Proposal for supporting surgical training program at Jan Swasthya Sahyog

Submitted to

Friends of JSS in UK

(June 2019)

By

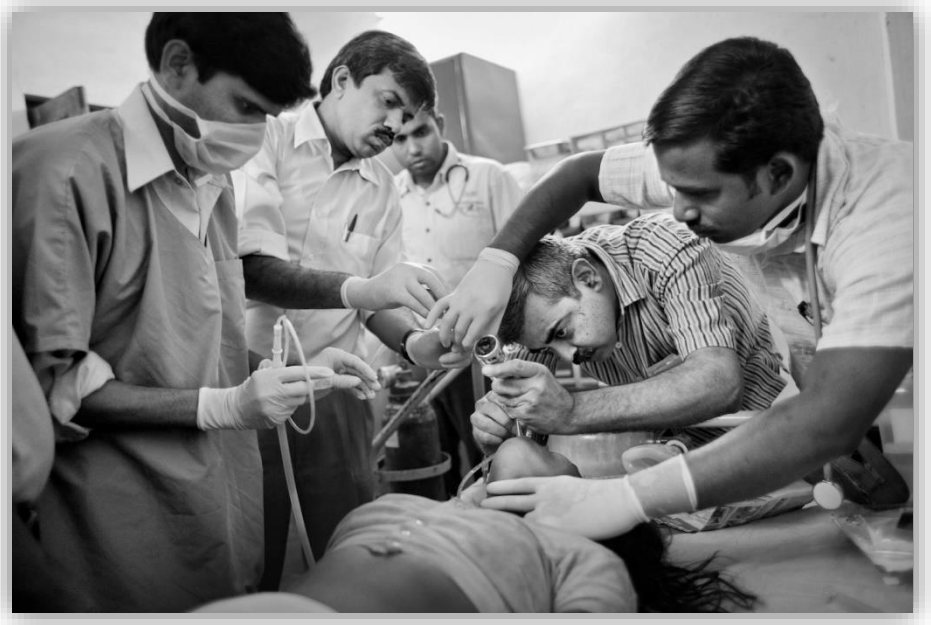
Jan Swasthya Sahyog
Village and Post Ganiyari
Bilaspur - 495112
janswasthya@gmail.com

Jan Swasthya Sahyog was founded in 1996 by a group of health professionals who were doctors trained at the All India Institute of Medical Sciences and other reputed medical colleges. As other health professionals and health workers joined over time, we could develop this organization to serve the people in central India by basing ourselves in rural Bilaspur in Chhattisgarh. Now with a staff of 280 full time people, and 350 part time health workers and a large peer support group in India and outside, we are able to reach the rural poor in central India directly and poor people at large through our initiatives in service, training, advocacy and research outputs.

Jan Swasthya Sahyog has been working in rural Chhattisgarh for the last 19 years. Through a service based programme, we have helped people in the care of their illnesses with treatment, as well as in maintaining health through preventive measures and health education. During these 19 years we have been able to build up the spectrum of activities at JSS – enabling us to analyse and learn from the service work and share these lessons in fora that address the health concerns of the rural poor.

The primary objective of all our activities has been to address inequity. The strategy that we have chosen is of providing health care. Our focus is primary health care in the broadest sense of the term. And thus the greatest support for our organization has been from the people in the area. Due to the impact of the work evident in the decline in premature morality and avoidable morbidity, decreased indebtedness, social changes such as the empowerment of women, JSS enjoys a high level of credibility all over this part of rural central India, especially among the poor and tribals. In this context of running a service delivery programme, we have tried to understand the causes of poor health and then offer dispersion of ideas through training, writing, and lobbying.

Clinical services: The community health programme has provided effective, low-cost care through more than 7,00,000 consultations to over 3,50,000 patients drawn from more than 3,000 villages from across Chhattisgarh as well as adjoining districts of Madhya Pradesh. This care spans across a comprehensive range of medical, surgical, and obstetric care unique in the region. The inpatient services with 100 beds and an operation theatre complex (including 3 major operation theatres and a labour room) has provided high-quality services to more than 22,000 patients admitted for serious illnesses and 33,000 often life-saving surgical cases. Where necessary, JSS organises referrals for tertiary care essential in some illnesses among the poorest, for example a 25 year old woman needing valve replacement for



rheumatic heart disease or radiation therapy for a treatable cancer of the cervix. At the second tier of services are community centres that support clusters of up to 30 villages each which are staffed by a team of senior health workers, specially trained by JSS in clinical and community health skills. The 'last mile' is the village health worker, all of who are women, based among a closely monitored cohort of 40,000 people in 72 remote villages. JSS now has 280 full-time health personnel as well as another 350 community based workers associated with it, along with a large peer group that works voluntarily with us. We have thus been able to implement primary health care in its detail and spirit, and in this process draw lessons for the country's marginalised populations. With help of the support provided by the FOJSS in UK, we were able to start and run a 6 bed HDU/ICU with facilities for cardiac and pulmonary support. This would be one of the few rural ICUs where in the last 3 years we have been able to manage several poor patients from rural hinterland with snake bites, poisoning, scorpion bites, severe sepsis, shock, ARDS, GB syndroms, diabetic ketoacidosis, CHF and arrhythmias due to RHD or cardiomyopathy, besides new-borns with respiratory distress, sepsis and birth asphyxia.

Training and technology: The JSS community health programme is looked upon as a national resource centre and training site. The national ASHA mentoring group held its annual meeting at JSS in 2015 and has picked up several learning points with the view to replicate them at the national level. Besides conducting curative and preventative programmes, we have initiated the training of health care personnel. We have run training courses for village as well as mid-level health workers for both our own and other organization. We now run a full-fledged School of Nursing for tribal and *dalit* girls that offer courses in both Auxiliary Nurse Midwife training as well as General Nurse Midwifery. We recently have become one of the few organizations nationally to run our own postgraduate medical training programme, offering the Diplomate of the National Board (DNB) in Family Medicine, a specialty which we believe to be the future bedrock of healthcare provision in this country and particularly for the forsaken hinterlands. As far as technology is concerned, from the outset we have been developing appropriate health related technology in response the health needs we encounter in our work. This has resulted in the

development of 32 such technologies that are being used in several government and non-governmental health care organizations beyond our own use. More broadly speaking, we have created a culture of embracing change appropriately. We are neither enamoured nor dependent on the latest and greatest but nor do we fail to adopt methods that allow us to fulfil our aims better. JSS has therefore deployed a custom electronic medical record system and uses telemedicine to enhance its core work.

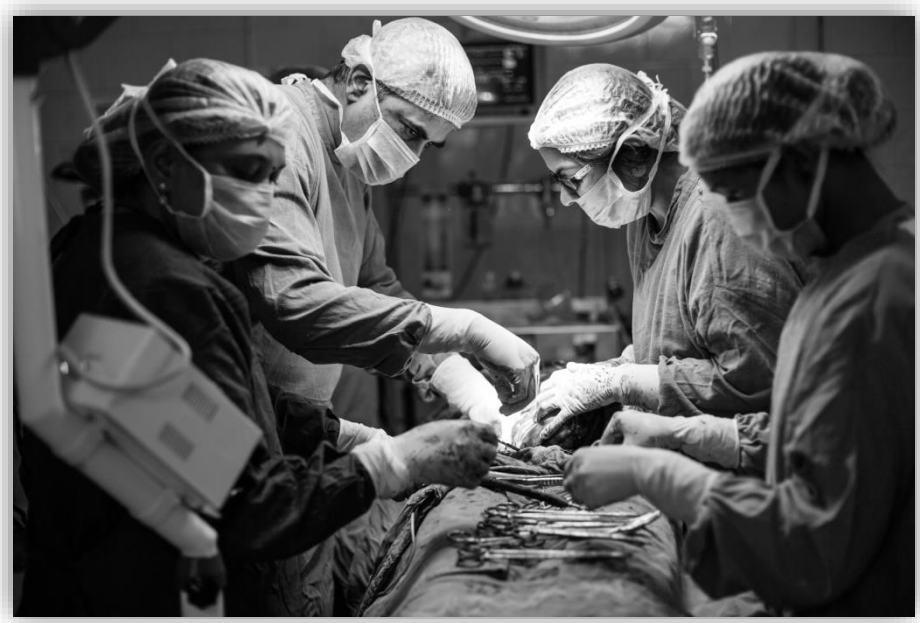
Knowledge and advocacy: While the provision of high quality, low cost health care services was a primary and initial objective, the aims have certainly evolved over the years. Identifying the gaps in primary health care, whether technical questions or operational issues, through careful observation and documentation has helped us develop into a resource group for others. This aspect of JSS work has been recognised at the district, state, and central levels. Over the past few years, we have been asked to be a Technical Resource Group for the Government of Chhattisgarh, the Planning Commission, the Mission Steering Group of the National Health Mission, the National Asha Mentoring Group, the High level Expert Group for Universal Health Coverage and several other agencies. In addition to national connections, JSS has built several regional and global partnerships including the Lancet commission on global surgery, the Lancet commission on NCDs among the poorest billion, the HEAL Fellowship at the University of California, San Francisco, and the Family Medicine Residency at Contra Costa County Hospital in the United States. JSS has also tried to advocate for better policies in important public health problems like falciparum malaria, hunger and health, tuberculosis and food, price control of essential drugs, and under-3 malnutrition, with some success thus far. The details of what the work has evolved into are captured well in several of our publications.

Our experience at JSS has taught us that simple people do not have simple problems and we wish to solve these with the appropriate complexity which they deserve. Thus while village health workers play an important role, we recognize they do so in conjunction with the ability to refer and access advanced care rather than abandoning them and their patients to a limited set of options. JSS is one of few rural centres that offer this spectrum of care, from preventative and social work in the periphery, to a rural ICU that can provide tertiary level expert care without the bells and whistles that unnecessarily adorn the urban centres that we have come to expect. In doing so we are re-imagining what it means and what one truly needs to provide equity. We are also demonstrating that it is silly to pit different aspects of care against each other – they are an inter-related spectrum where one strengthens the other. And not just the clinical spectrum but also the different elements of short-term and long-term change: prevention, clinical, training, research, technology, and advocacy.

Overall, these 19 years of work have allowed us to improve the quality of life for people in the area, and yet there remains much more to be done before one could be content and so we would like to describe this as a work in progress. If one measures the work in survival, quality assessments, or in indebtedness prevented, there are significant gains. Equally important has been the learning, many of these have had lessons for the larger discourse in public health for the disadvantaged.

Our need:

Surgical services are rare and thus quite special for rural areas. Surgical care is one of the important components of the clinical program of JSS. We have been able to provide surgical services for different sub specialties on a regular basis to over 33,000 patients so far. But that is not enough, rural areas in India need more hospital providing these services. Thus, in short term, we wished developing doctors training program by getting accredited with the national board of examinations for training of DNB General Surgery. The accreditation process is in final steps and we will soon be starting with DNB General Surgery program at JSS.



The budget required for these services is mainly for recurring expenses for salaries of the DNB Residents and nurses and for laparoscopy equipment. The annual budget required for these services is Rs. 22,98,000 (Twenty two lakhs, Ninety Eight thousand only).

We request Friends of JSS in UK for their Kind support for this work.

Detailed Budget:

The detailed budget is as below -

Sr. No.	Particular	Unit	Rate	Period	Amount
1	Stipend for General Surgery Residents	2	40,000	12	960,000
2	Part support for consultant	1	50,000	12	600,000
3	Salaries of 2 nurses	2	12,000	12	288,000
4	Laparoscopy equipment	1	10,50,000	1	1,050,000
	Total budget required				**2,898,000**

The budget required is Rs twenty eight lakh, ninety eight thousands only.