

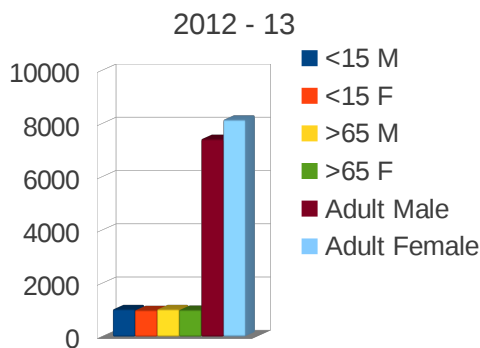
Health Care to Below Poverty Line Rural Families



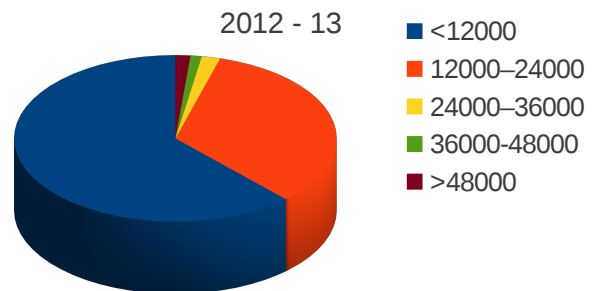
Annual Report 2012 – 13

The year past has kept the RHC as busy as ever, with **19651** accessing the the health centre. In our 12th year of functioning 154, 867 patients have been treated at the RHC. The significant demographics are given below.

Patient Age Distribution

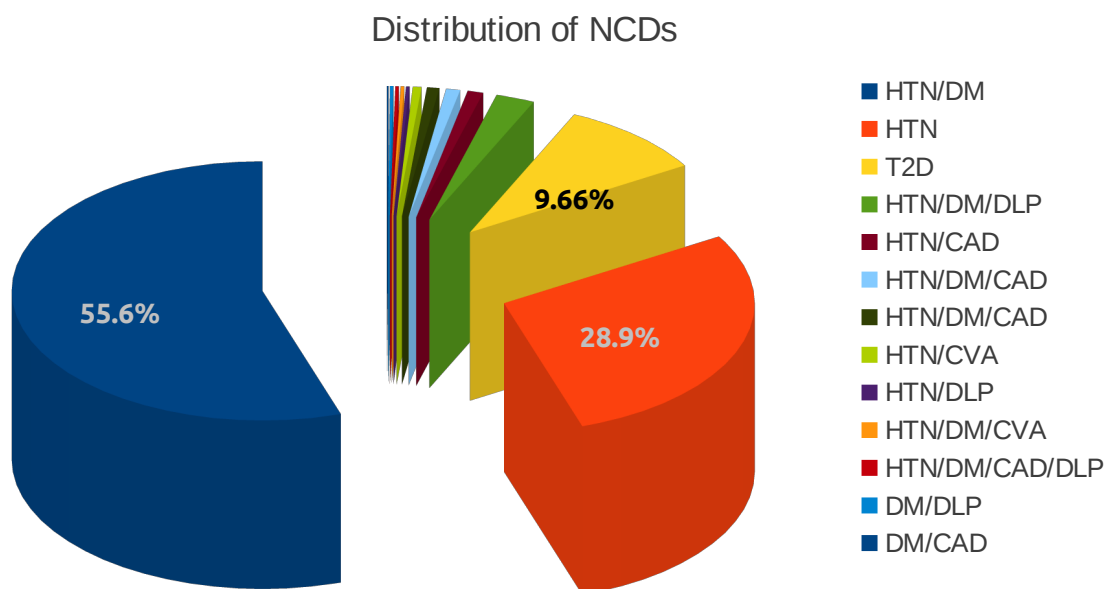


Income Distribution



A significant proportion of our adult patients (~45%) are those with Non Communicable Diseases, Hypertension and Diabetes being the most common. Over the past year, there has only been an increase in such patients. It is becoming increasingly difficult to manage this load. We are literally inundated with the huge numbers seeking treatment at our centre.

A look at the statistics is revealing. A clinical audit in the month of September 2012, showed that 870 out of the 1675 (51.9%) adults accessing the RHC had a diagnosis of an NCD. The chart below gives an idea of the distribution of NCDs. One must bear in mind that Dyslipidemia (DLP) is under reported since many patients can not afford the cost of testing a lipid profile.



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, have been fully stretched to cope with this large number 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: Village Development Council, England, Other donors.
- (d) 1111 patients were assessed for ophthalmic ailments at the RHC this year. 45 cataract surgeries and 02 other surgeries were facilitated at SILOAM eye hospital in Madanapalle.

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, Birth Cohort Study – Component of Vascular Diseases Project
- (d) 67 new mothers were registered. 16 of the expectant mothers have delivered, all but one in hospitals.
The Birth Cohort study (A component of the Vascular Diseases Project) follows women through their pregnancy, delivery and the children upto 5 years of age. Anchored by the ASHA volunteers at the Village Level, this programme has been highly successful.
Thus far 182 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) 23 new patients were registered this year, of which 08 were Sputum positive. All the patients so diagnosed were transferred to RNTCP at the respective PHCs. So far 433 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) 1661 old people with various ailments ranging from malnutrition related illnesses to malignancies were investigated and treated at the health centre this year.

There is a crying need to look after the elderly of this country, many of whom are left to fend for themselves or subsist on the meagre state provided old age pension of ₹ 300 pm.

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) 37 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 Thalassemias to Malnutrition).

7. Dental Care

The dental unit is doing well. The problems with the compressor and the plumbing, 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 manifold increase in Diabetics accessing the centre for treatment. The centre added an automated Urine Analyser and a table top HbA1C analyser to meet the increasing demands.

2. Microbiology

The number of cultures done showed a slight dip with only 677 being done this fiscal. Rapid Culture of Tuberculosis Bacteria: 21 cultures were done with 05 positives. These results were also confirmed by the conventional method of culturing TB Bacteria.

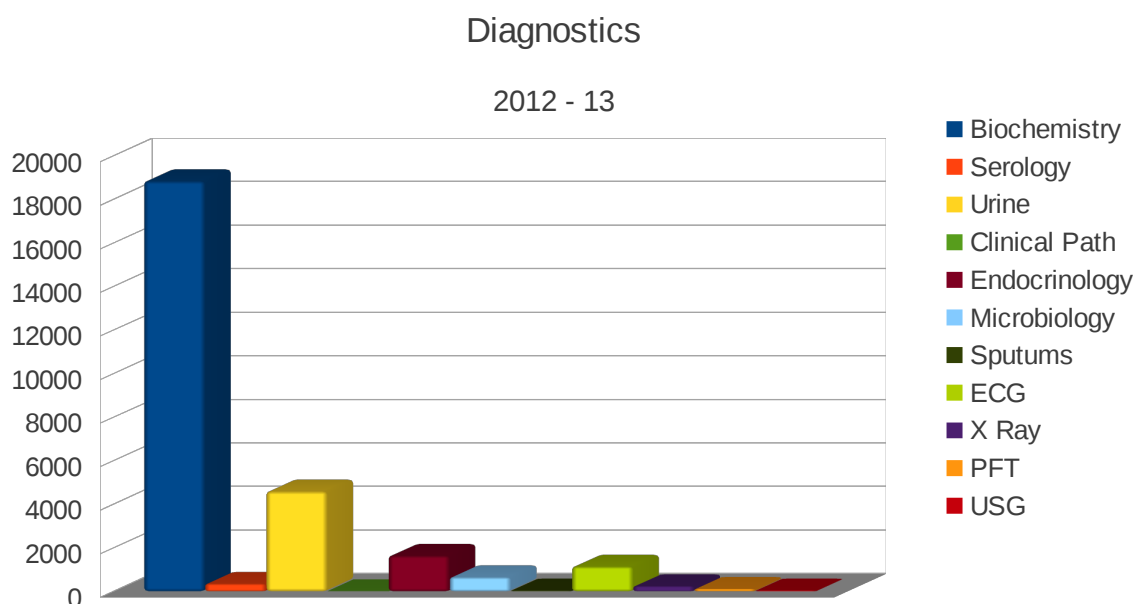
3. X Ray

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,

visits once a month from Madanapalle for the more complex cases.



Conferences, Publications

1. Dr Kartik attended a two day conference/workshop on “Appropriate Investigations in Low Resource Settings” organised by Jana Swasthya Sahyog, Bliaspur.

Vascular Diseases Project:

1. This project in partnership with Epidemiology and Prevention Unit, Southern Clinical School, Monash University, Melbourne, Australia and Christian Medical College, Vellore is going well. The following studies are in progress
 1. **Case Control Study:** Comparing 300 hypertensives with 300 age and sex matched non hypertensives. Testing on 190 participants has been completed.
 2. **Birth Cohort Study:** 50 pregnant women (The number approved by the Management and Ethics Committees) have been registered. Of these 28 have delivered. This programme follows women through their pregnancy, delivery and the children upto 5 years of age. Anchored by the ASHA volunteers at the Village Level, this programme has been highly successful.
 3. **Controlling Hypertension in Rural India (CHIRI):** A multi centric study involving (in order of epidemiological transition) Rishi Valley, East Godavari (Bhimavaram) and Tiruvananthapuram areas. The participating institutions are (a) Monash University, Melbourne (Funded through National Health and Medical Research Council Australia under the aegis of Global Alliance on Chronic Diseases), Rishi Valley Education Centre, CMC Vellore, Sri Chitra Tirunal Institute of Medical Sciences, and Georges Institute, Sydney.
The following link gives you the highlights of the project
<http://www.gacd.org/projects/current-projects/hypertension/project-pages/project6>
This study looks at identifying the prevalence of NCDs in various populations, identify any differences because of their socio economic and educational status, what is their knowledge of NCDs, what are the barriers to effective health care and finally plan an intervention. The trial phase of the study is scheduled to commence at Rishi Valley in September 2013. A team has been formed and have been trained. Equipment for blood testing under field conditions has been purchased and a suitable vehicle for hire identified. This vehicle is undergoing internal modifications to suit the needs of the study.
The Investigators group of this project will be meeting at Rishi Valley in the first week of October. The Rishi Valley Group will be training the Investigators of the other sites as well as

showcasing a demonstration under field conditions.

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/seattle/> - Click on Donation Centre, Make a one time donation, in the comments box please mention that this is for RISHI VALLEY RURAL HEALTH CENTRE

The details of the project are given in the link below.

<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 shubhada.c@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**RISHI VALLEY RURAL HEALTH CENTRE
(KRISHNAMURTI FOUNDATION INDIA)****INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31st MARCH 2013**

	Year Ended 31.03.2013	Year Ended 31.03.2012
	(₹)	(₹)
INCOME		
• Donation	803,225.00	1,467,390.00
• Grant	-	464,558.11
• Vascular Diseases Project Grant	2,501,617.00	276,697.00
• Contributions	110,000.00	20,000.00
• Other Income	2,254,573.00	1,741,822.00
TOTAL	5,669,515.00	3,970,467.11
EXPENDITURE		
• Expenses Rural Health Centre	1,700,586.00	1,543,906.69
• Expenses Lab	1,185,362.35	836,309.65
• Expenses X Ray	71,505.30	53,254.70
• Expenses Dental	2,300.00	14,814.00
• Administrative Expenses	552,387.00	617,499.00
• Vascular Diseases Project	2,501,617.00	276,697.00
• Depreciation	666,817.00	786,384.00
TOTAL	6,680,574.65	4,128,865.04
Excess of Expenditure over Income (transferred to General Fund)	(1,011,059.65)	(158,397.93)

Date: 06/08/2013

**RISHI VALLEY RURAL HEALTH CENTRE
(KRISHNAMURTI FOUNDATION INDIA)**

BALANCE SHEET AS OF 31st MARCH 2013

	As at 31.03.2013		As at 31.03.2012	
	`	`	`	`
<u>Sources of Funds</u>				
Funds				
General Fund	2,919,058.44		3,846,061.09	
Other Fund	4,957,715.66	7,876,774.10	3,082,253.66	6,928,314.75
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TOTAL		7,876,774.10		6,928,314.75
<u>Application of Funds</u>				
1. Fixed Assets		2,770,887.10		3,296,322.10
2. Investments		3,300,000.00		2,200,000.00
3. Net Current Assets				
Current Assets	2,231,318.50		1,574,091.15	
Less: Current Liabilities	425,431.50	1,805,887.00	142,098.50	1,431,992.65
	<hr/>		<hr/>	
<u>TOTAL</u>		7,876,774.10		6,928,314.75

Date: 06/08/2013

SALARIES				The Team	
	Male	Female	Total	Doctors	03 (01 part time)
3000 – 5000	03	05	08	Optometrist	01
5000 – 10000		05	06	Laboratory Technician	02
10000 - 15000	01	02	01	Microbiologist	01
> 15000	02		02	X Ray Technician	01
Total	06	11	17	Nurse	02 (GNM – 02)
Highest Salary	21800 (doctor)			Administrative staff	03
Lowest Salary	3000 (sweeper)			Office Assistant	02
				Sweeper	2

Kartik Kalyanram
Coordinator
Rural Health Centre

28 August 2013