



QUATERLY PROGRESS REPORT

APRIL TO JUNE 2020

TEAM SANGWARI

SANGWARI- People's Association for Equity and Health
Om Niwas, Gangapur Khurd, Ambikapur, Dist.- Surguja, Chhattisgarh

JUNE 30, 2021



People's Association for Equity and Health

सरगुजा मा कोरोना

हमर सरगुजा मा ज़ब कोरोना हर आइस, त गाँव कर मेनसे
मन नगदेच डराय गे रहिन। ओमन कर कहना रिहिस...
अगर कोनो ल कोरोना धरिस... ओहर नी बांचे।

काबर की अस्पताल दार मन धेर के
ले जाथे, तेहर नी फिरे, ओला ओहीच कति माटी -काटी
कैइर देथे।

ये दे लखनपुर कति गाँव कर मेनसे
मन ज़ब टिका कर बात करत रहिन त ओमन कर कहना
रिहिस...टिका लगवाए ले बुखार लेथे अउ देहे कान, मुड़ी
मन घलो दुखाथे।

अउ तो अउ बाँझपन आये जाथे,
डौकी मन ला लइका नई होवय, डौका मन ल नामर्द होय
जाथे। कोनो..कोनो मन तो कथे दुई बरस मे मयेर जाथे।

लेकिन अब तनिक तनिक समझत
आहें कस लागेल... ये दे संगवारी कर टीम मन गाँव कर
पढ़ल लिखल लइका मन ला गाँव मे कोरोना झीन फैल ही
कइके... कोरोना कर जाँच करें बर, जेमन नी समझें तेमन
ल समझाये बर, ओमन कर देख रेख करे बर, ट्रेनिंग देहिन।

अउ अपुनमन वॉलेंटियर लइका मन
संग डॉक्टर, नर्स, फार्मसीस्ट समझायक शुरू करिन।। तब
ले।

अब टिका धीरे धीरे लगवायक शुरू
करिन आहें.....

भागीरथी

SANGWARI Quarterly Progress Report 2021

EXPRESSING VACCINE AND COVID RELATED MYTHS PREVALENT IN
THE COMMUNITIES WE WORK WITH AND HOW SANGWARI TRIED
TO ADDRESS THE ISSUE IN THE LAST 3 MONTHS.



VOLUNTEER TRAINING ON USE OF PULSE OXIMETER TO MONITOR PATIENTS OF COVID-19 IN HOME ISOLATION AT THEIR VILLAGES

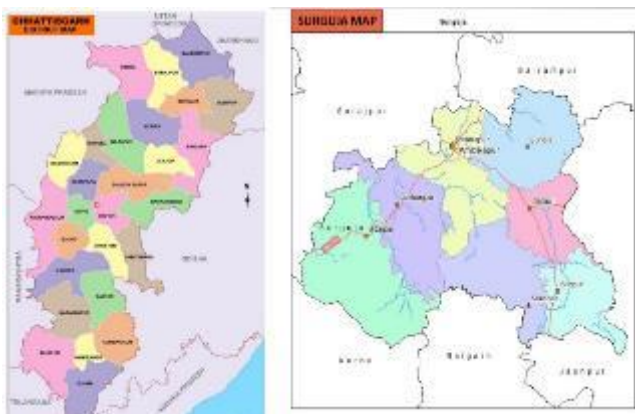
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1.0 INTRODUCTION:

The *Surguja* division is situated in a northern Chhattisgarh, has five districts namely- *Koriya, Surajpur, Balrampur, Ramanujganj, Jashpur, Surguja* (Figure1). Unsurprisingly, the people here have abysmal health indicators as well as have poor health systems. While there may have several schemes and programmes to address health disparities, the reach of these in the area has been patchy, and the quality of care being extremely poor.

FIGURE 1: MAP OF THE SURGUJA DIVISION IN CHHATTISGARH



On this background we, SANGWARI- People's association for Equity and Health had started our work in this field area. SANGWARI literally means a 'partner', is a group of health professionals bringing in equity and better health for people in this geography. 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. This document shares our journey in second quarter of work (April to June 2021). For more details about where we work? who we are?

Visit our web pages- - <https://sangwari.net>

1.1 GOAL:

1. To provide first contact care for acute as well as chronic illnesses; plan and provide a continued-care-in-consultation with all the people and with the community support.
2. To provide such health services with evidence-based approach, to provide services through consultations, laboratory diagnostic tests, certain procedures, medications, and counselling to the local population based on the concept of Universal Health Care.
3. To engage with the local communities to develop an understanding of their health care needs and their perspective towards health and its determinants.
4. To engage, understand, learn, share, and have a feedback with the public health systems.
5. To encourage and empower the local community members to identify, address and resolve minor health problems through their training and help evolve sustainable solutions meaningful to the limited resources at hand.
6. To document the illnesses and proximate causes of these illnesses in the community as a baseline to guide future work.
7. To Document the processes, learning and activities conducted during the program, in a way which will help design community-friendly-program addressing the health care needs, socio-economic determinants and community well-being.

1.2 STRATEGY-

The second wave of COVID-19 hit rural and tribal communities as bad as anywhere in the country. The poor state of rural health system and a strict lockdown only multiplied the issues. Force us to re-strategies the things considering this need. Though not in our initial plan, our team decided to respond the crisis of COVID-19 cases surge by following the same approaches we were using for our work-

- a) Comprehensive Primary Healthcare Programme,
- b) Community-Based Programmes for community engagement,
- c) Health System Support and Strengthening

We did this activity by collaborating with different civil society organizations, government health system and most importantly people of *Surguja*.

Even though our team responded to COVID-19 cases surge, we were able to continue our community clinic in tribal villages to provide the essential non-COVID health care includes chronic patients follow up and resume our community engagement activities and training of different cadre of health care workers and other civil society organizations. For the COVID-19 related community engagement activities continued throughout the period while for other issues it was resumed in June.

COVID-19 SECOND WAVE: SUPPORT TO GOVERNMENT HEALTH SYSTEM IN CRITICAL CARE



2.0 PROGRAMME ACTIVITIES AND OUTPUTS:

2.1 COMPREHENSIVE PRIMARY HEALTHCARE PROGRAMME-

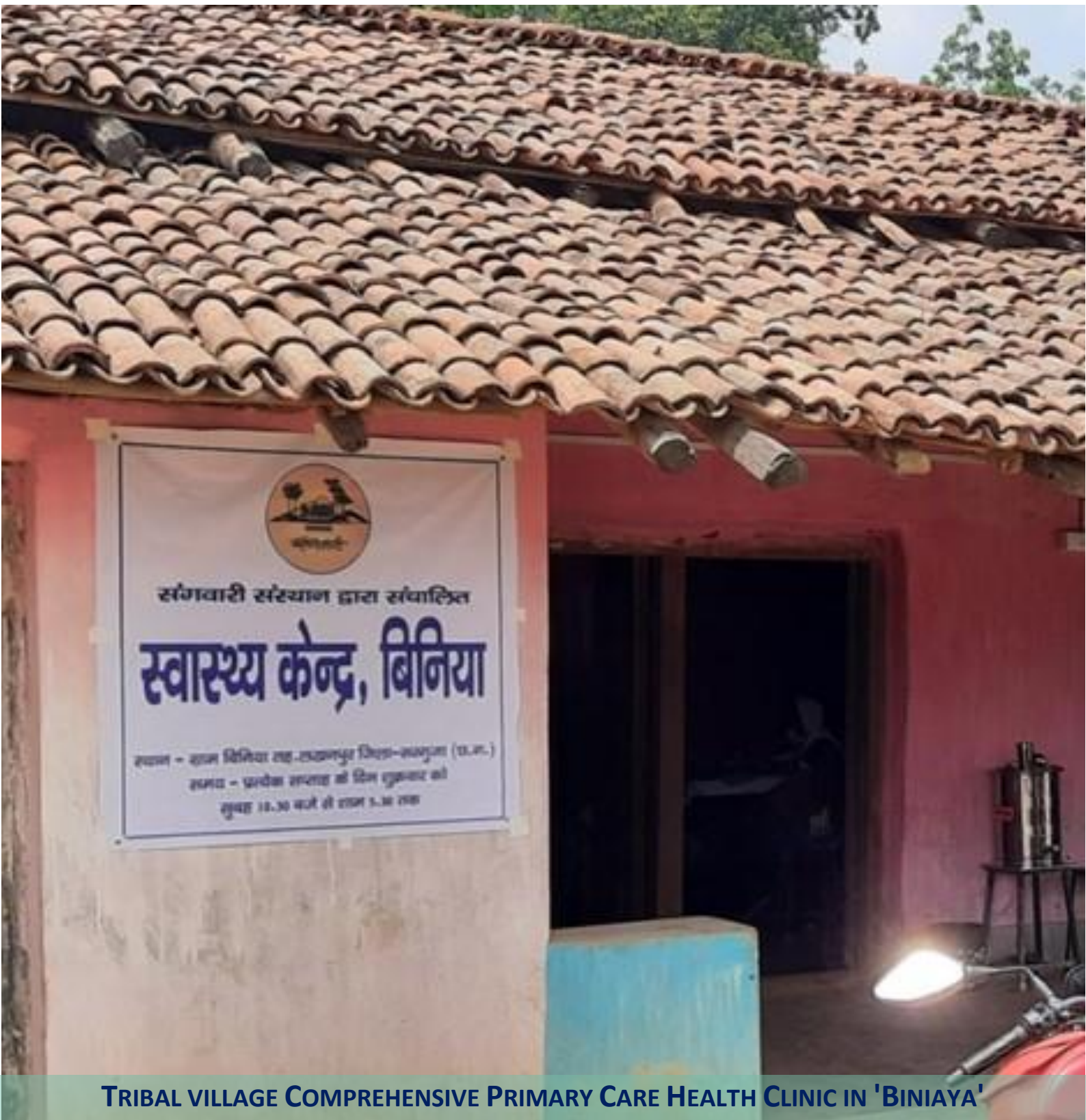
COMMUNITY CLINICS IN TRIBAL VILLAGE-

Currently there is a weekly community clinic operating at village-*Biniya*, which provides comprehensive primary care services in villages nearby in *Lakhanpur* blocks of *Surguja* district. The clinic team is engaged in the following activities-

1. Comprehensive Primary health care service,
2. Community visits and meetings,
3. Health assessment and studying health determinants.

The clinic team include a doctor, community organizer, medical records keeper, nurse, laboratory technician and a pharmacist each. We have planned for another such clinic and are actively searching for the place for that, through interactions with local communities, members from civil society organizations working in the area, elected representatives from the area and several government health officials at various levels of hierarchy.

Status	In progress
Objective	To establish primary health care clinics in each of three different blocks of the district, in phase wise manner. Each clinic to serve the approximately 5000 to 10000 population i.e., approximately 20-30 villages
Progress	<ul style="list-style-type: none"> The first clinic established at <i>Biniya</i>, in <i>Lakhanpur</i> block of <i>Surguja</i> district has been running well, despite lockdown due to COVID-19 pandemic. Unavailability of transport modes, strict lockdown, and closure of weekly market (Baazar) led to fall in patient's attendance in clinic in the month of April, May while increase in June. This clinic has been well established now including OPD, primary laboratory and pharmacy services. We are in process of expanding our lab services to include basic biochemical tests like serum creatinine and bilirubin. We have started collection and disposal of biomedical waste produced in the clinic regularly. The registration and record keeping has been organised to document adequate and necessary patient data to help in decision making and follow up. We were able to set up basic communication with the people in the village, HCWs and community leaders. Volunteers from home isolation covid care program helped us to expand the reach in other villages also. For the proposed second village clinic we have started dialogue with the local people from <i>Mainpat</i> block, visited several villages and are collecting necessary data.
Outputs	<ul style="list-style-type: none"> ✓ Cumulatively 272 patient visits in 15 weekly once clinic visits, ✓ Out of the 272 patient visits around 60% were from different tribal groups, ✓ Around 50% patient visits were women.



TRIBAL VILLAGE COMPREHENSIVE PRIMARY CARE HEALTH CLINIC IN 'BINIAYA'

Comprehensive Primary Healthcare Programme Clinics

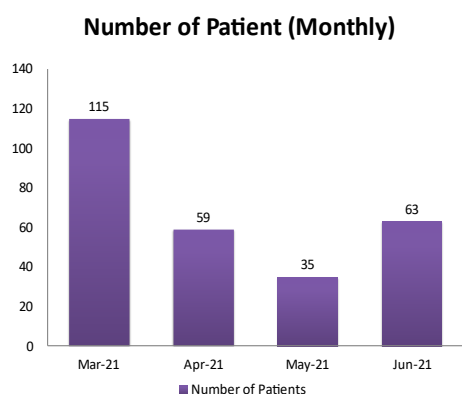
Village Biniya Clinic

1st April to 30th June 2021

DETAILS OF A COMMUNITY CLINIC IN TRIBAL VILLAGE-

The community clinic currently operating in *Biniya* village of the *Lakhanpur* block of the *Surguja* district. This is one of functioning clinic out of three planned clinics in *Surguja* division. Progressively total 15 clinics were conducted in a *Biniya* village. Cumulatively we were able to see 272 patients, among them 157 were from the reporting period (Figure 2). **The women patients** seen were **120 (44.11%)** and male patients 129 (47.40%). Of all patients seen in clinic 163 (59.92%) were belonging to tribal population. Patients suffering from acute and chronic, communicable, and non-communicable diseases, from variety of other problems attended clinic in these three months, thus moving towards more comprehensive care.

FIGURE 2: OVER PERIOD OF TIME PATIENTS SEEN IN *BINIYA*



In the Laboratory section we have started testing basic biochemical parameters like serum creatinine, serum cholesterol, and other few primary tests using a new biochemical analyser.

PHOTO 1: *BINIYA* CLINIC: PATIENT CONSULTATION AND LABORATORY WORK UP DURING CLINIC



Dr Vasundhara Rangaswamy helped us in setting up the laboratory and give us the training. This will save a considerable amount of patient's time and money to avoid referral for costly outside investigations.

In lockdown with travel restrictions people were not able to access proper healthcare. We followed up patients of chronic illness supplement with home delivery of their regular medicines.

We have started a search for the 2nd clinic, with several visits in *Mainpat*, *Lundra* and *Batuali* blocks of district. We have been having meetings with local leaders, health care workers and villagers for better understanding of the problems. We will be happy to share its update in the next quarterly report.



COMMUNITY BASED MONITORING OF HOME ISOLATED COVID-19 POSITIVES

Use of pulse oximetry and monitor home isolation in 28 rural area villages (Grampanchayat) of Lakhanpur Block

A feasibility programme-

Period of reporting 14th May to 16th June 2021

2.2 COMMUNITY-BASED PROGRAMMES-

With revised short term, need based strategy we priorities our community-based activities to COVID-19 response at

community level for 2 months of the reporting quarter. Now it has been paused we have resumed routine activities.

A SPECIAL ACTION PLAN TO STRENGTHEN TIMELY RESPONSE AT COVID-19 CASES SURGE (Short term)

Status	Achieved (paused as per need can be reactivated whenever needed)
Objective	'To develop and implement an action plan for Home based follow up of COVID-19 patients in home isolation using pulse oximetry, job aid and checklist by trained Volunteers.'
Progress	<ul style="list-style-type: none"> Form villages identified volunteers with the help from CHAUPAL. All the volunteers were trained about covid, use of the pulse oximeter, following covid appropriate measures with use of personal protective gears and equipped with pulse oximeter, N95, face shield, hand sanitizers, 3 ply masks, and monitoring formats. The volunteers were trained to implement home isolation for those patients with mild disease, early identification of those needing referrals and counselling patients, their families, and the village community. The team of volunteers implemented the program in May and June during the peak of the pandemic in our area.
Outputs	<ul style="list-style-type: none"> ✓ 26 volunteers trained and equipped with pulse oximeter and personal protective gears in 28 <i>Grampanchayat</i> villages (wards/hamlets- around 150), ✓ These volunteers made 233 follow up visits in 140 enrolled SARS-CoV-2 patients, ✓ They have identified total 43 news patients who were symptomatic contacts of the 97 confirmed, patients in their village, ✓ There were four patients who had lower level of oxygen (<94) and were referred to the CHC in time, ✓ 3 ply masks distributed to patients and closed contacts – 320. ✓ Built up pool of 26 volunteers ready in village as resource and network for future activities, ✓ Reduced fear among volunteers and other villagers regarding COVID and were actively involved in myth-busting.

Details of the COVID-19 cases serge response community programme as below-

Trainings of volunteers-

a. Campus training: The CHAUPAL-partner NGO, invited around 35 individuals form the villages around *Biniya* clinic and where it has existing network in Lakhanpur block. We had conducted training workshop of these 35

individuals on 14th May 2021 in campus of the CHAUPAL. The modules covered in this workshop were basic knowledge about covid, the homebased monitoring and care, measuring the oxygen level using pulse-oximeter, use of monitoring sheet, identify

the high-risk patients, and refer them, use of personal protective gears (N 95 masks, face shield, frequent sanitization) and health education of the patients-families for patient care, home isolation protocol and covid appropriate behaviours. Out of them 25 consented to volunteer for programme.

b. On field hands on training: To boost confidence of volunteers for perforating visits to COVID-19 disease patients in wards, *para*-hamlet in their villages. We accompanied all volunteers to the home visits, to demonstrate use of the personal protective gears and COVID appropriate behaviours, conduct patient visit, health education, use of pulse



PHOTO 2: FIELD TRAINING OF VOLUNTEERS FROM NARKALO VILLAGE

oximeter, identify the high-risk patients, and referral. These practical “trainings” were done between 15th to 22nd May 2021, in this process two more volunteer joined while one left the programme. Thus, we have total 26 trained and equipped in 28 *Grampanchayat*-villages.

Programme key achievements-

Home visits and referral:

Theses volunteers made 233 follow up visits in 140 enrolled SARS-CoV-2 patients between 15th May to 16th June 2021. The volunteers identified total 43 news patients who were symptomatic contacts of the 97 confirmed patients from their list. There were four patients who had lower level of oxygen (<94) and they were refer to CHCs.

PPE and oximeter distribution:

We were able to make available a pulse-oximeter in all villages. Each volunteer supplied with 182 N95 mask, 26 face shields, 10 litres of hand sanitizer for themselves and 500 masks for patients and theirs closed contacts in family.

HANDS ON TRAINING - FIRST COVID-19 PATIENT OF THE PROGRAMME VISITED IN ARGOTI VILLAGE



2.3 HEALTH SYSTEM SUPPORT AND STRENGTHENING-

SANGWARI continued its efforts in supporting and strengthening public health system. The goal is thoughtfully reflecting in variety of activities taken up by the organisation. SANGWARI is also helping other fellow organisations apart from the government system. In this quarter the activities were mainly directed towards mitigation and as a response to covid-19 pandemic. We supported on site trainings, developing training materials and this time going beyond just supporting we

contributed to service program, thus put a step forward for better camaraderie and involvement in the existent system.

Health system support and strengthening have 2 components-

- a) Conducting training for different cadres of health care workers and preparing training material for the same.
- b) Providing service through ICU/Pain clinic

Status	In progress
Objective	<p>To identify training and mentoring needs of the local public health cadre and develop the module-based learning sessions with most of the staff like ANM, <i>Mitanin</i> (ASHAs), MPWs, MOs, etc.</p> <p>To build Referral Systems with government secondary and tertiary health care system to develop shared purpose, better camaraderie, and involvement with the existent systems.</p>
Progress	<ul style="list-style-type: none"> • Trainings- SANGWARI conducted several onsite and online trainings. Trainees were Mitanin Trainers (MT), ANMs, Staff nurses, AMOs and Medical officers. • The online sessions were mainly for the field workers of different fellow organisations like Ekjut, Chaupal, Sochara, Samata, CFAR, Yumetta, Sangata Sahabhagi Gramin Vikas Sansthn etc. • Similar onsite training was conducted for Raigadh Ambikapur Health Association (RAHA) field workers at Ambikapur and Patthalgaon centres. • According to the demand from local government health department, we have started 7 days residential training in covid critical care management at Ambikapur government medical college. The first batch of CHC doctors started from 28th of June. • We anticipate seasonal rise of snake bites-animal bites in area, so conducted onsite block level training in 7 blocks of Surguja district for that. The basic purpose was to strengthen PHCs and CHCs for better management of these bites, better patient outcomes, and lessen stress on tertiary referral units. • With experience in community home covid isolation care, we were invited for training of Mitanin district/ block co-coordinators and Mitanin Trainers (MT). Training conducted for proper and effective use of PPEs, finger pulse-oximeter, digital thermometer and Infrared thermometer on field.

	<ul style="list-style-type: none"> • Services- Due to acute shortage of specialists to deal with massive load of sick covid patients at the tertiary level of Surguja division, we along with Doctors For You (DFY) and government health department signed a MOU to run a 20 bedded Covid ICU at medical college Ambikapur for period of 3 months from 15th May to 15th August 2021. Details of which has been described later in this report. • We along with CHAUPAL formulated Home isolated Covid Care programme. Details of which has been described earlier in this report. • Pain clinic: We have started offering pain management and palliative care services at the urban PHC, Nawapara, Ambikapur since March 2021. • Training Materials- throughout the process of trainings we had develop materials. The Link for the training materials- https://sangwari.net/publications/ • Future Activities- Training of Medical officers for Sickle cell disease diagnosis and management, and subsequent batches for COVID critical care management are due in the upcoming months.
Outputs	<ul style="list-style-type: none"> ✓ Conducted 11 specific demand based online trainings sessions for basic Covid awareness, prevention, vaccinations, and home covid care, ✓ 362 volunteers/field workers/health care workers were trained, ✓ 65 Nurses and field co-ordinators were trained in covid prevention, vaccination myth busting and home covid care, ✓ 32 volunteers were trained in appropriate use of PPEs, finger pulse-oximeter, data collection and reporting for Home Isolation Covid Care. Out of 32 trainees, 26 took part in the programme, ✓ Trained 121 personals included medical officers, RMAs and staff nurses were trained onsite in animal bite training module, ✓ Animal bite kits were also given to each seven CHC which contained- 8 posters, 1CD, animal identification cards, 2 handbooks-1 each English and Hindi as interactive learning material, and aid in history taking and diagnosis, ✓ 97 District Mitnin co-ordinators (DCs), Block Mitnin co-ordinators (BCs) and Mitnin trainers (MTs) were trained Covid-19 home isolation module, ✓ 9 Medical officers are being trained in handling critically ill covid patients in an ICU setup, ✓ We were able to provide pain relief, assess its effect on people's quality of life and mental health through medicines, some interventions like pain injections to block the nerves/into the joints, and physiotherapy to about 20-30 patients during covid-havoc, ✓ COVID-19 ICU care support is continuing in Government Medical collages, Ambikapur, ✓ The project monitoring COVID-19 cases in home isolation is paused for a while as caseload is decreased with re-activation plan if get support.



Conduct Trainings and Develop Training Materials for various needs in Health Systems

Activities during period of-
1st April to 30th June 2021

DETAILS OF THE TRAININGS AND TRAINING MATERIALS FOR HEALTH SYSTEMS

COVID TRAINING-

Covid-19 2nd wave hit us harder than the 1st wave, not only because the virus has changed its structure but also inadequate preparedness of the system and lot of misinformation, myths persisted around the virus existence, how it spreads, infects, make people sick, testing, management, and prevention. Looking at the need we initiated training and awareness program. Due to lockdown, restricted mobility and gathering most of these trainings were conducted online. The topics were,

- ✓ Covid-19 – general awareness and prevention,
- ✓ Covid 19- home isolation covid care,
- ✓ Covid 19- vaccination myths and facts.

ANIMAL BITE TRAINING-

Snake bites are common during monsoon season here and so is the mortality and morbidity due to them. These deaths are particularly more due to late presentation of the patients to the hospitals and

inadequate management. Looking at this easily amendable gap, district level training was proposed for doctors and staff nurses who were handling these cases. We were requested by the district health authority to train doctors and nurses block wise for the same. This training's module included following topics-

- ✓ Diagnosis, management, and prevention of Snake bite, Scorpion sting, Bee-wasp stings,
- ✓ Rabid animal bite- management and reporting,
- ✓ Capacity, confidence, and competence building of medical officers to manage these cases,
- ✓ Ongoing support through regular contact and case/need based consultation through various platforms- what's app, zoom, video calling etc.

Pre-test and post-test evaluation done along with the feedback sessions from the participants to improve the quality of trainings and thus learning.

ANIMAL BITES TRAININGS FOR GOVERNMENT STAFF





A Support to deliver and improve the Critical Care of COVID 19 cases, Ambikapur

COVID-19 Critical care (ICU) support
1st April to 30th June 2021

A SUPPORT TO DELIVER AND IMPROVE CRITICAL CARE OF COVID-19 CASES (Short term)

In time of pandemic, we have to support, deliver, and improve the health care in government system. The efforts to improve primary and secondary care elaborated already earlier while tertiary care- critical care support for COVID-19 ICU described in detailed bellow-

STRENGTHENING TERTIARY LEVEL CARE –

Second wave of the COVID-19 pandemic in *Surguja* brought the health system to its knees. The district collector and Medical Superintendent of the Medical college *Ambikapur* at the peak of the pandemic conveyed their intentions to have all hands on the deck and we were asked to contribute as clinical experts in the COVID wards and Intensive care unit in the medical college. We volunteered to take rounds in the COVID facility as consultants where we realized the care of the sickest patients was the most compromised and needed greatest attention.

20 BEDDED ICU FACILITY IN GMC-

A proposal to run a 20 bedded ICU facility in the same hospital came our way in collaboration with Doctors For You (DFY), a renowned NGO working in the area of medical relief during disasters for more than a decade now. SANGWARI brought together a team (Photo 3) of 12 doctors (including 3 specialists from our core team) and 17 nurses (including 1 senior nursing in charge from our team) to manage this ICU for a period of 3 months.

The Indian Red Cross society, *Surguja* provided for boarding and lodging facilities

for the staff and supported the logistics of the project. DFY provided for administrative, financial and logistics to the project as part of a Memorandum signed by them and Govt. Medical College, *Ambikapur* with SANGWARI being the local partner. Medical college *Ambikapur* provided the space, medicines and equipments and rest of the staff for administrative and housekeeping purposes while we do the clinical management.

PHOTO 3: TEAM COVID-19 ICU SUPPORT IN FRAME



We were able to begin the ICU on 17th May 2021 with a team of 2 junior doctors (from a total of 4 MBBS and 4 BAMS doctors) and 4 nursing staff (all of them with training in General Nurse midwifery (GNM) from Chhattisgarh) per shift working in 3 shifts. A consultant (Dr. Neha- a family medicine specialist, Dr. Shilpa Khanna- an anaesthetist and Dr. Chetanya Malik- a medicine specialist from SANGWARI) was there with the team in each of the three shifts round the clock supervising the clinical management of critical COVID patients (Photo 4). Dr. Priyadarsh, a community medicine expert took care of this project related administrative,

reporting responsibilities apart from doing clinical work.

We are midway into this project and have cared for 74 of the sickest patients coming from 5 different districts of *Surguja* division so far. Around 2/3rd of our patient has been men and most of the patients have 1 or more comorbidities. We have lost 28 of the patients admitted to the ICU to one or more complications. A detailed report will be shared at the end of this project in August this year.

This project was started in response to the COVID catastrophe in the background of the fact that many of our planned activities had to be halted due to COVID and the ensuing lockdown that followed. However, it has provided an opportunity to understand the public health system and its functioning and collaborating with multiple stake holders including the government.

The opportunity to directly serve the people when they are most vulnerable in a crisis has helped build some rapport with both the community and the medical college team, something we hope would help us in our future work.



PHOTO 4: CLINICAL ROUNDS OF THE CONSULTANT WITH MEDICAL COLLEGE FACULTY



3.0 OTHER ACTIVITIES:

3.1 PAIN CLINIC AT URBAN PHC-

SANGWARI has started offering pain management and palliative care services at the urban PHC, *Nawapara, Ambikapur* since March 2021. Rationale for the clinic to start was there is a great burden of chronic diseases- cancer, chronic back pain, osteoarthritis knee, neck pain and so on.

Aim: To deliver pain management and palliative care services to being with in urban area.

Through this clinic we were able to provide following services to 20-30 patients during covid-havoc:

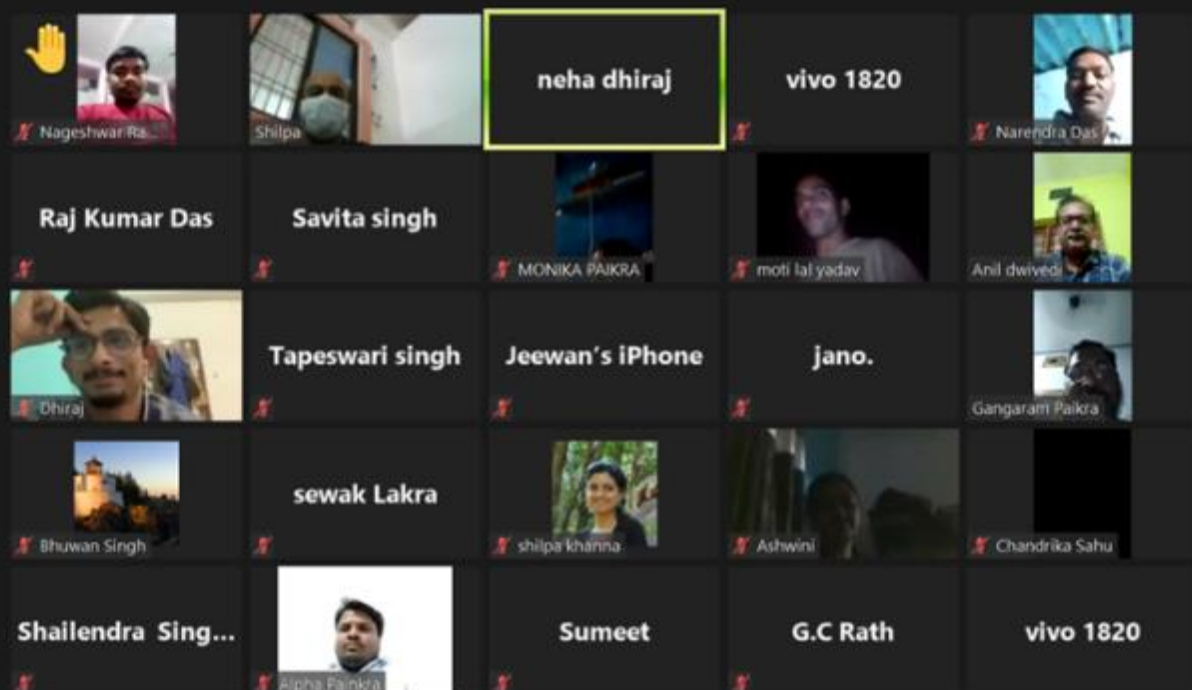
- pain relief,
- assess its effect on people's quality of life, and mental health through medicines,
- some interventions like pain injections to block the nerves/into the joints, and physiotherapy.

The patients were also followed up telephonically to chart their symptom control.

When treating a COVID patient in the ICU, it was realized that the whole Surguja division did not have essential drugs to relieve severe cancer pain. People had to travel more than 300 km to get pain relief. The obstacle was a simple one-just of getting a license from the state authority. To enable the health system to procure such drug license, we submitted the paperwork. In a predictable timeframe now, *Surguja* should be able to provide essential suffering-relieving drugs to its people, should one need it.

There are a few challenges though in the path to universal availability of pain and palliative care- lack of awareness among doctors, nurses, and even public, poor resources and lack of training of manpower. We will work in all these directions in a solution-centric manner in the future.

ONLINE TRAINING SESSIONS ON COVID-19 FOR VARIOUS NGOS



4.0 ORGANIZATIONAL DEVELOPMENT AND TEAM BUILDING:

4.1 NEW MEMBERS IN THE TEAM-

Mr. Brijesh Singh, Mr. Jitendra Shahare, Mrs. Sarita Shahare and Dr. Sunil Jadhao theses new members of the SANGWARI team. Brijesh as a community organizer, Jitendra as a pharmacist, Sarita as administrative assistant and Sunil as public health consultant has joined. Their presence has strengthened SANGWARI team for better delivery of services-care in

clinic, community programme in villages and managing the administration in office.

4.2 Organisational development-

Work on policy documents like Human Resource, Finance policy etc is under way with internal and external consultations and deliberations. Concept note for 5-years work plan shared and discussed with the team and a detailed work plan is under way.

Human story from Critical Care Unit

A 65-year-old religious man who was suffering from Covid disease, had been in the intensive care unit (ICU) with Diabetes and Severe COVID pneumonia for more than 20 days now. On and off Non-invasive ventilation, his days had become hard and sleepless. All he wanted was to see his brother, speak to him and cry. But his sons worried that such bouts of crying made him weaker. Eventually he got delirious, but during lucid moments, his eyes would dart across his semiprivate space looking for his sons. Perhaps delirium is boon in disguise for those that suffer the yearning to see their loved ones one last time. The ICU team provided the best possible and medically appropriate care. Care and concern for his quality of life and hence emotional support in times of such vulnerability was prioritized. We arranged for a video call for him to see his brother and others who he wanted to meet. The family wished that he could hear a few religious verses before he died. We arranged for them to be heard through a mobile phone. At the end of life, these verses were spiritually therapeutic for the patient and the family.

5.0 ACKNOWLEDGEMENT

We thanks to the people of the area who support us!

We thank our supporters, our collaborators, and well-wishers, without your significant contribution, SANGWARI could not have achieved all this-

A) Collaborators –

1. CHAUPAL-Chaupal Gramin Vikas Prashikshan Evam Shodh Sansthan, Surguja
2. RAHA, local NGO, Surguja district
3. Red-cross society, Surguja district
4. Yumetta Foundation, Maharashtra
5. Pallium India

B) Health systems –

1. Health department, Surguja division
2. Government Medical College, Ambikapur
3. Government administration, Surguja division
4. State health resource centre (SHRC), Chhattisgarh

C) Donors –

1. Doctors For You (DFU), Delhi
2. Sapana Foundation, Delhi
3. Health4the world
4. Individual donors

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...



People's Association for Equity and Health

6.0 SANGWARI in news:



ऐसा कोविड आइसीयू जहां 80 फीसद चिकित्सक व स्टाफ महिला हैं

महिलाओं ने संभाल रखा है अंबिकापुर मेडिकल अस्पताल का कोविड आइसीयू. स्वास्थ्य मंत्री टीएस सिंहदेव ने की जमकर तारीफ

अच्छा है कोविड अस्पताल का यह खालीपन

अंबिकापुर (संग्रहीत फोटो)। 173 बेड का कोविड अस्पताल का खालीपन 80 फीसद चिकित्सक व स्टाफ महिला हैं। स्वास्थ्य मंत्री टीएस सिंहदेव ने की जमकर तारीफ। अंबिकापुर मेडिकल अस्पताल का कोविड आइसीयू जहां 80 फीसद चिकित्सक व स्टाफ महिला हैं, स्वास्थ्य मंत्री टीएस सिंहदेव ने की जमकर तारीफ।

अंबिकापुर (संग्रहीत फोटो)। 173 बेड का कोविड अस्पताल का खालीपन 80 फीसद चिकित्सक व स्टाफ महिला हैं। स्वास्थ्य मंत्री टीएस सिंहदेव ने की जमकर तारीफ। अंबिकापुर मेडिकल अस्पताल का कोविड आइसीयू जहां 80 फीसद चिकित्सक व स्टाफ महिला हैं, स्वास्थ्य मंत्री टीएस सिंहदेव ने की जमकर तारीफ।



अंबिकापुर 21-05-2021

गम-गम पहुंचकर जांच कर रहे रेडक्रॉस सोसायटी के कार्यकर्ता

आमारेण में रह रहे कोविड जांच कर रहे रेडक्रॉस सोसायटी के कार्यकर्ता। गम-गम पहुंचकर जांच कर रहे रेडक्रॉस सोसायटी के कार्यकर्ता। आमारेण में रह रहे कोविड जांच कर रहे रेडक्रॉस सोसायटी के कार्यकर्ता।



कोविड जांच कर रहे रेडक्रॉस सोसायटी के कार्यकर्ता। गम-गम पहुंचकर जांच कर रहे रेडक्रॉस सोसायटी के कार्यकर्ता। आमारेण में रह रहे कोविड जांच कर रहे रेडक्रॉस सोसायटी के कार्यकर्ता।

महिला डॉक्टर व चिकित्सकों संभाल रहे कोविड आइसीयू की जिम्मेदारी

अंबिकापुर मेडिकल अस्पताल का कोविड आइसीयू जहां 80 फीसद चिकित्सक व स्टाफ महिला हैं, स्वास्थ्य मंत्री टीएस सिंहदेव ने की जमकर तारीफ। अंबिकापुर मेडिकल अस्पताल का कोविड आइसीयू जहां 80 फीसद चिकित्सक व स्टाफ महिला हैं, स्वास्थ्य मंत्री टीएस सिंहदेव ने की जमकर तारीफ।

7.0 SANGWARI- actions and field through photos:

TRAINING OF THE MITANNI TRAINERS ABOUT COVID-19 HOME ISOLATION KIT



ICU (COVID-19) INITIAL TRAININGS WITH GOVT STAFF



ICU (COVID-19) – PATIENT CARE



TRAINING OF THE DFY STAFF- DOCTORS AND NURSES



VISIT TO MEASURE OXYGEN LEVELS IN COVID PATIENTS IN HOME





A RARE BUT ENCOURAGING SIGHT: VILLAGERS FOLLOWING COVID APPROPRIATE BEHAVIOUR WHILE WAITING FOR THEIR TURN FOR FREE RATION IN RATION SHOP



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