

Health Care to Below Poverty Line Rural Families

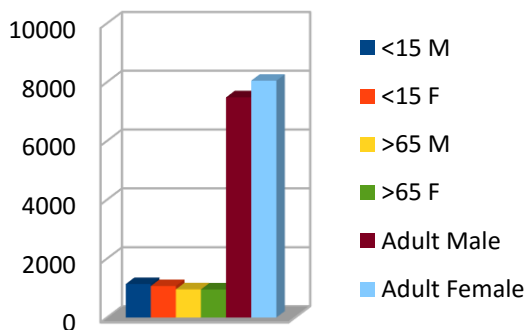


Annual Report 2014 – 15

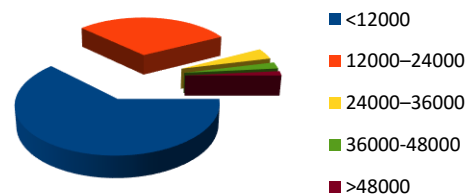
The year past has kept the RHC as busy as ever, with **19650** accessing the health centre. In our 14th year of functioning 193, 944 patients have been treated at the RHC.

The significant demographics are given below.

Age Distribution



Annual Income Distribution



As has been the trend over the last few years, patients 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 both Hypertension and Diabetes are manifesting. There is a crying need to address this burgeoning epidemic. Lifestyle and Diet modifications, change in consumption patterns (Stopping using of plastics?), could possibly, in the long term, alter the epidemiology of these NCDs.

Programmes:

1. Eye Care:

- Inception: 2001 – 02:
- Objectives: To provide comprehensive eye care, including cataract as well as other surgeries to BPL families.
- Funding: NIL.
- 1156 patients were assessed for ophthalmic ailments at the RHC this year. Only 10 cataract surgeries were facilitated at SILOAM eye hospital in Madanapalle from funds through 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) 25 new mothers were registered. 13 of the expectant mothers have delivered (2 Domiciliary 08 normal, 03 LSCS). The domiciliary deliveries happened in spite of repeated advice/admonishments etc.!!!

The Birth Cohort study (A component of the Vascular Diseases Project) is in its 4th year. 66 babies are under follow up and some of them have completed their 2nd year follow up. Anchored by the ASHA volunteers at the Village Level, this programme has been highly successful.

3. 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) 1533, 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 meagre state provided old age pension of 300 pm. This is being increased to Rs 1000 pm from this year.

4. 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.

5. Hospital Care for Children

- (a) Inception 2010 – 11
- (b) Objectives: To provide hospital care for Children
- (c) Funding: Shishukunj International, England
- (d) 18 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.

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 the following instruments

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. SOLAR DC REFRIGERATOR: Thanks to Mr Sisir, a parent, a solar powered DC refrigerator was commissioned.

An LG 290 litre fridge was converted by removing the AC compressor and retrofitting with a Danfoss DC compressor. Power is provided by solar panels, which charge the batteries that run the compressor. Its been about a year now and is working very well

The fridge with charge controllers shown below



4. Microbiology

About 600 cultures were done this fiscal.

5. Imaging

About 250 X Rays and 115 ultrasound scans were done this fiscal. More scans are possible by paucity of time is the limiting factor.

Dhanyam

09 July 2014, the millet store was inaugurated. The store run by Shri Adinarayana, an active member of the Gopi Rythu Sangha of Mandenvaripalle Village, aims at providing millets, unpolished rice to the large number of Diabetics attending the RHC. In addition, information and expertise on growing of millets is available to those farmers interested. The store is doing reasonably well.



1The first of the millet kanji mix

HYPERTENSION – Standard Treatment Guidelines

Dr Kartik was selected as a member of a group of doctors to lay out Standard Treatment Guidelines for the screening, diagnosis, management and follow up of hypertensive patients. This is a MoHFW initiative for the national Health Mission under the aegis of National Health Systems Resources Centre, New Delhi

Conferences, Publications

1. Dr Kartik and Kamakshi attended a 1 day conference on **National Consultation on the Role of Mobile Technologies in Healthcare Delivery in India**, in IIT, Madras on 31 May 2015. Dr Kartik presented a paper while Dr Kamakshi chaired a session.
2. Kum Radha Devi, Nurse, attended a 10 day course on **Diabetic Footcare and Footwear** at CMC Vellore from 12 to 21 October 2014. This was a felt need since many of our patients come with foot problems related to diabetes and poor foot hygiene.

Vascular Diseases Project:

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 hypertensives with 300 non hypertensives has been completed.
2. The Birth Cohort Study has completed deliveries of the 50 pregnant women who were enrolled in the project. A total of 66 babies are under follow up. 40 have completed 2 years, 22 babies 1 year and 4 babies 6 months.
3. Controlling Hypertension in Rural India (CHIRI), a tri centric study (Trivandrum, Bhimavaram and Rishi Valley) as part of Global Alliance against Chronic Diseases has entered the final intervention phase. The **Intervention** Phase involves setting up of peer support groups anchored by ASHA workers, with an emphasis on lifestyle modifications, medication adherence and reporting of adverse events.

This study ends in march 2016.

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.

Shishukunj International: <http://www.sishukunj.net>

Contact: Manish Shah: manish_shah@yahoo.co.uk , info@shishukunj.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 31.03.2015 | Year Ended 31.03.2014 |
|---|-----------------------|-----------------------|
| | (₹) | (₹) |
| INCOME | | |
| Indian Donation | 10,67,650.00 | 1,633,192.00 |
| • Foreign Donation | 4,71,209.00 | --- |
| • Vascular Diseases Project Grant | 71,98,106.00 | 9,130,383.00 |
| • Contributions | 7,39,805 | 110,000.00 |
| • Other Income | 36,54,383.00 | 3,118,204.00 |
| TOTAL | 13131353 | 13,991,779.00 |
| EXPENDITURE | | |
| • Expenses Rural Health Centre | 25,09,288.81 | 1,737,086.00 |
| • Expenses Lab | 19,80,883.00 | 1,635,889.00 |
| • Expenses X Ray | 1,10,617.00 | 99,049.00 |
| • Administrative Expenses | 6,43,813.00 | 695,257.00 |
| • Vascular Diseases Project | 71,98,106.00 | 9,130,383.00 |
| • Depreciation | 8,81,272.00 | 1,081,599.00 |
| TOTAL | 13323979.81 | 14,379,623.00 |
| Excess of Expenditure over Income (transferred to General Fund) | (1,92,826.81) | (387,844.00) |

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

BALANCE SHEET AS OF 31st MARCH 2014

| | As at 31.03.2015 | | As at 31.03.2014 | |
|-----------------------------|------------------|-------------------|------------------|----------------------|
| | | | ` | ` |
| <u>Sources of Funds</u> | | | | |
| Funds | | | | |
| General Fund | 35,41,676.63 | | 3,710,503.44 | |
| Other Fund | 1,21,23,950.47 | 1,56,65,627.10 | 6,647,501.66 | 10,358,005.10 |
| | ----- | | ----- | |
| | | | - | |
| TOTAL | | 15665627.1 | | 10,358,005.10 |
| <u>Application of Funds</u> | | | | |
| 1. Fixed Assets | | | | |
| Gross Block | 79,42,556.48 | | 79,24,925.58 | |
| Less: Depreciation Block | 49,29,388.48 | 30,13,157.10 | 43,43,694.48 | 3,581,231.10 |
| 2. Investments | | 1,03,00,000.00 | | 4,800,000.00 |
| 3. Net Current Assets | | | | |
| Others | 18,35,197.00 | | 22,64,533.00 | |
| Inter Units | 5,25,023.00 | | 16,000.00 | |
| | 23,60,220.00 | | 22,80,533.00 | |
| Less: Current Liabilities | | | | |
| Inter Units | 7,750.00 | 23,52,470.00 | 303,759.00 | 19,76,774.00 |
| <u>TOTAL</u> | | 15665627.1 | | 10,358,005.10 |

Kartik Kalyanram
Coordinator
Rural Health Centre

12 December 2015