

Khejri Sarvodaya Trust and Health Centre

Annual Report
2006 –2007

Threat – Injustice – Challenge – Reconstruction

“In the midst of the Asia-Pacific’s robust economic growth, (including the emerging giant India), an unacceptable number of women still die in childbirth and millions of people suffer and die from diseases that are entirely preventable and curable”. This quote (parenthesis ours) is from the latest UNESCAP study, which has established a direct link between increased government investment in health systems, high life expectancy and low infant mortality. While the governments of Australia, New Zealand, Japan and Mongolia of this region spent 9.5%, 8.1%, 7.9% and 6.7% respectively of their budgets on health services, the figure for India is said to be a dismal 3.9 % and for Rajasthan 4.6%. It’s quite evident that the Government in this country has different priorities and is not able to provide all the people a much-needed health care. For its well-to-do population India depends on private sector and/or corporate resources and for the poorer people on NGOs, voluntary and charitable institutions to supplement health care.

Khejri Sarvodaya Trust and its Health Centre have tried to fill this gap in the rural belt southeast of Jaipur since 1995. About 225000 patients visits have been given the best medical care in these 12 years. Thanks to the financial support received from individual donors and some service organisations in India and abroad the marginalized people of this area have been provided with free doctors’ services, free medicines, free immunisation, free cataract operations and affordable laboratory and sonography services. Only a token registration fee is charged for patient management.. Our evening mobile clinic with 2 doctors provides the same services at the villagers’ doorstep. During the last seven years we have conducted school medical examinations and provided health education programmes in many rural schools. The health centre initially functioned in an annex to a garage, but since 1999 in its own spacious building.

The **threat** to the building came in January 2003 when the Rajasthan Housing Board pasted a notice in the neighbourhood for acquisition of land, inter alia on which the health centre was built, for construction of a 60 metres wide highway. No effort was spared by the Khejri Sarvodaya Trust to convince the authorities that, if only the width of the road could be adjusted in front of the health centre (which was technically possible and done in other similar situations in the city), the health centre’s building could be saved and our full-fledged services could continue.

The **injustice** to the people of this area lies in not considering this adjustment. In December 2006 the entrance gate, the house of the caretaker, the shed for the mobile clinic and the Health Centre building with the staircase were demolished. The land, on which the health centre stood, was meant for the service road only and not for the main carriageways. Secondly, immediately a small temple next to the health centre was built onto the proposed service road by the Housing Board on some one’s request and thirdly, till date (5 months later) the rubble of the Health Centre is still lying on the service road and the high way has nowhere been finished! The services of two doctors, including director-physician Dr.

Banerjee who had been the director-physician since 1995 and five members of the supporting staff had to be regretfully discontinued and they all lost their employment due to this unjust action of the government. The facilities for our medical and related services had to be drastically scaled down.

The **challenge** was then not to let patients go unattended. From the aluminium sheets of the mobile clinic's shed and the waiting hall outside, we built overnight a large enough shed to 'house' one doctor, a dressing 'room', nurse's table, dispensary and registration corner. Even an improvised laboratory functioned as usual thrice a week. Dr. Bajaj attended to the women patients in the mobile clinic. From 18th December till 1st April we had more than 9600 patients, who were attended to in the shed and mobile van.

Reconstruction: while the entire health centre was demolished, the guest room apartments remained, viz. half the one room apartment with its bathroom and kitchen and the apartment where Prof. and Dr. Jansen stayed when they were in Jaipur. The half room has been reconstructed as the dispensary, the kitchen as the laboratory, the other kitchen as the registration room, the former sitting room accommodates Dr. Hanuman Singh, the nurses and the dressing area; Dr. Bajaj has the former bedroom for the women patients; the side varandah has been enclosed for office purposes; the caretaker and his family have been accommodated in newly constructed two rooms upstairs. The mobile van will get a new shed. We now have a mini health centre – a bonsai Khejri.

Our thanks are due to the doctors and the staff members, as well as the patients, for their excellent cooperation during the difficult times we experienced. Our sincere gratitude to all Khejri's well-wishers and donors from India and abroad for their understanding and support during the past year. A special mention should be made of Mrs. Elly van der Eijk, Khejri's ambassador in The Netherlands, for her dedicated liaison work.

These are the **statistics** for the year under review (1/4/06-31/3/07):

Number of working days:	355	(0)*
Number of patients' visits: (Morning & Mobile)	41642	(-1594)
Daily average :	117	(-20)
Adult female patients:	44%	(0)
Adult male patients:	19%	(0)
Female children:	16%	(0)
Male children:	19%	(0)
Antenatal cases:		
Eye patients (Sunday clinic)	2106	(-45)
Free cataract operations with IOL:	63	(+19)
Skin patients (twice/once a week):	4246	(-624)
Immunisations/vaccinations:	1517	(+628)
Laboratory samples	2169	(-29)
Ultra sound:	374	(-223)
School children examined:	1616	(-536)
Health education sessions: (339 students in 13 schools)	165	(+76)
(*comparative figures with last year)		

Diseases profile:

Maintenance of records has been strictly done all these years; a report of the health centre's activities and diseases attended to is prepared every month for internal use. Detailed listing of the diseases is given. From this we find that the most frequent diseases with which patients come to the health centre are: 1) a large variety of skin diseases, of which scabies is the greatest; 2) reproductive and antenatal cases; 3) eye diseases; 4) upper respiratory and urinary tract infections; 5) gastro-enteritis; 6) ear infections 7) accidents plus another sixty more singular and some very special diseases, like a thyroid tumour, hydrocephalus and Bartholin cyst and not to forget the occasional camel, dog and insect bites.

The human angle:

Dhanna, age about 70 years, village Luniawas, beggar, very impoverished, came on 13th August 2006 to the health centre, holding on to his wife's hand, as he could not see. He suffered from *bilateral mature cataract*. The necessary investigations and medications were done. The first eye was successfully operated in May 2006 and later Dhanna received sight in the second eye also. Many old people suffer from cataract. Thanks to the support from the Lions Workgroup for the Blind, the Netherlands we are able to provide free operations with intra-ocular lenses. Unfortunately, family members are often not willing to accompany the old patients to the hospital. However, Dhanna can see again, thanks to his wife's assistance.

Vishnu, age 13 years, village Dantli, student of 7th class of Bal Bharati School, Dantli, receives support for studies through Khejri. During our school medical check-up we came to know that he had frequent *epileptic fits*. He was referred in January to the psychiatric hospital, where he was advised for MRI and EEG. Subsequently, treatment was prescribed. He receives all medication from the health centre. The epileptic attacks which were earlier daily or on alternate days, have been reduced considerably and Vishnu lives an almost normal life.

Suresh, age 26 years, village Burchal, artisan, disease old chest *tuberculosis*. Patient came with complaints of chronic cough with expectoration and hemoptesis in November 2006. When symptomatic treatment did not show results, we got all relevant investigations done. The x-ray showed opacity in the right lung and the blood report also showed abnormalities. He had lost 10kg in 2 months. He was referred to the Chest and TB Hospital in December, from where he is regularly taking treatment. He has gained in weight and the hemoptesis has stopped. He is feeling better, but has to continue medication from our Mobile Clinic for many more months to come.

Razia, age 19 years, orphan, Transport Nagar urban slum, disease: *rheumatic heart disease with mitral valve stenosis*. Patient came to morning OPD on 20th March 2006 with chest pain, dysphoea, tachecardia, weakness. After various investigations and symptomatic treatment she was operated at the main government hospital for mitral valve on 10th September 2006. Unfortunately, the stitches got infected. She comes to the health centre smilingly every week till today for check-up and medications. Rehana has put on weight, feels better and can perform simple daily work Her treatment will continue for at least one more year.

Rehana, age 20 years, village Khonagoria, married and mother of two children, illiterate, low income group, disease *diabetes-mellitus*. Patient came to the health centre on 11th April 2006 with the complaint of urinary tract infection, burning micturation. Investigations indicated diabetes-mellitus. Her blood sugar was above 300mg. Rayana also suffered from transient fainting attacks. The endocrinologist at the main government hospital prescribed twice a day insulin injections. She regularly came to the health centre for laboratory investigations and other treatments. In spite of insulin and other medications her blood sugar was not controlled properly. Fainting attacks continued either because of high blood sugar or sometimes because of heavy doses of insulin she developed low blood sugar level. The poor environment in which she lived, must have contributed to the mismanagement of her disease. She again developed urinary and kidney infections. The health centre regularly monitored her illness. Recently she developed very high fever (suspected meningitis) and became unconscious. She was taken to the main hospital by her family members, but very sadly she expired shortly after that in a deep coma.

(All the expenses for the investigations and treatment at the health centre and in other hospitals/laboratories for the above patients, as well as for several others, have been paid for by the Health Centre, either directly from various donations or from the Phillippe Guenther Fund/Special Treatment Programme Fund)

Special Programmes:

Khejri's **Mobile Clinic** completed 4 years of taking medical care to the villages five days a week in the evenings. Dr. Hanuman Singh, Dr. Aruna Kanwar, Rajendran, Sreeja and Gopinathan unfailingly – in hot, rainy and cold weather and bouncing on inhospitable dusty roads – rendered medical, including antenatal, vaccinations and eye check-up services to 11380 patients. **Reproductive Health Care** under the supervision of Dr. Bharti Bajaj with sister Prasanna in attendance, was made available to our women patients, who are the highest in attendance and mostly in the reproductive span of their lives. The ultrasound machine to detect a healthy foetus or abnormalities, ovarian cysts, fibroid uterus, absence of uterus, etc. could be used till 12th December and will be used again shortly. Infertility treatment through counselling couples and appropriate medication has also helped women to conceive. Contraceptives are made available on request; family planning is advised. The **Eye Clinic** on Sundays under the professional care of Dr. A.C.Bhargava, assisted by Ranveer Sharma, could also this year provide relief to many eye patients. Free cataract operations with intra-ocular lenses were performed on 63 patients at Jaipur World City Society's eye clinic. The **Skin Clinic** twice a week till December and once a week during January-March continued to attract a large number of patients to benefit from the expertise of Brigadier (rtd) Dr. R.P. Mehta. Scabies remains widespread. The **School Health Programme** under the guidance of Dr. Bina Dixit and assisted by sister Annamma examined 1616 students in various schools from April-December. Dr. Mehta took some extra interest in meeting the schools. More than 220 students were referred to come to the Health Centre for follow-up and subsequently, if necessary, for investigations or treatment elsewhere. Lot's of dental cases were again detected and referred to the dentist on call, Dr. K. Mathur, in the Apex Hospital. All follow-up treatment, including dental, was paid for by the Health Centre. This outreach programme has been discontinued after December, but the schools have been assured of free treatment to the students at the Health Centre. The

School Health Education Programme was conducted in 13 schools in our area for 339 students with a total of 165 sessions, which received enthusiastic response from the students of the upper primary classes, also because of the more joyful pedagogical approach. We published a second edition of both the textbook and the workbook, which were freely made available to the students, thanks to the financial support for this programme from Foundation Shanty in The Netherlands. Also this programme had to be discontinued after the Health Centre's building was demolished. *Both programmes, which ran for 7 years, have been documented in an extensive report for internal record, and in a printed and illustrated version for the various donors and other organisations working in school health and education. (some extra copies available)*

With the support of Foundation Jaipur, Foundation Shanti, Foundation, St. Theresia and individual donors we were able to strengthen **the infra-structure** of several schools and provide free education, clothing, books and stationary to orphans and other needy school children.

Staff:

Doctors: Dr. A.K. Banerjee* (director-physician), Dr. Hanuman Singh (physician, mobile clinic and since mid December also morning clinic), Dr. Bharti Bajaj (gynaecologist), Dr. Bina Dixit* (child health), Dr. Aruna Kumari Kanwar (gynaecologist, mobile clinic), Dr. A.C. Bhargava (ophthalmologist, Sunday clinic), Brig. Dr. R.P. Mehta (dermatologist, twice a week), Dr. M. Jansen (physician and founder Trustee – twice a year for several weeks).

Para-medical and supporting staff (full- and part-time): Sreeja Pillai, Annamma K.M., Prasanna Shivan*, Lohit Kumar Joshi*, Babu Raj Nair, Rajendran Nair, Rekha Pillai, Ramchandran Pillai, Shafally Berry, Krishna Joshi*, Bhasi M.K., Gopinathan Nair, Ramswaroop*, Zaida Bano, Kamlesh, Indra* and Gogaram.

(regretfully left our services as a consequence of shortage of space due to the demolition).*

There were several staff meetings during the year of the doctors and with the staff to discuss the functioning of the health centre, its various programmes and staff welfare.

Visitors:

We were pleased to receive donors and many visitors from Jaipur, Udaipur and other places in Rajasthan, from Delhi, Germany, The Netherlands and the UK.

Khejri Sarvodaya Trust:

The annual meeting of the Khejri Sarvodaya Trust took place on 2nd and 9th November 2006 after several informal discussions. The Trust meeting reviewed the working of the health centre, its personnel, financial management, and above all, actions to be taken in view of the ensuing threat to the health centre's building. The main decisions in this regard were:

- a) In case the building is destroyed completely (including the guest apartment) all medical services will be discontinued and the mobile clinic will also stop operating. The remaining assets and funds – after payment of all dues to the staff/patients/supplies and transitional medical treatment, etc. – will be earmarked for: (i) The Special Treatment Programme Fund, to be utilised for financing medical and surgical interventions concerning poor patients; (ii)

- different charitable organisation in the field of health care to be identified in due course; (iii) running a minor administrative unit.
- b) In case only that part of the building in which the health centre is located, is destroyed, we shall continue the medical services – mobile and non-mobile – in a scaled down way, as long as the existing Trust funds and assets facilitate this PLUS the Special Treatment Programme Funds as under (a). A small administrative unit will be kept. When the funds are exhausted, the medical services and the STP fund will have to be discontinued and the Trust dissolved as per Trust deed.
 - c) The existing funds are divided to run reduced medical services and to allocate an amount for a Special Treatment Programme Fund under the umbrella of the Khejri Sarvodaya Trust. The financial means of the Special Treatment Programme Fund are earmarked for financing medical and surgical interventions of poor patients and for other charitable organisations in the field of medical care.
 - d) The medical services will preferably be for poor women, children and the aged.
 - e) All proposed solutions under a), b), c) and d) entail reduction of at least 50% of the staff, as and when the situation arises. This will be done in accordance with the decisions specified under ad.2 above. (which referred to the minutes of the Trust meeting regarding compensation to the staff that has to be relieved).

Trust members attending the meeting are indicated with an *: Prof. T.K.N. Unnithan – president*; Prof. H.G. Jansen – vice-president*; Dr. M. Jansen – founder Trust member*; Gerda J. Unnithan – managing trustee*; Dr. M. Unnithan; Dr. S. Kumar; Dr. V. Unnithan, Jessica Jansen, Dr. J.O. Jansen, Dr. A. Jansen and Nicole Unnithan-Brauch.

Finances:

The accounts for this year have been audited by Sareen Satish & Co., Jaipur and detailed statements are available on request. Income tax returns and the FCRA –Govt. of India formalities have been completed.

The Trust's *income* was approx.1) Rs.1240000.- from local donors, patients' registration fees and compensation for the loss of building and land; 2) Rs.1412000.- from foreign donors and 3) Rs.491000.- as interest on fixed deposits and bank accounts. The *expenditure* from the local account was Rs.691000.- (including the reconstruction of the mini health centre) and from the foreign donations Rs.2351000.- (also includes compensation for termination of services of staff).

Our *bank accounts* are at the State Bank of India, Malviya Nagar, Jaipur-302017, India in the name of Khejri Sarvodaya Trust: account no. 10054351928 for foreign donations (swift code SBININBB552) and account no. 10054351973 for local donations. In the UK there is account no. 65088229 (sorting code 08-92-99) in the name of Khejri Sarvodaya Trust (UK branch) at the Cooperative Bank, King's Valley Yew Street, Stockport, Cheshire SK4 2JU. Mr. J. Baksi and Dr. Maya Unnithan are the account holders.