

Annual Report 2015

Learning, Doing and Teaching Health
TRU is action, 2015



Invaluable smiles greet us everyday.



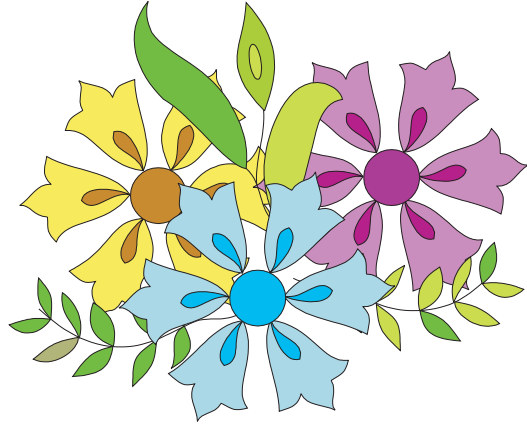
Trust For Reaching The Unreached
लोकस्वास्थ्य मंडल

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CONTENTS

	Page No.
Forward	3
Introduction	5
Maternal and Child care at Bakrol	5
Mental Health Services	15
Girls' Education Program	29
Rahat Nidan Kendra	36
Financials in TRU	37
Expenditure during F.Y.14-15	38
We are thankful	40



Foreword

To write a foreword for an Annual Report is always a daunting task. One has to adequately represent the work done in the past one year with a balance that neither underplays the achievements nor exaggerates them. However, writing a foreword for an organization like TRU is always easy since one only has to be true to TRU.

The worth of a person, company or an organization can be gauged by observing its performance not only on year to year basis, but over a longer period of time. Social parameters, unlike financial ones, are not mathematical indices and can often be quite intangible. However, in case of TRU both the parameters show a constant growth over a period of time. The trustees wish to convey as much about the work being done in past as possible.

TRU has been active in the field of community services for a period of nearly 3 decades. It has a unique model of executing its avowed aim of providing services to the last person in the social and financial ladder. The government is constantly implementing its various programmes according to Public-Private Partnership (PPP) model. TRU has a PTP module which is Public Trust Partnership module. For example, it started out with working in nearly 60 Villages around Shivrajpur initially. The focus has been on implementing various programmes like immunization, mother and child health, sanitation, nutrition, early diagnosis etc. In the beginning, TRU workers used to actually go door to door to vaccinate. As the awareness spread, the population was encouraged to utilize government services and then slowly TRU would withdraw and only run its services on OPD basis. TRU is the closest example of how an organization can run in tandem with government services. I believe that the aim of all NGOs should be to strengthen the hands of government machinery instead of trying to compete or replace the existing services. TRU has done this admirably over years.

A similar experiment was replicated in Bakrol and surrounding villages with remarkable success. In last 3 years, not a single case of maternal mortality has occurred in this region. The rate of major malnutrition and its severity have visible decreased. Major (severe) malnutrition has reduced from 12% to 4.7% over 6 years. Now TRU intends to withdraw its forces to divert them to newer, deprived areas. Similar experiments have succeeded in tribal areas of Pavijetpur and Bhikhpura. Again, these are the shining example of PTP.

WHO has defined health as a holistic sense of well being in which a person's physical, social and especially mental health is included. TRU had

started working on mental health issues since 2004 and has continued to do path breaking work in this relatively neglected area of health especially in rural areas. Since TRU has already been present in the rural area, it has brought mental illness out of the confines of a hospital and started domiciliary care. The greatest contribution of TRU has been demystifying psychiatry (from the myth of charlatans and bhuvras) and integrating mental illness from being considered separate illness into general health care. Looking at the success of this unique work by TRU, mental health cell of Government of Gujarat assigned Halol, Ghoghamba and Jambughoda blocks to TRU for taking care of psychiatric patients there.

Good work does not need any advertisement because work speaks for itself and in case of TRU their work in mental health creation has spoken loud and clear. After recognition by Gujarat Government, N.R. Tata trust approached TRU with intention to strengthen the hands of TRU for mental health improvement in rural areas. As we all know, the criteria of N.R. Tata Trust for supporting any NGO are very stringent TRU could successfully fulfil all the requirements to the satisfaction of the auditors of the Tata trust and I am happy to inform you that the Tata trust has granted 1 Crore Rupees for a 3 year project to the cause of mental health in rural areas. Words fail me in recording the appreciation of the entire team of TRU and its leaders Nimittaben and Dr. Ashwinbhai.

Technological revolution has overtaken our world. TRU, while working in rural areas with severe physical and financial constraints, understands the great potential of technology especially in view of these limitations. I have always advocated bringing "villages" into cities for medical care instead of trying to create new, expensive and duplicate resources in villages. TRU has developed a unique software with the help of which a mentally ill patient, his relatives and the health worker sitting in will be able to communicate with a psychiatrist in Vadodara. This will be the first ever tele medicine project in Gujarat.

As Gandhiji used to say, "The true democracy is one where the last man on the outer fringes of society receives the best service available to a richest man". TRU has admirably done this. I hope that TRU continues to do its yeoman service to the needy population.

Dr. Nayan D. Swadia

Swadia Surgical Hospital, Vadodara
(Trustee, TRU)

Introduction

TRU's strategy for carrying out community health activities in any cluster of villages has been time-tested so far. We select an interior area which is relatively unreached by existing health services. We place all the components of typical community health work. We try to reach out to the left-out communities of the area, create credible medical services, try to create relevant awareness for common health problems, see to it that most commonly available components are available in that area - such as immunisation, maternal care, services for communicable diseases, a reasonably ok diagnostic and referral services, etc - . We also work towards preparing/training some of the youth to take care of preventive health education, teach them to recognise signs and symptoms for emergency referral to higher medical centres, expose the people to various services available in vicinity and above all we motivate them to solve issues related to access to health services. This strategy helps the area to take care of eminent health issues by their own efforts. TRU also provides services of a credible community physician / medical consultant to take care of the primary needs and provide proper referral services to the community. By experience we have understood that it takes 6-8 years for any community to understand the issues and rise above for their daily needs.

Maternal and Child care at Bakrol

The Bakrol health work is now 6 years old. We have started receiving results of the consistent work so far. Our infant mortality rate, maternal mortality ratio, communicable diseases etc are on decreasing side of the ladder. In this report we have tried to annotate all the progress during the years and also register the processes which have contributed to the progress of this work.

When we selected the area in the year 2011, the infant mortality rate of this pocket of 15 villages was approximately 79 for 1000 live births. Slowly this has decreased to 55 for 1000 live births, the Maternal Mortality ratio was approx 3.5 for 1000 live births when we started, has now decreased to less than 1 for 1000 live births in this year. Increased rate of immunisation of children and expectant mothers, decreasing severe malnutrition in the area are also some more indicators which make us believe that the area is now aware enough to take care of the most commonly occurring health problems of vulnerable populations. Following tables give some information about the current scenario.

Pregnancies of current year	810
Pregnancies not delivered until 31 Dec '14 (previous year)	231
Total pregnancies to take care of during 2015	1041 = 33.6 per 1000 Population
Pregnancies delivered	830 (100%)
- Foetal wastage	088 = 10.6%
- Still Birth	017 = 2.05%
- Live Birth	725 = 87.3%
Pregnancies remained undelivered till 31 Dec '15	211

Babies having less than 2.5kg weight = 46 i.e. 6.3%

Babies died before 1 year of age = 40 i.e. 55.2 for 1000 live births.

Babies died below one month of age = 27 i.e. 37.2 for 1000 live births.

Death in the area

We also collect the data on deaths occurring in the area. We have found that the Crude Death rate of the population is 7.5 for 1000 population. Despite of some reduction in Infant deaths, the overall death rate of the community has not come down and maintains the average of 7.5, also the state average. The increased stress in the life of rural population & escalation of cost for secondary & tertiary care can be a reason to have not let the figure go down.

Following is the break up of the data:

Death related to Gastro intestinal problems	Death related to Respiratory problems	Death related to accidents and other untimely issues		Death related to pregnancy (Maternal Deaths)	Death related to other issues	Total deaths (Population = 31000 approx)
		Suicide	Accidents			
				01		234
43	86	17	14	(0.43%)	73	(100%)
(18.4%)	(36.8%)	(7.2%)	(6%)	MMR = 1.4 per 1000 Live Births)	(31.2%)	CDR = 7.5 per 1000 population

The above table shows that death rate is maximum among patients suffering from respiratory problems such as pneumonia, COPD, TB, etc. Deaths in general population due to Gastro Intestinal issues has sustained at 18.4%. This may be due to the improved hygienic conditions and greater availability of treatment in the area or in the nearby urban centers.

Remarkable is the number of deaths due to suicides. Suicide death rate works out to 0.55 for 1000 population. Having started the Community Mental Health Program we hope to make a difference to this rate, though the task is very difficult in this area marked with hills and forest. It is likely that there may be a few deaths due to homicide which may have got mixed up in the figure for suicide. This being a sensitive issue we are unable to figure out the exact incidents of suicides.

Matter of concern for any Community Health program is the number of mothers who die due to reasons related to pregnancy and delivery. One maternal death in the area has been that of a young unmarried woman who died due to induced abortion. She was prescribed some medicine by a quack (from outside project area) which made her bleed unendingly. It resulted into death even after rushing her to a hospital in Halol. There were no maternal deaths in the area due to other reasons, which is an achievement of our program coupled with good emergency transport service and timely referral to hospital for delivery.

There is a variety of other issues which are clubbed & put under one category. There are 73 such deaths in the area.

Malnutrition in the area

It is a matter of concern that for any community's quality of life is indicated by the number of children in malnutrition. Most robust estimation of children under six years of age in Gujarat shows that there are 47 - 49% children suffering from malnutrition, mentioned as under nutrition in our program.

We have children under three years as our focus because maximum malnutrition is seen before three years of age. After that the child is seen to be demanding food and somehow overcomes the hunger periods by its own initiative. Children under three are unable to ask for food and are not able to complaint about living conditions. Thus malnutrition among the children in this age group is likely to be more severe. We find that 240 children out of total of 1970 in the growth monitoring programme have been through a phase of malnutrition during 2015. i.e. 12.2% children have entered in severe malnutrition.

Total children entered severe malnutrition			Children overcame severe malnutrition within specified period of months												Children continued in severe malnutrition after December 2015		
F	M	Tot	Less than or equal to 3months' time			4 - 5 months' time			6 months or more time			Total Children overcame malnutrition			F	M	Tot
			F	M	Tot	F	M	Tot	F	M	Tot	F	M	Tot			
98	142	240*	32	28	60	17	32	49	9	29	38	58	89	147	40	53	93
41%	59%	100%	33%	20%	25%	17%	22%	20%	9%	20%	16%	59%	63%	61%	41%	37%	39%

* This is 12.18% of total number of children, i.e. 1970 children under growth monitoring program in these 12 villages having population of little more than 31000.

Due to immediate response from our village level workers and working with the mothers we have seen that many children overcome malnutrition in subsequent months. We have following to report:

It can be seen that total children who entered severe malnutrition during the year 2015 are 240, i.e. 12% of total children in the programme. Out of these, girls contribute 41% and the boys contribute 59%. Among those who overcame malnutrition during the year there are 59% girls and 63% boys, averaging to 61% who overcame malnutrition in the same year. There are 39% children who continued in malnutrition at the end of Dec 15, some of them may have entered during end months of the year 2015 also. On the whole Children are able to overcome the state of severe malnutrition with timely intervention by the service providers. It includes correct medical support in time and proper food advice to the mothers. It is usually seen that children who came to TRU clinics for medical help overcome malnutrition sooner than those who went to other services. It is also seen that 25% children overcome malnutrition within 3 months' time, 20% took 4-5 months' time and 16% take 6 months or more time. If we see this as a fraction of total number of children (1970) in the area then we find that **overall severe malnutrition in the area is approx 4.7%.**

Overall children in three stages of nutrition, i.e. Normal nutrition, Under-nutrition and Severe malnutrition are as follows: At the end of the year we have approx 5% in severe malnutrition, 52.3% Under-nutrition and 42.7% Normal nutrition.

If we see the same figures in our previous reports, we see a drastic improvement during last three years. We find that the overall severe malnutrition was 12% in 2013 which came down to 5% in 2015. Normal nutrition was found to be for 36% children less than three years of age. It is 42.7% in this year. Number of children entering severe malnutrition has also reduced from 22.5% in 2013 to 12% in 2015. While the percentage of children who overcame state of severe malnutrition was 59.6% in 2013 and the same is 61% during this year.

In this project we have placed tremendous efforts for last five years. In 2013 - 14 we also trained 50 Arogya Saathis in the area to assist the health staff of govt as well as any other inputs and opportunities in the area. It seems this experiment has worked and they contributed to overall rise in awareness of the masses for child and mothers' health. This is also proven by absence of any mother dying during delivery. Only maternal death during this year was due to induced abortion that too by a quake outside the project villages. We consider that this is an achievement of our grassroots staff and the cooperation they have received from the community. We also feel that we have achieved fairly good results in this 7 years of maternal child health program. We have been able to establish processes in right direction and so the statistics are showing significant improvement from previous years as well as from macro figures. Only matter of concern remains the Neo-natal health, i.e. the health of children during first month of life. We may have to establish more processes to take care of neo-natal needs in this area. It will take some time when we can establish these interventions. Then we may withdraw from the maternal child care program in this area.



Training staff for health.

General Health dispensaries:

Medical Dispensaries: We have four dispensaries in the project area. The Shivrajpur centre is the main dispensary and rest of them i.e. 3 other dispensaries are in peripheries, embedded in forest. Our Community Physician regularly attends all patients. We offer good diagnosis and treatment for diseases which can be managed at home. Others are referred to outside centres for investigations and inpatient treatment. With good amount of education and medical help we are able to manage most conditions at home only. We are at advantage due to the experienced clinician who provides good diagnosis and rational treatment.

Patients in general health dispensaries:

Dispensary	New Patients		Old Patients		Total Patients		Total Patients
	Female	Male	Female	Male	Female	Male	
Shivrajpur	954	825	1793	1537	2747	2362	5109
Bakrol	302	320	0454	0637	0771	0962	1733
Talavdi	128	158	0190	0249	0318	0407	0725
Waghbod	225	225	0375	0450	0620	0675	1295
Total	1509	1528	2812	2873	4456	4406	8862
Patients seen by CHVs of Bakrol villages							6293
All Total - No. of patients taken care by TRU during the year 2015							15155

Referral is arranged for the patients in need. Secondary and tertiary health care is entrusted to hospitals in Vadodara. The SSG Hospital is the hospital of choice for tertiary care. Despite many complaints and general dissatisfaction among the urban population, we are happy that our patients are respected and treated reasonably well in this hospital. Some patients are also referred to other trust hospitals and our doctor friends who usually take good care of the patients.

Our dispensaries get patients with communicable and non communicable diseases. Communicable diseases mainly include Pyoderma, fungal infections, scabies, etc for skin conditions, diarrhoea and dysenteries of various nature, jaundice, Typhoid, etc for gastro-intestinal diseases, acute respiratory conditions of various parts, pneumonia, T.B. etc., urinary Tract infections and sexually transmitted diseases, leucorrhoea, menstrual disorders, etc for reproductive systems. Non communicable diseases include leucoderma, eczema, allergic dermatitis, etc for skin conditions, peptic ulcer diseases, for gastro intestinal system, kidney stone, prostate and kidney diseases, asthma and allergic bronchitis, etc aches and pains of limbs and joints, deficiency diseases like malnutrition, vitamin deficiencies, iodine deficiency, etc. Other chronic conditions such as cancers, diabetes, hypertension, mental illnesses, mental retardation, epilepsy, etc are also seen.

Dental services are provided by a dentist from Vadodara on weekly basis. It is able to take care of acute and chronic dental problems. We provide partial and full dentures to many patients. During the year 2015 we have been able to provide dental treatment to 234 patients.

Attending community physician looks after all disease conditions, we have to separate mental illnesses under a special department in our setup. The mental illnesses are taken care of by fortnightly OPDs in four places covering patients from three talukas.

Even in our general dispensaries there are 103 Psychiatric Patients. Mental Illnesses requiring hospitalisation are referred to Hospital for Mental Health in Vadodara. Our psychiatrist friends in this set up help our patients while the follow up is entrusted to us once the patient is sent home. This initiative is described separately in other section for the sake of convenience.



Dr. Ravi Popat at work

Some effort to understand the type of illnesses which reach the TRU centers also gives information about prevalent health care issues in this community. We find the following on analysis of OPD data.

Table: OPD presence at General Health Dispensaries: 2015

S.No.	Disease Category	Percentage presence	S.No.	Disease Category	Percentage presence
1.	Respiratory Diseases	27.6%	7.	Chronic conditions	29.7%
2.	Skin conditions	20.0%		- Aches and Pains	17.1%
3.	Gynec Diseases	6.5%		- Deficiency Diseases	6.7%
4.	Gastro Intestinal	8.8%		- Psychiatric Diseases	2.8%
5.	Surgical conditions	0.7%		- Hypertension	1.9%
6.	Others	6.7%		- Diabetes Melitus	1.2%

The above yearly break up shows that patients attend our OPDs for most for respiratory conditions. We are happy that we are able to sort out their respiratory problems such as acute infections, chronic bronchitis, asthma, etc with a good amount of success and relatively fast. Second most are the skin conditions which form 20% patients. Skin conditions such as pyoderma, scabies, eczema, etc are commonly found. The 8.8% of gastro-intestinal problems reported at our OPD are less than those reported approx 5 years ago. This is indicative of general improvement in hygiene condition and availability of other health services such as at the PHC level and some private practitioners. Load of gastro intestinal patients has been decreasing consistently. This may partly be due to hygiene education, availability of water and improvement in drinking water supply conditions at village level.

Chronic conditions include aches, pains, iron deficiencies, psychiatric diseases, Hypertension, diabetes mellitus, etc. Common conditions are the various kinds of aches and pains. Beginning from limb joints

to vertebral conditions, we keep meeting patients with many issues. Year to year the proportion of these patients has increased. It was 11.3% in the previous year while this year it is 17.1% of the total OPD attendance. Deficiency diseases cover 6.7%, which is similar to the figures of malnutrition in the community. Psychiatric patients also attend our general OPDs for the simple reason that our physician is known to the community for many years and they do feel confident about the treatment they would get at this OPD.

Surgical conditions are few such as cancer of different organs, cataract and general surgery issues. They all are referred to institutions in our loop.



She has TB which is more difficult to treat due to Psychiatric condition

Mental Health Services

TRU provides fortnightly services of Psychiatrists to the community for taking care of mental health problems. Three psychiatrists run four clinics to cover patients from three talukas. One Clinical Psychologist also provides counselling to patients to take care of Psychological issues of patients and their family members.



Counseling to give hope - Dr. Ronak Pandit

The psychiatrists are assisted by a team of village based workers who find new patients, help them to reach the OPDs, follow up patients in their home for motivation to continue treatment for long time, provide solution to problems related to patients' condition in the home, keep track of side effects, to help family to affect the patient's rehabilitation by caring and putting him/her back to her work, motivating the community by approaching the village leaders, teachers, high-school going students, panchayat members, govt health cadres like ASHA, ANMs, MPHWs, PHC Doctors, etc. Our main cadre includes Link Workers who coordinate all village based workers and activities in each PHC area.

Table: Population covered under MH Projects

Name of PHC	Population	ST Population	Name of PHC	Population	ST Population
Arad	27915	16.2%	Kathola	33836	46.4%
Kanjri	25937	16.9%	Shivrajpur	32868	51.3%
Rameshra	36689	32.7%	Waghbod	16449	48.1%
	90541	22.9%		83153	48.6%
Above area is Served by OPD at Halol			Above area is Served by OPD at Shivrajpur		
Name of PHC	Population	ST Population	Name of PHC	Population	ST Population
Duma	21335	34.6%	Farod	27793	29.2%
Chalvad	21141	38.6%	Ranjitnagar	27597	44.7%
	42476	35.6%	Bakrol	36246	81.8%
Above area Served by OPD at Jambughoda			Kanpur	28128	48.9%
Rural Population covered under Mental Health Programme of TRU = 4,34,637			Simaliya	21186	12%
			Rinchhvani	22960	10.3%
Halol Urban Population = 64265 (11.1% ST Population)			Gamani	25210	57.5%
			Vavkundli	29347	18.9%
			Total	218467	41.5%
			Above area is served by OPD at Ghoghamba		

Four Sunday Psychiatric OPDs are held in Shivrajpur, Halol, Jambughoda and in Ghoghamba. As per arrangements with the CHC of Halol and Jambughoda the place for holding OPD is assigned to this work.

Over and above the Psychiatrist's visits on alternate Sundays to every OPD, the TRU MH Workers attend OPDs on other Sundays to carry out completion of records and answer any patients who may visit the OPD. Continued medication is given by the workers for such patients, who are called on the next OPD of the psychiatrist. Three psychiatrists attend the four OPDs. Dr Rani Dandekar attends Ghoghamba OPD. As Dr Elavatsala Sharma discontinued from Halol OPD in October 15, now Dr Pinal Gandhi attends Halol OPD and Dr. Nilesh Rao attends the Jambughoda and Shivrajpur OPDs.

Table: New Patients attending the OPDs during the Year 2015

Name of Clinic	New Patients		Pts revisits		Total pt visits (Project area)	
	Female	Male	Female	Male	Female	Male
Shivrajpur	055	080	402	595	457	675
Halol	093	106	711	854	804	960
Jambughoda	029	031	327	355	356	386
Ghoghamba	105	160	453	766	558	926
Total	282	377	1893	2570	2175	2947
All Total	659		4463		5122	

Attendance at our Mental Health OPDs has risen by 40.4% since previous year, thanks to efforts of our community programs at grass-roots. There were 616 new patients and 3648 were patients' revisits as against 659 patients and 5122 repeat visits during this year.

There are more male patients being registered at the OPDs. Repeat visits of the male patients are also more compared to that of women. We understand that when a male in the home is dysfunctional, the family members are more desperate to correct the situation because it would otherwise derail the family income. In general the male dysfunction due to illness contributes to loss of income as well as lowering of family's status in the community. Stigma is also more severe than for the female illness. This is attributable to the general lower status of the women in our community. Though in some families it is seen that the odd behaviours of the men due to illness or otherwise are accepted more than that of the women, (e.g. that due to alcohol, general disability to work, etc.) the male member remains without treatment for long time after the show of symptoms. Also the preferred mode of treatment in our area shows a change. In the earlier years the community would not accept MI as a disease but go on to seek help from faith healers only. Slowly awareness has built in

the area and we see that the patients are almost simultaneously trying faith healers as well as medical treatment in some areas. In some of villages closer to the urban influence we have seen patients taking only medical treatment. While in most cases the families after getting tired of the faith healers' interventions are taking resort to medical treatment.

Many patients leave / stop any form of treatment when the patients' disrupting and destructive symptoms come into control. We have number of relapses even after they have been fully rehabilitated and taken back into routine productive life. We are not able to totally convince the people to continue treatment after control of symptoms and patients' start of productive life.

Table: Break up of new and old patients attending Psychiatric Clinics within project area

Patients under Clinic treatment, 2015	Shivra jpur	Halol	Halol taluka Total pts	Ghogha mba	Jambu ghoda	Total pts - All OPDs
Severe Mental Illnesses	166	172	338	271	104	713
Common Mental Illnesses	94	161	255	211	051	517
Total of all patients under treatment, during 2015 - project area	260	333	593	482	155	1230

Table: Patients attending Psychiatric clinics from outside project area

Patients under Clinic treatment, 2015	Shivra jpur	Halol	Halol taluka Total pts	Ghogha mba	Jambu ghoda	Total pts - All OPDs
Severe Mental Illnesses	36	41	77	20	36	133
Common Mental Illnesses	13	36	49	22	28	99
Total of all patients under treatment, during 2015 - project area	49	77	126	42	64	232

In the above analysis patients of Schizophrenia, Psychosis, Bipolar Mood Disorder, Mania, Major Depressive Disorders, Depression, are termed as Severe Mental Illnesses. Others like Epilepsy, Anxiety, Panic Disorder, Obsessive Compulsive Disorders, Insomnia, Dementia, Alcoholism, Somatoform diseases are termed as Common Mental illnesses. Patients complaining of Headache are sent to Physicians for ruling out all other causes of headaches. Generally they do not turn back and so we hardly have patients in category of Migraine.

We have found that most of the patients in severe mental disorders especially in the Halol and Jambughoda taluka continue in treatment for reasonably longer period of time. They are supported by our intensive field work. Our link workers and the village level guides meet all patients every month sometimes more than once in a month also. They support the family members by explaining various aspects of treatment. Intake of medicines in correct doses at correct frequency is a matter of concern for all patients. Manner in which the family responds to the patient is also to be guided so that the patient on treatment becomes productive as soon as possible. Families have to be provided help during their frustrations and disruptive behaviour of the patient. In most such cases a sense of support is to be built up where the family knows that the TRU workers will stand by them in all problems related to patient's illness.



Listening with patience
- Dr. Dandekar

Even in Ghoghamba taluka we are trying to build similar support, which may take some time still. Ghoghamba is a wide-spread taluka with difficult geography. It is difficult for the TRU workers to reach out to the patients who live very far off. We see that the need for MI treatment is great in this taluka. It is seen by more number of new patients than other two talukas. But the problem of continuing in treatment and adhering to the same clinic patiently requires longer field work and more intensive efforts for awareness building in the area. This work is relatively new in this area and so we find more defaulters and discontinuation rate of treatment among patients of this area is bigger than the other areas. Average attendance at the clinic is approx 5 months of treatment as compared to nearly 9 months of treatment among patients from other two talukas.

Awareness programs for Mental Healthcare

Lack of awareness about mental health care services is a key factor affecting the reach of mentally ill patients. We find that the community finds it very difficult to cope with the disease because it requires a long time care. Additionally the patient continuously requires care in most of the chores including his/her basic daily needs. Reaching out to the MH care centres is still not the routine phenomena because most of the times people are guided by faith healers and black magic belief structure. In this environment TRU runs the medical care centres in vicinity to the villages.

For us the struggle is at two stages, one, convincing people that mental illness (MI) is a disease and not black magic and two, providing information about the kind and place where service centres are placed. Regular services have to be provided because the disease lasts for long time and frequent relapses occur. TRU has solved the issue of regular availability of services at definite place and definite time. But the other side of the coin is provision of consistent information and fighting the stigma and belief structure in people's mindset.

Since 2014 our approach is to meet every family / home in the villages and find patient by providing education about symptoms of the diseases and availability of service centres. Though difficult, the Link Workers and the Village Level Guides along with the ASHA and other GOG staff at grassroots reach out to people in need. Secondly, we provide this knowledge to students of high schools in the area. In 2014 and 2015 we have reached out to 30 schools and a college in Halol. This year we reached more than 800 students in 14 schools of Halol taluka and 437 students in 10 schools of Ghoghamba taluka. Approximately 200 students of the Arts and Commerce college in Halol have also been part of the process. An interschool competitions in three disciplines - debate, poster-making and creative writing - are organised each year.

75 students from 23 schools participated in competition while 56 received prizes for good performance. Participation at the event of competitions was 230 students and 15 teachers. Everyone thought it was a good idea to have this program done because it really gives them practical knowledge about how to help one's own community and villages. The program helped to improve OPD presence of our patients to some extent.



Interacting with High School Teachers, CMHP

Another input was given to Gram Panchayat members to learn about issues in Mental health. They were oriented about the needs of the patients and how the patients are left out due to their illness. During the calendar year 2015 we have met 34 Panchayat bodies and 442 persons (mostly members and some village leaders). They were requested to help some patients in their village to reach to the OPDs in respective area. Some members thought it is their duty to help people in their village and if they help one patient then they are getting good number of votes from this entire family during election. Thus it was thought to be mutually beneficial activity for which the Panchayat members thanked the TRU staff. An effort to organise a Sarpanch Sammelan was also made in early 2015. Not too many people turned up at this meeting, but those who came really became like volunteers for the MI patients in due course of time.

This way we have reached out to 76 Panchayat bodies in the whole of Halol taluka In this year we have also started this for the Ghoghamba taluka where the success is slow but we find good cooperation of people in this taluka also.

This kind of awareness activities have given an impetus to the level of awareness among the general population We find that number of patients reaching the OPDs has increased too. Care of patients at home has also improved to certain extent. The patient, who is on the path of improvement, is now helped by the community to be rehabilitated properly without stigma. In case of some patients the relatives continue treatment



Sarpanch Sammelan at Shivrajpur

regularly for long time also. This reduces chances of relapse and helps to improve quality of life for the patient. Despite of all these we still have to go a long way. Our area is populated by migrant population who struggle for their daily needs. We are confident that building confidence of the people through steady and effective medical services will help overall wellbeing of the mentally ill patients.



College - NSS students from Halol visited TRU for MH awareness.

In the year 2015 we were visited by a number of eminent persons and groups. Dr. Malti Patel, a Psychiatrist from USA has been interested in our Mental Health program for some time. She visited us in early year. She was impressed by our community approach in mental health and our Girls' Education Project.

An NGO group from Chhattisgarh interested in our approach to mental healthcare visited us. The seven members of the group included the representatives of their management, psychologists and field workers. They interacted with our field teams and were happy to see the intricacies of community based rehabilitation (CBR) processes. They were satisfied and felt that they could see most of the difficult components of an active community mental health program (CMHP) in action.

The Tata trust representative Mr Praful Kapse also visited our project and expressed satisfaction over various components and activities in place.

Manas Day Care centre for children

We have been struggling to establish a more permanent kind of Day care activities for the children who are mentally retarded. We started identifying the children since 2009. There are nearly 200 children on our record. Major impediment is the distance. The children live in far reaching villages and difficult geographical locations. They are scattered. These children require help in terms of training for daily needs and basic literacy. The parents are not able to provide any kind of such training or do not support the children to reach regularly to a local school also. In these circumstances we have started the Halol centre where we reach out to approximately 15 children from 10 villages. We pick them up and leave them back at decided time. The children are situated in a radius of approx 10 kms from Halol. Our vehicle has to travel more than 50 kms one way for bringing them into the centre. Thus more than 100 kms daily travel by our ambulance is a must for running this centre with present set of 15 children. At Manas centre we have placed workers who are trained informally by a visiting team of experts about how to take care of such children. We try to teach the children basic mannerism, provide health support and also provide activities to support learning basic formal education. Our concept is to teach them daily activities with self supporting mechanisms. We even train them into daily routine activities like cleaning, eating, washing, brushing teeth, wearing clothes, etc. Six months in Manas the children have become smarter now. We celebrated Independence day and the by hoisting flag and



Dinaben at parents' workshop, Monank at blackboard.

singing for the nation. Our first parents' meeting in October was also like a celebration and show of what the children have learnt, e.g. a small cultural program and play of games, show of exercises they do, what they can write and what they can draw, etc was enough to impress the parents about progress of the children.

We are quite hopeful that this program will teach the community that the children who are considered useless by them can also learn and live useful life.



**Celebration
Republic Day**

We have faced a number of difficulties in this program.

1. First and foremost of them is lack of properly trained teachers for MR. They are a scarce resource. Even GOG has not had enough teachers to take care of the needs of a weekly visit to each school. We have a visiting faculty who is available fortnightly at the centre. They set goals for each child and provide training to the teachers appointed by us for this program about how to reach the goals for each child and what sort of activities are required to be done with each child. Thus a set of individualised goals is followed for each fortnight for further training to the children.

2. There are many restrictions imposed by the GOG in the name of guarding the safety of these children. We hear that none of the institutions already running for many years has been able to fulfil the demands of the rules laid down by the Social Welfare Deptt of GOG. Obviously our application for registration was kept pending for more than 2 years on one or the other excuse and lack of motivation on the part of the deptt to allow and encourage new institutions to take up the most difficult task of bringing up the MR children.
3. We did hire a couple of MR teachers but they left for their own ambitious plans and opted for other centres. It was quite encouraging for us to see that our informally trained teachers performed better than these teachers in whatever fortnightly goals were set up for each child. These teachers found it difficult to come down to level of these children and give a start for learning environment.
4. Despite of our best efforts to provide learning environment and school like get up to the centre and to the children, everyday presence has been 75 - 80% only. Social reasons like marriages, festivals, parents' involvement in different activities, etc has always affected the presence. Still we are satisfied that we are able to ensure good presence at the centre.



**ASHA workers being
sensitized for MH
needs in villages.**

We want to thank our visiting faculty of four including a MR teacher, a Physiotherapist, a Psychologist and a Speech Therapist for last two years. We also want to thank the informally trained teachers for their enthusiasm and support for these children.

Reshma Shah and Dina Bhatt both senior teachers and affiliated actively with Ankur School for differently able children at Bhavnagar and Rajkot visited Manas the Day Care Centre for MR children at Halol run by TRU. They met the parents of some mentally retarded children in our area and motivated them to take greater care of their children.

Quality Rights Project of WHO

Institutional service providers for mentally ill patients are under focus. It is believed that the basic human rights of the patients are not properly guarded when it comes to mentally ill patients. This has led the international communities to start thinking about what can be done about this issue. It is also an impression that many institutions are willing to extend good quality services guarding the basic human rights and providing necessary facilities to their inmates but they are not able to do many of these things in absence of enough resources. Therefore a constructive approach has been adopted by WHO and a research based project named “Quality Rights Project” for differently able persons focussing the mentally ill has been initiated. This project is brought to Gujarat. Hospital for Mental Health (HMH), in Ahmedabad supported by GOG, who has been the nodal facilitator for the research. Nine facilities in Gujarat were to be assessed for provision of Quality Rights to the patients - inmates and those in their OPDs.

Nimitta, TRU was invited to be part of the assessment team. The three year project was launched early this year. Nimitta was appointed for the assessment of HMH at Ahmedabad, Civil Hospital

of Surat, Civil Hospital of Navsari and the Gujarat Medical Education and Research Society (GMERS) hospital of Vadodara. This was a three year project wherein the researcher groups would visit every facility and the collective report would be submitted to the main research team viz. Dr Soumitra Pathare and his group. Based on this report concerted feedback and emerging training programs were also conducted in respective facilities in a participatory manner. At the end of the three years one more assessment will be done for noting the change brought in provision of care in each of the facilities by the same team.

On the whole it was a good learning experience for Nimitta and for TRU. It gave an opportunity to look into various aspects of the OPD care also as provided by TRU. Introspection in how can we guard the basic human rights and provide quality services as well as bring about good quality in the life of our patient has been initiated in TRU.



Quality Rights Assessment Team.

Girls' Education Program

Year by year the Girls' Education Program (GEP) also named as Abhinav Kanya Shikshan Karyakram for local understanding, has tried to give quality education to the girls and the girls in turn have reciprocated by trying to choose different life style than their mothers. Given the hard efforts that our project team has put in, we were shocked by results of the Board exams for 10th and 12th standards.

We have always tried to influence the school mainstream as well as our girls not to take to cheating and copying at exams. But for the school authorities and for the students it is an easier option to show good results in the rut of survival and maintaining their economics. This is not only true for our people but generally true for most schools where the students are encouraged into cheating and copying at the exams. A generalised phenomenon observed for last several years was put to end by instituting CCTV cameras in all exam centers and central monitoring from state examination board. The cheaters were punished hard. The teachers who helped the students in the process were also punished. All of it contributed to the fact that very big number students all over Gujarat failed in the Board exams. Overall result of Board exams fell below 40%. Our girls were also affected.



In the next door school we found that the Passing rate of students at the Board exams was less than 15%. Most of the figure was because number of girls in AKSK could pass in the exams. If we consider results of our program only then we see that almost 50% of our girls cleared the Board exams. Though this was a better rate than the school's performance, we could not swallow this result. We have taken up the issue more seriously this year.

Changes have been instituted to provide extra educational help to the girls. We have more teachers this year and they cover all subjects. We have two teachers for girls of class 9 and 10th. We have also found two more teachers to take care of the teaching needs of 11th and 12th standards. So far we didn't have any additional inputs for the 11th and 12th. We have instituted a Spoken English Class for the girls of 9th standard so that they can overcome their inhibition to the foreign language. This would help us improve results in further standards for these girls. In this year we have 47 girls for spoken English class.



Ready to take classes - Teachers' Day at school

More than these infrastructural inputs we have paid more attention to the way the girls study. This year they are not allowed to copy from readymade answer books for any of the subjects. Every week they have to give oral / written test for some subjects so that all subjects are covered by test in a month. They are not allowed to keep studying for long hours at night. Their sleeping hours and wake up hours are better regulated. Parents have been instructed also to keep

encouraging the girls for sincere study. Extra activities such as play and library are given more importance also. This year they have more free time. The homework given by school teachers is also to be done using the same principle of not using the readymade answer books. We instituted one more teacher in the evening to overlook difficulties they may have in accomplishing homework from the school teachers as well as from our tuition teachers. The person would help them for clearing doubts generated during the day, solve any burning issues for the school homework and of course not allow copying from elsewhere. We are quite hopeful that these changes will give us better results at the end. The semester exams are over and we see that the girls have fared quite well. None of the girls have failed and those who secured first class marks are nearly 65% girls. The science and maths result has been very good, English language is also showing improvement.

Admissions in GEP from year to year:

Year	Std 5	Std 6	Std 7	Std 8	Std 9	Std 10	Std 11	Std 12	Total
2005-06	01	05	00	03	02	00	00	00	11
2006-07	01	00	05	08	03	02	06	00	25
2007-08	S T O P P E D		02	38	12	04	07	05	68
2008-09			01	21	34	12	03	06	76
2009-10			ST OP PE D	36	23	33	11	05	108
2010-11				23	34	25	24	11	117
2011-12				23	36	30	12	24	125
2012-13*				No longer in High School	43	33	15	15	106
2013-14**			31	36	15	15	97		
2014-15			49	25	24	14	112		
2015-16			30	38	18	21	107		

* Std 8 is made part of primary sections of all schools in Gujarat

** More local admissions into the school govt rule affects numbers at GEP

All the above figures show strength at the end of the year, i.e. December every year

The new Academic Year (2015-16)

The year 2015 - 16 started with a kind of panic and discomfort on the side of TRU staff. The discomfort was because of performance of the exiting girls. For various reasons as mentioned in previous part of this section, many girls could not pass the Board exams. To begin with this year we had more number of girls than previous year. Following gives the synopsis of the girls who filled out admission forms and girls who actually started the semester in early July '15. We can see from the table below, that 175 girls sought admission to GEP. But out of them 124 could actually start the semester. It was felt that on one hand GEP type stay accommodation and education is admired by many parents, while on the other hand girls somehow find it slightly difficult to cope with the kind of insistence to study better. Each day is considered important for study. Girls and parents are discouraged to waste days in small occasions and celebrations at home. This year specially right from beginning we had built up an environment for sincerely pursuing study by introducing some reforms in the pattern so far. It also requires a discipline on the part of the girls to which they are not used to so far. So among those new recruits many defaulted in the first month of the academic year. Anyhow we had 124 out of 175 at the start of semester. While to the end of the year we have 108 girls preparing for final exams.

As mentioned before we have invited the girls who failed in previous year exams to come and stay in the hostel and prepare for repeat exams. We were happy that 4 girls came to stay with us since November end. We have made special arrangement with the school to allow these girls to sit in class-rooms with other girls and concentrate upon study. Other girls' parents thought it is too much to waste one more year in the hostel and have not yet sent them. Some said they will send the girls one month before the exams. We only wait for them to come back.

Admissions in Ac year 2015-16 :

STD	Admn Form Filled in AKSK		Left prior to July 15	Started semester	End of Octo 15	End of Dec 15	Reason for leaving
	New	Old					
IX	55	--	21	34	31	30	First 51 girls found that at GEP the study schedules are too tight / difficult, 10 went to other schools, 3 stopped studies, 4 missed their homes.
X	01	48	03	46	43	38	
XI	34	14	27	21	18	18	
XII	23	--	--	23	23	21	
	Total = 175		51	124	115	107	

Extra curricular activities: Just like every year they also participated in various extra activities of the school as well as those organised by TRU. They went out for athletic competitions and won some prizes for the school at District level also. They played running race, relay race, javelin throw, shot-put, kabaddi and kho-kho competitions. They also participated in drawing, debate and science fares at Taluka level.

Excursion to Vadodara:

On the 22nd February 2015 the girls were taken for excursion to Vadodara. This time they witnessed other educational exposures in the city. They had an innovative way of travel to Vadodara. This time they did not go by a bus to Vadodara. Instead they went by train from Bodeli to Vadodara. They visited Vadodara Railway station and learnt about how to organise travel by train. How to purchase ticket, how to find platform, how to find their seats in case of prior reservation, waiting lounge for passengers, ticket checker's office, water and sanitation facilities on the railway platforms etc were matter of learning and interest generally. The idea was to expose them and get rid of initial fears of travelling long distance. Most exciting was the escalators at the Railway station. They tried going up and down the escalators and overcame the fears of such gadgets.

They then visited a TV relay station of a local channel. Here they learnt how the TV operates, how the stories are shot and how they are relayed on the audio-visual media. They were shown on the evening news of the channel, for which a short film was shot. They were impressed to see the camera and the whole operation of the Channel's team.

Then they walked over to the TRU office. Walking was essentially part of learning because if they are lost they can find a proper place to reach themselves. They also were oriented about work in TRU office and introduction to various staff. Here we had organised a brief session with one of the urban student Rachit Bateriwala, who stood first in his school in std 10th Board exams. They interacted to know how to answer the examination, how to score marks, how to choke out a timetable for study, how to become regular and how to prepare for exams. This was an important interaction.

Then they had a good snack. They were then taken to a newspaper office and press to demonstrate how the newspaper is created, news to be collated from field, how the main page is formed and then printing process of the Newspaper "Divya Bhaskar" was shown to the girls. After the days' busy visit they came back to Shivrajpur in the evening. Thus this was a different kind of learning exercise our girls had. We are sure this exposure to various parts of urban life is going to help them overcome basic fears when they move further in their life in future.

Mr Rajesh Nambiar, Director of SCOPE, an outreach program for teaching English visited us. With his help we are able to run a spoken English course for the girls of our education program. He was also well-impressed by the efforts of TRU in bringing a difference to the life of this tribal area. This class is an addition to regular tuition

teachers (4 teachers) for school curriculum and basic tutorials for tailoring skills for the girls.

An active member of the Indian Paediatrics Society, Dr. Satish Pandya, also our new Trustee visited Shivrajpur. He and Dr Snehal conducted a workshop for girls and their parents to sensitize them for the growing expectations of the mainstream as well as their own community. They talked about challenges of adolescence and pressure of the family for achievement of higher education. The girls were also given career guidance and motivated to achieve higher goals in their lives. They were impressed by the work going on in the project and shown interest in extending help whatever they could do. Dr Anant Phadke and Dr Sunil Kaul visited our Vadodara office for exchange of views on various aspects. Dr Sunil Kaul in his own style narrated some stories about how various challenges keep coming in the life of an NGO. He appreciated the activities of TRU. Dr Anant Phadke specially appreciated our Rahat Nidan Kendra and the approach towards patients. He said a like-minded doctor from Pune is encouraged to learn about TRU's Diagnostic Centre and wishes to start a similar centre that would work at very subsidised rate for the poor of the city.



Preparing Posters - Drawing and Colours

Rahat Nidan Kendra

The Rahat Nidan Kendra offers services in Radiology and in Pathology in the city of Vadodara. The services are offered to patients at less than the popular rates. Most of the times the rate is less than half the price outside. Still we have maintained good quality and regular services because of a good amount of cooperation from our patients and the doctors who sent their patients for investigations. Following is the synopsis of number of patients we have served:

2015 (Jan to Dec. 15)	No. of patients for X-Ray department	No of patients for Sonography deptt	No of patients for Pathological testing
Alkapuri Centre	2233	2678	4573
Dandiabazar Centre	5301	1600 eco 206	2598
Total	7534	4278 + 206 = 4484	7171
Total number of patients served = 19189			

Vocational training class for urban poor:

The sewing / tailoring centre at Gotri runs at a low key but offers a highly subsidised skill training to the girls and women from poor slum area of Vadodara. The lady who works as a trainer also belongs to the same community and has passed out from one of our earlier classes. In the year 2013 it was closed down for reasons unavoidable. This class has restarted in 2014. It has trained 106 students in basic tailoring trade. These girls have shown a good amount of proficiency after taking the basic training. Some have even started their own tailoring business in the slums or villages where they migrate for one or the other reasons. Some have taken advance courses in tailoring and have been working for garment-making with bigger tailors or in factories.

Financials in TRU

BALANCE SHEET AS AT 31-03-2015

Funds and Liabilities	Rs.	Property and Assets	Rs.
Trust Funds or Corpus	51,67,792	Immovable Properties	1,30,71,031
Other Earmarked Funds	4,03,86,826	Investments	5,00,000
Liabilities	7,31,224	Furnitures & Fixtures	85,01,194
Income & Expenditure A/c.	40,25,820	Advances to IT Deptt.	14,00,684
		Cash and Bank Balances	2,68,38,753
	5,03,11,662		5,03,11,662

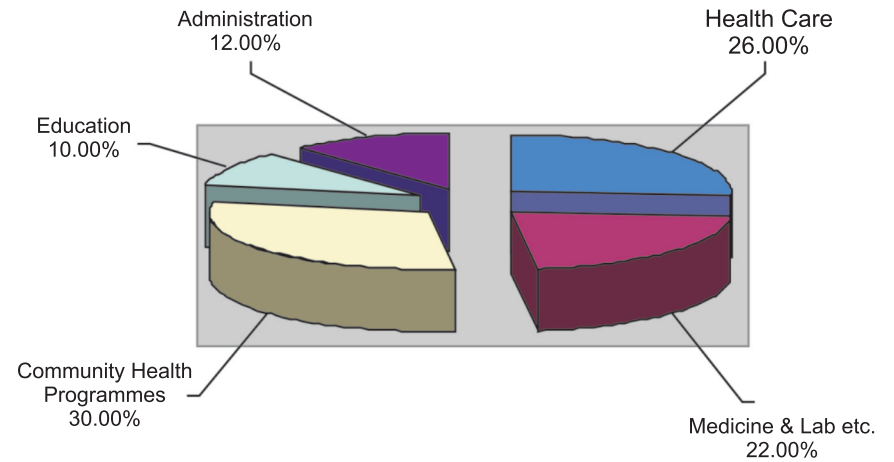
INCOME & EXPENDITURE A/C. FOR THE YEAR ENDED ON 31-03-2015

Expenditure	Rs.	Income	Rs.
To Expenditure in respect of properties - Depreciation	3,31,632	By Interest on Fixed Deposits	22,51,743
To Other Expenses	1,73,180	By Donation Domestic	77,06,683
To Fees & Statutory	2,34,918	International	18,98,534
To Profit/Loss on sale/ removal of assets	3,799	By Transfer from Reserve	11,25,000
To Development Fund a/c.	20,00,000		
To Depreciation	4,70,574		
To Expenditure on object of the Trust (FCRA)	21,28,742		
To Expenditure on object of the Trust	60,10,294		
By Surplus carried over to B/S	16,28,821		
Total Rs.	1,29,81,960	Total Rs.	1,29,81,960

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

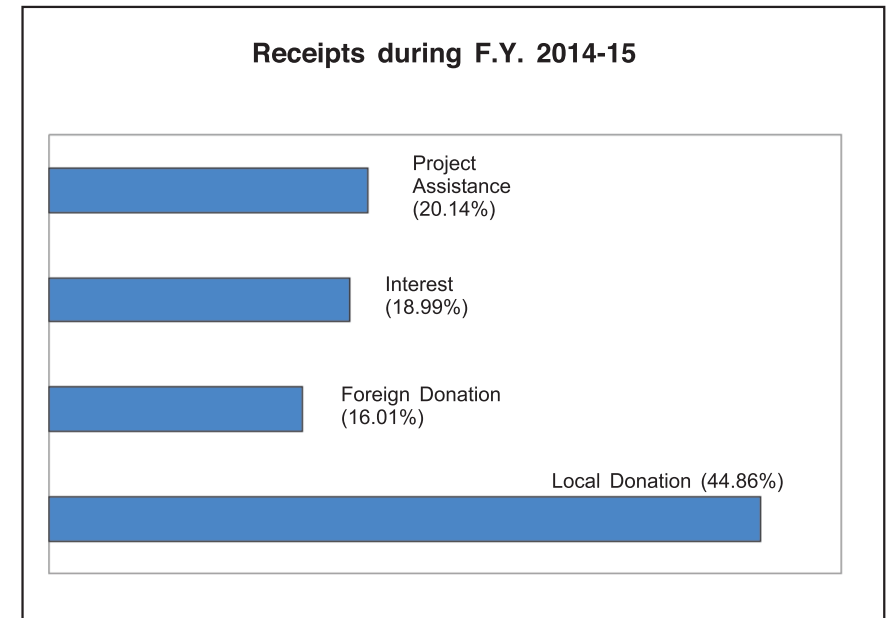
TRUSTEES
Vadodara :

Expenditure during F.Y. 2014-15



Total Expenditure = Rs. 85,50,933

Receipts during F.Y. 2014-15





Most credible contribution to a community based health program is consistent medical services.



Psychotic Symptoms show self destructive activity also. He has permanently damaged his fingers by poking a piece of wood.

We are thankful
Our donors for the year 2015-16
(Received between April 15 - March 16)

Sr. No.	NAME	AMOUNT (Rs.)
1	Shri Devendrabhai Patel, Vadodara	100000
2	Bai Nathibai Damodar Thackersey Charitable Trust, Mumbai	51111
3	Dr. Ushaben J Mody, Vadodara	50000
4	Adhyatma Vidya Mandir, Ahmedabad	50000
5	Ms. Nisha Patel, Vallabh Vidyanagar	25000
6	Kusumba Dhiralal Parikh & Lila Nautamlal Parikh Foundation, Hyderabad	21000
7	Shri Chandrikaben & Bhikhabhai Babubhai Trivedi, Shivrajpur	11111
8	Shri Narharibhai Bhatt, Ahmedabad	18000
9	Shri Sarlaben Narharibhai Bhatt, Ahemdabad	18000
10	Shri Nimitta N Bhatt, Vadodara	14000
11	Dr. Gita Thakorabhai Mody, Vadodara	10000
12	Shri Indravadan M Patel, Vadodara	10000
13	Shri Shobhanaben Amin, Vadodara	5000
14	Shri Ismailbhai Gandhi, Vadodara	5000
15	Bhaichand M Mehta Charitable Trust, Mumbai	3500
16	Hasmukh B Mehta Charitable Trust, Mumbai	3500
17	Shri M D Shah, Vadodara	3000
18	Shri Amitendu Gupta, Vadodara	2000
19	Shri Rohitbhai B Panchal, Vadodara	1001
1	Human Enrichment By Love & Peace I, USA	1251181
1.1	Shri I I Patel, USA	338500
1.2	Shri Mahendra C Patel & Malti M Patel, USA	323339
1.3	Mr Vishnu J Patel & Viru V Patel, USA	158392
1.4	Shri Mahendra & Chhaya Patel, USA	67067
1.5	Shri Jyoti S Amin & Surendra Amin, USA	67000
1.6	Shri Kirit Desai & Panna Desai, USA	53600
1.7	Shri Rohit Vasa, USA	33850
1.8	Shri Maulik Thaker, USA	24711
1.9	Shri Himat Tank & Sharda Tank, USA	16750
1.10	Shri Suresh & Meeta Amin, USA	16232
1.11	Shri Pramod & Ranjan Amin, USA	16232
1.12	Shri Atul Patel, USA	16232
1.13	Shri Shilpa & Harshad Amin, USA	8084
1.14	Shri Arvind A & Hemlata A Patel, USA	6532
1.15	Shri Hemangini B Patel, USA	6532
1.16	Shri Ranchhod B & Shyama R Patel, USA	3298
1.17	Shri Natwarlal B & Pushpa N Shah, USA	3298
1.18	Individual Donors, USA	91532
2	Association For India's Development, USA	1103200
3	Shri Chaitanya N Bhatt, USA	50000
4	Shri Vijay & Chhaya Kulkarni, USA	25000
5	Shri Devikaben Amin, UK	24096
6	Shri Rakshaben P Patel, USA	5000



Enjoying morning sun - Manas Class outside the room.



First prize for the debate winner at inter schools event.



Manas children supported by Pediatric services.



Volunteers setting up science experiments at GEP.