

**Proposal for supporting training programs and  
essential equipment for intensive care at  
Jan Swasthya Sahyog, Ganiyari**

**Submitted to  
Friends of JSS, UK**

By

Jan Swasthya Sahyog

Vill and Post Ganiyari

Bilaspur, Chhattisgarh

[www.jssbilaspur.org](http://www.jssbilaspur.org)

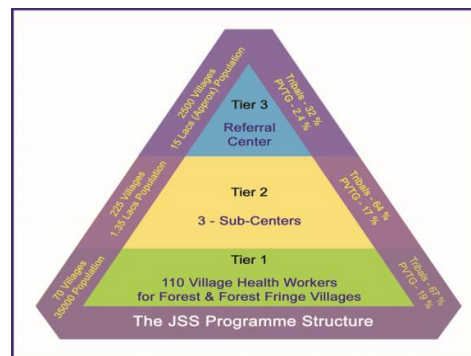
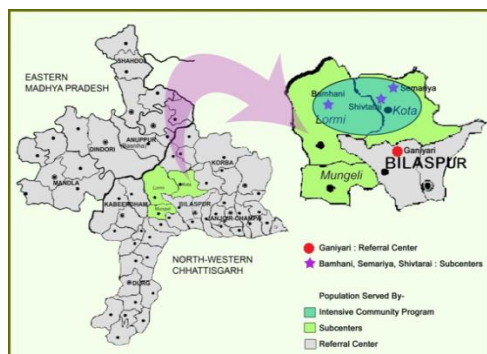
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## Background:

Jan Swasthya Sahyog has been working in rural Bilaspur for the last 15 years. Through a service based programme, it has helped people in the care of their illnesses with treatment, as well as in maintaining health through preventive measures and health education.

The community health programme has provided extremely low cost care through more than 5 lac consultations to over 275000 patients drawn from more than 2500 villages (approximate population 15 lacs)/towns of Chhattisgarh as well as adjoining districts of eastern M.P like Anuppur, Dindori, Shahdol, and has emerged as a centre for low cost, but good quality comprehensive medical, surgical and obstetric care in the region. The inpatient services with 70 beds and an operation theatre complex (including 3 major operation theatres and a labour room) has provided high-quality surgical services to more than 12,000 patients and over 25,000 inpatients have been admitted for serious illnesses. Where necessary, JSS has been able to organise proper referral for tertiary care necessary in illnesses among the poorest- be they rheumatic heart disease in a 25 year old woman or a treatable cancer of the cervix.

At the second tier are sub-centres that support clusters of up to 20 villages which are manned by a team of 3 senior health workers, who again have been trained by JSS in clinical and community health skills. The third tier, with the village health worker, all of who are women, is based among 35,565 people in 54 villages. We have been able to implement primary health care in its detail and spirit, and in the process draw lessons for the country's marginalised rural population. JSS has now 200 full time health personnel as well as another 350 village based health workers associated with it, and a much larger peer group that works voluntarily with us.



## The need:

At the referral center in Ganiyari, patients with complex medical and surgical problems are seen. These, many a time, require intensive care. So far, we had separated a small area in one of the wards for providing intensive care, but that is proving to be insufficient. So we have

constructed a new intensive care unit for care of such patients, which is likely to be commissioned soon.

Besides the service program, we are also working for training and capacity building of various cadres of health workers including village health workers, middle level health workers and other paramedical staff. We run a formal nursing program for Auxillary Nurse Midwife (ANM) course approved by the Indian Nursing Council which has 25 female students each from the poor and backward community. The course duration for ANM training program is 2 years while for the GNM training program it is 3.5 years.

We believe that higher nursing education will provide opportunities for nurses to be a part of the process of development and rejuvenation of village communities by facilitating efforts to improve education, environment and the level of sustenance. Registered qualified nurses can become competent and effective nurse teachers and administrators in hospitals and the community. This can be achieved with the additional knowledge of the principles, concepts and related sciences which must be applied to the practice of nursing, administration and education. We believe nurses as well other qualified professionals are an integral and necessary part of a collaborative health care delivery system.

So far, 100 nurses have completed ANM training and another 125 students (50 for ANM and 75 for GNM) are continuing their training with JSS.

We are also accredited by the National Board of Examination for postgraduate training programme for doctors in Family Medicine. This program is called Diplome National Board in Family Medicine. Every year 2 residents join this program. Starting from year 2014, we now have 4 residents for the DNB Family Medicine program for three years.

**Our request:**

This year we need support for our training program in the form of supporting the wages of the chief nursing tutor, and assistant nursing tutor besides two family medicine resident doctors. We also need support for developing Intensive care services by getting a comprehensive newborn warmer with resuscitator and SPO2 monitor.

We wish to submit this proposal to the Friends of JSS UK for their kind support.

**Detailed budget:**

The detailed budget is as follows -

<b>Sr. No.</b>	<b>Details</b>	<b>Nos.</b>	<b>Rate</b>	<b>Period</b>	<b>Budget</b>
<b>A</b>	<b>Support for training program with salaries -</b>				
1	Family medicine resident doctors	2	37000	6	444,000
2	Chief Nursing Tutor	1	37000	6	222,000
3	Assistant Nursing tutor	1	28000	6	168,000
<b>B</b>	<b>Essential equipment support</b>				
1	Comprehensive newborn warmer with resuscitator and SPO2 monitor	1	380000	1	380,000
	<b>Total</b>				<b>1,214,000</b>

In words: Rs twelve lac fourteen thousand only.

We request FoJSS to extend their support for the training programs and for the required equipment.