

KHEJRI SARVODAYA GENERAL HEALTH

AND EYE CARE CENTRE

INDEPENDENT UNIT OF

Jaipur World City Society

(a non-profitable organization)

While there is a spurt in establishing state of the art private hospitals in India, which are only affordable to the well-to-do, “the absence of significant statements of intent or noteworthy financial outlays on health in the Union budget is glaring”. The same editorial in the Hindustan Times (21/3/12) mentions the great discrepancy in outlay between Defense and Health. “The challenge to achieve quality and access is staggering, e.g. while the global average of hospital beds to population is 2.9 per thousand, India has 0.9 beds with half these beds non-functional”. Rajasthan continues to have the same development indicators in health over the last twenty years, where its position in regard to the other ten populous states in India with a population of more than 60 million, remains virtually the same in the lower bracket. No wonder, Professor Devendra Kothari, the author of this study, put his hands on his head and lamented “what is wrong with Rajasthan?” Similarly, if the country has to reach any standards of preventive care, this would only be possible by 2022.



The Khejri Health Centre has long since realized and works for *preventive care* through a project of *school medical examinations and school health education*. In the year under review we have worked in 12 schools in our area covering a total of 1941 children for medical examinations and 392 children in 11 schools for health education. Children requiring treatment and further care have been helped with medication and where necessary have been referred for specialized attention. (Extensive reports in Hindi and English available on request).

Another aspect of preventive care is the *ante-natal services* we have been providing all along. Indian women marry very young and the majority of children are born before the mother is 20 years. Often they are in poor health with low anemia and no proper nutrition. A vicious circle exists of poor maternal health leading to high maternal mortality and low survival of infants. “For too many Asian women, giving birth is one of the most dangerous experiences they can possibly have.” The same UN report stresses the need for antenatal care and skilled birth attendance, gender equality and empowering women, as inequality translates into increased poverty and lower human development for everyone – men and women alike.

In 2007 the main building of the Health Centre was demolished by the government for road widening purposes. We have continued our services in much reduced accommodation. With the financial help of our own staff and some local well wishers we were able to add a small room for the dispensing of medicines. This was opened last year and has been of great benefit to our staff and the patients. In the beginning of 2012 we started constructing two rooms: one for the laboratory and one for the eye patients, which will be ready in April 2012. Jaipur World City Society has promised to share the cost of construction.

Although we had to slightly increase our fees, we have mainly been able to continue our services thanks to the support of many private donors – some locally, but mostly from abroad. On behalf of the patients and our staff we express our gratefulness for this support to the vulnerable sections of society.

The year at a glance:

The statistics show that in 308 days we almost had an average of 95 patients a day, who we could treat for about Rs. 120.- (Euro 2) per patient (all costs included, also medicines). If we include all the school children's examinations and treatment and the large amounts that we have spent on our "special patients" the actual OPD patient expenditure becomes much lower. The Khejri health centre is one of the most economically run health providers. No wonder that our latest patients' survey indicates a good level of satisfaction from the patients. So far we have attempted a policy of attracting more patients who pay a lower fee than raising fees for a reduced number of patients. After all, our objective has always been to serve those who can least afford medical care. How long we can follow this policy, greatly depends on the generosity of our donors. As yet, about 80% of the cost of running the Health Centre has to come from donations and about 20% from the limited fees we charge.

S.No.	Particular	Morning	Evening	Mobile	Total
1	Working Days				308
2	No. Of Patients	24725	6659	-	31384
3	Old Patients	11976	3880	-	15856
4	New Patients	12749	2779	-	15528
5	New Adult Male	3718	878	-	4596
6	New Adult Female	5770	862	-	6632
7	New Male Children	1779	553	-	2332
8	New Female Children	1482	486	-	1968

Antenatal Cases	1168	16	-	1184
Eye Patients	4588	-	-	4588
Eye Operation	159	-	-	159
Ultrasound	299	-	-	299
E.C.G.	73	-	-	73
Laboratory	1763	-	-	1763
Immunizations	1043	-	-	1043
School Students	568	286	11	865

As always, women and children are the majority of our patients, but this year with the opening of the daily evening clinic more men also make use of our services. Due to the rapid urbanization of what used to be a rural hinterland with opening of private clinics and better transport facilities we discontinued the Mobile Clinic. The van had also served its purpose going through very rough terrain during the last 8 years. The staff who operated this outreach service in often difficult weather conditions, genuinely deserve our appreciation and thanks.

Patients' Diseases and our specialized services:



Tejubaba – chronic scabies patient

Although our monthly reports mention every time more than 100 different diseases of patients, the most frequently occurring diseases are: upper respiratory infections (2341), skin diseases, of which scabies is the highest (1781), refractive errors (862), conjunctivitis (780), PUO (fevers of unknown origin) (421), cataract (234), amenorrhoea (171), coryza/rhinitis (158).

Most women are in their reproductive span of life. Pregnant women in their third month become part of our **antenatal services**. They receive the required regular check-ups of weight, blood pressure, laboratory tests, sonography, vaccinations, iron calcium tablets and if necessary, further medication. Dr. Aruna Kanwar is in charge of this unit. The general demand is that we should conduct deliveries also,

for which unfortunately we do not have the space and facilities. The government has recently introduced various schemes for free institutional deliveries, which has brought down the maternal mortality rate to some extent. Reproductive Health is supported by several personal donors from The Netherlands, Belgium , USA and UK.

Our **Eye Care Centre** under the guidance of Dr. A.C. Bhargava, senior eye surgeon, has attended to a good number of eye patients and provided 145 operations in our well equipped operation theatre. We held one eye screening camp in village Khatipura, which attracted 128 patients, out of who 12 were operated at the centre. Mr. Puneet Sharma is the ophthalmic assistant, who does the intake, refraction service and assists with the operations along with senior nurse Sreeja Pillai. The Lions Workgroup for the Blind of The Netherlands has provided major support for equipment and running costs.



Free immunization is provided twice a week for babies and others. 950 vaccinations were performed this year. Sister Prasanna takes care of this service. The Netherlands Foundation 'Aid for Young People' is the major donor for this service.



Protein-vitamin syrup for each child

The School Health and Health Education project has covered a large number of schools this year. School medical examinations were in charge of Dr. Y.K. Rajvanshi and his team. We specially want to mention the voluntary services of Mrs. Niti Bhargava, Mrs. Suman Khanna and Mrs. Anju Chandna. The major diseases relate to eyes and teeth, but also children with more serious physical defects have been detected. The most worrying part is that 50-80% of the kids are under standard Indian weight. First aid boxes are also provided/replenished from time to time to the schools. The detailed medical examinations in the schools are possible due to support from various individual donors from The Netherlands and Australia..

The School Health Education Programme (SHEP) brought useful lessons to 392 upper primary/secondary school children. Mr. Bhanwar Lal Kumawat is the coordinator and teacher. He joined us in July 2011. We provide a textbook with ten lessons, an accompanying workbook to each and every child and a Teacher's Manual to the school. Moreover, in February and in November 2011 we conducted full day workshops on First Aid for the teachers of the schools we are working with. These workshops were guided by Dr. Marianne Jansen, Dr. Vinita Jain and Dr. Meeta Singh. The educational institution 'Digantar' provided us with space and wholesome lunches. We twice reinforced the lessons by so-called Nukar Nathaks, which are "street corner" performances by artists belong to Goonj Sansthan. The School Health Education Project is fully financed by the Dutch Foundation 'Children of Tomorrow', which also has provided funds for additional vitamins and protein syrups. 7950 multi vitamin tablets and 2194 bottles of protein enriched vitamin syrup were distributed to children and pregnant women.

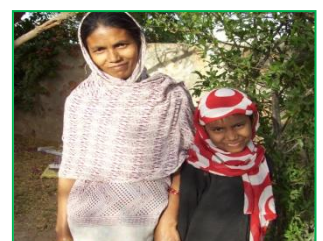


'Nukar Nathak' at Govt. School Kundanpura

School children of several schools continue to receive free treatment and medicines on reference from their school. Needy children (often orphans) were helped with fees, books and uniforms in different schools thanks to the munificence of the Foundations St. Theresia, St, Imelda and Shanty of The Netherlands.

The Laboratory has got a newly built room near the entrance of the Health Centre and additional state of the art equipment for diagnostic services. Mr. Babu Raj is in attendance thrice a week for 4 hours. The new semi automatic analyzer has been donated by Mrs. Roos Terwan, Belgium.

Last but not least, we should report on our **Special Treatment Programme Fund**, provided by Khejri Verein, Bremen, Germany, with which we could give major interventions to ??? I very serious patients with cancer, heart diseases, diabetes,



muscular dystrophy, epilepsy, etc. The photo shows little Rabia, who came to us with severe lymphoma throughout her body. Subsequently she was diagnosed with tuberculosis. We reported about her in the last annual report. Rabia has improved much, thanks to the prescribed treatment of the oncology department and the TB department.. This Fund is running out and we shall have to find alternative sources in future.

Staff and Management:



Doctors: Dr. A.C. Bhargava (executive director and ophthalmologist), Dr. Hanuman Singh and Dr. Pareek (physicians morning OPD), Dr. Aruna Kumari Kanwar (gynaecologist), Dr. Y.K. Rajvanshi (evening OPD, in charge of the STP patients and the School Health Programme), Dr. M. Jansen (visiting hon. Physician).

Para-medical : Mr. Rajendran Nair, Ms. Sreeja Pillai, Ms. Prasanna Shivan, Mr. Babu Raj, Mr. Puneet Sharma

Administrative: Ms. Gerda J. Unnithan (hon.director), Mr. Bhasi M.K., Ms. Rekha Pillai, Mr. Ramchandran Pillai, Mr. Bhanwar Lal Kumawat. Supporting staff: Ms. Zaida Bano, Ms. Kamlesh and Mr. Gogaram.

The overall management rests with Jaipur World City Society. The Health Centre's Advisory Committee consisting of the JWCS president Mr. B.L. Baid, the treasurer Mr. J.C. Gupta, Dr. A.C. Bhargava, Mrs. G.J. Unnithan, Mr. Hemant Agrawal, Mr. Brij Mohan Singh Bareth and recently inducted Dr. Y.K. Rajvanshi, Mrs. Krishna Gupta, Mr. Sanjay Bhargava and Mrs. Niti Bhargava meet regularly to guide the working of the Health Centre. Prof. T.K.N. Unnithan is a special invitee to these meetings.

Finances:

Total *income* during 1st April 2011 – 31st March 2012 from local sources and donations was Rs.1232800.-; from foreign donations Rs. 2843859,- and from bank interest Rs.252327,-.

Expenditure under various heads amounted to Rs. 3421203,-. These are unaudited figures. The accounts are being audited along with the accounts of Jaipur World city Society by Messrs. Shekhawat & Co. Income tax returns and the FCRA Govt of India formalities will be completed as in previous years.

On behalf of our doctors, staff, management and above all the patients we are most grateful to our donors and volunteers. **Do continue to support us in future also.**

Donations from abroad may please be sent to Jaipur World City Society, account no. 10054351906, State Bank of India, Malviya Nagar, Jaipur, India (swift code SBININBB552).

FCRA (Govt. of India) registration no. of Jaipur World City Society is 125560068.

Local donations can directly be transferred to Khejri Sarvodaya General Health and Eye Care Centre, account no. ICICI Bank, University Marg, Jaipur.

KHEJRI SARVODAYA GENERAL HEALTH AND EYE CARE CENTRE

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Khejri is a local venerated tree (Latin name: prosopis cineraria) and has been taken as a symbol for endurance in this harsh and arid land. Sarvodaya is a Sanskrit word meaning 'welfare for all'.