



Jan Swasthya Sahyog

(People's Health Support Group)

Annual Report 2018



Our Vision

“We wish to contribute to the health, happiness and well-being of the people by

- Creating a system of primary health care which builds on a continuing and mutually enriching dialogue with the people and derives its strength and long term sustenance from this
- Providing appropriate rational and low cost health care services delivered with empathy and love. We shall endeavor to make them holistic. Identifying problems during our work which demand scientific scrutiny, and working on them on a long term basis.
- Being part of the process of development and rejuvenation of village communities by facilitating efforts to improve education, the environment and the level of sustenance of the people.

We wish to contribute to the sphere of public health in India by:

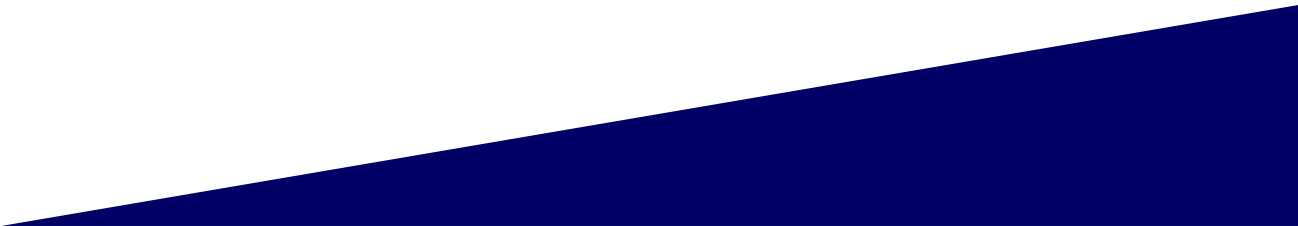
- Adding to the discourse on public health in India by our experiences in rural Chhattisgarh and our technical, social, and political understanding of them.
- Doing research, which clarifies understanding, examines appropriate solutions which can then be applied by other groups.
- Providing our technical and training skills to people who need them.
- Generating technical literature appropriate to the practice of rural medicine.

We hold dear the following values:

- Honesty, integrity, respect for the poor and understanding of their problems. An unflinching commitment informs and permeates all our work.
- Compassion and respect for wholeness of human being.

Our Mission

To developing a low-cost and effective health program that provides both preventive and curative services in the tribal and rural areas of Bilaspur and surrounding areas of Chhattisgarh in central India. We strongly believe that access to healthcare should not be denied to anyone due to lack of money or due to discrimination on account of caste, sex, religion and social class etc.



Brief Introduction

Jan Swasthya Sahyog (JSS) is a voluntary, non-profit, registered society founded by a group of socially conscious health professionals to evolve a people centered, community based primary healthcare model in predominantly tribal and rural areas of Bilaspur district of Chhattisgarh in Central India. For the last 19 years we have been working towards trying to improve the health and nutrition status of the rural population in Bilaspur and Mungeli districts of Chhattisgarh.

We have developed a three tier system with village health worker based community health programme as tier one, the sub-centres manned by senior health workers as tier two and a referral centre at village Ganiyari as the tier three. The community programme is operational in 70 villages in Bilaspur and Mungeli districts. The population served primarily belongs to a poorer section of society comprising of tribals (Gond and Baiga), Scheduled Castes, and Other Backward Classes.

This year we completed 19 years of work in the area. Over the last 19 years of work, we continued to consolidate the three tiered community health programme including the referral centre at Ganiyari, comprising of an outpatients clinic, a 100 bedded inpatient ward, surgical operative services, a pharmacy, radiology and laboratory services. JSS has been busier than ever in the last three years, in addressing the health issues of the rural poor of central India and we have had to increase the services we provide.

Besides the consolidation of the community programme covering 35,000 people in 72 forest and forest fringe villages of Bilaspur, we started a few new initiatives. The three sub-centres are continuing to function as daily clinics providing health care, with once a week doctor led clinics, and a place for training

of health workers, ANM and General Nursing Midwifery students, animal health care workers, and agriculture workers.

We continued the training programmes of Auxilliary Nurse Midwifery, General Nurse Midwifery and the Diplomate of National Board (DNB) in family medicine along with other internal as well as external trainings as before. This year we also put in a significant energy in extramural trainings of staff from the public health system of Madhya Pradesh.

We continue to consolidate various databases and work on the study of care of TB outcomes, drug sensitivity and resistance pattern and operational research on care of tuberculosis. Along with this we have also been working on operational researches of Suicides, Palliative care, maternal health, respiratory systems infections, and diabetes care.

We feel that we must consolidate our work and learning in such a way that the issues of rural people's health are addressed effectively. While we want to improve, supplement and consolidate our programme so that it can serve the health care needs of some of the poorest people in the country, we wish to develop JSS as a resource centre in rural health.

The increased engagement with the public health department of Madhya Pradesh and Chhattisgarh resulted in involvement and technical support of multiple programs this year. While we continued our work of quality improvement in maternal and child health in public health facilities of 8 districts in Madhya Pradesh and Chhattisgarh, we also are helping the state of Madhya Pradesh with technical support in running Pushrajgarh Health and Nutrition Initiative (PHNI) in one of the remotest block of the Anuppur district and screening, diagnosing and treatment of sickle cell disease in Anuppur district has started in this year.

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Clinical Services

Our community (referral) health centre is located at about 20 kilometres from Bilaspur town in village Ganiyari which has an extremely busy outpatient clinic, a 100 bedded inpatient ward, surgical operative services and a low cost pharmacy, radiology and laboratory services.

Outpatient services:

Out patients services were provided to 66,656 patients through the referral center and subcenter OPDs. These services included healthcare for the important illnesses that people suffer from and need high secondary, and sometimes tertiary level care in the fields of medicine, surgery, obstetrics and gynecology, and childhood illnesses. Currently there are 9 designated out-patient clinics including a dental clinic and a clinic for leprosy patients. We have been able to bring in five specialties using telemedicine for the benefits of the patients, as well as for continued learning of facility healthcare providers.

Similar to previous years, we continued to see more women patients all these years, both from



programme villages as well as the non-programme villages. A large proportion of the patients are from the tribal communities of from the distant areas of Dindori, Anuppur, Shahdol and Mandla districts of Madhya Pradesh. These large numbers of patients, which includes many with important and serious chronic diseases like tuberculosis, diabetes, hypertension and cancer, we think, an indication of a much larger unmet need for health care in our area and an absentee public health system rather than any unusually special care provided by JSS.

The surgical services, pharmacy, imaging and laboratory services continued to be improved in its scope and reaching terms of drugs being added on and several testing methods being improved. The Electronic Medical Record system is now functioning in the outpatient department, the operation theatres, the imaging services while those in the Pharmacy, Registration and Medical records, Inventory and the laboratory areas have been consolidated. Specific templates for some illnesses has been developed and being used by the doctors and nurses.

We provided care to the 66,656 people from outpatient department. The number patients diagnosed with chronic illnesses at the OPD in year 2018 (see the table) -

Sr No.	Clinical services at Ganiyari	2017
1	Tuberculosis	482
2	Diabetes	577
3	Cancers	435
4	Illnesses requiring major surgeries	1847
5	Sickle cell disease	132
6	Leprosy	91

The nutritional status of the people seeking care showed that they were under-nourished and were from poorer socio-economic background. During this period 3,143 patients (1,666 RSBY and Ayushman Bharat Yojana and 1,477 DeenDayal Antyodaya Upachar Yojana) could avail benefit of the state financing schemes for their inpatient care, some of which were also for day care procedures / interventions. The numbers of patient getting cashless service in the State health insurance program decreased significantly during this period. This is because of unpreparedness of the Ayushman bharat scheme at launch. And also because the policy does not allow as many medical admissions. With this change in schemes, a lot of patients had to suffer, leading either to out of pocket expenditure for the required care or an additional

burden on JSS to support them with care.

A large proportion of the patients are from the tribal community from remote areas. The proportion of tribals as part of the total is now 45%. The majority seen caste accessing care were *Gonds* (about 24% of the new patients) while among the tribals over 20% patients were the most vulnerable backward tribe *Baiga* were also able to access the care. At the same time, large numbers of non tribal poor patients from remote areas accessed the OPD care at Ganiyari.

Inpatient services:

That curative care needs and in that context hospitals are absolutely essential in rural India is proven beyond doubt if one observes and analyses the need for secondary level and where necessary and possible to provide, tertiary care at the Ganiyari referral centre. The centre continues to provide inpatients



services for common and important illnesses that are worthy in addressing inpatient care for surgical, medical and childhood illnesses. This year inpatient care was provided to 4902 admissions. We have been overwhelmed with the need for inpatient care. We see here that people from rural settings carry quadruple burden of diseases that are communicable, non-communicable, due to nutrition deficiency and those due to injury. As we found more chronic diseases of all types rooted in poverty, we attempted to provide focused services for these patients with Rheumatic heart disease- the heart disease of the poor, epilepsy, mental health illnesses, thin diabetes mellitus, sickle cell disease in adulthood many of whom have crippling pain and disability in their hips, cancers of several types, leprosy of the lepromatous pole, falciparum malaria and congenital malformations. We have been continuously trying to keep the costs of the treatment as low as possible so that seeking treatment does not impoverish further.

Apart from outpatient and inpatient care, Surgery is another busy department which handles many of the emergency situations. Surgery has been the traditional stepchild of public health and thus we ensured that at JSS these needs are neither ignored nor trivialised.

Laboratory and imaging services:

In order to make the quality of services better, we made the laboratory and imaging services better organized. Several new and important laboratory investigations were added as well as a few new machines to make operations smoother and faster. The laboratory at JSS provides a wide range of investigations at the lowest possible cost. This year over 45000 patients were served by the laboratory for 229,026 investigations.



To do this continuously and with acceptable quality, laboratory required additional equipment which were procured in this period. Continuing with the cell counters, semiautomated biochemistry analysers, coagulometers (for PT-INR), ELISA Readers and Washers, fully automated biochemistry analyser, an equipment to test HBA1C lab procured new haemoglobinometers and biosafety cabinet. The lab also has a GenXpert for performing CBNAAT for Tuberculosis patients. The blood storage unit services were streamlined significantly, the average annual usage of beyond 1150 blood units. Laboratories at JSS were also able to support appropriate technology making and supplying whenever required.

With new addition, while the lab is sufficiently equipped to handle the workload, proper working conditions (building) is turning out to be a challenge for temperature, humidity and dust control. We plan to correct the infrastructural improvements in the upcoming year.

Pharmacy services:

Number of formulations in Pharmacy continued to be 440 now. Pharmacy ensured continuous availability of all the medicines without any stock outs, and at prices much lower than any other pharmacy, by rational prescriptions, use of high quality generics and bulk procurement from wholesale market or LO- COST, passing on these benefits to the patients.

Radiology unit performed 9271 X-Ray studies including contrast studies. It also supported doing ECGs and ultrasounds.



Clinical Services at three Sub-centres:

The three sub-centres continue to function as daily clinics, with weekly doctor led clinics, a place for training and meetings for health workers, animal health care workers, agriculture workers and Phulwari workers. They also serve as an important site for community level training for nursing students of the Auxiliary Nursing Midwifery (ANM) and General Nursing Midwifery (GNM) courses run by JSS. The sub-centres also run as animal bite care centres as well as level 1 transitional care centres for low birth weight babies before they go home after discharge from the hospital. The average number of patients at subcenters remained between 140-150/week. The health sub-center or the Health and wellness centre is the hub of all activity – and corresponds closely to the proposed health and wellness centers of the draft national health policy in staffing, density and package of services.



The Community Programme

For eighteen years JSS has been evolved in a three tier community programme which includes the referral center at Ganiyari and three health and wellness centers at the villages of Bamhani, Shivtarai and Semaria and covers 72 villages in Kota and Lormi blocks of Bilaspur and Mungeli district of Chhattisgarh.

Village health programme structure

All these 72 villages have village health workers and all the villages have divided into 4 clusters out of which three clusters have JSS's subcenters. All the villages falls under forest and fringe areas of Achanakmaar tiger reserve where significant population is tribal and primitive tribes. Most villages are remote with poor road connectivity and poor access of telephone services.

Besides this, creches for under three children, village antenatal clinics, post delivery care of mother and newborn, special diseases control and prevention programmes for malaria, women's health problems, chronic diseases care and tuberculosis were further consolidated.

Village health workers

The primary team of 144 village level health workers are serving these villages. The Village Health Worker (VHW) is a flagship programme of JSS since the year 2000. Almost all VHWs are women, identified by their communities as the smartest, accountable and respected. Even those with little or

- no literacy have been trained using a number of appropriately adapted methods to carry out various health related activities such as tests, monitoring, dispensing drugs and follow ups. They are more than capable of handling issues pertaining to the core areas of their work viz. RMNCH, Tuberculosis, Malaria and NCDs. They are capable of identifying situations where they know that the best option is referral. They are supervised by eight senior health workers and three cluster coordinators.



Senior health workers

SHWs or mid level health workers is a cadre trained by JSS and posted them at HWCs. SHWs bridge the gap between VHWs and doctors. their other clinical responsibilities, they follow the patients with non-communicable diseases, recognizing and bringing the patient for treatment, regularly following up with them with the help of home visits. They undergo a regularly monthly training cum reporting to help them sharpen their clinical skills and train them of newer topics.



Maternal and child health

Antenatal clinics

A total of 14 antenatal clinics are run by JSS in different villages. Pregnant women from more than 150 villages access the antenatal clinics. These clinics are run by a team consist of cluster coordinator, senior health worker ANM, MCH worker (MCHW) and lab technician. Village health workers (VHWs) and trained Dais (Traditional birth attendents) accompany the pregnant women to these clinics and also assist ANC

team in examination and counselling. MCH workers list out all the high risk mothers and tie them with the health workers and TBA of that village to follow up her. MCHW also make monthly home visit to high risk mothers.

ANC coverage for women was 80% this year out of 1065 registered pregnancies this year. About 45% pregnant women attended 4 or more ANC visits. We did 3671 total antenatal checks this year with 14 ANC clinics.

Safe Delivery and TBA programme

There are about 120 trained birth attendants (TBAs) trained by JSS in the programme villages.

About 40% deliveries were conducted by these TBAs using safe delivery kit prepared by JSS.

The programme focus is on safe deliveries or institutional deliveries by making sure TBAs have safe delivery kits or by arranging transport for high risk mothers. A monthly training is organized for all the *Dais* to train them on intrapartum and immediate post partum care. They also been trained on identifying various complication and immediate referral for the same.

Early Infancy and Post Partum mother care programme

We consolidated Early Infancy & Post-Partum mother Care Program. MCH workers have given the responsibility to visit mothers and newborn on specified days (HBNC module) to identify in complication in newborn as well as in mother.

The MCHWs are fully trained by JSS to be able to identify and address problems like post-partum hemorrhage, neonatal sepsis, pneumonia, neonatal hypothermia, besides resuscitation of new borns. They also efficiently teach breast feeding and hand expressing breast milk and are adept at family planning counseling. They make sure the mothers are getting sufficient food, which is a cause also championed by the TBAs. Most importantly they maintain records of the mother and child in great detail including low birth weights and its management using sleeping bags with an external heat source.

Phulwari Programme (Rural Creches for under 3 children)

As part of the community work and in response to the very high levels of childhood malnutrition in the under 3 year age group seen in this area, JSS began a crèche programme (Phulwari programme) in year 2006. In most households, both parents go out to work during the day, leaving young children in the care of older children. Sometimes elderly parents who are too old to work are left to take care of the child. Even though there are many reasons for malnutrition in young children below 3, we felt that the most important cause in poor families was that there was no one available to feed the child several times during the day. Eating twice a day like adults do, is not enough for young children, who need to be fed at least five times during a day.



In this year there were 102 Phulwaris with 1046 children in three clusters and more than half of the Phulwaris were in the deep forest villages of Bamhani cluster. And there were 10 children who started going back to school who otherwise would be taking care of their younger siblings at home. Phulwaris not only helped children to improve their nutritional status but also the working parents to earn their wages. We continued conducting meeting with parents to provide them the information on various aspects of nutrition and health of under 5 children using Kiran Modules developed by Pratham organization.



This year we could start one model Phulwari in one which equipped with all essential requirements in a land donated by the village. This model Phulwari is now serving a purpose of demonstration and training to others and advocacy as well. We continued our efforts of advocating issue of under three nutrition and Phulwari at state and national level.

Malaria Program

Our efforts to control the malaria such as screening the people with RDK, transporting slide to referral center for microscopy and initiating the treatment within 24 hours were consolidated. This year we saw less number of patients in high API programme villages compared to last year. A total of 1659 slides were transported found 9 malaria positives and 9 were of falciparum malaria. This year we trained doctors and specialist from govt health facilities of Chhattisgarh state in acute undifferentiated fever and managing dengue.



Tuberculosis

A total of 39 new patients (male 27, female 12) were diagnosed in this period and put on treatment. All these patients are being followed by VHW and SHW. Along with the patient, their family members and close contacts were also followed for symptoms and also mantoux test was carried out in children and given the appropriate treatment. The number of new patients we saw in this period were very less and require active screening in some remote forest villages which we are planning for next year. CG govt has continued to provide the nutrition supplements to all the TB patient.

Leprosy

A total of Five (3 Male, 2 Female) patients were found positive in this period from programme villages. a total of 20 patients who are taking treatment from JSS out of which 7 have been defaulted. We see compliance as an issue in completing the treatment of leprosy. Like TB, leprosy also required active screening to diagnose new patients.

Cancer

In this period we conducted two cancer screening camps for women above 30 years old covering 10 villages. Cancer screening is also conducted for general patients in subcenters as well as referral center at Ganiyari. A total of 9 new patients (Male 2, Female 7) were found in this period with various cancers. In this period we rejuvenated women health screening programme for three major cancers and chronic diseases.

Major cancers diagnosed in community programme are cervical cancer and breast cancer. Though tobacco chewing is prevalent among women, no woman was diagnosed with oral cancer. However, the number of women with red/white lesions of the oral mucosa ranges from 1-5per camp, most of them being sub mucous fibrosis. Out of all the cancers, 6 were diagnosed at subcentre/Ganiari referral center.

Sickle cell disease

Screening for sickle cell disease is regularly conducted as a part of Antenatal clinic. Nevertheless people with pain complaints and low hemoglobin are also asked to get a sickling test done at weekly mobile clinic and at Ganiyari referral center after which if found positive then treatment starts within a week. In this period we found fourteen new patients (7 male, 7 female) with sickle cell disease. This year we could influence CG govt health system for providing Hydroxyurea medicine for around 9-10 months for all patients diagnosed at JSS with sickle cell disease.

Mental Health Program:

We see people with depression, somatoform disorder, schizophrenia & even bipolar disorders. The number of patients diagnosed with any major mental ailments are 21 in this period (10 male, 11 female).

Diabetes and Hypertension:

The prevalence of diabetes and hypertension in the community programme villages observed to be high and increasing year by year. The number of people diagnosed with hypertension were 132 (M 57, F 75). The number of women who suffer from hypertension is more compared to men. The total number of patients who are on treatment are more than 900. Fourteen new diabetes (M 6, F 8) patients were diagnosed in this period. Patients with diabetes who are treatment are more than 110.

Chronic disease programme: Non Communicable Diseases (NCDs)

At JSS we are seeing a rising number of chronic diseases of all types rooted in poverty. We provide focussed services for patients with Rheumatic heart disease- the heart disease of the poor, epilepsy, mental illnesses, thin diabetes mellitus, and sickle cell disease in adulthood many of whom have crippling pain and disability in their hips, cancers of several types, leprosy of the lepromatous pole, falciparum malaria and congenital malformations. And we try to keep the cost of the treatment as low as possible to avoid further impoverishing people due to an increased financial burden.

Fourteen diseases have been identified and five hundred patients with these illnesses are being regularly followed. These diseases include: Leprosy, TB, Hypertension, Diabetes, Cancer, Sickle Cell, Mental Illness, Rheumatic Heart Diseases, Severe Anaemia, Thyroid Disorders, Airborne Contact dermatitis (ABCD), Epilepsy, Malaria and Congenital malformations.

In order to broaden the care model for these chronic conditions, disease specific patient groups have

been formed. The groups consist of patients and/ or their caregivers. This year a few more support groups have been added to the existing pool of patient disease groups. two Asthma groups, one in Bahmni and one in Semariya; a new arthritis group in Bahmni, and two new hypertension groups in Shivtarai and Semariya. We also launched four mental illness groups, in Bahmni, Semariya, Bindawal, Davanpur. We wish to take this support group activity to grow further in order to form federations that could take up discussions of health issues with the state. As of now we have 43 groups representing 06 chronic diseases with 882 total participants. The retention rate is found to be higher for diseases like hypertension & diabetes that do not have much stigma attached to it and attendance is estimated at 90%. Total 25-30 health workers are responsible for managing 4-5 groups each in their work area.



Our facilitator led support groups have been formed for Sickle cell disease, Diabetes Mellitus, Hypertension, Mental Illness, Asthma, Epilepsy. Apart from this there are about 12 alcohol de-addiction groups functional as peer run groups.

Health Camps and Awareness

we have done a number of health camps when they are required in a village where is was a big problem such as for scabies, TB screening, general health camps for remote and Baiga villages. Awareness on seasonal health issues such as snake bites, water born disease etc are ongoing activities.

Ayurved Department

Ayurvedic department has started in 2003 on a small scale with the use and manufacture of five medicines. Later in 2009 ayurvedic outpatient department has started at the hospital level and manufacture of Ayurvedic medicines has increased. In OPD we use Ayurvedic medicines along withallopathic medicines for the treatment of diseases like stone, body pain, anemia, UTI, white discharge, stomach problems, dysmenorrhea, eye problems, piles, cough, cold etc. yoga for the various problem isan important part of ayurvedic treatment.

Ayurvedic Medicines that we use to manufacture are basically formed by plant medicines. Some medicines are purchased from the market, some from the forest and some medicines are planted in JSS garden. There are 50 types of ayurvedic medicines that we manufacture at JSS, which are in forms of oils, tablets, powder mixture, avleh etc.

At the community level, use of ayurvedic medicines has been included in village health worker training with the aim of awareness and use of forest Ayurvedic medicines as they can grow in their garden along with treatment of various diseases with Ayurvedic medicines.

Appropriate Technology in Health

JSS have been working on developing health related “Appropriate Technology” for people with limited resources at the filed level. These techniques are affordable, acceptable and practical in low resource rural and community setting. All levels of health workers can use them, especially the most peripheral health workers, to makediagnosis more rational and decrease misuse of drugs. Over past year, we worked on two technologies called Safe delivery kit and Hand washing station extensively and modified them. We added tablet



misoprostol and vit A for the baby in the kit and hand washing stations went through multiple design modification.

Marathon

The trend of Marathons continued from last year. We arranged a Marathon on 2nd October at Ganiyari for 5, 10 and 15 km. and another marathon was arranged in Bamhani cluster for 5 and 10 km. It garnered the same fervour like two marathons held in the last financial year at Bamhni & Ganiyari. Over 500 people participated from Kota and Lormi Block of Bilaspur. Marathons have now become a welcome & refreshing feature of JSS.



Project iGUNATMAC (Quality Improvement in Maternal and Newborn Healthcare services in eight selected Districts of two central Indian States.)

The project was started in Madhya Pradesh in year 2016 and in Chhattisgarh in year 2017. The goal of project is to achieve and maintain quality standards in selected public health facilities in two states of India, with an emphasis on maternal and new born health services. And through a process of documentation and dissemination encourage other districts and states in India to improve the quality of services at the primary and secondary level.



We continued various activities of project include reassessments of facilities, capacity building of health facility staff, mentoring, on-site support and supervision, maternal death reviews, exposure to health facilities that meet nationally approved quality standards, conducting quality checks, assessing facility gaps, and enabling corrective action. JSS is working closely with the two state governments and with the National Health Systems Resource Center (NHSRC) for the implementation of this project.

PHNI (Pushprajgarh Health And Nutrition Initiative)

We continued continuum of care called PHNI (Pushprajgarh Health and Nutrition Initiative) as a part of project iGUNATMAC with district administration of Anuppur and NHM (National Health Mission, Madhya Pradesh) in Pushprajgarh block of Anuppur District.

The goal of PHNI is to improve the nutritional status of under 3 children and primary healthcare systems, focussing on mother and child health, at Karpa and Titehi-Jaitehri sector at Pushprajgarh, Anuppur.

Activities for this year includes,

1. Operationalization of Phulwaris—as of now 31 Phulwaris (rural creches) have been operationalized in 21 villages with 410 children in the age group between 6 months and 3 years. Android offline application is used by Phulwari supervisors for growth monitoring of children in Phulwari.
2. Training of Phulwari workers and Supervisors—an ongoing activity
3. Strengthening of 14 subcenters, 1 PHC and 1 CHC in Karpa and Khamraudh sector includes NQAS baseline assessment, posting of ANM mentors, starting new civil work and repair work at various subcenter, making available water and electricity with the help of block and district administration, making available stocks of consumables, drugs, equipment, training of ANM mentors and ANMs,
4. Community processes interventions includes assessment of VHNDs (village health and nutrition days) using standard checklist, involvement of ANMs and ANM mentors in VHNDs, Community meetings on various issues,
5. Interdepartmental coordination in district and block



Sickle Cell Anaemia Control Mission in Eastern Madhya Pradesh

High prevalence of sickle cell disease (SCD) led tripartite partnership with NHM, Madhya Pradesh, Srijan and JSS to implement pilot project on sickle cell anaemia control mission in eastern Madhya Pradesh.



Project started in year 2018 with following objectives

1. To raise awareness about SCD amongst Health care providers in these six districts
2. To help establish screening for SCD upto the PHC level, and ensure referral of screen-positive cases/ Samples to the laboratory where diagnostic testing for SCD can be done (upto CHC Level).
3. Training of Medical officers, medical specialists and gynaecologists at the facilities (DH & CHC).

4. Ensure availability of diagnostics and drugs to help manage these patients
5. Ensure availability of blood without need for replacement,
6. Create awareness in the community
7. Detect Sickle gene among antenatal women, so that they can receive optimum care during pregnancy, childbirth and post-partum period. For this we will Screen Pregnant women for the Sickle gene (trait or disease) and then screen the close family members of those who test positive on screening.
8. Create awareness among disease suffering patients through self-help (Support) groups, about strategies to prevent complications, drug compliance, early care seeking and what constitutes appropriate care. These groups can also advocate on other issues which bog them down, such as availability of drugs, blood, etc as well problems faced in school, jobs, and entitlements.

It has two components. One is intensive screening in Anuppur district and second is to improving diagnostic facilities in five districts in district hospitals and FRUs (first referral units). These 10 facilities have been provided with Electrophoresis machines developed and tested by JSS.

Publications

During this year we worked on several topics for disseminating the information. These relate to topics like Tuberculosis - diagnosis and treatment outcomes, commentary on ethical aspects of use of ultrasound and emergency healthcare, road accidents and community work. Over 10 publications happened in different forums, in scientific journals and also in general print and electronic media.

Advocacy efforts:

JSS continued to participate in various forums and raise various issues that can have impact on public policy. The efforts in this year were focused more around following topics -

- Reproductive rights of Particularly vulnerable tribal groups: The PVTG groups are not allowed to undergo permanent sterilization methods. On behalf of some families from this community, JSS has filed a PIL in the Chhattisgarh High Court to ensure that they are able to get the services of their choice.
- Under three nutrition - JSS with district administration of Anuppur has already started the 75 *Phulwaris* (Creches) in Pushprajgarh block. Advocacy efforts were made to influence the district administration of Umaria and they have shown interest in running 50 *Phulwaris* using district mining fund.
- Quality of services in public systems- JSS advocated various systemic changes in the state of MP and CG while running the project iGUNATMAC in 6 districts of MP and 2 districts of CG. The issues advocated were maternal death review, availability of separate trained doctor in maternity wing, availability of point of care diagnostics in labour room, availability of blood in DH and CHC, in-appropriate referrals, availability of life saving drugs in maternity wing and training of medical officers and specialists to manage the non-obstetrics complications in pregnant women.
- Comprehensive primary health care: JSS participated in various forums to advocate for a public system providing primary care services in the country.
- Blood availability in Rural India: JSS participated in meetings that advocated for policy changes for improving situation of blood availability in the rural areas.
- Free drugs and diagnostics

Research:

We continued to work on following research areas which are real life problems among the people in central rural India-

- Assessing burden of various cardiac illness in the rural secondary care hospital.
- Spinal anesthesia training to non anesthetists and non doctors.
- Diagnosing and treating Tuberculosis appropriately.
- Assessing and addressing palliative care needs in rural settings.
- Understanding the pattern of suicidal attempts in tribal dominant rural central India

- Descriptive study of Empyema Thoracis among the patient seen at JSS
- Spectrum of complications in obstetric patients

Some of these topics are in initial phase and would continue for years together. We could complete, analyse, learn and disseminate some of these learnings through publications .

Financial Support:

The work of Jan Swasthya Sahyog has been supported through the years by generous contributions from individual well-wishers, as well as from grants from various Trusts and organizations. Our work would not have been possible without this support. Major supporters of our work in the year 2017-18 and in the past have been the following:

Tata Trusts; Jamshet ji Tata trust; Association for India's Development (Various AID chapters); Mr. Peter White; Friends of JSS-USA; Friends of JSS - UK; Hospital For Indien, Germany; Oxfam India; SPA Education Foundation; Galaxy Surfactants Ltd.; SAMA Hope; State Bank of India – Bilaspur; Tribal Welfare Department, Government of Chhattisgarh; South Eastern Coalfields Limited; District Health Society – Govt. of Chhattisgarh, Bharat Aluminium Co. Ltd, India Development Services, Jiv Daya Foundation, Mohanlal Seth Charitable trust, Novartis Healthcare Pvt Ltd, ThoughtWorks, Department of Health, Government of Madhya Pradesh.

Besides these, we have received donations from many individuals in the past year. Several of them have contributed more than once and through the years and supported us monetarily as well as morally. Jan

Swasthya Sahyog gratefully acknowledges the support it has received from these donors.

Human Resources at JSS

At present, the team at Jan Swasthya Sahyog comprises of 19 physicians including two pediatricians, two public health specialists, a pediatric surgeon, an obstetrician, an ayurvedic physician, 6 DNB Family Medicine Candidates and 2 medical officers besides a research scientist, a part time biostatistician and data base consultant. Together with nurses, laboratory technicians, field programme officers and trainers and other support staff, we have 360 full time staff members. JSS is also associated with 148 village health workers, 121 Phulwari workers, 100 traditional birth attendants and 12 animal health workers. Besides this, JSS has a large peer group support including those from academic institutions, people's organizations and the media.

Present Executive Committee

Dr. Saibal Jana (President)

Dr. Anurag Bhargava (Vice president)

Dr. Raman Kataria (Secretary)

Dr. Surabhi Sharma (Treasurer)

Dr. Biswaroop Chatterjee (Member)

Dr. Sara Bhattacharya (Member)

Dr. Pramod Upadhyay (Member)

Dr. Sunil Kaul (Member)

DR. Regi George (Member)

Financial details

JAN SWASTHYA SAHYOG STATEMENT OF ACTIVITIES FOR THE YEAR ENDED MARCH 31, 2019			
Particulars	Schedule	Year Ended March 31, 2019 (Rs.)	Year Ended March 31, 2018 (Rs.)
INCOME			
Receipts from activities	X	57,080,050	45,397,858
Donations		4,296,106	11,921,201
Grants Received		98,745,116	92,816,168
Interest Income		16,794,593	13,710,874
Total Income		176,915,865	163,846,101
EXPENDITURE			
Drugs & Consumables	XI	34,198,325	28,492,274
Administrative Expenses	XII	19,807,467	16,820,443
Research & Development Expenses		510,358	335,396
Manpower Cost	XIII	82,310,793	67,946,012
Community Welfare Expenses	XIV	11,804,548	5,964,934
Depreciation	IV	4,386,360	3,781,479
Total Expenditure		153,017,850	123,340,538
Excess of Income Over Expenditure		23,898,014	40,505,562
Add: Depreciation for the year transferred to Capital Fund		4,386,360	3,781,479
Less: Addition to Fixed Assets (including WIP)		(8,594,431)	(17,188,183)
Transferred to Reserve and Surplus		19,689,943	27,098,858

Notes On Accounts : As per our report of even date

For VED JAIN & ASSOCIATES
CHARTERED ACCOUNTANTS
 F.R.No: 001082 N



(Swarnjit Singh)
 Partner

M.No. : 80388

Place : New Delhi

Date : 23/09/2019

UDIN : 19080789 AAAACU 2248

For Ved Jain and Associates
 Chartered Accountants
 FRN: 001082N

For, Jan Swasthya Sahyog

(Signature)

(Dr. Raman Kantaria)
 Secretary

For, JAN SWASTHYA SAHYOG

(Signature)

Treasurer

(Dr. Surabhi Sharma)
 Treasurer



JAN SWASTHYA SAHYOG

**Website: www.jssbilaspur.org
Email: janswasthya@gmail.com**

