

Good and Bad touch training



Girls creating a picture of their choice

# **Annual Report 2020**

## Lock Down, Patients and the Crisis



Trust For Reaching The Unreached สาระดาระชา **ม**่รงเ

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## Lock Down, Patients and the Crisis

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## FOREWORD

We are happy to put in your hands the Annual Report of the year 2020. TRU has worked for last 31 years for benefit of urban poor and for rural tribal people of Panch Mahals district. We started with zeal to bring about change in people's lives by empowering in matters of health. We focused on prevention of diseases and promotion of health by learning and teaching basic health care and its components to the people at large. As a principle we worked by selecting our front line workers from the same community and similar areas and upgrading their skills and knowledge in matters of health. We also have similar principles in matters of Education. Be it preprimary, primary or secondary education, we have found ways of involving the local volunteers as our front line human resource.

Along with above we also had an inclination to get into difficult situations and disasters instinctively. Thus we got involved personally and as a group in the Morbi floods disaster, Bhopal Gas Disaster to study the health impact of the accident, Surat Epidemic - Plague to study the epidemiology and verbal autopsy of deaths, the Earthquake in Kutch and the Communal Disharmony in North Gujarat. We jumped into doing useful for the affected communities almost at a reflex.

In 2020 we are in an unprecedented pandemic due to Corona virus spreading in the country. This time also we have innate wish to do something for the community. But the large scale of the effect and the complex novel nature of the disease have made it highly challenging. Approach to Covid 19 for symptomatology, treatment and health education was not quite clear and it is still emerging with the progress of the pandemic. This pandemic not only had effect on health of the victims but it also brought up many social and economical problems. These were equally complex and huge in nature.

Still we gave one drop in the ocean. We focused on the social and economic aspects of the problem. On one hand we made an effort to educate people on how to save from getting affected by Corona and on the other we helped the daily wage earners and migrant labourers who lost their livelihood. We helped 400 families in the project area by distributing ration kits in four rounds. As a follow up we worked on their access to govt entitlements such as ration card, aadhar card, etc. All of it was a novel experience for us and our teams. We also attempted to do Corona counseling to the patients who suffered from enormous anxiety and other effects. All of these efforts find a place in this report.

Additionally we had the clinics for general healthcare and for mental healthcare running full-fledged. Just barring a couple of weeks in Lockdown period we continued working for these clinics. The laboratory and X-ray clinics in Vadodara also worked continuously. There was 6 week break during Lockdown period only. Observing cautions such as wearing masks, maintaining distance and hand hygiene by all our staff and the field workers, they bravely continued all the services to help the people at large. Though we had to close down the educational activities for girls and for children due to govt order on formal offline education system we made a little effort to help the students in villages.

While we write this, new experiences await all of us. It is too early to conclude anything at the end of 2020 because newer challenges have started showing up in 2021.

Nimitta Bhatt and Ashvin Patel



This year has been the most difficult year for all of us due to the pandemic and lockdown. It has been quite eventful in the manner that it has changed direction of some of our programs and has forced us to rethink on the format. The health activities have been found to be more relevant than before. Health education regarding general health care and the mental health care have been on for all the months of the pandemic and good results have been obtained. The narrative after this will show how we have been useful to the people even during the pandemic situation.

## **General Health care activities**

The four clinics at Shivrajpur, Talavdi, Bakrol and Waghbod are embedded in the remote areas to take care of the primary needs regarding health of the people. We have these centers helping the poor and emarginated people of the Panchmahals district. Dr Ashvin Patel continues to work for these clinics incessantly since the beginning. This year also we have continued the services without fail. Following is the statement showing number of patients served in each of the OPDs.

#### No. of patients 2020 :

OPD Center Name	New Pa	New Patients Old Patients		Total Pa	Grand Total		
	Female	Male	Female	Male	Female	Male	
Shivrajpur	1018	947	1224	1650	2242	2597	4839
Talavdi	238	176	203	246	441	422	863
Waghbod	104	88	81	92	185	180	365
Bakrol	296	377	479	490	775	867	1642
Total	1656	1588	1987	2478	3643	4066	7709
Dental Patients at Shivrajpur	32	58	78	154	110	212	322
Dental Patients at Vadodara	51	64	38	25	89	89	178
Total Patients	1739	1710	2103	2657	3842	4367	8209

In this year the last week March, April and May under complete lockdown due to Corona spread situation. However, we did not completely close during this period. There was almost no case of Corona in the rural area that we serve. At that time because Dr Ashvin could not reach out to the project area, our senior health workers ran the show by giving medicines to chronic disease patients already diagnosed and stable on whatever treatment prescribed to them. Thus we could help our patients of diabetes, hypertension, chronic pulmonary difficulty, epilepsy and others.

The patients were in good shape because they got services and no mishap was reported. Most of the urban centers were closed so the patients had no way to reach out other services for long. Therefore in the month of May we decided to take a special pass for crossing the district border and we could reach out to our centers in Panch Mahals district.

#### Break up of new patients at the OPD :

Skin proble ms	Respiratory conditions	ache &	Gastro - intestinal problems	Deficiency	Gynecolo gical problems	& Mental	Diabetes	
27.8%	21.21%	18.2%	14.5%	6.6%	5.0%	2.2%	2.6%	1.7%

It is observed that dermatological problems have topped the list. Respiratory diseases have shifted to next position. Earlier the OPD would have maximum load of respiratory problems.

Dr. Ashvin at dispensary



## **Mental Health Care**

The mental health care work has in fact grown during last year. Our work in the four talukas and five OPDs goes on. They are Shivrajpur and Halol in Halol taluka, Ghoghamba, Jambughoda and Kalol talukas. We have been able to reach out to the nook and corner of the four talukas and have worked in many ways to serve the neglected patients of mental illness. Fighting the stigma and taboo even in the remotely placed communities has been an uninterrupted work. Everyday has posed new challenges in this work. We are happy to say that the wisdom of our frontline workers – the paramedical workers have helped the patients invariably. All of them have been trained to provide support counseling and they have played major role during corona times in removing fear from the minds of the people.

Only the March - April medicines for one month were supplied to their homes because they could not reach out to the OPDs due to lockdown. But soon we realized that it is more relevant to empower the patients and their relatives to come by themselves to collect medicines from our OPDs. So we networked with the police and administration. We could convince them that the patient will be allowed to cross the checkpost by showing the Case card issued by our center for medicines. In some cases where the case card was not there, the patients / relatives were encouraged to give a call to our attending link para-medical workers and after satisfying themselves they would allow them to pass the check post for medicines. In this endevour the psychiatrists also worked. In the beginning the OPDs were run by Dr Parth Soni who took responsibility of running all clinics since mid April upto mid May. After that other psychiatrists also took example from him and started coming in. Thus we could run all OPDs almost without break even during the Lockdown.



Following is the break up of patients at all MH clinics of TRU :

OPD Center Name / Patients visits during 2019		ew ents	Total		Patients Total Revisits		Total		Average OPD 2020
	Female	Male		Female	Male	Female	Male		Per Clinic
Shivrajpur Proj. area	44	48	92	886	1152	930	1200	2130	
Shivrajpur Out. Proj. area	13	14	27	51	64	64	78	142	
Shivrajpur Total	57	62	119	937	1216	994	1278	2272	
Halol Proj. area	72	65	137	1309	1308	1381	1373	2754	
Halol Out. Proj. area	23	31	44	235	151	258	172	430	
Halol Total	95	96	181	1544	1459	1639	1545	3184	
Halol Taluka Total	152	158	310	2481	2675	2633	2823	5456	121
Jambughoda Proj. area	23	24	47	457	449	480	473	953	
Jambughoda Out. Proj. area	61	69	130	674	864	735	933	1668	
Jambughoda Total	84	93	177	1131	1313	1215	1406	2621	113
Ghoghamba Proj. area	85	86	171	1315	1275	1400	1361	2761	
Ghoghamba Out. Proj. area	58	72	130	521	524	579	597	1148	
Ghoghamba Total	143	158	301	1836	1799	1979	1958	3909	170
Kalol	66	69	135	1054	1188	1120	1257	2377	108
All Total - 5 OPDs	445	478	923	6502	6975	6947	7444	14363	157
Project - 5 OPDs	290	292	582	5021	5372	5311	5664	10975	120
Outside Project - 5 OPDs	155	186	341	1481	1603	1636	1780	3388	37

#### Kind of diseases the patient suffer from :

Percentage Distribution of the patients with Mental Illness at MH Clinics

N	1I Condition	Schizo- phrenia	Psycho- sis	Bipolar/ Mania	Depres- sion / MDD	Total SMD * Pts	Epile- psy	Common Mental Dis.
0	Percentage f patients t MI Clinics	22%	15%	6%	22%	65%	20%	15%

\* SMD = Severe Mental Diseases

It is seen from above table that despite of the difficult situation during the Pandemic TRU mental health clinics got attended by patients in good numbers. Overall average presence in the clinics has gone up from 113 in 2019 to 157 in 2020. Total number of patients visiting our OPD has gone from 13553 to 14363 patients' visits. Our OPDs also kept closed down for one or more weekends, the increase in repeat visits of patient shows that the patients have consistently attended our OPDs without hesitation. Secondly, due to the pandemic there is decrease in number of new patients because of the fact that the MH workers could not go to the villages for some time and the case-finding activity was slower than before. There are 923 new patients in this year. This indicates the usefulness of the MH workers and their being in the field regularly.

It was a challenge to start our overcrowded OPDs maintaining the distance norms and training of the patients to wear masks and taking other care. Under the separate section in this report we have listed the efforts we had to undertake for corona lockdown period.

#### Female and male of attendance at clinics :

It is also important to see the male-female distribution of the patients between 2019 and 2020. We saw that overall in five OPDs there were 47% female patients in 2019 compared to 48% of female patients in 2020. Across all talukas and all OPDs the female to male ratio remains the same despite of the popular belief that female access to services is much lower than the male access to services. We are happy that through our project we have been able to establish traditions and values that female patients are also encouraged to attend the services in similar manner as their male counterparts.

Taluka Name	% Female Patients	% Male Patients
Halol	50.1%	49.9%
Jambughoda	46.4%	53.6%
Ghoghamba	50.5%	49.5%
Kalol	47.1%	52.9%
Total	48%	52%

**Para-counseling by Link MH Workers** : As described above our work with patients went on without much break even during the strictest conditions of Lockdown period. It did bring a positive change that it boosted the spirits of all our para MH workers because they could easily move up and down the project area since May. With help of an ID card issued by TRU and training for prevention of corona spread they continued their work for Community Based Rehabilitation of the patients. Following is the detail of CBR work:

## CBR YEAR TO YEAR :

Community Based Rehabilitation (CBR) - Clinic wise SMD patients	Shivraj- pur	Halol	Jambu- ghoda	Ghogh- amba	Kalol
2018 No. of patients eligible to achieve CBR	162	174	78	232	122
2018 No. of patients who achieved CBR	126 (78%)	132 (86%)	60 (77%)	160 (69%)	67 (55%)
2019 No. of patients eligible to achieve CBR	185	238	98	315	195
2019 No. of patients who achieved CBR	159 (75%)	209 (88%)	84 (86%)	231 (73%)	109 (56%0
2020 No. of patients eligible to achieve CBR	210	315	122	452	285
2020 No. of patients who achieved CBR	168 (80%)	259 (82%)	96 (86%)	340 (75%)	142 (50%)

MH clinic at Shivrajpur during lockdown



In this year we can see the effect of Pandemic in the number of patients who achieved CBR. It is seen that from the year 2018 to 2019 the number and percentage of patients who achieved / could be maintained in CBR was increasing in all OPD data. But from 2019 to 2020 we do not see that rise, in fact the number has reduced. This is explained by the fact that the Covid situation has spread a general panic among the people and so there have been cases of aggravated symptoms and maintaining control over symptoms could be done with increasing difficulty. Reasons could also be the difficult travel during lockdown that resulted into delay in refilling the stocks of medicines, lack of attention towards the patient by relatives and the less frequent visits to the patients by MH workers.



Clinical Psychologist at home visit

**MH Awareness work**: Most of the awareness activities had to change the face because they could not be taken up in the way they used to be done over past years. Now it was not possible to hold meetings or gather small groups even in the villages. The fear inculcated due to the pandemic situation was enormous despite of the fact that the people in our project areas were still safe and did not have as many cases as in other neighboring districts such as Vadodara. People themselves did not want to come together and even we could not want to expose our paramedical staff widely. So we found an alternative method of continuing awareness

activities in community groups. We taught our staff to keep distancing, use the mask and wash hands frequently. This way we met some of the people as described in the following table.

Severe Mental Disorders	Halol	Kalol	Jambughoda	Ghoghamba	Total
Villages visited	142	76	55	95	368
- No of visits to each village	5 - 6	2 - 4	3 - 4	2 - 3	2 - 5
Visited patients' families	5516	4921	907	347	11691
- No of family visits per patient	4 - 5	3 - 5	2 - 3	2 - 3	2 - 6
Visited families without patient	11553	18104	1928	3125	21005
- No of family visits per village	50-70	60-70	30-40	35	49
Visited ASHA	740	419	172	108	271
- No of visits per ASHA	3 - 4	2 - 3	1 - 3	1 - 3	1 - 4
Visited Anganvadi workers (AWW)	624	369	135	89	67
- No of visits per AWW	1 - 2	2 - 3	1 - 2	1 - 2	0 - 3
Visited ANM/MPW	114	73	20	20	35
- No of visits per ANM / MPW	2 - 3	0 - 1	0 - 5	1 - 2	0 - 3
Visit to other Govt workers	182	214	32	38	78
- No of visits per govt worker	1 - 2	1 - 3	0 - 1	1 - 2	0 - 3
Visit to village leaders (Panchayat / Falia Agevan / Dairy office holders / others)	2153	2062	542	98	141
- No of persons visited per village	5 - 7	4 - 7	3 - 8	2 - 3	1 - 5

## Meeting with Govt health staff at grassroots :

As most of the govt health staff was busy in Corona activity we could not hold training program for them. We continued their sensitization by meeting each of them personally in the village. Some meetings at the PHC level were also attended by our MH workers to enable them to refresh their knowledge of Mental Health. Some of the ASHA / AWW helped by sending their patients to MH clinics of TRU.

#### Sensitization of the youth :

Year by year we used to meet the High- School going young boys and girls in their schools and carry out the awareness generation activities. This year the schools are closed for good since March. So it is not possible to meet them through the medium of schools. So we tried meeting them in the villages. We found that many of these youth have joined the workforce – being daily wagers now because the schools and other educational activities have come to standstill. Still we tried to meet some of them personally. The school competition event also could not take place this year. Otherwise this is a big event in TRU every year. Instead we have distributed a booklet specially produced for the youth awareness in MH to all those persons whom we met personally. Some students offered to draw some Mental Health Awareness posters also.



Awareness session among relatives of MI patients at Shivrajpur MH Clinic.

Youth glancing through TRU booklet for MH awareness in Kathola village.



## **Girls' Education Program**

As this year the schools remained closed since March we had to close down the residential educational program (Abhinav Kanya Shikshan Karyakram) for the tribal girls. The previous batch that appeared for Board exams for the standard 10th and 12th left the hostel and then the other girls also went home. They could not come back for rest of the year or even in the new academic year 20 - 21.

Situation closure ir March 20	re in		Post lock down Situation - GEP opening in Feb 21	Reason for not continuing in GEP semester starting late
	Girls in Nov. 2019	Exam in March 2020	Girls in GEP - Feb 21	Jan-21
Std. 9	35	Passed All 35	Admission 26 All came to GEP	1 died, 2 went to nearby school, 4 stopped study
Std. 10	35	Passed 31, failed 4	34 admissions - All came to GEP	
Std. 11	11	Passed All 11	19 Admissions - 12 came to GEP	3 went to nearby school, 4 stopped study
Std. 12	09	Passed 8, Re-exam (1 subject) passed 1,	12 Admissions - 8 came to GEP	3 continued study from home
Total	90		68 Total girls in Academic year 20 - 21	

So we do not have much to report on this program. Online education is a problem. Most of the times, there would be only one phone in the home which is used by father or brother. So it was extremely difficult for the girls have to continued access to it. There were many who had no internet phone at all. We tried helping some of these girls by encouraging them to form a group in the village and learn through the online education classes using one internet phone that someone would allow to use. The result of online education is not satisfactory because of time constraints and other distractions of daily lives in the villages.

Secondly, some were encouraged to get into touch with our master teacher of Girls' Education Program through a Whatsapp group. Here also it was not a satisfactory response. Most of the times the girls did not have a dedicated phone for their study. All the while they had to be obliged by brother or father to share the phone and it was not possible in regular manner. Many parents contacted us to restart the residential program and make the girls study from our teachers. But we could not have done this due to lack of permission from the authorities. As a result this program has closed down until further guidelines by the govt. While this is being written in Feb 21, the corona cases are rising in Gujarat also and we do not know how the students will continue and accomplish the academics in the year 20 - 21.



Girls at free drawing class with Krinna Shah

## **Pre-Primary Education Program**

This program also has not started after March 2020 due to Pandemic situation. Many parents have inquired if we will start the program in the next academic year or not. We simply await for govt guidelines for starting this program. Still these classes have not been started. Even the children are missing the fun of being in the program. When our drivers visit their village without the vehicle the children often ask, "Uncle! Why do you not bring the Balwadi vehicle? We want to go to the Balwadi".

There were 60 admissions when we started the Academic year 19 - 20. When we closed due to Lockdown we had 52 students (48 normal children and 4 Mentally challenged children). They are missing the important year of their life of being in the Balwadi and we are missing their company and the loud shouts and songs on the campus. We really hope we can start the Balwadi full-fledged in the next academic year.



Parents & children at annual get togethar in February 2020

Little girl enjoying hoolahoop ring. All fun is lost - Balwadi closed due to Lockdown and Corona



## **Diagnostic Centers**

The TRU diagnostic centers remained closed upto end of May 2020. But there was an unprecedented break in our dental services in Vadodara center. It remained closed due to Lockdown and confusion regarding the guidelines given by the Dental Council of India (DCI). Our dentist was not coming for work till August 2020. She joined in late August and met with an accident. So she had to stop again in first week Sept 2020. Another dentist could not be found till end of the calendar year 2020. Therefore there is a big gap. Dr Harsh Thakkar joined us from February 21. He has picked up the work well and we only hope that we are able to continue with dent. Following table gives the figures of patients in the Pathology and Radiology work. Since May 2020 we have been functioning regularly and our working teams are taking up the load during the Corona situation.

Name of Center	X-Ray	Sonography	Echo- cardiogram	Laboratory	Total Patients
Alkapuri	1261	1585		3391	6237
Dandia Bazar	3246	798	95		4139
Total	4507	2383	95	3391	10376

Number of patients attended RNK in last 19 years :

	X-F	Ray	Labo	ratory	Sonography		Echo- cardiogram	Total Patients
Year	Alka- puri	Dandia Bazar	Alka- puri	Dandia Bazar	Alka- puri	Dandia Bazar	Dandia Bazar	
1999-2003	16198	Not started	13402	Not started	3296	Not started	Not started	32896
2004-2008	17215	11445 wef '07	22172	Not started	3563	1094	320	55809
2009-2013	10066	33141	19866	3957 (started in 2011)	8400	7127	1055	83612
2014-2018	11521	26738	26627	14525	13052	6672	0774	99909
2019	01987	04465	05837		02473	01070	0126	15958
2020	01261	03246	03391		01693	00798	095	10376
Total all years	58248	79035	91295	18482	32477	16761	2370	298560

We had many difficulties in running this center since Lockdown time. Many technicians changed and with every new person in the lab there was pressure on the organization to train, support and accomplish daily workload etc. Thanks to our core workers Ms Kirti Bateriwala, Sanjay Dave and Anup Baria to have borne the maximum brunt of the changes in both our centers.

Through this activity we were really able to help the urban patients who otherwise could not get services from the other laboratories and x-ray centers at an affordable cost. A leaflet giving simple tips about Corona was printed in May 2020 and distributed in village.

## Training of NGO for Community Mental Health (CMH)

During the lockdown we held two virtual training programs for two NGOs. It was an experience doing the programs. These two NGOs are planning to take up the Mental health activities in their project area. Another one whom we had just accomplished training during late January and February 2020 were given hands on support to take up various components of CMH Program. There was a limited outcome due to the Lockdown and constraints of their teams in moving in the field. SEWA, Ahmedabad has approached us if we could help them take up the Mental Health program in their field areas through the women's cooperatives and health teams. An orientation program was held for approximately 30 NGOs who attended the network meetings of Gujarat Voluntary Health Association during 2018 to 2020. Of them 9 NGOs have shown interest to work for mental health in their respective project areas. For all of them to take up this program is not feasible due to resource difficulties. Corona Situation has worked against the spirit of starting such new activity in any of their field areas. It seems we have to wait for some time before any concrete action can be organized by these NGOs.

As said before we have accomplished training of staff and project holders in two NGO teams. They are Gram Seva Trust, Kharel, Navsari taluka and Sparsh project of the Krishna Medical Hospital at Karamsad. The core team of doctors and field supervisors at Seva Rural, Jhagadia, Tq Bharuch have been trained by virtual sessions and by their field visits to Shivrajpur. Over and above these three we have held orientation trainings for members of GVHA. Approximately 30 NGOs have undergone the orientation sensitization sessions by TRU. Some of them have shown specific interest in this field. They are Anjali, Ranasan, Sabarkantha, SEWA Ahmedabad, Tribhuvandas Foundation, Anand, Ajit Foundation Ahmedabad, etc. Gujarat Vidyapith runs a course in MSW - Psychiatry. These students have visited for internship to our Rural centers, Mahila Vidyapith also sends their students for rural exposure to Shivrajpur. We have contributed to the course curriculum of the MSW course of Gujarat Vidyapith and facilitated the students program at length.

## **Facing the Corona Pandemic**

Like everyone was suddenly caught by the pandemic situation, we also were. In the middle of all the projects running at full swing, there was an unprecedented break. Though Corona was already on the spread all over the world, we did not really think it would be coming to our country so fast. During second week of March we went to see our Health Commissioner, Dr Javanti Ravi in her office in connection with organizing a state level workshop with inter-sectoral participation in mental health. It was to be held in end of March or first week of April. On that day we waited in her lounge for a long time because she was busy in a national call for action meeting online with Ministry of health at New Delhi. For the first time we found that something more serious is being planned as Corona strategy. We came back without meeting her. That was 10th of March. We also started planning various things in our projects since then. E.g. as the board exams were on for our Girls in the GEP the students of 9th & 11th class did not have to go to school because school is a centre for Board Exams. So we planned of giving holiday to the non-board going girls. They almost went away by end of that week. Other girls finished their Board exams and went home. By that time Lockdown happened and we had to close down everything by a wink of eye. Working teams got locked in Vadodara and Shivrajpur.

We greatly appreciate the fact that the lockdown and unlock down periods have not deterred our teams from working in field for the people and emarginated families. Although we suspended the regular visits to every family by our link mental health workers, they carried out a survey of needy families in the project area. We identified 400 needy families.



Criteria for selection of the needy families :

- · Loss of wages, closure of petty business
- Contract labor from industries suffered – many lost work
- Migratory workers could not come back
- Some workers could not go back after Holi festival
- Old parents had no cash because the sons could not send money
- Govt help did not reach properly distribution problems
- No ration card, No Aadhar card, Jan Dhan A/c frozen or did not have at all were some reasons
- Summer time no work in fields, little labour work outside the area was also lost due to lack of transportation facility



#### Food kit distribution :

As part of our humanitarian response to the people who faced unemployment, loss of daily wage and the migrant laborers who came back or their families we distributed grocery and hand soap. The very first round in the month of March-April 2020 included giving out food kits to 110 families from our limited resources. Then the PHF core team responded by saying we could spend from the existing grant of PHF (i.e. Community Mental Health Program in our case). That was a relief. We identified 400 families who had to be helped due to reasons stated in this report. They are: Very poor families having no ration card, ration card locked, ration card in some other place, lost employment due to lockdown, Son / Husband lost employment, main wage-earner not in village, very old / disabled, no one to earn in the family etc. To our surprise 55% families in our survey were directly affected by loss of employment or petty business or labor work due to lockdown situation. 29.25% families did not get any govt ration because they had no ration card. These families were literally starving during April - July 2020. When we provided the first round of groceries to them many of them were in tears.

Check our website for the Corona action video or search our page on Youtube.

#### Ration Card and other entitlements :

We found that many of them either do not have ration card because they are migrant families, some could not manage to get it sanctioned from govt despite of trying while some had physically lost the card. We thought of carrying out a detailed survey that would show the situation of govt entitlements in these families. When we actually reached out to these families for survey purpose, many more people approached us saying they also do not have ration cards, aadhar cards, jandhan accounts, etc which were considered a basis for govt financial help and grain supplements. We were baffled to see the situation. Somehow we covered these 400 families and additionally another 400 families i.e. total of 800 families were covered by our survey. They had to be helped for obtaining govt entitlements. The problem seems to be huger than we ever thought. We had to somehow stop the survey because we would not be able to help all people with our meager resources and doubtful support from govt officials.

#### Govt entitlements survey results:

Total No. of	Do not possess	Add name in Ration Card	Do not possess
Families	Ration Card		Aadhar Card
787	214	997	1725

When we approached the Mamlatdar of Halol, we have to know that not such "routine" tasks would not be attended until October 2020. Even after that their response was lukewarm to such added tasks. Then came Diwali break. They discontinued and when opened in November end, they would work only one day in a week to do the Ration card related work for the whole taluka. Obviously they are overworked.

For Aadhar card, although the procedure is simple enough, there was no sanction from the govt side until Nov to start issuing new Aadhar cards. They have started now in the State Bank of India branch at Halol, who issues only 30 cards everyday for the whole of Taluka. They distribute tokens at 9 am to first 30 persons in the queue. Point that we are making is, 'the work is slow and will take many more months to reach our target'.

Also many of these families have gone back to work in the distant places when the lockdown opened partially in July. They are not contactable now until they will again come back hopefully, for Holi.

## Providing medicines to patients :

TRU works for general health and mental health of people. We have patients having chronic needs of medicines in both programmes. The patients kept sending messages if we could supply medicines to them during the lock down period. In the very first week of Lock down we decided to supply medicines to more than 700 MI patients at their doors. Our health workers moved around bravely in the field, facing the police and their punishment.

To tide over their own fears intensive training over phone calls had to be done regarding how they should wash hands, put on mask, keep a distance from the patient and his family, how not to get scared at the sight of the police, how to explain our cause to officials, etc etc. There was also training of 10 key workers about Corona counseling of the people scared / having exacerbated response or outbursts due to corona situation.

Number of patients helped with medicines in last week of March and April 2020: Halol 268, Bakrol, Simalia, Richhvani, Vav kundli – 81, Farod, Kanpur – 45, Ranjitnagar, Gamani – 132, Kalol – 115, & Chalvad – 66.

#### Accessing clinics during Lock down :

We requested one of our Psychiatrists, Dr Parth Soni to start the MH clinic. He accepted and started functioning in two places without any hesitation. This was an eye-opener to others and other MH clinics could also be started from the month of May. Thus we could streamline our MH clinics in four places.

Seeing the number of patients reaching out to our clinics just by showing our case card to the police to cross their barriers due to lockdown, was even a surprise for us. As we functioned in the CHCs the govt staff and other doctors were also surprised how so many patients could reach out in the strict lock down situation.

Our case card became popular with the police and other forces on duty. Often the new patients were encouraged to call our Link Worker from the post / place where the police would not let them pass because they could not present the proof of ongoing treatment from us. The calls proved to be effective and the patient could manage to pass through and reach the clinic.

We were further surprised that some of the patients who had discontinued our medicines also started coming back during the lock down period as they saw how diligently our teams kept working for their health. Some patients who had earlier stopped our medicines and gone to private psychiatrists also returned to us as they could not manage to reach the city centers of private psychiatrists. All these things added to our enthusiasm and self confidence of our teams. Even our general clinics were attended by patients of diabetes, hypertension and other diseases because they were not able to procure the medicines from market. Probably they knew that they will be taken care of at TRU clinics.

#### Washing posts at Shivrajpur center of TRU :

As the Shivrajpur center – both the MH clinic and the general health clinic were used as central information dissemination center, we created two washing posts equipped with soap and free flow water. All the persons entering our premisis were asked to wash their hands upto elbow, wear mask, keep physical distance between two persons. In addition to this oral

information and practical exercise for how to wash hands, we also gave out a leaflet about basic facts for Corona virus and its spread. In the beginning we also distributed more than a thousand masks to all visitors to all our centers. Some posters created by our Link MH workers and the interns were displayed at our center's waiting spaces for patients. Even the Urban diagnostic centers of TRU were equipped with liquid soap dispensers and washing facility, as well as health education about Corona spread.



**Counseling of covid scarred people** : We conducted special training for our core-team to run counseling sessions at Shivrajpur clinic at the request of the Block Health Officer during the month of April. Approximately 100 persons were given counseling about how to save from Corona and how to overcome panic and anxiety due to Corona. Also how to save oneself from the situation affecting one's own mind was taken up. There were three internee students from the Gujarat Vidyapith, who were motivated to continue the internship and be of help to the people.

**Making posters and spending creative time :** Our team was motivated to create posters for MH Awareness, writing stories of patients, writing a script of a street play, etc, during the lock down period. Objective was to keep them engrossed in creative activity and not get affected by the situation.



(More posters of this series are on P. 31 and 32 of this report)

Poster created by Mehul our link health worker

**Helping the govt centres :** Most of the Govt. centers we are closely working with in the area we found that the staff is scared and does not want to perform even their routine tasks. We checked with the Superintendents of the hospitals and Medical Officers of PHCs for PPE and sanitizer materials. We found that these rural centers have been poorly supplied and they hardly had any of the PPE materials especially in the beginning. We supplied the PPEs and masks and sanitizers at their request. This helped boosting confidence of the medical teams in the centers. We received a letter of thanks from Deptt of Health and Family Welfare, Govt of Gujarat, Gandhinagar also for this help.

## Second round of Provision of PPE and Sanitizer etc. :

In continuation of our previous communication regarding fulfilling the needs of the Govt CHC and PHCs in Panch Mahals district we have supplied some materials to 3 CHCs and 4 PHCs as per their requirements. Please find below the material provided by us to the Referral Hospitals in Jambughoda, Kalol and Ghoghamba as well as the PHCs at Kanjri, Arad, Rameshra and Bakrol. We know that the help is quite small compared to the need. But if you provide us further needs then we can mobilize some more resources to provide that help.

We found that some govt health centres were short of Personal Protective materials. Though in the year 2020 they had very very few patients suffering from Covid, it was thought important that they should also take adequate care to save themselves from contracting Corona virus. We personally contacted them and found that they require some of the materials. Thus during the year 2020 we made two rounds of distribution of the materials like PPE kits, masks and gloves, face shield and sanitizers, etc.

Following is the synopsis:

First round was funded by Association for India's Development and the second round was funded by Paul Hamlyn Foundation. There are 4 Community Health Centres and 8 Primary Health Centres we work closely in the Panch Mahals district. During the calendar year 2020 we gave the following items in two rounds.

## Distribution of PPE materials to Govt. centres :

	PPE kits	N95 Masks	Surgical Mask		Face Shield	Goggles	Sanitizer (Alcoholic)
1st Round	08	25	1200		45	40	
2nd Round	105	250	2600	300	30	30	45 litres
Total	113	275	3800	300	75	70	45

There was a good response to this activity. We somehow felt that our relationship with the govt centres have deepened after this. They expressed happiness and thanks for the materials which reached them when they needed them most. The time slot coincidentally matched with the phase when they were devoid of the materials. So this helped to make a stitch in the supply chain. We envisage one more round in the next year also.

## Financials in TRU TRUST FOR REACHING THE UNREACHED

BALANCE SHEET AS AT 31-03-2020

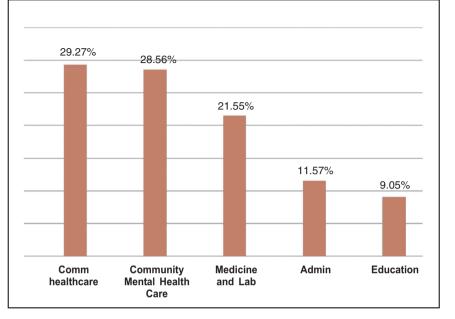
Funds and Liabilities	Rs.	Property and Assets	Rs.
Trust Funds or Corpus Other Earmarked Funds Liabilities	1,41,46,418 2,93,65,802 15.95,752	Immovable Properties Furnitures & Fixtures Advances	2,20,25,931 83,09,094
Income & Expenditure A/c. Balance as per last B/S less deficit during	1,55,26,430	To TDS Receivable & others Cash and Bank Balances	25,58,427
the year	(4,39,948)	(including FD with Bank)	2,73,01,002
	6,01,94,454		6,01,94,454

## INCOME & EXPENDITURE A/C. FOR THE YEAR ENDED ON 31-03-2020

Expenditure	Rs.	Income	Rs.
To Expenditure in respect of properties To Establishment	6,50,042	By Interest on Fixed Deposits By Donation	16,42,688
Expenses	1,69,679	Domestic	65,21,544
To Fees & Statutory To Loss on Removal of	3,64,226	International	44,01,053
Assets To Depreciation	5,771 3,00,341		
To Expenditure on object of the Trust (FCRA) To Expenditure on object	46,68,874		
of the Trust By Deficit carried over to	68,46,300		
B/S	(4,39,948)		
Total Rs.	1,25,65,285	Total Rs.	1,25,65,285
		TRUSTEES	

FOR K. K. PARIKH & CO. CHARTERED ACCOUNTANTS Vadodara : TRUSTEES

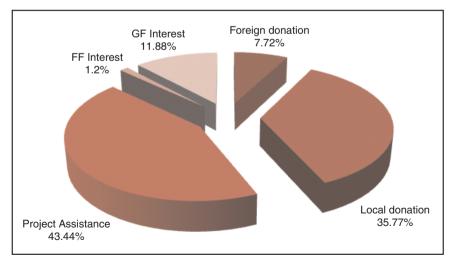
Trust for Reaching The Unreached Vadodara :



Expenditure Pattern in TRU, F.Y. 2019-20

Total Expenditure = Rs. 1,20,54,850





## STRENGTH OF OUR TRUST

Trust Board :

Dr Sunil Desai, Shri Vasant Gala, Shri Jayendra Bhatt, Dr. Nayan Swadia, Shri Ismail Gandhi, Dr Satish Pandya, Shri Nimitta Bhatt, Dr. Ashvin Patel (Late Dr. R. R. Doshi, Dr. Usha Modi and ex-trustees Dr. Asha Bhatt, Smt. Vimal Balasubramanian, Shri R. K. Shah and Shri Jery Fernandez are with us in spirit.)

We are overwhelmed by the active support of our Trustees in this difficult time. Our special thanks to the Trustees for their moral and physical support of different kinds. Shri Vasant Gala and Dr. Sunil Desai extended themselves for admin support which involved frequent visits to the office and to the bank, etc. Shri Jayendra Bhatt took special efforts by travelling from Ahmedabad to Vadodara and Shivrajpur for physical support of the working teams. He also attended a statutory matter on behalf of the Trust. Dr Nayan Swadia and Dr Satish Pandya responded positively to any call for help and readily agreed to make different affidavits required for statutory purposes. Shri Ismailbhai Gandhi remained in loop despite of personal health problems and a serious health problem in his family. All of them helped the working teams by positive outlook and moral support. It is a challenge for all of us to meet the newer requirements of laws affecting Trusts and Societies. The Trustees have helped by responding to urgent tasks to meet the deadlines.

#### Working teams:

Coordinators for all work: Nimitta Bhatt and Dr Ashvin Patel

#### Rural Team:

Our Psychiatrists: Dr Parth Soni, Dr Mayur Patel and Dr Nilesh Rao have unparallel contribution to our Mental Health Care services to the rural tribal people in four taluks of Panch Mahals district.

Dr Ronak Pandit has been so regularly carrying out the Clinical Psychologist's tasks. She has helped by physically helping the clinic teams to manage and carry on the work.

Shri Paresh Khanesa our new Program Officer, Shri Keshav Rathva, Shri Arvind Baria, Shri Suresh Parmar, Shri Nansing Rathva, Shri Mehul Jadav, Shri Kailasben Jadav, Shri Atul Patel, Shri Parshuram Baria, Shri Sukhdev Baria, Shri Hemant Vasava, Shri Janak Parmar, Shri Vikram Rathva, Shri Gulabsinh Chauhan, Shri Arjun Rathva, Shri Jashvant Rathva, Shri Pritam Baria, etc have been of great help and need to be congratulated for carrying out many difficult tasks in the Corona Year.

#### Urban Team:

Our Radiologists Dr Kaushik Rathod, Dr Akhilesh Dholakia, Dr H. M. Patel and Our Pathologists Dr Manju Parmar, Dr Priya Kriplani have helped with ongoing tasks of the Rahat Nidan Kendra.

Our laboratory and X ray clinic staff Dhrumi Bhatt, Sanjay Dave, Anup Baria, Shri Viththal Rohit, Falguni Dave and Kirti Bateriwala have kept TRU's heart beating.

TRU is thankful for resolving many working challenges and queries with courage and wisdom by Kirti Bateriwala supported by Sanjay Dave.

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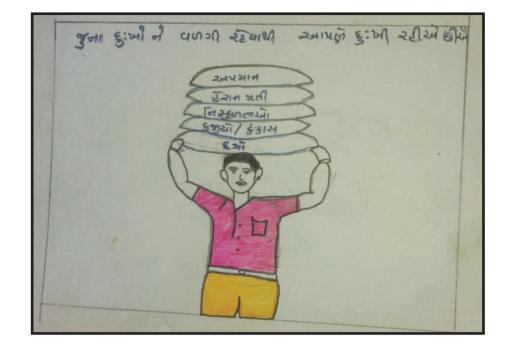
Rural Team with Gujarat Vidyapith Students

## We are thankful Donors of the year 2020 - 2021 (Received between April 20 - March 21)

Sr. No.	NAME	AMOUNT (Rs.)
1	Shri Induben B Patel, Vadodara	51000
2	Shri Smitaben M Patel, Vadodara	51000
3	Shri Rohitbhai Desai, Vadodara	25000
4	Shri C S Rangaswamy, Vadodara	20000
5	Shri Kiritbhai B Panchal, Halol	11000
6	Rex RESINS, Vadodara	10000
7	Shri Agney Desai, Vadodara	10000
8	Shri Mukesh M Shah, Ahmedabad	10000
	Shri Mukesh M Shah, Ahmedabad	5000
9	Dr. Rohit V Bhatt, Vadodara	5000
10	Bhaichand M Mehta Charitable Trust, Mumbai	3500
11	Harsukh B Mehta Charitable Trust, Mumbai	3500
12	Shri Tapas Prakashbhai Parmar, Vadodara	500
	TOTAL	205500
	Samvedna Foundation, Vadodara	894000
	Voltamp Transformers Ltd/, Vadodara	822000
	Paul Hamlyn Foundation, UK	4354670
	Association For India's Development, USA	51590
	Global Foundation for Education, USA	295930
	Human Enrichment By Love & Peace I, USA	181464
1	Shri Mahendra & Chhaya Patel,USA	145170
2	Shri Tarang & Hirani Amin, USA	36294
3	Cheques received in F.Y. 2020-21 but not realised	
	before 31/03/2021	
3.1	Shri Mahendra & Malti Patel, USA	72000
3.2	Shri Kirit C & Panna Desai, USA	72000
3.3	Shri Himat & Sharda Tank, USA	7200











Counseling a worried father during lockdown



Talking about energy crisis, Vatsal Bhatt



Food to needy, My son could not send money ...



Dental surgery at TRU dental clinic in Alkapuri