Stakeholders' workshop at Godhra

Caregiver sharing experiences at Halol Caregiver meeting

Annual Report 2019

ONE STEP FOREWORD....

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

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We are thankful

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Foreword : Young Volunteers Write.....

Thank you to the Trust for Reaching the Unreached (TRU) for this opportunity to contribute to their Annual Report 2019. It has been an honor for AID to be able to support the incredible, path breaking work of TRU at the last mile in India. They have been actively involved with the rural communities of Panchmahal area in Gujarat, for decades now, working on Education, Women's rights, Physical and Mental health.

Martin Luther King had said 'Of all the forms of inequality, injustice in health care is the most shocking and inhumane.' Even with its increasing GDP, India has lagged behind in improving health for its most vulnerable citizens, especially in the rural areas. This cannot be more evident than in today's world where every country is fighting a pandemic and India is looking to avert a major health disaster. Poverty, food insecurity, caste & gender based discrimination, administrative apathy are but a few impediments for the poor and marginalized communities to access quality healthcare. Community based health initiatives seek to address several of these issues by working directly with the people and addressing the problems at their core.

Leading this amazing work are Dr. Ashvin Patel and Ms. Nimitta Bhatt. Inspired by Gandhian principles of reaching the last person, land redistribution and youth for democracy movements in the 70's, they have since been part of several national and international health movements including rational medicine, availability of generic drugs for the masses and movement against female foeticide. Their efforts and advocacy have contributed to both state and national initiatives in these areas. As part of TRU, they have authored several books in Gujarati that are commonly used by the TRU team's community workers, teachers and mental health workers in the field.

The TRU team has established several community based health initiatives in Gujarat among the historically marginalized rural and tribal communities of Panchmahal district. This program involves educating people on basic

health services through a network of community health workers, who are from the communities themselves. The activities include monitoring of children's and mothers' health, working with youth and adolescent girls, and providing essential medical services in the villages. This program now includes many initiatives that seek to address mental health problems through community based solutions.

In 2019 TRU has made huge strides in tackling Mental Health issues in rural India. This is largely an ignored issue in India and other parts of the world. By setting up multiple clinics across Panchmahal district, TRU has been able to counsel, treat and rehabilitate people. Moreover, they have taken a very holistic approach by involving the family, and more importantly, the neighbors from whom the stigma is usually perpetrated. This is key in beginning to sensitize the population and normalize mental health as something that needs to be acknowledged and treated like we do other ailments. Another critical approach TRU has taken is to educate the students; this allows them to disseminate information to their family and friends and the future generations becoming more equipped to deal with this issue efficiently. For the rest of us (who are geographically distant) to be educated, the videos made by the TRU-MH team have been highly informative. They have been widely shared across groups of people in the US, who are constantly amazed at the work and the dedicated team which puts in a lot of effort into their work with limited resources.

The TRU-Girls Education Project (GEP) has been one of AID's flagship projects, which highlights the need to support and encourage education for girls. Over a hundred girls live in TRU's residential facilities, which allows them to have the best attendance records in the nearby government school. Moreover, the girls have access to extracurricular activities like music, sewing, computer lessons and are taken on educational excursions every year. These activities are supplemented with extra tuitions for difficult subjects like English, Maths and Science. The volunteers here in AID have had the pleasure of exchanging letters with these wonderful girls and in a small way are a part of their lives. Every lesson that TRU learns from

supporting these girls is a huge learning for us and is a reminder of the many privileges we enjoy and take for granted everyday. We hope to continue working on the gaps TRU identifies in this initiative to make student retention 100% in the coming year.

As with every year we congratulate TRU on the wonderful work they have done this past year and hope the work keeps continuing. More importantly, we hope more groups and government organizations are able to support and adopt similar measures to enable scaling up of efforts. Mental health, physical health and education for girls are crucial for any community, but more so in the most marginalized rural areas. We thank TRU for the tremendous amount of work they have done over the last three decades, and for letting us be a part of this journey.

Authors:

Keerthana and Somnath are volunteers of AID. They coordinate the TRU projects in AID and help to communicate both the need and accomplishments to the wider community in the US. Professionally, Keerthana is a scientist working in a Biotechnology company in the Boston area and Somnath is a Development Coordinator at AID, USA.

Alumni of GEP proudly visit us.

General Health Care

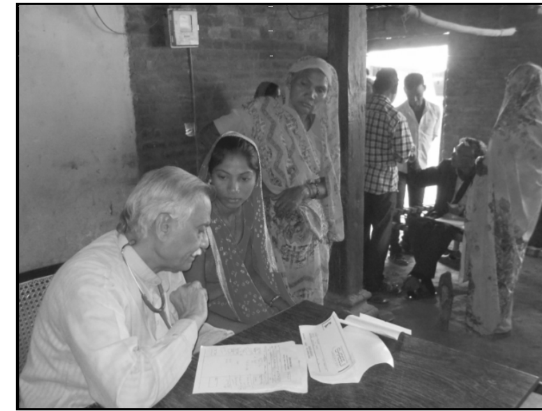
The year 2019 started with a newer enthusiasm and wishes to reach the masses with many social interventions. Increasingly it was realized that those in need of help do not seek help and so if we as TRU team can understand the plight of people then we should try to reach out to them through long lasting solutions and socially appropriate methods. It is also felt that best way to make a lasting change is through changing people's mindset and weed out wrong beliefs and black magic.

Just as in every year, we continued with our general medicine clinics in the four remote centers. Dr Ashvin continued to serve the pivotal role of a community oriented and pro-people doctor in these clinics. Able to offer cure for the common and severe diseases, he has proven to be an asset for people in the remote areas. Many patients flock around his weekly OPDs from remote places just to take advice from him and know about what is happening to the body.

The clinics are attended by our workers who have a good relationship with most patients and people in the area. With their inputs the clinics become culturally welcoming to most and the patients feel at home while visiting the clinics. The above figures in various columns show that we have almost equal number of men and women attending the clinics. Often there are more women than men patients. It shows that our clinics have established friendly environment and maintain equity in gender just environment. The primary dental care in shivrajpur and in Vadodara is run with help of Dr Charmy and Dr Dikshita respectively handle Shivrajpur and Vadodara clinics. Satisfied by their work the patients keep coming in increasing numbers.

Respiratory conditions	Skin problems	Body ache & pain	Gastro - intestinal problems	Nutritional Deficiency	Gynecological problems	Epilepsy & Mental Illness	Surgical Reference	B.P Diabetes & Cancer	Others
25.7%	22.7%	21.62%	11.28%	5.4%	4.42%	3.29%	1.3%	2.44%	1.83%

The above is breakup of patients who attend general health clinics. Skin problems (22.7%) and Respiratory (25.7%) problems are two major conditions for which people seek our help. Somehow our clinic is known for providing basic medicines and diagnosis so that the patient always shows significant



Dr. Ashvin at Ishvaria Clinic

improvement and cure. At the same time the medicines are at token price or free of cost provided by the clinic, so that there is saving in the travel time that the patient or the caregiver spends in going to a medical store to purchase medicines and of course the cost of medicines is also less than a third or more of the costs outside. In this mainly farming community we find that due to the very nature of their work there are many patients who complaint of body aches and pains (21.6%). They are being treated with a good amount of satisfaction by generic and basic medicines. Hypertension, Diabetes and Cancer - all Non-communicable diseases are reported also. The community incidence may be much higher, but this figure (2.44%) represents only those who sought medical care at our clinics. Neurological and Epilepsy patients seek help to a large extent (approx 200 patients) in our general clinics. Nutritional deficiency mainly Anemia in young women amounts to 5.4% or approx 334 patients. It is a matter of worry because a huge iron - folic supplementation program is in place by the govt where the women and young girls are provided the supplements personally in their homes or schools.

OPD Center Name	New Patients		Old Patients		Total Patients		Grand Total
	Female	Male	Female	Male	Female	Male	
Shivrajpur	1976	1967	1955	2220	3931	4187	8118
Talavdi	284	232	165	214	449	446	895
Waghbod	313	319	416	391	729	710	1439
Bakrol	551	538	675	554	1226	1092	2318
Total	**3124**	**3056**	**3211**	**3379**	**6335**	**6435**	**12770**
Dental Patients at Shivrajpur	67	126	120	249	187	375	562
Total Patients	**3191**	**3181**	**3331**	**3628**	**6522**	**6810**	**13332**

Community Mental Health Care

Mental Health has received a good amount of attention from the Public Health professionals all over the world. It is found to be the second largest contributor to the Global Burden of diseases. It is one of the major causes of suicides and amounts to taking toll of patient's social life. TRU has focused on mental illnesses for last 15 years. We have tried to understand the issues of inaccessibility of the MH care services from perspective of the service providers - the health care institutions and also from the patients' perspective. The services are scarce because of lack of trained human resources - the psychiatrists, the psychologists, the psychiatric nurses and others. Cost of care is also prohibitive. Hospitals cannot reach out to the needs of all patients, partly because the patient requires almost lifelong care and that the number of patients keeps multiplying.

TRU has thought it apt to develop a community based solution for mental illnesses among the community. TRU model takes cognizance of the fact that the family is the best care taker and that if we are able to reach out to the patients in their families it is likely to give better results. Of course we need to give technical help and medical care first and then the families have to take on the role of a psychologist, a social worker, a psychiatric nurse, etc.. So TRU essentially works at three levels :

1. Provision of Psychiatric consultations and medicines free of cost
2. Training inputs for the families of patients
3. Working with patients to achieve
4. Community Based Rehabilitation (CBR)
5. Awareness among community at large - general information and reduction of stigma

Young lady with Depression at MH Clinic, Halol

Psychiatric Clinics : We have five places where fortnightly clinics are held by a Psychiatrist and a Psychologist. This is based on our estimation of the optimum presence of the expert involvement as required to meet need in the area. Patients are encouraged to access medical help by the Community MH Worker (CMHW) after initial screening of symptoms and after ascertaining that the patient suffers from Mental illness and not any other disease. The Psychiatrist's role is to provide diagnosis and prescribe treatment. Once the treatment is prescribed the access to medicines is facilitated by providing medicines free of cost at the same place.

Synopsis of patients (New and revisits) MH Clinics (2019) :

OPD Center Name / Patients visits during 2019	New Patients		Patients Revisits		Total		Grand Total	Average Patients
	Female	Male	Female	Male	Female	Male		Per Clinic
Shivrajpur Project area	54	80	1011	1481	1065	1561	2626	
Shivrajpur Outside Project area	9	5	70	52	79	57	136	
Shivrajpur Total Patients	**63**	**85**	**1081**	**1533**	**1144**	**1618**	**2762**	
Halol Project area	83	117	1071	1134	1154	1251	2405	
Halol Outside Project area	22	45	194	125	216	170	386	
Halol Taluka Total Patients	**105**	**162**	**1265**	**1259**	**1370**	**1421**	**2791**	
Shivraj + Halol Total Patients	**168**	**247**	**2346**	**2792**	**2514**	**3039**	**5553**	**118**
Jambughoda Project area	28	28	390	356	417	364	801	
Jambughoda Outside Project area	53	55	657	798	712	853	1565	
Jambughoda Total Patients	**81**	**83**	**1047**	**1154**	**1128**	**1217**	**2365**	**99**
Ghoghamba Project area	113	106	1264	1226	1377	1332	2698	
Ghoghamba Outside Proj. area	57	40	475	447	532	487	1019	
Ghoghamba total patients	**170**	**146**	**1739**	**1673**	**1909**	**1819**	**3728**	**155**
Kalol	**103**	**128**	**685**	**991**	**788**	**1119**	**1907**	**80**
All Total - 5 OPDs	**522**	**604**	**5817**	**6610**	**6339**	**7214**	**13553**	**114**
Projects - 5 OPDs	381	459	4421	5188	4801	5627	10449	
Outside Projects - 5 OPDs	141	145	1396	1422	1610	1567	3104	

This table shows that TRU Psychiatric clinics attend a heavy patients' load. The overall average presence of 114 patients is also indicative of heavy load. The individual OPDs like Ghoghamba receive an average of more than 154 patients, lowest are at the Kalol OPD. Kalol we find is very typical in terms of morbidity behavior of the patients. Many of the Kalol villages fall on the state highway and are not far from the industrial belt between Halol and Kalol. So the influence is seen in patient behavior.

Training the family: In all the Mental Health activities role of the family for taking care of the patient is very crucial. As the patient may or may not have insight to look after oneself, the family member is expected to give medicines, keeping the patient clean and hygienically fit, providing proper food, taking care that outside people do not harm the patient and vice versa also in addition to all other daily struggle work for the family. We have identified following areas in which the family needs training.

- To facilitate medicine intake - in proper dose and frequency,
- To reach the patient to MH Clinic as per psychiatrist's suggestion,
- To understand the disease process and effects / side effects of medicines
- To deal with their belief system and follow modern medicine continuously for a long time
- To maintain hygienic conditions for the patient
- To maintain clean and safe environment
- To maintain proper communication with the patient
- To encourage the patient to take up daily chores of the activities.
- To help family behavior so that the patient is on road to cure/under control

The CMHWs have individual personal rapport with the patient and the care-giver. The care giver is explained about the way the medicines should be taken. We also explain special needs of the patients to care-givers. Even when the patient is on modern medicine, the family still does not believe that this is a disease and requires medical attention. They would have continued going to the faith healers. Secondly, those who are convinced about the medical help in this disease keep moving from doctor to doctor for one or the other excuse. The eminent excuses are:

1. “Your medicine does not have any effect on patient's condition” : When we inquire in details we come to know that they believe that free medicines from 'govt set up' is of inferior quality and so it will not have any proper effect. Further probing the care-givers reveal that the medicine was not properly given to the patient despite of the fact that we had intense follow up of the family and teaching how and when to give medicine to the patient.
2. “I gave medicine for two months and it does not produce expected result”: The expectation is that there should be speedy recovery because it is the modern medicine. If it is faith healing, then it is ok for taking long. Secondly, they would say your doctors do not give injections. So your medicine is not acting properly. A lot of education goes into removing the myths about medicines for psychiatric diseases. But the process is slow and will take time to change.
3. “Private Doctors are available any time and they give better medicines. Even if the medicines are costly, I prefer to buy them”. To such responses we do not discuss much and ensure them if they need us in future we are available to sort out the issues.

“If we go to your clinic then we can be identified easily and people will come to know about the illness of our patient”: To such people we talk at length regarding why is it essential to remove stigma about the disease and that it is beneficial in long run to come out in open about it. Still we respect their need for privacy and we ensure that even if they do not appear at our clinics. Some prefer to go to our clinic in neighboring taluka. We need to keep vigil eye over the patient, whether he/she improves or not.

Percentage Distribution of the patients at MH Clinics

MI Condition	Schizo-phrenia	Psycho-sis	Bipolar/ Mania	Depres-sion / MDD	**Total SMD Pts**	Epile-psy	Common Mental Dis.
Percentage	20.5%	16.9%	2.7%	17.9%	**58.2%**	22.6%	19.4%

The above table shows that the load of patients suffering from severe mental diseases (58.2%) and those suffering from Epilepsy (22.6%) both add up to approximately 81% patients requiring long term treatment by medicines. Some of them have to continue for life time also.

Working with patients : Working with patients is mainly addressing the rehabilitation needs and psycho education. The patients have to be explained about how crucial the role of medicines is for improvement in disease process. Some patients refuse to accept that they need medicines and do not take them. Somehow till the time the patient has not regained insight we encourage the family to give medicines in food or tea. But once the patient starts gaining insight he is explained about how his condition has improved and that medicines were given regularly to him. The psychologist takes counseling sessions when this patient comes to the clinic with his care giver to explain the role of medicines in his disease process.

Stigma Reduction in MH among Community : Awareness about Mental Health is a very crucial step for any successful Community Mental Health Program (CMHP). The mentally ill patients are treated with a kind of bias by the community. Not only are they not consulted for any family or community decisions, they are neglected even for their daily needs and socialization. This is a challenge before us. Secondly, most of the times the community would go for faith healing in this matter and not accept this condition as a disease. This adds to stigma. Patient is not brought first to the MH clinic is a sign of the stigma the community conserves for the condition. So making them participate in the MH awareness program is a must to improve their knowledge base. This would enable people to think more rationally about the situation and the health condition of their kins. We have seen that many families have come out in open about the MI condition of their family members and approached the MH clinic also. This is a positive sign and we hope one day the community will accept this condition as a disease condition and approach the clinic as soon as possible.

Meeting of village leaders at Talavdi

Neighbors of patients : Families who live near the patient's home are kept in special loop. They are given all the materials and since they already know the patient's condition, it becomes easy to talk to them about mental illnesses. They are also encouraged to help the care-giver of the patient in giving medicines and taking special care of the patient. We find that the care-giver of the patient is usually a home based person often very busy in home and farm responsibilities. He / She often forget to give medicines to the patient.In such circumstances the neighbor can give reminder. Additionally the care-giver also requires counseling as the patient's condition and stress of dealing with multifarious activities become difficult for caregiver. Caregiver also needs help and advice about how to deal with the patient. Often the neighbor's advice works better because of peer group feeling. The neighbor is explained about the condition of the family of patient, the special needs of the patient, when and how to give medicines, etc. All these are likely to ensure continued treatment for the patient and mobilize some extra help for rehabilitation of the patient.

Advantage of such social interventions for the patient is that the community witnesses the dynamics of treatment and improvement in patient's condition. This helps the other families to understand various aspects of the special needs of the patient. Secondly it also helps them to understand that the mental condition of the patient is cured by medicines and not by any faith healing practices. Again it helps reduce stigma if the community accepts the condition as a disease just as we have seen in case of Tuberculosis, that at present all stigma associated with the patient of the disease is washed out and everyone uses modern medical treatment for Tuberculosis. Similarly, it is hoped that if the patient overcomes the mental condition by medical treatment, then a positive message passes through the community that it is not caused by any black magic or evil spirit. This will reduce fear and stigma from the people's mind.

Meeting at Ghoghamba

Regularity of attendance at the clinics :

Analysing the data further we find that in all the four talukas the 57% of patients attend more than 66% clinics (i.e. taking treatment for more than 8 months during the year). 23% patients are irregular in taking treatment i.e. they intermittently leave or restart the medicine. 20% patients take less than 3 months of treatment for reasons not known well. It is expected that those continuing treatment for 8 or more months are relatively better and close enough to achieve CBR. Relatively new work in Kalol disturbs our average show as presented here. Secondly, reasons for patients to not attend the clinic are two-fold. While difficult trrrain and bad commuting to the OPD make our patients being absent from the clinics at Ghoghamba, relatively newer work in Kalol taluka also affects our averages.

Dr. Parth at Ghoghamba Clinic

Community Based Rehabilitation:

Some patients are encouraged to start daily activities by themselves. Some are encouraged to go to family events and gatherings such as Bhajan, Path, temple, etc. This helps him/her to improve communication skills. Some are encouraged to start productive activities. Especially women patients are encouraged to start home activities such as looking after cattle, cleaning the house, childcare, some activities in cooking for the family, working in the farm, etc. Some persons, who cannot really understand the calculations and the money, are encouraged to go to either casual labor work with other members of the family/community. Some are even encouraged to assist their family in running of a shop or farm labor. At the same time the family is encouraged to understand the needs of the patient who is getting better day by day. Family members have to often teach the various chores that the patient used to perform before getting ill. In the process the family has to be very tolerant of inadequacies of the patient's behavior and not being able to achieve the tasks given in its fullness. The family is also sensitized to ignore

the mistakes and appreciate the small successes of the patient on road to rehabilitation. The interventions made in this manner are guided by a sense of social knowledge about the patient's family and limitations or potentials of the patient. This is carried out by our Link Workers' advice and insistence.

Community Based Rehabilitation (CBR) - Clinic wise SMD patients	Eligible to achieve CBR	Achieved CBR & % of SMD Pts	Eligible to achieve CBR	Achieved CBR & % of SMD Pts
	2018		2019	
Shivrajpur	162	126 (78%)	185	159 (85.9%)
Halol	174	132 (75%)	238	209 (87.8%)
Halol Tq	**336**	**258 (77%)**	**423**	**368 (87%)**
Ghoghamba	232	160 (69%)	315	231 (73%)
Kalol	122	067 (55%)	195	109 (55.9%)
Jambughoda	78	060 (77%)	98	84 (85.7%)
Total all 4 taluka patients	**786**	**545 (71%)**	**1031**	**792 (76.8%)**

The above table shows that the percentage of patients achieving Community Based Rehabilitation has increased substantially in the year 2019. The increase is approx 6% in overall performance of 4 talukas while individual talukas except Kalol and Ghoghamba show approx 8 - 10% increased CBR compared to last year. Ghoghamba has shown 4% rise while Kalol has shown 1% rise approx as compared to last year. We can infer that the performance of the TRU team has improved substantially. Kalol taluka has a good amount of urban and industrial influence and shows less awareness despite of 3 years of consistent activity for MH Awareness. The TRU has started working in other three talukas since 8 - 10 years. It has taken so long to change people's beliefs and taboos. So we hope that even Kalol will show improvement slowly over a period of time.

Significant Improvement

Awareness Programme for MH

There are number of village groups we address one by one during a year. In this year 2019 also we carried out a good amount of sensitization of village based groups in our work area.

Sensitization of general population :

We address various community groups for MH Awareness issues. They are: General population, Neighbors of patients, Falia leaders, Panchayat members, Dairy groups, High School and College Students, etc.

During the year we have tried to visit homes of all patients and also those homes without any patient. Our Link Workers go to meet people house to house. They use a screening tool of important symptoms which is read aloud in every home and detailed discussion takes place with family members to find out if there is a patient in or around the home.

The general population in the village is addressed through house to house visits and screening by the CMH workers. All members of the family are told about the mental illnesses and how to overcome the issue if it occurs in their family. The symptoms of mental illnesses are explained in detail. Such visits to various villages are organized every month. Every time the CMHW takes up different families and the whole village is covered over a period of 2 - 5 months depending upon number of families. They are also given a leaflet wherein all services under the CMH Program are listed and people are encouraged to use the services. All services in this program are free of cost and they can be availed easily by the community. Telephone numbers of the important workers in TRU are displayed on the leaflet. This really helps people to keep in touch with the services or finding out when and how to reach the MH clinics.

Caregivers' Meeting at Kalol

Table : No of village contacts of different categories :

Severe Mental Disorders	Halol	Kalol	Jambughoda	Ghoghamba	Total
Villages visited	142	76	55	95	368
- No of visits to each village					
Visited patients' families	630	445	210	723	10513
- No of family visits per patient	3 - 4	3 - 5	3 - 6	2 - 3	2 - 6
Visited families without patient	18880	6535	3560	7125	36100
- No of family visits per village	132	99	63	75	98
Visited ASHA	143	123	47	138	451
- No of visits per ASHA	3 - 4	2 - 3	1 - 2	1 - 3	1 - 4
Visited Anganvadi workers (AWW)	137	125	42	145	445
- No of visits per AWW	1 - 2	2 - 3	1 - 2	1 - 2	0 - 3
Visited ANM/MPW	166	39	12	189	406
- No of visits per ANM / MPW	2 - 3	0 - 1	0 - 1	1 - 2	0 - 3
Visit to other Govt workers	459	219	31	378	1087
- No of visits per govt worker	1 - 2	1 - 3	1 - 2	1 - 2	0 - 3
Visit to village leaders (Panchayat / Falia Agevan / Dairy office holders / others)	766	817	219	571	2214
- No of persons visited per village	4 - 5	10	3 - 5	5 - 6	6

Sensitization of ASHAs, AWWs: All ASHA working in the area are sensitized about the needs of the mentally ill persons. They are also offered some incentive to bring the patients to the MH Clinic. Generally ASHA have responded well at village level but have shown inability to bring patient to the clinic due to heavy workload in other areas of their work. Above table gives details about how the village level govt health functionaries have been sensitized both by holding group meetings as well as by individual contact in the villages.

Meetings at PHC level : Special meetings are also organized to train ASHA, AWW, ANMs, MPW, MOs etc most of the times in their headquarters. They have one meeting every month at PHC. We try to give details and number of patients in each village. Each case is discussed and the govt functionaries are taken into confidence and cooperation requested to deal with difficult cases. Following is the detail of our meetings with the ASHA and AWWs.

Group meetings have a slightly more dent than meeting individually. These meetings are also attended by the Medical Officers and other higher staff who is otherwise not available at the village level. We have also distributed a few booklets about the mental illnesses. Synopsis of the meetings held at PHCs :

Name of Taluka	ASHA	Name of Taluka	AWW
Halol ASHA Total	137	Halol Total	304
Ghogh. ASHA Total	110	Ghogh. Total	51
Kalol ASHA Total	157	Kalol Total	31
Jambu. ASHA Total	28	Jambu. Total	0
All Total	**432**	**All Total**	**386**

We hope that the govt health cadre will also help in identification and treatment of the patients. However, this is not happening to a great extent though individual motivation has occurred and we find that approx 7% of the patients who have reached to the OPDs are sent by the ASHA or AWW in the villages.

Following is the analysis of patients reaching by such efforts :

TRU Workers	Self Motivation	ASHA / AWW	Village Leaders
74%	16%	7%	3.6%

It is a positive sign that the efforts of TRU workers have given results. Approx 74% patients reached the OPDs at such instance. Much better it is to know that the MH Awareness efforts also have worked to mobilize 16% patients reaching MH Services on their own. This even shows that the black magic is decreasing and patients / caregivers have started accepting this as a disease. Our efforts at village level leaders and Panchayat leaders have sent less than 4% patients to the clinic.

High School Students sensitization:

The students of 10th to 12th standard, i.e. between the age of 15 to 18 are met with for the purpose of imparting mental health knowledge. Regular weekly or fortnightly classes are taken in the schools during first academic semester.

Table: No of high schools and students under the prog :

No.	Taluka	No. of Schools	Students Girls	Students Boys	Total Students
01	Halol Taluka	24	927	798	1725
02	Kalol Taluka	09	251	264	515
03	Ghoghamba Taluka	16	533	466	999
04	Jambughoda Taluka	07	296	201	497
	Total	**56**	**2007**	**1729**	**3736**

The students in this age group are the teen age youth. The youth is told about what is mental illness, how it menifests, what happens to the family of the patient, how to approach the patient's illness and treatment options, what options are available, what is the responsibility of the family and care givers, how the patient can be brought back to productive life, etc. Such a discourse helps their families in villages and it is likely that it will have effect on their own belief system about black magic and faith healing. All of this at a later date will contribute to reduction of stigma from the community once they grow up and have their families. Once we have taken lectures in the classes, we launch a post test where the students are assessed for general knowledge in mental health. We are happy that more than 90% students clear the test with following score :

Marks out of total 50	**<20 marks**	**21-30 marks**	**31-40 marks**	**41-45 marks**	**46-50 marks**	**Total Students**
Total Halol Taluka	93	560	644	91	12	1398
Total Kalol Taluka	61	244	163	110	06	515
Total Ghoghamba Taluka	38	365	529	67	00	999
Total Jambughoda Taluka	75	211	167	77	01	463
Students appeared in Gnan Kasoti, 19-20	267 (7.9%)	1380 (40.9%)	1503 (44.5%)	209 (6.2%)	19 (0.6%)	3375 (100%)

Once the program is accomplished in all schools we hold inter-schools event of competitions for sharing the knowledge they gained about MH. The students are invited from all schools to contribute a poster, to participate in a debate and

in quiz competitions. More than 200 students participate in this program from various schools. Following is the synopsis of this program in 2019.

Stake holders' workshop at Godhra :

This year we have coordinated efforts at district level so that more interest can be generated among various govt deptts in favor of the mentally ill persons. We approached the District Mental Health Program and the deptt of health and family welfare as major stake holders in the process. Some NGOs, representatives of the Police, Judiciary, Education and Social Welfare program also participated in the workshop at Godhra on 3rd December 2019. This sensitization workshop for all the stake holders was participated in good numbers. Top officials in all the above departments attended the workshop. Nearly 200 participants from all over the district came together and presentations were made about various needs of the mentally ill persons and the programs being run by the govt in the district. The Health and Welfare centers officials attended in big number as they are expected to contribute towards the mental health of the population they work with. The major outcome of the workshop was the realization that the mentally ill persons deserve a better life and that all of us should strengthen and initiate community mental health programs by GO and NGO sector in the district.

દિવ્ય ભાસ્કર

માનસિક સ્વાસ્થ્ય અંગે પંચામૃત ડેરીમાં સેમિનાર યોજાયો

ગોધરા, પંચમહાલ જિલ્લા માનસિક આરોગ્ય કાર્યક્રમ, સીવીલ હોસ્પિટલ ગોધરા અને લોક સ્વાસ્થ્ય મંડળ શિવરાજપુર દ્વારા માનસિક સ્વાસ્થ્ય અંગે એક સેન્સિટાઇઝેશન કાર્યક્રમનું આયોજન ગોધરાની પંચામૃત ડેરી પરિસરમાં કરવામાં આવ્યું હતું. જેમાં સમગ્ર જિલ્લામાંથી મેડિકલ ઓફિસર, સમાજકલ્યાણ અધિકારીઓ, સામાજીક સંસ્થાઓના પ્રતિનિધિઓ હાજર રહ્યા હતા. આ સંમેલન મુખ્ય જિલ્લા આરોગ્ય અધિકારી ડૉ. સુરેન્દ્ર મોઢની અધ્યક્ષતામાં યોજાયો હતો. જેમાં સીવીલ સર્જન ડૉ. મયુરિબેન શાહ પણ હાજર રહ્યા હતા.

New phase of the CMHP of TRU

This year we have received several requests from various organizations (NGOs) to help them start similar community mental health program. We have offered to impart them basic training of their team leaders and the key workers at village level. Good amount of interest is being perceived from different NGOs to learn various dimensions of Community Mental Health Program. We hope to respond to the needs of these NGOs in a positive way. So the TRU team is being geared up to take up various training programs regarding the CMHP interventions take ground in several geographical areas and we are able to work in favour of hundreds of mentally ill persons all over the state.

Collaboration with schools for Social work :

Since 2016 we have already an ongoing collaboration with Tata Institute of Social Science, Mumbai for facilitating one month internship of the students of Semester 4, MSW (Mental Health). These students come and stay with us for one month and by participating in various activities on campus and in project area, they learn about social interventions in our Community mental health programme.

Since 2017 we have a batch of 3 - 5 students from the Mahila Vidyapith at Nardipur, dist Mehsana every year for the Kendra Nivas of one month duration for the final year students of Bachelor of Rural Studies course.

Similarly, since 2018 we have also collaboration from Gujarat Vidyapith students of MSW (Psychiatry) to learn about Community Mental Health as implemented by TRU. They also participate in our grassroots activities and accomplish various tasks facilitating learning in social work. They come in a batch of 3 and stay with us for 6 weeks.

Sensitization of CCCH Students.

In this year the Gujarat Vidyapith has written to us if we can facilitate a Rural Camp for their 20 MSW (Psychiatry) students for a period of 11 days in early January. We have consented to the proposal because we think this is the occasion for us to share the knowledge and experience of running the Community Mental Health Program for last many years.

Sparsh Program of Krishna Medical College and Hospital, Karamsad as well as Tribhuvandas Foundation, Rajodpura, Anand have been talking to us for training and field visits of their field teams and students of CCCH to observe and learn from the Community Mental Health Workers' activities.

Video shooting for MH Training : This year we have found two videographers who showed interest in documenting various processes important for establishing the Community Mental Health Program. We have thought of a six chapter series of videos which can help various organizations and individuals to learn various tools and steps for a CMHP. There will be six chapters of the series as follows :

1. Introduction about need for a CMHP
2. Identification of patients suffering from Mental Illness
3. Access to medical services by MI patient
4. Treatment and follow up for MH
5. Community Based Rehabilitation of patients
6. Mental health awareness programs

Utpal Bhatt interacting with MH core members.

In all approx 42 minute videos have been prepared in six chapters. The objective is to place them on the public media and also use them during training program for CMHP. These training videos are prepared by Utpal and Bhumit who painstakingly carried out the video shooting over several days in the year 2019.

Documentation of CMHP :

Dr Vikram Gupta has made three visits to TRU and witnessed all aspects of the TRU's CMHP. He has had good amount of discussion regarding what can be done to document and popularize the TRU model for other people to understand. Dr Gupta has shown willingness in participating in the documentation of different aspects of CMHP of TRU. More details are being worked out and in near future we hope to make progress on this aspect.

Video shooting at schools programme for MH Awareness

Girls' Education Program

Parents of Std. X students

Panchmahals being rural - tribal area, the people live in hills and ravines and forests. So it is a big issue of safety vs advantages of education for girls. People still believe that girls' education is optional. So often instead of sending the girls to high schools along the risky roads, they choose to keep her at home and teach all the household activities. Working closely with the women in villages we came across this anxiety and the belief too. We motivated them that if they give good and safe environment plus the time and opportunity to study then the girls can prove to be very important support to them and their families in later years. Some women got convinced but were too scared to allow the girls face the risky and unsafe village paths and road. Therefore we organized this residential girls' education program since the year 2005. The parents are convinced about the importance of education. Since last some years govt also has put up approx 4 similar education programs for girls in the tribal area. We now have a college for higher science studies and a few hostels attached to schools to facilitate residence as well as education for the girls. These are placed in approx 25 km radius from Shivrajpur. Therefore our experiment is still relevant for some years in our project area.

Girls at lawn of ILSAS with one professor.

New academic year : The Girls' Education Program as usual started with great enthusiasm. Many girls and parents visited the center and obtained admission into the program. There were 122 girls to begin with the first semester in GEP.

To the end of the year we found that there were 90 girls who continued in the program. There were some unavoidable reasons for the 32 girls who dropped out from this program. Approx 9%, i.e. 11 girls were homesick and left. Probably they had never left home on their own before this. Approx 3% girls got admission in other schools of their choice. So they left GEP. There were approx 8 girls who could not cope with demands of study in high school. Rest 10 girls left us for varied reasons such as no chhutti to go home whenever they wished to, no facility of fans in the hostel, etc 2 girls in std 12 left in Nov 19 because their parents could organize a lift by a van to go to school every day.

Table : Reasons for dropping out :

Standard	Started in June 19	Dropped out before Nov 19	Reasons for dropping out	Completed both semesters
9th	58	23	11 homesick, 2 no permission to go home during school days, 6 could not cope with studies, 1 her friend left GEP, 1 remained sick all time 2 no fans in the hostel	35
10th	38	03	1 got admission in other school, 1 could not cope with studies, 1 no permission to go home during school days	35
11th	15	04	2 got admission in other school, 1 remained sick all time, 1 could not cope with studies	11
12th	11	02	Parents could arrange for a lift from and to home for school	09
Total	122	32 = 26%	Homesick = 9%, Cannot cope with studies = 6.6%, Admission in other school = 3.1%, No chhutti from Hostel = 2.5% Remained sick = 1.6%, No fan in hostel = 1.6%, Got lift from and to school = 1.6%,	90 = 74%

Celebration of festivals : In the GEP we celebrate all the festivals with the girls. This year also we celebrated Makar Sankranti, Republic Day, Holi, Rakshabandhan, Krishna Janmashtami, Independence day, Navratri, Dussehra, Diwali, New year (Gujarati new year), etc with the girls. The festival of Makar Sankranti or Uttarayan as it is popularly called, is celebrated on 14th January every year. We bought many kites and strings for the girls. Girls were on the terrace of the TRU center along with few of our Health Workers to fly kites. They enjoyed the morning with kites and then Chikki in the afternoon. The kitchen prepared elaborate food for them as lunch. Other festivals were also celebrated by cooking special food items mainly sweets for the girls. Parents came from home to meet their daughters and there was fun for the day.

Help from outsiders: We are happy to say that we get some help from the villages and from the parents too. They share food on social occasions. They often invite the girls for having food at some occasions. Our kitchen prepares good food for the girls. Every fortnight and at the festivals there is special food arrangement. A sweet is added to their food often. Many visitors also bring chocolates from USA and India for the girls. The visitors also talk to the girls about why education is important and what all they can pursue in life if they have a good formal education. One of the donors distributed cloth for making dresses.

15th August Flag Hosting

This year the school changed uniform for the girls. Girls were excited to have new uniforms. Annually our project provides them with one Punjabi dress that makes our campus colorful and nice. So the enthusiasm and excitement goes on.

Academic facilities : The second semester exams were held in January 19 and Board exams for 10th and 12th in March. There are three teachers in GEP. One science teacher comes regularly to teach Mathematics and Science to students of 9th and 10th standards. The other two teach humanities & languages expect English.

Karishmaben at art class

The educational tour was to visit two or three colleges in the Sardar Patel University at Anand on the 16th February 2019. The girls visited the Sardar Patel museum at Karamsad and heard the story of how Sardar became a man of importance for the country starting from being son of a farmer. The girls then had quick lunch and went to the college of arts and communication studies at ILSAS in Anand. We could make this visit because of the very positive and proactive role of the teachers. Dr. Thomas the principal of ILSAS. Here they also invited other professors of different colleges such as the Law College, the Commerce College, the Banking study department, etc. All the young teachers of the college talked to the girls about importance of higher education and the kind of help they can provide to the girls if they

Girls' visit to Anand College, Dairy & SVP Museum

reach them for higher studies. They also gave a description of what all courses the girls can pursue after school graduation and what extracurricular activities these colleges offer to the young girls. Rest was singing songs, play and dancing the whole day. The girls then visited the Amul Dairy to see the production of milk and milk products. Good food and snacks during the tour was another feature that the girls enjoyed. After the trip they also wrote an essay about the tour. They showed a lot of interest for the colleges for higher education during the tour.

Film screening every Sunday : In this year we have made full use of the Auditorium on the campus. Every Sunday one film is screened for the girls. The film usually is helping the girls to take a wider perspective about life. Short films about how to overcome personal problems of different nature such as personal disability, poverty, social dilemma, death of parents, accidents, etc and still achieve something in life that is demonstrable are also shown. Such examples are particularly motivational and help the girls. There were some which focused on the need to help others in whatever small way we can. This emphasizes the socially useful role which everyone should adopt and make life more livable for the community.

Adolescent health education : This year we also Tata Institute of Social Sciences sent their students to learn community mental health components. They enjoy community life with the girls. Additionally they take up some activity based classes about adolescent health issues and stress management with our girls. This has been particularly helpful. There were

Enjoying Carrom

students from Gujarat Vidyapith and also from a Women's college in rural studies. The girls participated in various activities which they organized. There were sessions for young girls about how to recognize 'good and bad touch'. There were other things like a small cultural program, a dance and garba frequently organized for our girls.

In addition to student interns Mrs Gupta took a couple of Sunday classes with the girls and taught life lessons through small group activity. A kind of life skill education takes place through this. Dr. Vasundhara visited TRU 2 - 3 times in this year also interacted with girls. All such things add flavor to the routine life in GEP.

The Academic year 19 - 2020 has ended with State Board exams for std 10th and 12th from 5th March upto 24th of March 2020. While report is being finalised Lockdown due to Corona Pandemic has started. All schools are closed and girls gone home. All of them except 10th and 12th students will be upgraded to higher classes.

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	STOPPED		02	38	12	04	07	05	68
2008-09			01	21	34	12	03	06	76
2009-10			STOPPED	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					35	35	11	9	90

Abhinav Bal Vikas Kendra

This child activity center has shown good performance over the year. Actually as an offshoot of our Community Mental health programme we had started this center for the mentally challenged (retarded) children. We nearly registered 150 children in the year 2012 to come to this center. It was then started in Halol to take care of the proximity of majority of children to reach out to the center. Initially we also motivated the mothers to come along with the child to witness therapeutic inputs like speech therapy, physiotherapy, psychotherapy and educative inputs we are giving to the children. This center was a practical training center for the mother or grand mother to learn how to bring up these children. But not all mothers were able to come to the center everyday because of their home responsibilities.

Soon we arranged for our educators to reach out to their homes every alternate day and the expert therapists would visit once a week to the center. This experiment also went on for some time. On evaluation we found that the children were not able to learn nuances as much as we expected them to do.

Then we shifted the center to our own headquarters in Shivrajpur with a newer concept. We have a preprimary education center. Here we invited a few MR children as per their mental age to get mixed up with the normal children of same physical age. It was a breakthrough and we found that the profoundly challenged children also have learnt various life skills such as greeting outsiders, caring for the young children, helping each other, playing in group, starting to speak and talk, eating with discipline, sharing their stuff with other children, etc. This center has a disadvantage that there are only a few such problem children and more normal children. This year we have 50 children comprising of 4 mentally challenged children.

Diagnostic Centres

The diagnostic centers for urban poor are generally stable and running at their pace. There has been some better performance seen in number of patients we are able to help in this year 2018. The pathological laboratory, the X-Ray deptt and the Ultrasonography services help the poor and needy with a good amount of precision for quality output. Following is the synopsis of this data:

The laboratory at Dandia Bazar centre is now run under the banner of Ansuya M. Chhatrapati Charitable Trust, which is our sister-organization under active management of TRU.

Name of Center	X-Ray	Sonography	Echo-cardiogram	Laboratory	Total Patients
Alkapuri	1987	2403	--	5837	10227
Dandia Bazar	4465	1070	126	3557	09218
Total	6452	3473	126	9394	19445

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
2014-2018	11521	26738	26627	14525	13052	6672	0774	99909
2019	01987	04465	05837	03557	02473	01070	0126	19445
Total all years	**56987**	**75789**	**87904**	**22039**	**30784**	**15963**	**2275**	**291671**

Dental Clinic at Vadodara :

New Patients		Old Patients		Total
Female	Male	Female	Male	
279	265	171	125	840

Financials in TRU

TRUST FOR REACHING THE UNREACHED

BALANCE SHEET AS AT 31-03-2019

Funds and Liabilities	Rs.	Property and Assets	Rs.
Trust Funds or Corpus	1,33,00,293	Immovable Properties	2,18,32,400
Other Earmarked Funds	2,93,23,963	Furnitures & Fixtures	91,56,409
Liabilities	20,19,684	Advances	
Income & Expenditure A/c.		To TDS Receivable	13,33,980
Balance as per last B/S	1,88,23,234	& others	
less deficit during		Cash and Bank Balances	
the year	-32,96,804	(including FD with Bank)	2,78,47,581
	6,01,70,370		**6,01,70,370**

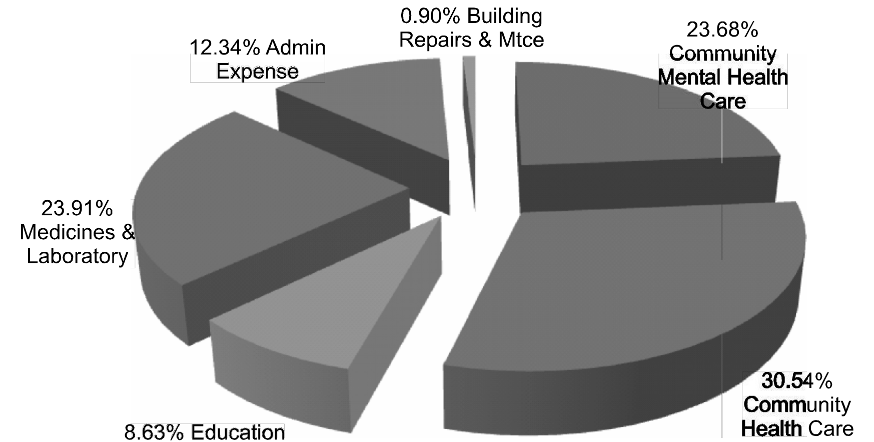
INCOME & EXPENDITURE A/C.
FOR THE YEAR ENDED ON 31-03-2019

Expenditure	Rs.	Income	Rs.
To Expenditure in respect		By Interest on	
of properties	6,74,069	Fixed Deposits	17,17,124
To Bldg. Repairs & Mtce.	1,04,364	By Donation	
To Establishment		Domestic	52,66,447
Expenses	1,39,012	International	22,73,055
To Fees & Statutory	2,12,762	By Transfer from Reserve	1,04,364
To Depreciation	3,38,490		
To Expenditure on object of the Trust (FCRA)	25,55,720		
To Expenditure on object of the Trust	86,33,377		
By Deficit carried over to B/S	-32,96,804		
Total Rs.	**93,60,990**	**Total Rs.**	**93,60,990**

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

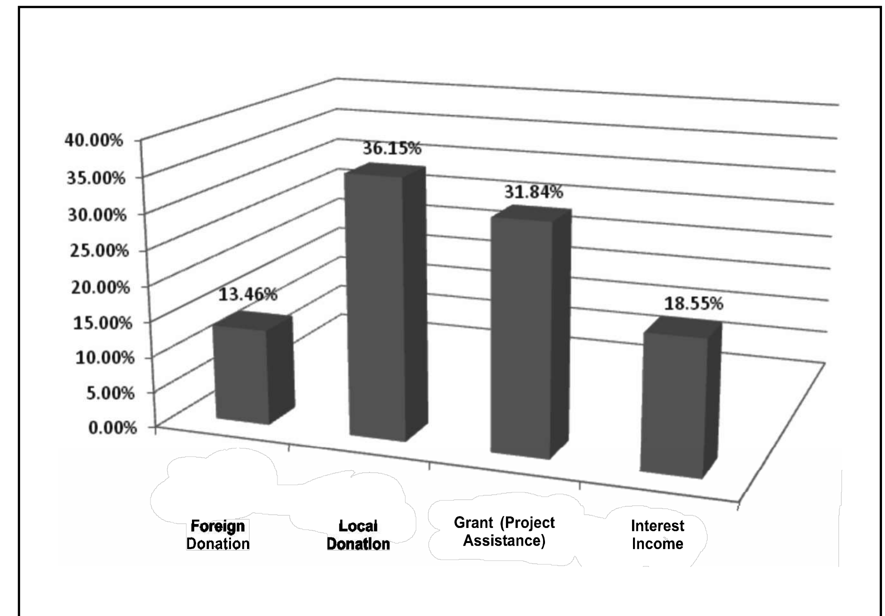
TRUSTEES
Trust for Reaching The Unreached
Vadodara :

Expenditure Pattern in TRU, F.Y. 2018-19



Total Expenditure = Rs. 1,16,45,239

Income in TRU, F.Y. 2018-19



Teachers' meeting at School Health Programme

Students at School Health Awareness Programme

We are thankful

Donors of the year 2019 - 2020
(Received between April 19 - March 20)

Sr. No.	NAME	AMOUNT (Rs.)
1	Samvedna Foundation, Vadodara	320000
2	Voltamp Transformers Ltd., Vadodara	270000
3	Dr. Rohit Desai, Vadodara	50000
4	Shri C S Rangaswamy, Vadodara	147000
5	Bank Of Baroda, Jetalpur Branch, Vadodara	31860
6	Shri Shardamani Seva Nidhi Trust, Vadodara	21000
7	Shri Anuj Ajay Shah, Ahmedabad	10001
8	Dr. Rohit V Bhatt, Vadodara	10000
9	Rex Resins, Vadodara	10000
10	Shri Gurdas Somani, Vadodara	10000
11	Dev Ratan Charitable Trust, Vadodara	10000
12	Shri Harshad J Thakar, Vadodara	5000
13	Shri Mukesh M Shah, Ahmedabad	5000
14	Shri Pramod Amin, USA	5000
15	Shri Pratibha Ashok Upadhyay, Vadodara	5000
16	Bhaichand M Mehta Charitable Trust, Mumbai	3500
17	Harsukh B Mehta Charitable Trust, Mumbai	3500
18	Shri Amitendu Gupta, Vadodara	5000
	Total	**921861**
	Paul Hamlyn Foundation, UK	**1484835**
	Association For India's Development,USA	**1246875**
	Shri Nandkumar B Patel, USA	**50000**
	Human Enrichment By Love & Peace I,USA	**919534**
1	Shri I I Patel,USA	356180
2	Shri Mahendra C Patel & Malti M Patel,USA	106677
3	Shri Mahendra & Chhaya Patel,USA*	106765
4	Shri Kirit Desai & Dr. Panna Desai,USA*	142058
5	Shri K C & Divya Patel,USA*	74704
6	Shri Himat Tank & Sharda Tank, USA*	42603
7	Shri Vinu & Kokila Shah, USA	35535
8	Shri Balchandra T & Devi Dave, USA	17840
9	Shri Devesh Navinbhai Patel, USA	15000
10	Shri Rakshaben P Patel, USA	10000
11	Shri Manjit ,USA*	7172
12	Shri Praffulbhai C Patel, USA	5000

* Some donations were made in last financial yearm but were not received in the same financial year have now been received in this financial year 19 - 20