



SANGWARI NEWSLETTER

Jan – March 2021

Surguja, Ambikapur, Chhattisgarh

Sangwari, literally a 'partner', is a group of health professionals bringing in equity and better health for people in Surguja in Chhattisgarh in central India.

Sangwari is a not for profit organization registered under section 8 of the Companies act 2013 in 2020 with a desire to work in rural and under-served parts of the country. Surguja division which occupies the northern part of Chhattisgarh is the region where we started our work.

This document shares our journey in the first three months (Jan to March 2021).

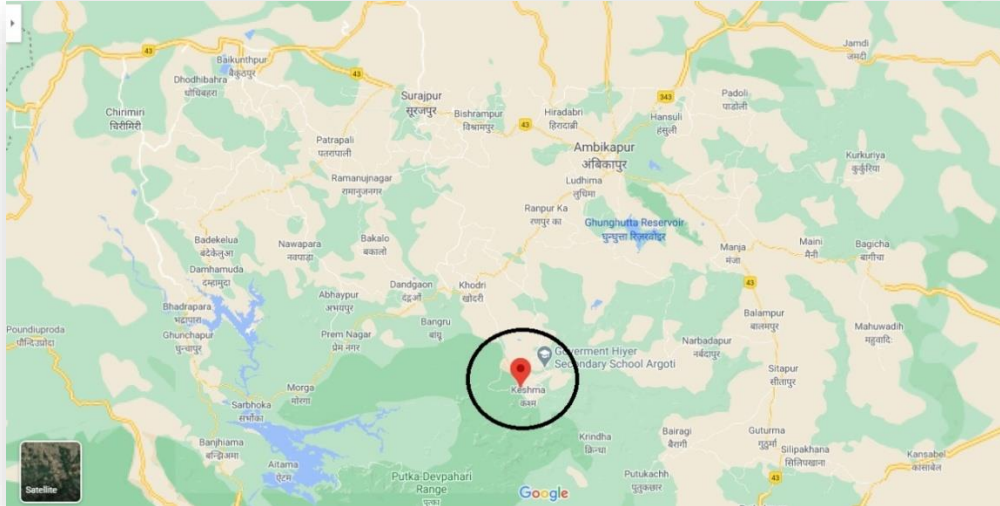


“Of all forms of inequity, injustice in health care is the most shocking and inhumane.”

~Dr. Martin Luther King Jr.

Community clinic in rural Surguja- Biniya Clinic:

Biniya is a quiet village in the forested part of Lakhanpur block of Surguja district. It lies in the fringe areas of Putka Devpahari range forest. It takes 2 hours for our team to travel a distance of 60 kms from Ambikapur (district headquarters) to Biniya.



The first of our community clinics have started functioning since 5th March 2021. The tribal communities belonging to Pahadi korwa, Maanjhi, Uraaon and Kanwar tribes of at least 50 nearby villages will be served through the clinic. An old rented house on the road to the village was renovated to host the weekly clinic every Friday, a day for local haat (Bazaar) for the people of about 20 villages about a kilometer away from the clinic. A team of 2 doctors, a nurse, a pharmacist and a community organizer provide quality comprehensive primary care services to our patients.



Basic laboratory tests like Hemoglobin, blood sugar, urine examination and rapid tests for Malaria, Dengue, Hepatitis B and HIV are available. Our pharmacy has more than 200 drugs to provide for the needs of our patients. In these 4 clinics, 86 patients were seen for their 115 consultations. Patients of all age groups with common acute and chronic conditions were provided care irrespective of the paying capacity of individual patients. Each patient spent less than Rs.40 for consultation, investigations and medicines (one month drugs supply) combined. Eight of our patients needed referral to a higher centre (for secondary or tertiary care) for diagnostic or therapeutic purposes. We have made extra effort to arrange referrals at higher centres in Ambikapur and Raipur or done tele-consultations for them as needed. Continuity of care especially for chronic diseases like heart failure, cancer and Tuberculosis continue to be a challenge for our patients.

Patient B, a 70 year old who had a stroke 2 months ago came from Ghaton, a hamlet settled on a hilltop. He walked around 5 km in scorching sun, up and down the hill with a walking stick and his wife to accompany. He had weakness of the right side of his body and difficulty in speaking. His Blood pressure was 180/110 mm Hg and blood sugar was 100 mg/dl. He was started on medications for hypertension and secondary prophylaxis for stroke prevention. He came for follow up after 2 weeks with his blood pressure well controlled and feeling subjectively better.



Community engagement and outreach activities-

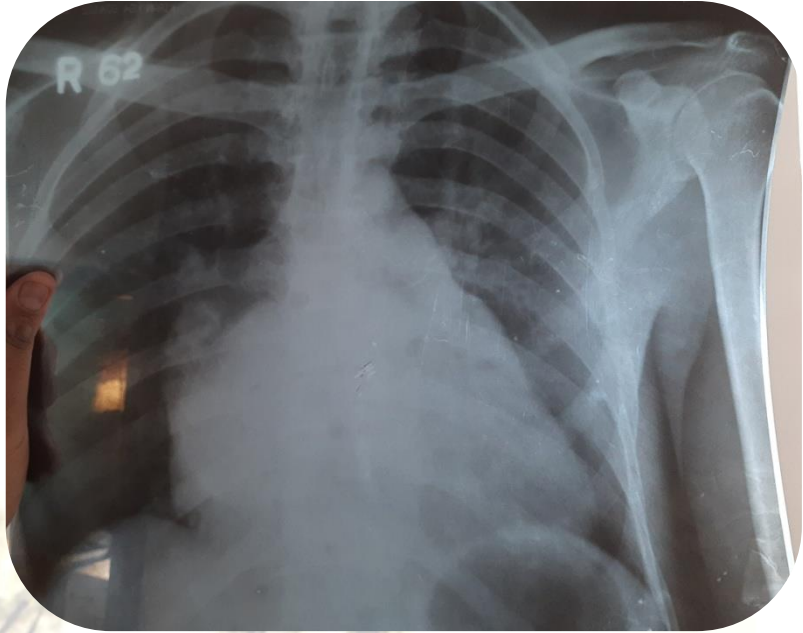
We have had multiple meetings (formal and informal) with community members, key opinion makers and local leaders, Mitans (village level community health workers / ASHAs) and those working in the public health system (Primary health centers staff of the adjoining areas) over the last 2-3 months.

Chaupal, a grassroots non-government organization working on forest rights for the Adivasi community among other things in the area has helped in facilitating the process of community engagement in the area of our first clinic. This has helped us in localizing our first clinic in the said village with local support, get support for renovating the clinic and raise awareness about the clinical activities in the area. The day and time of the clinic was also suggested and agreed upon by the community members. We have also recruited a community organizer from the area.



Along with this, we have started visiting families where a member has a serious medical illness like Tuberculosis, heart disease, cancer, stroke etc. These are people who either visited our clinic or are relatives of community members who we interacted with during our village visits. Clinics along with community engagement activities are an important first step in building a bond with the local people based on mutual trust and respect.

Dharamnath, a 30 year old farm labourer, resident of Jiwaliya had taken treatment for Tuberculosis twice in the last 2 years but his symptoms for the last 4 years of coughing out blood in sputum and breathing difficulty did not improve. He lived with his wife and a 9 month old daughter in a small hut with limited resources. He had left his treatment midway, the last time around he was started on anti tuberculosis therapy and got himself the



infamous tag of a 'TB Defaulter'. We asked him to get a chest X-ray done from the nearby Community health centre in Lakhanpur which is 35 km from his place which took two visits over 3 days to get the X ray done. Our clinical evaluation and X-ray findings pointed to a heart disease where the heart valves get deranged. We arranged for further investigations in Ambikapur and his diagnosis of a Valvular heart disease was confirmed. The clinical riddle got solved. He did not have T.B. hence his symptoms didn't improve. The next set of problems were however more complex.

'I have heard people with heart disease do not live long. How long do I live? How does this disease go away? How much money do I have to spend on my illness and for how long? What happens to my family?' These were some of the questions he could say out loud as he sobbed for about 30 minutes or so.

We gave him some medicines which improved his symptoms in the next couple of weeks, met his wife and other family members (in their house and in our clinic) and discussed the disease, symptoms and treatment options. His illness would now need a heart surgery, lifelong follow up and medicines. However this is the easy part. The surgery happens at least 300 kms away in Raipur. Travel and stay in an alien city, navigating a tertiary care hospital, loss of income till he gets the surgery done and recover, arranging for interim support for the family and treatment support for his long term follow up is more difficult. All this however, if he and his family would be able to cling on to a tiny speck of hope in the midst of such inequity which they might have accepted as their fates!

Outreach in difficult to access areas –



associated deaths to understand the community perspective. We also visit the primary and secondary health centres and meet the staff and patients visiting these health facilities. Two of such visits, one to Biharpur area of Odgi block of Surajpur district and the other to Kusmi block of Balrampur district were particularly helpful in giving us qualitative perspective to the community and their health problems. This will help us in future planning of our work and contextualize our activities.

We visited blocks with the poorest health indicators and health resources in the division. The aim of such visits was to acquaint ourselves with health problems through both community and public health system lenses. We visit families with recent maternal deaths and villages with recent disease outbreaks (mostly diarrhoeal disease outbreaks) and



Health system strengthening and training-

We strongly believe collaborating with and strengthening public systems is the only solution for health services for all. For this, we have been in touch with public systems and trying to help them with their needs. Over these three months the Department of health came up with several requests for training which included -

1. Training cum workshop on Tuberculosis
2. Screening, Diagnosis and Management of Sickle cell disease
3. Care of Animal Bites



All these trainings have been approved. The training on tuberculosis was conducted on 6th February 21. It was one day training cum workshop for more than 60 representatives from 5 districts of Surguja division. The workshop was attended by District Tuberculosis officers, Medical specialists, Chief medical officers and doctors from medical college, Ambikapur.

The training on Sickle cell and animal bites are expected to happen in the month of April 2021. This would entail conducting one day training sessions for doctors working at the level of block hospitals and primary health centres in groups of 20-25, once a week.

Pain and Palliative care services

Also, Sangwari helped the district health team in establishing a palliative care unit in Ambikapur town. This clinic operates three days a week and provides pain and palliative care services. Dr. Shilpa Khanna has started Pain and Palliative care services in Urban Primary health centre Nawapara (a government health facility aiming to provide comprehensive primary care and niche secondary care like daycare chemotherapy for cancers) as an independent consultant from March. This effort is jointly supported by district administration and **Redcross society, Ambikapur**. **Pallium India**, a reputed organization working in palliative care and a WHO collaborating centre on Training and policy on access to pain relief (based in Trivandrum, Kerala) have extended support to be technical partners and mentors in this endeavour.



Organizational establishment and team building:

We have been continuously thinking, discussing, debating on organizational development.


Our team is growing and a community nurse, a driver cum registration clerk, 2 community organizers, a senior administrative staff and a pharmacist have joined us in our journey so far. The team operates from a rented apartment in Ambikapur which doubles up as a guest house and residence for some of the team members.

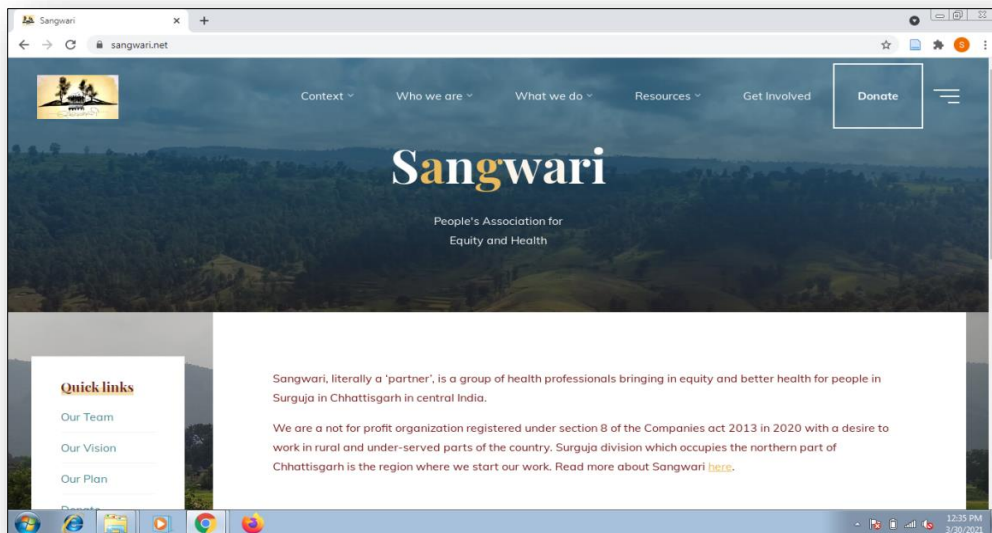
With continued efforts and follow up, registrations under Income tax act (**section 80G and 12AA**) for tax exemption are secured. This is very helpful in fundraising and fund utilization. Efforts of reaching out to various potential funders for program support have started. Thus far, there have been some funds raised for supporting laboratory work and community clinics.



Our website, www.sangwari.net has also come up and is being updated regularly.

Building good governance and executive structure and their respective functions is an evolving work. The values-vision-mission for the work is defined and we are having regular reflection meetings to strengthen the philosophical structures. Also the initial set of procedures and guidelines for financial management, human resource management are prepared. These will evolve as the work progresses. For work planning, daily catch ups, weekly planning meetings and monthly value meetings are incorporated as routine processes.

 INCOME TAX DEPARTMENT		GOVERNMENT OF INDIA MINISTRY OF FINANCE INCOME TAX DEPARTMENT CIT(EXEMPTION), DELHI		
Name and Address of the Applicant SANGWARI - PEOPLE'S ASSOCIATION FOR EQUITY AND HEALTH 36-D SURYA APARTMENTS , ,SECTOR- 13 ROHINI DELHI, NORTH WEST 110085 ,Delhi India				
PAN: ABECS5450L	Application No: CIT(EXEMPTION), DELHI/2020- 21/80G/10941	Approval No: CIT(EXEMPTION) DELHI/80G/2020- 21/A/10525	DIN & Order No: ITBA/EXM/S/80G/202 0-21/1031647507(1)	Date: 22/03/2021



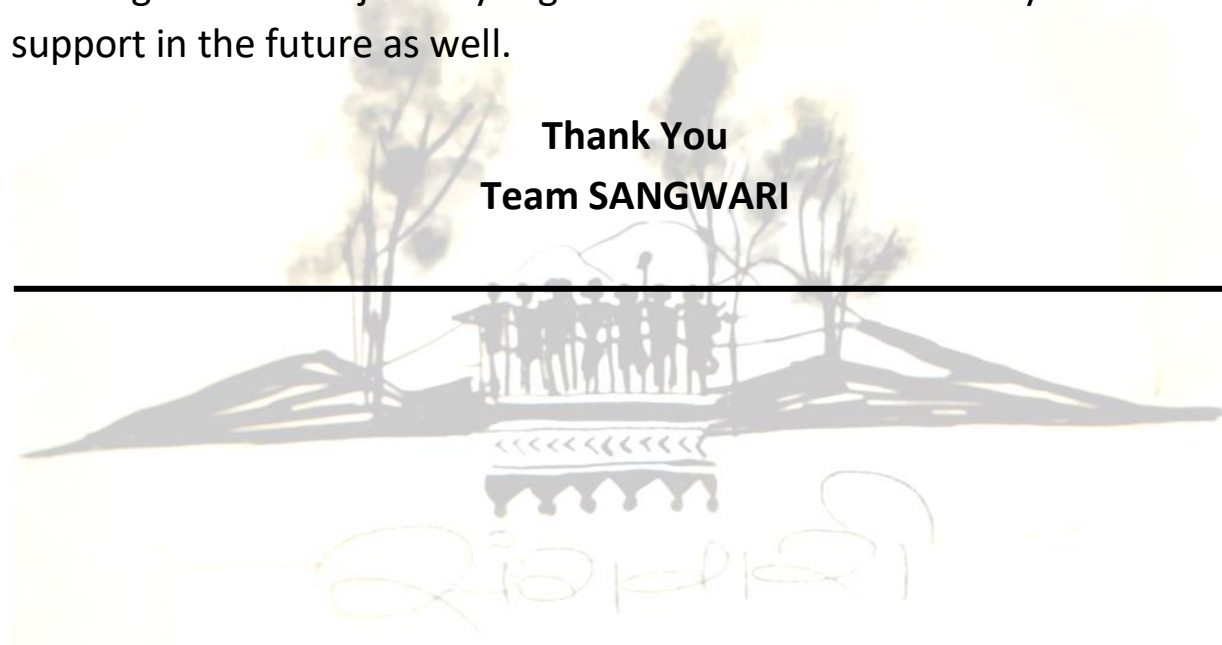
Visitors at Sangwari:

Several friends and supporters helped us remotely and also by visiting us at Ambikapur over these three months period. We thank all of them for their help, especially the one mentioned below friends who visited us at Ambikapur.

Name	Organization / Designation
Dr Vasundhara Rangaswamy	Family medicine physician in training and microbiologist.
Dr Ashwini Mahajan	Public Health Physician / Previously-UNICEF, Gadchiroli
Ms Sayali	Works for early childhood education
Dr Nidhin	Medecins Sans Frontieres (MSF) and Yumetta
Dr Sejal Tambat	Medecins Sans Frontieres (MSF) and Yumetta
Mr Umesh Khade	Yumetta

A sincere thanks to all our supporters, friends, families and donors who believed in our cause and our team. We hope to continually foster our bond of love, trust and mutual support with the communities we serve as 'Sangwari' in our journey together. We look forward to your love and support in the future as well.

Thank You
Team SANGWARI



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More details at: <https://sangwari.net/contact-us/>

Donation Details:

Sangwari is a registered organization under Income Tax Act, all the donations to Sangwari from India will benefit tax exemption u/s 80G.

Bank details for donation are as below -

Account name	Sangwari
Account number	3859667748
IFS Code	CBIN0280797
Bank	Central bank of India
Branch	Ambikapur, Surguja, Chhattisgarh

For donations, please visit at - <https://sangwari.net/donate/>

