

Annual Report 2021

Health Workers - Success of a CMHP



LMHW Vikrambhai Annual Data analysis



LMHWs at a Data Review meeting at Shivrajpur center

Trust For Reaching The Unreached

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meeting
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FOREWORD

TRU team is happy to put before you annual activities report along with the challenges we met during this post pandemic time. The deadly virus that caused second and third wave of Covid affected our work areas in village settlements as well as in urban area. Equipped with knowledge after training sessions regarding Corona virus our frontline workers could continue with their health-related field activities and attended the clinical duties at almost full scale.

Our educational programs - pre-primary education (Balwadi) and Girls Education program were affected heavily. Balwadi could not be started and Girls Education Program could work intermittently. Admissions were 74 this year compared with 68 in previous year and 92 during 2019- 20 academic year.

Diagnostic clinics at Alkapuri and Dandia Bazar in Vadodara could function at about 60% patients as compared with attendance previous year (2019). We have catered to diagnostic needs of laboratory tests of 11749 patients this year compared with 10376 patients during 2020 and 19445 patients during 2019.

Our Mental Health Program in four Talukas - Halol (includes Shivrajpur), Jambughoda, Ghoghamba and Kalol was also affected a little. We could continue with nearly same success ratio. This year we had 947 new patients in five talukas compared with 923 new patients during previous year (2020).

TRU is indeed happy to note that efforts of frontline community workers have brought about average of 74 per cent Community Based Rehabilitation (CBR) of Mental Health patients among four adopted Talukas.

Jambughoda Taluka has sterling CBR figures of 85% CBR while Shivrajpur and Halol has 78%. Such high CBR ratios speak about success of our approach for dealing with Mental Health problems in rural areas. It is due to our doctors who have been diligently and regularly working for the patients. Indeed their efforts have resulted in 136 average patients attendance per OPD during this year. The figure of new patients at each taluka clinics has multiplied over the years. We are proud that vigilant attitude, constant follow ups and awareness campaigns have brought about understanding and true realization of mental health issues amongst villagers. Villagers seem to have responded well to our educational programs. The misconceptions about mental illnesses and ill-behavior towards mentally ill patients have reduced. Our workers have done tremendous work amongst villagers. Their live rapport with the community has helped to achieve success of Mental Health implementation strategies of TRU.

This year brought several administrative and official hurdles. FCRA registrations were required to be renewed, the bank account had to be opened at New Delhi State Bank of India, Main Branch, Trust registrations in Income Tax Dept viz. 12A and for 80G (enables local donors 50% tax exemption on their amount of donation) also required renewal, follow up with charity commissioner for sale of our Mangaldeep office, Gotri Campus and sale of our old laboratory at Gayatri chambers along with routine tasks that we have in administration of Trust. Our managing trustee and administration staff at office deserve kudos for their already heavy workloads.

A very alarming indication is, our budget deficits year to year is increasing. Deficit during 2020-21 has been Rs.19,23,000 which was Rs.4,40,000 during 2019-20 and the deficit during year 2018-19 was real awful with Rs.32,97,000. Our finances have been affected by increasing costs of salaries, maintenance and cost of equipment. Added with this situation is that our donations during the year have decreased. Interest rates for investments have gone down resulting in less income from our Fixed deposits. Unless all well-wishers join in efforts to boost donations, we will continue to be in red. The central government is restricting free flow of foreign donations and this has great effect. I believe that next year is expected to be normal from corona and growth conducive, so that the Trust will be able to receive many more local donations and thus help balance receipts and expenses.

Through this write up, I am privileged to meet all friends, acquaintances and well-wishers of TRU interested in healthcare and community educational programs after a gap of ten years. I have been consistently involved in various activities of TRU and developmental projects since formative years of TRU. I am happy to know that my associations have produced quiet and congenial but environment full of activities at Shivrajpur for all workers, patients and visitors till date. Campus has grown and is now ready to expand over Jepura for involvement with similar rural communities. I hope all of you are feeling equally enthused to plunge into more activities.

I end herewith wishing all activity personnel and administrators of TRU tremendous success in their good work and more successes each year thereafter.

Jayendra Bhatt
Trustee, TRU

Following from the year 2020, everyone was hopeful that the 2021 will bring corona-free time for all of us. But we were all proven wrong. The second wave of Covid came and badly hit even the rural people. We tried to face it with courage but it was disturbing indeed. Poor people's plight and mounting fear was overwhelming. Every village was affected and many deaths happened. We too got scared for our team. But point of satisfaction was that they all kept safe and healthy. Field work continued though at a lower pace.

General Health care activities

Patients kept coming to our clinics as before. But no one would complaint of cough-cold-fever. So we had to run an education campaign regarding how not to fear for any forced admission to hospital for corona infection. We educated the people that every cough-cold is not corona, our physician will refer for corona testing only if he suspects the infection, it is better to vaccinate yourself, vaccination is quite a safe measure and that uncalled fear will expose one to serious infections and resulting illness.

The clinics at Shivrajpur, Talavdi, Bakrol are 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 Panch Mahals 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.

| OPD Center Name | New Patients | | Old Patients | | Total Patients | | Grand Total |
|-------------------------------|--------------|-------------|--------------|-------------|----------------|-------------|-------------|
| | Female | Male | Female | Male | Female | Male | |
| Shivrajpur | 1075 | 929 | 1591 | 1920 | 2666 | 2849 | 5515 |
| Talavdi | 213 | 188 | 169 | 217 | 382 | 405 | 787 |
| Bakrol | 233 | 346 | 343 | 408 | 676 | 754 | 1430 |
| Total | 1621 | 1463 | 2103 | 2545 | 3724 | 4008 | 7732 |
| Dental Patients at Shivrajpur | 27 | 50 | 30 | 63 | 57 | 113 | 170 |
| Vadodara | 144 | 118 | 104 | 69 | 248 | 187 | 435 |
| | 1792 | 1631 | 2237 | 2677 | 4029 | 4308 | 8337 |
| | 3423 | | 4914 | | 8377 | | |

It is heartening to see that during the 2021 calendar year we could help 7732 patients in the general OPD totally. Including dental patients we served 3423 new patients and those who revisited for the same or new episode of illness are 4914. The ratio of female patients (47.3%) to male patients is also satisfactory.

The patients in TRU clinics in Shivrajpur, Talavdi and Bakrol were helped for primary healthcare needs and also our center served as a self-referral system for some of the patients who would be on tertiary care but needed to understand the prognosis and strategy of treatment for the relatives. The patients were scared to go to the hospitals in the city and always wanted to understand the urgency of treatment and other issues. The senior doctor - physician in TRU advised such patients and their relatives. Over and above our centers also treat the patients suffering from Diabetes, Hypertension, Chronic Obstructive Pulmonary Disease, Chronic Congestive Heart Failure, etc. We do diagnose the patients who need surgical and other care for cancers of different parts. We provide a proper referral for such patients.

Following is the breakup of patients we got for the calendar year 2021.

| Skin problems | Body ache & pain | Respiratory conditions | Gastro - intestinal problems | Gynecological problems | Nutritional Deficiency | Epilepsy & Mental Illness | Surgical Reference | B.P Diabetes & Cancer |
|---------------|------------------|------------------------|------------------------------|------------------------|------------------------|---------------------------|--------------------|-----------------------|
| 24.3% | 23.2% | 22.7% | 13.3% | 6.4% | 4.3% | 1.84% | 1.2% | 1.2% |

There are many patients coming from long distances for chronic illnesses such as hemiplegia, Epilepsy, mental conditions, etc over and above the ones



Mental Health Care

Community Mental Health Program : TRU provides community based mental health care in four talukas and five OPDs. They are Shivrajpur and Halol in Halol taluka, Ghoghamba, Jambughoda and Kalol talukas. We have been able to reach out to many patients and demonstrate that the patients are better treated at home rather than in hospitals. Community / caregivers are slowly learning how to take care of the mentally ill at home. This has also helped reducing stigma and negligence by the community towards patients.

We are happy to say that the wisdom of our frontline workers - the paramedical workers has helped the patients invariably. All of them have been trained in support counseling by us and they have played major role during corona times in removing fear from the minds of the people.

Our team of health workers have worked with the family to find solutions for the issues which otherwise sound impossible in the rural settings. It has been difficult to retain patients in continuous and long period for treatment. Not only medicines they need to be advised about patients' needs. Family is to be sensitized about how to behave with the patient and to bring him/her back to social and economic role/responsibility. The village based workers are sensitized and trained to achieve community based rehabilitation of the patient.

In this year we managed to get basic blood tests for the Psychiatry patients. The lab tests were performed to understand basic parameters and to identify any co-morbidity.

Team of phlebotomists from our Vadodara team collected blood samples and conducted basic tests for more than 400 patients of Mental Health Clinics.



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

| All OPDs Mental Patients visits during 2021 | New Patients | | Total | Patients Revisits | | Total | | Total pts 2021 | Total pts 2020 | Total pts 2019 |
|---|--------------|------------|------------|-------------------|-------------|-------------|-------------|----------------|----------------|----------------|
| | Female | Male | | Female | Male | Female | Male | | | |
| Shivrajpur Proj. area | 56 | 76 | 132 | 953 | 1405 | 1010 | 1480 | 2490 | 2130 | 2626 |
| Shivrajpur Out. Proj. area | 3 | 9 | 12 | 69 | 80 | 72 | 89 | 161 | 142 | 136 |
| Shivrajpur Total | 59 | 85 | 144 | 1022 | 1485 | 1082 | 1569 | 2651 | 2272 | 2762 |
| Halol Proj. area | 50 | 50 | 100 | 1511 | 1442 | 1561 | 1492 | 3053 | 2754 | 2405 |
| Halol Out. Proj. area | 26 | 20 | 46 | 266 | 152 | 292 | 172 | 404 | 440 | 386 |
| Halol Total | 76 | 70 | 146 | 1777 | 1594 | 1853 | 1664 | 3517 | 3194 | 2791 |
| Shiv + Halol Taluka Total | 135 | 155 | 290 | 2799 | 3079 | 2935 | 3233 | 6168 | 5466 | 5553 |
| Jambughoda Proj. area | 20 | 32 | 52 | 419 | 435 | 439 | 467 | 906 | 953 | 802 |
| Jambughoda Out. Proj. area | 83 | 119 | 202 | 929 | 1150 | 1012 | 1269 | 2281 | 1668 | 1563 |
| Jambughoda Total | 103 | 151 | 254 | 1348 | 1585 | 1451 | 1736 | 3187 | 2621 | 2365 |
| Ghoghamba Proj. area | 56 | 67 | 123 | 1216 | 1185 | 1271 | 1252 | 2524 | 2761 | 2709 |
| Ghoghamba Out. Proj. area | 78 | 63 | 141 | 707 | 650 | 785 | 713 | 1498 | 1175 | 1019 |
| Ghoghamba Total | 134 | 130 | 264 | 1923 | 1835 | 2056 | 1965 | 4022 | 3936 | 3728 |
| Kalol | 66 | 73 | 139 | 975 | 1323 | 1041 | 1392 | 2437 | 2377 | 1907 |
| All Total - 5 OPDs | 438 | 509 | 947 | 7045 | 7822 | 7483 | 8326 | 15814 | 14400 | 13553 |
| Project - 5 OPDs | 248 | 298 | 546 | 5074 | 5790 | 5322 | 6083 | 11410 | 10975 | 10449 |
| Outside Project - 5 OPDs | 190 | 211 | 401 | 1971 | 2032 | 2161 | 2243 | 4404 | 3388 | 3104 |

It is seen that despite of the pandemic patients have consistently attended our OPDs and have continued their treatment. Above table shows that the Pandemic affected the patients and inflow of new patients at our OPDs. Number of new patients coming to our OPDs is less compared to the year 2019 and 2020. In the year 2020 and 2021 corona affected the inflow of new patients.

Our MH Clinics also receive a number of patients coming from outside the project talukas. These patients have come in bigger numbers over the years. This may be due to the fact that the people come to know about services by word of mouth and by patient-to-patient contacts. Despite of bad conditions

in the villages due to corona, more and more patients have come for treatment (it is clear from the figures - 286 in 2019 has increased to 401 in 2021) in our MH clinics. The MH clinics have performed better in comparison to the year before consistently since 2019.

| All OPDs Patients | 2019 | | 2020 | | 2021 | |
|-------------------------------------|--------------|-------------------|--------------|-------------------|--------------|-------------------|
| | New Patients | Patients Revisits | New Patients | Patients Revisits | New Patients | Patients Revisits |
| Project area | 840 | 9609 | 582 | 10393 | 546 | 10864 |
| Outside Project area | 286 | 2818 | 331 | 3084 | 401 | 4003 |
| Total Patients | 1126 | 12427 | 913 | 13477 | 947 | 14867 |
| Halol Proj. area | 100% | 100% | 81% | 108% | 83% | 119% |
| Average presence at each OPD | 113 | | 128 | | 136 | |

It is seen that there is some limitation to the new patients coming to the OPDs. But more and more patients have revisited the clinics for continuation of treatment. It is a big challenge in treatment of psychiatric patients that the relatives come for initial consultation, but fail to continue the treatment for long time due to logistical reasons or reasons of carelessness for the patient. But here we find a completely different picture. We find that despite corona and other issues, the total number of patient visits has grown in 2020 (106%) and 2021 (119%) as compared to 2019 (100%).

Average patient visits at the clinics is shown in the last row of the above table. It shows that, on an average 113 patients visited per OPD in the year 2019, while that in 2020 and 2021 it is 128 and 136 respectively. The situation explains the usefulness of our front line workers who have worked incessantly despite of difficult situation in the villages. Increasing number of patients' attendance at our clinics has even surprised doctors in other OPDs of the CHCs. Where we hold our MH clinics.

Female to male ratio of attendance at clinics : It is also important to see the male-female distribution of the patients between 2019 and 2020. We can see that the 46% female could benefit in our clinic 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 the female patients are also encouraged to attend the services in similar manner as their male counterparts.

Continuously challenging task has been to run the OPDs with all Corona precautions. Maintaining the distancing norms and training of the patients to wear masks has been a difficult task.

There was a continuous fear that if they visit govt centers they will be hospitalised for corona infection. So many were reactant to come. But those who came once or twice to any MH clinic came to know that their belief is not right and that TRU MH Clinics work independent of pandemic. Many patients esp the old patients kept visiting our clinic. But the new people probably could not overcome this fear. Therefore we find that the Revisits figures have constantly improved. While new patient figures are lower than previous years.

Percentage Distribution of the patients with Mental Illness at MH Clinics

| MI Condition 2021 | Psycho-sis | Schizo-phrenia | Bipolar/Mania | Depres-sion / MDD | Total SMD Pts | Epile-psy | Common Mental Dis. |
|-----------------------------------|------------|----------------|---------------|-------------------|---------------|-----------|--------------------|
| Percentage presence at MI Clinics | 17.2% | 16.9% | 4.7% | 17.8% | 56.7% | 18.9% | 24.4% |

It is seen that the patients in the clinics present with varied symptoms. Once diagnosed by the Psychiatrist we see that approx. 57% patients have severe mental disorders (SMD) while 18.9% suffer from Epilepsy. Rest (24.4%) suffer from Common Mental Disorders (CMD). Usually, it is seen that the rural society is able to take care of the CMD to certain extent. But SMD and Epilepsy have to continue in treatment for long time. The later two also become expensive over a period of time both for the patient as well as for the service providers like us. The medicines are expensive and have to be taken regularly by the patient. Defaulting from medicine frequently results into relapse of the disease process and then it is a bigger challenge to overcome.

Community based rehabilitation of the patients remains a big challenge. The Severe Mentally ill patients start improving by taking medicines and other social interventions. They still need help for going back to their previous roles. Two most important aspects like productivity and socialization have to be looked into. Our workers go patient to patient's home and train the family to help the patient to regain his/her original performance and social role. Caretakers in the family are sensitized about the patient's needs and ability

to carry out the expected tasks. Mostly monthly or fortnightly goals are set with the care taker to help the patient in carrying out the tasks necessary to put him back into previous life. Progress is monitored at least once in three months by the project leaders.

Community Based Rehabilitation (CBR) during 2021 :

| Community Based Rehabilitation (CBR) - Clinic wise SMD patients | Shivrajpur | Halol | Jambughoda | Ghoghamba | Kalol |
|---|------------|-----------|------------|-------------|-----------|
| Number of patients eligible to achieve CBR | 275 | 360 | 141 | 486 | 330 |
| Number of patients who achieved CBR | 215 (78%) | 280 (78%) | 93 (66%) | 411 (84.6%) | 171 (52%) |

We find that this year we have considerable success in Ghoghamba. Despite of this year being a corona year, the considerable success (84.6%) in this remote taluka is encouraging. Halol and Shivrajpur area have continued to show steady performance (78%). Kalol taluka is much more influenced by urban area. So patients and families keep hopping from doctor to doctor. Therefore they are also irregular in treatment. It is difficult to convince them to adhere to TRU's treatment only. Jambughoda also remain a challenge due to tribal outreach remote villages and difficult to reach the clinic due to lack of regular transportation.



Arvindbhai at ASHA sensitisation meeting

MH Awareness work : Generally, awareness activities and direct interactions with people came to standstill due to second wave of covid pandemic. The activities were maintained around patients and their families only. All the meeting work and awareness sessions were dropped from January to August end. Though the death toll due to covid 19 was less as compared to other neighboring districts such as Vadodara, the few deaths in villages also stunned the people. Their health service seeking behavior was also changed. People were afraid that if they go to the health centers they would be tested for corona and admitted to facilities without their consent. People themselves did not want to come together. Even we could not want to expose our paramedical staff to the infection 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. They would meet individuals and also avoid entering their homes as much as possible. This way we met some of the people as described in the following table.



TRU team of Link Mental Health Workers.

Taluka-wise awareness activities :

| 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 | 3113 | 2869 | 601 | 2512 | 9095 |
| - No of family visits per patient | 3 - 8 | 3 - 7 | 2 - 3 | 2 - 4 | 2 - 6 |
| Visited families without patient | 4222 | 9360 | 1152 | 5711 | 20449 |
| - No of family visits per village | 12-35 | 100-150 | 15-30 | 35 | 55 |
| Visited ASHA | 520 | 194 | 119 | 378 | 1211 |
| - No of visits per ASHA | 1 - 2 | 1 - 3 | 1 - 2 | 1 - 3 | 1 - 4 |
| Visited Anganvadi workers (AWW) | 428 | 139 | 103 | 237 | 907 |
| - No of visits per AWW | 1 - 3 | 1 - 2 | 1 - 2 | 1 - 3 | 0 - 3 |
| Visited ANM/MPW | 80 | 76 | 24 | 70 | 624 |
| - No of visits per ANM / MPW | 1 - 2 | 0 - 1 | 0 - 2 | 1 - 2 | 0 - 3 |
| Visit to other Govt workers | 87 | 111 | 18 | 178 | 394 |
| - No of visits per govt worker | 1 - 2 | 1 - 2 | 0 - 1 | 1 - 2 | 0 - 3 |
| Visit to village leaders (Panchayat / Falia Agevan / Dairy office holders / others) | 1775 | 2954 | 486 | 1555 | 4870 |
| - No of persons visited per village | 8 - 12 | 30 - 40 | 5 - 10 | 10 - 20 | 1 - 10 |

It is usually a scene of repeat visits to the villages and visits to same family/person. This is required because the main task of the Link Mental Health Workers is to train the families to take care of the patient, enable community sensitization by meeting other stake holders in the village so that stigma is reduced or understanding about the patient is built. All of these have resulted into the people not harassing the patient, helping the families to go for timely medicine refills, spreading the word about the services so that more families in need can avail of the services, etc. Also we saw that certain individuals like village reeders, govt workers like ASHA, AWW, FSWs, teachers etc kept facilitating patients visit to clinics and helped the care givers continue treatment.

Sensitization of the youth : As compared to previous year this year the situation was slightly better because the schools have opened though with 50% presence. Last year 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 were not there. Somehow, we could hold the educational sessions in the schools during October and November. We accomplished work in 32 high-schools in four talukas. We could meet 1850 students. Then we conducted a post test (called Gnan-Kasoti) for these students so as to know how much knowledge about MH activities has been retained by the students.

Students participating in High School students' sensitization programme:

| No. | Taluka | No. of Schools | Students Girls | Students Boys | Total Students |
|-----|-------------------|----------------|----------------|---------------|----------------|
| 01 | Halol Taluka | 15 | 456 | 346 | 802 |
| 02 | Kalol Taluka | 06 | 87 | 93 | 272 |
| 03 | Ghoghamba Taluka | 07 | 202 | 133 | 335 |
| 04 | Jambughoda Taluka | 04 | 247 | 194 | 441 |
| | Total | 32 | 992 | 766 | 1850 |

The Gnan Kasoti is a Post test for the students to know their knowledge after the course. We find that 87% students obtained more than 20 and less than 40 marks out of the total of 50 marks for the test. It is a point of satisfaction that most of them have retained the knowledge they received at the classes. We awarded an educational gift (English-Gujarati dictionary) for the first and second ranked 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 | 46-50 marks | Total Students |
|--|-----------------|-----------------|-----------------|---------------|--------------|----------------|
| Total Halol Taluka | 78 | 447 | 230 | 09 | 00 | 764 |
| Total Kalol Taluka | 4 | 35 | 81 | 01 | 00 | 121 |
| Total Ghoghamba Taluka | 25 | 141 | 146 | 06 | 00 | 318 |
| Total Jambughoda Taluka | 84 | 222 | 64 | 00 | 00 | 370 |
| Students appeared in Gnan Kasoti, 2021 | 191 (12.14%) | 845 (53.71%) | 521 (33.12%) | 16 (1.01%) | 00 (0.0%) | 1573 (100%) |

After this in the month of December we held the competitions among representative participants from the schools. They could express what they learnt by way of a debate competition, a quiz competition and a poster making competition. This year the program went on very well. The teachers also took active interest in this activity and worked with the students to put in their best. Here we present a few posters the children had produced.

| Participation at the program | Girls | Boys | Parent/Teacher | Total |
|------------------------------|-------|------|----------------|-------|
| Halol | 39 | 33 | 16 | 88 |
| Kalol | 10 | 5 | 3 | 18 |
| Ghoghamba | 7 | 0 | 2 | 9 |
| Jambughoda | 13 | 2 | 3 | 18 |
| Total Entries | 69 | 40 | 24 | 133 |

There were 23 teachers and one parent who participated in the teachers' meeting during this program. At this meeting the effort was to explain why TRU indulges into these activities. What are the benefits to the community and how it is important for teachers also to know about the mental health priorities at community level. Again it was put forth that the students can be helped in exam stress and other adolescent blues if the teacher is aware of the situation. TRU's book on 'Role of teachers in Psychosocial Development of Students' was also introduced. Many of them were interested in such an activity.



Sch MH Awareness - Judges and LMHW



Sch MH Awareness - participating students

Every category of competition we selected two best performances and awarded them a prize. Children and students were both happy and helped by observing all corona guidelines. They enjoyed especially because the program was held in the open premises under the Mango orchad. The teachers' meeting took place in our new hall equipped with sound system.



School MH Awareness - Teachers' meeting

TRU's networking with DMHP : The District Mental Health Program (DMHP) of Panch Mahals approached TRU for taking over the rest three talukas for MH work as part of the Targeted Intervention strategy decided by the National Mental Health Program (NMHP). Though the three talukas are far from our main center of activities we have picked up this challenge on trial basis. For it we had to find workers who could work in the remote areas and were able to give their best under TRU's guidance. We tried various ways to find a team for this work. But till the end of 2021 we could not find enough persons to work as intensively as TRU workers in the new areas. Though we have managed the activities by deputing TRU workers to go to the new area and work.

Village based work for DMHP :

Identification of patients and maintaining them in clinical treatment are two most important aspects of work under this program. DMHP also adopted the symptom checklist developed by TRU for identification of new patients. There were many meetings with the ASHA and AWW cadres in the three talukas viz Godhra, Morva Hadaf and Shahera. The effort is to motivate the govt cadres to pick up activities related to mental health in the villages.

Other effort is to meet the patients in their home. Our team visited many patients in the villages and have mobilized some of them to reach the OPDs run by district team of DMHP. Following is the synopsis of this effort.

In the month of November, we started contacting the High Schools of the area. Effort was to let the young students know about their responsibility for mentally ill persons in the villages. We met the following schools and motivated the students about how can they help the patients in the villages. They are also taught the disadvantages of traditional approach through the folk healers and black magic. The district team also cooperates in this endeavor. We worked in 5 schools and addressed the students of 10th to 12th standards. Mainly classes were conducted in the month of December 21. But repeated classes could not be held due to pressure of curriculum and exams.

Girls' Education Program

This year has been one of chaos and confusion about the educational activities. Though the govt opened the high-schools for offline education there was a ceiling of 50% presence here. The voluntary consent of the parents had to be taken and the students were expected to follow the corona precautions. Distancing, Mask and hands-hygiene were given importance by us also and we had to keep track of all the activities the girls would do during the day. Girls returned to classes in lesser numbers. We also recruited approx. 75 girls in the beginning in place of hostel capacity or 150 students.

Education activity started in schools nearly to the end of August. There was a big problem because the girls had not studied at all during corona period - nearly 1.5 years affecting performance of two academic years. So the girls who were in standard 8th landed up directly in standard 10th this year without any coaching or studies in-between. TRU took up the challenge of bridging the levels by employing a residential lady teacher in the program. Though there were issues like girls' attention to studies was always divided and they somehow were not able to pick up the lost period.

The Abhinav Shikshan was disrupted a lot for last two years. In the new academic year we first made an assessment about present situation of study levels among the girls. We found that at least 15 girls required intense help beginning from reading & writing skills even in Gujarati. Maths also they needed help in summation, subtraction, etc. Others required some amount of disciplined study and revision of basics.

Our residential teacher was a big help in overcoming all these. We also instituted a system of weekly tests in certain subjects. Extracurricular reading and comprehensive presentation of what was read in the story books, some memory speeches etc. also helped the girls to recover from two years of inaction on study.

We keep trying our best when this is being written. We only hope that the efforts of motivating the girls for hard work will pay off by fairly good result in the academic year.

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 | | ST OP PE D | 02 | 38 | 12 | 04 | 07 | 05 | 68 |
| 2008-09 | | | | 01 | 21 | 34 | 12 | 03 | 06 | 76 |
| 2009-10 | | | | No longer in High School | 36 | 23 | 33 | 11 | 05 | 108 |
| 2010-11 | | | | | 23 | 34 | 25 | 24 | 11 | 117 |
| 2011-12 | | | | 23 | 36 | 30 | 12 | 24 | 125 | |
| 2012-13* | | | | 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 | |

The above table shows the position. It also shows that there were no exams for two consistent years due to Corona. We found that the students were expected to study online at home. But most rural students have not been able to cope with the demands of online education due to various reasons. Absence of schooling has resulted in most students forgetting and lagging behind for cognitive studies as per their current classes.

In the current year the schools have started in August 21 with many of the corona guidelines affecting free mobility of the people. The students were taken in with parents signing a letter saying they will make their child follow all corona guidelines. There were guidelines for the schools also.

Corona and GEP : With some fallouts here and there we could motivate our girls to follow the SMS (Sanitizing hands, wearing Mask and keeping social-physical distance). The third wave corona has also been on with Omicron infections and the marriage and social festivals are on. People and our students have been moving around on these occasions despite of restrictions in our setup.

The girls also bring infection from the school. We created a separate room for the girls having cough and cold, got them isolated from others and promptly tested for Corona. The parents were informed about it. Some parents chose to take away the girls to their home while some trusted our efforts and did not take the girls home. I was difficult to convince the care takers about keeping the girls in the hostel. They were scared of the situation themselves. The anxiety reflected upon the behavior of the students also. The situation stabilized only after a lot of counseling and reassurance. The school authorities kept abruptly refusing to continue schooling of all our girls almost for one week.

Although it was hard, we are happy to say that all our measures have helped and there was no spread of virus from one student to other on our campus. In all there were 8 girls who caught fever, cough and cold. Four of them tested positive for Corona. Many students in the school suffered from Corona. While only 4 out of 7 girls tested positive in our hostel. In between there were vaccination sessions for students. We also encouraged all of them to get vaccine. The girls in Std. 10 to 12 were only vaccinated. When this is being written the girls are in the middle of second semester exams and we hope that they are going to get acceptable result.



Preparing for exams - GEP

Diagnostic Centers of TRU :

We run two diagnostic centers in the city of Vadodara to take care of the needs of the patients in low income groups. We offer radiology and pathology services through two centers in the city for many years now. These two centers have seen a good amount of problems during the pandemic and to cope with the demands of the situation. This year we faced problems due to absence of some doctors. Our radiologist being senior citizen could not attend the clinic for a long time. The other radiologist met with a Physical accident having difficult shoulder and could not attend clinics. But towards the end of the year situation has been under control and our clinics have smooth functioning now.

| Name of Center | X-Ray | Sonography | Echo-cardiogram | Laboratory | Total Patients |
|----------------|-------|------------|-----------------|------------|----------------|
| Alkapuri | 1413 | 1720 | -- | 4809 | 7942 |
| Dandia Bazar | 2865 | 782 | 160 | -- | 3807 |
| Total | 4278 | 2502 | 160 | 4809 | 11749 |

Number of patients attended RNK in last 19 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 |
| Total all years | 59661 | 81900 | 96104 | 22039 | 34197 | 17543 | 2530 | 313974 |

It is seen that our centre helps reduce the "Out of Pocket" expenses for accessing healthcare for so many low income people.

Second wave of Corona :

In this year, the months of February to August 2021 were haunting due to second wave of Corona situation. However, we continued to work amid all the issues around. The second wave of Corona virus affected badly in the villages. Just as in cities we heard a lot of deaths - reported and non-reported, the villages also had patients who were affected by the virus. But they did not get sufficient and proper services despite of govt and NGO efforts. People went to cities for help - admission in the hospitals but met with serious illness, deterioration and even death. Some did not get place in any hospitals and came back. The taluka unit for covid care was set up by the govt, But due to several misbeliefs and lack of knowledge many patients did not use the services. Many died at home without any information to the health system.

In this situation TRU tried to educate the public as much as possible but still the situation took its toll. Good amount of panic also played its role to see that patients load in the opds during this period remained quite low.

Vaccination was a challenge for most people. Example was set by us and by other seniors in our team getting vaccinated without any show of side-effects. Extensively we had to try and convince the people including those in our team to get vaccinated. Slowly everyone in our team got vaccinated and also people in the villages started getting vaccinated. The bad phase got over, by schools opening again in third week of August 2021. We donated some PPE materials to the govt health centers who were in need of the same.

Helping Govt. centres in Corona pandemic : In this year also, we had many requests from the govt Primary Health Centers and Community Health Centers. It is a matter of satisfaction that the most common things such as the sanitizers, cleansers, the masks and the gloves which are utmost necessary for a health center and its staff to function were supplied by TRU. In this year we also distributed a few Pulse Oximeters and Thermal guns to several centers for diagnosing the infection at front line level in the worst of the epidemic time in our area.

Two rounds of the PPE and sanitization materials were distributed to the govt health centers during the year 2021. In all we could help the three

Referral Hospitals and eight Primary Health Centers with the following materials. Each round contained the following :

| | PPE fulls sets | N95 Masks | Surgical Mask | Gloves Pairs | Face Shield | Sanitizer (Alcoholic) | Sodium Hypochloride |
|--------------|-------------------|-----------------|------------------|------------------|-----------------|--------------------------|------------------------|
| CHC kits, 3 | 25 × 3 = 75 | 50 × 3 = 150 | 300 × 3 = 900 | 100 × 3 = 300 | 50 × 3 = 150 | 10 lt × 3 = 30 lts | 10 lt × 3 = 30 lts |
| PHC kits, 8 | -- | 30 × 8 = 240 | 100 × 8 = 800 | 50 × 8 = 400 | 15 × 8 = 120 | 5 lt × 8 = 40 lts | 5 lt × 8 = 40 lts |
| Total | 75 | 390 | 1700 | 700 | 270 | 70 lts | 70 lts |

Another place we could give help is the SSG Hospital in Vadodara city. This is one of the biggest hospitals in Central Gujarat that receives big number of patients in serious illness due to Corona infection and the co-morbidities. There was also an influx of patients suffering from Mucor-mycosis, the infection of fungus in the eyes.

Over and above this, we also provided the SSGH of Vadodara city with 1500 pairs of gloves of different sizes, dressing materials for eyes (post-surgical intervention for fungal infection) and a cautery machine for helping the eye surgery in Mucormycosis at an urgent request from them. We are happy that we could be of help to the health centers and the prime hospital of Vadodara city by providing materials to be supplemental to the govt supplies.

Covid center in Shivrajpur : During the second wave of corona we donated basic facilities for the village based isolation center for patients suffering from Covid. Especially those who could not manage isolated resting space in their homes could make use of this facility that was created by the gram panchayat. In the Shivrajpur village we donated 15 beds for use of the Covid Isolation center to be run by the gram panchayat.



A leaflet giving basic information about spread of Corona and prevention was widely distributed in the area. Another booklet giving detailed information about the corona virus, its effect on human body and the prevention steps, vaccination and the FAQs about Corona has also been printed and is slowly being distributed to people.

Online education in rural area : The years 2020 and 2021 are marked with major changes in teaching pattern in the schools. A lot of teaching was supposed to be online – through computer networks and through mobile phone having internet facility. The rural students could not really manage well with online education because they had no access to internet facility at their homes. Many of such students left studies and added to the workforce. Girls are married off because now there is no incentive for them to be with parents. Seeing such a situation we were planning for a community intervention for online education. A company donated us with some refurbished computer systems which we further donated to the gram panchayats. Gram panchayat would run an online class for students in their village. This is a new experiment for us too. 40 such sets have been donated to the villages for educational purpose. Despite of many practical difficulties we are very hopeful that this experiment would work if the students themselves would take initiative to make use of the facility.



Computer donation at Vav village

Financials in TRU

TRUST FOR REACHING THE UNREACHED

BALANCE SHEET AS AT 31-03-2021

| 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 | 3,00,11,903 | Furnitures & Fixtures | 81,29,764 |
| Liabilities | 32,60,036 | Advances | |
| Income & Expenditure A/c. | | To TDS Receivable | 19,11,329 |
| Balance as per last B/S | 1,50,86,482 | & others | |
| less deficit during | | Cash and Bank Balances | |
| the year | (19,23,210) | (including FD with Bank) | 2,85,14,605 |
| | 6,05,81,629 | | 6,05,81,629 |

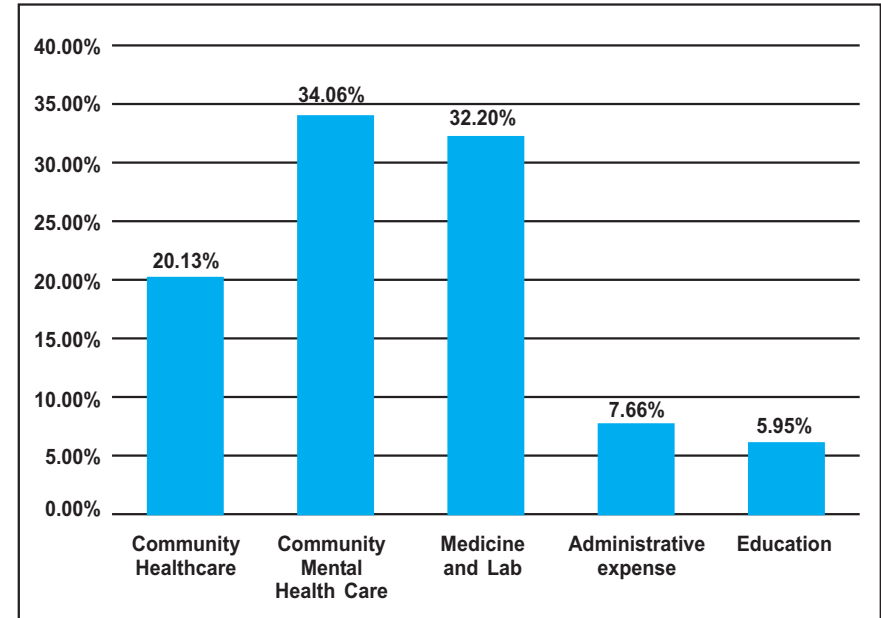
INCOME & EXPENDITURE A/C. FOR THE YEAR ENDED ON 31-03-2021

| Expenditure | Rs. | Income | Rs. |
|--|------------------|---------------------------|------------------|
| To Expenditure in respect of properties | 6,17,540 | By Interest on Securities | 14,82,962 |
| To Other Expenses | 1,36,760 | By Donation | |
| To Fees & Statutory | 3,40,221 | Domestic | 2,05,500 |
| To Loss on Removal of Assets | 16,539 | International | 4,77,394 |
| To Depreciation | 2,54,217 | By Transfer from Grants | |
| To Expenditure on object of the Trust (FCRA) | 48,18,703 | International | 33,59,044 |
| To Expenditure on object of the Trust | 36,34,725 | Domestic | 23,54,820 |
| By Deficit carried over to B/S | (19,23,210) | Sundry Income | 15,775 |
| Total Rs. | 78,95,495 | Total Rs. | 78,95,495 |

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

TRUSTEES
Trust for Reaching The Unreached
Vadodara :

Expenditure Pattern in TRU, F.Y. 2020-21



Total Expenditure = Rs.

Income in TRU, F.Y. 2020-21

