



# SANGWARI

QUARTERLY NEWSLETTER



Villagers constructing clinic in Kuniya

## COMMUNITY CLINICS

During October to December 2021, we focused on stabilizing services at the existing weekly clinics in Biniya and Kuniya. Over the course of 3 months 1143 consultations were provided and 555 lab tests were performed.

We completed the construction of new clinic in Kuniya which is based in the hills of Mainpat. Mr. Budhsai Manjhi offered his cowshed and a room on a rent for the clinic. He and his fellow villagers worked hard to turn the cowshed into a beautiful clinic with a room for registration, consultation, a laboratory and a pharmacy each. In addition, we started 3 more Outreach Clinics (once a month) in other difficult to reach villages. Now Sangwari runs 5 outreach clinics in villages of Labji, Bhakurma, Sarbhanja, Puta and Madwa Sarai.

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We smiled as he cried..

## *EXTENDING SERVICES*

Diagnostic services are not easily available in Adivasi and rural areas. Dr. Mrunal Kalkonde, a pathologist, is now helping us upgrade lab services and provide training to the laboratory members. We have now recruited a local youth, Dakesh, as a laboratory assistant. In addition to conducting selected biochemistry tests, the lab has established sputum microscopy for tuberculosis, and peripheral smear examination. Special emphasis is placed on ensuring Quality Control (QC) for various laboratory procedures and instruments.

Tele-physiotherapy is the new service we have recently started. With very few physiotherapists in the region and disproportionate need for physiotherapy, tele-physiotherapy seems to be helpful in our remote village clinics. Dr. Sharayu Shinde from Mumbai is guiding Rutumbhara at Sangwari on providing physiotherapy to selected patients. Encouraged by this experience, we plan to set up other tele-health services for consulting specialists.



### OUTREACH CLINICS

We initiated an outreach clinic (once a month) in Puta village of Lakhanpur block. There has been consistent demand from the local Mitanins (ASHAs) from that area. The clinic received an overwhelming response with an average of hundred consultation in every clinic. This clinics revealed an unmet need for various chronic debilitating illnesses and complex health problems in this highly underserved area. There were patients with uncontrolled diabetes with complications, a young man with uncontrolled epilepsy , a young girl with psychosis, a middle aged women with swollen joints unable to perform her daily chores and many more. Mitanins often felt helpless to cater patients with such ailments.

With consultation with local leaders and Mitanins, Sangwari clinic was started on the 3rd Thursday of every month. Panchayat bhavan was offered to us for running the clinic. The clinic highlighted a need for secondary level of care in rural Surguja.

***"These jhatke (seizures) have been with me since I was five...I could not go to school, could not marry ..It didn't stop for a day, it has stopped now " - 30 year old Shivkumar***



# COMMUNITY HEALTH PROGRAM

We continued our efforts to reach communities through our health awareness sessions in Lakhanpur and Udaipur blocks. We conducted fourteen health awareness sessions where more than 300 students and villagers participated. Topics like tuberculosis, scabies, diarrhoea, and women's health issues were discussed during these sessions.

Sangwari participated in Adivasi Cultural Festival held at Kunni and where we provided free consultations for 64 patients and provided services of measuring weight, height, blood pressure. Being at such a festival full of energy was an enriching experience. We learned a lot about local tribal dance forms like Suwa, Karma,

We also continued our engagement with mitanins understanding the challenges they face while serving communities.

## SWASTHYA SANGI

We have now recruited five Community Health Empowerers (CHEs) known as *Swasthya-Sangis*, one each for the 5 village clusters in our service area. Energetic village youth enthusiastically participated in the various recruitment events and enjoyed the process. With the new *Swasthya-Sangis*, we will now be able to provide various village-level health services such as health awareness sessions, village-level care for selected ailments, referral of needy patients to our community clinics and linking patients with various social schemes of the government



## T.B SCREENING CAMP IN RAIDAAD HAMLET OF DHODHAKESRA

When our clinic team followed a case of TB patient, we came across five patients from a same para(hamlet) diagnosed with TB and six close contacts having symptoms suggestive of tuberculosis. Following this, we conducted a screening camp for tuberculosis in Raidaand hamlet of the village of Dhodhakesra. Total 319 individuals from 59 households were actively screened, sputum examinations were done for suspected cases. Mantoux test was used for young children with suggestive symptoms. This was done with collaboration with the ANM, Mitanin, STS (senior treatment supervisor) of the National Tuberculosis Elimination Programme.

This activity helped build trust in the community and it was also a rewarding experience to see one of the daughters of a patient with tuberculosis bring her mother and her whole family to get checked for their symptoms in the Biniya clinic. A follow up visit was made to all patients diagnosed with tuberculosis and the patients have continued to take medicines as prescribed. The community health program team will continue to visit patients to ensure medication compliance and increase awareness in the community.

## *PAIN MANAGEMENT AND PALLIATIVE CARE PROGRAMME*

Sangwari treads on this journey with deep determination to reduce suffering especially among the poor and the forgotten people of Chhattisgarh. We continued providing pain relief and palliative care services to the public. This was done through outpatient visits and home-based care.

Sangwari is keen to amplify the benefits of care by mitigating all barriers in the way of provision of palliative care to those in need. In the coming months, we will work to increase awareness among people and healthcare providers and build a multi-disciplinary team to provide palliative care in the Surguja district. The milestones in the programme are shown below



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

5th March

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

1st August

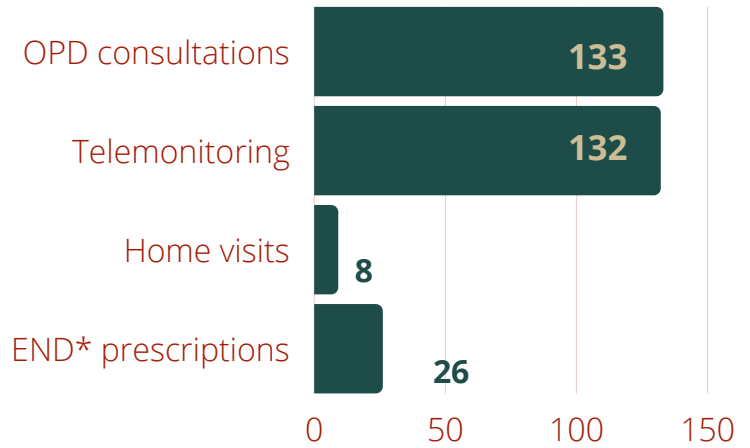
Essential narcotic drugs made available for the first time in Surguja division

26th September

Pain free life became a reality for our first cancer patient

7th October

<b>URBAN CLINIC AT GOVERNMENT PHC</b>	<b>CLINIC AT MEDICAL COLLEGE, AMBIKAPUR</b>
<ul style="list-style-type: none"> <li>• Day care</li> <li>• OPD (+ post COVID OPD)</li> </ul>	<ul style="list-style-type: none"> <li>• OPD</li> <li>• Invasive procedures in OT</li> </ul>
<b>VILLAGE OUTREACH CAMP</b>	<b>HOME BASED CARE</b>
Once a month, minimal invasive procedures	Rural and urban home visits to bed ridden/ disabled people



**Point of contacts through each service so far**  
 (\* END-essential narcotic drug prescriptions for cancer pain)

## *HEALTH SYSTEM STRENGTHENING*

Two key activities were done in the past 3 months to support public health system-

1. Investigations on cause of death in particularly vulnerable tribal groups (PVTGs) in Surguja division- The Joint Director, Department of Health, Surguja division asked our team to investigate underlying causes of excessive deaths in PVTGs, especially among the Pando community, after newspaper reports highlighting these issues in the month of October. We made facility visits to Medical College, Ambikapur, District Hospital of Balrampur district and three community health centres of the same district. We met with district health officials (Chief Medical and Health Officer, Block Medical Officers, District and Block Program Managers and several medical officers, nursing staff and laboratory technicians), took clinical rounds with the doctors and evaluated files of those admitted or deceased in each facility. Apart from this we sent a few blood samples of those admitted in these facilities to the National Institute of Research in Tribal Health (NIRTH) Jabalpur to be tested for Scrub typhus, a bacterial disease found in rural areas. This disease was previously not reported from this part of Chattisgarh. We also conducted several rounds of meetings with the community, participating in a large community gathering and met local leaders to understand their perspective. We also visited the families of the deceased individuals. The report was submitted to the Joint Director, Health and through him to the Department of Health in early November. A copy of the same was subsequently received by the health minister of Chhattisgarh, Mr. T.S. Singh Deo in a division level meeting of all CMHOs and functionaries of health department from the Surguja division. We presented our findings and suggested action steps in this meeting.

Following were the brief outcomes.



- Scrub typhus was reported for the first time from Surguja and was duly notified as per official procedure. An advisory to all the health facilities (government and private) regarding the disease, ways to detect and treat them was issued by the Joint Director's office.
- Testing for scrub typhus was established at the level of the District Hospital and the Medical College, Ambikapur and training of medical officers is planned for management of acute febrile illness in the coming months.
- Lack of adequate data on people belonging to the PVTG groups pertaining to deaths and causes of deaths was highlighted.
- Existing gaps in the health care delivery and ways to improve the quality of care, especially for tribal community were discussed.
- Lack of representation of these communities in the health system was highlighted and ways to address them were suggested.
- A vexing issue of the community with respect to lack of caste certificates and subsequent inability to avail benefits of government schemes and jobs was also put forth.



### SICKLE CELL DISEASE PROGRAM

The health department had conducted a state wide drive for screening for sickle cell disease in 2017 and identified those who screened positive. Due to lack of adequate resources, time constraints and lack of training, the districts have not been able to operationalize confirmation of diagnosis, arrange adequate treatment and follow up for the patients with this genetic disease found commonly in central India. Sangwari highlighted the issue of lack of adequate testing facilities at the district hospitals and medical college, lack of availability of hydroxyurea, a drug used to treat patients with sickle cell disease and need for training and awareness about the disease and its management. Our team is working closely with the district health team to improve care for those with sickle cell disease by improving access to diagnostic facilities, training of health workers and advocating about the same at district, division and state levels.

### *ENSURING CARE FOR SICKLE CELL PATIENTS*



# *MONITORING, EVALUATION, LEARNING AND DOCUMENTATION*

Through monitoring, evaluation and learnings, and documentation team, we ensure the relevance, quality, efficiency, progress, and the effect of the various programmes at Sangwari. Also, we aim to build the capacity of the teams through co-learning activities. The progress of work is tracked through weekly team meetings, monthly MIS reports.

Co-Learning Club (CLC):

The CLC is conducted to build capacity of the team members of Sangwari. It is organized every Saturday, between 5 to 6 pm. In this quarter we conducted 6 out of 9 planned sessions. These sessions are held in hybrid mode. So far 18 such sessions were conducted with 78% presenters from Sangwari and 22% from other organizations.

## *WE SMILED AS HE CRIED*

**BY DR. DHIRAJ**

On our first day of outreach clinic in the village, Puta we had an overwhelming response. We hadn't expected so many patients in such a small and isolated village. We were overwhelmed to see the large crowds and complex diseases with which they presented.

In the long queue people were trying to rush as they have travelled through forest and need to return before sunset. Then a woman, likely in her twenties, carrying her child came to me. I asked, "Tell me, what your problem is?"

She put the boy in front of me and complained that the boy is not standing up or walking. I asked, "How old is he?". She answered, "10 years". I was baffled, as child didn't look more than three years. When I inquired more, she told me that the boy didn't acquire his developmental milestones on time. He was unable to stand, looked slow and did not cry or laugh. She felt that her child was mentally 'retarded'. She had shown him multiple doctors but there was no improvement. It was already 5pm and 30 more patients were waiting. I could hardly examine him. I suspected that the child could have a thyroid problem and ordered to collect his blood for few tests to be sent to an outside lab. I gave some advice about diet and asked her to for a follow up visit.

Meanwhile, I was restless waiting to receive reports from outside lab which usually takes few days. The report suggested congenital hypothyroidism or cretinism, where the thyroid gland secretes too little hormone which cannot sustain normal growth and development. It is relatively easier condition to treat but remained undiagnosed and therefore, untreated for 10 years and the child unnecessarily suffering.

The report made us restless even more; we could not wait another month to start his treatment. We could not reach his father though phone. Our colleague, Bhagirathi Bhaiya and Dakesh, volunteered to deliver medicine to his family. It wasn't an easy task to locate their para(hamlet), even after locating house, the house was locked, and they had to leave medicines with the *mitanin*. In the next month, the child and his mother didn't show up. We were worried whether the mother will continue giving medicines. A month later, we were waiting for the child but again no one from his family showed up. We were now very worried.

We talked to the Sarpanch and the *mitanin*, someone from the village agreed to go to his home to check. Half an hour later he returned with the child and both parents. His mother came directly to us, seemed to me neither worried nor elated. I asked why she didn't come to the clinic. She simply said that your medicines were working well. The child has started recognizing relatives, started standing and taking a few steps on his own and most importantly, started smiling. But she was worried that he was 'healthy' (plump) before but has started losing weight.

I sat with the parents, explained the nature of illness, its course and role of medicines in details. That helped to alleviate their apprehensions to some extent. Losing some weight and the child crying when someone new came was part of his improvement. I got up and went up to the child to examine; and the child started crying aloud. His tears were rolling down and we were cheering up and smiling....

## SANGWARI

'People's association for Equity and Health' is a section 8 non-profit organisation registered under The Companies Act 2013.

### Vision

We, at Sangwari, visualise a world where every living being, including the poorest, and belonging to the most marginalized communities, have an equal opportunity to live in good health as per their values and in harmony with environment.

### Mission

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

Sangwari wants to be a resource centre for the tribal and rural communities and the healthcare providers serving them. It is committed to reach to a population of about 5 lakhs in Surguja district through clinical care and community-based healthcare services and to a population of 45 lakh in the Surguja division of Chhattisgarh through training and advocacy.



**Acknowledgement**

A sincere thanks to all our supporters, friends, families, and donors who believed in our cause and our team.

We look forward to your love and support in the future as well.

**A) Collaborators –**

- CHAUPAL-Chaupal Gramin Vikas Prashikshan Evam Shodh Sansthan, Surguja
- Red-Cross Society, Surguja district
- Yumetta Foundation, Maharashtra
- Pallium India

**B) Health systems –**

- Public Health Department, Surguja division
- Government Medical College, Ambikapur
- District Administration, Surguja district
- State Health Resource Centre (SHRC), Chhattisgarh

**C) Donors –**

- Doctors For You (DFU), Delhi
- Sapana Foundation, Delhi
- Health4the world
- Individual donors

Support the work-

'Sangwari' is a registered organization under Income Tax Act, all the donations to Sangwari from India will benefit tax exemption u/s 80G. You may support our initiative by donating through DanaMojo on the links below-

<https://sangwari.net/donate/>

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