

# ANNUAL REPORT 2023-24



**SANGWARI**

People's Association for Equity and Health



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## Dear Readers,

We are humbled and excited to present our fourth annual report. Reflecting on the past year, we feel profound gratitude for the support of our partners, volunteers, and Sangwari—our dear friends. Your commitment has been pivotal in our achievements across clinical care, community health programs, and health system support initiatives. This report offers a glimpse into our progress, field stories, and aspirations. We deeply appreciate your ongoing support and are eager to continue our journey toward improved health equity.

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# About Sangwari

Sangwari – People’s Association for Equity and Health was registered in September 2020 as a non-profit organization under section-8 of the Companies Act. The organisation was started with a belief to strive for equity and health for marginalized communities of the Surguja district of North Chhattisgarh. The 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.





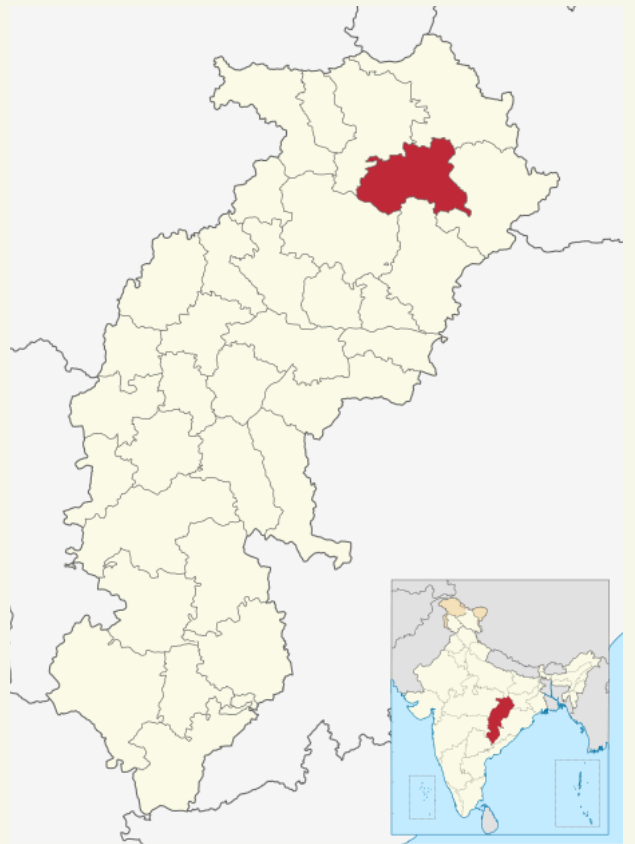
# Our Mission



*"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 2023

## Milestones and Memories





# Community Health Program

The community health program aims to partner with local rural and Adivasi communities in improving health outcomes in two blocks of Surguja-Lakhanpur and Udaipur. The work is done through 51 community-based health workers also called Swasthya-Sangis who serve 25 gram panchayats including 19 difficult-to-reach hamlets or paras in forested and hilly areas of the blocks. There are two supervisors for field supervision and field-based activities.

The community health workers record vital events in their villages (births, deaths and disease outbreaks), provide primary care for common illnesses (like fever, diarrhoea, cough and cold), support healthcare activities of the Mitanin (ASHAs in Chhattisgarh), organize and participate in community-based meetings on health and help improve awareness about health in their communities.



51

Swasthya Sangis

25

Gram Panchayats served



They also report outbreaks of specific illnesses like fever and diarrhoea in their villages which are then responded for both mitigation of those with illnesses and prevention of future such outbreaks.

The program also does clinics in difficult-to-reach areas, health check-ups and awareness camps in Ashram schools and follow-up patients with tuberculosis, those with palliative care needs and chronic diseases with support from nurses and supervisors. This helps to improve continuity of care for those attending our clinics, improve access to those in difficult-to-reach areas and those with complex health care needs (e.g. bed-ridden patients and those with severe mental health disorders) and help develop community support for preventive health work.

## आखिरी सफ़र

नान्ही मझवार जब 40 वर्ष का था तब जीवन की गंभीरतम मुश्किलों से उसका सामना हुआ। अत्यधिक मानसिक पीड़ा, दुख तथा तनाव में जीवन, महिनो तक संघर्ष करने के बाद अंततः उसकी मृत्यु हो गई। यह लेख उन सभी लोगों के लिए है जो लगातार जीवन और मृत्यु की सत्यता से डरते हैं।

मैं प्रिया पटेल यह हृदय विदारक नोट नान्ही मझवार के मृत्यु के बाद लिख रही हूँ। साथ ही मैं इस बात से स्वयं को और आपको अवगत कराना चाहती हूँ, कि किस प्रकार संगवारी स्वास्थ्य केन्द्र के अनूठी पहल- पैलियेटिव केयर में जीवन-मृत्यु की शैय्या पर लेटे उस नान्ही के चेहरे पर मुस्कान बिखेरी थी।

छत्तीसगढ़ के सिमला के नाम से प्रसिद्ध मैनपाट का तराई क्षेत्र, उँची पहाड़ियों तथा घने जंगलों के प्राकृतिक सौंदर्य के बीच बसा आदिवासी बहुल ग्राम 'पटकुरा' में अपने परिवार और परिजनों के साथ सामान्य जीवन व्यतीत करता नान्ही मझवार। आर्थिक स्थिति से दयनीय, अशिक्षित, शराब का आदी होने के बावजूद हँसमुख तथा सहयोगी प्रकृति का धनी नान्ही सभी का मन मोह लेता था।

एक दिन बिहान समय, नान्ही को जब पता चला की घर में लकड़ियाँ खत्म हो गई है तो कंधे पर टांगी उठाये वह जंगल की ओर चल पड़ा। लकड़ी काटने के दौरान संतुलन बिगड़ने से नान्ही पेड़ से गिर गया और अत्यधिक उँचाई होने के कारण उसकी शरीर की हड्डियाँ टूट गयी। रीढ़ की हाडू टूट गयी थी और उसे अपने शरीर को, कमर के निचे की सूझ नहीं बची थी। वह हिल नहीं पा रहा था। परिजनों तथा गाँव वालों ने तत्परता दिखाते हुए उसे संजीवनी एंबुलेंस 108 की सहायता से जिला अस्पताल अम्बिकापुर पहुंचाया, डाक्टरी जाँच के बाद पाया कि उसकी स्थिति काफी गंभीर थी और सलाह दी की उसे लम्बे दिनों तक रुककर अस्पताल में ईलाज कराना होगा।



शुरुवात में नान्ही के सभी संगी उसके साथ थे, पर अपना रोजी रोटी छोड़कर वह कितने दिन रुकते? आखिर तक अस्पताल में उसकी पत्नी ही उसके साथ रही। आखिर उसकी पत्नी का भी धैर्य और हिम्मत टूट गयी, और कुछ अधिक सुधार भी नान्ही के स्थिति में नहीं दिख रहा था; तो उसको वैसे ही घर वापस लाने का फैसला कर लिया। अब वापस घर आ जाने के बाद उसकी स्वास्थ्य स्थिति और भी खराब होने लगी, घर पर मैले-कुचैले कपड़ों से लिपटा हुआ, टूटी खाट पर पड़ा-पड़ा नान्ही जैसे घर में जीवित लाश हो ऐसा ही लग रहा था।

इसी दौरान हमें, संगवारी की पटकुरा ग्राम की हमारी स्वस्थ संगी - अंजू दीदी ने अपनी सुपरवाईजर विमला नेताम को नान्ही मझवार के बारे में बताया। विमला ने अविलंब ये जानकारी स्वास्थ्य केन्द्र में डा. चैतन्य और डा. शिल्पा तक पहुंचाई। परिस्थिति का जायजा लेने के लिए क्लिनिक के नर्स, सुपरवाईजर और एडमिन व्यक्ति नान्ही के घर पहुंचे; और उसे बेहतर जीवन देने के लिए एक कार्य योजना तैयार किया गया। जिसमें नान्ही के संक्रमण को रोकने के लिए- बिस्तर के लिये नया कपड़ा, बेड, स्वेटर व कुछ कपड़े, बिस्तरी घाव से बचाव के लिये वाटर बेड तथा शारीरिक स्वास्थ्य के लिए निःशुल्क राशन समय-समय पर देना तय किया गया। इसके अलावा डाक्टर के द्वारा एक टीम गठित की गई जिसमें नर्स विमला आयाम, नन्दिनी कंवर और मैं, हमारे साथ एक मध्य स्तरीय कार्यकर्ता प्रेमसाय एक्का कुल चार लोग शामिल थे।

हमें ग्रुप में विभाजित कर दिया गया और प्रत्येक दो दिन में नान्ही तक पहुंचकर उसकी सेवा का कार्य सौंप दिया गया। जब मैं पहली बार नान्ही के पास पहुंची तो वहाँ की स्थिति अत्यंत खराब थी। चिकित्सकीय देखरेख के अभाव में उसके शरीर की त्वचा धीरे-धीरे सड़ रही थी, संक्रमण के कारण उसके शरीर में कीड़े तक लग गये थे। सचमुच उसके शारीरिक दुःख को मैं बता नहीं सकती; मन के दुख के बारे में क्या बताऊँ? स्वास्थ्य की लगातार घर पर सुविधा मिलने से निराश हो चुके नान्ही की आखों में उम्मीदों की एक चमक दिखाई देने लगी थी, जो व्यक्ति हँसना तक भूल गया था उसके चेहरे पर अब मुस्कान थी। हमारी टीम के सभी लोग निष्ठाभाव से नान्ही की सेवा में जुट गये थे।

नान्ही अब बैठ पाता था, सहारे से उठकर आँगन में भी रह जाता था। खाना खाने से अब सूखे शरीर में जान आ गयी थी। उसकी बेहतर होती स्थिति को देखकर हमने भी अपना ध्यान बाकी मरीजों पर डाल और उसके घर अब हम सप्ताह में एक बार जाते और उसके घरवालों के साथ उसका इलाज कर रहे थे। पर कोई साधारण फुन्सी की वजह से, जो अधिकतर लोगों में जल्द ही ठीक हो जाती है, उन्हें वापस संक्रमण हुआ और खून तक फैल गया और उसी कारण अचानक उसकी तबीयत बिगड़ने लगी। साथ हमारी टीम उसके घर गई परन्तु भाग्य को कुछ और ही मंजूर था उसी दिन नान्ही हम सब को छोड़कर इस संसार से जा चुका था।

जिस दिन नान्ही खत्म हुआ उस दिन पारा में शादी थी; तो नान्ही की पत्नी ने किसी भी गाँव वालों को खबर नहीं की, क्योंकि उसे लग रहा था की खामखा इतने बीमार व्यक्ति के चल बसने की वजह से गाँव के खुशी का माहौल कम न हो। उस रात को कुछ पास से रिश्तेदारों के साथ उसने नान्ही को अलविदा कहा। उसकी पत्नी ने हमे आँखों से धन्यवाद देते हुए कहा कि जब नान्ही चला गया तब वह काफी मुस्कुरा रहा था।

मुझे यह बात उलझन में डाल देती है कि नान्ही के ऐसे कठिन समय का वास्तविक कारण आखिर क्या था? क्या वह शिक्षित होता?, या आर्थिक रूप से कमजोर न होता?, क्या वह शराब नहीं पिता?, क्या वह पेड़ से नहीं गीरता?, क्या स्वास्थ्य सेवाओं के लाभ से उसकी पत्नी परिचित होती? तो क्या नान्ही ठीक हो पाता? खैर कारण जो भी हो एक व्यक्ति के जीवन का खत्म होना बहुत ही कठिन होता है; पर यही मृत्यु नान्ही के दुःख को दूर करता हुआ भी मुझे दिखा। मैं नान्ही के जीवन का एक महत्वपूर्ण हिस्सा हो सकी, उसे खुशी से अलविदा कह सकी और डाक्टर्स के दिशा-निर्देश में काम करके और संस्था से जुड़कर अपनी काबिलियत को कुछ तो वजह दे सकी इसलिए मन में बहुत ही संतोष महसूस करती हूँ।

प्रिया पटेल(स्टाफ नर्स), संगवारी



# Sangwari Clinics

Sangwari launched its first clinical service in March 2021. Since then, we have expanded to three clinics: two are located in the remote villages of Kuniya and Argoti, approximately 60 kilometers from the district headquarters, and the third is closer to the city, serving as a referral center with doctor-based services available throughout the week. We now offer an in-house facility for 108 lab tests and provide a comprehensive selection of approximately 310 medications. The quality of life for patients with complex chronic illnesses has been significantly improved through home visits, tele-consultations, and regular follow-ups. We also supply assistive devices such as commode chairs and air mattresses to those in need.

While our healthcare services address a wide range of issues, from infectious diseases to complex non-communicable conditions such as diabetes, hypertension, stroke, epilepsy, and cancers, we have identified several







unmet needs this year, particularly in gynecological health and mental health care. There is also an urgent need for basic critical care, rural surgical services, and improved diagnostic support, including access to X-rays and ultrasonography.



One of the most profound impacts has been in addressing severe mental health issues. Some young people with severe mental health conditions had been restrained with chains to prevent wandering and self-harm. However, with the initiation of treatment, supported by regular home visits, these individuals began to comply with their treatment plans, leading to a restoration of their dignity and finally removing of their restraints.



Kuniya Clinic now operates three days a week with a doctor and six days a week with a nurse, ensuring consistent access to care. Amgasi Clinic provides services six days a week, while the relocation of Biniya Clinic to Argoti has resulted in improved space and resources for patient care.

# 108

Lab tests available

# 310

Medications available



Our tuberculosis care program has significantly expanded, offering comprehensive services that include diagnosis, treatment, nutritional support, and contact screening. This program is reinforced through outpatient visits, teleconsultations, and home visits to ensure patient compliance.

Women's health services have also been introduced, featuring expert consultations and specialized training. The clinic is equipped to manage acute emergencies, such as sepsis, severe dehydration, animal bites, and minor trauma injuries. Additionally, community outbreaks, like conjunctivitis, have been effectively managed through screening camps held in villages and schools.

We are deeply grateful for the contributions of our friends and well-wishers. Notable collaborations include neurology consultations and training by Dr. Lee David Cranberg, mental health teleconsultations and weekly classes by Dr. Prashant Gogia, stress management sessions led by Nurse Aya Dreze, and nurse training conducted by Nurse Mentor Roopa Rawat. The implementation of Electronic Medical Records (EMR) in all clinics and our partnership with the Spine Foundation for spine surgery feasibility assessments are significant milestones in our ongoing efforts to improve healthcare delivery.





# Tuberculosis care program

Sangwari's Tuberculosis (TB) program has been instrumental in providing care to 106 patients, with men comprising 60.4% of cases and 87% of patients coming from tribal communities. The program prioritizes early diagnosis through microscopy and X-rays, enabling prompt treatment, especially for the 84% of patients with pulmonary TB. By linking all patients to the government's NIKSHAY system, they receive essential entitlements such as free medications and financial support, which are critical for sustaining treatment. Intensive follow-up through telephonic, OPD, and home-based visits has resulted in 67% of patients completing treatment, though 21% remain under ongoing care.

Beyond clinical treatment, Sangwari addresses key social determinants by providing transport support and monthly food rations, reducing barriers to treatment adherence. Family screening and INH prophylaxis are offered to prevent the spread of TB within households. The program also focuses on pediatric TB cases, which account for 6.6% of patients, ensuring that care is tailored across all age groups, from 7 to 80 years old. The clinic in Amgasi manages the highest number of cases (62), indicating areas for concentrated efforts. This holistic approach integrates both medical and social interventions, ensuring comprehensive TB care and prevention within vulnerable communities

**106**  
Patients

**87%**  
Adivasi

**88%**  
Success rate





# ACCOMPANIMENT

Prabha, a 26-year-old married lady weighing all of 26 kgs was diagnosed by our nurse with symptoms suggestive of tuberculosis. She had a body mass index of 12.5, symptoms of chronic cough, progressive weight loss, loss of appetite and low-grade fever in the evening for several years now. The clinical diagnosis was straight forward—a lady with pulmonary tuberculosis and severe undernourishment.

Her social realities however were reinforcing our belief that TB is a symptom of an impoverished society. Prabha, an Adivasi girl married at 19 years of age came back to her parents after 9 years of marriage. Her husband and his family did not want someone who was not able to have kids. To add to her woes, her symptoms of TB didn't allow her to work as an agricultural labourer. On inquiring further, she had symptoms of discharge from her vagina for as long as she could remember and felt intense pain during menstruation or having intercourse with her husband. On examination, she did have findings suggestive of tuberculosis affecting her reproductive organs. All these years she had to bear the wrath of her husband's family, looks and taunts from everyone in the village and a constant burden—physical and emotional. No one asked or thought why would she be losing weight, not being able to work and suffering. Perhaps in impoverished societies, looking forward as far as their next meals had their priorities and expectations clear. A married woman should be able to have kids who can contribute to their family's productivity, and she should be able to work at the very least. Having failed to do either, she wasn't useful to them, and needed to be discarded.

She came with her mother. The diagnosis was straight forward. What she needed medically was food and medicines for TB in equal measure. What she needs socially is someone who accompanies her in this journey. What Dr. Paul Farmer describes as "Accompaniment". "To accompany someone," he said, "is to go somewhere with him or her, to break bread together, to be present on a journey with a beginning and an end...There's an element of mystery and openness.... I'll share your fate for a while, and by 'awhile' I don't mean 'a little while.' Accompaniment is much more often about sticking with a task until it's deemed completed by the person or person being accompanied, rather than by the accompagnateur."<sup>[1]</sup> We hope for Prabha in this scenario and many other patients and families, Sangwari plays that role in the years to come.

Chetanya Malik

[1] <https://www.harvardmagazine.com/2011/05/paul-farmer-accompaniment-as-policy>



# Pain relief and Palliative Care



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

1. Community clinics
2. Home visits
3. Public health system: GMC and UPHC, Nawapara, Ambikapur

Our palliative care initiatives have continued to build on the progress from previous years, making significant strides in supporting patients and families with complex needs. We expanded our efforts by providing essential medical supplies including **ESSENTIAL NARCOTIC DRUGS** and enhancing staff training. Our initiatives to assist persons with disabilities in obtaining certificates have notably improved their accessibility and employment opportunities for over **18** patients . Once their symptoms were controlled, **TEN** people including adults re-joined **education** through open schools and passed the respective examination. This year, we also made strides in providing prosthetic limbs to patients in need, further enhancing their quality of life and mobility. Integrating palliative care into the primary health care model at Sangwari has further enriched our holistic approach to patient care.

We provided intensive support and home care for individuals facing significant challenges, such as a young man with insulin-dependent diabetes from a troubled family and a man struggling with severe mental health disorders amid financial hardship, and many such lives were touched by our team.

**Key Achievements:** We successfully established a daily pain clinic at GMC, managed by our in-house faculty with specialized expertise in pain interventions, which now serves over 130 patients each month and provides crucial pain procedures with access to both oral and injectable narcotic drugs.





We advanced our training efforts by offering comprehensive education on pain management and communication for Sangwari staff, medical college faculty, and postgraduate students.

Additional milestones include hosting a state-level opioid availability workshop, enrolling palliative care patients in open school programs, implementing a real-time patient data entry system, and securing annual morphine approval for both the Urban Primary Health Center and GMC, Ambikapur. Our team enriched their expertise through participation in the IAPC conference, a CME event on palliative care, and our advocacy efforts at ARSICON 2024 contributed to promoting palliative care in rural healthcare settings.

This year we provided 2083 OPD consultations, 510 home visits, 76 patients received morphine and 4196 total contacts. An internal review of our palliative care services has guided our strategic planning, focusing on continuous improvement to enhance the support we provide.

**510**

Home visits

**76**

patients recieved  
morphine for  
pain relief



# Health System Strengthening

Right from its inception, Sangwari has actively engaged with the public health system at the divisional and state level through training, help with operationalizing care for selected diseases, care coordination and advocacy.

Sangwari has conducted training of professionals in the public health system in management of snake and animal bites, tuberculosis, scrub typhus, sickle cell disease, hypertension, diabetes and other chronic diseases. This year, we have trained 2497 health professionals which included medical officers, community health officers, nurses and mitanins. Over the past 3 years Sangwari has trained 5772 health care professionals.

## Improving care of sickle cell disease

Sickle cell disease is a big public health problem in Chhattisgarh. For every 1000 population there are 1 to 3 patients with sickle cell disease. Patients with this condition are often children and young adults. They suffer from life threatening crises involving severe pain in body, sudden reduction in blood and breathing difficulty. We have provided technical support to establish sickle cell disease units and OPDs in two districts (Surguja and Surajpur) in the Surguja division.





The treatment algorithm developed by Sangwari are adopted by the Ministry of Health and Family Welfare and the National Health Mission in Chhattisgarh for state-wide scale up. In these two districts, Sangwari is also working with the public health system to strengthen the care for sickle cell disease at district hospitals and community health centres in the district. A team of care coordinators deployed at the district hospitals help in streamlining the care of patients and increase awareness through peer support group meetings. The care coordinators also make home visits if a patient is not following up. Until March 2024, 1021 patients with sickle cell disease are enrolled in these districts. The need for blood transfusions and hospitalizations have also gone down by 40% among these patients. The success of this model led to Sangwari receiving funding to scale up the care-coordinator led model in Jashpur and Durg districts of Chhattisgarh.

**1021**  
Patients enrolled

**40%**  
decrease in need to blood  
transfusion and hospitalisation







In order to increase awareness about sickle cell disease among patients and their families, Sangwari conducted “Surguja Sickle Cell People’s Health Conference”.

Close to 400 patients and family members attended the meetings. Medical professionals who helped improve care for this condition were felicitated in this event at the hands of patients. The health minister of the state also attended the meeting virtually and heard the challenges faced by the patients.





# Improving care of complex Non-communicable diseases in the public health system

Sangwari is also helping to strengthen the care of other complex disease such as diabetes among children, epilepsy and congenital and rheumatic heart disease in the public health system. These conditions lead to severe disability, increases risk of death and increased out of pocket spending. This in turn leads to high social and financial stress among poor families. For example, for diabetes among children, the family spends 2000 to 4000 rupees every month just to buy insulin. Insulin is available for free in the public health system for children with diabetes and Sangwari's team is helping patients and their families receive this benefit. Currently 317 patients with these three conditions are receiving care in Surguja and Surajpur districts. This initiative for strengthening care for complex non-communicable diseases is probably one-of-its-kind in the public health system in India.



Sangwari helped the Government Medical College at Ambikapur to organize several workshops for basic and advanced cardiac life support, critical care, dementia and research methods. Faculty from India and the United States were invited by Sangwari for local capacity building. With Sangwari's help, a training centre for Basic and Advanced Cardiac Life Support is being established at this medical college.



# Nutrition

The Sangwari Nutrition Initiative, launched to combat severe child malnutrition in Kuniya and support TB patients with therapeutic food, is an essential part of our health programs.

Recognizing high malnutrition rates, we began managing severely acute malnourished (SAM) and severely underweight (SUW) children on June 29. Starting with five children, we expanded to 13, providing ready-to-use therapeutic food (RUTF) and daily boiled eggs at the clinic. Our strategy includes distributing dry Sattu packets, clinic-based feeding, and micronutrient supplements. Additional support includes warm clothes, vaccination reviews, handwashing activities, and contraceptive counseling for mothers. Over three months, this approach improved children's nutritional status, with several transitioning from severe to moderate malnutrition levels.



To enhance nutritional improvements, we established a day care center for severely malnourished children in November, offering three daily meals in a caring environment.

For TB patients, recognizing the importance of nutrition, we started a therapeutic food support program in August 2023. This program provides high-calorie, high-protein food items, offering 950 calories and 57.4 grams of protein daily per patient. Initially supporting 15 patients, we expanded to 25 patients monthly from September. This approach has improved patient weight gain and overall health outcomes in the community.





# PVTG support program

Particularly Vulnerable Tribal Groups (PVTGs) are among the most vulnerable tribal communities in India, living in geographical isolation with low literacy levels and shrinking populations. In Jashpur district's Bagicha block, the Pahadi Korwas and Birhor communities face limited healthcare access, leading to preventable morbidity and mortality.

To address these issues, a new initiative of a PVTG support cell was started in the Community Health Centre (CHC) at Bagicha, with collaborative efforts from the district administration, health department, PVTG community members, and Sangwari. The first phase involved establishing the PVTG support cell at CHC Bagicha, dedicated to PVTG patients, especially pregnant mothers, and managed by two care coordinators from PVTG families trained by Sangwari. The cell, operational since November 2023, serves as the first point of contact for PVTG patients and healthcare staff, offering 24/7 support.







Key activities include,

- Maintaining a help desk at the registration counter for outpatient and Inpatient care.
- coordinating inpatient care and arranging transportation back home
- Providing referral support to higher centers
- Conducting home visits and field follow-ups to Pahadi Korwa and Birhor patients and families.
- Maintain telesupport for admission-referral and follow up.
- Providing Ration support and follow up care for TB patients from PVTG community.

The cell has supported **184 PVTG patients** and their families till March 24 and thereby helped improving healthcare seeking and overall health among these communities.

The second phase of this project was launched by hon. CM Chattisgarh. Mr. Vishnudeo Sai ji.





# NUMBERS AT A GLANCE

Here is the annual summary of the key deliverables for the period from April 2023 to March 2024:

**TOTAL  
CONSULTATION**

**ANNUAL**

**48,931**

**CUMULATIVE**

**73,292**

**3,549**

**Pain and Palliative  
Care Consultations**

**22,512**

**Home Based Care**

**23,498**

**Total  
Laboratory tests**

**686**

**Total School children  
received Services**

**1,694**

**Total Healthcare  
workers trained**

## Publications

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# Road ahead

As we look to the future, we stay committed to helping the poor in this land of plenty. Our journey continues with a strong focus on improving our clinic and community work. We want to make our services better and reach more people who need us.

We plan to go deeper into our work by building stronger connections with the community. Our goal is to make sure the people we serve have a real say in what we do. We believe that when the community takes ownership, our work will have a greater impact. One of our main goals is to set up an inpatient facility to treat the complex medical and surgical needs of the rural and tribal populations of Surguja and the nearby districts. This facility will be a lifeline for those who struggle to get the care they need.

We also want to create a Rural Resource Centre. This will be a place for learning, sharing knowledge, and working together with others who share our mission. It will help us and others walk this less-traveled road of serving the poor.

Sangwari is also dedicated to expanding the impactful gains in the public health. Over the past three years, we've learned a lot, especially in caring for people with long-term illnesses and those in need of palliative care. We will continue to train, improve, and grow our efforts in these areas.

Together, we will keep moving forward, believing that everyone, no matter how poor or remote, deserves quality healthcare and the chance to live with dignity.





# Acknowledgement

## OUR COLLABORATORS

1. CHAUPAL-Chaupal Gramin Vikas Prashikshan Evam Shodh Sansthan, Surguja
2. Public Health Department, Surguja division
3. Government Medical College, Ambikapur
4. District Administration, Surguja district
5. District Administration, Jashpur district
6. Pallium India
7. State Health Resource Centre (SHRC), Chhattisgarh
8. Red-Cross Society, Surguja district
9. Doctors for You (DFY), Delhi
10. RAHA (Raigarh, Ambikapur Health association), Surguja
11. Yumetta Foundation, Maharashtra
12. National Alliance for Sickle Cell Organizations (NASCO)
13. National Health Mission, Chhattisgarh
14. UNICEF Chhattisgarh
15. Jhpiego, India

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- Shrikant Nishikant Gangal
- Yash Agarwal
- Sabina Hazuria
- Udai Dhawan

*We thank you for your continued support in our programs.*



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