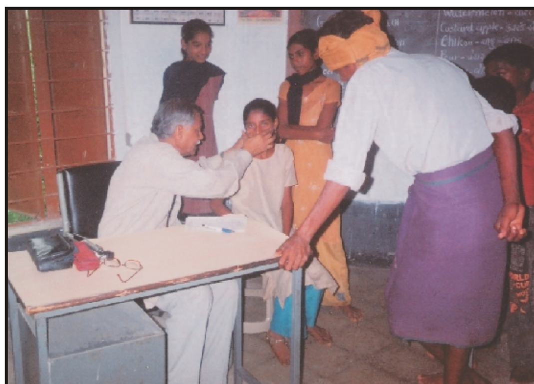
# TRU Report 2008

TRU has been writing annual reports to update its well-wishers about various activities and functional establishments in the Trust. This year we write this report to take our well-wishers with us in this journey to understand the quest for reaching out health to the poor and emarginated peoples of the Panch Mahals district. We think it is relevant to make our friends aware of factors which perpetuate ill health and poverty in this left out district. We hope to begin from pre-independence period and how all social and economic development has deprived populations of this district.

**Story of health provision to rural and tribal populations :**

Since the late nineteenth century, many different groups have sought to provide health care for the rural and tribal peoples of India, ranging from the British colonial rulers, Christian missionaries, nationalist activists, the postcolonial Indian state, private doctors, NGO workers, religious organisations, evangelistic faith healers and political and quasi-political groups. Despite all this attention, health care in such areas is at best patchy, and generally highly inadequate.



The British provided some medical services to pacify the rural and tribal communities against exploitation of Indian forest wealth and political and economic activities. Some of their remote base camps in far interior areas would provide a few relief medicines to local peoples who in turn would feel obliged and reciprocate in many ways to these white bosses. There were some missionaries who wanted to help the poor and sick people.

This process began to be contested during the early twentieth century by Gandhian nationalists, with their own views on sanitation, cleanliness and health. After independence in 1947, the Indian welfare state extended health services through Primary Health Centres and various preventive campaigns such as vaccination for childhood diseases and DDT spraying to eliminate mosquitoes, etc. There were some vertical programs adopted by the Indian govt to fight communicable diseases and survival issues. The vulnerable populations were identified for providing effective services to those in need. Most recent international commitment that the GOI has made is "Health for All by year 2000". We have all witnessed the processes in recent times and also participated in many activities where it was confessed that, years after Alma Atta, things have not moved satisfactory enough for reaching Health services to all. It is in this context that the work of TRU and other likeminded NGOs found relevance.

**Plight of the Rural and Tribal poor :**

Rural populations in India still constitute more than 60% of total populace. With the fast developing industrial belts and urban centers, infrastructure such as roads, transportation, communication networks, etc have now started reaching out to the rural areas. But this phenomenon is very recent and has not had enough effect on the lives of the rural people in terms of improving the health status. Adversely, it affects by exposing the rural tribal to greater socio-economic exploitation. A good amount of documentation has been done to show that the open economy and the structural adjustment programs have affected badly to the poor people. Widening infrastructure base has added newer opportunities for those who have the skills to use them. Others keep being exploited and continue to provide less expensive labor to the market. State has not been able to control the processes to improve upon conditions vis a vis poor rural and far interior areas.

In India as a whole, the tribal peoples today make up about 8% of the total population of over one billion, while in Gujarat they make up almost 15% of the population of fifty-one million. They belong to a range of kinship-based communities associated with interior regions that are often hilly and with poor soil. During the colonial period, they were excluded from large tracts of their homelands, which were reserved for government-controlled forests. Subsequently, many have been displaced through large-scale irrigation and other development projects.

Many are unable to make a living from the low-grade land they retain, and have to work as migrant laborers outside their own region, for example as seasonal agricultural laborers and on construction sites in the towns and more prosperous rural areas. The conditions of work are bad, they live in temporary camps or slums, and they have to accept low and irregular wages often paid only partially. Their general condition is characterized by poverty, social exclusion, susceptibility to exploitation, and poor health as compared to their urban counterparts.

**Panch mahals** is one of the most backward districts of Gujarat and that of India too. The district is marked by undulated land and ravines, rivulets crossing through forest land. Whole district is inhabited by Other Backward Class (OBC) and tribals. Upper caste and upper class populations are scanty in this district. It is said that the peoples of Panch Mahals have built the prosperity of Gujarat, but themselves still suffer from ill-health, deprivation and poverty.



**Provision of health services :**

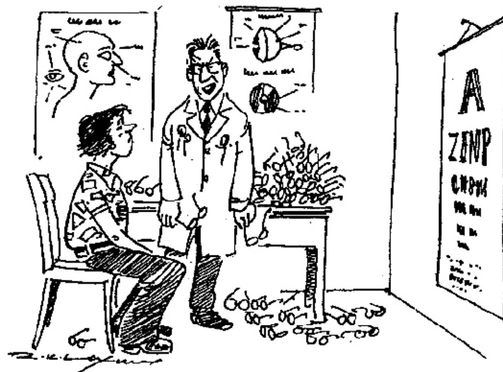
The desire to provide improved health services for these tracts has a number of causes. For some, such as NGO workers and a few dedicated doctors, there is a commitment to social service. For others, such as many official health workers, it is just a career posting which they have to fulfill on the orders of their higher up officers and ultimately the employer (government). Politicians are interested in appearing to provide health care in such areas, because the rural poor and scheduled tribes are important voters within the modern Indian political system. Since long, their vote has been decisive in a number of parliamentary and state assembly seats. In Gujarat, for example, the tribal vote is crucial in 33 out of a total of 181 state assembly seats (18.23%), which in tight elections would be enough to determine the result. For this reason, different political fractions of the dominant classes have a strong interest in extending their power and influence over the tribal peoples. Health and healing is a tool in their armory in this respect.

The trend for making the heath delivery system more effective is towards privatization in the name of "public private partnership". It is being largely advocated by many that people anyway spend considerable amount of money in accessing private health care services. So it is reasonable to appeal private sector to share their facilities with government infrastructure in order that people benefit by good and efficient services. Govt

Boil this thousand - *year* - old Himalayan *herb* in milk mixed with lotus petals twenty times and *drink* it *for* seven months. If all this doesn't *cure* you, take a couple of aspirins.
- A Dose of Laughter, R. K. Laxman

remunerates services provided to people below poverty line (BPL). For the rest private sector continues to charge whatever rates. This arrangement and theory sounds quite interesting and attractive when it is combined with free Emergency transportation services (Dial 108). But it necessarily means that there is a little effort to recruit more doctors, develop the base services to meet the needs of masses, or motivate the existing staff to provide better services. It also helps by reducing the workload and by officially transferring responsibility to private sector. Secondly, welfare goal of our govt remains in activities like spreading awareness and sensitization processes, while the hard core services are to be provided by private sector. When such becomes rule of the day, people have to fall prey to open market forces and it then becomes a game of “survival of the fittest (those who are able to pay)”.

Concepts like 'public-private partnership' are very much discussed and pushed. Many people including some of the NGOs think that it is not mandatory to provide any service free of cost. Whatever services are available in govt set ups should also be charged some user-fees.



What a waste of time! When you kept saying "Can't read, can't read, I didn't realize you didn't go to school !"
- A Dose of Laughter, R. K. Laxman

Hence in our opinion, NGO groups like ours concerned with poverty issues have to keep providing steady services to people without discrimination of caste, creed, vote, religion or social hierarchy. TRU functions with its bear minimum resources to provide its services free of cost. An important activity of TRU is education for



generating awareness among the people to access whatever services available in the area. TRU also persuades people to take a rational decision for use of medical services, i.e. use of essential medicines, not using injections, not insisting upon use of intravenous infusions, etc is considered important help to save people's money.

**TRU's health work :**

It is in this environment and desperation of the poor people we function to provide rational and good quality, accessible and affordable health care. In urban areas our Rahat Nidan Kendra continues to provide the services for investigations in Pathology and Radiology. In rural tribal areas we continue to provide basic health care including mental health care to the people irrespective of their ability to pay. The many educational campaigns and home to home education services are helping people to upgrade their knowledge base to modern medical system and learn how to access services when required. Our interventions help people by reduction in family health expenditure thus enabling the family resources to be spent on other crucial needs like nutrition and education of children, specially the girl child. This actually helps to enhance process of development in the area. We are happy to say that in our project areas girls' education is increasingly made possible. We have witnessed increasing number of girls being able to complete the primary school education. For strengthening of the secondary school education to girls we have our project “Abhinav Kanya Shikshan Karyakram” in place, which has in last three years helped more than 125 girls to access high school education.

**Shivrajpur and Bhikhapura area :**

TRU serves population around the hills and ravines of border talukas (blocks) of Panch Mahals, Vadodara and Dahod districts. The break up of population in the area shows the following :

**Population break up (Samagra Swasthya Karyakram) :**

| Name of District | Population served by TRU | Scheduled Caste | Scheduled Tribe | Others |
|---|---|---|---|---|
| Vadodara | 36828 | 1150 | 22060 | 13618 |
| Panch Mahals | 20863 | 0509 | 13580 | 6774 |
| Dahod | 10907 | 0087 | 10820 | 00 |
| **Total** | **68598** | **1746 (2.52%)** | **46460 (67.75%)** | **20382 (29.73%)** |

Source : Census 2001

Thus it can be seen that TRU works for predominantly tribal population in this project. We believe that they need better attention by the mainstream. The solution does not lie in making the services privatized. But the right solution would be to make govt services or NGO services more accessible and at a price affordable by the people. Even if it means to introduce a minimum user fees, it should be tried. Of course there should be no shortcut to provision of good quality and rational care.

**TRU in Padra taluka (Arogya Kiran Project)**

TRU also works in the Padra taluka of Vadodara district. Here again we work on border of Vadodara district touching Bharuch district. These villages are also located on the banks of river Dhadhar and the river Mahi. We serve a population of nearly 28000 in this region. Break up of population being as follows :

| Name of District | Population served by TRU | Scheduled Caste | Scheduled Tribe | Others & OBC |
|---|---|---|---|---|
| Vadodara | 28794 | 1825 (6.3%) | 888 (3%) | 26081 (90.7%) |

Source : Census 2001

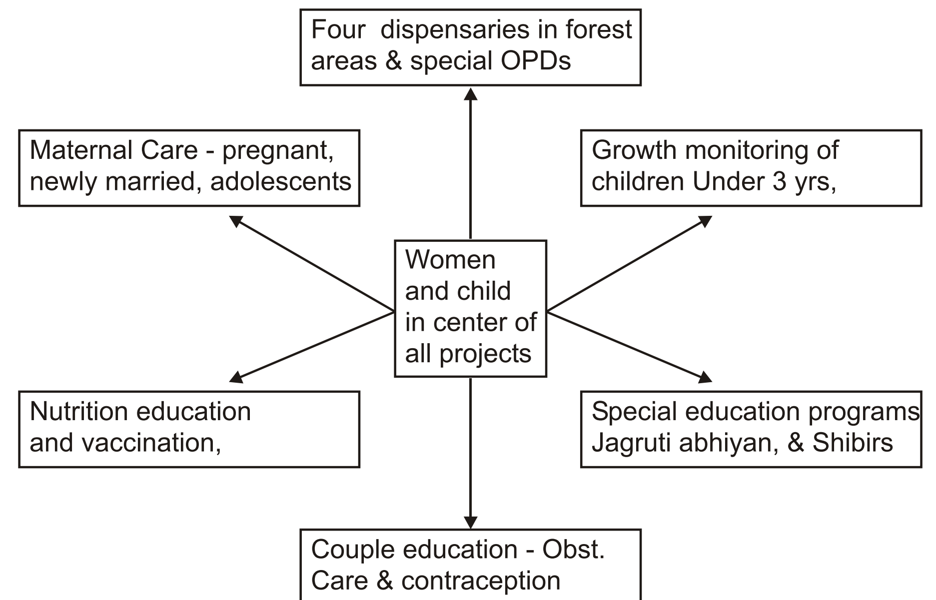
Even in this region, while the SC and ST population is comparatively less, we are predominantly serving the poor and Other Backward Classes such as Padhiar, Mali, thakor, rajput, koli, etc. Retaining its criteria of unreachability in this region also TRU mainly serves the poor.



**TRU's Extension programs :**

TRU has advocated providing house to house services, locating people who are not reaching out, understanding their family and social impediments and motivating them to use the services. Part of our effort is also to enable them to understand their rights and duties vis a vis available govt structure. E.g. the much advertised is the NRHM initiative of Govt health deptt alongwith the EMRI (emergency transport of patients) services. TRU has tried to build people's confidence in govt services and by motivating them to use institutional delivery scheme (Janani Suraksha Yojna), using the '108-ambulance' to transport mothers free of cost to medical centers. As a result now nearly 47% deliveries take place in hospitals or health centers as compared to less than 10% institutional deliveries 5 years ago.

Following is the schematic presentation of what we do in the rural project areas :




Above figure generally depicts the health Program structuring in TRU.

TRU's Health Programs in project areas :

**I. Medical services :**

1. Medical services in the forest centers
2. Care of ill patients in villages by CHVs

**II. Preventive health services :**

1. Maternal care through active follow up of young couples and pregnant ladies
2. Care of children under three years through growth monitoring program

**III. Control of communicable diseases through provision of treatment and vaccination**

**IV. Specific Education and Care Programmes**

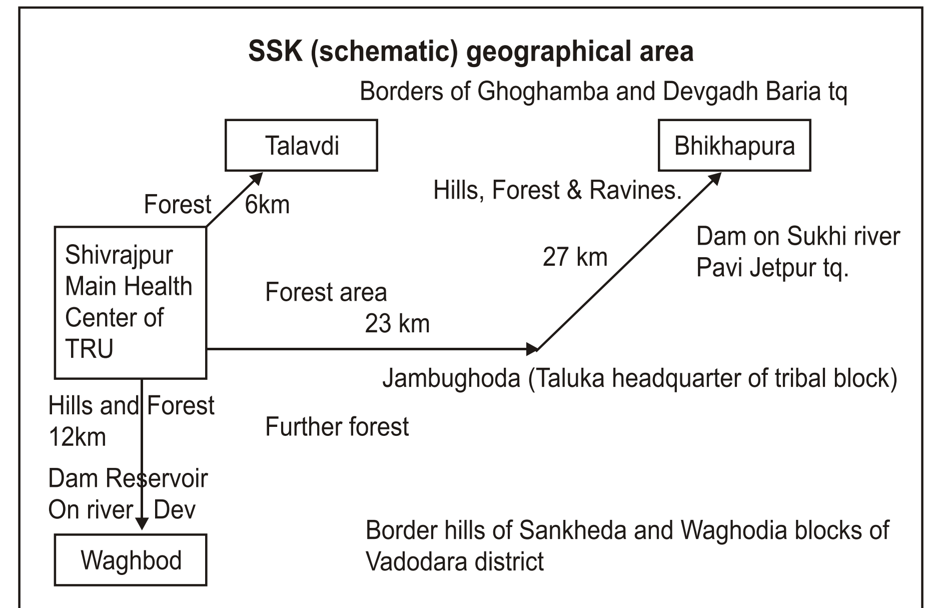
1. Couple education and care through home visits of couples having incomplete family
2. Promotion of health through many educational campaigns and programs
3. Publications of TRU
4. Care of Mentally disturbed
5. Diagnostic Centres for urban poor.
6. Girls Education Project
7. Play Centre for Children U-3.

Organizationally TRU core team consists of the core trainers and a doctor. The doctor runs all the general health clinics in forest areas. TRU runs four dispensaries in the area to cover length of project area. They are: Shivrajpur, Talavdi, Waghbod, Bhikhapura.



As seen in the figure below, four centers take care of border villages of many talukas, such as Sankheda, Vaghodia, Halol, Jambughoda, Devgarh Baria, Pavi Jetpur, Ghoghamba, etc in the three districts such as Vadodara, Panch mahals and Dahod. The centers are situated in forest area and the villages are embedded in forests between hills. The forest produces were the natural source of economy.

We provide health services to people through a cadre of workers. Mainly there are Cluster workers called Multi-purpose Workers, Village level workers called Village Health volunteers and there are the Core Trainers/Coordinators and doctors to take care of various needs of the project and population.




In all a cadre of 20 workers take care of all programs in the project. There are others in the villages to take care of some special needs of the project and are loosely connected with us for specific tasks.

All the workers attached to TRU are trained to take care of primary needs of most commonly occurring diseases. So they are able to give primary treatment of many conditions such as diarrhea, malaria, fever, pneumonia, aches and pains, arthritis and asthma, etc.

## Synopsis of our total coverage in the year 2008 & Important components of Extension Education and Care Programs :

| Couple Education Prog | Growth Monitoring for U3 Children | Care of Pregnant Women - ANC | Patients treated by CHVs in villages | Mental Health Prog |
|---|---|---|---|---|
| **5136 couples** | **4165 U-3yr Childn.** | **1920 preg women** | **18337 patients** | **351 patients** |
| Recording Menstrual history, Obst events, Anemia, Pregnancy, etc. Supply of Contraceptives, General health education, Referral for treatment of medical problems, etc. | Recording of all birth events, weighing the child every month, Monitor growth of each child, Follow up of Protein Energy Malnutrition, Education of mother and family about child-health, | Identification of pregnancy early enough, Provision of treatment of anemia, Referral to Janani Suraksha Yojna, Preparation for delivery and care of new born e.g. Warmth, breast feeding & infection | Identification, Provision of early referral, Giving symptomatic treatment, Prevention education to family, Solution of problem arising, etc. | Identification of patients, Follow up for continuation of treatment, Stigma-reduction programs, Counseling of care takers, Support & Care of patients, etc. |

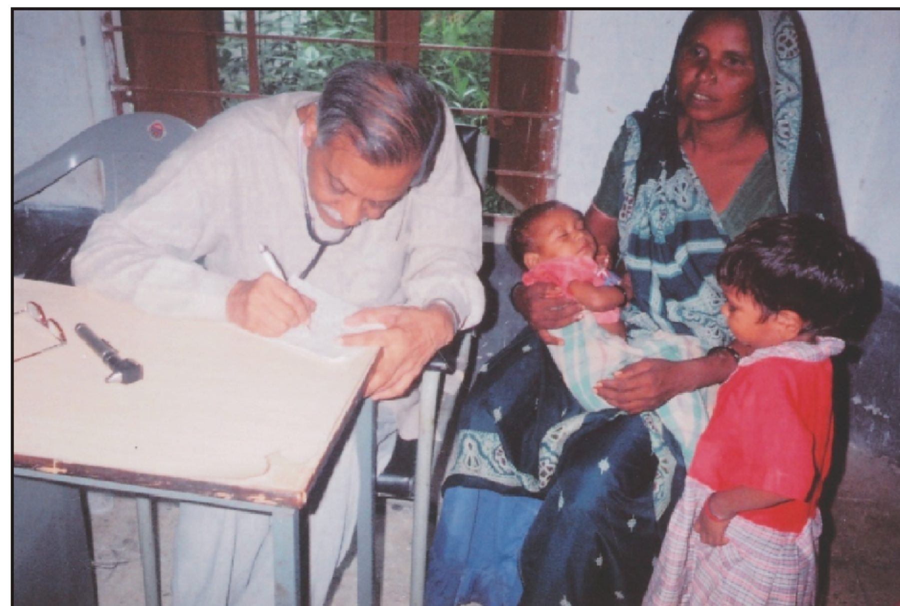


# I. TRU's Medical Services

TRU's medical service is the base around which all field activities draw authenticity and credibility. It is to help patients understand the processes at field level. Thus extensive educational services in villages to enable people to know their rights vis a vis health services. At the same time not leaving the patients to prevalent not-so-appropriate medical services we guide our patients to access rational, affordable and accessible services.

1. Medical services in the forest centers

TRU therefore runs the following clinics and works by cluster approach among the general population through various programs which aim at provision of above educational and extension services. We have tried to take those people in our fold who generally are not able to access existing services due to various reasons.



Patient load at dispensaries of TRU (2008)

| Name of OPD | Female | Male | Total |
|---|---|---|---|
| Shivrajpur, SSKProj | | | |
| Shivrajpur | 2937 | 3233 | 6170 |
| Waghbod | 863 | 780 | 1643 |
| Talavadi | 818 | 784 | 1602 |
| Bhikhapura | 1382 | 1554 | 2936 |
| Camps 6 | 503 | 507 | 1010 |
| Total pts, General OPD, SSK Project, Shivrajpur | 6503 | 6858 | 13361 |
| Arogya Kiran Project, Padra | 1923 | 1854 | 3777 |
| Special OPDs, SSK | | | |
| Gynec | 168 | -- | 168 |
| Psychiatric | 116 | 235 | 351 |
| Dental | 112 | 303 | 415 |
| Total, Specialty OPDs, SSK Project | 396 | 538 | 934 |
| **Grand Total patients** | **8822** | **9250** | **19006** |

Whenever required the patients are being referred to Vadodara, Halol, Bodeli or to the district center in Godhra. Nearly 500 patients have been referred for special care and investigation services to these centers. Serious conditions like cancers of various kinds, cardiac conditions, diabetes of extreme manifestation, AIDS, obstetric complications, infertility, etc are the ones which are sent outside for investigations and treatment.

2. <u>Care of patients by Community health volunteers :</u>

Our CHVs and the MPWs who provide various services to the villagers also provide primary relief to the patients in the remote areas. The strategy is to identify patient, see what he/she is suffering from, provide health advice on prevention of particular disease, provide symptomatic relief by over the counter medicines and refer the patient if required. A team of nearly 25 workers take care of the load of outreach services in TRU. Health workers and volunteers attached to TRU are quite popular and they are able to provide sizeable services to the patients in villages. Not only this, they are often invited by the district health services for grassroots action such as celebrating Mamta divas, constitution of village health committee, holding camps and campaigns, etc.

Primary treatment provided by Health Volunteers (2008)

| No. of patients / Name of Unit | Female | Male | Total |
|---|---|---|---|
| SSK Project | | | |
| Bhikhapura | 2120 | 2141 | 4261 |
| Kelkuva | 1632 | 1239 | 2871 |
| Bakrol | 1001 | 0908 | 1909 |
| Kadval | 1484 | 1453 | 2937 |
| Muvada | 1444 | 1374 | 2818 |
| Shivrajpur | 1965 | 1576 | 3541 |
| **Total, SSK Project, Shivrajpur** | **9646** | **8691** | **18337** |
| Arogya Kiran Project, Padra | 2470 | 2500 | 4970 |
| **Grand Total pts treated in villages** | **12116** | **11191** | **23307** |

Total patients taken care of in SSK during the year 2008

| Patients seen (during 2008) | Female | Male | Total |
|---|---|---|---|
| By Community Health Workers | 9646 | 8691 | 18337 |
| By doctor in Dispensaries | 6503 | 6858 | 13361 |
| By Speciatly OPDs | 0396 | 0538 | 00934 |
| **Total** | **16545** | **16087** | **32632** |

Patients in Kural, Arogya Kiran Project during the year 2008

| Patients seen (during 2008) | Female | Male | Total |
|---|---|---|---|
| By Community Health Workers | 2470 | 2500 | 4970 |
| By doctor in Dispensaries | 1927 | 1854 | 3781 |
| **Total** | **4397** | **4354** | **8751** |

# II. Prevention Care-activities for Improving Health

As pointed out before, the main thrust of our activities is to enable people to understand how to take care of their health, what health services are available and what are their rights in the respective services. Therefore we have organized our services as well as the educational campaigns to reach home to home by provision of basic care and related education components.

The basic care includes all the maternal child care components, control of communicable diseases through provision of treatment and prevention education, curative health care at door steps, support referral care for secondary and tertiary care services, mental health care and stigma reduction programs, general health awareness through various programs such as Jagruti Abhiyan, Maternal Child health meetings, youth meetings, adolescent education classes and mela, couple education program, etc. Below is a short description of every program.

1. Maternal care :

This program is mainly for mothers to be and currently pregnant women and mothers of children below three years. The pregnancies in the area are provided with antenatal care. Main components of antenatal care are: provision of iron supplements, folic acid supplements, two shots of inj Tetanus Toxoid, nutrition care of pregnant women and aseptic delivery education. The pregnant women and their husbands are contacted 4-5 times during pregnancy to prepare them for parenthood as well as to convince them for importance of institutional delivery. The Janani Suraksha Yojna is to enable institutional care for mothers during birth and provide new born care.



Care of Pregnant Women

| Unit name | Total no. pregnant women | Deliveries during '08 | Place at which deliveries are conducted - during the year '08 | | |
|---|---|---|---|---|---|
| | | | Institutional | | Home |
| | | | govt | private | |
| Bhikhapura | 396 | 238 | 074 | 052 | 132 |
| Kelkuva | 394 | 130 | 076 | 07 | 218 |
| Bakrol | 274 | 204 | 079 | 043 | 088 |
| Kadval | 280 | 224 | 068 | 026 | 097 |
| Muvada | 377 | 279 | 125 | 020 | 107 |
| Shivrajpur | 199 | 141 | 048 | 017 | 075 |
| **Total** | **1920** | **1352** | **470 34.8%** | **165 12.2%** | **717 53.0%** |

Our workers help them to prepare papers for JSY. We encourage institutional delivery through our cadre. As compared to previous year, percentage of institutional deliveries has increased from 34% to 47%. But we find that more than 50 % deliveries are still conducted at home. Govt health program has prematurely stopped distribution of aseptic delivery kit since the month of August 08. Therefore we also explain the mothers about how to maintain cleanliness during birth process using the available material at home. Our workers also explain the mother and her family about new born care.

2. Care of Children Under-3 years :

TRU provides intensive child care through growth monitoring program by

1. Monthly weighing sessions,
2. Early identification of undernutrition / malnutrition,
3. Early referral to curative care to the sick children,
4. Watching for timely immunization and
5. Providing nutrition education to the mothers.

Synopsis of children under growth monitoring : Nov 08

| Unit name | Children under - 3 | | | Children U-3 weighed | | |
|---|---|---|---|---|---|---|
| | Female | Male | Total | Female | Male | Total |
| Bhikhapura | 387 | 378 | 765 | 287 | 281 | 568 |
| Kelkuva | 478 | 558 | 1036 | 352 | 424 | 776 |
| Bakrol | 317 | 336 | 660 | 264 | 275 | 539 |
| Kadval | 291 | 337 | 628 | 251 | 285 | 536 |
| Muvada | 340 | 347 | 787 | 290 | 283 | 573 |
| Shivrajpur | 187 | 207 | 394 | 159 | 167 | 326 |
| **Total** | **1997** | **2163** | **4270** | **1603** | **1715** | **3318** |
| **Sex Ratio among children under 3 years = 923 girls per 1000 male children U-3 yrs.** | | | (100%) | | | (78%) |

Children in Arogya Kiran project in Padra taluka

| Unit name | Children under - 3 | | | Children U-3 weighed | | |
|---|---|---|---|---|---|---|
| | Female | Male | Total | Female | Male | Total |
| Kural 15 villages | 451 | 513 | 964 | 375 | 439 | 814 |
| **Sex Ratio among children under 3 years = 879 girls per 1000 male children U-3 yrs.** | | | (100%) | | | (78%) |

Weighing sessions :

Every child under three years is visited once in a month by our community health volunteers. He/she weighs the child, plots the child's weight against his/her age on the growth chart (WHO approved), advises the mother for nutrition and referral if any and explains the importance of immunization alongwith when and how the mother could access vaccination services provided by the ANMs.

We have similar programs in Padra taluka of Vadodara district. This project area has easier accessibility to diagnostic and medical services like sex determination tests, abortion services etc compared to remote rural tribal area of SSK project. There is a cultural bias for female child in this area i.e. parents prefer to have male children. It seems that people somehow get the female foetus aborted. This could be one reason explained for the low sex ratio among children under-3 years in this area. We have tried to stand against this process by carrying out home to home educational campaign. But it has not borne much fruit. Probably the wider forces of economy and market are too strong to promote such socio cultural bias against the girl child.



3. Malnutrition :

All literature and documentary evidence provides that the malnutrition is governed by combination of many socio economic factors in addition to the service issues for health care in a given area. Thus malnutrition is although watched by all agencies concerned with people's health, it should better be reported as one of the indicators of socio economic well being of a community. In this community ever since we have started working we have been able to bring about large difference to the percentage of children under severe malnutrition through health interventions. But it has not been able to check the no. of children falling into under-nutrition. Thus year by year we have many children who enter the Malnutrition belt on the growth chart and again they improve by timely intervention by the health team and the mother. Following table gives synopsis of the processes in the year 2008 :

Risk of Malnutrition among children U-3, 2008

| Unit name | At risk from 2007 | Add during 2008 | Total children in 2008 | Back to normal nutrition | Children at risk at end of 2008 |
|---|---|---|---|---|---|
| Bhikhapura | 96 | 121 | 217 | 94 | 119 |
| Kelkuva | 141 | 112 | 253 | 150 | 83 |
| Bakrol | 69 | 24 | 093 | 46 | 47 |
| Kadval | 074 | 109 | 183 | 116 | 067 |
| Muvada | 36 | 104 | 140 | 081 | 159 |
| Shivrajpur | 23 | 38 | 61 | 38 | 023 |
| **Total** | **439** | **508** | **947** | **526 (55.5%)** | **420 (44.5%)** |

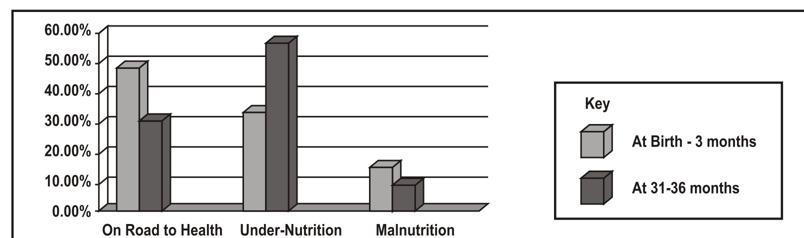
The above table infers that during the year 2008, we faced a load of 947 children entering the circle of under or mal nutrition and therefore ill-health. Due to the intervention by our workers and volunteers, we could help 55.5% of children to go back to normal nutrition, while 44.5% children are still to be seen further in the year 2009.

4. Cross-sectional data for nutrition of children U-3 :

It has been observed that in this community, percentage of children having normal nutrition at birth, i.e. the newborn weight being 2.5 kg or more, is approx 50%. Whereas children born with the disadvantage of being of malnourished, i.e. birthweight being less than 1.5 kg are 15.6%. Interesting it is to compare this with what happens at the 31- 36 months of age. We find that the children in malnutrition are nearly 9% and those still in normal nutrition are 32%.

| 2008, Observations of weight during the period of child's life | Children at 0-3 months | Percen tage | Children at 31 - 36 months | Percen tage |
|---|---|---|---|---|
| On Road to health, (wt 2.5 kg or more at birth) | 638 | 49.8% | 535 | 32.1% |
| Defaultering growth Under-nutrition | 444 | 34.6% | 976 | 58.5% |
| Malnourished (wt 1.5 kg or less at birth) | 200 | 15.6% | 156 | 9.4% |
| **Total** | **1282** | **100%** | **1667** | **100%** |

This does not take us too long to conclude that the children continue to face processes responsible for undernourishment during their life since birth. Therefore only we see that number of children in extreme malnutrition as well as those in normal nutrition decreases while the number of children in under-nutrition increases. We have not been able to make too much dent in the number of children entering in under-nutrition due to social and economic stress factors.






It is seen that proportion of children in normal nutrition has decreased by 17% over the life period of 3 months to 36 months. Similarly severe malnutrition has also decreased by 6% over the same period. These changes have resulted in increase in number of children in under-nutrition. This goes a long way for us to conclude that health and nutrition is not only a matter of education but it is the result of socio economic and cultural expressions and exposures in life.

5. Birth and Death statistics :

TRU watches every birth and death in the community. All births are recorded manually by home visits made by TRU workers and care of new born also being given. Every death in the community is recorded by them. A small exercise to know the reason of death is then conducted in the family. It is named verbal autopsy. Then during the fortnightly sessions, training is conducted on what efforts could be made to prevent the particular death in the community. This not only helps the workers to improve upon their knowledge about their role in the community but helps them to identify lacunae in service provision.

| Unit Name | Births | | Deaths (all ages) | |
|---|---|---|---|---|
| SSK Project : | Female | Male | Female | Male |
| Bhikhapura | 113 | 117 | 31 | 45 |
| Kelkuva | 124 | 167 | 45 | 36 |
| Kakrol | 097 | 103 | 29 | 37 |
| Kadval | 093 | 095 | 36 | 34 |
| Muvada | 130 | 122 | 37 | 48 |
| Shivrajpur | 059 | 078 | 24 | 39 |
| **Total** | **616** | **682** | **202** | **239** |
| **Grand Total** | **1298 live birth in SSK** | | **441 deaths - SSK** | |

# III. Care of communicable diseases

TRU aims at taking care of children for all infectious diseases through growth monitoring program as described above. Immunization is an important component of prevention and care of communicable diseases in given community.

1. Immunization :

It is generally seen that the use of immunization services is increasing day by day in our project area. The children having completed one year of age are found to have been immunized under Expanded Program of Immunization. These children have to be given 4 vaccines before the age of one year. We find the following :

| Vaccines | Children covered under immunization |
|---|---|
| BCG | 84% |
| DPT | 76% |
| Polio | 97% |
| Measles | 76% |

Other Communicable Diseases :

Control of communicable diseases like Malaria, Diarrhoea & other Gastro-Intestinal diseases, respiratory diseases including TB, skin conditions like scabies, ringworm, etc, reproductive tract diseases including HIV/AIDS, etc is an important part of our activities. Mainstay of the control of diseases program is early identification and early and appropriate treatment.

TRU's Multipurpose health workers and community health volunteers are trained intensively for primary diagnosis of many diseases. They can also understand serious signs and symptoms requiring urgent medical intervention. They refer such cases to our community physician after providing symptomatic medicine to the patients. Following table shows TRU's approach and achievents for control of communicable diseases of various body systems.



## Approach to control of communicable diseases

| Disease categories | Program component | Achievement |
|---|---|---|
| Malaria | Vector control through educational campaign, early identification throu' health workers and complete treatment, | Our project area has not suffered severe outbreaks of Malaria since last 5 years |
| Gastro-intestinal diseases | Prevention through breaking of faeco-oral route of communication, early identification and rational treatment | Diarrhoea is no longer a killer disease among children under 3 years of age in our project area |
| Respiratory diseases | Early identification, timely referral and complete rational treatment takes care of TB, ARI, etc.<br>Prevention through vaccination, Campaign explains importance of medical treatment in addition to folk treatments. | 137 patients of TB identified and treated successfully, No outbreak of measles for last 5 years, pneumonia identified early and patients helped to seek treatment at medical centers |
| Skin diseases | Intensive education for prevention of contact and spread of disease, health and hygiene education, early identification and treatment | Very few cases of scabies both in dispensaries and in villages. Treatment by CHVs is popular |
| Reproductive diseases | Educational campaign to prevent these diseases, young couples, adolescents, alcoholics etc are addressed.<br>Rational and affordable treatment in our dispensaries | Men who migrate have started using condoms, Husband and Wife both come together for treatment of RTIs at our dispensaries. |

# IV. Specific Education Programs

TRU runs special education campaigns and regular house to house education activities for all the villages. They are:

1. Couple education prog
2. Mother education prog
3. Youth education prog
4. Jagruti Abhiyan
5. Adolescent education prog
6. Mental Health awareness program

Participatory Research in Ved

1. Couple education programme :

This programme mainly focuses on the contraceptive needs and obstetric performance of all expectant couples in the area. Mainly this prog is implemented in the SSK project area. More than 4000 couples are in the programme. They are to be visited once in every quarter. Following table gives the contraceptive coverage among the population :

| Name of unit | No. of couples |
|---|---|
| Bhikhapura | 838 |
| Kelkuva | 1018 |
| Bakrol | 622 |
| Kadval | 868 |
| Muvada | 888 |
| Shivrajpur | 568 |
| **Total** | **4802** |

At this time they are explained about the " Know your Body" concepts for men and women, gender awareness issues, mental health care and modalities, care of children, spacing methods and supply of contraceptives, women's anemia and related issues, etc. Special care is to be taken in also involving the elderly of the family in this process because they may be able to influence the young couple by various means and ways.



2. Mother Education Program :

The expectant mothers i.e. the pregnant women are covered by our comprehensive care program. This program aims at identifying the complicated pregnancy, reaching difficult labor to institutions, provision of the antenatal care benefits as available in govt health care program i.e. at least 90 tablets of iron supplements, two injections of TT and at least two checkups by ANM, etc. Helping the family preparing of papers for Janani Suraksha and Chiranjivi Yojna benefits is also done by our village level volunteers. Nutrition advice to the woman and to the mother in law are integral part of this ANC visits by TRU workers, who also involve the husband in this education sessioins as much as possible. All these efforts have increased registration of the pregnancy early enough. Our workers (most of them are male workers) are able to elicit history of menstruation and hence that of pregnancy at an earlier date than most programs of our kind.

The table below shows that SSK area 1919 pregnancies are followed up for Antenatal care and the Arogya Kiran Project followed up 583 pregnancies. In SSK area 28.2% pregnancies are registered in first trimester and a total of 74% pregnancies are known before the of second trimester even in this rural remote location.

Registration of Pregnancies, ANC Workload, 2008

| Unit name | Total preg. for ANC visits in 2008 | | Registraion at 1-3 mths | Registraion at 4-6 mths | Registraion at 7-8 mths | Registraion at or after birth |
|---|---|---|---|---|---|---|
| SSK Project | From 07 | Noted in 08 | | | | |
| Bhikhapura | 102 | 294 | 62 | 87 | 73 | 72 |
| Kelkuva | 128 | 266 | 88 | 90 | 63 | 25 |
| Bakrol | 085 | 188 | 59 | 50 | 42 | 37 |
| Kadval | 091 | 189 | 55 | 62 | 46 | 26 |
| Muvada | 090 | 287 | 49 | 92 | 91 | 55 |
| Shivrajpur | 065 | 134 | 51 | 46 | 21 | 16 |
| Total, SSK Project | 561 | 1358 (100%) | 364 (26.8%) | 427 (31.4%) | 336 (24.7%) | 231 (17%) |
| AK Project | 157 | 426 | 120 (28.2%) | 195 (45.8%) | 085 (20%) | 026 (6.1%) |
| Grand Total | 718 | 1784 (100%) | 484 (27.1%) | 622 (34.9%) | 421 (23.6%) | 257 (14.4%) |
| ANC workload | 2502 | | | | | |

The above table shows that the total load of this program in SSK is for those noted in 2007 but not delivered babies in 07 plus those noted in 2008, i.e. 561 + 1358 = 1919 pregnancies. As said before these women are visited at least two times during their pregnancy or even more. Secondly we hold special mother-care meetings in each village at least once in every calendar year where we give comprehensive training to approximately 20 women from each village to help other women who are unable to reach out to services for various reasons. Thus they serve as leaders in knowledge transmission from woman to woman by word of mouth. It should be noted here that the SSK area is more needy and backward in health indicators than the Arogya Kiran Project, Padra. But the early registration (of pregnancy) figures in both regions are close to be similar. This is precisely due to the presence of couple education program in SSK villages. We do not have an elaborate couple education activity in AK project area. But on the whole in Padra Villages, level of awareness about health and access to services is more. So women tend to register earlier during pregnancy.



3. Youth Education Program :

Every village has at least one session of meeting with the youth. These meetings are aimed at making them more responsible in conjugal life and also we explain man's role as leader of the family. We insist upon them to take care of the wife during pregnancy about nutrition, two shots of vaccination, institutional delivery and gender issues like sharing the heavy household chores etc. The youth are also explained and appealed about the need to follow spacing methods and contraception after birth of a child. Marriage counseling is anyway done via man to man contact by holding these meetings just after the marriage season. We faced a lot of resistance in the beginning but now these meetings are accepted and can be run smoothly. Of course holding these meetings have been extremely difficult because ours is a migratory population, who keep migrating for short spells of time many times during the year. Therefore the young men are difficult to be brought together. However, we try to get them as much as possible.

4. Jagruti Abhiyan :

CHV Sangitaben talking to a group of women in Jhinjri during Padyatra

This is a special program held every year in all project villages for last three years. So this year we decided that we shall have this program in the adjacent villages to our project areas. Thus we have identified 80 clusters of hutments in 60 villages in nearby area. List is given at the end of this para. All these villages were visited on foot by the group of our workers and volunteers. Falia meetings were held, information about various services of TRU alongwith basic health messages was given. The villagers appreciated this concern and such visits by saying that TRU is the first organization having taken pains to come and meet us in our homes. The education in lucid language of the area also was very much appreciated. The workers also gave treatment to the patients and they were referred to TRU OPDs for further diagnosis and treatment. All five teams of at least three workers would visit various hutments and impart basic education about mother and child care, chronic diseases, diagnosis of women's health problems, identifying mentally ill patients, making liaison with the leaders of the village and motivating them to do something about the health care of the poor and remote people.

Vikrambhai talking about gender awareness issues with a group of men at Labdadhara during Jagruti Abhiyan Padyatra.



**List of villages where Jagruti Abhiyan was held**

| Villages adjacent to Kadval | Villages adjacent to Bhikhapura | Villages adjacent to Muvada | Villages adjacent to Kelkuva | Villages adjacent to Shivrajpur |
|---|---|---|---|---|
| 1. Poyli | 1. Gamani | 1. Virpur | 1. Chhasia (Sadadia) | 1. Talavdi |
| 2. Kothi | 2. Godli | 2. Samdi | 2. Navi Bedhi | 2. Tadhodia |
| 3. Ranjitpura | 3. Goradpani | 3. Kadvapura | 3. Pani Vasan | 3. Moti Umarvan |
| 4. Liladhal | 4. Ambakhunt | 4. Bar | 4. Nurapura | 4. Pandol |
| 5. Jhinjhri | 5. Uncha Bedha | 5. Dhanpur | 5. Gundi | 5. Surbar |
| 6. Padhora | | 6. Kevda | 6. Khadpa | 6. Ghata |
| 7. Shamalkuva | | 7. Intvada | 7. Gajapura | 7. Dharia |
| 8. Undhva | | 8. Jogpura | 8. Kapdi | 8. Ishvaria |
| 9. Labdadhara-1 | | 9. Navi Chuli | 9. Vav Lavaria | 9. Nani Ranbhet |
| 10. Labdadhara-2 | | 10. Kheda | 10. Kantu | 10. Moti Ranbhet |
| 11. Garmotia | | 11. Satun | 11. Satkunda | 11. Vaghbod |
| 12. Mol | | 12. Motipura | | 12. Chhan Talavdi |
| 13. Jhojh | | 13. Vasantgadh | | 13. Singpur |
| | | | | 14. Khareti |
| | | | | 15. Sudhra |
| | | | | 16. Rinchhbar |
| | | | | 17. Nana Sandhia |
| | | | | 18. Mota Sandhia |

5. Adolescent care program :

This year we invited 5 high schools to attend the adolescent health care program at Ucha Pani village in Pavi Jetpur taluka. The mela was attended by 457 children from the five schools viz. Moti Bej, Sithol, Narukot, Jambughoda and Uncha Pani. Kishor-Kishori mela is a culmination of health classes held in the highschools during the first and second semester in the previous year. TRU's multipurpose workers and intern doctors regularly visit 20 highschools in the area. We invite a few of these schools to the mela each year. The mela was a success and the students enjoyed. Five parallel workshops would expose the students to different health problems prevalent in the villages. A stall for showing real body parts and reproductive system by charts and models was held in addition. Each of the five stalls had one or two health games to be played by the students. Thus we enabled the students learn while playing. The subjects were :

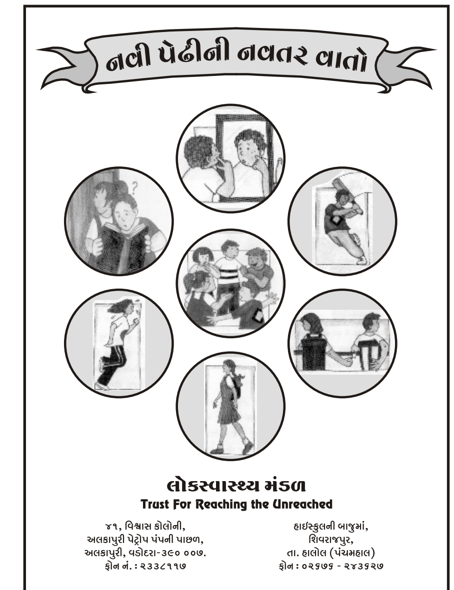
1. Our rights and duties in Health care delivery system - Puppet game
2. Common Diseases and their prevention - Charts and Posters
3. Mental Health and prevention of addictive substance use - Snake and ladder game
4. Gender awareness and formal education at schools - Board Badmington
5. Adolescent health and related issues - Board game.

Suratsingh talking to adolescent girls in Bhikhapura High School

An extra stall with models and charts depicted the various body parts and imparted the feel of various organs in the body to the students. Many youth from villages also participated in the programme. The young men and women from Ucha Pan village were explained in detail about reproductive organs, conception and contraception, concepts like safe period, infertility, gender equality, etc. were talked to them in great detail. Even the older generation village leaders cooperated and understood worth of this knowledge. The Sarpanch of the village inaugurated the program by lighting a lamp. The host school and participating schools cooperated well with TRU and with each other at the program. 6 teachers also attended the program full time. They invited us to come to their schools regularly during the year.



6. Arogya gyan Kasoti :




This year we held a health exam for students of 17 high schools. We distributed the manual on health teaching called "Navi Pedhini Navtar Vato" to all the students before the exam. After 3 weeks we held the exam. More than 600 students participated in the exam. It was an objective type questionnarie. The papers were checked by MPWs. The school staff and principals received this program positively. They held special classes for the students appearing in the exam.

Synopsis of students who appeared for this special examination :

| No. of schools | No. of students in exam | No. of students in Grade A | No. of students in Grade B | No. of students in Grade C |
|---|---|---|---|---|
| 17 | 623 | 29 (4.65%) | 197 (31.6%) | 397 (63.7%) |

This is only beginning of a system of holding health examination at larger level. It is like a pilot program from which we would learn and then implement the program at a larger level. Idea is to sensitize students to take interest in health activities at adolescent age. This exam was meant for students of 8th, 9th, 11th and 12th standards. All the schools were enthusiastic about their students' participation. Though number of successful students in this exam (36.2%) was low, we are quite sure that children and teachers will take more interest in future course. The students who scored Grade B in this exam were given prizes. 29 students received an interesting compilation of short stories.

5. **Publications of TRU :**

❖ **Aapni Arogya Patrika :**

A regular newsletter written and produced by TRU is published for restricted circulation in our field area. This year we have published 8 patrikas, four patrika in mental health and four patrika for general health care. In last two years we have published 14 patrikas detailed as follows:

Patrika 1 and 2 : Introduction of newsletter, organizational information, case studies, PEM and nutrition education for small children

Patrika 3 : Prevention of malaria, treatment of malaria

Patrika 4 : Adolescent health - Navi Pedhini Navtar Vato

Patrika 5 : Mental Health - Introduction and case studies

Patrika 6 : Various Mental illnesses - Identification

Patrika 7 : Treatment of Mentally Ill patients

Patrika 8 : Addictive substances and deaddiction

Patrika 9 : What is health? Spread of diseases and causative organisms

Patrika 10 : Women's health and its importance

Patrika 11 : How to improve women's health

Patrika 12 : Kinds of treatment and rationality approach

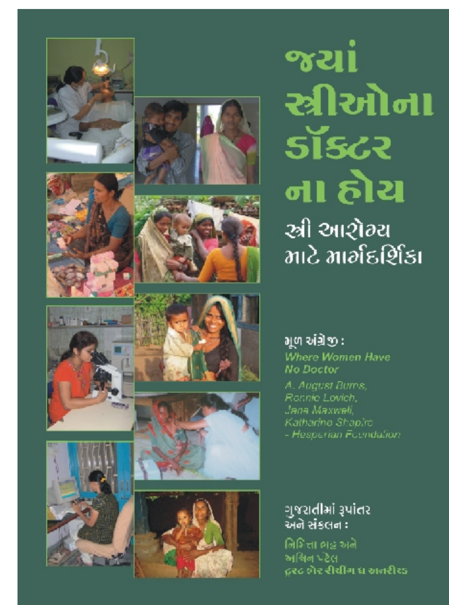
Patrika 13 : Women's Health and Nutrition

Patrika 14 : Cancer among women

The patrikas are widely read in project villages. They are distributed through high school students, village leaders, shops, govt. health centres, the people at village markets (Haat), etc. The Arogya Patrika is read aloud by our village level volunteers before a group of men and women in prominent places.



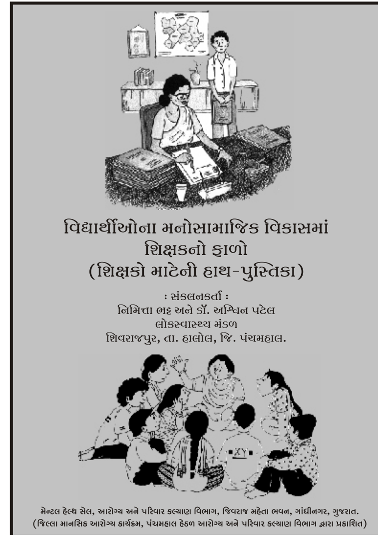
❖ **Jya Streeona Doctor Na Hoy :**




A book was published in early 2008 depicting every aspect of women's health. Various medical conditions, social issues, common approach to medical conditions, rational approach to treatment, the medicines prescribed and related dosages, etc are aptly dealt with in this book by TRU. We had taken up this task in 2001. A book called Where the women have no doctor" was appealed to be translated in many Indian languages by the original publishers, the Hesperian Foundation. We took up this task because a comprehensive manual on women's health was the need of the day. But we proposed to them that we would like to adopt the content of the book to our conditions prevalent in socio economic mileau of Gujarati women. They readily agreed to this proposition and provided assistance in producing this book. But soon after we took up this project, the Kutch region of Gujarat suffered earthquake and then came the communal disharmony activities. Lot of activities related to both this events kept core team of TRU busy until the end of 2005. Once again we took it up and started working on the book in 2006. Many friends volunteered to contribute to this book by helping in providing translation of the original chapters which were then revised to suit the needs of Gujarat by the core team of TRU. The drawings in the book were made again by Viplav Shashi. The expert doctors viz. Dr L.N.Chauhan, Dr. R.V.Bhatt etc gave their candid comments. Drs Rajul and Sagun Desai worked on the pharmacological description of medicines and ultimately Nimitta and Ashvin worked toward finalization of the book.

Cost of the Book = Rs. 275, available in Ahmedabad, Vadodara, Mumbai, Bhavnagar and Bhuj. This book is available at TRU and some friends and well-wishers also distribute this book. Lok Milap, Bhavnagar was the fore-runner in publicizing the book and then many others joined the line to help in distribution of the book.

❖ **Draft Manual for Teachers - Psycho-Social Development of Students :**




This manual was published under the auspices of theDistrict Mental Health Program of GOG. In the year 2008, extensive field testing exercise is taken up and the volume is near to revision and finalization at the end of the year 2008. it is hoped that it will be published in the early part of year 2009 if everything goes well.

Following persons formed the resource group for the same :

Dr. Rakesh Shah and Dr. Chirag Barot - Psychiatrists contributed the medical content

Dr Bimla Parimu & Anuradha S. - Psychologists contributed psychology chapters,

Dr. Ila Raval, Rashmi Vyas - Social Work Faculty contributed part of the social content

Dr Ashvin Patel and Nimitta Bhatt - Community workers gave understanding of community issues in this draft manual. They also compiled, edited and put together all the contents in place in the book.

Draft Manual distributed through District Mental Health Program of Pandr Mahals and Surendra Nagar districts. Many schools received the book free of cost, the teachers used it and also sent their feed back.



**6. Care of Mentally disturbed-**
**Mental Health Care program :**

This program has been continuing for last four years. It has achieved considerable success in establishing models of integration into general health care system and in training of general health care workers for also carrying out the mental health components. In Gujarat ours is the only organization who works for developing the system of integration, developing of tools for program, for training and for awareness issues in the project villages. In this program the GOG also partners with us and dissemination of results is done at state level workshops of all NGOs interested in this work.

❖ **Salient features of MH program of TRU :**

1. Fortnightly Psychiatric OPD at Shivrajpur
2. Follow up of all patients
   a. so that they regularly take medicines
   b. to resolve problems in the family.
   c. to provide supportive counseling to family members.
3. Community Based Rehabilitation so that
   a. patient is able to perform his/her social and economic activities as before getting mentally sick.

4. Educational campaign in villages
   a. through Jagruti Abhiyan
   b. through Haat (village Markets) exhibitions
   c. through community health events.
   d. through adolescent health programs
5. Anti-tobacco and Anti-alcohol educational programs in schools and in youth meetings.
6. Communication with
   a. Folk Healers
   b. Village leaders
   c. Govt. Health functionaries in villages, etc.
7. Developing integration tools, so that general health care workers are able to perform mental health care tasks.
8. Production of appropriate IEC materials.

# V. Other Programs of TRU

1. <u>Diagnostic Centres for Urban poor-Rahat Nidan Kendra :</u>

Way back in 1992, we started the diagnostic center in Gotri area with help of equipment from Arbeiterwohlfart of Germany. After that this center has undergone several changes, ups and downs. We have relocated the center from Gotri to Alkapuri, to take care of the patients of Vadodara city. The Alkapuri center being close to the Railway station and the State Transport bus depot, we could easily cater to our rural referrals from various talukas around Vadodara. Also the center's easy accessibility from all corners of the city enables the urban poor to get advantage of the low cost services.

The center provides investigations in Pathology, X-Ray by both routine and digital machines, sonography and echocardiogram by Echo Colour Doppler machine. We are fortunate to receive support from a panel of doctors including a pathologist and radiologists. The center provides cheapest services in the whole of Vadodara. We are hopeful that the recession in flow of patients will not hamper the growth of these two centers. TRU is happy to help those patients who cannot afford the investigation and so their correct diagnosis remains at stake. Rahat Nidan Kendra is an effort to expand the net of medical services to keep them affordable and accessible.

Patients in Rahat Nidan Kendra (Diagnostic Center) 2008 :

| Centre Name | X - Rays | Sonography | Laboratory | Echocardiogram |
|---|---|---|---|---|
| Alkapuri | 2292 | 522 | 3110 | -- |
| Dandia Bazar | 8903 | 787 | -- | 168 |
| **Total** | **11195** | **1309** | **3110** | **168** |

Total No of investigations in four disciplines = 15782

2. Girls Education Project-Abhinav Kanya Shikshan Karyakram :

Discrimination against girl child is not a new phenomenon. It is much more evident at the older age of the girl child. For example, as soon as the girl is able to perform household chores, she is made to handle responsibility of the home. She takes care of siblings, she cooks, she collects fuel, she goes behind cattle, etc. She spends most of her time doing these tasks. The parents may be busy in earning livelihood for the family. Thus education of girl child may be neglected. The High School going girls are no longer able to enjoy the schools, especially if they are located away from their homes. However TRU provides lodging and boarding facility to the girls of this remote and tribal area in our project called Abhinav Kanya Shikshan Project. At the start of the academic year 2008 09 we had 78 girls in this project. Near to the end of the academic year, we have 74 girls remaining. Following is the number of girls in this project :

Standard 8 : 21 girls, Standard 9 : 32 girls,
Standard 10 : 12 girls, Standard 11 : 3 girls,
Standard 12 : 6 girls. Total girls : 74.

Girls in 10th Standard preparing for Board exam



The girls take formal education in the KVS Highschool near our center. In addition to formal schooling TRU has arranged for extra tuition for supplementation. Thus two teachers viz. Shri Rakesh Macwan and Shri Pankaj Patel give them extra classes in all the subjects one by one every day. Secondly the girls also learn sewing, needle craft, best out of waste activities, etc in special vocational classes every Saturday and Sunday. Two lady teachers are also loosely attached for vocational education classes for the girls. The incessant work in this project helps the girls to clear their examinations year to year with success. Last year we had 6 girls who passed 12th standard exam from our project. Two of them getting first class is a credit to the project.

As this work proceeds from year to year, we have more and more girls wanting to get admission. Thus the rush of admission is much more compared to the facilities we have. Therefore it is decided to go for expansion of boarding facilities for girls at Shivrajpur center. We have planned to add two halls and a kitchen with good facilities to accommodate more girls.

**9 Sewing class in Gotri :**

In the Urban slum area of Vadodara. (Gotri-Devnagar area), the sewing class keeps running with enthusiastic support and leadership of Manisha Valand. She teadles basic sewing skills to the girls and women of the area for six months. So far nearly 200 girls have graduated from this course. The centre contributes to increased confidence among these girls. Ultimately working towards economic independence. Following is the synopsis of outcome for this class.

| Year | No. of Girls in Sewing Class |
|---|---|
| 2004 - 2005 | 31 |
| 2005 - 2006 | 19 |
| 2006 - 2007 | - |
| 2007 - 2008 | 13 |
| 2008 - 2009 | 25 |
| | 88 |

Girls who completed basic course in sewing at Dev Nagar Class of TRU

## 10. Play Centre for Children U3 :

In the Gotri area, we run a play centre for small children of the slum areas. Like sewing class, this is also an offshoot of our Urban slum development activities in the past years. This project takes care of nearly 15-20 children in each academic year. It aims at preparing the children for primary education in Kindergartens and other schools. Thus year by year running for last 5 years we have trained nearly 100 children for pre-primary education while 62 children completed their academic year's course. Children leave the play centre as they get admission in formal schools. This centre steadily runs under leadership of Mrs. Parul Shah. Following is the synopsis of children in Shishuvihar Play Centre.

| Year | Children in Shishu Vihar |
|---|---|
| 2004 - 2005 | 10 |
| 2005 - 2006 | 8 |
| 2006 - 2007 | 12 |
| 2007 - 2008 | 15 |
| 2008 - 2009 | 17 |
| | 62 |

## Conclusion :

In nutshell this year has been an year of hard work in every sense. Several times we lost heart and regained courage to carry out the activities. Many things have gone in to make us realize the limitations of this work and many things have gone in to make us realize the potential of this work. So many good experiences have led us to continue the programs. They have also helped us to realize the significant amount of help the poor people keep getting from this work. These projects are in a way, small candles in integration and realization of strengths of the village level cadres to work for their own community.

**Total patients served by all our projects is as under :**

| Patients under TRU's care | Patients attended |
|---|---|
| SSK Project | 32632 |
| Specialty clinics | 00934 |
| AK Project | 08751 |
| RNK Project | 15782 |
| **Total patients under TRU's care - services** | **58099** |

In these bad times we would not have survived without the help and moral support of our friends and relatives. One significant experience must be narrated when we want to conclude this year's achievements.

Dr Gaurang Pandya not in direct contact with us for all these years visited TRU. He is a General Surgeon by profession and wants to contribute to the betterment of our people in Gujarat. He has motivated students from the Temple ton University to come and spend time with TRU, so that they are exposed to grassroots reality of Indian subcontinent. They are the medical students who have agreed to participate in a village based study to be launched by TRU

in the year 2009. More details would be communicated to you in the next year after the study is over. The point here is that it is help and interest we receive from such corners which help us keep up this task of working for poor and emarginated people.

A little girl Ami Patel graduating from High School dedicated her graduation party to TRU's work. This came as a total surprise that made us to realize how much our younger generation values the work like this. Her inspiring contribution to the gigantic task of provision of health care has helped us significantly.

Over and above these two outstanding experiences, we have the members of Trustee Board who helped the working team in every bad phase and shared and contributed to bring good to the Trust and its activities. Our consultants like the Chartered Accountants, the legal advisors, the doctors working with us etc also have been helping the regular tasks in this organization, without whose help we would not have been able to achieve any substance. We also have friends and volunteers who helped us to carry out many difficult tasks in this year. Their contribution is unparallel in this time of materialism. The professional encouragement from various corners has helped us to keep up the spirit and also has given us the strength to continue in services of the unreached populations. Lastly we have the donors and our family who supported us by financial donations to the Trust and to the personal needs of the core team. We thank them all and anticipate continued support in the coming years.



## TRUST FOR REACHING THE UNREACHED

### BALANCE SHEET AS AT 31-03-2008

| Funds and Liabilities | Rs. | Property and Assets | Rs. |
|---|---|---|---|
| Trust Funds or Corpus | 42,72,381 | Immovable Properties | 1,21,15,306 |
| Other Earmarked Funds | 3,50,76,756 | Investments | 98,50,000 |
| Liabilities | 90,271 | Equipments & Furniture | 1,06,60,229 |
| Income & Expenditure A/c. | 8,05,596 | Advances | 9,18,676 |
| | | Cash and Bank Balances | 67,00,792 |
| | **4,02,45,004** | | **4,02,45,004** |

### INCOME & EXPENDITURE A/C.
### FOR THE YEAR ENDED ON 31-03-2008

| Expenditure | Rs. | Income | Rs. |
|---|---|---|---|
| To Expenditure in respect of properties | 6,10,603 | By Interest on Securities | 14,18,399 |
| To Other Expenses | 1,47,813 | By Donation (General) | 23,22,171 |
| To Fees & Statutory | 2,45,931 | By Donation (For Projects) | 31,24,252 |
| To Depreciation | 8,17,497 | | |
| To Amount transferred to Specific/Reserve Fund | 8,60,215 | | |
| To Loss on Sale of Vehicle | 42,852 | | |
| To Expenditure on Object of the Trust | 40,88,630 | | |
| By Surplus carried over to Balance Sheet | 51,281 | | |
| **Total Rs.** | **68,64,822** | **Total Rs.** | **68,64,822** |

As per our report of even date

FOR K. K. PARIKH & CO.
CHARTERED ACCOUNTANTS

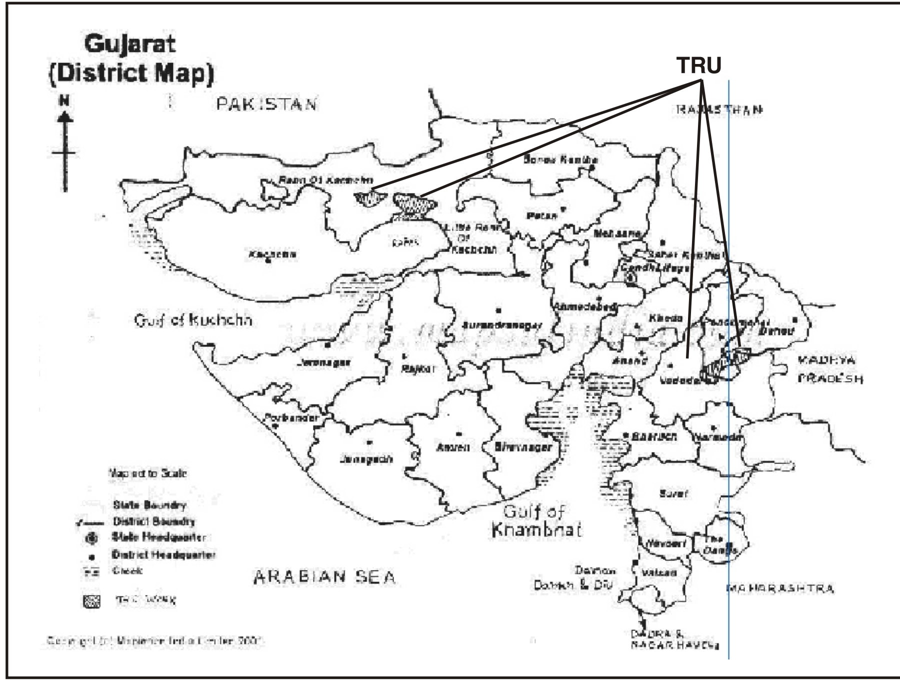
**Trust for Reaching The Unreached**

(KISHOR PARIKH)
Proprietor

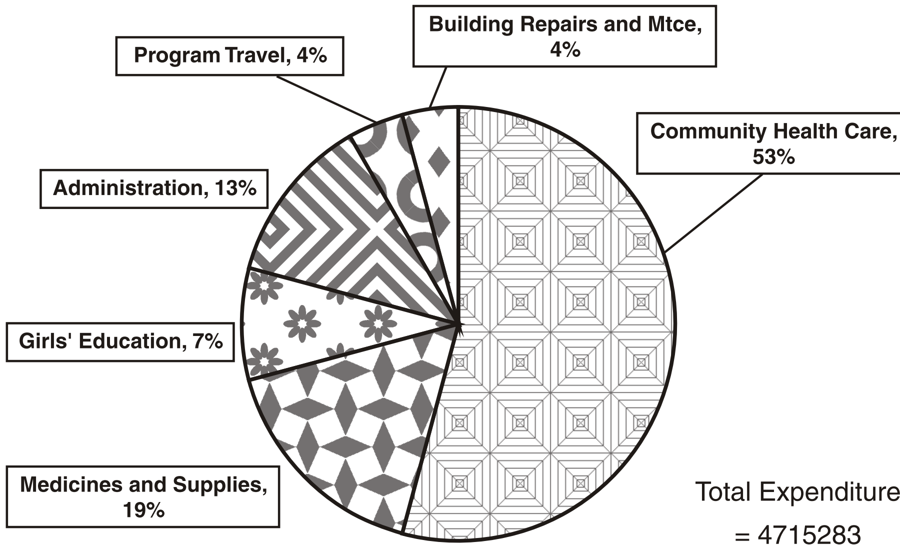
Baroda : 15.09.2008

TRUSTEES

Baroda : 15.09.2008




## EXPENDITURE PATTERN 2007-08






# ખરી પડ્યો એક વધુ તારો.... ડૉ. દોશીકાકાની ચિરવિદાય

ડૉ. દોશીકાકાના પરિચયમાં જે આવે તે એક વિશિષ્ટ રીતે સેવાના સંસ્કાર પામે. ડૉ. રમણીકલાલ આર. દોશી, આપણા સૌના દોશીકાકા અત્યંત પ્રેમાળ અને કર્મયોગી. ‘‘ધારેલું કામ થવું જ જોઇએ’’, એવો આગ્રહ રાખનારા, એટલે કેટલાકને અપ્રિય પણ ખરા.. છતાં તેમની કામ કરવાની ધગશ અને પદ્ધતિથી અંજાઇને સૌ એમના સાનિધ્યથી કામ કરવા પ્રેરાય એવી તેમની પ્રતિભા. આજે દોશીકાકા આપણી વચ્ચે નથી. તા. ૧૦/૪/૦૯, ગુડ ફ્રાઇડે ના પવિત્ર દિવસે તેઓનું નિધન થયું. લગભગ ૯૫ વર્ષની આયુમાં સતત કામ કર્યું તેમણે. છેલ્લા સુધી ઓપીડીમાં બેસતા, ઓફિસ-ટ્રસ્ટની કામગીરી, હોસ્પિટલનું સંચાલન, મોતિયાના કેમ્પના આયોજન, વગેરેમાં ગળાડૂબ રહ્યા.

ગુજરાતમાં આંખોના મોતિયા ઉતારવાની કામગીરી ૬-૭ દાયકા પહેલાં બેંકમાંથી રૂા. ૬૦૦૦ ઉધાર લઇને શરૂ કરેલી. તે પછી સારા કામ માટે નાણાંની અછત એમને અનુભવવી ના પડી. આમ આજીવન દૃષ્ટિયજ્ઞ ચાલુ જ રહ્યો ને તેમના હસ્તે એક લાખથી વધુ ઓપરેશનો થયા. એટલા વૃદ્ધોને દૃષ્ટિ આપવામાં નિમિત્તરૂપ બન્યા. ચશ્મા-વિતરણ કેમ્પમાં તો કાંઇ ગણતરી ના થાય એટલા લોકોને મફત ચશ્મા આપીને દૃષ્ટિ સુધારવાનું કામ કર્યું. ધામોમાં પોષણ માટે બાળકોને સુખડી પહોંચાડવી તથા નિયમિત રીતે વિટામીન એ આપવાની પ્રવૃત્તિ ચલાવતા હતા. શોધી શોધીને આંખના વિવિધ દર્દો વાળા દર્દીઓને એમની હોસ્પિટલ દ્વારા નિષ્ણાત સેવાઓ અપાવતા. તેમણે શરૂ કરેલી મોતિયાના કેમ્પની પ્રવૃત્તિ ઘણી બધી સંસ્થાઓ અને વ્યક્તિઓએ ચાલુ રાખી છે. શરૂઆતમાં તેમના દ્વારા આયોજિત કેમ્પમાં તન, મન, ધનથી લોકો જોડાતા હતા. તો છેલ્લા બે-ત્રણ દાયકાઓમાં બીજાના આયોજનમાં તેમને બોલાવવામાં આવે તો તેઓ જરૂરથી જોડાતા હતા અને પોતાની સેવા આપતા હતા.

ખેડા જિલ્લામાં પૂ. રવિશંકર મહારાજની પ્રેરણાથી લગભગ સાત દાયકાઓ સુધી સેવા આપી. આવી સેવાની અવિરત ધૂણી ધાખવનાર દોશીકાકાને માન-અકરામની ખેવના નહોતી, છતાં સમાજે તેમને નવાજ્યા છે. વિવિધ એવોર્ડ વગેરે ઉપરાંત પી.એચ.ડી.ની માનદ્ ડીગ્રી તેમને ચારૂતર વિદ્યા મંડળે એનાયત કરેલ.

અનેક જુવાન ડૉક્ટરોને સેવાના કામમાં જોડનાર અને એક પ્રેરણાદાયી વ્યક્તિત્વ ધરાવતા દોશીકાકા તનથી કર્મયોગ તથા માનવસેવા અને મનથી પાકા જૈનધર્મનું પાલન

કરતા હતા. ગુજરાતની અનેક સંસ્થાઓમાં ટ્રસ્ટી તરીકે તેઓએ સેવાઓ આપી છે. ઘણી વાર સાથીઓની ટીકા-ટિપ્પણથી વ્યથિત હોવા છતાં મદદનો અને સમૂળી સેવાનો ભેખ તેમણે કદી ઉતાર્યો નહી, એ બાબત આપણે સૌ એમના ઋણી છીએ. એક સ્વતંત્ર, સ્વાભિમાની અને નરી સારપને વરેલ આ વિભૂતી આજે આપણી વચ્ચે નથી. પરંતુ એમણે આપેલ જીવન સંદેશ આપણી પાસે છે : ‘‘ઘસાઇને ઉજળા બનો એ રવિશંકર મહારાજની ઉક્તિને મન, વચન અને કર્મથી સાર્થક બનાવે તેનું નામ માણસ’’. આપણામાંથી થોડા લોકો પણ તે મુજબ કામ કરશે તો તે એમને માટે સાચી અંજલિ રૂપ થશે.

ગુજરાત વોલન્ટરી હેલ્થ એસોસિએશનના ફાઉન્ડર ટ્રસ્ટી (સંસ્થાપક) ડૉ. દોશીકાકા ૧૯૭૨ થી ૧૯૮૯ સુધી મોટાભાગના બધા સંમેલનોમાં હાજર રહીને માર્ગદર્શન કરતા હતા. ટ્રસ્ટ ફોર રીચીંગ ધ અનરીચ્ડ - અમારી સાથે પણ તેઓ લગભગ શરૂઆતથી જોડાએલા રહ્યા. અમને એમના સહવાસની જાણે આદત પડી ગઇ હતી. ટ્રસ્ટી તરીકે દરેક પ્રવૃત્તિમાં ભાગ લેતા, રસપૂર્વક તે અંગે ચર્ચા કરતા અને અમને માર્ગદર્શન આપતા. અમારી અનેક નાની-મોટી મુશ્કેલી વખતે સંસ્થાને સબળ ટેકો તેમણે પૂરો પાડ્યો. એવા આ દોશીકાકા અમારે માટે પ્રેરણા સમાન હતા.

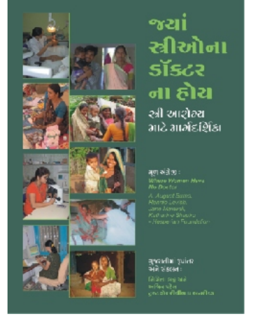
થોડા વર્ષોથી ઉંમરને કારણે શરીરથી નબળા પડી ગયેલા દોશીકાકા પીઠથી ઝુકી ગયા હતા. પરંતુ મનથી હજી તાજા જ હતા. વાત વાતમાં રમુજ કરતા કાકા પોતાનું કામ પોતે કરવાના આગ્રહી. તેમનો થેલો ઉપાડવા જેવું નાનું કામ પણ બીજાને ના કરવા દે. તેમની એક પગવાળી લાકડીને બદલે ચાર પગ વાળી લાકડીની વાત નીકળી તો કહે કે, ‘‘એનો એક અને મારા બે એમ ત્રણ તો છે. જે કામ ચાર પગ ના કરી શકે તે કામ ત્રણ પગથી થાય... !’’

હોસ્પિટલના કેમ્પસમાં જ તા. ૮/૦૪/૦૯ ની બપોરે તેમના ઓફિસ કામ બાદ ઘર તરફ જતાં તેઓ લપસી પડ્યા. થાપાનું ફ્રેક્ચર થયું. તેની સર્જરી થઇ પણ દોશીકાકાને બચાવવા આપણામાંનું કોઇ ત્યાં પહોંચી ના શક્યું તેનો વસવસો સૌને રહી ગયો. તા. ૧૦/૦૪/૦૯ ના રોજ તેમણે દેહ છોડ્યો. તેમના અંતિમ સંસ્કાર તા. ૧૨/૦૪/૦૯ ના રોજ તેમની કર્મભૂમિ રવિશંકર મહારાજ આંખની હોસ્પિટલના પ્રાંગણમાં જ કરવામાં આવ્યા ત્યારે હાજર રહેલ અનેકવિધ તબક્કાના સેંકડો લોકોના મસ્તક પ્રેમથી ઝૂક્યાં અને આંખો ભીની થઇ. ગુજરાતમાંથી તળના એક કાર્યકરને ખોવાના દુઃખ સાથે આપણે સૌ એટલું જ યાદ રાખીએ કે, ‘‘ઘસાઇને ઉજળા બનવાનું છે.’’

**નિમિત્તા ભટ્ટ અને અશ્વિન પટેલ**
**ટ્રસ્ટ ફોર રીચીંગ ધ અનરીચ્ડ,**
૪૧, વિશ્વાસ કોલોની, અલકાપુરી,
વડોદરા - ૩૯૦૦૦૭.



## ‘‘જ્યાં સ્ત્રીઓના ડૉક્ટર ના હોય’’ પુસ્તક વિશે કેટલાક અભિપ્રાયો




નજર સામે પુસ્તક પડ્યું હોય, હાથમાં ઉપાડી બે-ચાર પાનાં ઉથલાવો તો પણ કોઇને કોઇ મહત્ત્વની જાણકારી તમારા ગજવામાં અચુક પ્રવેશી જાય, એવી તકેદારી રખાઇ છે. કશું જ ક્લિષ્ઠ કે અઘરું નથી. વાંચ્યું અને સીધું સડસડાટ ઘીવાળા શીરાની જેમ ગળે ઉતરી જાય તેવું નરવું અને વળી સીધું-સરળ આલેખાયું છે. આ પુસ્તક જનસેવાનો એક મહત્ત્વનો મુકામ છે.

.....અનુવાદ સરળ-સહેલો બન્યો છે. ઘરગથ્થુ વાણી સંયોજાઇ છે. મુદ્રણ પણ મોટા અક્ષરોમાં સાફ-સુથરું થયું છે.

.....છસો પાનના આ મહાગ્રંથમાં વચ્ચે વચ્ચે ચિત્રો, ચોકઠાઓની વિવિધ અભિવ્યક્તિ આકર્ષણરૂપ બની છે.

**- મીરાબેન ભટ્ટ**
**જાણીતા લેખિકા અને સર્વોદય કાર્યકર, વડોદરા.**

‘‘જ્યાં સ્ત્રીઓના ....’’ દળદાર, વિસ્તૃત માહિતીસભર ચિત્રો સાથેની સમજણવાળુ, સામાન્ય માનવીને સમજાય તેવું, ઉપચાર તથા સંભાળની વિગતોથી ખૂબ ઉપયોગી એવું આ પુસ્તકગ્રંથ મળવાથી ખૂબ અનુકૂળતા થઇ શકી. એક જ પુસ્તકમાંથી બધી વિગતો મેળવી શકાય એવી સરળતા થઇ શકી....

આભાર તો ખરો, પણ ખૂબ ખૂબ આભાર.

**- શંભુભાઇ ચોગી**
**નવજીવન આશ્રમ શાળા, મણુંદ, જિ. પાટણ**

.... જેમ જેમ એ પુસ્તક વાંચીએ છીએ એમ એમ એની ઉપયોગિતાનો વધુને વધુ ખ્યાલ આવે છે અને મને એમ લાગે છે કે આ પુસ્તક દરેકે દરેક ઘરમાં હોવું જરૂરી છે.

.... આ પુસ્તક જ્યાં ડૉક્ટર ના હોય ત્યાં જ નહીં, પણ જ્યાં ડૉક્ટર હોય ત્યાં પણ, બધે જ ઉપયોગી છે.

**- હિંમતભાઇ મહેતા**
**અમરેલી, મુંબઇ**

..... આવું સરસ કામ કરવા બદલ સમાજ તરફથી આભાર વ્યક્ત કરવો જ જોઇએ અને અભિનંદન આપવા જોઇએ તેથી આ પત્ર લખું છું.
..... કોઇ દાતાનો સાથ મળશે તો મંથન જેવી સંસ્થામાં ભણતી છોકરીઓને ભેટ અપાવીશ. વિરમગામમાં પરિક્ષિતલાલ મજમુદાર કન્યા છાત્રાલયની ૨૫-૩૦ છોકરીઓને ભવિષ્યની માતાઓને ભેટ આપીશ.
..... તમે ૫૦૦૦૦ થી પણ વધુ નકલો છપાવી લોકોની સેવા કરી શકો એવી આશા રાખું છું અને શુભેચ્છા આપું છું.

**- પ્રફુલ્લ બાલચન્દ વોરા**
**ચાર્ટર્ડ એકાઉન્ટન્ટ, મુંબઇ**

..... પુસ્તક વાંચતા એમ લાગે છે કે આપણી બહેનોના જીવન અને સ્વાસ્થ્યને સંબંધ ધરાવતો કોઇ વિષય એમાં બાકી રહ્યો નથી.
..... પુસ્તક ભાષાંતરિત છે, પણ તેની રજૂઆત પૂર્ણતઃ ગુજરાતની મહિલાઓના સામાજિક અને સાંસ્કૃતિક પરિપ્રેક્ષ્યમાં છે, એનો ખાસ ઉલ્લેખ કરવો જોઇએ. જેમ વિષયોને વ્યાપ એ આ ભાષાંતરનું જમા પાસું છે, તેમ લોકભોગ્ય ભાષા એ એનું એટલું જ સબળ બીજું અંગ છે.

**- ડૉ. કિરણ સિંગલોત**
**તંત્રી - આપણું સ્વાસ્થ્ય, વડોદરા**

..... આ બધા ડૉક્ટર મિત્રો તેમ જ પુસ્તક તૈયાર કરવામાં જે પણ મિત્રોએ સાથ-સહયોગ આપ્યો છે, તે સૌ અભિનંદનને પાત્ર છે. ગુજરાતની પ્રજા આ પુસ્તક વાંચીને ચોક્કસ તેમનો આભાર માનશે.
..... તેમજ ભાઇઓ પણ વાંચશે તો બહેનોના શરીરને અને રોગોને સમજવામાં તેમજ સહજીવનમાં સ્ત્રી-સાથીને સમજવામાં અને ક્યાંક મદદગાર બની શકવામાં સહાયભૂત થશે.... આ પુસ્તક વરદાનસમ છે.

**- શ્રી રજનીભાઇ દવે**
**તંત્રી - ભૂમિપુત્ર, વડોદરા.**

..... સામાન્ય જન પણ જ્ઞાન સજજ અને માહિતીસજજ બનીને બિચારા-બાપડામાંથી સાધન-સંપન્ન બની શકે તેમ છે. સવાલ માત્ર આપણા પ્રતિભાવનો, પુરુષાર્થનો અને તૈયારીનો છે. નિમિત્તા ભટ્ટ અને અશ્વિન પટેલ તથા લોકસ્વાસ્થ્ય મંડળના આપણે આભારી છીએ કે, જેમણે સામાન્ય જનને આ તક સંપડાવવામાં ઘણું મોટું યોગદાન આપ્યું છે.

**- ડંકેશ ઓઝા**
**આલોચક અને કટાર લેખક, વડોદરા.**



..... ‘‘જયાં સ્ત્રીઓના ડૉક્ટર ના હોય’’ પુસ્તકના પાનાં જેમ જેમ ફેરવતો ગયો તેમ તેમ સમજાતું ગયું કે આપણા સમાજમાં સ્ત્રી સશક્તિકરણ વિશે ગાંધીજીના વિચારોને અનુરૂપ છેવાડાની વ્યક્તિને ફાયદો પહોંચાડતું અને સૌથી અસરકારક રીતે જો કોઇ કાર્ય થઇ શકે તો તે આ પુસ્તક દ્વારા જ થઇ શકે.... દરેક ઉંમરની સ્ત્રી જો આ પુસ્તક વાંચી શકે તો આપણો સમાજ સ્ત્રી-પુરુષ સમાનતાની દિશામાં એક મોટી હરણફાળ ભરી શકે....
..... સ્ત્રીઓની આર્થિક, સામાજિક, માનસિક અને શારીરિક સમસ્યાઓ અને તેના ઉકેલોને આટલા વિસ્તૃત સ્વરૂપે આવરી લેતું આવું ઉત્તમ અને બહુપયોગી પુસ્તક ગુજરાતીભાષી સ્ત્રીઓને સમર્પિત કરવા માટે શત્ શત્ અભિનંદન.

**- તુલસી સોમૈયા**
**ગાંધી બુક સેન્ટર, મુંબઇ**

..... એક ગજબનું પુસ્તક જોવામાં આવ્યું. જે સાદી ગુજરાતીમાં આરોગ્ય માટેની માહિતી આપી માર્ગદર્શન કરે છે. પ્રત્યેક શિક્ષિકા અને સમાજસેવક તેમજ તેમની સંસ્થાઓને આવા પુસ્તક પહોંચાડવા જોઇએ. જેથી તેઓ સામાન્ય સ્ત્રીઓ અને છોકરીઓને મદદરૂપ થાય.
..... વાસ્તવમાં તો દરેક સ્ત્રીએ પણ ઉપયોગ માટે વસાવી લેવું જોઇએ, કારણકે આ દળદાર પુસ્તક સવાબસો જેવી નજીવી કિંમતે મળે છે....
..... આવો સચિત્ર ગ્રંથ જેમાં મેગેઝિન સાઇઝના ૬૧૦ પાનાં હોય તે આ ભાવે મળે નહીં..... સમાજને ઉપયોગી આવી વસ્તુઓ ગાંધીવાદી કાર્યનો જ ભાગ ગણાય.

**- સોનલબેન શુકલ**
**નારીવાદી કર્મશીલ અને કટાર લેખિકા,**
**મુંબઇ સમાચાર, મુંબઇ**

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