

Annual Report

2020-2021



Jan Swasthya Sahyog



Table of contents

1	The year in review
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2	Impact of COVID-19
---	--------------------

3	The referral centre
---	---------------------

4	Community outreach
---	--------------------

5	Health System Strengthening
---	-----------------------------

6	Financial Details
---	-------------------

The year in review

With the COVID-19 pandemic reaching India in 2020 and spreading to every nook and corner of the country, an extra set of dedicated services were added last year. The year 2020-2021 has brought with it far more complex challenges for the already fragile healthcare system of the country. It not only affected a large number of people directly due to the infection but also pushed patients undergoing treatment for other illnesses to the sidelines. While those hailing from low socio-economic backgrounds anyway have very little access to good quality healthcare, the lockdown shut many more doors for them.



Taking cognizance of all of these issues, JSS made all possible efforts to ensure adequate and comprehensive care. Right from screening COVID-19 suspects, stabilizing them and ensuring proper referral, to ensuring that non-COVID care does not get hampered, to acting as a resource centre for COVID-19 by means of different kinds of training sessions. Extensive facilities for quarantine and isolation of staff were made within the JSS campus in Ganiyari, taking care of coordinating

food, daily monitoring and reports, medications as required and also things to keep them pre-occupied.

The following pages of this report will describe in details the efforts of JSS in battling the pandemic and its collateral damage through work done in three key areas namely:

1. Preventive, curative, and diagnostic services at the referral centre at Ganiyari and three subcentres,
2. Various community-level initiatives in 72 villages under the village health programme, and
3. The resource centre that covers training programmes, appropriate technology, e-medical records system, advocacy and quality improvement

Impact of COVID-19

A 9-year-old girl with complaints of fever, fullness, and abdominal pain for over 15 days presented at our facility in March. She had travelled about 165 kms from Dindori, Madhya Pradesh to seek care at our outpatient clinic in Ganiyari. Upon investigations, she was diagnosed with Type I Diabetes Mellitus and her blood sugar was as high as 522 which is almost 5 times more than the upper limit of the normal value. She was admitted immediately and treatment with insulin was started. With proper diet, medication and care, her insulin levels could be brought down significantly in a day's time. She was monitored closely for a few days till her blood sugar levels could be maintained in the normal range and in a week's time, she was discharged. After a thorough counselling session by our specialist, she was suggested a follow-up visit in a month's time.

A few days before the day of follow-up, COVID-19 hit the country harder and a lockdown was announced. When she did not turn up for the follow-up, our counsellor called her home to find out that they had no means of transport to get here as Chhattisgarh disbanded its public transport system long back and private services were unavailable due to the lockdown. They were suggested to seek help from someone in the neighbourhood and procure the medicines locally but they unfortunately could not. When our team reached out to them, we found out that she succumbed to the illness.

It's not merely the disease but poor rural health infrastructure what the parents lost their child to. As we speak of development, digitization, and advancement in every field, we still lack the basic infrastructure which is the right of every citizen in the rural part of the country. If there was a good, operational public health facility in her village or if there were adequate affordable transport options, a life would have been saved. With the health infrastructure so deplorable, we feel, the responsibility lies on our shoulders to provide succour to the underserved rural, tribal population such as this little girl by providing clinical services at our hospital.

With most functional hospitals getting converted to COVID hospitals and that leaving nowhere for poor patients to go to for non-COVID care, in early April 2020, we took a conscious decision to maintain non-COVID care uninterrupted at the JSS facilities, both at the hospital, as well as at the subcentres and the outreach clinics. Another reason was that patients were hesitant to visit public hospitals due to fear of contracting COVID. All our staff, including those in the field were assured of care at JSS for COVID in case they contracted it in the line of their duty.

Referral centre



SERVICES OFFERED AT THE REFERRAL CENTRE

- Outpatient services in
 - a) Family Medicine
 - b) Pediatrics
 - c) Surgery
 - d) Obstetrics and Gynecology
 - e) Ophthalmology
 - f) Oral health
 - g) Ayurveda
- Radiology services
- Laboratory services
- In-house pharmacy availability
- Blood storage unit
- Inpatient services for medical and surgical interventions
- Emergency services
- Surgical services
- Critical care services through a rural High Dependency Unit

OUTPATIENT SERVICES

Despite COVID taking over the healthcare facilities across the country, JSS left no stone unturned in ensuring that high secondary, and partly tertiary level care in the fields of medicine, surgery, obstetrics and gynaecology, and paediatric illnesses is provided through the out-patient clinics. However, from the onset of COVID, we started a separate COVID OPD to keep our patients and staff safe. This allowed us to maintain safety at the hospital and contain the spread of the virus.



COVID OPD



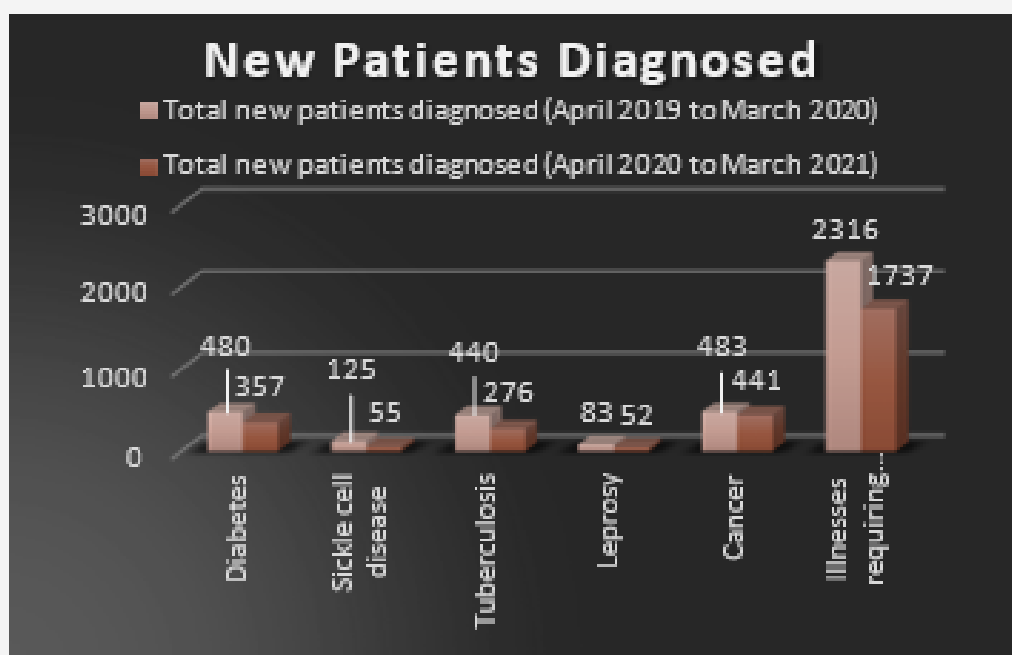
This separate OPD was set-up in March 2020 to triage patients with upper respiratory tract infections and fever so as to screen them for COVID-19 as well as not miss other similar illnesses such as community acquired pneumonias, tuberculosis, congestive heart failure etc. Patients were triaged right at the entry point and those with fever and cold were guided to the Charjhaniya which served as our COVID OPD. Our trained clinical staff there has been offering COVID care including a fool-proof diagnosis, administering medications, and offering counselling services. This OPD triaged and treated 2270 patients during the reporting period.

NON COVID OPD

The OPDs at the referral centre in Ganiyari saw 43141 patients during the reporting period. In addition, 3994 patients were seen at the three subcentre OPDs from April 2020 to March 2021.

Although the clinics remained open as per schedule, as compared to last year, the number of patients who could get to the referral centre dropped significantly. About 20% less patients could reach both the referral centre and the subcentre OPDs. Since no transport options were available and police stopped people at checkpoints, many of them could not come for follow-up visits as well. The situation was better in the second half of the year since the lockdown was lifted by then. However, extra efforts were made to track and ensure that follow-up patients, especially those suffering from chronic diseases, could collect medicines for a longer duration. Efforts were also made to mobilize the nearby government facilities to provide medication. Telemedicine services for Psychiatry were provided in the weekly clinic and our doctors involved experts from premier national institutions for specialties such as Nephrology, GI Medicine and Surgery, Neurology, Rheumatology among others.

The major illnesses seen at our OPDs included sickle cell disease, hypertension, diabetes, tuberculosis, leprosy, and cancer and illnesses requiring surgical care including congenital malformations.



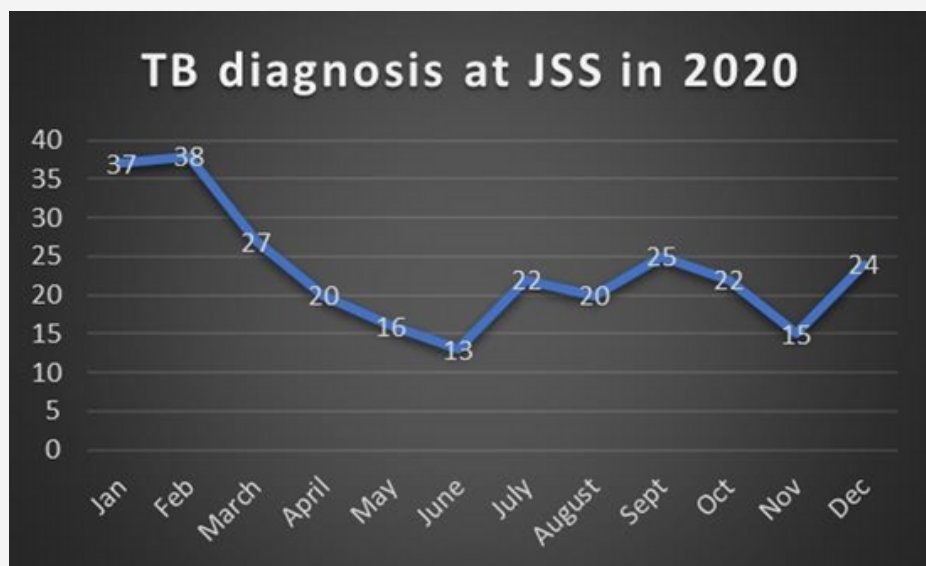
Disease-wise number of patients		
Disease	Total new patients diagnosed (April 2020 to March 2021)	Total new patients diagnosed (April 2019 to March 2020)
Diabetes	357	480
Sickle cell disease	55	125
Tuberculosis	276	440
Leprosy	52	83
Cancer	441	483
Illnesses requiring surgical care	1737	2316

When compared with last year, about 30% less new cases were diagnosed this year. 90% of the patients were from Chhattisgarh, 9.5 % from neighbouring districts of Madhya Pradesh and the remaining came from other nearby states such as Maharashtra, Orrisa etc. In the previous year, during non-COVID times, about 21% patients were from Madhya Pradesh. The repercussions of worsening of access were seen in numerous cases.



A 16-year-old girl from Dindori, Madhya Pradesh, presented at our referral centre with a BMI of 10.56 and weight of 21kgs. She was diagnosed with pulmonary TB a year back at a facility closest to her hamlet which is surrounded by the forests. However, due to the lockdown and lack of follow up, she could not access the prescribed medicines and her condition worsened. She was re-diagnosed at JSS and was started on medications. Owing to her frail condition, her nutrition was given special attention during her admission. When her condition improved, she was discharged but continued follow up care via our TB clinic run every Tuesday.

The lockdown posed a major challenge in the diagnosis of tuberculosis as patients with cough and fever are often hesitant in seeking care owing to the fear around the COVID-19 pandemic. Necessarily, there have been several challenges in providing Tuberculosis care this year. With the symptoms of tuberculosis mimicking those of COVID, it kept patients away from health facilities for fear of being diagnosed with COVID and the subsequent possible incarceration. One of our TB patients, for a similar reason, suffered at home for months, delaying his diagnosis out of fear of COVID, and consequently ended up infecting the other members of the family during the lockdown. Home isolation is not an option for families who barely live in a one room hut in the villages. When the patient finally presented to our facility with a BMI of 10 and a destroyed lung, there was hardly anything left to salvage.



Though we continued providing the necessary non COVID care, the number of TB diagnosis dropped by more than 50% this year as compared to 2019. The adjacent figure shows a dip in the number of patients that could seek care for tuberculosis at JSS due to the lockdown and its effects on travel and livelihoods.

While the total number of TB patients seen from April 2019 to March 2020 were 440, the numbers seen from April 2020 to March 2021 were only 276. Despite a low turnout of TB patients for follow up, check-ups and seeking diagnosis in the last 4 quarters, from April, 2020 to March 2021, at our referral centre in Ganiyari, we have learnt and adapted to the new normal and started to devise mechanisms of reaching out to them.

The backlash of the pandemic has affected the rural community, especially the TB patients. Amidst the lockdown and the consequent travel restriction, a TB patient died on his way to our facility as the police stopped him. We are working towards reducing that burden through nutritional and transport support, and providing the necessary and immediate care to TB patients through our community programmes and advanced clinical care including surgery at the referral centre in Ganiyari. The non-clinical staff involved in the screening and follow-up process trained in counselling and management of NCD patients has been making constant calls to patients who have not turned up on their day of follow-up, have tried to make medication available from the respective district authorities and have also sent medicines for patients in MP and ensured they reach patients in time with the help of our team there. At times they have also acted as the extended family for a few patients.

A young couple from a village in Takhatpur block had contracted tuberculosis. The husband is a migrant labourer and had contracted it at the site. With the pandemic, he had lost his means of earning a living. Wrapped in poverty, affected by the lockdown, plus the bus fares tripled, the couple could only reach the hospital when they got very sick. They had to leave their 3 young children with his ailing mother. They had no choice. On examining them, a need was felt to admit them. When they told us about the situation at home, our counsellor went and got their children to the hospital and they were looked after during the period their parents were admitted. Even later they have been dependent on someone from the neighbourhood for follow-up visits and we have been providing support whenever required.

The number of Cancer patients at the outpatient services, however, remained the same as usual. The year 2019-20 saw 483 new Cancer patients while 2020-21 saw 441 patients. Major types of Cancers seen were oral (146 patients), breast (68 patients), and cervical (63

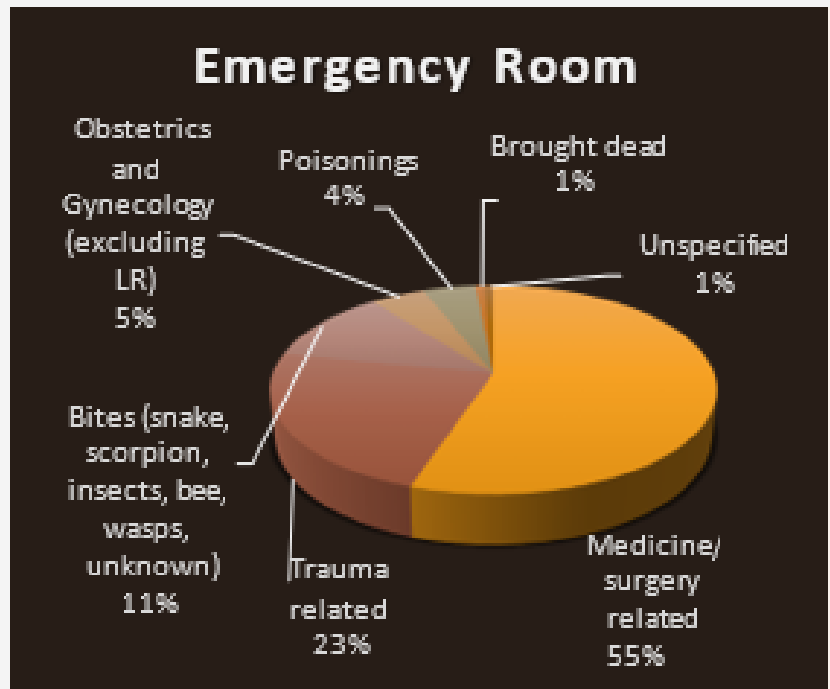
patients). Out of the 357 patients diagnosed with Diabetes, 93.5% had Type 2 diabetes, 18.7% also had hypertension, and 12 patients had associated Tuberculosis.

EMERGENCY SERVICES

In light of the COVID pandemic, our first plan of action was to start a separate Emergency Room (ER) for patients presenting with respiratory distress. So, this year, the ER catered not only to usual emergencies but had a separate COVID wing physically demarcated to maintain safety of the patients and the staff.

NON COVID EMERGENCY ROOM

We provided care to 2294 patients at our usual emergency room. The most frequent cases were seen to be of respiratory failure, cardiac failure, stroke, acute myocardial infarction, acute abdomen, trauma, electrocution, burns, neonatal respiratory distress and epileptic seizures. Necessarily, the care ranged from medical and surgical emergencies to management of over 200 cases of animal bites/stings and 85 patients presenting with acute poisoning. All the patients of animal/stings who reached the ER on time were saved by our clinical team.



NON COVID EMERGENCY ROOM

A separate 4-bedded respiratory Emergency Room (ER) was started from the onset of COVID to stabilize suspected COVID-19 patients, who were hypoxemic or merited hospital admission. The respiratory ER has been playing a crucial role in ensuring that they reach the nearest COVID-care centre with appropriate oxygenation level maintained. Through this facility, we could help 1010 patients who presented with complaints such as fever, cough, breathing difficulty, chest pain and hypoxia among others. It is possible for patients with



Oxygen saturation of less than 85-90% from the nearby poorly connected villages to reach a district COVID hospital owing to the lack of comparable services in CHCs or PHCs. Given the time-critical nature of the symptoms, not reaching a facility equipped with oxygen could be fatal. Significantly, this COVID ER is proving to be of great significance specifically in the current scenario. We tested about 2316 COVID suspects during the reporting period.

Though COVID has been the reason behind declining numbers presenting to our centre this year, there was a negligible impact of the lockdown on the non-COVID ER, which saw almost the same number of patients as last year and in fact 10% more overall in both ERs.

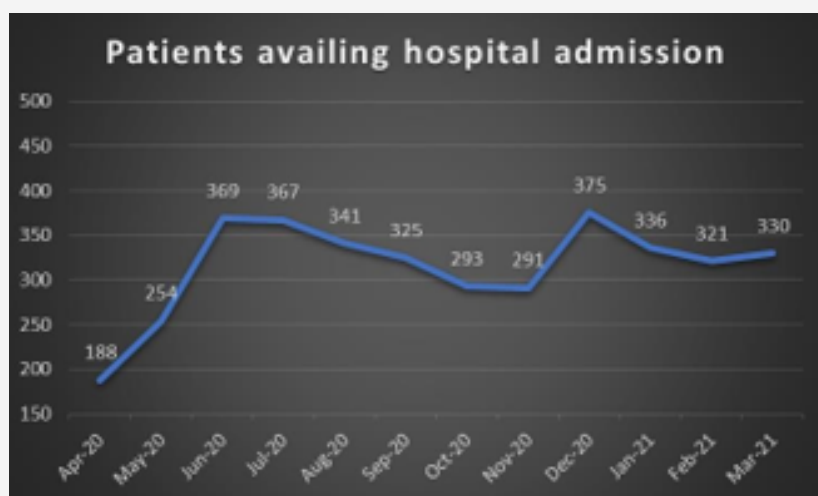
INPATIENT SERVICES

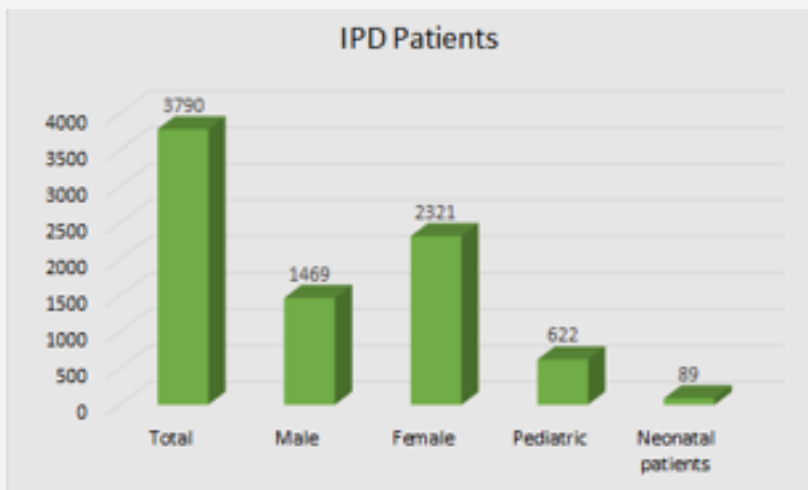


The 100 bedded inpatient service unit serves patients admitted for common and important surgical, medical and paediatric illnesses. During the period of 12 months, 3790 patients requiring inpatient care were admitted at the referral centre. Patients requiring advanced care also had to bear the brunt of the pandemic. It was seen that number of patients who were admitted was 18% less than last year for the corresponding months.

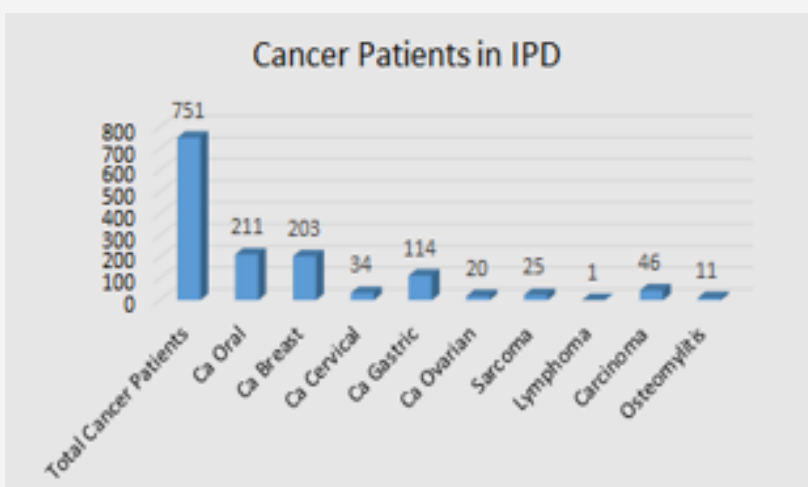
The nationwide lockdown was imposed in late March, 2020 and went on till May 31st. The number of patients seeking admission to our facility was

seen to be on the rise post lockdown. This shows the impact of the pandemic on our inpatient care. We knew that an empty hospital does not necessarily mean that people have stopped falling ill. It simply means that there are obstacles in seeking care.





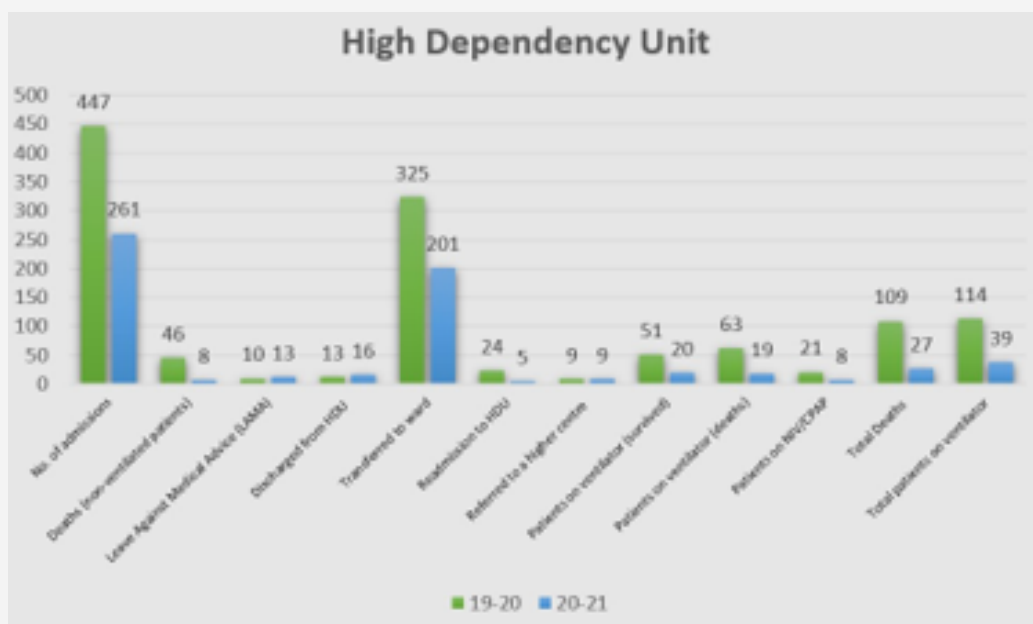
We provided care to all those who could reach us, by means of intensive, step down and routine care facilitated through designated areas for intensive care, care for new-borns and paediatric patients, tuberculosis and other communicable illnesses, surgical and obstetric care and chemotherapies for cancer.



751 patients got admitted to our facility to seek care for Cancer. Oral cancer still stands to be the leading cause of cancer in this belt with 211 patients seeking care followed by CA Breast. Chemotherapy was administered, and wherever required, we have arranged for radiotherapy at a higher facility in Raipur.

A new operation theatre, surgical ward and NICU are being set up and will soon be ready to extend services to more such patients. Total 2726 patients availed the benefit of state financing schemes (2352 from Chhattisgarh and 374 from Madhya Pradesh) for inpatient care, including day care procedures/interventions, though this year was not without its challenges. Discrepancies in the identification documents and rejection of packages with irrational reasons have hindered patients from availing this benefit. However, appropriate care could be provided to all who came to JSS because of the specific subsidies for patient care. Several serious problems for which special attention could be provided included rheumatic heart disease, congenital malformations, diabetes mellitus, sickle cell disease, cancers, leprosy, and falciparum malaria during this period. This was possible through better recording/monitoring, augmented laboratory support, training of nursing and counselling personnel, and plans to clearly improve follow up of these patients. Physiotherapy care for OPD as well as inpatients is an established service and it is also because few nurses have been trained in physical therapy by our inhouse physiotherapist.

HIGH DEPENDENCY UNIT



The HDU at our base hospital, equipped with 7 functional ventilators, has been offering care to patients requiring critical care. We saw a wide variety of cases from adults, paediatric, obstetric, medical and surgical specialities. In the reporting period, 261 patients merited admission at the HDU

which is almost half the number who sought critical care in the pre COVID time.

Ventilator support was given to 39 patients out of which 20 survived. Our nursing team has been crucial in running the intensive care ward. They have been taking up new roles such as respiratory therapists, physical therapists, ventilator assistants and ICU technicians. Patients presenting with snake bites/animal bites who required critical care could be saved when brought on time. The patient outcome has been better than the previous year with 201 patients being shifted to the general ward and 16 having been discharged from the HDU. The death rate at the HDU dropped by 14% between 2019-20 and 2020-21.

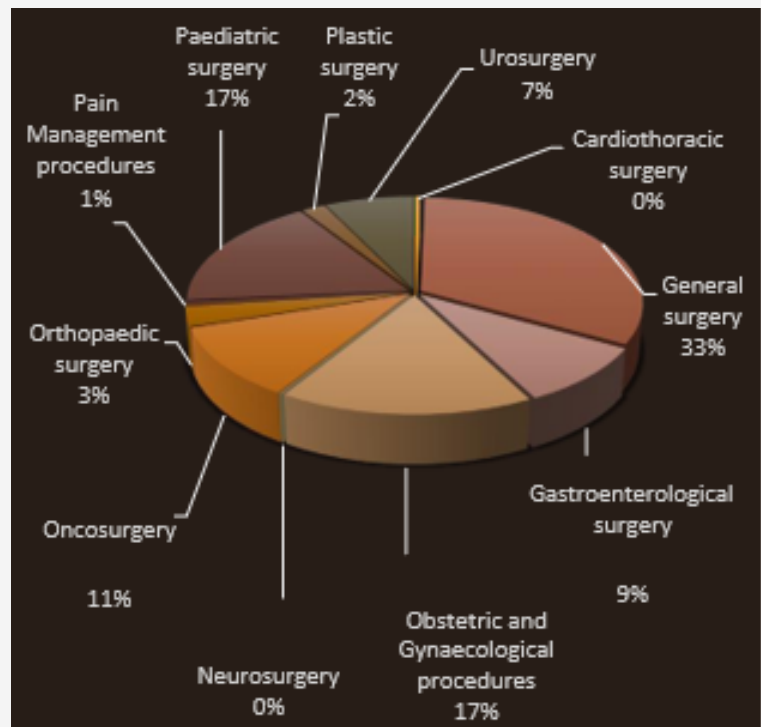
SURGICAL CARE

The base hospital offers advanced care and surgical care in a rural landscape such as ours stands out if one looks at the kind of cases we manage. During the reporting period, 1737 patients underwent surgical procedures. This number is about 75% of the number of surgeries performed last year. The main reason was travel restrictions during lockdown and prohibitive costs of hiring a private vehicle. Many of our patients come from nearby districts of eastern Madhya Pradesh. Secondly, many of the elective procedures were deferred to ensure that these patients are not exposed unnecessarily when COVID-19 was at its



peak. The procedures performed spanned the surgical specializations of general surgery, obstetrics and gynaecology, paediatric surgery, urology, oncology, neurosurgery, ENT and plastic surgery. The surgical team of very experienced senior surgeons now also includes two batches of post-graduate DNB trainees, who are training to be General Surgeons.

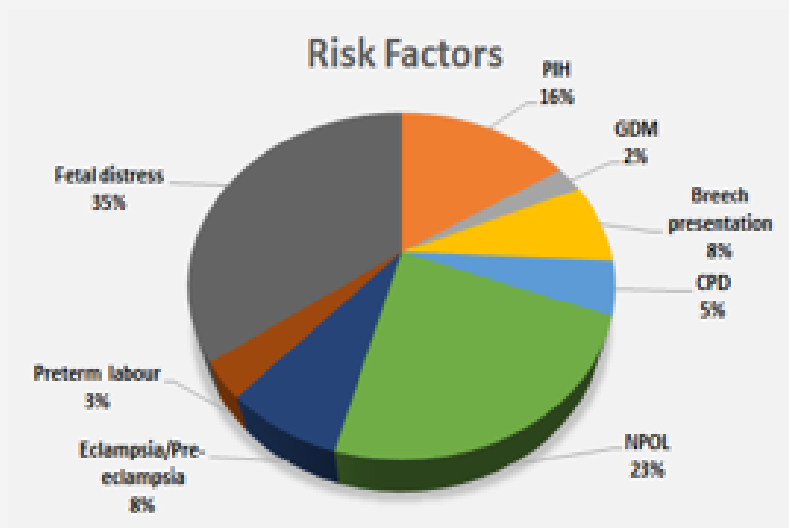
Although surgical services remain scarce in the rural setting, we continue to ensure that they are made available to as many patients as we can reach by prioritizing emergencies, semi-emergencies and care for neglected and orphaned illnesses.



MATERNAL AND CHILD HEALTH CARE

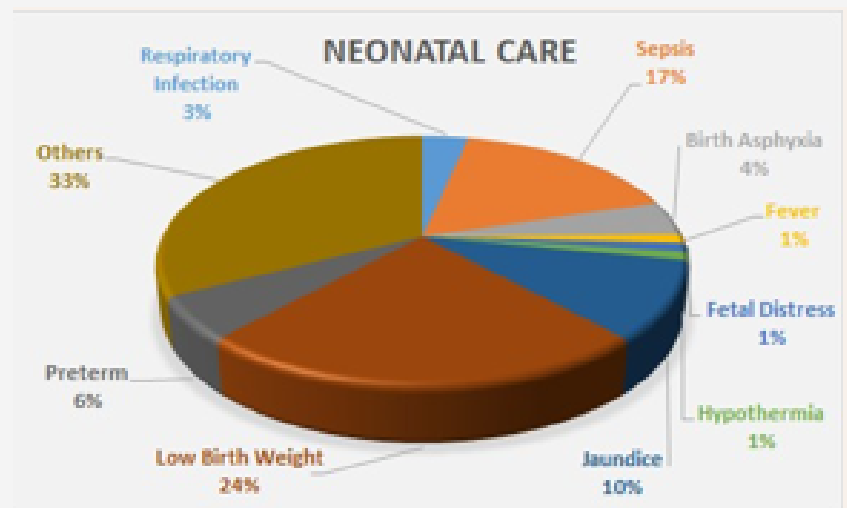
A 36-year-old, mother of 4 children (two of whom were alive) from a small village in Takhatpur block presented to the labour room of JSS Hospital at 6 AM with labour pains since previous night. She had had 2 previous normal deliveries and two caesarean section deliveries. She was found to be severely pale and in shock (BP – 70 systolic) with source of bleeding per vagina. She was immediately shifted to the operating room; blood was arranged and fluid resuscitation started. Ultrasound examination on the table was suggestive of a transverse lie and possible uterine rupture. Foetus was unviable. Under ketamine anaesthesia, an emergency laparotomy was performed; a dead foetus was removed from the peritoneal cavity and large amount of blood was evacuated. The uterus had ruptured and the placenta was densely adherent to the uterine wall (placenta accreta). A subtotal hysterectomy was performed and with ongoing blood transfusion, her blood pressure picked up. Her postoperative course was initially turbulent, but then stabilized. She was fine and discharged home on the 6th postoperative day though she lost her baby.

The labour room saw almost the same number of patients, compared to the same period last year. Since most of the government facilities as well as private facilities were operating as COVID care centres, patients from these centres sought obstetric care at JSS.



800 deliveries were conducted through the obstetric services available round the clock between April 2020 and March 2021. Around one fifth of these (162 cases) were Caesarean sections facilitated through the 24x7 emergency C-Section services. 13.6% pregnant women had a risk factor. Due to the special attention given to these women there have been no maternal deaths during the reporting period.

Neonatal care at our NICU ranged from fever, low birth weight, hypothermia to sepsis, birth asphyxia, and other complex conditions. The neonatal mortality rate was 13 per 1000 live births. Two stories highlight the kind of complexities that are handled at the referral centre.



A neonate presented with exomphalos, a birth defect whereby the abdominal contents of the baby are seen to protrude outside the abdominal cavity. In congenital anomalies such as these the child is at a high-risk of infection often leading to gangrene and even death if not treated in time. In rural settings, where even adult surgeries are rare, paediatric surgeries are unthinkable. JSS has been an exception where numerous similar cases are operated on frequently. The surgery on this baby was performed successfully and he was discharged without complications.



Intestine outside the abdominal cavity before surgery



The baby's abdomen after surgery

LABORATORY SERVICES



The laboratory, radiology and pharmacy played a crucial role in supporting all patients in their clinical care.

Total of 16033 patients availed the laboratory services and 230478 investigations were performed in the reporting period. These investigations include the subsections of microscopy, biochemistry, haematology, serology, microbiology and others. The laboratory infrastructure was revamped during this period which ensured optimal utilization of space.

The full-time microbiologist also took the quality improvement measures further for better practices and more reliable reporting of results. The microbiology laboratory played a crucial role as always in carrying out blood urine and pus culture tests that help determine the organism causing severe infections. It proves to be crucial in deciding the course of treatment and when analysed helps to build rational antibiotic policy for a rural hospital like ours. The laboratory also started doing Rapid Antigen testing for SARS COV-2, made available to JSS by the State Health Department.

In late March 2021, the lab was also ready to do Truenat testing for SARS CoV-2 as per ICMR guidelines. The site was approved by IRL, Raipur and the equipment and kits for the same were to follow soon. For tuberculosis and other infections such as leptospirosis, scrub typhus, and Japanese encephalitis, we facilitated sample transport to reference laboratories of the government (AIIMS, Raipur) to provide diagnosis and care.

In the pharmacy, 448 essential drug formulations were available during the reporting period including oral and injectable morphine, vital for pain relief and palliation. Continuous availability of all medicines was ensured without any stock outs, a result of the efficient opensource Enterprise Resource Planning software built by JSS with Thoughtworks. Drugs were offered at prices much lower than any other pharmacy, by rational prescriptions, use of high-quality generics and bulk procurement from the wholesale market or LOCOST, passing on these benefits to the patients. Radiology unit performed 7344 X-Ray studies including contrast studies. In addition, 3127 ECGs and ultrasounds were also performed.

Community Outreach

The village programme has been actively working in the 72 programme villages. The villages are catered to by four subcentres in three of which, there are trained Senior Health Workers (SHWs). Programmes such as village antenatal clinics, special disease control and prevention programmes for malaria, women's health problems, chronic disease care, tuberculosis and Phulwaris (creches) for children under the age of three offer quality healthcare services to the community through health workers chosen from the community. Extensive COVID-related activities are the latest addition to the care programme. At the same time, uninterrupted chronic disease care and tuberculosis care was provided during the difficult phase of the COVID-19 pandemic. This was possible with the help of our hard-working Village Health Workers (VHWs) and support from our community outreach team. Armed with necessary permissions from the State, home visits were made. The period of the pandemic also saw several migrants returning to their villages from the cities they were working in. Many had walked several hundred kilometres, fasted for days, and faced harassment by the police. They had no supplies when they reached home. Immediate relief in terms of rations was provided by our team. The sections that follow elucidate all the activities between April 2020 to March 2021 in detail.

SUBCENTRE OPDS

The clinical services at three subcentres at Semariya, Shivterai and Bamhani have played an even more crucial role during the reporting period. While the villages were locked down and movement was restricted, the subcentres were better accessible to patients and could help with timely referral of patients by consulting the doctors at Ganiyari. 3994 patients were seen in the subcentres on routine mobile clinic days. An approximately equal numbers of patients were seen on other days at the daily clinics by Senior Health Workers



In response to the pandemic, separate respiratory OPDs were set up at each of the centres. Senior Health Workers and ANMs were trained in triaging and primary management of suspected COVID-19 cases. This OPD runs daily alongside the regular OPD ensuring timely and appropriate management and referral when required.

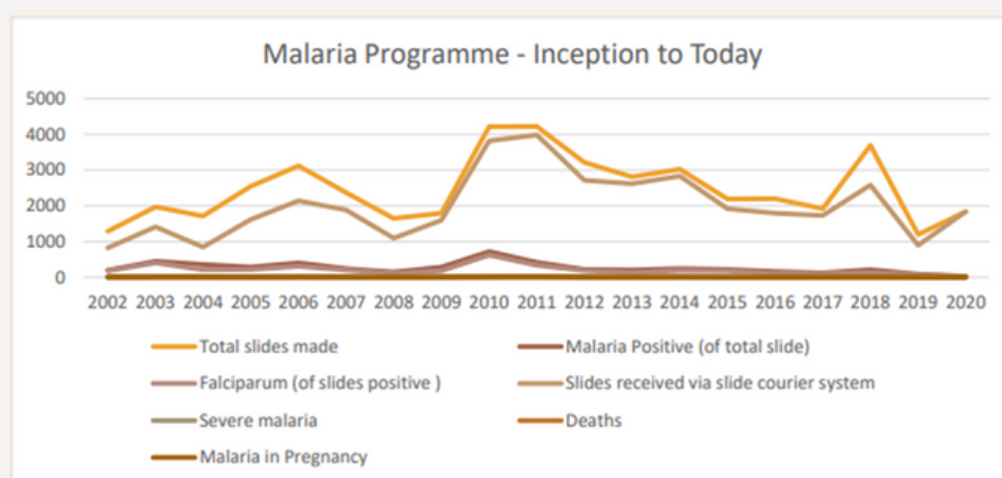
The subcentres also served as the nodal place for advice on prevention of COVID-19 with a focus on physical distancing, masks, sanitization of hands and surfaces.

MAJOR ILLNESSES

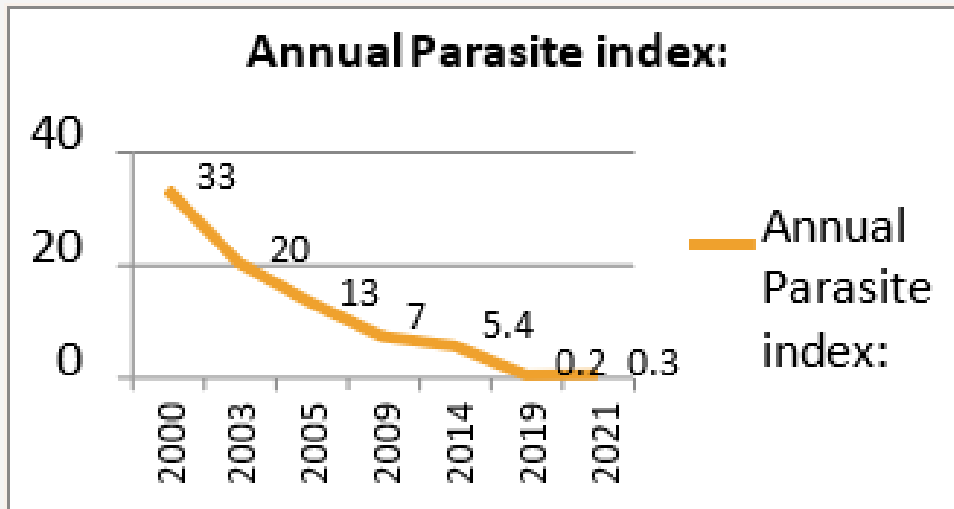
There are 7 major communicable and non-communicable illnesses, which are significant in the community programme villages. An extra section on COVID care has also been added. Details of these selected illnesses diagnosed in the reporting period are given below:

MALARIA

Month	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Total slides made	47	59	60	340	138	206	197	168	154	129	217	119
Malaria positive (of total slides)	0	0	0	7	7	0	0	2	0	0	3	2
Falciparum (of positive slides)	0	0	0	5	7	0	0	2	0	0	3	1
Slides received via slide courier system	47	59	60	340	138	206	197	168	154	129	217	119
Turnaround time	All slide reports communicated through a WhatsApp group & mobile calls within 24 hours											
Severe Malaria	0	0	0	3	2	0	0	0	0	0	0	0
Deaths	0	0	0	0	0	0	0	0	0	0	0	0
Malaria in pregnancy	0	0	0	1	0	0	0	0	0	0	0	1



We saw a rise in Malaria cases this year compared to previous year. The number was however not alarming. The treatment was done at both village level and at the hospital in Ganiyari in case of patients with severe malaria. Efforts to control malaria through preventive measures such as making insecticide treated mosquito nets available for sale were undertaken.



over the years, the number of Malaria cases has reduced to less than 20 cases per year. The number of severe malaria cases has reduced which resulted in zero deaths in the last five years. There is significant reduction in the annual parasite index from 5.4 in 2014 to 0.3 in year 2021.

JSS broadened the screening and care related to fever and included acute undifferentiated fever in the care programme three years ago. Besides malaria, other fever related diseases like dengue, chikungunya and scrub typhus have been included in the trainings of VHWs and SHWs. Both these cadres have received the refresher training related to acute undifferentiated fever this year.

JSS is also a part of multicentric study being conducted by ICMR Find on paediatric fever case management. The study is titled 'Impact of improved diagnostic tools, practices and training and communication on acute fever case management and antibiotic prescription for children and adolescents presenting at outpatient facilities in Lower & Middle-Income Countries.

Along with providing treatment and care to patients with the disease, JSS has been working with the Chhattisgarh government on the training and advisory front. This year too, JSS was called upon to support training of medical officers (MOs) in managing malaria and dengue. During the reporting period, JSS offered training to MOs and specialists from 5 regions of Chhattisgarh state on acute undifferentiated fever, which includes malaria and dengue as well. JSS conducted 6 such training sessions for MOs and specialists from Durg district in managing dengue. JSS also supported Chhattisgarh state in planning and management of dengue and malaria.

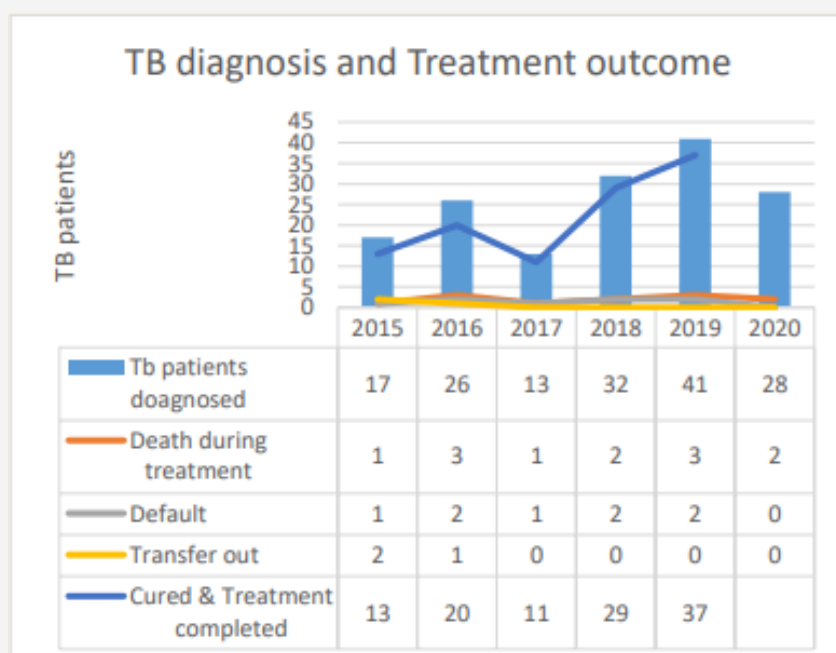
TUBERCULOSIS

Out of a total of 25 patients (male 17 female 8) diagnosed in this period, 19 are currently on treatment. All the patients diagnosed are being treated and followed up. Given the communicability of the disease, family members and close contacts of the diagnosed patients were also contacted and children were given INH

prophylaxis where required. A total of 17 under 5 years children have been put on INH prophylaxis.

<u>Tuberculosis</u>		
	New patients diagnosed	On Treatment
Male	17	16
Female	8	4
Total	25	20

Tuberculosis case numbers are fewer compared to those seen last year during the same period which (40). This may be both due to the impact of lockdown and the fear of being diagnosed with COVID. See the adjacent figure to understand the trend over the last 5 years.



LEPROSY

During this period, a total of 4 patients (1 male, 3 female) were newly diagnosed as having Leprosy. We see poor compliance as an issue in completing the treatment of leprosy. Like TB, leprosy also required active screening to diagnose new patients. We are also struggling with convincing defaulted patients to restart the treatment for leprosy but are constantly trying our best to bring about a change. In the second half of the year, we visited all the defaulted patients to convince them to start the treatment. A total of 12 defaulters restarted treatment while 22 are still have defaulted and not ready to restart the treatment. Due to COVID pandemic we could not continue our plan to renew the focus on leprosy community education and case detection.

NCD AND OTHER CHRONIC DISEASES

The 72 tribal villages catered to by the Community Health Programme of Jan Swasthya Sahyog are a witness to ever increasing load of Non Communicable Diseases (NCDs)/Chronic Diseases(CDs). These diseases include:

Hypertension	Stroke
Diabetes	Mental illness
Epilepsy	Sickle cell anaemia
Heart diseases	Asthma
TB and Leprosy	Thyroid disorders
Asthma and COPDs	Cancers
Arthritis and rheumatoid arthritis	

Some of the above chronic diseases namely diabetes, hypertension, epilepsy, sickle cell disease, mental illness, TB, leprosy are actively screened and followed up under chronic disease care programme. Patients with remaining disease are provided care at subcentre and referral centre at Ganiyari.

The problem involved intrinsically with management of NCDs is the long duration of treatment and follow up which leads to two basic issues of adherence to treatment by the patients, and of availability of healthcare professionals for such a huge burden of disease in terms of number of patients who need medical supervision. Hence, at JSS, we follow and advocate for community involvement in NCD care both at patient level in terms of peer support groups and at health facility level in terms of mid-level health care providers taking the burden of follow-up off the doctor's shoulders.

We have support groups of mainly 5 diseases viz. Hypertension, Diabetes, Epilepsy, Mental Illness, Sickle cell anaemia. However, some patients of other diseases like Asthma, Air borne contact dermatitis also collect their medicines from one of these support groups due to ease of accessibility, convenience etc.

Meetings of disease support groups were suspended in the reporting period due to the COVID pandemic, especially as the diabetic and hypertensive patients (who are the largest in number) are vulnerable groups for the infection; however, the services were made available to all patients through home visits.

WOMEN'S HEALTH CAMP

Regarding early diagnosis and screening of NCDs, Women health camps in all 4 clusters (~4 camps/ month) were being conducted to screen for hypertension, diabetes, anaemia, obesity, cervical cancer, breast cancer, oral cancer and any gynaecological problems (pelvic inflammatory disease or PID is commonly seen). The camp comprises of a team of workers trained for examination of breasts, cervix, PV/PS, uterus examination; dental interns for oral

examination, lab technicians for required investigations and VHWs to measure height & weight of the women. VIA positive women are referred for Colposcopy/ biopsy/ examination by senior consultants at JSS hospital. The women with raised BP, sugar etc. are referred to Mobile clinic OPD of subcentre to be seen by a doctor.

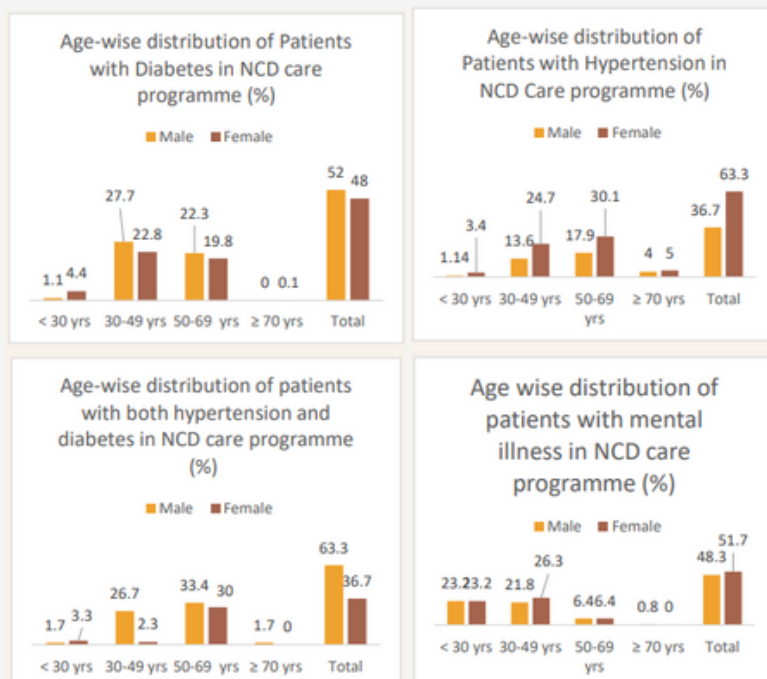
Currently we have stopped this activity due to COVID.

SUPPORT AND MONITORING

Cluster coordinator and field coordinators provide support and monitor work of SHWs and VHWs in terms of training, hand holding support during home visits and PSG meetings. Along with CCs and FCs, programme coordinator is responsible for running overall chronic disease care programme under the supervision of senior physician and public health specialist who is responsible for overall work of community health of JSS.

Disease wise number of patients from Apr 20 to March 2021					
Disease	Total new patients diagnosed from Apr 20 –March 21	Male	Female	Cumulative on treatment	In support groups
Hypertension	49	28	21	1161	708
Mental illnesses	9	4	5	162	57
Diabetes	7	3	4	180	97
Cancer	2	1	1	5	NA
Sickle cell disease	3	0	3	93	53
RHD & other heart disease	1	0	1	31	NA
Epilepsy	6	6	0	78	44

Among the NCDs, the largest burden is of hypertension and diabetes. Total number of hypertensive and diabetic patients who are taking treatment from JSS is 1161 and 180 respectively.



AGE DISTRIBUTION OF SELECT NCD PATIENTS

While diabetes progresses with age, hypertension is mostly in the working age group 30-45. Mental illness is below 30 years and drops sharply after age 49. There are some deaths due to suicide and suicide attempts as well every year but we need to find out why mental illness drops sharply after age 49.

MATERNAL & CHILD HEALTH

Most of the areas of Chhattisgarh face a lack of adequate maternal health services which has prompted JSS to create a model maternal health care programme in 72 villages (mostly forest villages) with the aim that “no mother should die during childbirth”. Within JSS, the programme is managed by 7 maternal and child care health workers (MCHW) who are supported by Senior Health Workers, ANMs and Village Health Workers to run 15 antenatal clinics (ANC) every month across four clusters covering the villages.

Antenatal care through augmented antenatal clinics in villages:

Antenatal services are provided through monthly clinics run in 15 villages. Women from 4-5 nearby villages come to these clinics for antenatal checks. These antenatal clinics are conducted by a trained team consisting of Cluster coordinator, SHW, ANM, MCH worker (MCHW) and lab technicians. Expectant mothers undergo a full physical examination by the female cluster coordinator or the SHW. Complete antenatal care is provided, along with provision of a mosquito net for prevention of malaria in pregnancy. Women are counselled for intake of proper nutrition during pregnancy and after delivery, for family planning, self-care, delivery and parenthood.

In this year a total of 1172 pregnancies were registered out of which 944 (80%) were from programme villages. Out of 770 women who delivered in this period, the number of women who had attended at least 4 or more ANC visits were 236 (30%) and number of women who had attended 3 or more visits were 373 (48.4%). In this period, with 15 antenatal clinics we conducted 2792 total checks for all pregnant women from both programme and non-programme villages.



Indicators (Apr-20 to Mar 21)	Numbers
No. of clinics conducted (every month)	15
Reported pregnancies in antenatal clinics	1172
Reported pregnancies in antenatal clinics from programme villages	944 (80%)
Attended 3 or more visits among the 770 delivered women (programme villages)	373 (48.4%)
Attended 4 or more visits among the 770 delivered women (programme villages)	236 (30%)
Total checks (all women)	2792

MCHW makes a list of all high-risk pregnant women during antenatal check-ups to follow them up once a month in between the two antenatal checks to counsel and to manage their referral when required. Health workers in the villages also visit these pregnant women on a regular basis and inform MCHW whenever needed. Among the pregnant women, a total of 170 women were identified as high-risk pregnancies. A total of 58 pregnant women also found with high-risk conditions in previous pregnancy.

High risk pregnancies in programme villages	Numbers
Short stature	19
Gravida >5	34
Severe anaemia	3
Previous C-section/ instrumental delivery	27
PIH (BP 140/90)	36
Severe Pre-eclampsia/ Eclampsia	1
Abnormal presentation	36
Twins	2
VDRL positive	3
HIV positive	1
Other	8
Total	170

Intrapartum care at JSS's subcentre and referral centre

Intrapartum care is provided at the referral centre at Ganiyari and the three subcentres of JSS located at Bamhani, Shivterai and Semariya. Total number of deliveries in this period were 770 out of which 344 (44.6%) were home deliveries and 426 (55.4%) were institutional deliveries. Total male children were 415 and females were 368. This year, 13 pregnant women gave birth to twins. Number of new-borns with birth weight less than 2.5 kg was 126 (16%). 215 (50%) of total institutional deliveries were in JSS subcentres or in the referral centre, 163 (38.2%) were in the Government PHC and Subcentre and 48(11%) were in the block or district hospitals or the medical college hospital.

Out of total deliveries conducted at home, a total of 112 (32.5%) deliveries were conducted by trained TBAs using safe delivery kit called as safe home deliveries. Deliveries conducted by untrained TBAs were 84 (24.4%) and conducted by others were 100 (29 %). Deliveries happened at home in this period due to reasons like inaccessible road, poor phone connectivity and due to lockdown imposed due to COVID pandemic. Around 120 traditional birth attendants (TBAs) are trained every year for conducting safe normal delivery at home. A regular training of TBAs is conducted every month where they are trained in using the safe delivery kit, identifying the high-risk mothers, conducting normal delivery, identifying various complications and arranging referral for the same. Institutional deliveries are encouraged for all high-risk mothers.

Intrapartum care at JSS subcentres is provided by two trained ANMs under the supervision of senior health workers (SHWs). ANMs conduct normal delivery, identify the mothers with

complications, and refer them immediately to referral centre at Ganiyari where C-section, surgical facilities and blood are available round the clock. The labour rooms of JSS subcentres are equipped with necessary equipment, drugs, and consumables.

A total of 170 women were referred to the referral centre of JSS, out of which 49 women underwent an LSCS for complications like prolonged labour, foetal distress, obstructed labour, severe pre-eclampsia and eclampsia, malpresentation, etc.

Indicators (Apr-20 to Mar 2021)	Numbers
Total deliveries	770
Institutional deliveries	426 (55.3%)
Total Home deliveries	344 (44.6%)
Female children	368
Male children	415
Babies with birth weight less than 2.5 kg	126 (16%)

There has been a steady increase in the number of institutional deliveries in the programme villages, aided both by the work of JSS staff as well as the Government programme providing incentives for institutional deliveries. Deliveries in institutions have risen from 5.8% in 2007-08 to 45.4% in 2015-16 and to 62% in 2019-20. In the year 2020-21 there was a 7% reduction in institutional deliveries. This could be the effect of the COVID pandemic and the lockdown when transport was not available to reach the hospital.

Post-partum women's care and home-based neonatal care

In order to reduce morbidity and mortality in the post-natal period, we have trained mother and childcare (MCH) workers to diagnose infections in early infancy as well as continuing care of sick and low birthweight infants. They also recognise signs of post-partum infection among mothers, including mental health problems and nutritional issues as well as counselling for contraceptive needs among young mothers. These MCHWs are trained in asphyxia management using bag and mask, identification of neonatal sepsis, breast feeding positions, hypothermia and its management, etc. We have designed data collection formats to track, record and document every delivery in the programme area. All data are now being collected and entered in statistical software in real time. A total of 568 women were visited by MCHWs in the period from April 2020 to March 2021 and a total of 2483 visits were conducted for post-delivery or post abortion care. See the below table for various complication found in mothers during the post-partum mother care.



Post-partum mother care						
Fever	Foul smelling discharge	Raised BP	Seizures	Engorged breasts/ cracked nipples	Excessive bleeding	Mothers with less breast milk
6	3	9	1	5	2	9

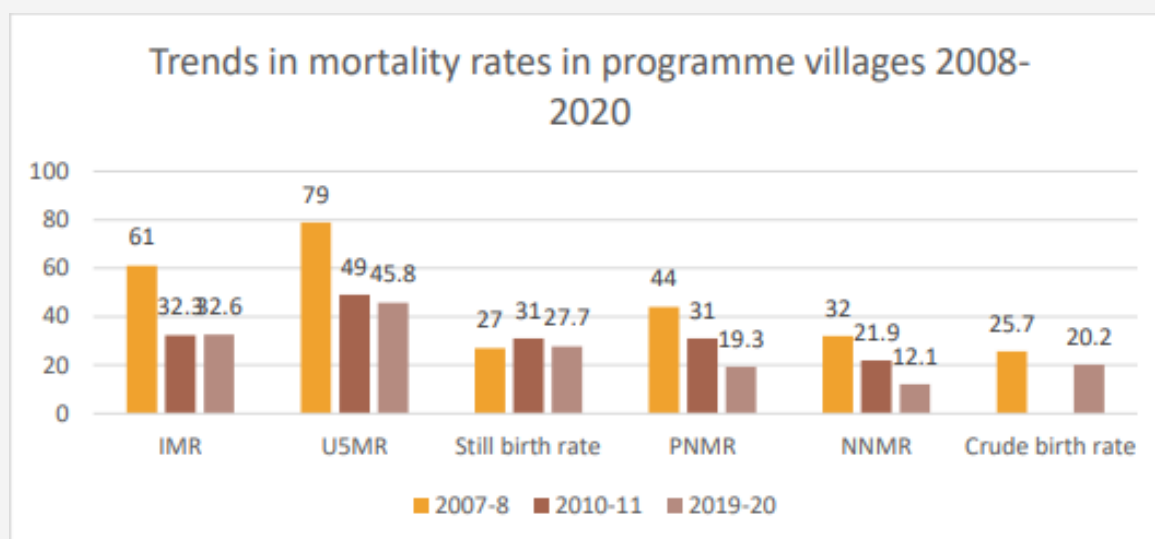
A total of 523 children were visited by MCHWs and a total of 1959 home visits were made. See the below table for various complications found during home based neonatal care.

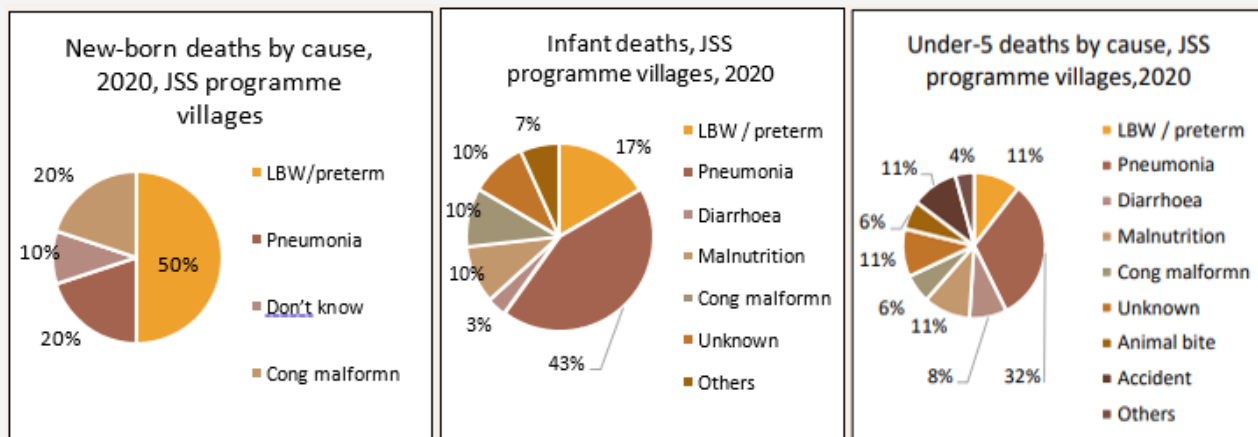
Home based neonatal care				
Swollen eye/discharge	Rashes, redness in skin fold	Yellowing of skin	Babies with any sign of Sepsis	Hypothermia
4	5	2	20	2

Mortality information

As can be seen from the graph below, the improvement in mortality indicators was sharp initially, but has remained the same or shown only a slight reduction in the past ten years especially in infant and under-5 mortality rates. Easily preventable deaths have been addressed but further reduction has been difficult.

Analysis of the causes of under-5 deaths in 2020 shows that while preterm / low birth weight remains the largest cause of death among new-borns, lower respiratory infections (LRI) and pneumonia forms the single largest cause of death in infants and in under-five children overall. In children over 1 year of age, diarrhoea, animal bites and accidents are also important preventable causes of death





Causes of death among under-5 children, JSS programme villages, 2020

During the reporting period, there were 23 still births and 2 maternal deaths of which one was due to PPH and another was due to HELLP syndrome.

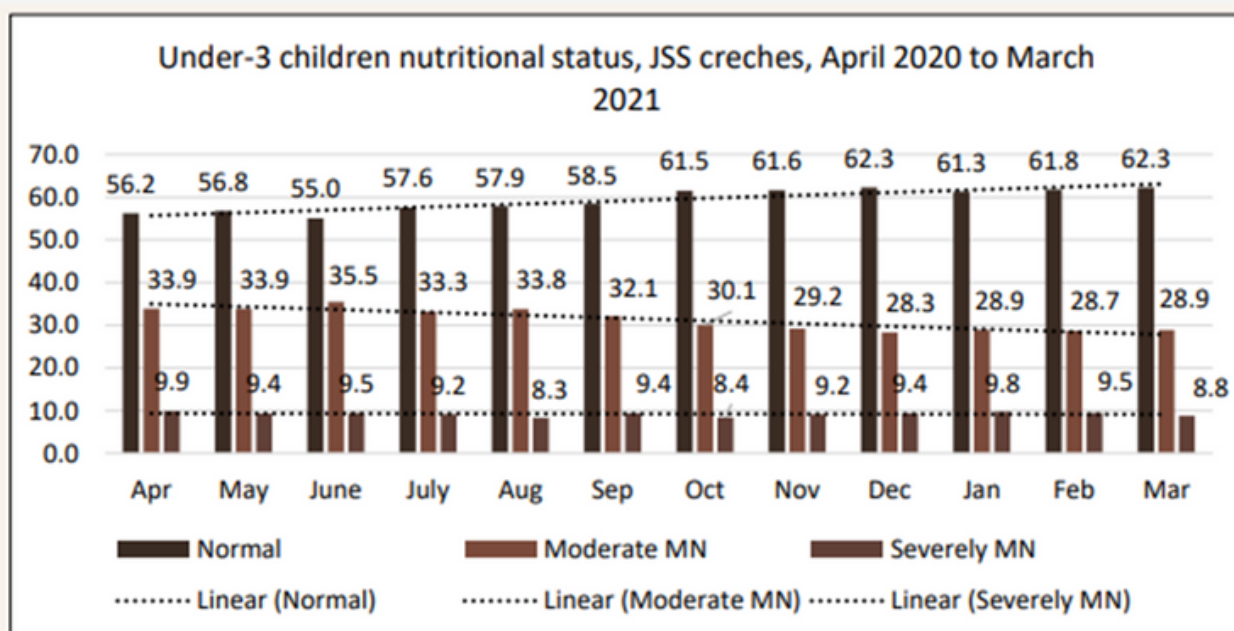
PHULWARI



In this reporting period, Phulwaris remained closed for most of the months due to the pandemic but children were provided dry rations in the initial months which then changed to one cooked meal a day from September onwards.

Cluster	Q1 & Q2			Q2 & Q4			Total
	Shiv	Sem	Bam	Shiv	Sem	Bam	
No. of Phulwaris	29	26	43	29	26	40	95
Children continuing Phulwaris	286	278	444	299	287	451	1037
New entrant children	46	66	59	76	66	129	433
Children who left Phulwaris	64	52	80	63	57	113	429

Creches remained shut since the last week of March 2020 due to the lockdown and subsequent orders by the government to keep the Anganwadis closed. However, the crèche workers cooked khichdi and delivered satttu and the cooked food to each child at their homes. Hence, we were fortunate not to see a sharp increase in malnutrition levels even though the creches were closed. This is in contrast to many other parts of the country where child malnutrition and hunger were widely reported to have worsened. Parents had to remain home during lockdown, so mothers were at home to take care of and to feed their young children.



However, creches re-opened in January 2021 as parents began demanding for them to be made functional again. NREGA work began again, as well as agricultural labour work was available, so parents were keen to have a place to leave the children behind and go to work. We took the following precautions about re-opening:

- Children were kept outside in the open courtyard under a shade and not indoors
- Elderly creche workers with co-morbidities helped in cooking food, but did not interact with the children
- Families with senior citizens with co-morbidities collected food from the crèche but kept their child at home (to eliminate the risk of the child being a carrier)
- Attendance at the crèche was made voluntary with parents given the option to simply collect the food from the crèche for their children

Any child with fever and cold/cough was referred to the subcentre immediately

Any child with fever and cold/cough was referred to the subcentre immediately. Many creches were back with their full complement of children, and the children seemed glad to be back too. The Phulwari workers used the lockdown time to learn different ways to make their creches more attractive and cheerful. In the month of March 2021, as the number COVID patients increased again in Chhattisgarh state, we closed down all the Phulwaris and kept the essential



services running like distributing Sattu, eggs, and cooked meal of Khichadi. Supervisors follow the COVID precautions while taking anthropometric measurements. Currently (End of March 2021) we have 95 Phulwaris with 123 Phulwari workers in 48 villages and total number of children are 1037. Following is the grade wise proportion of children in the month of March 2021.

Weight for Age				
Grade I Normal	Grade I and II (Moderately Underweight)	Grade III (Severely Underweight)	Not weighed	Under 5 children Underweight (NFHS4-CG)
56.1%	26%	7.93%	9.7%	38%

We advocated the issue of under three nutrition in various fora. During the reporting period, JSS actively advocated the Phulwari concept to the ICDS department of Chhattisgarh state and asked to restart the creches which were started in year 2013 and remained closed for more than 4 years despite having some funds. But state refuse to restart the creches in this period, we have started discussions with some organizations like Ekjut, Delhi mobile creches etc. to form a consortium which will be working towards the advocacy of under 3 nutrition at state and national level. We are planning to bring together all the organizations who are working on health, nutrition and education first 100 days of children. This year, due to our advocacy efforts, District administration, Singrauli, Madhya Pradesh started 50 new Phulwaris in 50 villages. A team of 5 members is leading the project in Singrauli district and till now 20 creches have been operationalized. Operationalization of remaining 30 creches got delayed due to COVID related restrictions.

REHABILITATION FOR DIFFERENTLY ABLED PERSONS AND PALLIATIVE CARE PROGRAMME

With the help of a physiotherapist and some trained SHWs, VHWs, and nurses who are posted at subcentres, we started rehabilitation for differently abled persons and palliative care programme in August 2017. We continue providing assistance, treatment and rehabilitation for differently abled people so they can perform near normal activities of daily living.

We provide therapy measures like training, exercises and compensatory strategies, education, support and counselling, provision of resources and assistive technology, which can improve rehabilitation outcomes. Physical exercise therapy can be helpful in many health conditions including neuromuscular disease, stroke, cerebral palsy, arthritis, contractures and heart disease. Therapy has contributed to increased strength, endurance, flexibility, improvement in posture, balance, range of motion or functional mobility and is also suitable for long term care of older persons to reduce disability.

Some of the activities that we carried out during the reporting period were:

- Case based training for Senior Health Workers, ANMs, and Village Health Workers in physical therapy for various disabled conditions.
- Regular follow up of differently abled people by physiotherapists, ANMs, SHWs, VHWs at the village level.
- Providing assistive devices such as splints, crutches, standing frame, walker etc. according to the need of the differently abled person.
- Identifying differently abled persons in the community with the help of SHWs and VHWs during monthly training.

During this period, a total of 23 patients were newly diagnosed, of which were 17 stroke patients (10 male, 7 female), 7 amputees (4 male, 3 female) and 1 person with vision impairment.

New patients diagnosed from Apr 20 to Mar 21			
Diagnosis	Total new patients diagnosed	Male	Female
Paralysis	17	10	7
Cerebral palsy	0	0	0
Movement infirmity	0	0	0
Amputation	7	4	3
Hearing impairment	0	0	0
Vision impairment	1	1	0
Dumbness	0	0	0

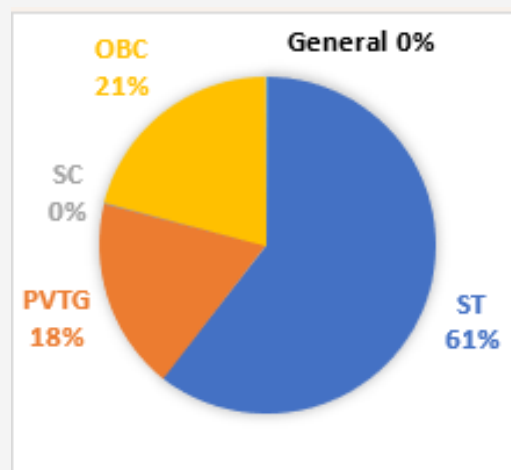
Total differently abled patients (Cumulative till Mar 2021)			
Particulars	Total patients	Male	Female
Paralysis	81	47	34
Cerebral palsy	13	7	6
Movement infirmity	171	91	80
Amputation	14	10	4
Hearing impairment	19	15	4
Vision impairment	14	5	9
Dumbness	14	5	9
Total	326	180	146

We also provided palliative or end of life care for patients of life-limiting/serious illness like cancer, stroke, meningomyelocele and transverse myelitis. Some of these patients are bed ridden, elderly, in pain and in depression. We are providing them palliative care in the form of medical treatment, pain management, counselling, physical therapy, and provision of assistive devices.

Total number of palliative or end of life care patients	
Apr 20 Mar 2021	Total patients
Elderly/Bedridden	21
Paralysis	72
Meningomyelocele	1
Leprosy	4

SELF HELP GROUPS

The women's self-help groups which were started in 2012 have grown steadily over the years to now have 96 operational SHGs in 41 programme villages and the total number of women associated with these groups at 1109. The objective of starting the SHGs related work is to form a platform for women, to empower women to improve their social and economic status, as well as to create awareness on health-related issues, and to learn about their rights



Total villages	Total SHGs	Total women	Total SHGs registered	SHGs linked with Bank	SHGs doing any business activity
41	96	1109	85	64	36

In this COVID situation, we had to stop the cluster meetings and also the federation meetings. After 2 months of COVID, we started fortnightly meetings of all the SHGs with all necessary precautions to prevent the COVID. In these meetings, COVID was a major issue we discussed over 2-3 months during their fortnightly meeting.

We also appealed to SHG members to become volunteers for managing the COVID at village level with other panchayat members and many of them became volunteers and did participate in the training conducted by JSS.



Till date, 85 SHGs have been registered at block level, so that they may have access to various schemes of state and central government to increase livelihood activities. In this period, we were able to establish one cooperative of women from 5 SHGs from the Semariya cluster. A total of 64 SHGs have been linked to banks and out of that 9 SHGs have taken the benefit of loan from the bank.

A total of 36 SHGs have been involved in livelihood activities which include sanitary napkin making, soap making, detergent making, fishery, animal husbandry, vegetable cultivation, cloth trading, forest produce, making make up kits, Sattu preparation etc.

The cooperative formed in the previous financial year is fully functional and ready to purchase the various products produced by SHGs and make them available for marketing in the nearby cities. In the FY 2020-21, some momentum was gained in terms of organising trainings, wherein, a total of 4 trainings in various months were organised by the cooperative (compared to one training in previous FY) on topics related to livelihood, domestic products manufacturing, role of the group in health etc with an average 25- 30 participants per training. Other than the cooperative, in every SHG meeting, training is imparted to member women on issues of right to health, nutrition, livelihood, and freedom from domestic violence. Effect of these trainings is seen a number of times in situations that demanded group

efforts. For instance, during the lockdown in COVID 1st wave, when people couldn't access groceries and other essentials and had no money to purchase them too, the SHG women came forward in promoting kitchen-gardening for the sake of nutrition in every household. They, with the support of similar other organisations, purchased and distributed vegetable seeds and helped in set up of the kitchen garden in houses which allowed people to get fresh vegetables when nothing much was available outside for them. Collective efforts of these women resulted in starting of immunization and nutrition facilities in AWC Navadih for village Phulwari para in one instance and in the other instance, opening of a PDS shop in village Danokhar which was earlier not available for them and availing the PDS facility required them to travel 45km with added expenses and risks involved.

AGRICULTURE PROGRAMME

During the FY2020-21, 100 farmers purchased different varieties of rice viz. DRK, Vishnu bhog, Til Kasturi, Black rice and Shiv dharohar (red rice) for approx. 70-80 acres of land with a resultant of ~800 quintals of rice. These were the farmers who came to seek treatment in JSS. The seed stall wasn't put up this time mainly because of lockdown in the main farming season. Other than this, a total of 3779 kg of rice was grown in 3.5 acres of land in Ganiyari in JSS campus. As part of conservation programme, 40 kilograms of Ragi was



The application of SRI technique to Millets in search of a second crop for summer season which was in experimental mode since past 3-4 years can be said to have been a successful experiment now showing better results for summer produce of Millets viz Finger Millet, Foxtail Millet and Proso Millet (more than monsoon produce). Millets require only as much water as vegetables to be cultivated and are much better than rice from nutritional point of view. So, from these three angles i.e. preventing water depletion in summers, allowing farmers to grow a second crop in summers and increase the nutrition in the food plate, this experiment is valuable. Regarding agriculture programme at village level, initial steps have been taken by 3 out of the total 7 agriculture workers to take the learnings to villages. A total of 20 villages were selected initially (4 per cluster area) and a survey of 4 villages was done (1 village per cluster) recording various data points like village population, Number of families, various types of land, irrigated, non-irrigated, available sources of irrigation etc. Following this, meetings with farmers were held for discussion on water conservation, food diversity, self-help groups'

formation and generating additional income. Farmers came up with their questions on topics of crop protection, water availability, crop diversity, organic farming, market for the yield and technical knowledge. Further, plan is to work with these farmers and organise them (few groups have already been formed) and together work through the problems to arrive at solutions.

ANIMAL HEALTH PROGRAMME

The cluster-level animal care workers and village level animators and the full-time veterinary doctor treated 5150 animals in the reporting period. The majority include bulls (one-third of the total), goats and cows. Other animals such as cows, buffaloes, hens, roosters, dogs and pigs constitute the total number of animals treated.

Scrub, weakness, iron deficiency, cold and fever, bloody dysentery are the diseases which contributed to major proportion of the total number of animals treated. Cold, flu in animals,

injuries, pneumonia, diarrhoea, heamoprotozoan infections like babesiosis, trypanosomiasis, theileriosis, metabolic disorders, reproductive problems, and ectoparasites load were some of the common problems seen. Cases such as advanced stages of heamoprotozoan diseases, heavy tick infestation, renal and hepatic failures, acute poisoning, and advanced cases of acute diarrhoea and pneumonia in neonates have been observed to have been the cause of mortality.

The animals were treated in ambulatory clinics, by the veterinary doctor, which includes serious cases and surgeries. Animals were also treated and operated by the doctor in nearby villages or on JSS campus as per requirement or the nature of emergency. Vaccination for H.S, B.Q, and F.M.D was done for different animals. A total of 2201 animals were vaccinated in the given period. A total of 63 surgeries on field were done this year including Caesarean sections, hernia, amputations, Atresia and and some other minor surgeries. 96 large animals received artificial insemination while castration was done in 160 large animals.



Animal treated	No. of Animals treated
Cows	860
Bulls	1535
Male buffaloes	366
Female buffaloes	396
Bucks	473
Goats	1050
Hens	322
Dogs	103
Pigs	45
Total	5150

CHALLENGES FACED

Challenges we faced in this year are:

- Reduction in number of new diagnoses of NCDs
- Many verbal autopsies could not be completed/reason of death not identified because of death immigration/travel
- Patients from non-programme villages, who were regularly taking treatment from us could not reach us. Some are suspected to have died because of this
- Women's health camps were cancelled due to the pandemic, so screening of women for cancer, diabetes, hypertension, and other problems could not be done
- One retired driver of us who had heart disease and had to undergo surgery at Raipur expired on the way because of delay due to enquiry
- Phulwaris were shut down but meals and medicines were made available to all children without fail maintaining all precautions during cooking and distribution to parents. Later on, and as of now, all meal is transported by Phulwari supervisors as well as growth monitoring by home visits
- NCD PSG meetings are not held but treatment and follow up continues by home visits to patients by SHWs/VHWs. This has increased the workload of the senior health workers and VHWs
- People are not ready to get tested for COVID in the villages which does not give the entire picture of COVID pandemic and affects the planning required to manage it

Health System Strengthening

iGUNATMAC

Project iGUNATMAC (Quality Improvement in Maternal and Newborn Healthcare services) was started in 2016 in 6 districts of Madhya Pradesh. The objectives are to build and enhance capacity of facility teams to apply quality standards through a process of training, mentoring, and supportive supervision; to strengthen systems and processes in selected public health facilities so as to achieve quality standards set out in the GOI's Quality Assurance guidelines; to improve accountability mechanisms in the facilities; to enable action to strengthen the continuum of care from community to facility; and to undertake advocacy to scale up initiatives for quality assurance in non-intervention facilities in both states.

Under the project our key activities at the secondary care facilities (district hospitals and First Referral Units) which are part of our intervention are: -

1. Assessment and mentoring to all the selected facilities for improvements
2. Continue to provide clinical training to various cadre of health service providers
3. In service mentoring of labour room nursing staff at the selected facilities
4. Supporting facility and state driven MDRs in Madhya Pradesh
5. Provide technical assistance in different ways e.g. help in LaQshya certification [under Quality Assurance program] of the facilities, help DH Shahdol in setting up of Obstetric High Dependency Unit (HDU) and CMEs

1. Assessment and mentoring to all the selected facilities for improvements

At the starting of igunatmac project in 2016, as can be seen from the result of the baseline assessment in the table below, the overall performance in the maternity wing of most of the facilities (except Dindori and Shahdol) was quite poor in all the key aspects like availability of resources, organization of the labour room and especially poor in clinical practices of the staff. Now in most facilities, the situation is comparatively better as can be seen by the result of the latest assessment done in 2020, though more needs to be done. However, as the clinical practices score was the poorest when we started, more time is required to bring them to a high level of quality. Staff shortage also negatively affects quality of clinical management as providers have to resort to shortcuts when staff is not adequate no matter how trained they are.

COLOUR LEGENDS

RED	Score <= 50%	ORANGE	Score between 51 % and 69%
YELLOW	Score between 71 % and 79%	GREEN	Score >= 80%

Availability of resources (FORM – 2)				
S.N.	Name of Facility	Base line score	March 2020	Dec 2020
1	Anuppur	82	96	NA
2	Dindori	84	90	100
3	Shahdol	77	90	98
4	Mandla	66	95	93
5	Umaria	80	84	80
6	Sidhi	63	83	87
7	Rajendragram	68	86	77
8	Shahpur	90	90	85
9	Beohari	78	81	85
10	Rampur Naikin	52	89	86
11	Nainpur	52	83	NA
12	Pali	87	78	89
13	Sinhawal	NA	NA	96
14	Manjholi	NA	NA	95
15	Jaisingh Nagar	NA	NA	79
16	Burhar	NA	NA	98

Labour Room Standards (FORM – 3)				
S.N.	Name of Facility	Base line score	March 2020	Dec 2020
1	Anuppur	82	94	NA
2	Dindori	61	59	100
3	Shahdol	53	94	86
4	Mandla	59	78	84
5	Umaria	82	88	86
6	Sidhi	57	53	65
7	Rajendragram	53	78	53
8	Shahpur	73	75	61
9	Beohari	82	78	100
10	Rampur Naikin	40	69	76
11	Nainpur	36	53	84
12	Pali	88	71	78
13	Sinhawal	NA	NA	96
14	Manjholi	NA	NA	95
15	Jaisingh Nagar	NA	NA	79
16	Burhar	NA	NA	98

Labour Room Practices (FORM – 4)				
S.N.	Name of Facility	Base line score	March 2020	Dec 2020
1	Anuppur	69	87	00
2	Dindori	71	81	72
3	Shahdol	70	82	76
4	Mandla	38	77	39
5	Umaria	48	60	62
6	Sidhi	36	54	56
7	Rajendragram	31	75	16
8	Shahpur	51	73	62
9	Beohari	73	72	62
10	Rampur Naikin	28	68	35
11	Nainpur	27	67	31
12	Pali	73	56	75
13	Sinhawal	NA	36	36
14	Manjholi	NA	37	37
15	Jaisingh Nagar	NA	39	44
16	Burhar	NA	59	59

Based upon our latest assessment, this is observed that the lack of proper onsite mentoring support during lockdown, there are declines observed in the scores of labour room clinical practices (form 04) in most of the district hospitals. There is a need to put more effort with the newly selected facilities through multiple rounds of mentoring and handholding, it was decided by the team to change our strategy for mentoring in these facilities.

For areas in red and orange zone

- Revision of topic to be done in every alternate month until the next assessment score.
- 1st mentoring to be done by nurse mentors of JSS. Subsequent mentoring will be revision sessions that include handhold support, practice in dummies/simulators.
- Encouraging staff nurses of facilities to present/ teach in subsequent mentoring sessions.

For areas in yellow and green zone-

Focus should be on ensuring sustainability of the activity. The plan for this is still under-way, where a skilled and experienced nurse of the facility will be mentoring their colleagues and we will be supporting them in this process. Encouraging senior staff/existing nurse mentors to participate in our mentoring activity. JSS mentors will be providing technical support rather than active participation.

1. Continue to provide clinical training to various cadre of health service providers

For any healthcare worker, training is an integral part of their job and is an important way of learning. Whatever is learnt during their medical or nursing education shows a completely idealistic scenario. The challenges faced on the ground are sometimes left unaddressed. While some of the challenges are general and relatable, many of the others are very region or facility specific. Under the project this is strategically thought to support on the capacity building process of health care service providers on the evidence-based practices in the labour room. Online and offline handhold support provided to the medical officers and nursing staff.

2.1 -District level Dakshata Training and TOT

In line with the commitment of the government to improve the quality of maternal health services, and reduce maternal and infant mortality rate across the state, the Dakshata (a package of evidence-based labour room practices) program has been adopted by the national health mission, Madhya Pradesh and implemented for the labour room staffs training in the selected facilities. The program enables and empowers providers to provide a quality healthcare service even to the remotest of facilities with the limited resources.

During the financial year 2020-21 three Dakshata trainings conducted for three districts (Anuppur, Mandla and Shahdol). A total of 54 persons participated in 3 District level Dakshata trainings. Apart from this JSS is also planning to conduct Dakshata training of trainers (TOT) for the 6 igunatmac district (Anuppur, Dindori, Mandla, Shahdol, Sidhi and Umaria) to develop a cadre of master trainers. This cadre of mater trainer will facilitate the Dakshata trainings in the districts in future. This is also a need of an hour as the new nursing staffs are joining the facilities and old staffs have been either retired or transferred to other districts. Apart from this JSS team is also facilitating the Dakshata TOTs with the NHM at state level for all 51 districts of the state. Following are the details of Dakshata trainings conducted during the financial year 2020-21:

SN	District	Number of trainings	Total Participants (D+E+F+G+I)	Participants by facility						Participants by role			
				D	E	F	G	H	I	J	K	L	M
	A	B	C	SHC	PHC	CHC	SDH	DH	CH	ANM	LHW	SN	Doctors
1	Mandla	1	15	0	1	11	0	3	0	2	0	11	2
2	Anuppur	1	15	4	4	3	0	4	0	6	0	7	2
3	Shahdol	1	24	3	3	11	4	1	2	14	1	9	0
		3	54	7	8	25	4	8	2	22	1	27	4



2.2 Online session- Due to the COVID 19 lockdown, the teams were not able to move in the field. JSS took this as an opportunity to support the facility remotely. A schedule of online training and support developed for clinical (10 clinical topics) as well as quality improvements topics (06 topics), which is continuing. This is being evolved as teaching learning program for other facilities also where physical reach is not possible. The clinical consultants do the physical follow-up of given tasks during the class and support during their field visits to the facilities on the topics taught during online sessions. The online session conducted on every Monday for one hours on the clinical and quality improvement topics alternatively.

2.3 - Training of Doctors and Lab technicians on Sickle Cell disease- Training of lab technicians on the orientation, screening & diagnosis of SCD and doctors training for the management of the sickle cell patients which also involves lab test orientation conducted in Anuppur, Mandla and Dindori districts. A total of 17 doctors and 25 lab technicians were trained during the training from different facilities of Mandla district which includes District hospitals, 9 CHC & 1 UPHC.

1. In service mentoring of labour room nursing staff at the selected facilities

For in service mentoring process, before starting mentoring, a baseline assessment has been done to know the status of the facilities, using the Dakshata and OSCE (on site clinical assessment) forms. Along with this, a one-year plan is prepared on the areas to be covered and mode of assessment during each month's visit. Some of the broader areas covered during the visit have been taken from Dakshata guidelines. It includes antenatal & postnatal care, stages of labour and management at each stage, essential newborn care, infection control practices in the labour room, among others.



The nurse mentors also used to conduct practical exercises as well as the sessions during the visit. All the facilities marked significant improvements in their clinical practices as well as on the resource availability in the facilities as compared to the baseline scores. This mostly happened in the district hospitals, but during the recent pandemic many of the LR staff tested positive for Covid and most of the labour rooms were running understaffed and hence practices were compromised. The same was happened with the CHCs hence need some more time to achieve the desired results as the leadership and lack of availability of human resource is a challenge to bring the things forward.

2. Supporting facility and state driven MDRs in Madhya Pradesh

2017-2018: We started with backtracking with the objective being, after initial understanding of the process it will be easier to guide the district and later on handing over the responsibility to the district.

2018: We started involving the Deputy Director of Maternal Health in the State in these review sessions. She used to join district level MDRs using online platforms i.e., zoom, skype, etc. The reports of these MDRs were shared with the State Health Administration. We also started advocating for state driven MDRs. State driven MDRs started, where the data used to be collected and reviewed from the state level officials on a monthly basis. Early 2019: We conducted an MDR workshop at the state level for specialists and district administrators on how to conduct facility level maternal death reviews. 2019-2020: We continued to support the state driven MDRs sessions by providing expert opinion and continuous advocacy and also work with facilities to improve the quality of facility-level MDRs.

Some Key achievements over these years -

1. Maternal death reviews brought out the lacunae in clinical management by specialists of the facility. Thus, we planned to start training sessions which were termed as Continuing Medical Education for specialists i.e., Gynaecologist, physicians, and anaesthesiologists. During the last financial year, there were CMEs conducted for specialists and this time we are exploring the training opportunity for the medical officers.
2. The state started to focus on Sickle cell disease. Sickle cell screening and management program was started in all the tribal districts of MP where JSS is working. Screening tests for sickle cell for pregnant women became mandatory in all facilities
3. State-driven MDRs: The maternal health department of Madhya Pradesh started conducting in-depth maternal death reviews with facility teams

3. Provide technical assistance in different ways e.g., help in LaQshya certification [under Quality Assurance program] of the facilities, help DH Shahdol in setting up of Obstetric High Dependency Unit (HDU)

Project Igunatmac, as mentioned above works as a technical and clinical support for the several facilities to get it accredited with Laqshya certification and in the recent past, we have realised the importance of using Quality Improvement tools in our frame of work to improve quality of care. Currently Igunatmac is functioning in 18 facilities of 6 districts for comprehensively improving their quality of care keeping with Laqshya standard. Our close interaction with the facilities over the years have led us to realise that there



are a few common problems across all these facilities. The issue of stock out of drugs and consumables at LR is one such which can be addressed with timely indenting processes and right calculation of indenting.

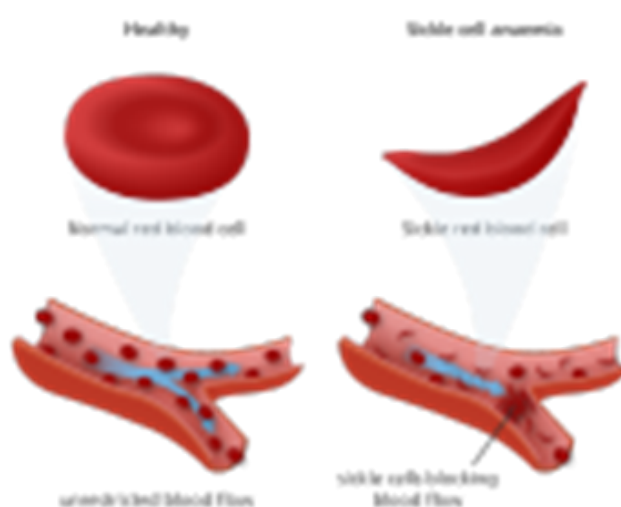
For the last two years we as a team have explored ways to be able to solve it through better coordination with the state, compilation of a list of drugs and consumables according to delivery load and looked into the funding opportunities of the state. To build a culture of quality we started with virtual training classes and exercises for the staff nurses in the facilities from the month of September 2020 since the lockdown continued. As our visits started, we started with the in-person training at each facility respectively.

Achievements:

1. National Laqshya certification has been awarded to the district hospital Dindori and Sidhi
2. Quality circle meetings are now being conducted regularly in facilities
3. There have been significant infrastructural improvements in CHC Majholi and CHC Beohari
4. With repeated visits and rapport building with the staff, there has been improved receptiveness of staff for doubt clearing and training

SICKLE CELL ANEMIA CONTROL MISSION

Madhya Pradesh has the highest burden of sickle cell disease (SCD). This is a deadly disease, almost 20% of patients die before 2 years of age and 30% of the patients leave this world before attaining adulthood. If these patients get proper care including diagnostics and drugs, these percentages can be reduced significantly, and patients can live a better quality of life free of repeated painful crises.



Before the start of the project there was no diagnosis and treatment facility in the government hospitals of eastern Madhya Pradesh, except the two medical colleges or research centres in big cities like Jabalpur, Bhopal, Indore and Rewa. After a pilot phase in Anuppur lasting 6 months (February 2018 to August 2018) SRIJAN & JSS with the collaboration of NHM started working on the disease in Anuppur, Shahdol, Umaria, Sidhi, Dindori, & Mandala districts. For this purpose, JSS & SRIJAN set up a Program Management Unit in September 2018 with a team of 17 members (1 Project Executive, 5 ANMs, 1 Counsellors, 2 Logistic managers, 1 Data Entry Operator, 2 Lab technicians, 5 Resource persons) and the project is funded by NHM, Bhopal. Now in 2nd phase of the project which started from September 2019 we started screening of school going children which increases the no. of samples per day for a team. So, we added a lab technician in each of the screening team so that ANM can focus on counselling, sample collection and lab technician can conduct the tests. So now a PMU of 23 members is working in Anuppur.

Progress report of 2020-21:

Sickle Cell Anaemia Control Mission Project was started in August 2018 by keeping in mind the burden of the disease is very high in these 6 high priority districts. Currently Project's both components are being implemented in these 6 districts based on the following table

Table 1: Overall status of implementation of both activities of Sickle Cell Project's work			
SN	District	Capacity Building work of health system	Intensive screening & management work
1	Anuppur	Yes (1 DH, 8 CHCs, & 13 PHCs)	Yes (all villages of all 4 blocks)
2	Dindori	Yes (1 DH, 7 CHCs, & 3 PHCs)	Yes (All villages of 3 blocks out of 7 blocks)
3	Umaria	Yes (1 DH, & 1 CHC)	Unable to start as No source of HR Fund
4	Shahdol	Yes (1 DH, & 1 Civil Hospital)	Unable to start as No source of HR Fund
5	Mandla	Yes (1 DH, & 1 CHC)	Planned for FY 2022-23
6	Sidhi	Yes (1 DH, & 1 CHC)	Not Planned in this phase

Capacity building work progress:

1. Improving diagnostic and treatment services in government facilities

Table 2: Number of government health facilities target vs started doing -							
SN	District	Solubility test		Confirmatory test		Treatment	
		Functional	Planned	Functional	Planned	Functional	Planned
1	Anuppur	8	10	0	2	22	25
2	Dindori	10	10	3	2	10	10
3	Umaria	2	2	1	1	2	2
4	Shahdol	3	2	2	2	1	2
5	Mandla	2	2	2	1	1	2
6	Sidhi	2	2	1	1	1	2
	Total	27	28	9	9	37	43

Before the beginning of the project there were no screening, diagnosis facilities in these 6 districts. Treatment of patients who got diagnosed from Jabalpur, Bilaspur, Nagpur & other cities were happening with only Blood transfusion. Now 37 government facilities are treating the sickle cell patients in their nearby hospitals. So now for screening, diagnosis, & treatment patients have to travel for only 20 - 40km, earlier which was more than 200 km - 400km.

1..Training of medical professionals

Under this project till now we have trained medical officers, Specialists doctors, Lab Technicians, & Staff nurses. We have also sensitized ASHA, ANM & ASHA Facilitators in Anuppur & Dindori District for SCD, it was done by individual meets & sector meetings. Details of it are in the following table -

Table 3: Number of trained medical professionals of Government Hospitals					
SN	District	Specialists & MOs	Lab Technicians	Staff Nurses	ASHA, AF, ANM Awareness
1	Anuppur	32	20	20	800+
2	Dindori	26	12	0	200+
3	Mandala	17	23	0	0
4	Shahdol	7	5	5	0
5	Umaria	6	8	6	0
6	Sidhi	4	6	0	0
	Total	92	74	31	1000+

Sickle Cell testing data (Up to 31st March 2021)

Table 4: Screening & Diagnosis data of 6 districts					
Pregnant women Sickle Cell Screening					
Place	Total screened	Solubility Positive	AS	SS	Confirmatory tests not done
1. JSS Anuppur	18,608	2,980 (16.01%)	2,686 (14.43%)	114 (0.61%)	11
2. JSS Dindori	1349	241 (17.87%)	229 (16.98%)	11 (0.82%)	0
3. 27 Govt facilities 6 districts	41,979	3,184 (7.58%)	1,729 (4.12%)	100 (0.24%)	1,355
Total	61,936	6,405	4,644	225	1366
Percentage		10.34%	7.50%	0.36%	21.33%
Total relative & other screened					
Place	Total Screened	Solubility Positive	AS	SS	Confirmatory tests not done
1. JSS Anuppur	37,803	8,560 (22.64%)	7,437 (19.67%)	1,004 (2.66%)	0
2. JSS Dindori	1126	369 (32.77%)	311 (27.62%)	55 (4.88%)	0
3. 27 Govt facilities 6 districts	30,452	2,508 (8.24%)	1,034 (3.40%)	319 (1.05%)	1,155
Total	69,381	11,437 (16.48%)	8,782 (12.66%)	1,378 (1.99%)	1155 (10.10%)
Grand Total (Relative + PW)	131,317	17,842	13,426	1,603	2521
	<i>Percentage</i>	13.59%	10.22%	1.22%	1.92%

Financial Details

JAN SWASTHYA SAHYOG STATEMENT OF ACTIVITIES FOR THE YEAR ENDED MARCH 31, 2021

Particulars	Schedule	Year Ended March 31, 2021 (Rs.)	Year Ended March 31, 2020 (Rs.)
INCOME			
Receipts from activities	X	59,750,684	50,137,309
Donations		3,524,806	4,475,574
Grants Received		117,845,490	115,241,737
Interest Income		11,972,936	14,517,382
Interests on Income tax refund		38,515	-
Total Income		192,932,231	184,372,002
EXPENDITURE			
Drugs & Consumables	XI	31,294,462	35,562,902
Administrative Expenses	XII	10,087,725	10,310,978
Research & Development Expenses		655,541	659,572
Manpower Cost	XIII	103,074,701	96,999,563
Program & Community Welfare Expenses	XIV	23,098,716	24,257,250
Depreciation	IV	4,777,678	4,741,830
Total Expenditure		172,986,823	172,482,095
Excess of Income Over Expenditure		19,945,408	11,889,907
Add: Depreciation for the year transferred to Capital Fund		4,777,678	4,741,830
Less: Addition to Fixed Assets (including WIP)		(10,002,020)	(14,841,359)
Transferred to Reserve and Surplus		14,721,066	1,790,378

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 : 31/12/2021

UDIN : 22080388AAAAJ3543



For, Jan Swasthya Sahyog For, JAN SWASTHYA SAHYOG

(Dr. Raman Kataria)
Secretary

(Dr. Surabhi Sharma)
Treasurer

Meet our founders

Dr. Anurag Bhargava

Dr. Raman Kataria

Dr. Yogesh Jain

Dr. Biswaroop Chatterjee

Dr. C. Sathyamala

Dr. Pramod Upadhyay

Dr. Madhavi Bhargav

Dr. Anju Kataria

Dr. Rachna Jain

Dr. Madhuri Chatterjee

Dr. B.R. Chatterjee



Support us

How can you contribute?

Life and death; chronic hunger; pain and disease

With no means to access medical care outside of JSS, the beneficiaries of our work need your committed support, as an individual or as an organisation. Support can come in myriad forms. From contributing your time and skills to offering financial donations, you can choose to contribute towards the welfare of our people by subsidizing health care, supporting our infrastructural needs, training local staff, or increasing our research and technology.

Personal donations are highly valued. All donations made in India are eligible for Income Tax benefits under the provisions of Section 80G. We also accept contributions from overseas.

Please drop us a mail at: janswasthya@gmail.com if you wish to make any contribution