

2022



# ANNUAL REPORT 2022-23

APRIL 2022- MARCH 2023



SANGWARI  
PEOPLE'S ASSOCIATION FOR  
HEALTH AND EQUITY



# GREETINGS!

Dear Readers,  
Greetings! We are thrilled to share our third annual report with you. As we reflect on our accomplishments and challenges, we feel an immense sense of gratitude towards our supporters, partners and all Sangwaris, which means friends in chattisgarhi language, who have been part of this journey. We are humbled to report our transformative journey over the last year. We have achieved significant milestones in setting up clinical care, community health program and health system support initiatives through the collaborative efforts of our dedicated team, volunteers, and supporters. We share a brief overview of the projects, achievements, and stories from the field in this annual report.

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# ABOUT SANGWARI

Sangwari – People’s Association for Equity and Health is a section 8 non-profit organisation registered under The Companies Act that was founded in late 2020. The organisation was started with a belief to strive for equity and health for marginalized communities of the Surguja district of North Chhattisgarh. Initial small team of doctors has now grown into a large family of community health workers, nurses, pharmacists, lab technicians, social workers, public health professionals, administrative team and many more. The community that we serve and patients are equally part of the Sangwari’s team.

Our  
Mission

*"To improve the health of the rural and tribal people through service, capacity building, research, and advocacy."*



Geographical area of work

Sangwari works in the Surguja division in northern Chhattisgarh which is an underdeveloped region where more than 50% of the population is Adivasi. Community clinics and community program are based in the three blocks of Surguja district. However, our engagement with the health system has taken our work to many districts of Chhattisgarh.

# ECHOES OF 2022; MILESTONES AND MEMORIES

## Community health program

The community program of Sangwari runs in 33 villages spread of the southern part of the Lakhanpur block in Surguja district.

In each of the villages we have a community health worker and additionally some hard-to-reach hamlets also have them.

33 villages

48 CHW

108 hamlets

38000 population



These community health workers are trained to

1. Understand health issues in their villages
2. Identify seriously ill patients and provide them referrals.
3. Gather information on vital events like death and birth.
4. Provide symptomatic care for minor illnesses
5. Support and ensure follow-up care for patients who are seen in Sangwari clinics.

These are very early steps to reduce out of pocket expenditure on health care and reduce suffering. CHWs helped us to reach larger communities and the most disadvantaged group in the less time.



## Sangwari clinics

Comprehensive clinical care at Sangwari includes

Sangwari is committed to providing continuum care for emergency, non-emergency, acute as well as chronic health problems.

### 3 OUT PATIENT CLINICS

are being run in two blocks of district Surguja, Daily clinic is being run in Amgasi in Lakhanpur. The clinic caters to a range of clinical services and patients arrive from other blocks of Surguja and neighboring district of Surajpur.

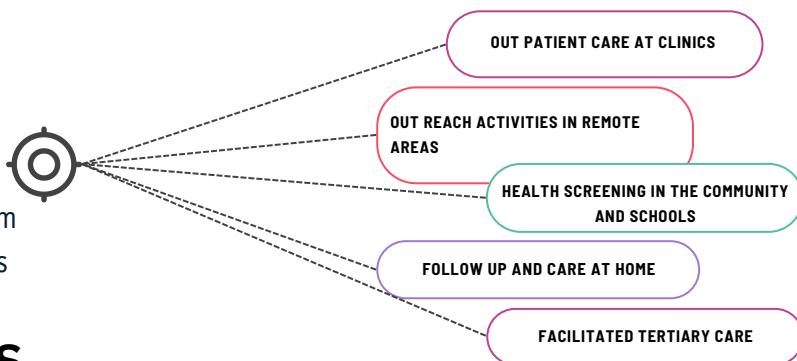
Two peripheral clinics which were run once a week have been gradually increased to three days a week clinic while a nurse and paramedics are available daily at the clinics. The clinics will be available to provide sustained care in the identified areas.

Laboratory services: are critical to provide quality health care in rural areas. currently we have, 70 types of in house tests.

We have five part differential advanced CBC machine available.

Microscopy is available at all three clinics, one with digital microscope making teleconsultation for diagnosis possible.

The tests which are not available in our labs are facilitated to outside private/ Govt labs.



The pharmacy dispenses 325 types of medicines and dispensing is done with additional counseling about medicine use. Care at the clinics also involves minor surgical procedures.

Free care is provided for a few identified most marginalized communities while for a few chronic illnesses there is a fixed nominal charge that is taken.

Teleconsultation clinics:

To address various complex health issues the clinics are also supported by teleconsultation from specialists. The teleconsultation is available for complex mental health issues, women's health problems, mental health and developmental issues in children, pain relief and palliative care, neuropsychiatry. This has proven beneficial in reducing the need for patients to visit distant and costly tertiary care centres. Patient can now receive follow-ups and adjustments to their medications through teleconsultations.



## FOLLOW UP and CARE AT HOME

Primary health care also involves providing care to the patient closer to their homes, especially in the context of chronic illness.

In the areas where there are pre-existing socio-economic challenges, health stands low in the priorities. Due to seasonal reasons like extreme heat or rains, Mahua collection or main agricultural season health care seeking goes down significantly. In these situations, a system to reach out patients at their homes helps to maintain the care continuum. We reach out to provide home visits for patients who need close follow up. Visits are also made to patients who have defaulted from the treatment such as those with tuberculosis. Additional support is provided to the patients facing challenges in continuation of care. These visits also help us to understand health conditions in the community.



Patient support group meeting:

We started patient-support group for those with rheumatoid arthritis called '*dhere din ke bimari ki sukhdukh ke samuh*' in the local language. Patients with this condition suffer from extreme joint pains and swelling along with the stiffness and are not able to carry out their day-to-day functions. Medicine compliance is a major problem largely due to unawareness as well as the expenses. We provide medications at highly subsidised costs. The meeting helps in generating a broader awareness about the disease conditions and collective problem solving.

Generating Health Awareness:

Patient health education is one of the significant parts of care. Our nurses help us in demonstrating actual procedures like preparing ORS, handwashing techniques and how to keep water clean, exercises, diet, proper use of medicines. This simple demonstration along with answering their questions help them to care better, avoid miss dosing and avoid complications.

Health awareness sessions are also conducted in community to increase awareness about emerging health problems such as high blood pressure, stroke and heart disease.



## OUR FIGHT WITH TB

We are developing a community-based programme to improve care for patients with TB. It is an integrated approach to address TB in the community where we collaborate with the health system. Patients diagnosed at Sangwari clinics and those identified through the community health programme are linked to the health department. Medicine and social benefits are facilitated through social workers at the clinic. The patients are routinely followed up at the clinic and home, additional counselling is done for medicine compliance.



**14** Ashram schools, Mission schools, Govt secondary schools were engaged:

**561** No of school children were engaged

## Reaching school children:

We are actively engaged with our Sangwaris (friends) from school going age. We routinely conduct school health awareness and screening sessions. The health awareness sessions included those on first aid, prevention, and management of scabies and first aid in case of snake bite along with general awareness about common health problems such as diarrhoea. Students identified with any health issues were treated, investigated further, and followed up for further care.

We also conducted a health screening camp at the child line- rescued children home in Ambikapur. Many children were infected with scabies, so we conducted awareness session and demonstration on prevention from scabies and treated all the children for scabies.

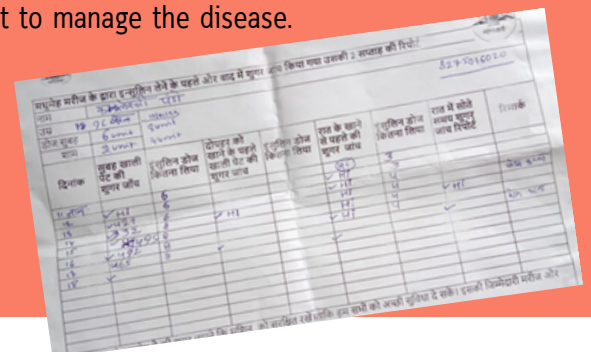
## UPSTREAM LINKAGES

Sangwari collaborates with stakeholders to provide higher medical or surgical care to patients who would otherwise abandon it due to accessibility (Raipur, 350 km away) and affordability issues. Preeti, a 10-year-old tribal girl with congenital heart disease, was misdiagnosed as pneumonia until accurately diagnosed at Sangwari.

The clinic team followed up with her multiple times, arranged consultations, and garnered support from her village for her surgery. She successfully underwent surgery at Satya Sai Charitable Heart Hospital. a social worker from Sangwari accompanied and supported her in the process. She has now recovered well, rejoined school, and playing happily with friends.

Challenges of managing insulin dependent diabetes; a nightmare for the rural poor

Type-1 and Insulin Dependent Diabetes Mellitus (IDDM) are one of very challenging conditions among patients from rural areas. Apart from the difficulty in understanding the nature of the disease, managing this disease with multiple daily insulin injections also puts a huge financial burden on the whole family. Our public health system is unprepared to manage such complex health problems especially those patients living in the villages and forested areas. We are working with a few solutions. We provide home glucose monitoring and diabetes management kits that consists of insulin vials, insulin syringes and blood sugar testing (glucometer) kits. Patient or relatives are trained in testing blood sugars with glucometers and insulin administration. A sugar monitoring chart is provided with each kit and readings are recorded as directed. Many of our patients are diligently using the kits and trying their best to manage the disease.



## Pain Relief and Palliative Care Program

### Standardising pain and palliative care in the community and clinic program:

Being one of the first organization to offer palliative care in tribal-rural areas of Chhattisgarh, Sangwari delivers palliative care through

1. Community clinics
2. Palliative care home visits

Home visits are done in the Sangwari's field area and in villages around the community clinics through coordinated efforts of doctor, nurses, supervisors, and field staff. The predesigned formats are used to understand socioeconomic condition, psychosocial stressors, pain and discomfort. This helps to assess patients comprehensively and provided compassionate care.

This year, in addition to the palliative care specialist that we have, three more doctors from the team trained in palliative care.

Recognising the systemic gaps in delivering appropriate benefits to the needy, social worker ensures linking patients to schemes, get disability certificates, and required aids to respective patients. It was happy moment for us when two children from the same family with progressive neurological disorders received certificates and wheelchairs through our team's effort.



### Integrating palliative care in the health system:

Doctors from Sangwari successfully facilitated availability of Morphine at the Government Medical college, Ambikapur.

Continued support to a local Urban Primary Health Centre which dispenses Morphine for pain management. This year the facility went through their first inspection by state drug controller with our technical support.

Sangwari in collaboration with govt. medical college Ambikapur conducted continuous Medical Education (CME) activity where Dr MR Rajagopal, Director of the non-governmental organization Pallium India discussed adequate pain relief and palliative care to a total of 120 healthcare professionals (MBBS students, faculty of various departments, nurses, and pharmacists).

CME was followed by monthly mentoring of the nurses, pharmacists for the practical aspects managing essential narcotic drugs.



## Pain Relief and Palliative care program

Support was extended to two more districts cancer care units Surajpur and Jashpur in the division for license of essential narcotic drugs.

Monthly session with nurses of Government Medical College, Ambikapur are being held to sensitize, train and mentor them in palliative care. Another achievement was that a pain clinic was started in the Government Medical College, Ambikapur. Sangwari is providing technical assistance and hand-holding support and helping in the training of the post-graduate students, junior and senior residents, and the faculty of the department.

We also celebrated Palliative Care Day on 8th October 2022 at Urban Primary Health Centre (UPHC), Nawapara, Ambikapur and Sangwari office. On the occasion also conducted group meetings and radio session activity to increase awareness about what is palliative care among public and health care providers.

### **Advocating and collaborating for palliative care needs of rural-tribal communities of Surguja:**

We presented and advocated for palliative care needs from rural-tribal area at an international conference about palliative care and at a state-level workshop for integration of the pain and palliative care with national non-communicable disease control program (NPCDCS).

We are collaborating with Australian Palliative care group and Pallium India to build knowledge and connecting with various other Palliative care organizations across India to co-learn and improve practice through Echo HUMRAHI sessions conducted once a month.

An international palliative care expert, Ms Gilly Burn, visited Sangwari and Government health facilities at Ambikapur. An extraordinary teacher and advocate for the cause of palliative care, she shared palliative care needs and perspective using patient stories at the medical college, nursing college and our Sangwari team reaching out nearly 500 health professionals. We also continued our learnings through visits and collaborations. We visited other NGO named RAHA doing exemplary work in disability in the rural communities in Pathalgaon, Chhattisgarh and Pallium India, Trivandrum, a giant in Palliative care work having tremendous contribution towards the cause since the last 19 years.



## Health System support

In underserved areas, a large proportion of population depends upon public health system for healthcare. Sangwari has been working with the public health system, right from its very early days to strengthen the care provided in the public health system.

Collaborating with the State Health Resource Centre, Chattisgarh and Sangwari conducted online training sessions for Community Health Officers (CHOs) working health and Wellness Centres in Chattisgarh

**15 Topics** Were trained in the state  
**2500 CHOs**

### Improving care for sickle cell disease in the public health system

Sickle cell disease is a genetic disorder of blood. It is chronic condition and patients suffer a lot due to frequent pain crises and need for blood transfusion. Chhattisgarh has many patients with sickle cell disease. Most of these patients are poor and seek care in the public health system as care seeking in private hospitals lead to heavy out of pocket expenditures..

Sangwari provided technical expertise to streamline care for sickle cell disease in the public health system. The efforts initially started at the Urban Primary Health Centre at Nawapara in Ambikapur and now are extended to the district hospital and medical college in Ambikapur, Surajpur and Jashpur. The work was felicitated by hon. health minister of the state and health secretary at the divisional meeting. The streamlining work involved-



- Timely identification of sickle cell disease by ensuring uninterrupted supply of diagnostic reagents
- Use of the medicine hydroxyurea which prevents pain crises and the need for blood transfusions. We developed easy to use treatment guides for clinicians and paramedical workers.
- Sensitising doctors, nurses, and other workers such as community health officers and community health workers in the current guidelines and evidence-based management of sickle cell disease.

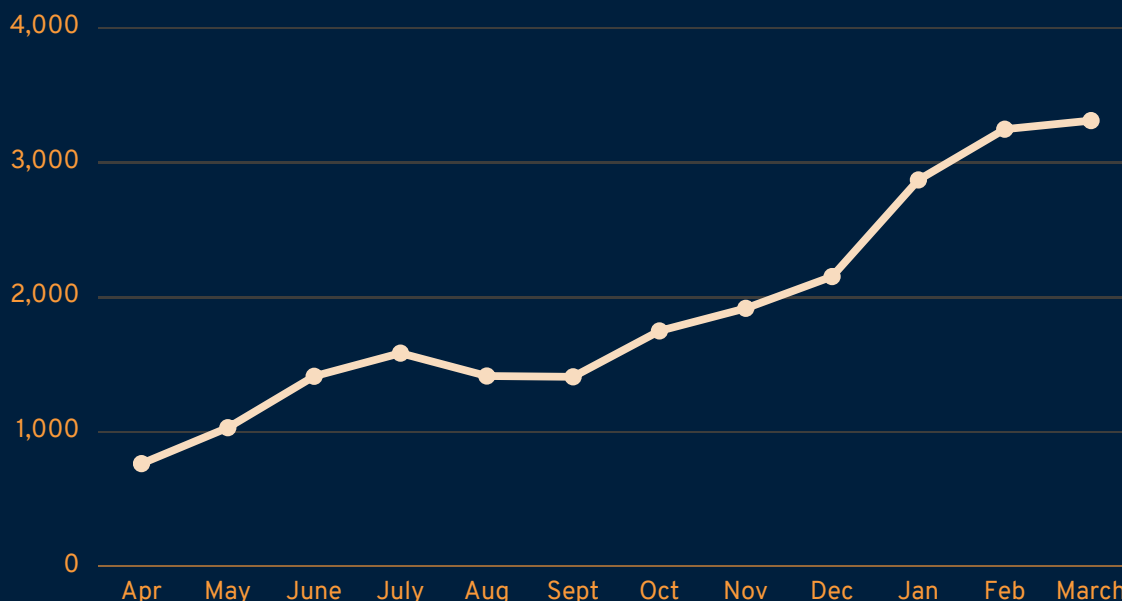
# 900

Patients with SCD enrolled in 3 facilities and receiving care



We are also providing technical support to the public health system strengthen care of complex non-communicable diseases such as diabetes among children, epilepsy and congenital heart diseases. Partnering with Jhpiego, we were also engaged for improving Maternal child health at district and block level in Surguja.

### Monthly clinical consultations



## NUMBERS AT A GLANCE

**22,244**

### Total clinical consultations

At the three clinics site, care for primary health issues, chronic illnesses, NCDs, complex NCDs, common infections, Women's health issues were provided. The care for complex issues was made available through teleconsultation, and facilitated tertiary care referrals.

**3027**

### Health workers trained and mentored

Resident doctors, specialists, medical officers, Community Health Officers, nurses, medical officers, lab tech, pharmacists, Mitanin (ASHA worker), Mitanin trainers and para medical staffs. These were conducted at state, district and block and facility level

**2116**

### Pain relief and palliative care

Consultations at the Sangwari clinic, urban primary health centre and Govt. Medical College. The care also included distribution of aids like, crutches, wheelchairs, commode chair, adult diapers, urinals, dressing material.

**8772**

### Follow up and care at home

Care at home delivered for minor illnesses, chronic health issues, people with restricted mobility, communities in remote areas were provided care at home, village. This was done through home visits by CHW, Supervisors, nurses, doctors as well as through village based camps.

## PUBLICATIONS

Why are so many indigenous Pando people dying? Using observations from Chhattisgarh, India, to conduct structural assessment and identify solutions.

<https://www.tandfonline.com/doi/full/10.1080/17441692.2023.2175014>

Improving the health of tribal people in India: Time to address health data poverty.

[https://journals.lww.com/ijmr/Fulltext/2023/06000/Improving\\_the\\_health\\_of\\_tribal\\_people\\_in\\_India\\_.2.aspx](https://journals.lww.com/ijmr/Fulltext/2023/06000/Improving_the_health_of_tribal_people_in_India_.2.aspx)



## ROAD AHEAD

In the upcoming year, we plan to improve health care in the community that we serve by adding mid-level health workers between the community health workers and our clinics.

The community health workers will work to improve awareness as well as undertake preventive activities in the community. We envision community health workers and mid-level workers being the voices of the community who would work to improve health of their communities with Sangwari as an ally.

We plan to provide inpatient care through a small community hospital which will be in addition to the outpatient services that we provide.

In some Adivasi communities we found very high child malnutrition and poverty. Sangwari plans to start nutrition support services in these communities.

We will continue to build technical capacity in the public health system in Surguja division and will now provide this support to other districts in the division.



# 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
12. Jhpiego, Delhi

## Our Doners -

1. Caring Friends
2. Sapana Foundation, Delhi
3. Health4the world
4. Bengal Finance and Investments private Ltd.

## Many individual donors

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| KAUSTUBH JOAG           | SWANAND KHANAPURKAR        |
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| MANOJ BHARDWAJ          | YOGA VIDYA PRANIC HEALING. |
| NAMAN SHAH              |                            |
| NITA SOOD               |                            |

# We thank you for your continued support in our efforts.

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