Phulbani District Hospital, where, on June 5, she delivered triplets—three underweight but healthy babies.

While the birth brought immense joy, the challenges of nurturing three infants simultaneously were daunting. Pratima struggled with breastfeeding, and doctors recommended Cerelac, a nutritional supplement. At ₹500 per unit, requiring six

units monthly, the cost exceeded ₹3,000—a sum beyond their means. Additionally, caring for three newborns made it impossible for Pratima to resume household chores or labor work, further straining their finances.

Recognizing their plight, the Social Welfare Agency & Training Institute (SWATI) intervened. SWATI, committed to maternal and child health in Odisha, provided immediate assistance by supplying Cerelac for a month. Their workers offered guidance on feeding practices, maternal nutrition, and monitored the health of both mother and children. They also ensured the triplets received timely vaccinations and leveraged support from local Anganwadi centers.

Thanks to SWATI's unwavering support, Pratima's children are thriving, and she has resumed her daily activities with renewed vigor. Her story underscores the profound impact of community-driven initiatives in transforming lives and highlights the importance of accessible healthcare and support systems for marginalized families.

Rashmita's Resolve: From Rural Roots to University Dreams



In the secluded village of Pahraku, nestled within Odisha's Phiringla block, Rashmita Kahur's aspirations soared beyond the limitations of her surroundings. Despite challenges like inconsistent electricity and limited connectivity, she remained steadfast in her pursuit of education.

Actively participating in awareness initiatives by the Social Welfare Agency & Training Institute (SWATI) and being a vibrant member of the village's adolescent girls' group, Rashmita excelled academically, securing commendable marks in her matriculation from the local government high school. However, financial constraints led her father to consider marriage over higher education for her.

A turning point came when Rashmita attended a four-day life skills and career counseling camp organized by SWATI in Bandhagarh. The sessions emphasized

setting personal goals and charting paths to achieve them. Inspired, Rashmita resolved to delay marriage and advocate for her right to education. Her determination eventually persuaded her parents to support her college ambitions.

Embracing her role as change maker, Rashmita initiated campaigns against child marriage in her panchayat, rallying peers and organizing awareness programs. Her efforts garnered attention from local Block Development Officials and representatives from the international organization CRY, highlighting her as a beacon of change.

While pursuing her studies in Phuibani, Rashmita's dedication caught the eye of RK Tutorials, leading to her enrollment in their coaching program. Her hard work culminated in a first-division pass in her intermediate examinations. Today, she proudly continues her academic journey at the esteemed Rama Devi Women's University in Bhubaneswar, Odisha's premier institution dedicated to women's education.



Rashmita's journey underscores the transformative power of determination and the pivotal role of community support in challenging societal norms. Her story serves as an inspiration, emphasizing that with resilience and the right support, dreams can indeed become reality.

The Angel of Remote Regions: ASHA Worker Lalita's Lifesaving Commitment"



In the secluded village of Batul, nestled within the Luxing panchayat of Odisha's Phiringia block, Lalita, a dedicated ASHA (Accredited Social Health Activist) worker, has been a beacon of hope for her community since 2015. Her unwavering commitment to maternal and child health has transformed lives in Batul and neighboring villages like Danganaam and Sutanil.

A poignant example of her dedication unfolded in March 2022 during the Holi festival. While celebrations halted public transport and closed markets, Lalita received an urgent message: a pregnant woman in Phulbani District Hospital required a rare blood type—Lalita's own. Undeterred by the 60-kilometer distance and lack of transportation, she rented an auto-rickshaw and travelled to Phulbani, donating blood and saving both mother and

child. Her selfless act garnered appreciation from hospital authorities and recognition from the district administration.

Beyond emergencies, Lalita's daily endeavors involve educating women on prenatal care, nutrition, and the importance of institutional deliveries. Her proactive approach includes regular home visits, ensuring timely vaccinations, and addressing health misconceptions prevalent in her community. During the COVID-19 pandemic, when fear deterred hospital visits, Lalita tirelessly went door-to-door, disseminating information on safety protocols, distributing masks, and monitoring the well-being of pregnant women.

Lalita's impactful work is bolstered by her association with the Social Welfare Agency & Training Institute (SWATI), a non-governmental organization dedicated to the development of rural and marginalized communities in Odisha. SWATI's initiatives in maternal and child health, adolescent health, and community development have been instrumental in supporting frontline workers like Lalita. Through training programs and community outreach, SWATI empowers ASHA workers to effectively address health challenges in remote areas.

Lalita's story exemplifies the profound impact of grassroots health workers in India's rural landscape. Her unwavering dedication, even amidst personal risks and challenges, underscores the vital role ASHA workers play in bridging healthcare gaps and fostering healthier communities.



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