Healer in the hinterland

Dr Yogesh Jain

Jan Swasthya Sahyog

It was the cold night of 2 December in 1984 that transformed Yogesh Jain forever. A catastrophic gas leak, considered the world's worst industrial disaster, struck Bhopal, capital of Madhya Pradesh. Methyl isocyanate (MIC) and other chemicals from the Union Carbide India Ltd's pesticide factory had leaked, turning the city into a gas and death chamber.

As a medical student, he served as a volunteer among the affected people. Though he had thought of rural service as a young school student, the experience at Bhopal strengthened his conviction.

Moulded young

Dr Yogesh Jain called himself a city lad, recalling his childhood days in New Delhi. In his own words, Yogesh had a middle class upbringing. Born to Professor Naresh Jain, an academic from Delhi University and Sarla Jain, Yogesh and his two younger sisters had the privilege of attending Delhi Public School.

Brought up in an academic ambience, Yogesh was exposed to books and got to interact with learned minds, who were his father's colleagues. He was a voracious reader. Writings of Premchand, Sarat Chandra Chatterjee, besides Gandhi's works on poverty and *swarajya*, influenced his thinking in school days. Films like Anuradha by Hrishikesh Mukherjee and critical films by Satyajit Ray and Bimal Roy left young Yogesh thinking and questioning many givens. He learnt about realities and complexities of rural life when he read Phanishwar Renu's *Maila Aanchal.* Yogesh continued reading Gandhi in college as well.

In families like Yogesh's, the children were expected to grow up to be good human beings and do good to humanity. Yogesh's father is a man of principles and he practiced what he preached. His simple living and honest lifestyle influenced Yogesh and his siblings. Yogesh's father reminisced an incident when Yogesh refused to accept an award for a write-up due to lack of any original contribution from him.

His family was successful in sowing the seeds of a value system, that shaped him as a person in later years. Yogesh's mother remembered one of his nursery school teachers praising him an extraordinary child who would make his parents proud in future. His mother recalled Yogesh considering, at a fairly young age, moving away from the city to a rural nook where he would be able to serve the poor. Sarala Jain added that in their family and among

extended relatives, Yogesh is almost revered for his simple living, and detachment from wealth, besides for his compassionate nature and cool temperament.

Donning physician's gloves

In the early 1980s career options for bright students were limited to engineering and medicine. Despite being equally good in physical and biological sciences, Yogesh chose medicine. Possibly because the element of doing good or living for a good cause was perceived by young Yogesh to be actualised in a greater manner through wearing a physician's gloves.

The years Yogesh spent at All India Institute of Medical Sciences (AIIMS) in Delhi, had a lot of influence on him. The theory that struggle is an important step towards societal progress led Yogesh to participate in college union strikes that were part of the normative campus culture during that time. He became acquainted with a few members of Medico Friends Circle (MFC) in 1983.

MFC representatives used to visit the campus regularly. Once Dr Ravi Narayan spoke about alternative career choices. After his interaction with students, Dr Narayan gave Yogesh a copy of *Rakku's Story,* a book by Sheila Zurbrigg.

The book, based on a real life story in Tamil Nadu, throws light on the health situation in India and the powerlessness of a woman and her family, through socialist lens. *Rakku's Story* took away the 'doing good' or the charity factor in Yogesh, that had been inspired by Gandhi, and exposed him to the socialist analysis of health situation in India for the first time. Issues taken up by MFC and highlighted by press enlightened him further about political economy of poverty and its association with diseases and health.

Influenced and charged, a motivated bunch of students formed a group called *Chetan*, working in slums behind AIIMS on rational use of pharmaceutical drugs. AIIMS did have a Department of Community Medicine, with a community outreach programme in Ballabhgarh. But students could participate in the programme only when they were in the final year. As part of *Chetan,* physicians and other students conducted health camps wherein the former would diagnose and prescribe medicines and the latter would work as pharmacists.

Turning Point

It was at this juncture the Bhopal gas tragedy happened. India had not faced this kind of a disaster in the past and hence had no preparedness to deal with such a humanitarian crisis. It is estimated that 5 lakh people were exposed to MIC and the other chemicals. It was estimated that 8,000 people had died in the first two weeks and another 8,000 or more died due to diseases caused by inhalation of gases.

The Bhopal gas tragedy and the public health disaster and its ramifications left an indelible mark in Yogesh's mind. He was still a student at AIIMS. However, as part of the relief team, he rushed to Bhopal in 1985, using his scholarship fund. He treated patients and also was part of the research team that studied the side effects of MIC and the efficacy of a drug named sodium thiosulphate.

Demonstrators who sought bringing the culprits to book were being arrested; only physicians and students were spared. Later they too were arrested as a preventive measure. Yogesh was in jail for more than 15 hours. In his own words, the entire episode "affected me a lot". His father learnt about the arrest the next day morning and he telegrammed Yogesh to return immediately. Yogesh did. That was his first exposure to the reality that the state which is the protector of its citizens could also turn hostile. That was his first exposure to the lack of legitimacy of the state.

On a unified rural mission

By the end of 1986, Yogesh had made up his mind to work in rural India. He finished his internship in 1987. During a MFC meeting in Pachod of Aurangabad, he expressed his dilemma to some of the experienced rural health practitioners. He asked them whether to pursue postgraduation or work in rural areas and also how to prepare for the plunge. Dr Ulhas Jaju told him postgraduation would equip him with more skills and advised him to obtain a Doctor of Medicine (MD) degree before taking the plunge into rural healthcare as.

Yogesh completed MD in paediatrics in 1990. One afternoon, while having lunch at the AIIMS cafeteria, Yogesh told Raman Kataria, a medico friend, about his decision and asked Raman about his plan. Raman said that he was waiting for Yogesh's final decision and confirmed his genuine interest in moving to a rural place if Yogesh was moving. Anurag Bhargava from Nagpur was Yogesh's next-door neighbour in AIIMS hostel. Yogesh met Biswaroop Chatterjee much later, a friend of Anurag's, who had also finished his MD from AIIMS and was a microbiologist.

Before their plans materialised, Anurag went to teach at a medical college in Karamsad, Gujarat. Yogesh by then had got a full time faculty position at AIIMS and remained in Delhi.

Raman went to Dehradun for a faculty position. Biswaroop went to the USA to do his MD but he came back in five months.

Destination Ganiyari

The four like-minded and compassionate physicians came together to start the journey towards seeding an idea, a philosophy and an institution. They all decided to resign from their current positions and embark on a daunting journey.

From 1994 to 1996 they visited different places and community-based organisations in Karamsad, Anand, Bikaner, Saharanpur, Durg, Dewas, Barwani, Jalda, Nuamundi among others, to look for an apt place to work and also to understand different models of healthcare and how the organisations operated. They wanted to work among the most disadvantaged communities. In a lighter vein Yogesh mentioned that Anurag called these visits as NGO tourism. After visiting many places, the group faced a dilemma in choosing between Uttarakhand and localities in Madhya Pradesh, the latter becoming Chhattisgarh later.

The decision was made for them when Harsh Mander, the then commissioner of Bilaspur in Chhattisgarh, invited the group to consider working in Bilaspur district. In 1997, the doctors applied for a piece of land in Ganiyari panchayat and got the sanction in August 1998. The land was handed over to them in March 1999. In the interim period, they kept visiting Bilaspur. As a first step, they renovated an existing building to begin their work.

An equal partner

When Yogesh decided to get married, his only condition that was his wife should be willing to work in rural India. Yogesh recalled his parents placing an advertisement to that effect. There was no response!

When common friends introduced Rachana to Yogesh, he told her about his decision to work in a rural area. He told her not to build castles in the air about his degrees and gold medals from AIIMS. Having grown up in a small town, she told him that it would not be a major shift for her to move to a rural area.

Yogesh and Rachana tied the knot on 11 December in 1996. She was still pursuing MD in gynaecology in Allahabad. She had not thought about the political economy of health till she met Yogesh. She distinctly remembered Yogesh giving her *Rakku's Story*. Reading it was an eye-opener for her.

In 1999, the couple moved to Bilaspur. Rachana has no qualms about Yogesh's choices. She has been his backbone and support at work and at home. She attended to the highest number of patients per day including gynaecological and obstetric cases at Ganiyari.

When it came to managing the home front, she admitted that having her mother with them was a big support, especially when the Jains' daughters were small. She believes in the cause JSS stands for and she is a contributor to that cause. Senior community health workers like Janaki Bai and Bhagwati Bai endorsed that having Rachana *didi* – as they call her - had been a major respite as most women find it comfortable talking to her about health problems and they allow her to examine them without any reluctance. They said that such comfort level would not be possible with male physicians.

Towards improving rural health care

Jan Swasthya Sahyog (JSS) or People's Health Support Group came into existence in 1999. A very functional name to its identity, the vision of JSS was to operationalise primary health care from service to advocacy with the aim of reducing inequity. In September 1999, Government of India sanctioned a child health project under Integrated Management of Neonatal and Childhood Infections (IMNCI) programme in Ganiyari and that was the first grant JSS received. The grant of Rs 67 lakh was for three years.

Dr Pappu of Child in Need Institute (CINI) had reviewed the proposal prepared by Yogesh. The budget had five doctors' salaries, Rs. 10,000 per doctor to be precise. The three-year proposal gave them enough time and resources to kick-start. Between December 1999 and April 2000, Yogesh, Anurag, Raman, Biswaroop and their respective spouses Rachana, Madhavi, Anju and Madhuri, along with Sathyamala who was part of the original group, shifted to Bilaspur.

The Tata Trusts support that followed in February 2000 was an elixir to the young organisation. Yogesh recollected Jasmine Pavri from Tata Trusts visiting Bilaspur and Ganiyari to pre-assess the project. Anurag was leading the project. Learning that Tata Trusts' budget would cover four doctors' salaries gave impetus to the group to embark on the ground work. Yogesh fondly remembered Ratan Tata being moved by the case presented by Anurag and approving Rs 4.5 crore to Jan Swasthya Sahyog.

Soon the fluid structure that had been flat earlier, fell into place. Each of the founder members picked up at least one piece to shape and build on it further. While community remained a focus for everybody, it was Yogesh who was leading the community component from the front. Anurag took the responsibility of the clinical work; Raman and Rachana took charge of surgery; Biswaroop led the laboratory work; Anju and Yogesh spearheaded the paediatrics department.

The strength of JSS was that it was able to cover the entire spectrum of health care, from community to hospital work unlike other organisations that focussed on only one aspect. Owing to its strong physician base, JSS could cover a wide range of health care, whereas the other organisations focused on the community, or clinical research or on a specific illness. They wanted to address a large spectrum of issues from the beginning. They realised fairly soon that there was a need to de-specialize and unlearn and start all over again because rural reality was distinct from the urban experience that each of them cherished. Yogesh reiterated that most of his learning on political economy of health and skills and training to deal with rural health happened only after starting JSS.

Conforming to local needs

Yogesh emphatically recalled the initial phase being all about learning - learning from the people and about the people. They learned about poverty, how rural people lived, livelihood options, agriculture, soil, crop pattern, forests, roads, communication, animal health, women's labour, people's indebtedness and so on. As a physician, he did not know about these aspects. "In the initial days we were learning more than we were contributing," he said. Problem-based learning helped them make progress from layer to layer.

Yogesh's background being in paediatrics, he was very driven towards childhood illnesses. He and his colleagues were very tuned to poverty in their approach and this propelled them to use hunger and undernutrition lens in all the spheres of their work. JSS is probably one of the few groups or perhaps the only group to record weight of all their patients irrespective of their diseases. This provided a strong reason for looking at undernutrition and its ramifications on health. It enabled them to make a strong case for advocating that malnutrition needed to be addressed for improving health conditions. This shaped Yogesh's and the group members' thinking. The insights gained over the years have made a compelling case for looking at illnesses due to malnutrition as 'diseases of the poor'. The team observed that malnutrition played a detrimental role in poor people's health and malnourished people responded very differently to diseases, compared to people from the upper strata of society.

As Yogesh and Sathyamala were responsible for community work, they conducted community surveys, trainings and meetings. The community surveys raked up a vast range of health conditions, diseases and socio-economic problems. Yogesh was very community oriented and till today that has not changed. He made purchase forms for developing a purchase mechanism, designed training formats and training materials and so on. This was corroborated by Praful Chandel, one of the oldest staff in JSS. Praful joined as a community mobiliser and later became a community health trainer for village health workers. He said he and others who were identified from communities joined Yogesh and Sathyamala in their

work and most of their energy was invested at community level. This was reiterated by Janaki Bai and other women.

Members maketh the team

Yogesh recollected JSS as being a continuous engagement. All the team members used to live in one house in the beginning. All of them would discuss, debate and argue before arriving at a conclusion. Since they were one big group, clarity of thoughts was precious since they had to convince each other. This helped processes to evolve in an informed way. Skills of listening and observation helped them grow socially.

According to Yogesh, community level meetings, interactions, relationship building, sharp observations and listening to patients provided him and his colleagues rapid learning. Inequity and injustice affected Yogesh. He said, “If there was any thought that one had come as a good doctor, it vanished within the first two years”. The spirit of naïve altruism had evaporated. “Often people said that we had made a big sacrifice by coming to a small place,” he said. “On the contrary, people who live off the pen and off one’s mind like we do, are much inferior to those who live off the land, who grow things and labour on the ground; they make the biggest sacrifices”.

Important to note is the role of women doctors in JSS. Their role in evolution of JSS as an organisation is paramount. Yogesh commended their contribution by saying, “JSS would not have survived if women physicians did not come here, they enjoyed the place and they were very involved and actively contributed to the ideology. If they did not like the place or working in Ganiyari, JSS would not have survived the way it has.” Madhuri looked after the pharmacy, Anju looked after medical records, and Rachana supervised the mess and the nursing program.

It is interesting that though there are many founding members, over the years Yogesh became the face of JSS. The fact is that Yogesh held the group together from the first day. Raman was deep into his craft, i.e. surgery and infrastructure development. Biswaroop was an action-oriented person. Anurag and Yogesh were the ideologues of the organisation and both have been more driven towards community and they were writing most of the proposals. Yogesh also added that most people in the group were self-effacing. “They were ready for back-end work but they did not want to talk to outsiders. Most were keen on working quietly,” he said. Hence, to the outside world, Anurag and Yogesh became the faces of JSS.

Evolution of Jan Swasthya Sahyog

Given the background of each of the founder members, they were certain they wanted JSS to be a thematically focused organisation rather than a multi-sectoral one. It had its strength and weaknesses. The deep desire to change the health situation in India which is marked by abject poverty and lack of access to health care was the common thread that propelled the founders to initiate JSS.

The initiative started with developing high quality community-based health care delivery model with a base hospital to back up for clinical services and which was affordable, accessible and result-oriented. The strength of this approach appeared to be its ability to penetrate deep into each of the problems identified and work around responses or solutions through a process of thorough analysis.

Dr. Nobhojit Roy, chief of surgery at Bhabha Atomic Research Centre, a close associate of JSS and a member of the commission that documented a study on JSS's experience in The Lancet, said that JSS took the difficult path of choosing clinical services over public health. The other NGOs in the health space had opted for clinical services after years of working on preventive approach. Setting up clinical services required astute problem-solving skills. Those days clinical work often did not attract donors. The first few years were very difficult, but JSS grew from strength to strength. Solving the clinical problem led to protocol development, technology related innovations and human resource standards, emerging as a patient-centric model.

Early identification of problems

"The other area of strength is our ability to identify problems with agility and that comes with the skill to be socially alert," pointed out Yogesh. Rachana said that right from inception, the team had an eye for perceiving problems and designing interventions around them. This led to early identification of malarial cases and prompt treatment at community itself, opening up of community creches for children below three to address malnutrition and also providing support to working mothers, besides addressing multi drug resistance tuberculosis (TB) through nutrition. Increasing cancer cases led to cancer screening.

JSS advocated hand-washing to avoid diseases that spread through feco-oral route. They started addressing non-communicable diseases such as diabetes and hypertension, as hospital data revealed increase in these conditions. They started tele-psychiatry to address mental health problems.

JSS also gave importance to animal health as they are a source of livelihood, and similarly on agriculture for better nutrition intake and better earning. Rachana reinforced what others

also confirmed about community and hospital level data guiding their decisions. Covering a wide spectrum of health care, JSS has large data that reveal compelling facts about the health situation in tribal and rural India. This was the most compelling factor in the expansion of JSS work. Data-driven problem identification and evidence-based practice is what JSS preaches and practices.

Pioneer health care model

Formation of the new state of Chhattisgarh, catapulted JSS as a regional and national level expert group. The new state did not have any baggage from the past and the government was open to rethinking strategies, protocols and processes. JSS's early concepts like *mitanin*s or women health volunteers at community level in Chhattisgarh, were replicated as Accredited Social Health Activist (ASHA) under National Rural Health Mission (NRHM).

Dr T Sundaraman, the then head of State Health Resource Society, JSS and other civil society stakeholders came together to influence state-level health sector reforms. As Dr Nobhojit Roy compared this synergy and initiatives with civil society in Gujarat, he opined that Gandhiji had laid a strong base for civil society movement and non-profit zeal in the state and therefore if JSS was in Gujarat, it would not have the kind of weight as they would be one of many entities. But in Chhattisgarh, the ground was fertile with no prior spade work. Hence a technically sound and well-rooted group like JSS was able to leverage the political climate, influence the state, at the same time becoming visible and known.

JSS became visible through the impact they created in the programme areas by reducing under-five child mortality rate from 140 to 62 in a 14-year period, starting from 2000. Perinatal mortality was brought down from 65 to 10 and infant mortality rate from 120 to 40 during this period. This was momentous and nailed JSS as a people-centric, effective, trustworthy and affordable institution. What has also contributed to building JSS as a brand is its ability and connect with the global health community, influencing the discourse on rural health in developing countries.

Overarching contribution

JSS was able to transcend the clinical service component and convert their lessons into documentation and research for influencing policies and programs at state and national level. Yogesh became part of the advisory group for NRHM and other programmes.

The range of rural health issues identified by JSS are hunger and malnutrition, malaria, tuberculosis, maternal health and animal bites. Non-communicable diseases among poor and indigent communities have emerged as a pertinent area of work. JSS also works on

some of the social determinants like women's work, women's empowerment and alcoholism.

After 17 years of health care work, the JSS model has evolved as a three-tiered system. The village level health workers are at the base, covering up to 35,000 people, sub-centre at the next level catering to about 1.35 lakh people and the referral rural hospital as the third tier covering up to 15 lakh population. This model has successfully exhibited providing health care with a focus on equity and quality.

Today JSS comprises of 110 village health workers, nine senior health workers, three ANM and 13 physicians.

If the body of work of JSS is to be divided under different categories, largely 5 categories emerge – community work, facility-based clinical services; capacity building, technology for cost effective and high quality health care, and research, documentation and advocacy.

(i) Community health – JSS runs three village-based sub-centres as 24 x 7 clinics providing health care, with a focus on reproductive, maternal, neonatal and child health, tuberculosis, malaria, and non-communicable diseases. These sub-centres cater to 70 tribal villages in forested areas. These are largely inhabited by the marginalised Baiga tribes. The health workers, who have been trained by JSS, are from these communities. The sub-centres function as the first point of contact for the villagers.

JSS has been able to deliver primary health care to the bottom of the pyramid through its community health program led by well-trained women village health workers, based among a closely monitored cohort of 32,738 people in 70 remote villages. This cadre is able to provide primary care and refer patients in critical conditions to the base hospital.

The community health programme has provided effective, cost-effective care to over 300,000 patients from more than 2,500 villages from across Chhattisgarh and adjoining districts of Madhya Pradesh.

Rural creches for children below three years was initiated by JSS for ensuring nutrition, development, protection and safety to children, facilitating their mothers to work. There are currently 93 creches or *phulwaris* catering to approximately 1,000 children. Over the years, with increase in Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) work, demand from parents for creches has grown and they see value in this community-based institution.

Forming patients' groups at community level has emerged as a powerful platform for sharing problems and supporting each other. This has happened over the last three years, emerging as the voice of the community.

(ii) Clinical services – The outpatient facility caters to about 350 patients every day. The inpatient facility includes 80 beds. More than 25,000 patients have been

admitted for serious illnesses and 15,000 for life-saving surgeries have been performed since inception. Every year around 1,500 major, minor, emergency and day-care surgeries are performed. More than half of the patients coming to the outpatient department (OPD) are women. A large number of patients come from tribal communities located in remote areas. The doctors treat tuberculosis, including drug resistant tuberculosis, cancer, diabetes, leprosy and rheumatic heart disease regularly.

(iii) Capacity building - JSS is emerging as a homing institution for many young physicians who are in the early stages of their career and are keen work for rural India. JSS is a regional resource hub for rural health in central India. It runs training courses for village as well as mid-level health workers. A School of Nursing for tribal and Dalit girls offers courses in Auxiliary Nurse Midwife training as well as General Nurse Midwifery and also run Diplomate of the National Board (DNB) in Family Medicine.

A few years back Raman Singh, chief minister of Chhattisgarh visited JSS and spent an entire day understanding its work. Subsequently batches of government physicians have been trained at JSS. Gauri Singh, principal secretary of health, Madhya Pradesh visited JSS. Later she sent government doctors to be trained at JSS.

The sub-centres at community level, mentioned earlier, serve the purpose of training the health workers, animal health care workers, agriculture workers, midwives and nurses. The village level workers have been well trained and through years of experience have good understanding of health problems and are competent.

(iv) Appropriate technology for cost effective and high quality health care – Rural Indian population has been deprived of the fast growing technology-based health care unlike its urban counterparts. JSS strongly believes in leveraging appropriate technology for diagnosis, treatment, rehabilitation and for maintaining records,. However JSS ensures that these technologies are tailor-made, developed for problems they grapple with and are simple to be used by anyone including village health workers with less literacy. At the same time these technologies are developed by JSS in its own lab settings under controlled environment and are measured against gold standard, which is the benchmark. The prices are kept low. So far 32 such health related technologies developed by JSS are being used in several government and non-governmental health care organisations in addition to JSS' own utility.

Steel drums using ultra violet light for disinfecting water, teaching stethoscope for health workers, anaemia check kits using copper sulphate, breath counter, inverted syringe for retracted nipples and hand washing stations are some of the technologies designed by JSS. The electronic medical record system which was

developed in partnership with ThoughtWorks has enabled better decision making with easy access to records.

(v) Documentation, research and advocacy - Identifying gaps in primary health care, whether technical or operational, and documenting them has enabled JSS to develop into a knowledge hub. This aspect of JSS's work has been recognised at the district, state, and central levels. JSS has built several regional and global partnerships with the likes of Lancet Commission on Global Surgery, Lancet Commission on Non-communicable Diseases among the Poorest Billion, the HEAL Fellowship at the University of California, and the Family Medicine Residency at Contra Costa County Hospital in the United States.

JSS also advocates better policies in important public health problems like falciparum malaria, hunger and health, tuberculosis, price control of essential drugs, and under-three malnutrition, with some success thus far.

A vast range of clinical services provided at JSS over the last 17 years has thrown up a plethora of lessons. These are well documented, even of unusual illnesses such as diphtheria, whooping cough, measles and tetanus and of very local problems such as animal bites. Standard Treatment Guidelines have been laid down and cover such subjects as managing the four most common animal bites, the management of malaria and screening, etc. of cancers. There are also resources for health workers. A consortium on sickle cell disease has been established including community-based organisations from regions with tribal populations. The subject of nutritional status, malnutrition and the links between hunger and diseases continue to remain a matter of concern at JSS. Years of grassroots work in central India inspired JSS to document their observations and learning as *An Atlas of Rural Health.* The book looks at uncommon illnesses that are common in rural India and uses a socioeconomic and political lens to review health situation in central India.

JSS the organisation

The organisational structure of JSS started as non-hierarchical. It was consciously designed that way to allow for flexibility and also to make the operations team dynamic. Experienced professionals warned that this would not be sustainable.

In 2009, JSS witnessed a few of the founder members moving on and this turned out to be a crisis period. "The number of patients declined and work did suffer as outgoing members were highly skilled, knowledgeable, committed and sensitive human beings," said Rachana. Fellow professionals and close friends said that Yogesh shies away from resolving differences or taking bold decisions involving inter-personal equations owing to his gentle and accommodating nature. After much introspection, Yogesh felt he may have been

unapproachable in the early days, and hence may not have perceived the different needs of other founder members. He feels that he may be wiser now.

The difficult phase passed and they continued deepening their engagements on critical health work. However, over the next few years, physicians started joining on short-term commitments, the additional helping hands being welcome at JSS. The DNB program also considerably reduced the workload of the senior most physicians considerably. Today there is an executive committee where Yogesh is the secretary. There are guides and coaches who have been associated with JSS since its inception and a dynamic management team that looks at day-to-day operations.

What needs to be put on record is the contribution of the staff members who journeyed with the founder members right from inception. Be it the old village health worker or trainer or mobiliser, many of them like Janaki Bai, Savitri Bai, Mamta and Praful, to name a few, continue to be with JSS. They had been screened through an open application and community-based selection, proving that people from villages were keen on working at JSS and willing to be trained. The demand for this kind of community service was very evident and it has sustained.

The team members who joined in the last five years, namely Ravindra, Sushil, Suhas and Sharayu - the last two subsequently leaving - added strength to JSS. The team of young doctors looked up to Yogesh not only as an expert and mentor but also as their motivator. Sushil opined that Yogesh is far too kind and often cannot communicate shortcomings to people directly. While Yogesh is viewed as someone driving JSS and holding the growing organisation together, one view is that he may not be the best manager; though in the recent years he has worked upon his managerial skills.

Though JSS had a group of founder members, Yogesh Jain became the face of the organisation. As Keshav Desiraju, former secretary, Ministry of Health and Family Welfare reminisced his first encounter with Yogesh, during his days in the ministry, he was struck by Yogesh's tremendous intensity, fire and conviction. He observed Yogesh as a man of charisma and attraction though he is small-statured and appears quiet. This was also corroborated by others who felt Yogesh's charisma is characterised by his natural leadership traits that are not flamboyant.

Desiraju opined that joint leadership models are not simple and may not always sustain and therefore one person leads and while the others put their skills and competencies to use. Raman Kataria, Yogesh's long-time friend and fellow traveller is a classic example of a top surgeon working in rural India, saving many lives.

Going forward

Is it possible to imagine JSS without Yogesh and vice versa? If he was not there it would be another NGO duplicating government's services. It probably may not have reached out to the national and international level for support. JSS would have still remained a competent organisation known for service delivery at regional level but would not have reached the magnitude and scale it has today at national and international level. That is what Yogesh Jain has leveraged. Some say he is larger than JSS.

A review panel commissioned by Tata Trusts in 2016, headed by Keshav Desiraju, concluded that JSS has emerged as a model of excellence for rural health care in central India, where communities are underserved and where such care is unimaginable. The review committee wrote that the government could replicate the the JSS model. While there may be appreciation for this kind of work, it does not always translate into replication. The review panel found JSS as "the establishment of a human institution running on alternate values, alternate systems of responsibility and accountability and an alternate vision of good conduct". This is an ode to JSS and may appear to be an alternate model though ideally this should be mainstream.

Two years back Yogesh's health deteriorated and that set an alarm bell. Younger members of JSS have been initiated into management roles. Yogesh and fellow travellers envisage JSS to function as a resource hub. It is difficult to replicate such models of excellence but the body of knowledge generated, sea of learning, episodes of failures – all these feeds back into the resource centre that it has emerged to be.

One of the aspirations for future of JSS is mushrooming of different entities from JSS for different purposes wherein the hub will continue to handhold, mentor and act as a resource institution. Currently JSS does not have a systematic capacity building or team-building strategy. Therefore if it has to function as a homing resource institution, plan for building second generation leaders has to be prioritised. Middle level operations team which includes Sister Kutty, Rajesh Sharma, Praful and younger colleagues like Sushil Patil, Ravindra Kurbude, Shruti and the others are emerging well and taking lead on critical fronts, though there has to be a systematic approach in building them to complement each other and also provide space to express themselves. This team's rise to managerial and operations role has become evident through the responsibilities theyshoulder.

Yogesh said he never allowed the student in him to die. He still feels anxious about every OPD, every lecture and not once feels he has arrived in life. He mused that the process of learning has been slow and steady. The journey from an explorer to a thought leader has been chequered in a positive way. The younger team members draw inspiration from him. He owes this journey to his family, friends, social mores and ideas of benevolence translating into professionalism. Interestingly Yogesh adopted a Chhattisgarhi name for

himself - *Jethuram,* meaning the one who was born in the month of *Jeth* or June. He reasoned by saying, the individual matters least and therefore the individual being or name cease to exist, as per Chhattisgarhi culture. The community or family identity takes over the individual identity. This defines Yogesh, as his existence is barely his own; rather he lives to serve a much bigger cause. This is observed by most of his colleagues, right from community health workers to his family.

Work-life balance

Sarla Jain, Yogesh's mother, attributes his growth and sustenance to Rachana and firmly believes that without her support and cooperation Yogesh would not have been able to steadfastly grow or succeed.

Though Yogesh was one of the founders, Rachana played a key role in nurturing the organisation that it is today. Yogesh acknowledges this emphatically.

Yogesh and Rachana are blessed with two daughters, the elder one in class 12 and the younger one in class 10. When the girls were small, Yogesh and Rachana were very busy building JSS. They struggled to balance work and home and argued about work-life balance. Having Rachana's mother close by was a respite. When Rachana realised that the girls lacked an anchor, she started spending more time with them. She recalled their own younger years when they consciously drew low salaries. However they never felt the pinch and have been content though she was concerned about her daughters' education. She said that as a family they have overcome difficult days and the girls are now grown up. She does mention that the girls do not agree with their lifestyle.

Rachana indicated being concerned about Yogesh's health, though she said he had been better in the past year. She said that not only she, but JSS as an organisation was concerned about him. This has led to Yogesh taking some steps in ensuring self-care and fitness. She also understands his passion, his commitment to the larger cause of addressing inequity in healthcare in rural India. She said, "He is full of ideas and he works towards building those ideas."

About Dr. Yogesh Jain

- Cost-effective health care to more than three lakh tribal people
- Established nearly 100 rural crèches to ensure nutrition and better development to under-three children, besides facilitating their mothers to work
- Train local villagers to man sub-centers that serve as the first point of reference for the health care needs of villagers
- Developed many cost-effective technologies tailor-made to local needs
- Documented health-related observations in the form of a book titled *An Atlas of Rural Health*

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