

Annual Report 2022

People - friendly Mental Healthcare



Presentation
Health workers
at MH Training
of NGOs



Parul Univ
Nutrition
post graduate
students at
learning of MH



Trust For Reaching The Unreached
લોકસ્વાસ્થ્ય મંડળ

41, Vishwas Colony, Alkapuri,
Vadodara - 390007

Tel No. 91 265 2338117
Email : truvadodara@gmail.com
Website : www.truguj.org

FOREWORD

Mental health illness is about a person's mental and emotional well-being. Good mental health or being mentally sound would mean that one possesses a balanced mind, confidence and self-esteem. A mental illness is a problem that significantly affects how a person thinks, perceives and reacts.

There are different kinds of mental illnesses that vary in degrees and severity. It can be split into common mental illnesses and severe mental illnesses. Mental health illness can range from psychosis to neurosis.

Statistics show that 1 in every 5 individuals suffers from some form of mental health illness symptoms. 50% of mental health conditions begin by the age of 14 and 75% mental health conditions develop by age of 24 years.

Mental health in India is still a fairly new topic and the mental health myths and taboos attached to this subject are prevalent to this date. According to the National Health program by the Ministry of health and family welfare, 1 in 5 has some emotional and behavioural problems. Close to 60 – 70 million people in our country suffer from common and severe mental disorders. India is the world's suicide capital with over 2.6 lakh cases of suicide in a year. WHO statistics say the average suicide rate in India is 10.9 for every lakh people.

As opposed to general perception, mental health issues are quite prevalent in rural areas. Due to urban bias in health delivery system, severe rural problems have been sidelined. It is precisely in this area that our organisation is active.

There are a few factors / reasons that contribute to the problem of mental health illness. They are:

Ignorance : The first and foremost reason being awareness and knowledge. People use words like 'mad' and 'asylum' carelessly. There are far too many derogatory and demeaning terms used to describe someone who is mentally not fit. This stigma or taboo coupled with ignorance and lack of awareness discourages people who are suffering to speak up and reach out for help.

Lack of help : We have just 43 state-run mental health institutions across the country. 3800 Psychiatrists are available as against the requirement of 11500, 898 clinical psychologists as against 17250, 850 psychiatric social workers as against 23000, 1500 psychiatric nurses as against 3000. That means that there is only one psychiatrist for four lakh Indians. Only 1022 college seats for mental health professionals are set aside in India.

Superstitions : Since mental illnesses show odd symptoms like hearing voices and seeing strange objects, charlatans like bhuva are approached and proper as well adequate treatment is denied.

Conclusion :

Mental illness can be treated with the right kind of support for psychotic illnesses. The right medication under the right guidance is very important. For neurosis illness getting good counselling, support and love from peer circle as well as from family plays a crucial role. Reaching out or identifying these problems at an early stage is very important.

Contributions by TRU :

TRU has been doing exemplary work in the field of mental health especially in rural area. Our focus is not merely detection and treatment of various mental illnesses but rehabilitation. Our philosophy has been to get our mentally disordered persons back into the mainstream of their daily life. We have succeeded in doing this to a large extent due to our extensive counselling efforts. We wish to continue to focus our energies in this neglected area of medical field.

7th May 2023

Dr Nayan D. Swadia
Swadia Surgical Hospital,
Vadodara – 390001

Unknown to lay persons in general and society at large, social service is one of the most difficult endeavours in our society. Hurdles are many and appreciation is scanty. Unlike an office job, the social service is a full-time job which can sap one's energy and deprive one of day-to-day pleasures of living. If this is so, what kind of people will ever think of doing any kind of social activity? I call such persons as touchstones or Parasmaani.

આપણા જીવનમાં પણ આપણને અનેકવાર પારસમણિ જેવા માણસો મળતા હશે પણ આપણાં રોજીંદા જીવનની દોડ-ભાગમાં તેમને ઓળખ્યા વગર આપણે આગળ વધી જતાં હોઈશું.... ચાલો, આપણે સમાજમાં પારસમણિ શોધીએ.... !

ડૉ. નયન સ્વાદિયા, એમ.એસ.

The year 2022 started with newer enthusiasm for us because spread of corona infection subsided. Though it existed in the minds of people, no new cases were found across the area. The schools and other educational programs were in place and we returned to our usual mode.

General Health care activities

TRU's core intervention had started with a dispensary providing rational and regular medical services to the poor and needy. We treated the population with empathy and have bagged some confidence and credibility for our medical services. The people trust us for basic help and advice in their crisis. Our primary care work enables a good referral to higher services and offers diagnosis based upon the clinical judgement of our Physician doctor. Through our clinics at Shivrajpur, Talavdi and at Bakrol we are able to meet basic needs of the people. Continuing from the corona years, this year also we got more than 25% of our OPD attendance for respiratory diseases.

Synopsis of patients who attended OPDs during 2022:

OPD Center Name	New Patients		Old Patients		Total Patients		Grand Total
	Female	Male	Female	Male	Female	Male	
Shivrajpur	782	721	1436	1896	2218	2617	4835
Talavdi	109	87	130	176	239	263	502
Bakrol	116	143	325	411	441	554	995
All OPDs	1007	951	1891	2483	2898	3434	6332
Dental	40	54	31	86	71	140	211
Epilepsy	15	26	472	819	487	845	1332
	1062	1031	2394	3398	3456	4419	7875
	2093		5782		7875		

In this year 2022 we catered to 6332 patients in our general medicine clinics. There were 1958 new patients and 4374 revisits of the old patients took place. The ratio of female to male patients has been 49.3% female to 50.7% male patients. We are happy that we have addressed and asserted for the female participation to medical care facilities and in our setup both men and women participate in equal numbers. Other patients include 94

new dental patients and 117 revisits of these patients. Patients of Epilepsy in our general OPD also have a good attendance. There were 41 new patients while the repeat visits amounting to 1291, both totaling to 1332 for Epilepsy. In all, general OPD served 7875 patients in this year.



At TRU clinic patients suffering from Hypertension, Chronic Obstructive Pulmonary Disease, Chronic Congestive Heart Failure, etc. receive proper ongoing treatment. TRU OPD receives patients who may have been diagnosed for surgical and other care for cancers of different parts. These patients require guidance for further care and referral to reliable centers.

Following is the breakup of patients we got for the calendar year 2022.

Skin problems	Respiratory conditions	Body ache & pain	Nutritional Deficiency	Gynecological problems	Gastro - intestinal problems	B.P Diabetes & Cancer	Surgical Reference
28.0%	25.5%	15.8%	11.4%	8.1%	4.8%	4.75%	1.7%

There are many patients coming from long distances for chronic illnesses such as hemiplegia, Epilepsy, mental conditions, etc over and above the ones mentioned above. Approx 3% cases in OPD are for Epilepsy and Mental conditions. TRU's community physician is well trained for mental conditions and many patients prefer coming to him rather than to the psychiatric doctors. The Mentally Ill patients are then referred to psychiatric OPDs run by us after initial diagnosis and counseling.

OPDs at Jepura village : After a long struggle we are able to start functioning in the Jepura village. The center is functional since June 22. We have found a doctor to run this center. The non-communicable disease work is started well at this center also. In the six months of its starting we have seen 840 new patients mainly for chronic problems. It is also planned to start a laboratory and X-ray unit at this center under guidance and support from us. Following is synopsis of patients at Jepura.

2022	New Patients		Patients Revisits		Total Patients		All Total
	Female	Male	Female	Male	Female	Male	
Jepura Jun. 22 to Dec. 22	383	457	294	350	677	807	1484

Mental Health Care Work

We have been able to carry out the Mental Health care work in this remote-rural-tribal area in four blocks (covering more than 7 lac population) of Panch Mahals district. While Halol taluka is the leading MH work, we could expand into Ghoghamba, Kalol and Jambughoda. All the places there are increasing number of patients over a period of time.

Halol taluka MH OPDs could cater to 365 new patients, Jambughoda got 404 new patients while Ghoghamba served 452 new patients. Kalol which is a latest started work received 268 new patients. In all 1489 new patients in this remote area is a marker of the increasing need for community-based work among poor and emarginated people.

This work not only looks at the treatment of each patient but we also look after the rehabilitation of these patients. We set an example of how empathetic approach aimed at provision of people friendly care is able to run by well trained community workers. The name and fame of this service is also travelling to far off places. Some of our patients and caregivers travel long distances to reach the Sunday Mental Health Clinics of TRU.

The specific personality of our clinics is that they are friendly and non-intimidating to all patients of all strata of society. The clinics are run by our doctors and psychologists who have a soft approach and take some time to understand the problems faced by clients. Other staff at the clinics are socially active and sensitive towards needs of each patient because they also visit the patients' homes every month. The staff understands and offers solutions to various problems, sometimes manage the local issues of transportation, social impediments for the caretakers, give successful reminders about refill of the medicine pack for the patients, etc.

Link Mental Health Workers of TRU are well conversant with social and emotional needs of the patients and their care givers. They informally provide counseling to the care givers, suggest and sensitise the care givers to meet specific needs of the patient.

The LMHWs also help the care givers to assist the patient to get back to his/her productive activities. Communication is encouraged so that the patient's socialisation takes place.



Needed rescuing by LMHW

We started MH services in a phased manner. Shivrajpur in 2004, Halol in 2009, Jambughoda in 2009, Ghoghamba in 2013, Kalol in 2016, DMHP support in 2021.

Following is synopsis of patients received in 2022 :

OPDs Name		New Patients		Total	Patients Revisits		Total		Total
		Female	Male		Female	Male	Female	Male	
Shivrajpur	Project	34	47	81	619	894	653	941	1594
Shivrajpur	Epilepsy	15	26	41	472	819	487	845	1332
	Gen MI	6	16	22	25	44	31	60	91
Shivrajpur Total		55	89	144	1116	1757	1171	1846	3017
Shivrajpur	Out of Tq	6	4	10	76	85	82	89	171
Shivrajpur Total		61	93	154	1192	1842	1253	1935	3188
Halol	Project	86	83	169	1502	1377	1588	1460	3048
Halol	Out of Tq	21	21	42	288	161	309	182	491
Halol Total		107	104	211	1790	1538	1897	1642	3539
Shiv + Halol Taluka Total		168	197	365	2982	3380	3150	3577	6727
Jambughoda	Project	39	45	84	481	467	520	512	1032
Jambughoda	Out of Tq	135	185	320	1229	1398	1364	1583	2947
Jambughoda Total		174	230	404	1710	1865	1884	2095	3979
Ghoghamba	Project	161	156	317	1467	1380	1628	1536	3164
Ghoghamba	Out of Tq	62	73	135	687	590	749	663	1412
Ghoghamba Total		223	229	452	2154	1970	2377	2199	4576
Kalol	Project	123	108	231	1122	1347	1245	1455	2700
Kalol	Out of Tq	10	27	37	128	120	138	147	285
Total		133	135	268	1250	1467	1383	1602	2985
All Total - 5 OPDs		698	791	1489	8096	8682	8794	9473	18267
Project Area		464	481	945	5688	6328	6152	6809	12961
Neighboring area		234 (46.88%)	310 (53.2%)	544 (100%)	2408 (50.6%)	2354 (49.4%)	2642 (48%)	2664 (52%)	5306

The above table is quite self-explanatory and provides comparison between different OPDs under this project. The Jambughoda is a small taluka (approx. 55000 population only) marked by hills and ravines.

Number of patients from within the talukas and from neighboring talukas is large. We find that in the Jambughoda OPD the patients coming from neighboring areas like Vadodara, Chhotaudepur, Narmada, Dahod and from Khandva, Madhya Pradesh are in large numbers. It is seen that approx 47% patients are from Bodeli taluka (adjacent to Jambughoda). 29% from Pavi Jetpur taluka and rest from other areas.

All OPDs total patients coming from neighboring areas are 36.5% (i.e. 544 of total 1489 patients) while those from the project talukas are 63.5%(i.e. 945 of total 1489 patients).

We believe that our services have been regular and affordable (patient has to pay for transportation only) is one major advantage that people from outside project areas appreciate and so are encouraged to make use of the services. Additionally the non-assuming approach that does not intimidate the clients or the



Caregiver meeting - Dr. Alok and TRU's LMHWs

care takers has an extra advantage in our clinics. The village youth work as Link Workers and their credentials reach to the people through the simple leaflets distributed in project area. Usually it is heartening to hear that people from far off taluka places also contact and confirm their visit to the OPD on their own.

Female participation in OPD is found to be 47 - 48% while the male participation in OPD works out to approx. 52% to 53%. This is found to be consistent from year to year. The female representation among new patients as well as patient revisits is almost similar to the figures of previous years. It shows that the MH services created by us in this remote area runs without gender discrimination.

We have also noticed that the Link workers themselves are able to know if the patient requires psychiatric attention or not. Whenever they come across the common mental illnesses like headache, insomnia, etc they advise the patient to take a general medical advise to rule out other conditions. They also advise the family to help the patient by support counseling for any of the obvious psychological issues. The patients suffering from other conditions like Panic, Obsessive Compulsive Disorder, or general anxiety for a long time are sent to the OPDs where psychiatric diagnosis is made and treatment given. Most of these patients need professional support for a short period only. The CMD patients (13%) are also diagnosed through our symptom check list.

Kind of mental illness among the New OPD patients :

Severe Mental Diseases (SMD) 66% presence in new cases (i.e. 624 of 945) in project villages - in year 2022				Epilepsy	Common Mental Diseases (CMD)	
Schizo-phrenia	Psycho-sis	MDD	Bipolar	Epilepsy (i.e. 198 of 945 new patients)	CMD includes MR + Others (i.e. 123 of 945 New patients)	Total (945 new patients in project villages)
18%	23%	18%	7%	21%	13.01%	100%

We found that the load of SMD patients in the MH clinics is nearly 66% of the new patients attending OPDs in this calendar year 2022. While the Epilepsy patients are also many – nearly 21% of all OPD new cases.

The symptom checklist for identification of the new patients is regularly used not only by the Link Health Workers in the field, it is also explained to the GOG health workers and other agevans in the area. So now everyone is able to understand and identify a change in behaviour of the person and advise the care taker to visit our OPDs. It is also found in many instances that the Link Health worker comes to know about any person with changed behavior when the informer could be an ASHA, AWW or any Panchayat member. Following table gives a glimpse of our estimation of who refers the patients to our clinics. The following table also shows when the patients report to the clinics after onset of symptoms.

Referred by Link Worker	Referred by others in field	Reached OPD within 15 days of symptoms	Reached OPD within 16 to 90 days	Reached OPD within 4 mths to 6 mths	Reached OPD within 7 mths to 12 mths	Came to OPD after a year of symptoms
53.4%	46.6%	15%	26.9%	12.8%	16.5%	28.8%

This break-up clearly points at the level of awareness that our communities have reached. Nearly 47% patients have used other persons to know about the MH Care services to seek solutions while the MHWs have sent 53.4% of the patients who have reached the OPDs.

We have also tried to notice the period between patient identification and date of reaching the OPDs. This is an approximation of time as reported by the patients or care taker. Nearly 15% of patients reach the OPDs through Link Workers' intervention or otherwise, within two weeks of developing the disease symptoms. While the others reached the OPD having referred by their relatives and others like govt workers or village leaders. It may be considered as increasing evidence to say that the TRU services have become popular.

It is also found that as per the traditions of the area most patients seek solution from the faith healers first and then only come to the allopathic medical services. Some also do simultaneous consultations from MH clinics and from faith healers. People in need also call our centers and the Link Workers to find a solution for their problem of MI at home.

Usually, the MH clinic attends new patients as well as patients from previous years also. So at any time point number of patients taking treatment are more than those received during current year.

Patients under treatment during 2022 :

	Shivraj-pur	Halol	Kalol	Jambu-ghoda	Ghogh-amba	Total
New Patients during 2022	144	169	231	84	317	945
All patients under treatment	424	568	570	227	752	2541 (100%)
SMD + Epil. Patients	386	495	488	170	645	2184 (86%)

Above table shows that fact very well. Above table also shows that total patients under treatment consists of 63% from previous years (old pts) i.e. Out of 2541 patients under treatment during the year 2022, only 945 (37%) are newly received during the year. Thus as the community work becomes stronger more will be patient retention in services. It is also evident that the SMD and Epilepsy require long term treatment. Out of all 2541 patients under treatment 2184 (86%) patients require long treatment.

Patient Attendance :

Out of the above 65% patients have attended the MH clinic almost every alternate month during the year. We may conclude that the patients have been fairly regular in obtaining the treatment at the MH clinics. More than the clinical treatment the project spends considerable energy in following up these patients to come to the treatment net.

Rehabilitation of patients :

We pay attention to the overall health status of the patients, esp the SMD patients. Until the patient is able to resume his / her productive and social tasks the person is not said to have reached the rehabilitation state. This requires us to work with the families to help the patient regain and relearn all the roles and duties he / she had before becoming ill. Following is the synopsis of the CBR among the Severe Mental Disease patients:

	Shivraj-pur	Halol	Kalol	Jambu-ghoda	Ghogh-amba	Total SMD Pts.
CBR achieved	163 (79%)	251 (86.6%)	180 (71%)	71 (75.5%)	263 (66.8%)	928 (74.5%)
CBR not achieved	30 (12.7%)	20 (6.9%)	57 (22.5%)	27 (28.7%)	83 (21.1%)	217 (17.4%)
Death + Migration	13 (6.3%)	19 (6.5%)	15 (5.6%)	6 (6.4%)	48 (12.1%)	101 (8.1%)
Total	206 (100%)	290 (100%)	252 (100%)	94 (100%)	394 (100%)	1246 (100%)

Note: It is understood that the patient suffering from severe mental disease shows improvement by around 6 mths of treatment. So, for the above table the eligible SMD patients are those who came to the MH clinic before the 30th June 2022.

Awareness Programs

School MH work :

This program aims at making the highschool going youth about Mental health issues in the villages. So this is regularly done with std 10th to 12th class students every year. Four classes are taken in a month in the schools and then a post test is also taken for knowing the retention of knowledge by the students. This year also in the month of August – Sept we conducted classes in 41 high-schools of the area. We made the students aware about what is mental health, what are the mental diseases, what can be done for each of them, how the patients require special help by young persons, how they can help them to reach the treatment for the diseases, how the society looks at these patients and how they can work towards overcoming the stigma faced by the patients and their families.

Students participating in High School students' sensitization programme:

No.	Taluka	No. of Schools	Students Girls	Students Boys	Total Students
01	Halol Taluka	18	743	498	1241
02	Kalol Taluka	07	186	125	311
03	Ghoghamba Taluka	13	467	332	799
04	Jambughoda Taluka	03	131	72	203
	Total	41	1527	1027	2554

The classes end in a post test. We have given synopsis of the result of this test. The test is then followed up by distributing prize to the first and second rank students in each school.

Following is the synopsis of result obtained in Gnankasoti.

Marks out of total 50	<20 marks	21-30 marks	31-40 marks	41-45 marks	Total Students
Total Halol Taluka	81	607	531	22	1241
Total Ghoghamba Taluka	72	412	305	10	799
Total Kalol Taluka	10	159	134	08	311
Total Jambughoda Taluka	3	103	92	05	203
Students appeared in Gnan Kasoti, 2022	167 (6.53%)	1282 (50.18%)	1062 (41.55%)	45 (1.76%)	2554 (100%)

The above table shows that 41.5% students have a good recall of the teaching. Nearly 60-80% marks are obtained by 43% of these students. Students obtaining 40-60% marks are nearly 50%. It also shows that students do remember the messages and are able to recall the information in the post test. So, it is also hoped that in real-life situations also they would remember and use this Mental Health information when required.

The TRU also holds an interschools event for these students. Five students from each school are motivated to participate in the competitions at Shivrajpur center of TRU. The students participate in elocution (debate), the drawing making for posters and a quiz program at the central level. The first and second from the interschools event are awarded prize. Following is the result for this competition in September 22.

Participation at the inter-schools event	Girls	Boys	Teacher	Total
Halol Tq Schools	133	33	14	176
Kalol Tq Schools	8	1	1	10
Ghoghamba Tq Schools	18	9	6	33
Jambughoda Tq Schools	00	5	1	6
Total from 41 Schools	159	48	22	225

Awareness at the community level :

In this calendar year we have conducted a number of awareness programs for the people of project areas. Over and above contacting individual patients' families for follow up and various MH needs of the patients, we have contacted the families not having a patient in their homes. The link workers motivated them to support the patients and care takers in general and help in the rehabilitation process.

Kanpur High School,
Rajesh Chauhan



Following table gives the synopsis of awareness efforts at the community level:

Severe Mental Disorders	Halol	Kalol	Jambughoda	Ghoghamba	Total
Villages visited	142	76	55	95	368
- No of visits to each village	3 - 6	2 - 4	3 - 4	3 - 5	2 - 5
Visited patients' families	3419	3951	721	3735	11826
- No of family visits per patient	3 - 6	3 - 5	2 - 3	3 - 4	2 - 6
Visited families without patient	4288	9814	1371	10186	25659
- No of family visits per village	15-20	20-30	10-15	20-30	10-30
Visited ASHA	602	239	139	723	1703
- No of visits per ASHA	1 - 3	1 - 2	1 - 3	2 - 3	2 - 3
Visited Anganvadi workers (AWW)	457	310	120	633	907
- No of visits per AWW	1 - 3	1 - 2	1 - 2	1 - 3	0 - 3
Visited ANM/MPW	60	53	23	70	206
- No of visits per ANM / MPW	1 - 2	0 - 1	0 - 2	1 - 2	0 - 2
Visit to other Govt workers	48	36	10	112	206
- No of visits per govt worker	0 - 1	1 - 2	0 - 1	1 - 2	0 - 2
Visit to village leaders (Panchayat / Falia Agevan / Dairy office holders / others)	636	255	185	210	1286
- No of persons visited per village	6 - 10	3 - 6	4 - 7	5 - 10	1 - 10

Thus, an all-round approach is adopted to make the community aware of the needs of the mentally ill persons. Individual families and the community groups are part of the awareness work. They are distributed the patrikas and information is given practically depending upon the case in that village. The Panchayat and other agevans have been kept in loop by motivating them to help the caretakers of some patients for reaching the patient to the MH care/clinic. There is discussion about patients' rights and how they can help preserving the patients' basic needs with care and support. All such efforts have resulted in bringing back the patient to road to proper social and productive life. The community members watch the patient being rehabilitated with some medicines and an understanding, positive behaviour.

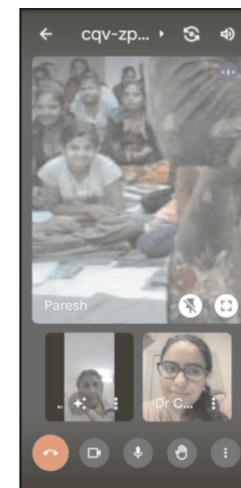
This enables an opportunity to learning about the mental illness and its acceptance as a disease process.

MH care for the adolescents : Capacity building for adolescent girls imparts life skills to the girls in our education program. The aim is to understand life processes and improve their coping skills. We have started these sessions for nearly 100 girls in our education program with help of Dr. Chitra Pandya, MD. We could start this program from December end and have been following through every Thursday on a virtual class with her.

Emphasis has been to sensitize the girls about self awareness, coping with stress and emotions, effective communication, decision making, empathy and problem solving. All sessions significantly covered explanation in simple language and activities with inter active discussions.

Training of the NGOs for MH :

TRU has started sharing MH care experiences with other NGOs. The effort is to motivate them to start working on any of the MH components so that the mental health work comes to focus among the NGO sector. It is hoped that once the NGOs respond and take up this important offshoot of community health work there will be many nuances and new approaches to improvement of quality of life for the remotely placed patients. The useful role of the NGOs is believed to be showing and creating models of MH Care so that more in-depth work can be done in this direction.



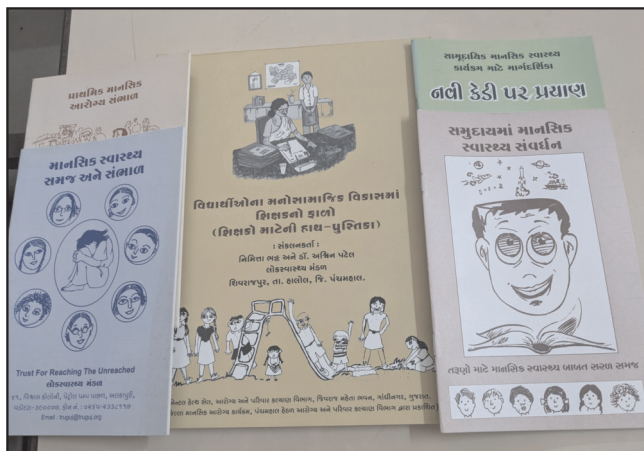
MH Training of NGOs



Two Training Programs were held during this year. The April 22 program at Shivrajpur was attended by 33 workers from 8 NGOs. The December program was held at Kharel, Navsari having 42 workers from 9 organisations. Out of the two programs we enabled training of 75 workers from 15 organisations from different parts of the state. We had targeted that the two programs will cover the training of trainers in NGOs. The workers who have been trained by TRU will go back and start their work so that they in turn will also train other workers in their organization. NGOs taking up the MH work as a result of our training are GST at Kharel, Seva Rural at Jhagadia, Bhansali Trust at Dang, BAIF at Vandsa, JNPCT at Dharampur, Gandhighar at Kachholi, SPARSH at Karamsad Medical College and Anjali at Ranasan in North Gujarat. The Vedruna Niketan Congregation of Catholic Sisters have requested for further training of all different chapters working under their umbrella. It is planned for the year 2023.

Book about CMHP work in TRU :

We have planned to write a book about our experiences and about the various aspects of community health work in mental healthcare. The book will take up each aspect and principle of community health work in general and discuss how each component of MH Care can be achieved by putting Comm Hlth basic guidelines in practice for MH. Dr Vikram Gupta and Ms Kimberly Lacroix have agreed to prepare first manuscript of the book in consultation with the TRU Team. We have already started the process and we do hope to accomplish the project by end of 2023.



MH Publications for translation

Publications of TRU :

In all these years TRU has published many booklets and manuals, posters etc for use in the field. Creating awareness and training cadres for community based mental health work is an important intervention of TRU. So the materials have been produced in Gujarati language which every one can follow. For quite some time our friends outside Gujarat have asked for materials which they can use in their projects. So we have undertaken to translate the materials in English first and if required in Hindi that can be considered at a later date. The Teachers' manual and the awareness booklet for lay literates have been almost in completion. At present the plan is to put them up on our website for wider use and consideration.

District Mental Health Program (DMHP), Panch Mahals :

As we have been working in the four talukas of Panch Mahals, the district has three talukas not attended by us. The DMHP was started by the GOG to provide MH care in various districts including PM. In the year 21 – 22 we decided to start the work with them. In the three talukas the DMHP OPDs had started but not doing well. So they approached us and we decided to help them in this regard by spreading awareness in the three talukas and mobilizing people to take advantage of the MH services of the govt. We started the work in June – July 21 and ended in March 22. This short involvement also helped the OPDs of the three talukas to start getting good number of patients. The efforts done by TRU's senior. Two extra workers taken from that area were guided to provide field services for MH care in villages by personal contact and awareness meetings.



Dr Vanakani with TRU LMHWs and Girls in Education Programme

Girls' Education Program

This program has been taking place since 2004. Year to year we receive applications of the parents for admission to this program. The next doors govt school receives many students from outside the area (more than 2 km away). Ours being a tribal area the homes are embedded in forest where no public transport is available. Parents feel insecure about their child's security when the child goes walking through the forest and ravines, often flooded with monsoon water. So these girls either do not study further than primary school available in the village itself or they have to be in the hostel for coping with the geographical and environmental uncertainties. We have founded the girls' education program to address the need for easy transportation to and from the high school. The program also has created a model to prove how the girls successfully accomplish schooling and also then pursue higher education or any vocation so that they are economically independent.

This is a residential programme. The girls go to a High-school situated close by. In extra hours outside the school-hours, we have tried to arrange for supplementary teaching of school curriculum. In this year we had major difficulty in finding a tuition teacher for Maths, Science and English. Our teacher for Maths and Science stopped coming because of increased burden of work in agriculture. We could not find his replacement. In English tuition also we could not arrange anything till second semester. Lately we found one English teacher to give a virtual class every week to the girls especially the 9th and 10th Std. This was greatly appreciated by the girls may be we shall continue this intervention in the coming year also.

Interns from different institutions interact with girls.



Admissions in Academic Year 22-23 :

The following table gives number of admissions in this programme. For last 17 years we have been able to help more than 1500 girls. They are mainly tribal girls studying in High School. First generation to come out of their village and understanding life in a different way. The extra-curricular exposure helps them to learn mingling with modern system of education and newer ways of life.

Admission year to year :

Year	Std 5	Std 6	Std 7	Std 8	Std 9	Std 10	Std 11	Std 12	Total
2005-06	01	05	00	03	02	00	00	00	11
2006-07	01	00	05	08	03	02	06	00	25
2007-08	S T O P P E D		02	38	12	04	07	05	68
2008-09			01	21	34	12	03	06	76
2009-10			ST OP PE D	36	23	33	11	05	108
2010-11				23	34	25	24	11	117
2011-12				23	36	30	12	24	125
2012-13*				No longer in High School	43	33	15	15	106
2013-14**					31	36	15	15	97
2014-15					49	25	24	14	112
2015-16					30	38	18	21	107
2016-17					38	31	12	18	99
2017-18					55	36	17	12	120
2018-19					42	46	11	17	116
2019-20	Lockdown - late March 20 no exams				35	36	12	9	92
2020-21	School started in Jan-Feb 21, closed in Apr 21, no exams				19	29	12	8	68
2021-22	Schools started in August 21				24	20	16	14	74
2022-23	Schools started in July 22				44	26	18	17	105

Result for previous year students :

In the previous academic year, i.e. exams held in March – April 22, out of the 74 girls who had started, 67 persisted till exams and following is the result of their final exams: The following table gives results obtained in the annual exams. We can see that 30 out of 67 have more than 60% marks, 25 have obtained 45-60% marks. We see that 8 girls in Board exams failed at first attempt in one or two subjects. They appeared in repeat exam next year and cleared them. Although they left studies due to family pressure after that.

Result 21 – 22 GEP :

Passed with marks	Std. 9	Std. 10	Std. 11	Std. 12
More than 60%	16	4	6	4
45 – 60%	3	9	8	5
35 – 45%		2		2
Failed		5 *		3 **
Total	19	20	14	14
	1 girl stopped studies due to mother's illness	*Failed in 1 subject, appeared again, & passed exams	1 girl lost her parents due to corona and had to leave studies	** Failed in 2 subjects, appeared again and passed exams

Beginning & New Semester :

In the year 22 – 23 semester had started with 105 girls in various classes. This year also we face the problem of very weak level at studies. The girls somehow have difficulty even in reading and writing. There is so much to cope with, we doubt if these girls can successfully complete their semester exams. We found the same at first semester results, where the result had been very discouraging. But somehow, we continued and found that some girls were able to rise above their original level and got pretty good marks.

They sustained themselves in the disciplined environment where continuously the teachers would work with them, they designed extra tests, brought more to curriculum by giving outside inputs and made them to practice reading and

writing precis, answering questions and teaching them how to study. We hope to see better results at the end of this year. The second semester we got only 96 girls back from home after Diwali vacation. Now the semester has completed and the Board exams have started. Other girls are busy preparing for their exams also.

This year we had only two teachers as one teacher could not make for the classes due to his own changed agriculture schedules at home. The visiting teacher and the residential teacher have worked hard and we await the exams for all the girls.

To deal with some adolescent issues we started Life-skill education classes by Dr. Chitra Pandya. This is described under MH care for adolescents on page number 13 of this report.

Festivals at GEP : As usual all the festivals are observed at the GEP. The Independence Day, Raksha Bandhan, Divaso, Navratri, Makar Sankranti, and holi. All festivals are celebrated with good food, the activities like inviting brothers to tie Raksha, singing and dancing for Navratri, Republic day celebration, distribution of sweets, kite flying, and playing with colours and water. Additionally, there are birthdays when the girls sing and play and have sweets distributed to everyone.

Computer program :

By now 26 computer systems have been installed in rural areas, mostly in the village Panchayat office or community hall. The vill. Panchayat also manages the class for the high school going students. Some other educational activities are also arranged by the respective villages. In all, these computers have proven to be a blessing for the villages. We have some positive stories and some are not so pleasant. We have found that due to the election of new Sarpanch and the rest of the Panchayat body, some villages have not started working on the computer systems. We are negotiating the arrangements with the new Panchayat bodies and found that some are not interested or not able to carry out the program in the manner envisaged by TRU. We may have to find alternative reliable persons to do this work at village level. Efforts are on and hoping to get result out of the process soon. In approx. 10 out of the above 26 villages they have continuously kept working for the students of their village. A couple of them have done sporadic classes. Those who have not used the system at all are being negotiated for better alternative. Some High Schools in the area have requested us to give a computer system for extra classes. We are considering to shift the systems in inactive Panchayats to the schools.



Abhinav Bal Kendra :

We have started this program in July 22 with 50 children on our register. This year we had no mentally challenged children. The Balwadi was taken up in usual manner with lots of enthusiasm and happiness. To the end of the year we have approx. 40 children continuing. The children are looked after by three teachers. They are taught in play way method. Their course curriculum is based upon the Montessori teaching methods. It includes giving a free play to all children and creating an environment of learning together.

We have also prepared to start a branch of the Balwadi at village Jepura. It is likely to start in January 23. The teachers are being trained for Jepura branch of Abhinav Bal Kendra. The admission procedures are nearly accomplished by December 22. We will have 60 children on our registers.

Balwadi
children -
play
outdoors



Rahat Nidan Kendra (Diagnostic Centers) :

The diagnostic centers based in Vadodara city help the urban area people by providing laboratory and radiology services at two centers. So far we have been able to provide the good quality basic services to the people. Many patients take advantage of the two centers run by TRU.

Name of Center	X-Ray	Sonography	Echo-cardiogram	Laboratory	Total Patients
Alkapuri	1260	1834	--	4374	7468
Dandia Bazar	3633	1127	179	--	4939
Total	4893	2961	179	4374	12407

The above table shows that TRU has been able to help the poor patients of Vadodara to a large extent. On an average more than 1000 patients are taking advantage of the services which are quick, good quality and reasonable in every manner. The doctors who are related to TRU's services (more than 100 doctors of various areas in the city) are also happy for the services. Their patients can be better served by them. There is patient satisfaction due to good services and the work is fast and reliable.

TRU's dedicated staff and the pathologists and radiologists also serve these patients for many years now on consistent and regular basis. Even the google rating for this service is always 4.5 to 5 stars as given by the patients. TRU feels happy about the same.

Number of patients attended RNK in last 22 years :

Year	X-Ray		Laboratory		Sonography		Echo-cardiogram	Total Patients
	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
2014-2020	14769	34449	35855	18082	17218	8540	995	129908
2021	1413	2865	4809		1720	782	160	11749
2022	1260	3633	4374		1834	1127	179	12407
Total all years	60921	85533	100478	22039	36031	18670	2709	326381

Financials in TRU

TRUST FOR REACHING THE UNREACHED

BALANCE SHEET AS AT 31-03-2022

Funds and Liabilities	Rs.	Property and Assets	Rs.
Trust Funds or Corpus	1,41,46,418	Immovable Properties	2,20,25,931
Other Earmarked Funds	3,08,60,837	Furnitures & Fixtures	85,21,612
Liabilities	30,03,391	Advances	
Income & Expenditure A/c.		To TDS Receivable	20,96,356
Balance as per last B/S	1,31,63,272	& others	
less deficit during the year	(2,65,352)	Cash and Bank Balances (including FD with Bank)	2,82,64,667
	6,09,08,566		6,09,08,566

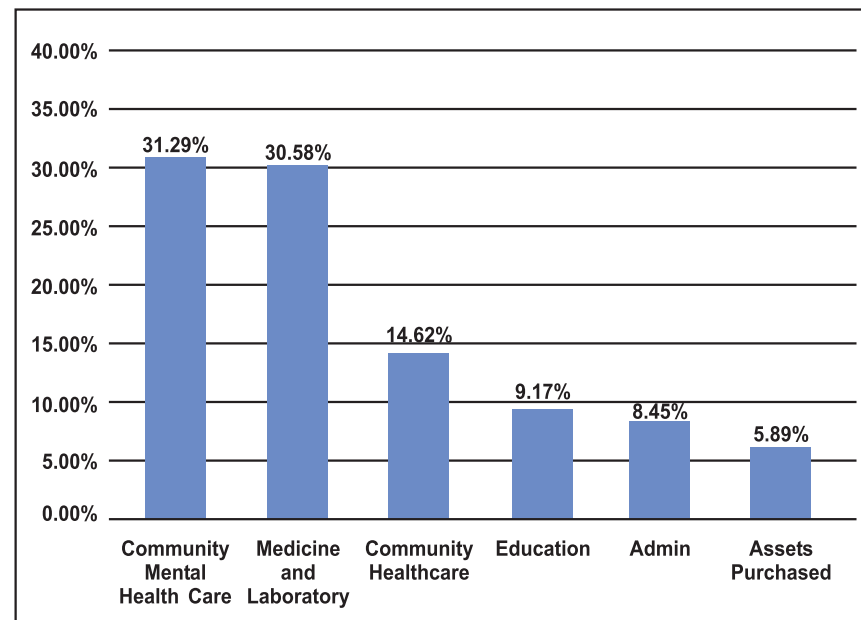
INCOME & EXPENDITURE A/C. FOR THE YEAR ENDED ON 31-03-2022

Expenditure	Rs.	Income	Rs.
To Expenditure in respect of properties	6,51,663	By Interest on Securities	13,61,679
To Other Expenses	52,920	By Donation	
To Fees & Statutory	2,31,632	Domestic	1,89,521
To Depreciation	2,62,271	International	70,245
To Expenditure on object of the Trust (FCRA)	45,88,013	By Transfer from Grants	
To Expenditure on object of the Trust	33,18,604	International	46,10,403
By Deficit carried over to B/S	(2,65,352)	Domestic	26,07,903
Total Rs.	88,39,751	Total Rs.	88,39,751

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

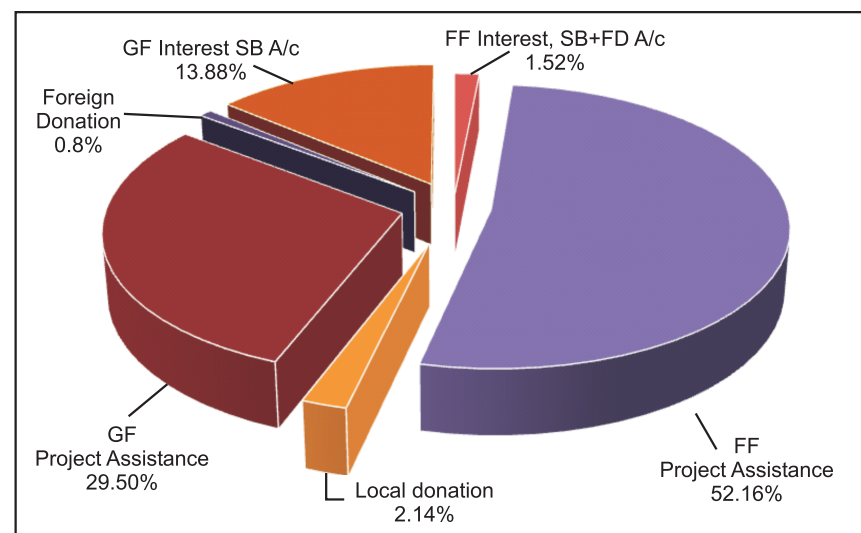
TRUSTEES
Trust for Reaching The Unreached
Vadodara :

Expenditure Pattern in TRU, F.Y. 2021-22



Total Expenditure = Rs. 87,73,057

Income in TRU, F.Y. 2021-22





**Link workers
in a fortnightly
meeting at
Shivrajpur**



Quiz session at School MH Awareness programme

**Preparing
for exams**



Winners of Poster competition

Contents

Foreword

General Health Care Activities

Mental Health Care

Awareness Programs

Girls' Education Programme (GEP)

Financials in TRU

Income - Expenditure (2021-22)

Page No.

1

3

5

11

17

23

24