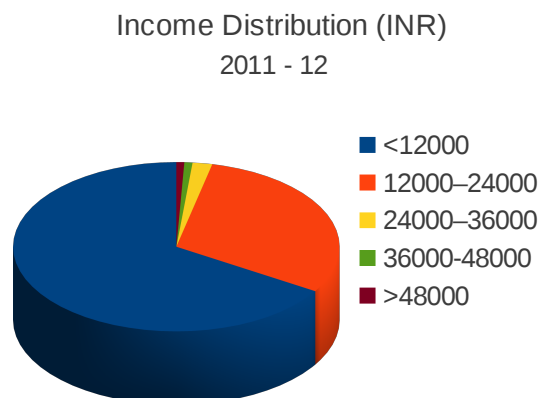
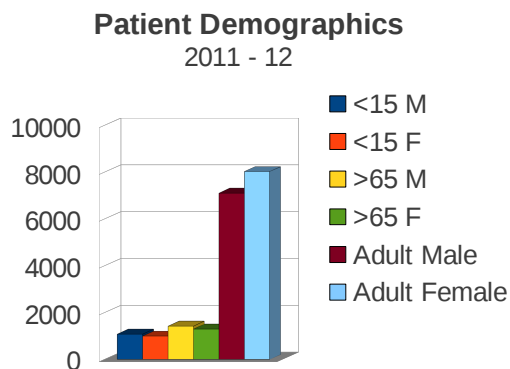


Health Care to Below Poverty Line Rural Families



Annual Report 2011 – 12

The year past has kept the RHC as busy as ever, with **19934** accessing the the health centre. In our 11th year of functioning 135, 216 patients have been treated at the RHC. The significant demographics are given below.



A significant proportion of our adult patients (~40%) are those with Non Communicable Diseases, Hypertension and Diabetes being the most common. We are literally inundated with the huge numbers seeking treatment at our centre.

Diabetes in particular is a debilitating illness with significant attendant morbidity. The cost of health care (medicines, particularly Insulins, investigations), loss of wage earning capacity; hits where it hurts most. Many families struggle to cope with the burden of this disease. We need to find ways to subsidise the economic burden of this disease on the rural poor.

The staff at the Health Centre, had to work really hard to cope with this massive influx of patients. Without their untiring efforts, we would no have been able to achieve all that we managed to do this year past.

Programmes:

1. Eye Care:

(a) Inception: 2001 – 02:

(b) Objectives: To provide comprehensive eye care, including cataract as well as other surgeries

to BPL families.

- (c) Funding: AGAMA India, and Village Development Council, England.
- (d) 1225 patients were assessed for ophthalmic ailments at the RHC this year. 83 cataract surgeries and 02 other surgeries were facilitated at two hospitals in Madanapalle. The RHC has now facilitated 1176 cataract surgeries since the programmes inception.

2. Ante Natal

- (a) Inception: 2001 – 02
- (b) Objectives: To provide comprehensive Ante Natal Care and Safe Delivery to expectant mothers.
- (c) Funding: Village Development Council, England
- (d) 29 new mothers were registered. This year saw 17 deliveries, all of them in hospitals. The trend towards institutional deliveries is encouraging and patients are advised to make use of the 104 Ambulance service and Janani Surksha Yojana. There was 01 still birth this year. Thus far 166 women have delivered under this programme.

3. Tuberculosis Management

- (a) Inception: 2002 – 03
- (b) Objectives: To provide comprehensive management for Tuberculosis.
- (c) Funding: SIDVIM Foundation, India
- (d) 28 new patients were registered this year, of which 14 were Sputum positive. Of the 28 new patients, 24 were transferred to RNTCP at the respective PHCs, while 04 were treated at the RHC. 02 of our older patients with possibly MDR TB died during this reporting period. So far 410 TB patients have been diagnosed and treated at this centre.

4. Healthcare for Senior Citizens

- (a) Inception: 2008-09
- (b) Objectives: To provide health care for the aged.
- (c) Funding: Village Development Council, England
- (d) 1435 old people with various ailments ranging from malnutrition related illnesses to malignancies were investigated and treated at the health centre this year.

5. Under 15s Clinic

- (a) Inception: 2007 – 08
- (b) Objectives: To provide free / subsidised investigations and treatment to children.
- (c) Funding: Heart and Hand for the Handicapped, USA
- (d) More than 1800 children have benefited, this year alone. These included children with diagnoses as varied as Mental Retardation, Down Syndrome, Type I Diabetes, Thalassemias etc. who were treated at the RHC.

6. Hospital Care for Children

- (a) Inception 2010 – 11
- (b) Objectives: To provide hospital care for Children
- (c) Funding: Sishukunj International, England
- (d) 30 children were admitted and treated at various secondary and tertiary care centres (Nursing Homes in Madanapalle, St Johns Medical College) for various illnesses ranging from Pneumonias to Head Injury.

7. Dental Care

The dental unit is doing well. We had a problem with the compressor and then the plumbing, but all seems to have been sorted out and Dr Kalpana's weekly visit is proving to be a boon for the patients. Of course the core issue of good dental hygiene and dental care remains. One has to find ways to address this.

Diagnostic Centre

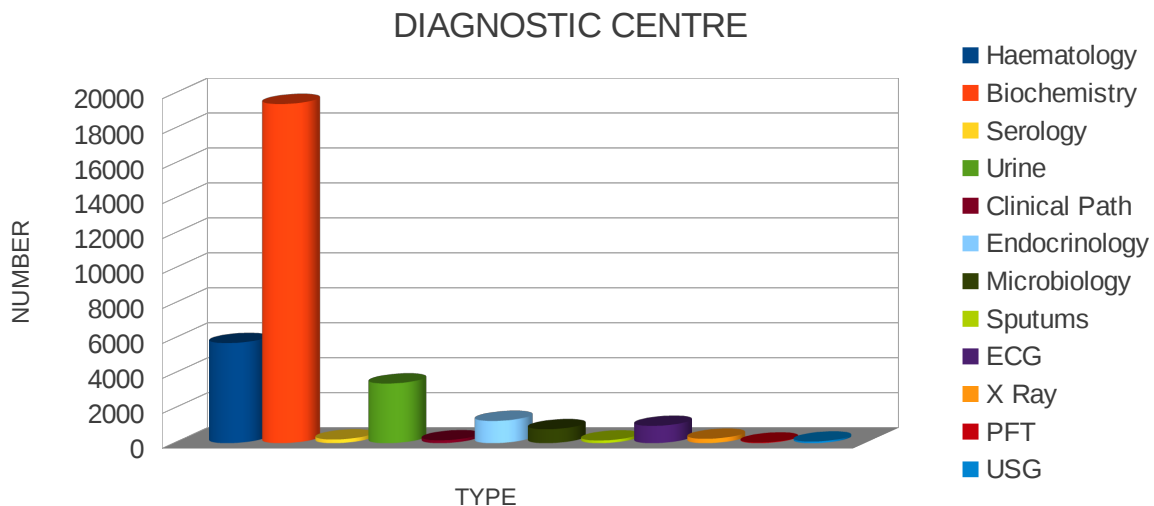
1. Laboratory

The laboratory serves the needs of investigations for the population that accesses the Health Centre. As is evident, the bulk of the work is from Hematology, Biochemistry and routine urine examinations (about 26000 tests). Biochemistry has shown a marked increase primarily due to the massive increase in Diabetics accessing the centre for treatment. The Semi Auto Analyser has proved to be a boon and we are able to do many more investigations at the RHC.

2. Microbiology

The number of cultures done continues to grow with 799 cultures done this fiscal.

Rapid Culture of Tuberculosis Bacteria: 63 cultures were done with 13 positives. These results were also confirmed by the conventional method of culturing TB Bacteria.



3. X Ray

About 250 X Rays were done this fiscal.

4. Ultrasound

The Ultrasound is quite useful. About 2 – 3/week are done at the RHC. Dr Vishnu, the sonologist, continues to visit once a fortnight from Madanapalle for the more complex cases.

Conferences, Publications

1. Dr Kartik presented a paper "A Preliminary Study on Possible Risk Factors in Epidemiology of Diabetes" at the 51st Annual Conference of the Indian Society of Aerospace Medicine in Bengaluru, December 2011.
2. Tensions in Livelihoods – A Rural Perspective" - Authored by Drs Kartik, Radha Gopalan and Kamakshi, has undergone editing and will be incorporated as a chapter in the forthcoming book "**Handbook of Career Development – International Perspectives**" to be published by Springer International.

Vascular Diseases Project:

1. Monash University, Melbourne, Australia (Drs Amanda Thrift, Dr Roger Evans and Dr Srikanth as Principal Investigators) in conjunction with the RHC (Drs Kartik and Kamakshi as PIs) have been working on the Epidemiology of Hypertension in rural populations. The screening phase has been completed and from Mid August 2012, participants will be invited to the Medical Research Unit for a detailed questionnaire and examination, including various blood tests and ECG. This study is

scheduled to run till end 2014.

2. A recent proposal, under the aegis of Global Alliance for Chronic Diseases (GACD), to screen 30,000 adults for Non Communicable Diseases, has been approved by the National Health and Medical Research Council (NHMRC) Australia. This study, after approvals by various ethics committees and Indian Council of Medical Research (ICMR), will simultaneously be conducted at Trivandrum (Sri Chitra Tirunal Institute for Medical Sciences and Technology) and Northern AP (Georges Institute, Sydney). Monash University, RVRHC and CMC Vellore form the group to run the study at Rishi Valley and surrounding areas.

It is expected that this study will start from January 2013 and run for three years. With this study we hope to design appropriate lifestyle and dietary interventions to ease the burden of Non Communicable Diseases amongst the rural poor.

Miscellaneous

1. **Distance Fellowship in Diabetology** from CMC Vellore: Dr Kartik has completed the 1 year course in July 2011. He was awarded a special prize for the project "A Preliminary Study on Possible Risk Factors in Epidemiology of Diabetes" He was also asked to deliver the valedictory address at the convocation held in July 2011.

Donors

Without our many donors the RHC would not be able to function. Many donors small and large have contributed to the growth of the RHC. Each one of our donors are important for us, very small bit helps in our endeavour. I would, on behalf of all the patients who have benefited take the opportunity to thank all of them.

Donation Options

We have re worked our donation options and updated the same on our website.

Essentially the Health Centre is looking to set up a corpus, the interest from which would help us in meeting our budget deficit. I would request any interested donors/philanthropists to contact me directly.

http://www.rishivalley.org/rural_health/donation_options.html

All donations in India get a tax benefit u/s 80 G of IT act in India.

In the US: Please donate through ASHA web site

<http://www.ashanet.org/projects/project-view.php?p=650>

In the UK: Please contact either for routing donations:

Village Development Council, UK: www.vdclondon.org

PRO: Ms Shubadha Chitre shubadha@vdclondon.org, Tel: 07832345558.

Sishukunj International: <http://www.shishukunj.net>

Contact: Manish Shah: manish_shah@yahoo.co.uk , info@sishukunj.net

Tel: 00449854141216

FINANCIAL STATEMENT

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31st MARCH 2012

INCOME	₹
Donation	1,467,390.00
Contribution	20,000.00
Grant	464,558.11
Vascular Diseases Project Grant	276,697.00
Other Income	
General Outpatient	550,117.00
Eye	600
Laboratory Collection	1,134,951.00
X Ray	1,220.00
Dental	8,432.00
Ambulance recoveries	27,771
Interest	18,876.00
TOTAL	3,970,467.11
EXPENDITURE	
Clinic	1,543,906.69
Laboratory	836,309.65
X Ray	53,254.70
Dental	14,814.00
Administrative Expenses	617,499.00
Vascular Diseases Project	276,697.00
Contribution to Rural Health Care Fund	0.00
Depreciation	786,384.00
TOTAL	4,128,865.04
Excess of Income over Expenditure	(158,397.73)
Transferred to General Fund	

For **RISHI VALLEY EXECUTIVE COMMITTEE**
of **KRISHNAMURTI FOUNDATION INDIA**

(Dr A Kumaraswamy)
Secretary

Place: Chennai
Date: 26.07.2012

"In terms of our attached report of even date"
for C.R. KAILASNATH & Co
Chartered Accountants

(C.R. Kailasnath)
Proprietor

BALANCE SHEET AS OF 31st MARCH 2011

	As at 31.03.2012		As at 31.03.2011	
Sources of Funds				
General Fund	3,846,061.69		3,445,987.00	
Other Fund	<u>3,082,253.66</u>	6,928,314.75	<u>2,874,772.00</u>	6,320,759.00
TOTAL		6,928,314.75		6,320,759.00
Application of Funds				
1. Fixed Assets		3,296,322.10		3,406,644.10
2. Investments		2,200,000.00		2,200,000.00
3. Net Current Assets				
Current Assets	1,574,091.15		1,118,286.24	
Less: Current Liabilities	142,098.50		404,171.21	714,115.03
TOTAL		6,928,314.75		6,320,759.00

For **RISHI VALLEY EXECUTIVE COMMITTEE**
of **KRISHNAMURTI FOUNDATION INDIA**

(Dr A Kumaraswamy)
Secretary

for C.R. KAILASNATH & Co
Chartered Accountants

(C.R. Kailasnath)
Proprietor

Place: Chennai
Date: 26.07.2012

SALARIES				The Team	
	Male	Female	Total	Doctors	03 (01 part time)
3000 – 5000	03	05	08	Optometrist	01
5000 – 10000	01	05	06	Laboratory Technician	02
10000 - 15000		1	01	Microbiologist	01
> 15000	02		2	X Ray Technician	01
Total	06	11	17	Nurse	02 (GNM – 02)
Highest Salary	19800 (doctor)			Administrative staff	03
Lowest Salary	3000 (sweeper)			Office Assistant	02
				Sweeper	2

Kartik Kalyanram
Coordinator
Rural Health Centre

17 September 2012