

Health Care to Below Poverty Line Rural Families



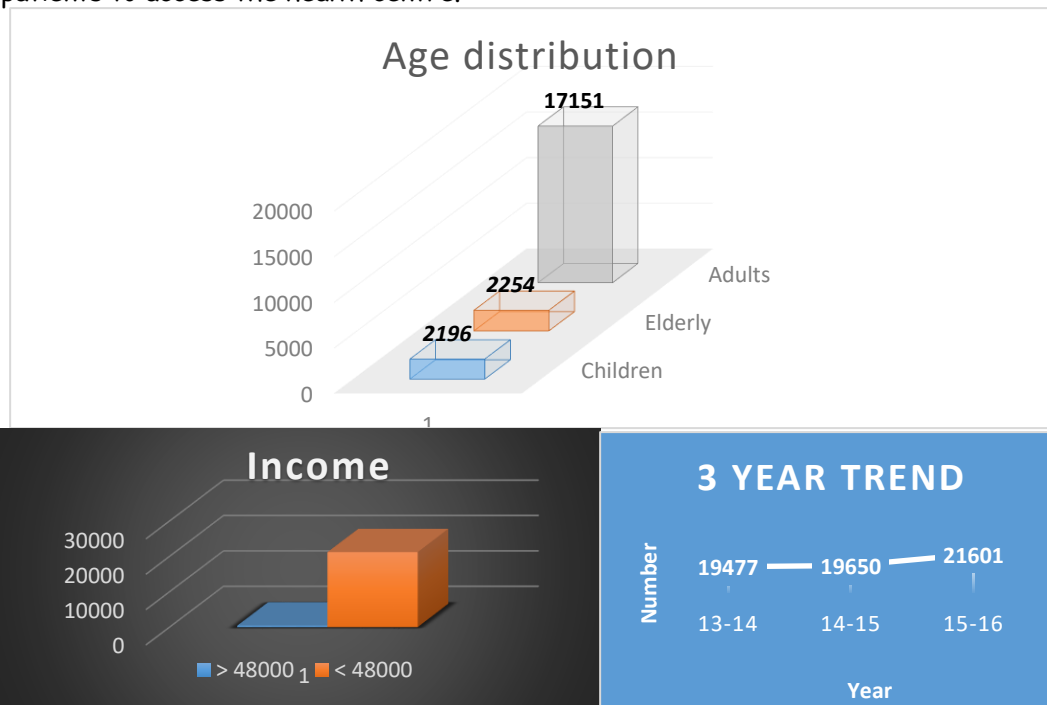
Annual Report 2015 - 16

OUTPATIENT

The year past has kept the RHC as busy as ever, with **21601** accessing the health centre. In our 14th year of functioning 215, 595 patients have been treated at the RHC

The OPD data for the year past as well as the trend line for the past three years is shown below.

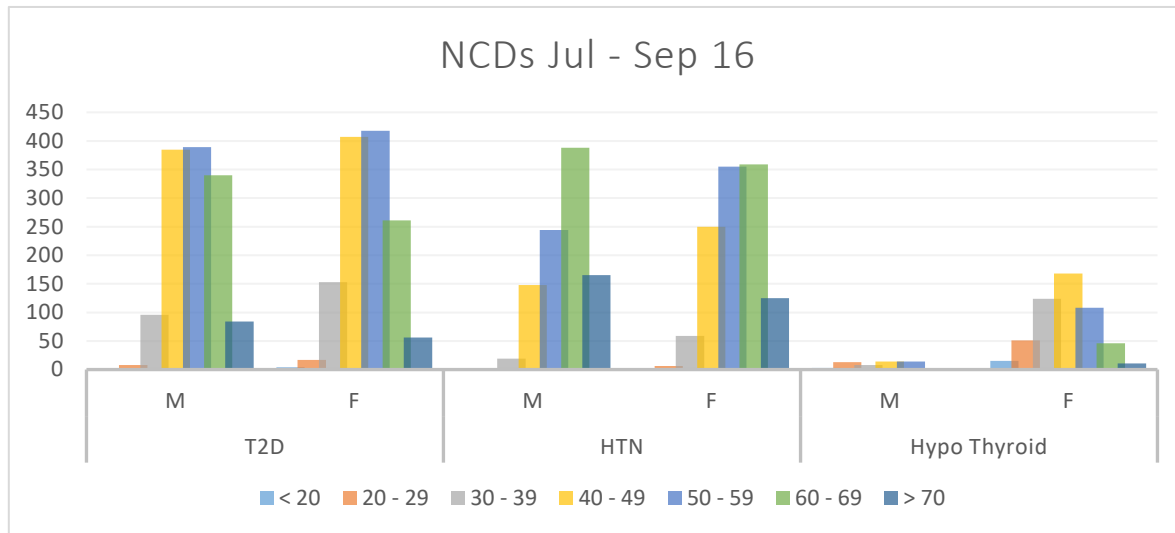
Affordability and quality of service rendered were the two most important components in the decision amongst patients to access the health centre.



Non-Communicable Diseases

Patients with Non-Communicable Diseases (NCD), continue to predominate Hypertension and Diabetes being the most common. 91% of all adult visits to the RHC were due to NCDs. A disturbing trend is the rising number of younger people affected. There is also a growing incidence of Hypothyroidism, females being affected more than males.

Data from the 2nd quarter of 2015 - 16 is presented below:



An overarching multifactorial hypothesis to possibly explain these would include (i) Barker Hypotheses, (ii) Epigenetics (iii) Dietary changes and (iv) Life Stresses

PROGRAMMES - patient participatory

Eye Care

1156 screened, 350 glasses 10 cataract surgeries.
Some younger patients needed counselling on eye care with smart phone/computer usage
A few surgeries and glasses were subsidised

Ante Natal

8 registered, 3 Deliveries (2 normal, 1LSCS)
NIL domiciliary deliveries.
ASHAs are involved in tracking mothers through pregnancy, delivery, post-natal care as well as babies through their 1st year
Hospital deliveries are partly supported

Under 15s

2196 children: Diagnoses ranging from Common Cold, Viral fevers, Type I Diabetes, Malnutrition to various Congenital disorders.
Care for children from within the Valley is subsidised
Hospital admissions for all children are subsidised depending on fund availability

Senior Citizens

2250 elder citizens. Diagnoses ranged from NCDs, Malnutrition, Malignancies, Degenerative disorders etc
Care is subsidised depending upon the level of financial support available

ELECTRONIC MEDICAL RECORDS: In December 2015, the RHC entered the digital era!

Thanks to an RV alumnus, an EMR, using a client server system was set up. It took all of us some time to get used to it. All our staff were trained in the system and we now wonder how we were managing before this. Makes record keeping, data retrieval so much easier. The software was designed by Suvaarna tech based out of Hyderabad.

DIAGNOSTIC CENTRE

Laboratory

Equipment: Automated Urine, Hematology, 3 para coagulation analysers. Semi-Automatic Biochemistry analyser, HbA1C.

Higher end tests particularly for endocrine assays are being sent to a NABL accredited lab in Hyderabad

Microbiology

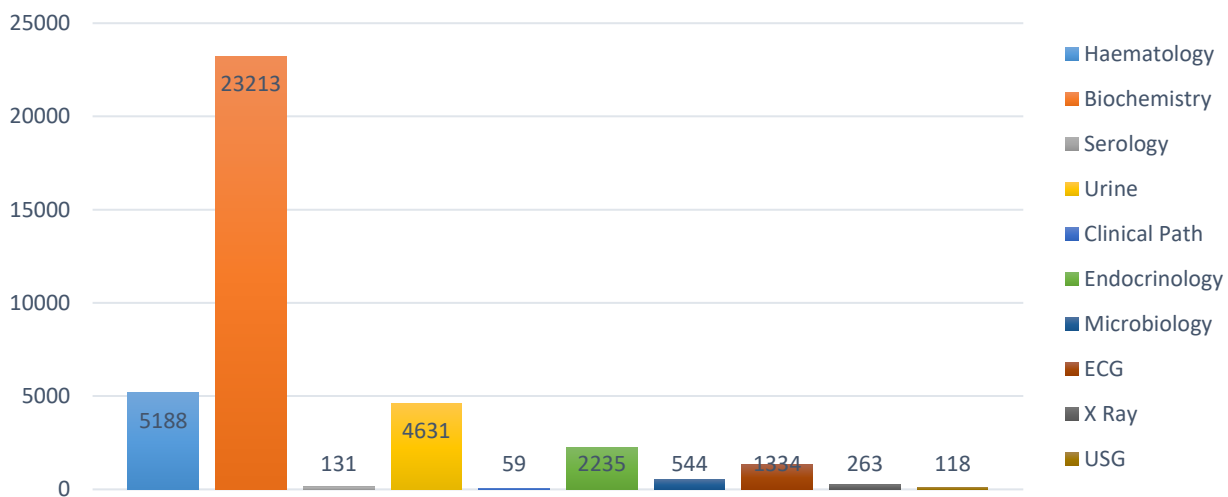
Fully equipped to handle bacterial cultures from all specimens - about 600 cultures done annually

Imaging

X ray - a 100 mA X ray, Part time radiographer - 263 X Rays done - primarily of the Chest

Ultrasound - About 118 done - a very useful adjunct to diagnosis

Diagnostics - Workload



Conferences, Publications

NIL

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 compares 300 hypertensives with 300 non-hypertensives has been completed. Data Analysis is being done.
2. The Birth Cohort Study started in March 2013 has enrolled 88 pregnant women in the project. Of the 88 enrolled, we were able to follow up 82 through till delivery. At present 66 children are on follow up. 3rd year follow up has been completed on 41 children.
3. The study - Controlling Hypertension in Rural India (CHIRI), a tri centric study (Trivandrum, Bhimavaram and Rishi Valley) as part of Global Alliance against Chronic Diseases has been completed as of 31 Dec 2015. Data analysis is in progress.
2. Funding for all the projects came to an end in December. The Principal Investigators in Australia were not successful in getting Grant Proposals approved. Hence the staff from the Vascular Disease project were laid off in December (as per their contract). We have been able to help them to relocate.

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 **Rishi Valley Alumni Association - RiVAA** (www.rivaa.org) a not for profit 501 (C) (3) organization.

Email to donate@rivaa.org

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.shishukunj.net>

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

Tel: 00449854141216

Shishukunj, Shishukunj Bhavan, 25-27 High Street,
Edgware, Middx, HA8 7EE, **Tel/Fax:** 020 8381 1818

FINANCIALS

RISHI VALLEY RURAL HEALTH CENTRE (KRISHNAMURTI FOUNDATION INDIA)

BALANCE SHEET AS AT 31ST MARCH 2016

	Sch	AS AT 31.03.2016		AS AT 31.03.2015	
		(₹)	(₹)	(₹)	(₹)
<u>SOURCES OF FUNDS</u>					
1. FUNDS					
General Fund	B 1	26,95,066.63		35,41,676.63	
Other Fund	B 2	1,54,60,521.47	1,81,55,588.10	1,21,23,950.47	1,56,65,627.10
TOTAL			1,81,55,588.10		1,56,65,627.10
<u>APPLICATION OF FUNDS</u>					
1. FIXED ASSETS	B 3				
Gross Block		86,78,585.58		79,42,556.58	
Less: Depreciation Block		58,07,057.48	28,71,528.10	49,29,399.48	30,13,157.10
Net Block					
2. INVESTMENTS	B 4		1,26,50,000.00		1,03,00,000.00
3. NET CURRENT ASSETS :	B 5				
others		15,57,914.00		18,35,197.00	
Inter Units		12,52,998.00		5,25,023.00	
		28,10,912.00		23,60,220.00	
Less : Current Liabilities	B 6				
others		74,582.00		-	
Inter Units		1,02,270.00		7,750.00	
		1,76,852.00	26,34,060.00	7,750.00	23,52,470.00
TOTAL			1,81,55,588.10		1,56,65,627.10

RISHI VALLEY RURAL HEALTH CENTRE
(KRISHNAMURTI FOUNDATION INDIA)

INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31st MARCH 2016

	Sch	Year Ended 31.03.2016	Year Ended 31.03.2015
		(₹)	(₹)
<u>INCOME</u>			
Indian Donation		1,23,100.00	10,67,650.00
Foreign Donation		12,30,270.00	4,71,209.00
Vascular Diseases project Grant		47,81,768.00	71,98,106.00
Contributions	I 1	21,79,338.00	7,39,805.00
Other Income	I 2	30,13,309.00	36,54,383.00
TOTAL		1,13,27,785.00	1,31,31,153.00
<u>EXPENDITURE</u>			
Expenses - Rural Health Centre	I 3	35,81,303.00	25,09,288.81
Expenses - Lab	I 4	21,61,569.00	19,80,883.00
Expenses - X-Ray	I 5	1,12,192.00	1,10,617.00
Administrative Expenses	I 6	6,59,905.00	6,43,813.00
Vascular Diseases Project	I 7	47,81,768.00	71,98,106.00
Depreciation		8,77,658.00	8,81,272.00
TOTAL		1,21,74,395.00	1,33,23,979.81
Excess of Income over Expenditure (transferred to General Fund)		(8,46,610.00)	(1,92,826.81)

Kartik Kalyanram,
Coordinator
02 January 2017