

## Health Care to Below Poverty Line Rural Families

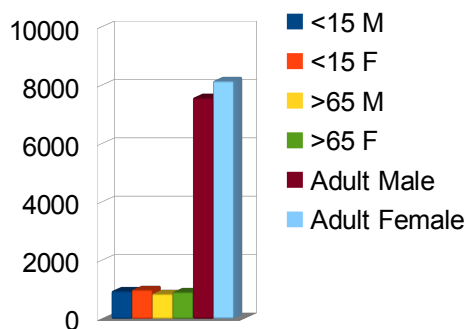


### Annual Report 2013 – 14

The year past has kept the RHC as busy as ever, with **19477** accessing the the health centre. In our 13th year of functioning 174, 344 patients have been treated at the RHC. The significant demographics are given below.

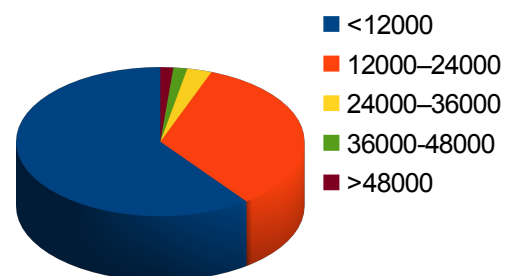
#### Age Distribution

2013 - 14



#### Income Distribution

2013 - 14



As has been the trend over the last few years, patients with with Non Communicable Diseases, continue to predominate Hypertension and Diabetes being the most common. What is significant and troubling is the progressive younger age at which Diabetes is manifesting. Of course some of them could be classified as MODY (Maturity Onset Diabetes of the Young) but doing the gene testing to prove this diagnosis is prohibitively expensive.

#### 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: NIL.

(d) 1115 patients were assessed for ophthalmic ailments at the RHC this year. 28 cataract surgeries and 04 other surgeries were facilitated at SILOAM eye hospital in Madanapalle. There has been a steady decrease in the number of cataract surgeries being facilitated, primarily due to a shortage of funds. The few we have done are from internal resources.

## **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) 87 new mothers were registered. 36 of the expectant mothers have delivered (19 normal, 16 LSCS), 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 218 women have delivered under this programme.

## **3. Tuberculosis**

(a) Inception: 2002 – 03

(b) Objectives: To provide comprehensive management for Tuberculosis.

(c) Funding: NIL

(d) 10 new patients were registered this year, of which 08 were Sputum positive, 2 had Extra Pulmonary TB. All the patients so diagnosed were transferred to RNTCP at the respective PHCs.

(e) This is the last year we will be reporting activities under this head. The RNTCP programme seems to be working well in this district.

## **4. Healthcare for Senior Citizens**

(a) Inception: 2008-09

(b) Objectives: To provide health care for the aged.

(c) Funding: Village Development Council, England, Other Donors

(d) 1585, elderly 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 meager 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 1600 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: Shishukunj International, England
- (d) 27 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).
- (e) Shishukunj also provides help for the long term treatment of children with Type1 Diabetes.

## **7. Dental Care**

The dental unit again started giving us problems. The RHC was spending more money on its upkeep and only a very few patients were availing the units services. It was finally decided to wind up the dental unit in December 2013. The chair has been given to a philanthropic organization in Madanapalle, where it will soon be put to use.

## **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 28000 tests). Biochemistry has shown a marked increase primarily due to the manifold increase in Diabetics accessing the centre for treatment. The centre added

1. Automated haematology analyser – Micros 60 OT
  2. Biochemistry Semi Auto Analyser – Photometer 5010
2. The increased automation in the laboratory means that there are less chance of errors and also more number of tests could be done by the laboratory.

### **3. Microbiology**

The number of cultures done showed a slight dip with only 617 being done this fiscal. Rapid Culture of Tuberculosis Bacteria: 25 cultures were done with 03 positives. These results were also confirmed by the conventional method of culturing TB Bacteria.

### **4. X Ray**

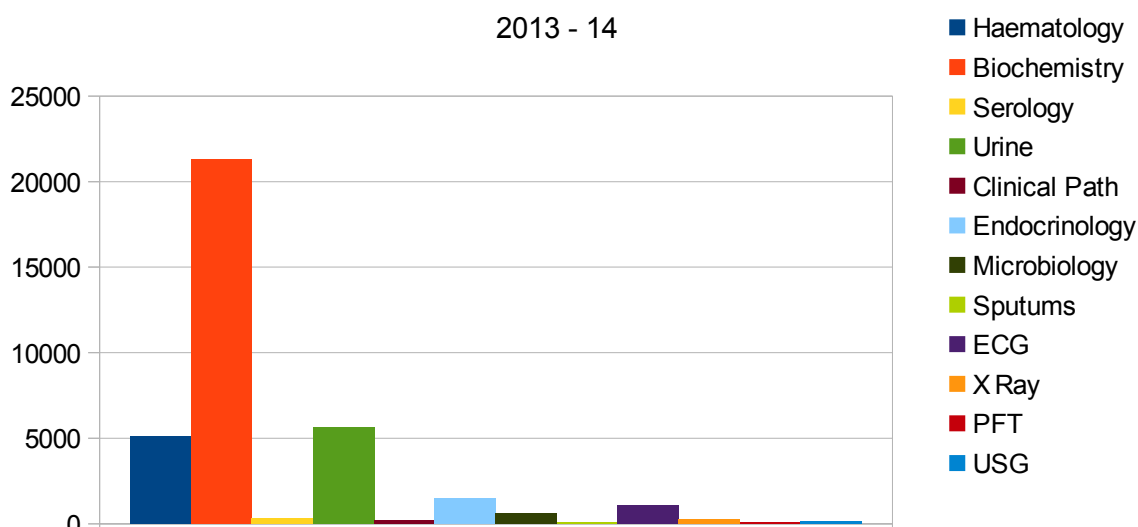
About 250 X Rays were done this fiscal.

### **5. Ultrasound**

The Ultrasound is more than proving useful. All scans are now being done in house. 138 scans were done and this has helped in the diagnoses of diseases. Dr Vishnu has relocated and hence he does not visit the RHC any longer.

## Diagnostics

2013 - 14



## Conferences, Publications

1. No conferences were attended
2. The book chapter "*Tensions in Rural Livelihoods*" authored by Drs Kartik, Radha Gopalan and Kamakshi, has been published in the book ***Handbook of Career Development – International Perspectives***: ed G Arulmani, A Bakshi, FT Leong, T Watts; SPRINGER INTERNATIONAL

## Vascular Diseases Project:

1. Over the last 10 years, the RHC has been engaged in epidemiological studies on Hypertension and Diabetes in rural populations, in collaboration with Monash University, Melbourne, Australia and Christian Medical College, Vellore, Tamil Nadu. Some papers have already been published and we hope to be able to start intervention in select villages to try and reduce the incidence of these diseases.
  1. The Case Control Study, which compare 300 hypertensive with 300 non hypertensives will be completed by End September 2014.
  2. The Birth Cohort Study has completed deliveries of the 50 pregnant women who were enrolled in the project. The first year follow up of 40 children has been completed.
  3. Controlling Hypertension in Rural India (CHIRI), a tri centric study (Trivandrum, Bhimavaram and Rishi Valley) as part of Global Alliance against Chronic Diseases is well on its way. So far 1760/10000 participants have been completed. There has been a lot of positive feedback from the villages about this study.

## 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](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](http://www.vdclondon.org)

PRO: Ms Shubadha Chitre [shubhada.c@vdclondon.org](mailto:shubhada.c@vdclondon.org) Tel: 07832345558.

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

Contact: Manish Shah: [manish\\_shah@yahoo.co.uk](mailto:manish_shah@yahoo.co.uk) , [info@sishukunj.net](mailto:info@sishukunj.net)

Tel: 00449854141216

**FINANCIAL STATEMENT**  
(Extract of Audited Accounts)

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

**INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31st MARCH 2014**

	Year Ended 31.03.2014	Year Ended 31.03.2013
	(₹)	(₹)
<b>INCOME</b>		
• Donation	1,633,192.00	803,225.00
• Vascular Diseases Project Grant	9,130,383.00	2,501,617.00
• Contributions	110,000.00	110,000.00
• Other Income	3,118,204.00	2,254,573.00
<b>TOTAL</b>	<b>13,991,779.00</b>	<b>5,669,515.00</b>
<b>EXPENDITURE</b>		
• Expenses Rural Health Centre	1,737,086.00	1,700,586.00
• Expenses Lab	1,635,889.00	1,185,362.35
• Expenses X Ray	99,049.00	71,505.30
• Expenses Dental	-	2,300.00
• Administrative Expenses	695,257.00	552,387.00
• Vascular Diseases Project	9,130,383.00	2,501,617.00
• Depreciation	1,081,599.00	666,817.00
<b>TOTAL</b>	<b>14,379,623.00</b>	<b>6,680,574.65</b>
Excess of Expenditure over Income (transferred to General Fund)	(387,844.00)	(1,011,059.65)

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

**BALANCE SHEET AS OF 31<sup>st</sup> MARCH 2014**

	As at 31.03.2014		As at 31.03.2013	
<u>Sources of Funds</u>				
Funds				
General Fund	3,710,503.44		2,919,058.44	
Other Fund	6,647,501.66	10,358,005.10	4,957,715.66	7,876,774.10
<b>TOTAL</b>		<b>10,358,005.10</b>		<b>7,876,774.10</b>
<u>Application of Funds</u>				
1. Fixed Assets		3,581,231.10		2,770,887.10
2. Investments		4,800,000.0		3,300,000.00
3. Net Current Assets		0		
Current Assets	2,280,533.00		2,231,318.50	
Less: Current Liabilities	303,759.00	1,976,774.0	425,431.50	1,805,887.00
		0		
<b>TOTAL</b>		<b>10,358,005.10</b>		<b>7,876,774.10</b>

	Male	Female	Total	Doctors	03 (01 part time)
>30000	1		1	Optometrist	1
20000 – 30000	1		1	Laboratory Technician	2
10000 – 20000	2	6	8	Microbiologist	1
5000 – 10000	2	4	6	X Ray Technician	1
<5000		1	1	Nurse	02 (GNM – 02)
	6	11	17	Administrative staff	3
				Office Assistant	2
				Sweeper	2
Highest Paid	Doctor		34000		
Lowest Paid	Sweeper		3200		

Kartik Kalyanram  
Coordinator  
Rural Health Centre

15 October 2014