

SANGWARI

ANNUAL REPORT

2021-22



SANGWARI
PEOPLE'S ASSOCIATION FOR
EQUITY AND HEALTH



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FOREWORD

It gives Team Sangwari an immense pleasure to publish its first annual report for the period between April 2021 - March 2022. Not very long ago, Sangwari started as a small group of healthcare professionals coming together to start work in the medically underserved communities in Surguja district. Today it is a vibrant team of 30 healthcare professionals, working to provide healthcare services to a population of about 300000 living in three blocks of Surguja district and providing training and technical inputs to public health system at the divisional and state level.

Last year saw the deadly second wave of COVID-19 and the Sangwari team stepped up to this massive challenge. Along with the public health system and another not-for-profit organization Doctors for You Sangwari members set up a COVID-19 ICU in the district hospital at Ambikapur. Close to 100 very sick patients received care in this ICU.

In order to provide care in the hard to reach areas, we have also established 7 community clinics in remote areas of the Lakhanpur, Udaipur and Mainpat divisions of Surguja District.

A community health programme is being established in a population of 30000 in these three blocks to increase health awareness, community mobilization to improve health care, provide village level care for selected ailments and conduct population-level research.

Sangwari has also been closely working with the government health system to train healthcare workers at various levels. Pain and palliative care services which are in short supply nationwide have been established at the Urban Primary Health Centre in Ambikapur through the efforts of Sangwari.

All this would not have been possible without the love and support of the donors, friends and family members who trusted us. We take this opportunity to thank all who have stayed with us on this journey and believed in our dream. We hope that we will continue to receive your support. We also plan to connect with many more friends and organizations in the coming years and through a collective effort improve health care for marginalized communities in Chhattisgarh.

Team Sangwari



OUR VISION

At Sangwari, we visualise a world where every living being, including the poorest and belonging to the most marginalised communities, has an equal opportunity to live in good health as per their values and in harmony with the environment. Everyone has a nurturing space around them to reach a higher level of consciousness.

OUR MISSION

The mission of Sangwari is to improve the health and well-being of Adivasi and other rural communities by way of medical care, community engagement and mobilisation, capacity building, research and advocacy.

About Sangwari

Sangwari is a not-for-profit organization registered as a section 8 company under the Companies Act 2013 in India. It is formed by a group of like-minded healthcare professionals who are interested in improving the health of rural and Adivasi people. Each one of these professionals have 5-20 years of experience working in underserved rural regions of the country providing clinical care, conducting public health research and working in not-for-profit as well as public health sector.



Geographical area of our work

Sangwari works in northern Chhattisgarh in the Surguja division. The division abuts Jharkhand on the east, Madhya Pradesh on the west, Uttar Pradesh on the north. This region is economically underdeveloped and has weak public as well as private health care services due to shortage of trained personnel and lack of adequate healthcare infrastructure. It can be easily described as a 'medical desert' and the closest tertiary medical care is available 300 kilometres afar.

Close of 50% of the population of this region is Adivasi or tribal. Multiple Adivasi communities inhabit this region including Urao, Kavar, Gond, Majhi, Majhwar, Saota, Korwa and vulnerable tribal groups like Pahari Korwas and Pandos.

While there is an unfinished agenda of maternal and child health care and management of communicable diseases, there is also an emergence of chronic non-communicable diseases such as high blood pressure, diabetes, stroke, ischemic heart diseases and mental health disorders.

Keeping these realities in mind, we are working to provide healthcare care to the marginalized communities through following programmes.

Our programmatic areas



Community Clinics



Community Health Program



Health System Support



Pain Relief and Palliative Care



Advocacy



Research and Documentation



Sangwari Community Clinics

Sangwari strongly believes in 'reaching the unreached', aligned with the value of equity. People in the remotely located areas have several challenges to seeking healthcare due to lack of availability of healthcare services in the vicinity of their residence, high cost of healthcare, transportation challenges and so forth. In order to address these challenges, we have set up clinics closer to the community. So far patients from more than 300 villages have sought care in these clinics.

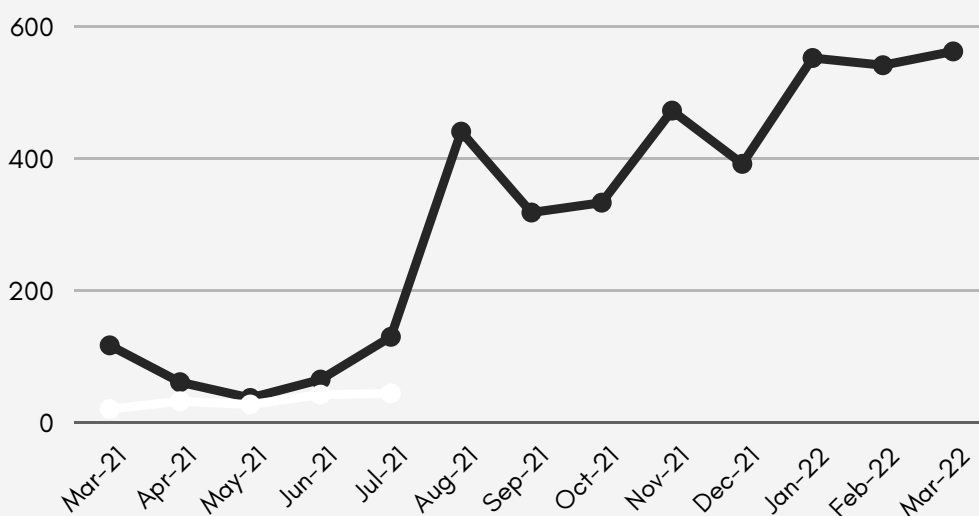
A team of seven doctors provide care in these clinics. The team includes one senior paediatrician, one neurologist, one internal medicine physician, one anaesthetist as well as pain and palliative care specialist, and three family medicine specialists.

A clinical laboratory is an absolutely essential component of providing clinical care in difficult-to-reach areas. Close to 35 laboratory investigations are provided in the lab in these clinics and for laboratory tests not available in the clinic, samples are transported by the clinic team to the labs where these services are available.

We also provide generic medicines at a highly discounted rate. The clinic pharmacy has more than 250 medicines available. By providing clinical care at a highly subsidized costs, Sangwari team has helped save an estimated 17 lakh rupees of healthcare expenditure for its patients over the last one year.

While it is often believed that primary healthcare services are needed in rural and Adivasi areas, we found a large burden of complex health problems including chronic non-communicable diseases like stroke, renal failures, untreated epilepsy, high blood pressure, diabetes, mental health disorders, thyroid diseases and so forth. The range of illnesses could be challenging to any physician practicing in metro cities and with limited resources at hand in rural Surguja, the challenge becomes even steeper.

One mile at a time..journey so far



4007

Consultations Provided

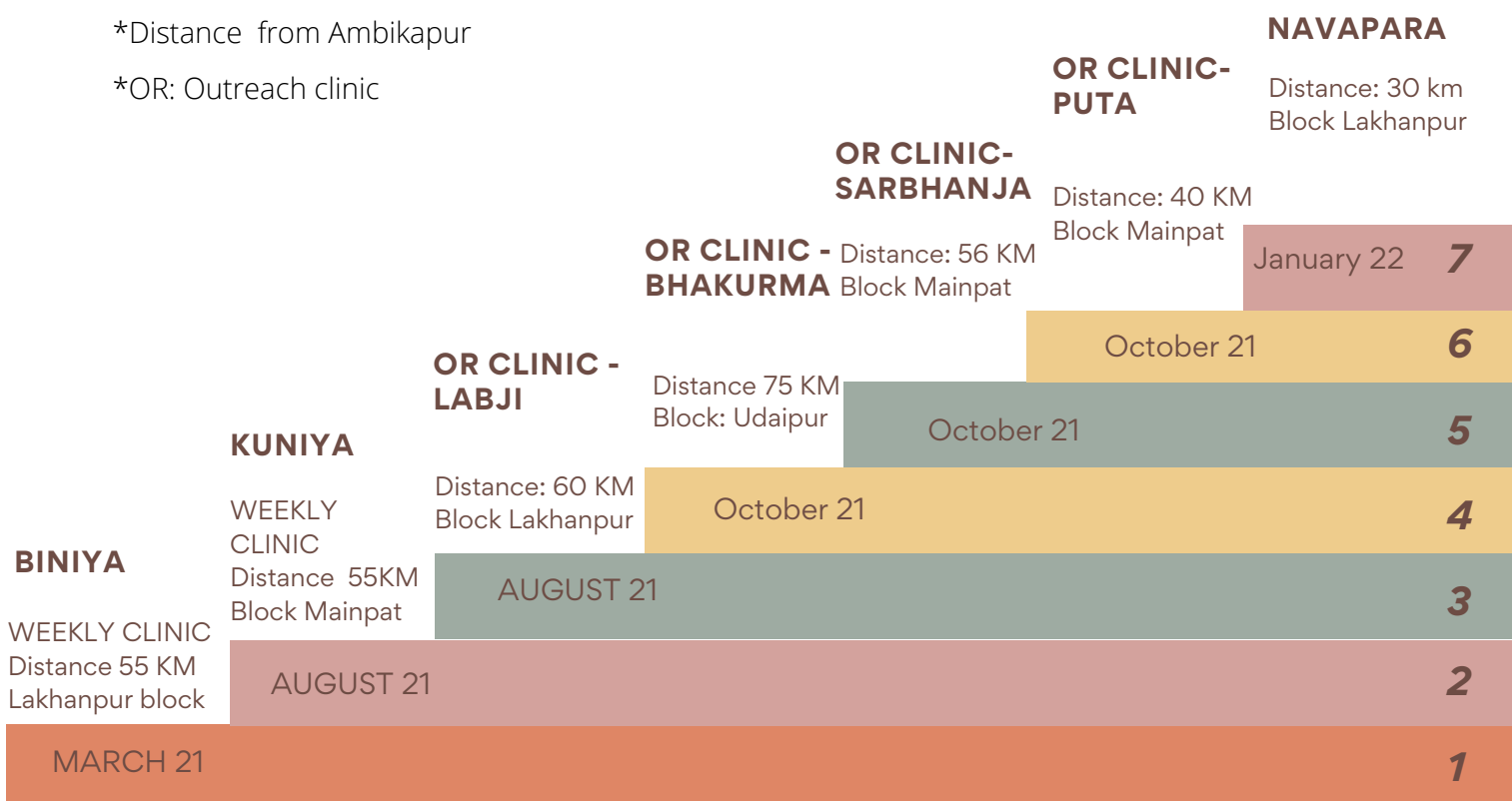
To Patients from

300

villages of Surguja district

*Distance from Ambikapur

*OR: Outreach clinic



Sangwari Community Health Program

Sangwari community health programme aims to improve community's health through awareness generation, prevention, early detection of diseases, referral and access to quality healthcare. All these efforts are aimed at reducing out of pocket expenditure in short term and morbidity and mortality in the longer term.



After the second COVID-19 wave we developed a community health programme in 33 villages in the Lakhanpur and Udaipur blocks of the district with a collective population of about 37000. About 70% of these villages is tribal. Over the last one year we started engaging with critical stakeholders of our communities- the mitanins who are the community health workers in the public health system, Panchayat Raj Institutions members such as sarpanch and sachivs, anganwadi workers, members of women self-help groups, and our patients and their families. Over the last one year we have conducted over 43 community meetings and health awareness sessions in the program villages.

These activities have helped us to understand the area, people, and their health needs. People in this region live in small hamlets in hilly and forested areas where each village has an average of 8 to 10 paras(hamlets) over a distance ranging from 4 km to 20 km. The sparsely located hamlets posed added challenge to reaching out to communities.



We envision an integrated community program model where we engage with the public health system and help fill up the gaps in patient care and referral. We have recruited Swasthya Sangis, who are at least 12th standard educated village youth who were trained by Sangwari. We currently have nine Swasthya Sangis serving these 33 villages. Their primary responsibility is to provide treatments for minor ailments, refer patients to clinics of Sangwari where needed, follow up selected patients, engage with community, collect information on vital events such as births and deaths and generate health awareness.

After training they have provided treatments for minor ailments at home to more than 500 patients over the last 4 months and have started referral to Sangwari clinics. With the help from Swasthya Sangis, we have developed an initial profile of villages which has information about villages such as total population, number and names of mitanins, information about the Panchayat Raj Institution members. Births and deaths in these villages are being documented.

Among tribal communities, some tribal groups are more deprived and marginalised than other groups. Majhi, Majhvaar, Sawta, Pando, and Pahadi Korwa often live in difficult-to-reach hamlets. We have mapped such hamlets and have started regular visits by Swasthya Sangis and by doctors when needed.

To mark the completion of one year of our first clinic in the village Biniya in Lakhanpur block and to strengthen our activities for the TB program, we conducted a community event on the world TB day. 24 mitanins, 5 Panchayat Raj Institution members and 12 health department representatives which included the TB treatment supporter, senior treatment supervisor, medical officer, nurses and TB mitans were felicitated in the event. Fourteen TB patients who were under treatment or have completed the treatment from our clinic also attended the programme and shared their experiences. A separate TB initiative is being developed under the community health programme to facilitate the diagnosis and treatment of TB patients in this community.





Pain Relief and Palliative Care

Sangwari started offering specialist care for pain and palliative care in collaboration with the public health system at the Urban Primary Health Centre (UPHC) at Ambikapur in March 2021. The effort is supported by the Red Cross Society, Ambikapur. Subsequently, a Pain and Palliative Care clinic was also started at the District Hospital, Ambikapur. The majority of healthcare providers, doctors and nurses lack an understanding of the need and modalities of such an approach to palliation. There is a large undeniable burden of chronic diseases, osteoarthritis, chronic back or joint pain, and cancers, which often present at an advanced stage of the disease. At this stage, as doctors continue to strive to cure disease, patients are often left without essential pain relief and palliative care support.

Cancer patients in Surguja district had to travel more than 300 km to get these necessary pain medicines. Sangwari decided to work for the inclusion of this patient-centric approach to health care, where we strive to go beyond curing diseases. We began mitigating this inequity in access to essential narcotic drugs like morphine through applying for a license for procuring and dispensing the same initially at the UPHC, Ambikapur and subsequently at the District Hospital, Ambikapur. Soon, these medicines were procured and are now available to patients with advanced cancers to relieve severe pain.

1029

consultations

58

Home visits

387

Telemonitoring

We have recruited a social worker to ensure the benefits of various government schemes and social benefits reach those who are in need of palliative care.



Setting up of first pain relief and palliative care clinic in UPHC Surguja

5th March 21

Essential narcotic drugs made available for the first time in the Surguja division

1st August

26th September

7th October

Got the first license in the division to procure and dispense essential narcotic drugs to relieve cancer pain

Pain-free life became a reality for our first cancer patient

Outpatient pain relief and palliative care services provided by Sangwari include-

1. Effective pain management
2. teaching family home-based care
3. Advanced care planning
4. Psychological support
5. Telephonic follow-ups/tele-consultation
6. End of life care
7. Grief and bereavement support
8. Provision of aids such as wheel-chair, air mattress etc.
9. Linking such families to various social schemes
10. Home-based palliative care by a team of doctors and a social worker



Besides provision of care, we are working to improve awareness about such services, generating public need and training healthcare professionals in these essential skills of pain management and palliative care.

Four doctors in the Sangwari team were trained in the foundation course of palliative care by Pallium India. We now will begin to integrate palliative care in all our service programs at all levels.

We shared the stories and palliative care needs of people belonging to tribal-rural communities on an international innovation conference organized by Maulana Azad Medical College, Delhi. Such efforts towards advocacy will continue in the coming year as well.

We will continue to build our team and build awareness among people and health professionals so that those suffering are no longer alone, their faces are seen, and voices are heard. We wish to hold their hands in their difficult times and learn from them what problems are faced in the context of their tribal-rural socio-economic and cultural background.

Health System Support

Public health system remains an important source for healthcare seeking among marginalized tribal communities as well as the rural and urban poor. Sangwari has directly or indirectly worked on various essential building blocks of health system strengthening with the scope of work ranging from local to state level.

Health professionals from the following organizations were trained,

organisations/Stakeholders

State Health Resource Centre, Raipur-
CHOs, Mitanins and Mitanin Trainers

Government health Dept.- MO, ANM,
RHO, CHC doctors, RBSK MOs

Sister NGOs-RAHA, Chaupal, Ekjut, etc

Institutes- TMC, Mumbai, CFAR, Delhi, NTEP,
SHIFW (IDSP)

KEY ACHIEVEMENTS IN THE YEAR

TRAINING

55 trainings for 1989 health care workers from government and non-government healthcare delivery systems



HEALTH WORKFORCE TRAINED



Consists of- medical officers, community health officers, district-medical college specialist-doctors, rural health officers, mitanins and their trainers, and staff of various sister NGOs and institute in India

TOPICS



COVID-19 general awareness, home management and ICU care, Community Health Centre level management, sickle cell disease, snake/animal bites, infectious diseases and NCDs.

MOU SIGNED



·Signed a memorandum of understanding with the State Health Resource Centre (SHRC) of Chhattisgarh to train community health officers and mitanins.

Trained community health officers in close to 10 topics

SICKLE CELL CLINIC ESTABLISHMENT

·Provided technical support to establish sickle cell disease unit and OPD at the urban PHC in Navapara in Ambikapur town. The Unit was inaugurated by Honorable Health Minister of Chhattisgarh Shri T.S. Singh Deo ji.





Advocacy

Striving for the better health status of tribal communities has been at the heart of Sangwari's work. Following media reports of excessive deaths in the Pando Community, Sangwari was asked by the Joint Director, Health of Surguja division to independently investigate root causes of these deaths. It brought out many learnings about insufficient data about the health status of vulnerable communities, poor delivery of health services and basic entitlements.

We identified scrub typhus as a potential cause in some of the deaths due to febrile illness. Scrub typhus was not suspected by treating doctors as a cause of fevers and testing for it was not available in the public health system. We presented the findings to the Honorable Health Minister of Chhattisgarh and the Joint Director, Health of the division of Surguja. Following our report blood tests for scrub typhus were made available at the District Hospital in Ambikapur.

In the third wave of the COVID-19 pandemic, Sangwari trained volunteers from Pando community to identify and refer severe cases of COVID-19 to the health facilities in a timely manner and in first aid and primary health care.





It included symptomatic treatment of fevers and flu-like illness, use of ORS, handwash method, use of pulse oximeter, and basic wound care.

The awareness program and training were organised at village Palagi in the Ramchandrapur block of Balarampur district where a majority of Pando people live. Total of 128 volunteers from more than 58 villages registered for training. We provided trainees with a primary care kit which included medicines and essential supplies. We also provided pictorial job aids as reminder cards for volunteers.

Under the "Vishesh Pichadi Janajati Sangathan" (Particularly Vulnerable Tribal People's Organization), more than 500 people from Pando and Korwa communities gathered in Palagi village. Team members from Sangwari and the District Health Department officials addressed the gathering.

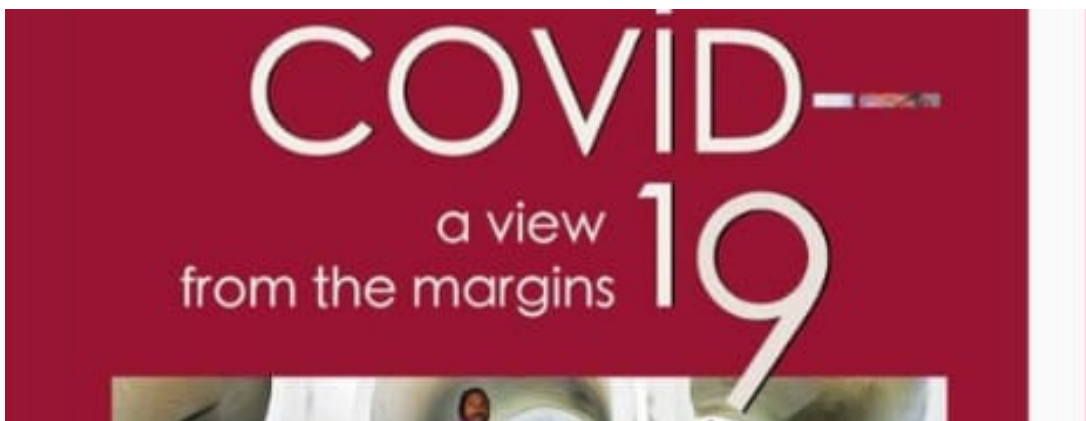
We received an invite to join the National Dialogue "SAMVAD" on Tribal Health and Evaluation of Health Systems in the Scheduled areas, an event organised by the National Commission for Scheduled Tribes in New Delhi. The investigation following excessive deaths in the Pando community brought out many systemic issues we wanted to voice on a national platform. We decided to use this platform to present the situation witnessed in the Surguja district. Some of the team members from Sangwari attended the event and also took with them seven leaders from various particularly vulnerable tribal groups from Chattisgarh, namely Pando, Pahadi Korwa, Kamar, Birhor, Abujh Madia, Baiga and Bhunjiya. We were elated to see all the grassroots leaders making their case at this National gathering. Sangwari hopes to continue this solidarity to empower our fellow tribal leaders.

Research and documentation

The health problems in Adivasi and rural areas often remain understudied and there is a dearth of data on these problems. Sangwari wants to address this 'health data poverty'.

An observational study based on setting up the COVID-19 ICU and providing care to very sick COVID-19 patients from Adivasi and rural areas is accepted for publication in the Journal of Family Medicine and Primary Care. Commentaries based on experiences from investigations involving Pando deaths are also being submitted to two journals to highlight the health issues among the tribal people. We have also shared the experience and quandaries related to providing palliative care in the underserved region of Surguja in the BMJ Blogs (<https://www.bmj.com/content/376/bmj.o393/rr-4>)

Several members of Sangwari contributed to the book 'COVID 19 from the margins' highlighting the challenges of providing care for COVID 19 in rural tribal areas.



Monitoring and Evaluation

All the activities of Sangwari are monitored by separate monitoring and evaluation team which ensures that programs are relevant, effective, and are run in an efficient manner.





Special Initiatives

COVID-19 ICU

Sangwari responded to the unprecedented health challenge posed by the COVID-19 pandemic. It worked in collaboration with the District Hospital, Ambikapur and Doctors For You to set up a 20 bedded COVID-19 ICU at the District Hospital during the deadly second wave. Specialist doctors from Sangwari mobilized doctors and nurses from various parts of India and took care of 96 very sick patients. They provided high quality humane tertiary level care along with palliative care services. The team also conducted post-COVID clinics and evaluated 81 patients.

While running the ICU, Sangwari team trained medical officers from the public health system in skills such as intubation and some aspects of intensive care for COVID-19.

20 Bedded ICU at the District Hospital

96 ICU Patients

81 Followed up in Post Covid OPD

Community-based COVID-19 care programme

In April 2021, we witnessed strict lockdown and an upsurge of COVID-19 cases all over the country. Surguja was not an exception. Through online and offline training, we supported more than 8-10 grassroots organisations from Surguja as well as other districts.

In collaboration with Chaupal, a community-based organization, we created a pool of volunteers and developed a village home-based COVID-19 care programme for the 28 gram panchayats (village councils).

28 Gram Panchayats catered

26 Volunteers trained and equipped with pulse oximeter and PPE

140 Patients supported at home

233 Follow up visits

From the field diary

And hope prevailed...

There are some days when we are left with more questions than answers. It was one such day. I reached village Jama for our outreach clinic, and it's a small hilly village where people from many surrounding tribal hamlets come for our clinic. Someone told me that one of our old epilepsy patients was sick, so I rushed to his house. What followed shocked me, Guniya (faith healer) was doing jhaad phook (rituals) on our patient, 24-year-old Shankar. He was lying on the floor, not in his senses as he was having seizures. Guniya held his hands and feet and was constantly chanting. It was heart-wrenching; the sound of chanting, the sound of Shankar's hands and feet hitting the floor, the smoke made for jhaad phook, everything was giving a sinking feeling. The whole village was gathered there, everyone's eyes were on Guniya and Shankar. I stood there transfixed, and all the memories of Shankar flashed in front of my eyes. His life was in danger and the rituals were not going to help him.

I remembered him sitting in Labji outreach clinic, narrating his story, how he got better and now works in the fields after taking medicines for seizures. He was started on seizure medicines from our Biniya clinic which is 30 kilometers from his house

He was a proud advocate of our clinic in his neighbouring villages. Many patients would mention that they came to our clinic with hope after listening to Shankar. His father would travel to get medicines in Sangwari clinic. After losing so much money and wages due to his illness, Sangwari's low-cost medicines enabled them to earn more this harvest. I remembered all those hopeful memories of our last conversation, and here I was today.

Amidst all chaos, Shankar's father noticed me, and I could speak to him.

His father gloomily told me he had a COVID-19 vaccine after which he had fevers, a normal reaction observed in many patients after taking this vaccine, for which he was taken to a doctor in a nearby town. The doctor told the family to stop taking every medicine including seizure medicines and the family obeyed.

His brother added, 'Shankar ko nazar lag gayi' (he is afflicted by someone's evil eye) as his family made a good earning this year from their farm.

With the village's gaze at us, I evaluated him, while Guniya was busy doing his job. He was sick, dehydrated, had high fevers, and poor senses. I suggested taking him to Ambikapur and offered antibiotics and anti-epileptics at home. His father politely denied.

He said he will take him to Ambikapur, but I could sense the uncertainty of promise. Worries about money, travel, anxious about care at the government hospital must be on his mind. His father said, "*Dawa bhi karenge aur dua bhi karenge*" (we will do treatment and prayers too) with that promise and all awkwardness villagers urged me to leave.

As I walked back, I felt hopeless, thinking why did this happen? Why were the medicines stopped? Will they take him to the hospital? Will other patients follow Shankar and stop medicines? As I was leaving the village a few villagers invited me into their homes to have a look at the patients that needed attention. They said they had seen Shankar recover with medicines and they have hopes that we can help them!

Jama village doesn't have a telephone network, I did not know what happened to Shankar. A week later I could somehow contact his brother and came to know that Shankar was admitted to the hospital on the day I saw him and was getting discharged from Ambikapur. I happily went to see him at the Ambikapur bus stop and was so joyous to listen to him say "Didi, I am better !"

Dr.Neha



Acknowledgements

Our collaborators -

1. CHAUPAL-Chaupal Gramin Vikas Prashikshan Evam Shodh Sansthan, Surguja
2. RAHA (Raigarh, Ambikapur Health association), local NGO, Surguja district
3. Red-Cross Society, Surguja district
4. FOJSS
5. Yumetta Foundation, Maharashtra
6. Pallium India
7. Public Health Department, Surguja division
8. Government Medical College, Ambikapur
9. District Administration, Surguja district
10. State Health Resource Centre (SHRC), Chhattisgarh
11. Doctors for You (DFY), Delhi

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1. Sapana Foundation, Delhi
3. Health4the world
5. Caring Friends
5. Bengal Finance and Investments private Ltd.
6. Many Individual donors

We thank you for your continued support in our programs.

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2021-22
Sangwari
through Camera





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