Annual Report -2011-12

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Executive Director's Note

The undaunted passion to serve the poor and the marginalized has been the driving force behind the initiatives of Karuna Trust in its journey of Integrated Rural Development Programme comprising of Health, Education, Livelihoods and Advocacy for over two decades now.. From a humble beginning in a small district in Karnataka way back in 1986, Karuna Trust today has its presence in seven States of the country. The Public Private Partnership model by which the 62 Primary Health Centres (PHCs) and 7 Mobile Health Units are being managed reaching out to over a million people demonstrates a perfect collaborative endeavour.

In addition to the regular services, integrating various other healthcare services into primary health care has been an innovative approach that is conceived and implemented in the PHCs by the Trust's Hon. Secretary, Dr. H. Sudarshan. Treating mental illness at the PHCs managed by the Trust has been a major breakthrough in demystifying mental illness and instrumental in removing the social taboo. Dental care, eye care, treating non-communicable diseases, focused interventions in Family Planning, HIV / AIDS prevention, Maternal and Neonatal Health Care have been successfully implemented resulting in improved health-seeking behaviour in the community. A unique initiative has been promoted by Karuna Trust to bring convergence between the Panchayat Raj Engineering Department and Health departments that are responsible for water quality by providing managerial inputs and strengthening the existing system anticipating potable water to the community as the end result.

Karuna Trust contributed to two Research Studies, one in patterns of Antibiotic Dispensing in Pharmacies and other in eHealth initiatives to generate evidence in the field of eHealth within the Asian context.

We have initiated quality accreditation process in one of our PHCs as a measure to quality service delivery to our end users. We have been successful in seeking support for healthcare programs from the Corporate as part of their Corporate Social Responsibility.

We take along with us meaningful learnings of year 2011-12 and rededicate ourselves to provide quality healthcare services to the people whom we have been serving and plan to serve in future keeping in mind the faith reposed in us by our partners and stakeholders.

But for the dedicated team that we have, inspiring leadership at the top which has been the guiding force, our partners who have renewed belief in us, the State Governments who have been supportive throughout and most importantly, acceptance from the community whom we serve, Karuna Trust would not have been what it is today in its incredible journey.

Ms. Radhika Modur
Executive Director

Introduction

Karuna Trust, established in 1986 is affiliated to Vivekananda Girijana Kalyan Kendra (VGKK) located at Biligiri Rangana Hills (BR Hills) in Chamarajanagar district of Karnataka that works for tribal empowerment. The Trust was established to respond to the widespread prevalence of leprosy in the Yelandur Taluk of Karnataka and has been singularly successful in addressing this pro blem. Drop in the prevalence of leprosy from 21.4 per 1000 population to 0.28 per 1000 spanning across 15 years is a testimony for the success of the intervention. Over the years, Karuna Trust has expanded its mission to address problems of epilepsy, Reproductive and Child Health, dental & eye care, mental health and tuberculosis and subsequently integrated these healthcare services into primary healthcare as an innovative approach. Apart from primary healthcare, education, sustainable livelihoods, and advocacy have been the prime focus areas of Karuna Trust.

The interventions of Karuna Trust have been consistently on Public Private Partnership (PPP) model which was initially piloted by the Government of Karnataka at the Gumballi PHC in Chamarajanagar district of Karnataka in 1996. Observing the successful way in which the organization has been able to turn poorly equipped and low-performing PHCs into model health Centres offering high quality and affordable primary healthcare, other State Governments have approached Karuna Trust to start similar PPP initiatives in their respective States.

Karuna Trust today reaches out to over 1 million people through direct management of 62 PHCs in 7 states of India with over 975 dedicated healthcare professionals serving the poor in those areas where healthcare have hardly reached. In addition to the State Governments, the Trust has collaborated with Corporate to manage PHCs as their Corporate Social Responsibility initiative. With prime objective of ‘Reaching the Unreached’ to provide health care to the poor in the remote areas, Karuna Trust has plans of scaling-up by expanding its services across the length and breadth of the country.

Vision

A society in which we strive to provide an equitable and integrated model of health care, education and livelihoods by empowering marginalized people to be self reliant.

Mission

To develop a dedicated service minded team that enables holistic development of marginalized people, through innovative, replicable models with a passion for excellence.

I. Health

A. Primary Health Care

1. Primary Health Centres

Karuna Trust has been managing 29 PHCs across 23 districts of Karnataka out of which 2 PHCs are in partnership with other NGOs, 11 in Arunachal Pradesh, 6 in Meghalaya, 11 in Orissa, 2 in Andhra Pradesh, 3 in Manipur & 1 in Maharashtra under Public Private Partnership model in collaboration with respective State Governments. Comprehensive Primary Health Care with innovative initiatives of integrating vision centres, mainstreaming traditional medicine, community mental health, telemedicine, mobile dental care along with enabling 24x7 services with the staff headquartered at PHCs is the key differentiator of the services offered by Karuna Trust.

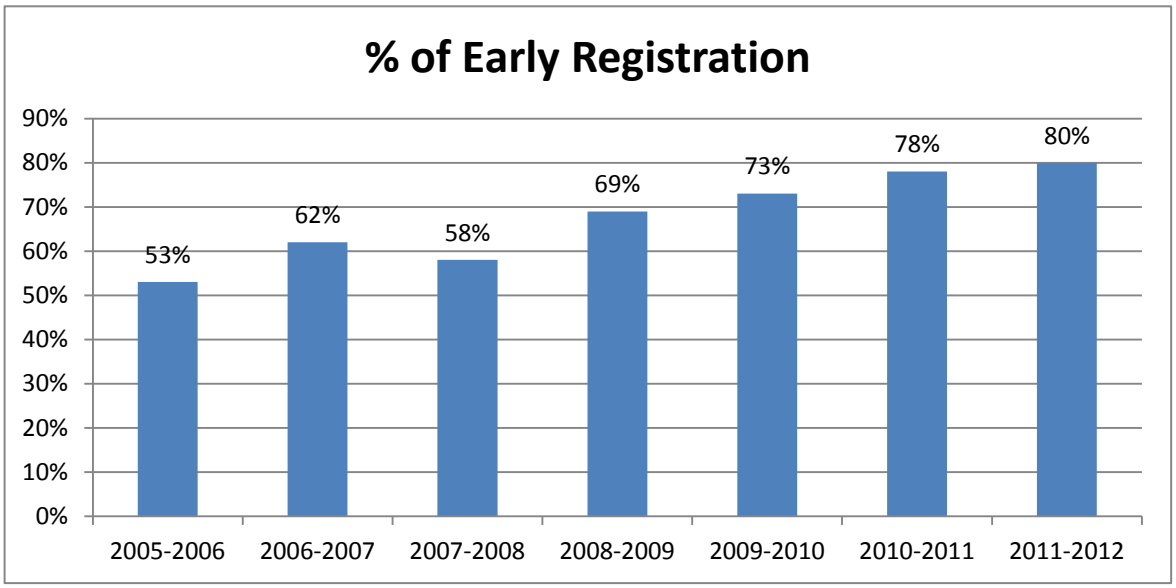
Report of each of the PHCs is detailed in Annexure II as a separate enclosure.

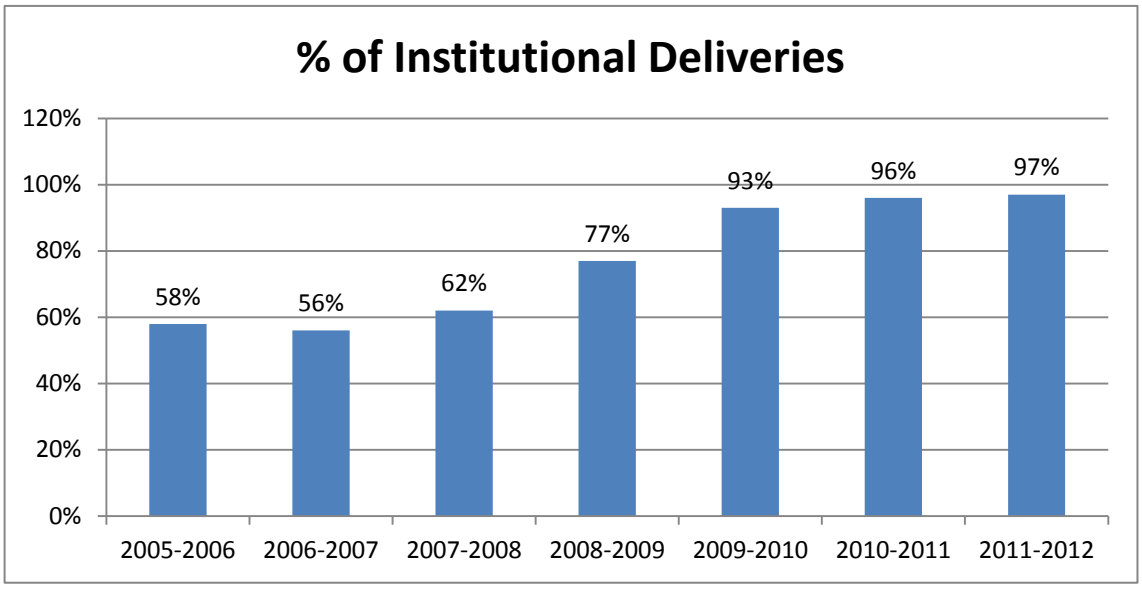
List of PHCs

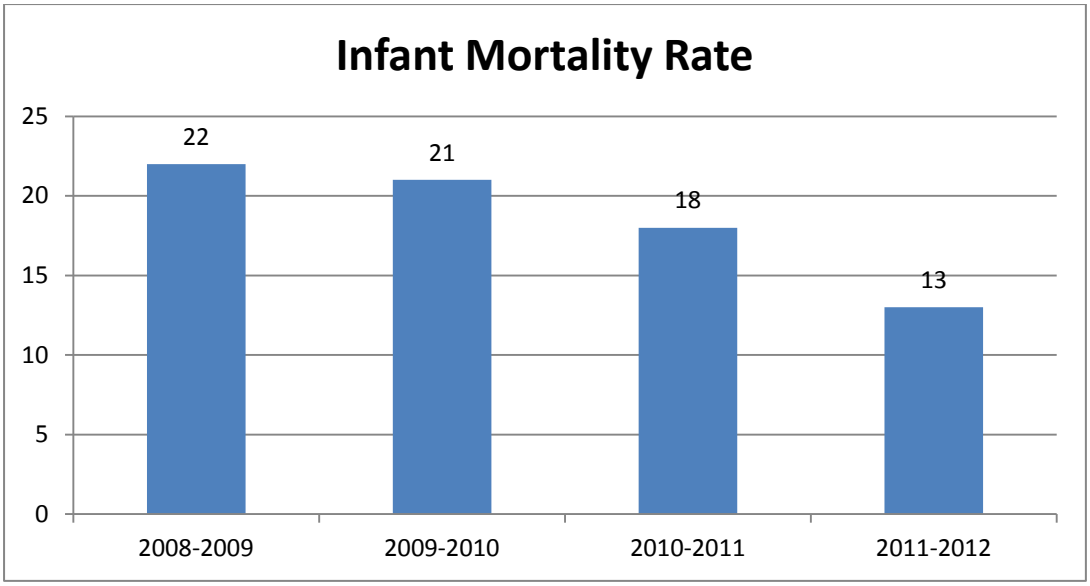
Sl. No.	Name of the PHC	Taluk/block	District
KARNATAKA			
1	Aralagudu	Sagara	Shimoga
2	Anegundi	Gangavathi	Koppal
3	Ashoknagar	Khanapura	Belgaum
4	Begar	Shringeri	Chikkamagalur
5	Beggar's Colony	Yelahanka	Bangalore Urban
6	Castle Rock	Joida	Uttar Kannada
7	Chandrabanda	Raichur	Raichur
8	Dindavara	Hiriyur	Chitradurga
9	Galagihulukoppa	Kalgatgi	Dharwad
10	Gumballi	Yelandur	Chamarajanagar
11	Hirehal	Rona	Gadag
12	Hudem	Kudligi	Bellary
13	Huvilgola	Gadag	Gadag
14	Idagur	Gowribidanur	Chikkaballapura
15	Kammasandra	Doddaballapur	Bangalore Rural
16	Kannur	Bijapur	Bijapur
17	Kohinoor	Basavakalyana	Bidar
18	Kallusadarahalli	Arsikere	Hassan
19	Mallapura	Jagalur	Davanagere
20	Nandikeshwara	Badami	Bagalkot
21	Pattanayakanahalli	Sira	Tumkur
22	Sreemangala	Virajpet	Coorg
23	Sriramarangapura	Hospet	Bellary
24	Sugganahalli	Magadi	Ramanagaram
25	VK Salgara	Alanda	Gulbarga
26	Yemalur	KR Puram	Bangalore Urban

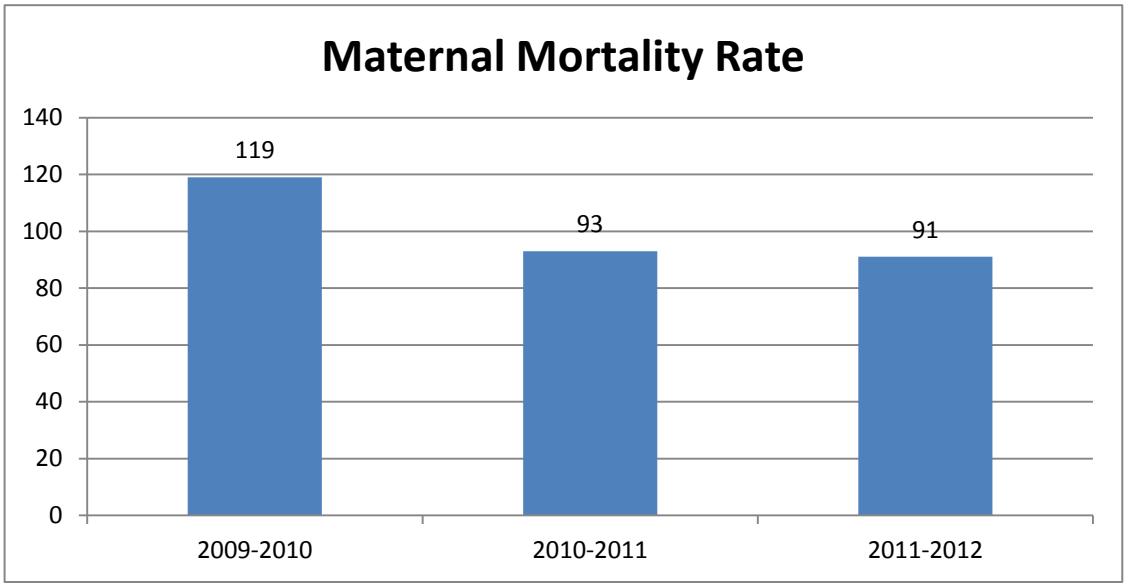
27	Doddakenahalli	KR Puram	Bangalore Urban
28	Thithimathi	Virajpet	Coorg
29	Mallapura		Kaiga
ARUNACHAL PRADESH			
30	Anpum	Dambuk	Lower Dibang Valley
31	Bameng	Bameng	East Kameng
32	Etalin	Etalin	Dibang Valley
33	Jeying	Mariang	Upper Siang
34	Khimiyong	Khimiyong	Changlang
35	Mengio	Mengio	Papum Pare
36	Sangram	Sangram	Kurung Kumey
37	Wakka	Wakka	Tirap
38	Walong	Walong	Anjaw
39	Tuting	Tuting	Upper Siang
40	Deomali		Tirap
MEGHALAYA			
41	Umtrai	Umsning	East Khasi Hills
42	Mawsahaw	Shora	East Khasi Hills
43	Mawlong	Shora	East Khasi Hills
44	Aradonga		West Khasi Hills
45	Warmasaw		East Khasi Hills
46	Jirang		East Khasi Hills
MANIPUR			
47	Borobekra		Imphal East
48	Tousem		Tamenglong
49	Patpuimun		Churachanndpur
ORISSA			
50	Alasu, Orissa	Alasu	Ganjam
51	Baranga,	Baranga	Ganjam
52	Goudagotha	Goudagotha	Ganjam
53	Manitara	Manitara	Ganjam
54	Rahada	Rahada	Ganjam
55	Lankagarh	Tumudibandha	Kandhamal
56	Sunagaon	Tumudibandha	Kandhamal
57	Khamankhole	Baliguda	Kandhamal
58	Sudra	Baliguda	Kandhamal
59	Sindrigaon	Baliguda	Kandhamal
ANDHRA PRADESH			
60	Gadiguda	Narnoor	Adilabad
61	Lingapur	Sirpur-U	Adilabad
MAHARASHTRA			
62	Tarapur		Boisar

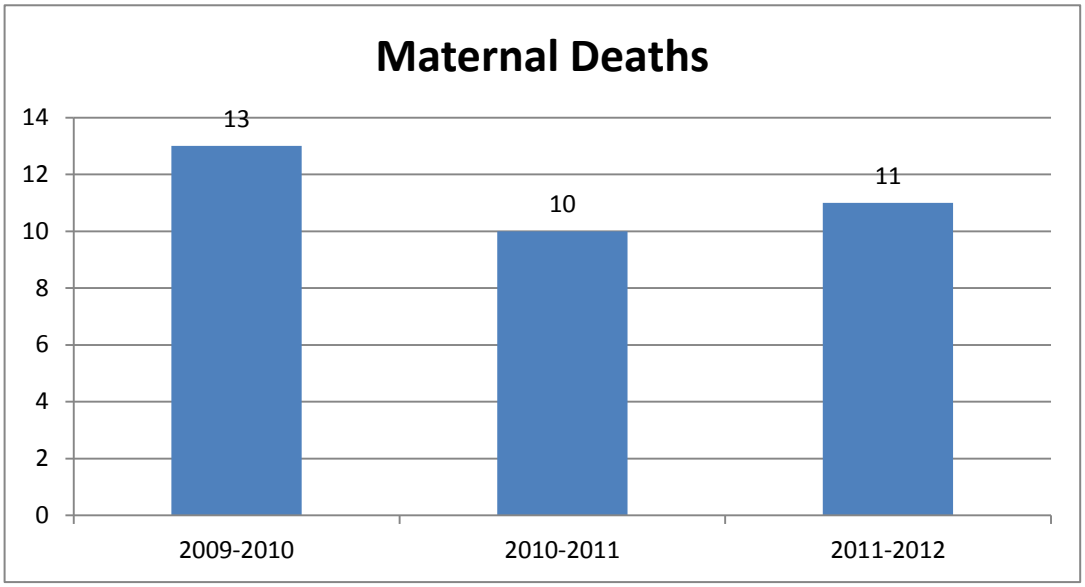
Consolidated Heath Indicators of Karnataka PHCs






Infant Mortality Rate
25
20
15
10
5
0
22
21
18
13
2008-2009
2009-2010
2010-2011
2011-2012

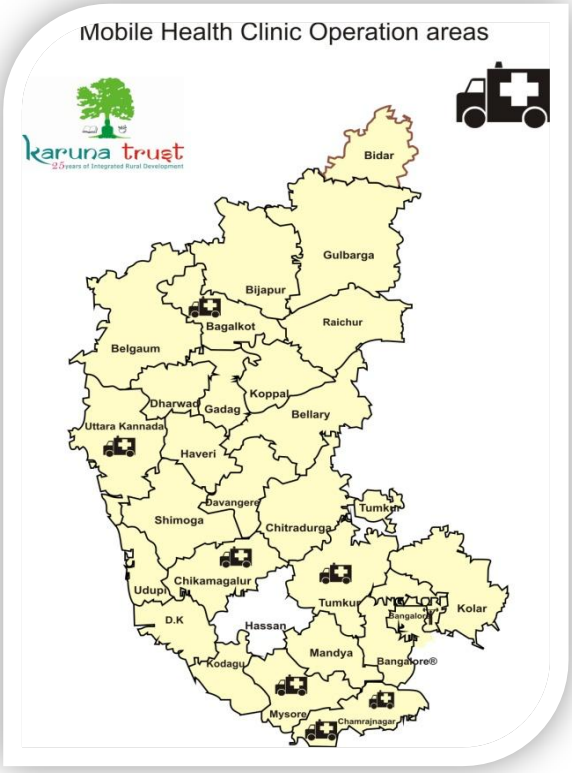

Maternal Mortality Rate
140
120
100
80
60
40
20
0
119
93
91
2009-2010
2010-2011
2011-2012



2. Mobile Health Units

Karuna Trust, in collaboration with Karnataka Health System Development and Reforms Project and National Rural Health Mission runs nine Mobile Health Units to cater to the underserved, naxal and remote areas in Karnataka and Maharashtra. These are the areas that have remote habitations and are far from the PHC or have no access to any health facilities.

Mobile Health Clinics managed by Karuna Trust



Place	District	Supported by
Chamarajanagar	Chamarajanagar	KHSDRP
Hangodu	Hunsur	KHSDRP
Pattanayakanahalli	Sira(Tumkur)	KHSDRP
Nandikeshwara	Badami	KHSDRP
Castle Rock	Joida	KHSDRP
Begar	Sringeri	NRHM
Bandipura	Gundlupet (VGKK)	NRHM
Tarapur	Boisar	NPCIL
Kaiga	Karwar	NPCIL

Achievements:

- Mother and Child Health Care
- Effective implementation of National Health Programs
- MHU staff has actively participated in PRA and CNA programs conducted over the year.
- Bio medical waste disposal practices have been consistently and diligently followed in all the MHUs
- Health Camps resulted in increased awareness, especially in usage of ORS.
- Effective referral service and follow up by ASHAs and PHC staff
- Increased institution deliveries in head quarter PHC

3. CSR initiatives

Health Centre at Gottikere in collaboration with Wienerberger

Wienerberger is a leading producer of clay building materials founded in 1819 by Mr. Alois Miesbach in Vienna (Austria). Wienerberger India was established in Bangalore in 2006 with the aim to produce high quality clay building materials for the local market under the brand name POROTHERM. Under the CSR activity, it is supporting Karuna Trust to manage the Gottikere clinic in Kunigal Taluk, Tumkur District which was started on 18th January 2009. This is about 6 km from Kunigal. It comes under Yeliyur PHC, Bidanagere Sub-centre of Tumkur District

Geographical distribution of outpatients visiting the clinic:

1. Bidanagere
2. Kalikarahalli
3. Chikkapalya
4. Kapanipalya
5. Channallumanapalya
6. Neelethalli
7. Ajjegowdanapalya
8. Anelapalya

The clinic is managed by a Medical Officer, staff nurse and a Health worker.

Details of patients treated during April 2011- March 2012

Month	Male	Female	Children	Total
April-11	73	97	15	185
May	81	104	20	205
June	96	115	13	224
July	107	149	21	277
August	93	109	17	219
September	80	91	21	192
October	107	137	20	264
November	67	76	14	157
December	76	81	14	171
January-12	83	71	12	166
February	49	58	9	116
March	56	83	12	151
Total	**968**	**1171**	**188**	**2327**

Programmes:

1. Health check up camp: A Mega Health Camp was held at Yeliyur village in Kunigal Taluk on 22nd of May 2011. The camp was conducted by Karuna Trust in association with Wienerberger and Siddhartha Medical College, Tumkur. The camp began with a formal function inaugurated by the Management of Wienerberger and Karuna Trust along with doctors of Siddhartha Medical College. The representatives of Yeliyur village and the people also participated in the inaugural function. A 15 member specialist team included OBG surgeons, Ophthalmologists, General Physicians, Dermatologists and Dentists. Paramedical staff included nurses, ANMs, pharmacists, lab technicians and Ophthalmic Assistants. The camp was held in the High School premises of Yeliyur PHC. This was the first Mega Health Camp conducted in Yeliyur village ever since the functioning of Wienerberger Brick Factory in Kunigal Industrial Area.

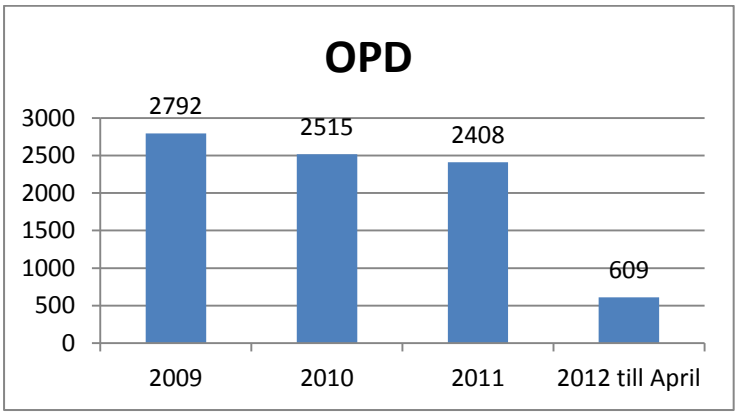
2. Health education programme

Health education programme was conducted at Gottikere village on 29th March 2012 on Health, Nutrition, newborn care, HIV/AIDS, ANC care and PNC Care. Around 52 members (SHG members, mothers and villagers) attended the programme.

3. IEC programme

IEC programme for the community on Family planning methods, HIV/AIDS, Safe drinking water was conducted on 28th March 2012. SHG members and villagers attended this programme.

Statistics



Nuclear Power Corporation of India Limited (NPCIL)

NPCIL has initiated providing healthcare services to the rural India by establishing Health Centres. Karuna Trust is being engaged as its partner to manage these Centres.

Tarapur Health Centre, Thane district, Maharashtra

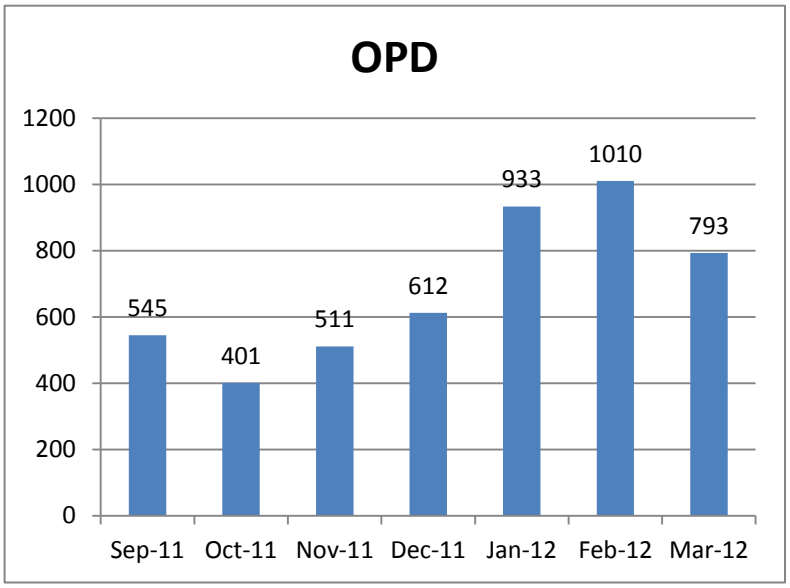
Karuna Trust has started managing Tarapur Health Centre in Pophran and Mobile Health Unit from September 2011. It covers about 8 villages & 30 hamlets in the vicinity of 5 km radius and caters to health needs of 19,127 populations through 14 staff members.

Sl No	Category of staff	No of post
1	Medical Officer	2
2	Pharmacist	1
3	Staff Nurse (GNM)	1
4	ANM	3
5	Lab Technician	1
6	Administrator	1
7	Group D	3
8	Driver	1
	Total	14

Geographic coverage:

- Kamboda
- Ghivali
- Dahisar
- Vengani
- Pathrali
- Delwadi
- Unbhat
- Gandhinagar

Statistics



Mallapura Health Centre

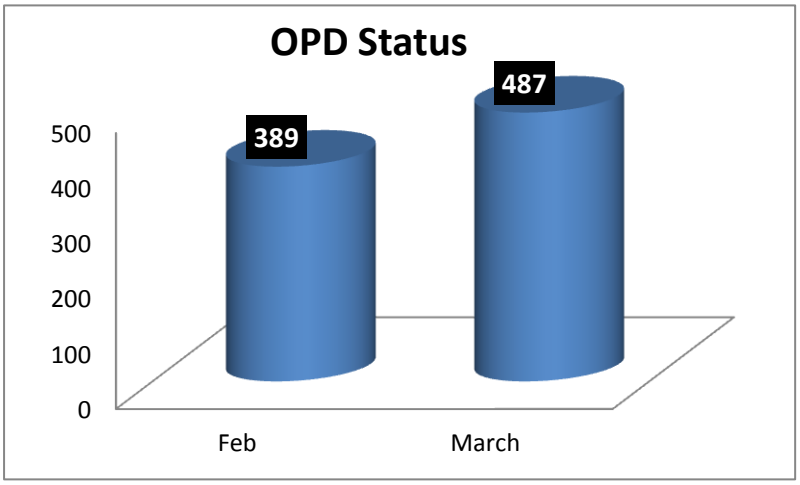
Mallapura Health Centre is located in Karwara district and Mallapura Village at Kaiga. Mallapur Health Centre caters to the primary healthcare needs of the adjacent villages of Kaiga, Hartga, Virge, Kutchegar, Kurnipet, Mallapur.

In addition to the above villages, there are 43 villages / Hamlets in the surrounding radius of 16 Kms from Kaiga Site.

Health Education programs: Awareness programme through IEC activities was conducted the details of which are as below:

Mallapur Health Centre –IEC Activity report : Monthly Progress report-2012-13			
Sl. No.	**Particulars of activities conducted**	**Place**	**No. of Participants**
1	Health education given to Primary school children regarding personnel hygiene	Chattooga	40
2	Health and Sanitation	Kuchegar	35
3	Nutrition	Viraje	28

Statistics



4. Innovations in Primary Health Care

a. Integrating Mental Health into Primary Health Care

Under PPP in Karnataka, 28 PHCs offer access to primary mental health care and psychiatric treatment for the rural community. The program also aims at re-integration of mentally ill people with their families. This intervention is supported by Sir Ratan Tata Trust.

b. Mobile Dental Health

On realizing that there was a need to create awareness among the rural regarding dental health care, Karuna Trust started the mobile dental clinic, which is unique and first of its kind in the country. Dental health care in India has not reached beyond the Taluka level. Karuna Trust has taken dental care to the villages & PHCs through Mobile Dental Health model. It is now accessible to the poor and needy in Yelandur and T. Narasipura *Taluks*. The PHC adopted by Karuna Trust at Gumballi has a mobile dental clinic equipped with all the necessary instruments and a dedicated team that visits remote villages in the range of 800 kms in and around Yelandur and T. Narasipura *Taluks* on previously designated days and

treats patients free of cost. Previously, these patients had to visit other dental colleges or go to private clinics in Kollegal or Chamarajanagar.

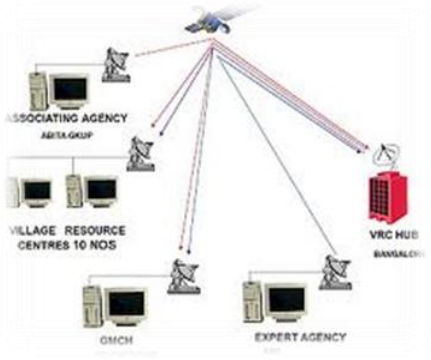
The mobile dental unit is fitted with a dental chair, materials and instruments required for fillings, cleaning (sonic scaling instrument) and tooth extraction, facilities to clean and sterilize (autoclave) the instruments, an in-built generator for power supply and a compressor. An X-ray machine has been specifically fabricated for this and fitted into the vehicle. Manual scaling and small fillings using hand instruments and ART technique are undertaken. Complex treatment procedures like composite restorations, root canal treatment, fixed and removable partial dentures and complete dentures are also done in the unit.
It also has an inbuilt video system to play CDs to educate the public regarding interceptive, preventive and curative dental health care. Treatment records are computerized and maintained for follow-ups. Karuna Trust also trains junior health assistants and other paramedics on basic dental care.

The dental van covers eight PHCs twice a month apart from a tribal clinic at BR Hills and some tribal villages. During the year the unit has covered a distance of about 2000 Kms reaching out to 2910 patients spread

c. Tele Medicine and Communication Technologies for Health Care

ISRO-VSAT Technology

Karuna Trust acts as a facilitating organization to promote and share knowledge on issues of development, livelihood and education to people living in rural areas through the Village Resource Centre. The organization has one Resource Centre at Mysore and 18 student sites located in rural areas in different districts of Karnataka. Through VSAT connectivity at PHCs located in Karnataka and Arunachal Pradesh, Karuna Trust is able to provide information on areas of telemedicine, tele-education, geographic information, advice on agriculture, land & water management, weather patterns and updated information on current market scenarios, livestock & disease control, government schemes, job opportunities and e-governance related information. The time assigned to Karuna Trust for this broadcasting is from 2 p.m. to 6 p.m., Monday through Saturday. Mysore centre also organizes need-based training programs for different groups.



Task of re-orienting the satellite position has been outsourced by ISRO and due to this transition, the VSAT connectivity is non functional at present about which Karuna Trust is following up with the concerned to have the systems in place at the earliest possible time.

Assessment of mHealth Intervention

Harvard Institute for Global Health, South Asia Initiative, has launched a study to assess the impact of a mHealth intervention on adherence to antenatal care appointments and infant

vaccinations in a population served by NGOs in primary health Centres in rural Karnataka, India. Secondary aim is to explore possibility of deployment of this technology in other areas of health care delivery and treatments. Karuna Trust has been selected for this study as we are extensively serving the rural population.

Methodology

Karuna Trust staff is entering basic patient data, name, phone number, expected date of delivery, and children's birth dates, into an online, electronic medical records system via computers at the PHCs. Then, text-message reminders are automatically sent to the mothers' cell phones for three antenatal care appointments and all vaccinations recommended by the World Health Organization for India. When these women visit PHCs and receive care, information about care received should be entered into the electronic medical records system. Till the information is entered about the care received, the mother continues to receive text-message reminders every three days. The research also includes Focus Group Discussions with patients, interviews with physicians and community health workers using the technology in order to understand how the technology could be improved and extended to meet local needs.
Necessary training was provided by two students from Harvard Public School, USA.
The project was piloted in 5 PHCs run by Karuna Trust and later scaled up to 6 more PHCs.

Sl.No	Name of the PHC	Taluk	District
1	Gumballi	Yelandur	Chamarajanagar
2	P N Halli	Sira	Tumkur
3	Sugganahalli	Magadi	Ramanagaram
4	Dindavara	Hiriyur	Chitradurga
5	Sreemangala	Virajpet	Kodagu
6	Anegundi	Gangavathi	Koppal
7	Castle rock	Joida	Karwar
8	GH Koppa	Katgatagi	Dharwad
9	Idagur	Gowribidanur	Chikkaballapur
10	Kohinoor	Basavakalyana	Bidar
11	V K Salgara	Alanda	Gulbarga

d. Management of Non-communicable Diseases

Hypertension, Cardio-Vascular diseases and Diabetes clinic are held at Gumballi PHC on second & fourth Sundays of every month. It caters to the people of Yelandur, Kollegal, Chamarajanagar.Gundlupet Taluks and Mysore rural areas. Consultation is provided by Senior Radiologist cum Physician, Dr Y.N.I.Anand who has served in the Indian Army. Medicines are prescribed at no profit and no loss rate. A total of 670 patients have treated over last five years.

e. Mainstreaming Traditional Medicine (AYUSH)

The integration of traditional medicine into the PHC network is an effective method to deliver the concept to the people. Karuna Trust has utilized the PHCs it is running in Karnataka to mainstream traditional medicine, and currently 20 PHCs and five government Ayurvedic dispensaries are actively offering traditional medicine as an option to its patients. After a baseline survey to ascertain local health practices, they have been assessed, validated and integrated into the PHCs. The medical officer at each PHC is the supervisor of the programme, and the PHC staff implements the field level activities who have been trained. Each of the PHCs has a demo garden with medicinal plants commonly used in the area. These plants are used to prepare medicines in the dispensary, and also available for use by the community. The Group D & pharmacist are responsible for maintaining the garden.

Training programs have also been conducted for PHC staff in order to orient them to the uses and value of traditional medicine, as also SHG members, who have been trained in the use of traditional medicine at the household level for common illnesses. These members have also been motivated to grow medicinal herbs and plants in their backyard and use them at home. The use of traditional medicine has become popular and demand for this as a treatment option has increased in all the PHCs.

f. Emergency Medical Services

Karuna Trust's initiative is to improve management of emergency cases at Primary Health Centres (PHCs) in Karnataka. The "Primary Emergency Care" initiative includes wall posters, an Emergency Toolkit, an Emergency Drug box. Training sessions and refresher courses are conducted to the health staff. The goal is to decrease morbidity and mortality at the PHC level by standardizing management of emergency patients through simple yet effective interventions.

g. Promotion of Quality low-cost generic drugs & Rational drug Use

Karuna Trust stocks and distributes good quality, low cost generic drugs from LOCOST, a voluntary organization. In collaboration with Biocon Foundation, Biocare pharmacies have been established. Karuna Trust has played an important role in preparation of the Essential Drug List and Standard Treatment Guidelines in Karnataka State.

h. Management of Communication disorders in PHC in collaboration with AIISH

During the year, a study was conducted to evaluate the process of rehabilitation and its efficacy for prevention of communication disorder in three outreach service centers at three PHCs viz. Akkihebbalu in Mandya District, Hullahalli in Mysore District and Gumballi in Chamarajnagar District and to compare the outcome and impact of rehabilitation modules adopted in these three outreach service centers were taken up.

Methodology

1. Material development
2. Selection of volunteers
3. Orientations and training
4. Door to door survey and follow up

Material Development

During the reporting year, this project focused on developing materials to be distributed among the selected volunteers for carrying out the door to door survey at villages coming under Akkihebbal, Hullahalli and Gumballi primary health centers.

Selection of volunteers

During the year, 5 volunteers (homemakers) from Akkihebbal and 8 volunteers (homemakers) from Hullahalli were selected based on the prescribed procedure of selection and terms and conditions of AIISH wherein ASHA workers who are already involved in health schemes for other health conditions such as leprosy programs etc. were involved in the door to door survey for identification of communication disorders

Orientation and Training

Orientation programs were conducted at the Institute and at the three villages to train the selected volunteers to identify the persons with communication disorder while carrying out door to door survey. The details of the orientation programs conducted at various places are mentioned in the table below.

Details of the orientation programs.

Sl. No.	Orientation Place	Topic	Target Group addressed	Staff who conducted the program
1	All India Institute of Speech and Hearing, Mysore.	Identification of communication disorders. Administration of checklists and questionnaires during the survey.	4 selected homemaker volunteers from Akkihebbal 6 selected homemaker volunteers from Hullahalli 16 ASHA workers from Gumballi	Mrs. Manjula R, Professor of speech pathology, AIISH. Ms. Pragathi E, Research officer, ARF Project, AIISH.
2	Government high school, Akkihebbal	Identification of communication disorders. Administration of checklists and	8 student volunteers and 3 homemaker volunteers from	Ms. Pragathi E, research officer, ARF Project, AIISH.

		questionnaires during the survey.	Akkihebbal.	
3	Government high school, Hullahalli	Identification of communication disorders. Administration of checklists and questionnaires during the survey.	15 student volunteers and 8 homemaker volunteers from Hullahalli.	Ms. Pragathi E, research officer, ARF Project, AIISH.
4	Primary Health Center, Gumballi	Administration of checklists and questionnaires during the survey.	14 ASHA workers from Gumballi.	Ms. Pragathi E, research officer, ARF Project, AIISH.
5	All India Institute of Speech and Hearing, Mysore.	Identification of communication disorders. Administration of checklists and questionnaires during the survey.	2 homemaker volunteers from Hullahalli 2 student volunteers from Hullahalli 2 ASHA workers from Gumballi	Mrs. Manjula R, Professor of speech pathology, AIISH. Ms. Pragathi E, research officer, ARF Project, AIISH.

Door to door survey and follow up

Focus of the project was to complete the survey of the villages coming under the primary health centers of Akkihebbal, Hullahalli and Gumballi. The survey was carried out by the volunteers selected for the same.

Details of the door to door survey at the three villages:

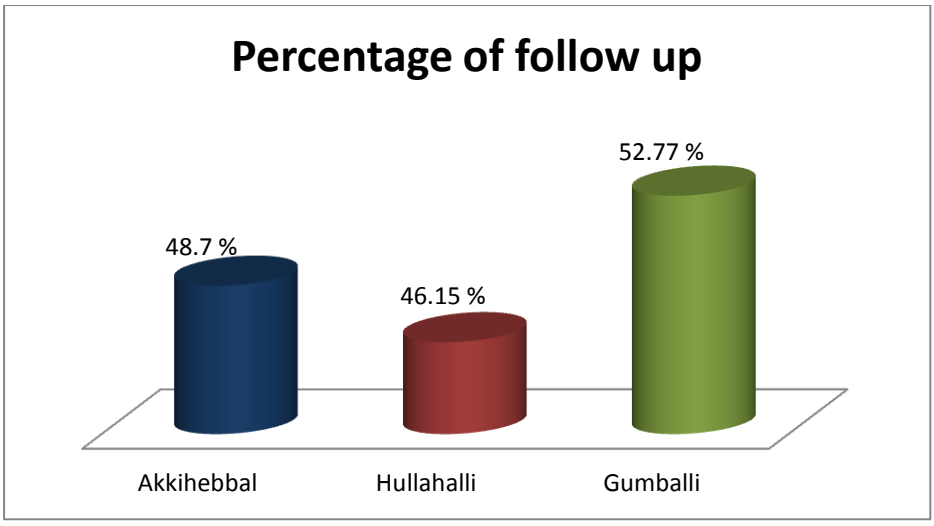
Sl. No	Village	Total number of houses present *	Total number of houses surveyed by the volunteers	Number identified with communication disorder			Number registered at the outreach service centers		
				Male	Female	Total	Male	Female	Total
1.	Akkihebbal	2270	2044	199	235	434	85	105	190
2.	Hullahalli	6476	4272	306	391	697	145	143	288
3.	Gumballi	4614	3529	312	378	690	158	175	333

* The total number of houses data as obtained from 2001 census.

Statistics:

Village name	Number of cases identified	Number of cases registered	Total number of wrong referrals	Number of cases unregistered
Akkihebbal	434	190	44	200
Hullahalli	697	288	73	336
Gumballi	690	333	59	298

Percentage of follow up at the three centers:



Comparison of the percentage of follow up of the cases identified with communication disorders at the three outreach service centers.

B. Secondary Health Care

1. Vivekananda Eye Hospital

The Vivekananda Eye Hospital has been offering quality eye care services to the community free of cost that includes screening, consultation and surgery. Equipped with modern equipments, the hospital is integrated into the primary health care.

The hospital has adopted an integrated approach to eye care and it has been functioning as an independent unit in close coordination with the ANMs and other health workers at the PHC. The staff at the hospital includes a team of visiting consultants from Vittala International Institute of Ophthalmology, a resident ophthalmologist and supporting staff.

The eye hospital is equipped with an air conditioned operation theatre with two operating microscopes, one of which is a *Carl-Zeiss F 170.* The Outpatient unit is equipped with a Slit Lamp, Keratometry, A-scan, Direct and Indirect Ophthalmoscope, Streak Retinoscope, Trial Frame and Trial Set, Schiotz Tonometer etc. All the services, including cataract surgeries with IOL are done free of cost through DBCS subsidy and resources raised by Karuna Trust.

The hospital is well integrated into the primary health care approach. The ANMs, male health workers and other field staff attached to the PHC coordinate their activities with the hospital. The following activities are taken up:

- Screening, examination, evaluation and surgery for blindness due to cataract
- Promotion of Vitamin A supplementation through ANMs/male health workers

- Strengthening immunization services, particularly measles
- Early detection, health education and treatment of chronic diseases like Diabetes Mellitus through special Sunday clinics
- Compulsory annual screening and examination for retinopathy changes for hypertensive and diabetic patients
- Routine out-patient services, emergency eye care and correction of refractive errors

Weekly eye camps are held at villages in Chamarajanagar district, Nanjangud and T Narasipura taluks of Mysore district with the help of other government hospitals, PHCs, nurses and ANMs. The ANMs attached to the sub-centres along with other social workers of Karuna Trust go house to house to motivate people to attend the weekly screening camps. Necessary information regarding the time and place for the eye camps is provided by the refractionist to the patient by means of pamphlets and audio systems. Ailments other than cataract are also detected at these camps. All basic eye ailments are treated on the spot and referred for further treatment/examination on need basis to the hospital.

Statistics:

SL No	**2011-2012**	**Total**
1	No of OPD Cases Seen	**3112**
2	No of in Patents	**249**
3	No of Cataract Surgeries With IOL	**229**
4	No of cataract surgeries With out IOL	**20**
5	No of Other Surgeries L N crimal see Pterygium surgeries	**-**
6	No of Refraction	**257**
7	No of Village Service done	
8	Total No of cases seen	**749**
9	Total No of cataract cases seen	**643**
10	Cases Referred to higher Centres	**306**

2. First Referral Unit

In partnership with Government of Karnataka and Diwakar Services Trust, Karuna Trust is managing a First Referral Unit for emergency obstetric care and neonatal services under Thayi Bhagya scheme in Community Health Centre, Santhemaranahalli, Chamarajanagar.

A resident Obstetrician and well trained nurses provide 24X7 emergency obstetric and neonatal care including C-sections. An Anesthetist and a Pediatrician are also part of the team. Government reimburses Rs. 3000/- per delivery including the emergency cases and Karuna Trust pays Rs. 750/- per delivery as rent to the Community Health Centre.

Statistics

Particulars	2011-2012	Cumulative
Total number of deliveries	2110	3673
Normal deliveries	1921	3217
LSCS performed	189	456

3. Citizen Help Desk

Citizen Help Desk is one of the innovative schemes which empowers the public with information and provide guidance of health in Government Hospitals. The Urban poor encounter problems like lack of awareness about the services provided, drugs and treatment provided free of cost, long waiting time to get treatment, poor grievance redressal system, lack of awareness about how to lodge a complaint etc which lead to establishment of CHDs for more transparency and accountability.

Karuna Trust in association with Coalition Against Corruption (CAC) started the CHD project at 2 hospitals namely Jayanagar General Hospital, Bangalore and District Hospital, Ramanagaram in March 2009 under KHSDRP out of 18 CHDs established by other NGOs all over Karnataka.

Objectives of Citizens Help Desk are:

- To improve services at the Government hospitals by educating the staff and public about facilities and services available; monitoring the quality of Health care against parameters like time taken by doctor to attend a patient, availability of free drugs etc.; timely feedback to the concerned authorities regarding staff and drug stock outs
- To enhance transparency and

accountability in the delivery of services

- To empower the public with information from Help Desk and provide guidance through posters, leaflets and boards
- To enhance the productivity of the staff through counseling, confidence building and motivational sessions
- Establish a link between service providers and users through regular feedback mechanism.
- Conduct regular interaction camps in the areas inhabited by poor to build confidence amongst the poor to access services at Public hospitals.

Structure and Functioning of Citizens Help Desk:
The 24 hour Citizens Help Desk, each with one Help Desk Manager and four trained community volunteers provides following services:

1. The required information & guidance to the patient on the facilities, charges etc.
2. Collect feedback on the quality of services from patients (in-patients and out-patients) and identify bottlenecks in effective delivery of services.
3. Register grievances with regard to health service through in person and help line.
4. Redress grievances by referring them to the concerned officials and follow up.
5. Acts as a channel of communication to the "Arogya Raksha Committee".

Statistics:

The number of Oral complaints received by the CHDs (JGH & DHR) has increased but the number of written complaints has decreased. The number of bribe cases reported in District Hospital Ramanagar through exit interviews both in patients and out patients shows that it was 75 in April 2011 & decreased to 41 in Dec 2011.

Jayanagar General Hospital

Month	OPD	IPD	Help & Information		Exit interviews		Complaints		Purchase of drugs outside	Bribe cases
			OPD	IPD	OPD	IPD	OPD	IPD		
Apr-11	13218	969	8426	639	121	46	57	0	62	14
May	14283	1003	9542	626	110	38	40	0	39	12
Jun	13856	921	10326	726	144	52	35	1	57	155
Jul	12834	914	12425	459	162	43	34	1	48	12
Aug	11306	978	11206	586	300	120	28	0	81	13
Sep	14525	997	7569	539	286	98	26	1	92	14
Oct	12206	1001	5269	526	264	82	35	1	87	10
Nov	12336	1015	7526	426	296	104	26	0	102	13
Dec	12617	964	6923	552	328	87	26	1	121	12
Jan	12508	1120	7269	596	374	93	31	0	131	10
Feb	12169	914	9097	542	356	85	47	1	121	3
Mar	14608	1032	10093	693	365	96	45	5	116	0

Ramanagar District Hospital

Month	OPD	IPD	Help & Information		Exit interviews		Complaints		Purchase of drugs outside	Bribe cases	Scanning suggested outside the Hospital
			OPD	IPD	OPD	IPD	OPD	IPD			
Apr-11	7612	414	6822	366	861	285	88	8	322	77	288
May	7811	485	6356	399	991	297	92	4	404	84	291
Jun	8107	273	7236	244	992	329	76	7	412	59	306
Jul	8535	388	7422	299	998	275	102	6	309	65	316
Aug	9990	365	7123	311	944	263	96	2	388	64	299
Sep	9453	313	7522	288	1041	260	112	2	415	75	255
Oct	8384	288	6966	233	859	279	82	2	399	59	288
Nov	8698	277	6723	211	930	262	86	3	365	53	366
Dec	8256	243	6822	213	999	235	91	3	425	43	401
Jan	8730	236	6718	194	980	246	83	3	441	41	378
Feb	8277	316	6788	212	987	251	74	4	455	44	249
Mar	8390	311	6773	215	995	243	81	3	410	64	344

Achievements of CHD:

- Reduction in average waiting time to patients
- Introduction of 'Q' system in OPD
- Increase in Bed Occupancy Ratio
- Help and Information to approximately two third OPD patients and approximately 75% IPD patients
- Decrease in prescriptions for drugs and investigation outside the hospital
- 15 awareness programs
- Reporting more than 100 cases for speed money

4. Innovative Projects

a. Scaling Up Project -with the John D. & Catherine T. MacArthur Foundation

Karuna Trust in collaboration with The core objective of the project is to integrate concepts such as RCH, HIV/AIDS, IEC/counseling and model-building into primary health care which are not covered under the present primary healthcare system. The specific objectives include improving access to quality reproductive health services at primary level through taking up direct management of 73 PHCs along with the corresponding sub-centres, enabling cross-learning and transfer of improved PHC management at state and district levels, and facilitating change in health-seeking behaviour among adolescents and youth.

The project began with three States under the purview of Scaling-up and during the reporting period, four more states were included, bringing the total number of PHCs under the project to 73. The Zonal Coordinators oversee the project implementation in 2 zones of North East and Orissa.

Scaling up of PHCs:

Scaling-up status for the period October 2010-September 2011

No. of States (States grouped in 5 clusters)	*Before*	*1st year Proposed*	*Additions*	*Total*	*2nd year proposed*	*Achieved*	*Remarks/ Observations*
Karnataka	26 PHCs	26	2	28	31	39	Zonal office is in place. 2 local NGO partner working with KT.
Arunachal Pradesh + Meghalaya	9 PHCs	14		13	14	17	Zonal office is in place. Direct implementation by KT.
Manipur	-	0		0	0	3	Manipur Government initiated PPP
Orissa +Chhattisgarh	-	5		5	10	11	Zonal office is in place. Local NGO partner working with KT.
Andhra Pradesh	-	2		2	4	2	Zonal coordinator has been identified. Direct implementation by KT.
Jammu Kashmir+ **Maharashtra**	-	5		0	8	**1**	Started one Health centre in Maharashtra
Bihar + Jharkhand	-	5		0	8	0	Negotiation with the Government in progress
Total	**35**	**57**		**48**	**75**	**73**	

Before the project started Karuna Trust was running 35 PHCs, during the 1st year of the project (2009-2010) 13 PHCs were added, in the 2nd year of the project (2010-2011) 25 PHCs were added bringing the total number of PHCs under the project to 73 as against the targeted 75 PHCs. Two Zonal offices are fully functional one at Gohpur in Assam to oversee operations of North East and the other in Bhubaneswar covering Orissa and Chhattisgarh. The respective Zonal Coordinators are responsible for the functioning of these regions.

All the programmes are implemented in the scaled up PHCs in the previous & current year and importance is given for quality improvement in services provided.

The PHCs selected by Karuna Trust for development are those located in the most remote and backward Taluks at one PHC per district. The aim is to convert them into model PHCs which can become nodal centres for spread-effect in the district.

b. Manasa Project supported by Sir Ratan Tata Trust

Manasa Project has been catering to the homeless and mentally ill women in Mysore city and the adjoining areas.

Karuna Trust started focusing on Mental Health issues after the initiation of a PHC level Epilepsy Control Programme at Gumballi in 1991. The programme began with Dr. K.S. Mani, a renowned neurologist, assisting the local doctors at Gumballi. Health workers were taught to detect mental illness in the community and the affected were treated at PHCs. A similar community based comprehensive Mental Health project was initiated in 1995 by Dr. Kishore Kumar, and is still running successfully at Gumballi.

The experiences gained in these earlier programmes to serve mentally ill persons have helped in the establishment of Manasa Project in the year 2006. Manasa Project operated from Karuna Trust premises at Chikkalli, T.N.Pura Road between 2006-2010. In March 2010 it was shifted a new facility owned by Karuna Trust at K.C.Layout, opposite of Lalitha Mahal Palace on Lalithadripura Road.

Support from Sir Ratan Tata Trust

Sir Ratan Tata Trust is extending support to the Manasa Project Phase - II since June 2010. The Trust's support has enabled to improve Karuna Trust's capacity to provide service to homeless mentally ill people in Mysore city and surrounding districts in addition to the catchment area of 27 PHCs managed by Karuna Trust. Technical support and advice have been provided by 'The Banyan', Chennai.

Objectives of the Project

- Establishment of Care, Support and Rehabilitation Centre for homeless mentally ill in Mysore based on The Banyan, Chennai Model – Transit Care, Helpline for Homeless & Rehabilitation.

- To enhance public awareness and gather public support for the care for the Mentally Ill Destitute.
- Identification of Mentally Ill at the State Govt Shelter for the Homeless (Nirashitra Parihara Kendra) at Mysore while simultaneously and help improve their facilities and methodology.
- Integration of Basic Mental Health Care with general health services in 25 PHCs in Karnataka managed by Karuna Trust.
- Work towards Positive Changes in Government policy and planning, with specific regard to the Mentally Ill Poor.

Manasa project comprises of the following units:

a. Transit Care Centre
b. Psychiatric Services at Nirashrithara Parihara Kendra (NPK)
c. Mental Health Helpline and
d. Community Mental Health Program through PHCs.

The activities include Maintenance of Transit Care Centre at C.A. Site No. 4, Lalithdripura Main Road, K.C. Layout, Mysore, psychiatric services at NPK, Mental Health Helpline and Community Mental Health Program through PHCs. The Administrative office of Manasa project for the coordination of all the activities is located on Nanjangud - Ooty road, Mysore.

1) Transit care centre and helpline:

Overall, the services offered at the TCC were satisfactory. The centre is equipped with the necessary human resources and infrastructure. Patient records are maintained for each patient. However, record keeping has to be improved. It was noted that contact details of many of the patients were not updated. Many of the new staff was not yet oriented/trained in mental health. A high staff turnover affects the services provided as well as the readiness and motivation of staff to respond to the problem. This also imposes a strain on the management to organise training frequently and hampers the motivation of the older staff. Social workers with training or experience with mental health issues could be considered. The number of calls to the helpline has dwindled quite a bit over time, perhaps indicating that all the chronic homeless people with mental illness have now been attended to already.

2) Reintegration of patients with families: With respect to reintegration, team reiterate the findings of the earlier impact assessment as team find that the situation remains the same in this respect -Manasa needs to develop support system for the families of resettled residents by providing medicines for continuous care at home. This activity needs strengthening in terms of review by the psychiatrist at the local city or town and updating the residents' current clinical status at regular intervals, at least once in three months. Linkages within the local city for referring recovered residents to other NGO's to address specific needs of such persons should be strengthened. The findings from the interviews with reintegrated patients in the next section also reinforce this. In addition, there is a need to review the present protocol for discharging patients from Manasa to determine if patients are being discharged too early - the

median duration at transit care before discharge was less than three months. Team also found that most of the reintegrated patients require more support to ensure proper combination of drugs and dosage. The system being followed now on providing discharge advice at the TCC may need to be strengthened as well as finding out a way of better follow-up after the first quarter to see if the medication dose and combination is proper. Indeed, if this can be handed over to a local psychiatrist/doctor/NGO, continuity of care will be better.

Of the reintegrated patient's team examined, only 10% were in a state of complete remission or were asymptomatic/fully recovered. Two-thirds of the reintegrated patients were only partially recovered or had stable deficits. Five of the patients visited had relapses. Apart from the 24 visited, 11 more patients could not be traced due to various reasons like change in address or relapse. Nearly half of the patient's team interviewed were between 2 to 5 years since reintegration, so there has been sufficient time for at least this group of people to recoup.

Most of the patients visited instantly recognise Manasa and are happy about their association and the help obtained from Manasa. However, team noted that Manasa is able to locate only 3 of the 10 patients from in and around Bangalore. Manasa needs to evolve a better system of updating their records as soon as they lose touch with a patient. In one case at least, medicines were being sent to a patient who was not locatable. Some patients also reported a delay in receiving medicines and Manasa should explore and strengthen local NGOs and networks to monitor and keep in touch of patients in such cases.

Although nearly 80% reported being on regular medication, the symptom profile shows several active symptoms. At least half of the 24 patients interviewed were engaged in some household activity. Nearly half of them reported moderate disability with respect to functioning.

Although most of the patients report that they receive medication from MANASA, and also report good compliance with the medication, the symptom profile indicates that either compliance or regularity is in question. Another important finding has been the difficulty in remaining in touch with the "base" at Manasa – 11 of the 35 patients that team tried to contact were not traceable in spite of the efforts of the Manasa team.

Another recurrent theme in the qualitative interviews with patients has been the instructions about medication. Often, it was found that the carers were administering the medication in the wrong strength (often due to a different strength medicine being purchased locally) or in the wrong combination/frequency. While on one hand, the discharge instructions and follow-up needs to be strengthened, this also means that there is a need to establish linkages with local doctors and care providers or NGOs.

3) Care for mentally ill inmates at NPK, Mysore: NPK centre at Mysore is not an ideal place for treatment of mentally ill patients. In the lack of proper social support mechanisms, mentally ill people end up at such centres. Manasa project needs to work with the centre to avoid taking in mentally ill patients at the centre as long as other suitable measures to address their needs are available. Among those who are mentally ill at the centre, most of them are

men in the 41- 60 year age group. At least half of them were single. Many of the inmates seemed to show signs of severe mental illness,
nearly all of the inmates with severe mental illness suffered from one of the other form of psychosis with most of them suffering from Schizophrenia. Many of the inmates reported severe disability. KT needs to work closely with the medical colleges with psychiatry departments to enlist their support in helping the mentally ill inmates at NPK. It also needs to work with the concerned department to review procedures for intake of inmates under the anti-beggary law to exclude mentally ill inmates and rather direct such instances if any to the TCC or helpline in Mysore or identify other resources at other cities.

4) Mental health care at PHCs: Nearly all staff of most of the PHCs has only recently been trained in mental health. Posters and IEC materials and manuals in English and Kannada have been distributed and the in general the knowledge, attitudes and practices of staff on mental illness is fair. However, there remain gaps in providing mental health services at the PHC. All the PHCs fell far short of the expected 10 mentally ill people per 1000 population. Based on present offer of services, PHCs have been divided into 3 categories from 'A' to 'C' with 'A' performing best among the present ones. Team hope that this will help the PHC management to focus their attention on the 'C' category PHCs that have performed the poorest. Nearly half of the patients studied were enrolled into the PHC care system during the survey. Team hope that the PHCs would be able to sustain this pulse enrolment and improve the coverage from the present coverage, which is less than 10% of expected.

In some cases such as with Kannur PHC in Bijapur or PN Halli PHC in Tumkur, the coverage is poor due to the sheer size of the PHCs catering to over 50,000 people. Team recommend that KT work with the district administration in such cases to hand over the distant sub--centres and villages to a more accessible PHC or advocate for the formation of a new PHC.

Case-record maintenance in PHC was generally below average. Follow-up of registered cases was also delayed. Team recommend strengthening registration and follow-up of all mentally ill patients living in the PHC area through the ASHAs and ANMs. This should be done even in cases where the patient is seeking help elsewhere.

Drugs availability at PHCs was found to be good at most places. However, many of the older patients were purchasing Risperidone outside and were generally unaware of the availability of drugs at the PHC. The KAP study also confirmed the lack of awareness of availability of mental health services at the PHC. While this may be the case as most PHCs have only now been trained in mental health, team hope that this will improve. TEAM also recommend that the PHC staff should work at the community level to build awareness on availability of mental health services at the PHC as well as actively identify and refer people with mental illness to the PHC.

However, this should be coupled with improvement in clinical skills among the doctors. Most doctors were not "comfortable" with mentally ill patients or were not "used to counseling". The KAP data shows that the knowledge gap in AYUSH doctors is quite significant and team

recommend that KT focuses its training strategy on improving the knowledge and skills of AYUSH doctors or consider "twinning" them with MBBS doctors for transfer of skills.

A total of 1653 people systematically sampled across 24 PHCs spread in 21 districts of Karnataka were assessed for knowledge, attitude and practices on mental health and alcoholism. In most PHC areas, there is a need to focus on community-based strategies to improve the credibility of PHCs in responding to mental health problems. Most community members hold beliefs that may contribute to stigma and discrimination of people suffering from addictions or mental illnesses. The importance of good antenatal, intranatal and post-natal care in producing health infants and children is not well appreciated. Team recommend that KT managers work closely with ASHAs and ANMs in improving maternal and child health services and helping mothers and families appreciate its links in producing health infants. In addition, identification and treatment of severe mental illnesses in villages should be used as examples by them to strengthen the fact that mental illnesses are treatable at the PHC itself. Regarding alcoholism and mental illness, team found that village leaders and panchayat raj representatives held "helpful" views on alcoholism and mental illness. Team recommend that KT explore their participation in improving the reach of mental health services either through existing community mechanisms such as the Arogya Raksha Samitis or explore new approaches. Team recommend that annually at each ARS meeting, the PHCs should strive to share their progress on mental illnesses and also enlist the support of community members in reaching out.

Most doctors and staff were of the opinion that addressing mental illness in routine consultations as they may require time and attention. Team find that some PHC doctors create a system of setting a specific day in the week or month. This could be explored systematically by KT management. KT could also explore more "exchange" of staff among PHCs to improve skills and motivate staff to provide mental health care. Periodic "specialist" clinics are suggested by most PHCs as a supportive mechanism to tide over the present crisis of skills to treat mental illness. KT management could also explore possibilities of annual visits by a doctor with experience in treating mental illness or a trained psychiatrist to the PHC once or twice a year. Supportive supervision of this kind may help improve the skills and confidence of the staff.

In most PHCs, the staffs seem to be motivated and imbibe the spirit of working an NGO and creating a model PHC. This is indeed an appreciable spirit. However, team find that due to several problems at both district and state level, PHCs run under PPP are not given salaries on time and most of the staff suffer from erratic and infrequent disbursal of salaries. Team recommend that KT work closely with the state to ensure smooth disbursal of salaries to all staff.

Overall, the task of providing and integrating mental health services in primary health care is a challenge across the country. It appears that KT has the golden opportunity to show practicing models of integrated care at PHC by providing mental health services at the PHC itself and this could serve as an important example for the rest of the state (and country). The

upper management at KT should prioritise this and provide the leadership and supervision necessary to achieve this task.

2. Transit care centre

The Transit Care Centre is situated in one acre land at C.A. Site No. 4, Lalithdripura Main Road, K.C. Layout, Mysore which is about 3kms from Mysore Bus stand. The Centre consists of 6 wards with a capacity of 60 beds and, consultation room, office room, kitchen, dining hall, staff quarters, occupational therapy room and big veranda for vocational training activities.

All the inmates have been provided with one cot and a locker-space for personal belongings. Sufficient furniture and equipment for routine medical checkup has been provided at Transit Care Centre. A facility for the admission of 60 inmates has been established at TCC, K.C. Layout, Mysore.

Human resources

The present Human Resources available at Transit Care Centre, K.C. Layout, Mysore are:

a) Consultant Psychiatrist
b) Consultant General Physician
c) One resident Social worker in-charge
d) One clinical psychologist
e) One trained occupational therapist
f) One resident Staff Nurse
g) One vocational trainer
h) Five Resident Health Care workers
i) One Resident security person
j) One resident Cook
k) One resident assistant cook

At the administrative office the following staffs are present:

a) Program Manager
b) Accountant

Linkage with local hospital for medical care

Psychiatric and Medical Care for the inmates has been arranged with the Government Medical College Hospital (K.R. Hospital) at Mysore. Team has established contact with Ashakirana hospital, Mysore for referring HIV/AIDS infected patients. They are extending support to provide medical care for the HIV positive patients. Mysore Race Club Hospital, a specialized hospital for eye care services is providing treatment for any eye related health problems.

Admission to the Transit Care Centre

As on 31st March 2012 there were 54 inmates. The planned admission for this year is 50. The admission processes are through the helpline or from NPK.

Skill Development Activities

The skill development activity at TCC is planned such that all the inmates develop adequate capacity to perform basic chores and activities of daily living. It also focuses on self care and maintenance. The staff of Transit Care Centre tries to involve the inmates in all their activities at the centre - like helping in the kitchen, washing and cleaning the premises, gardening and tailoring.

Making of Paper Bag, cloth file and garland are examples of occupational income generative activities carried out at the Centre. In addition to these we have also introduced chalk piece making, candle making and phenyl manufacturing activities and finished products are using in our schools, hostels and PHCs.

Other Activities

Students of Master of Social Work (MSW) and Nursing students from various institutions visit Transit Care Centre, K.C. Layout, Mysore regularly and interact with the inmates and conduct group therapy (games, storytelling, counseling etc.).

Medical and Psychiatric Care

Psychiatric clinics are conducted thrice a week by the psychiatrist from Mysore Medical College, who visits Transit Care Centre and follows up all the inmates. Apart from this Dr. Kishore Kumar, Professor of Psychiatry, NIMHANS, Bangalore also visit TCC and NPK, Mysore. He will also take up the Manasa team a day long training programme on mental health, maintenance of TCC, treatment etc to update the knowledge all the staff. Case sheets have been prepared for each patient and staff nurse, psychologist and social worker assist the psychiatrist during the checkups.

The general health physician visits the centre twice in a week to attend to non-psychiatric health problems.

Role of clinical psychologist

Clinical psychologist conducts counseling and psychotherapy for all the inmates of Transit Care Centre and NPK. She is involved in recreational activities like games, storytelling, art therapy, singing, dancing and role plays. Activities are conducted in individual, small and larger groups. She is also conducts psychosocial behavioral therapy. In addition, she assists resident social worker, staff nurse and visiting psychiatrist.

Occupational therapist

We have appointed trained occupational therapist and she will also train our staff to manage all occupational therapeutic activities at the Transit Care Centre.

Patient Records

A file with the photograph and details of each patient is maintained at Transit Care Centre, K.C. Layout, Mysore and also at NPK, Mysore. Pre-printed case sheets are used for each inmate. Documenting psychiatric changes, level of participation in the group therapy, games, gardening and occupational therapies etc. are recorded once in a week by the resident social worker at Transit Care Centre and in charge social worker at NPK. In addition, the social worker tries to gather information about their family history, address etc. Photography was done on the majority of the activities of the Transit Care Centre and kept in separate albums.

Networking and Linkages

We have established networking and linkages with other NGOs working in similar fields. Association for the welfare of Mentally Disabled (AWMD), Chetana Trust, Missionaries of Charity for Sisters and Brothers, Shakthidhama, Vimala Terminal Care Centre, and so on. Linkages with government Destitute Homes like State Home for Women, Juvenile homes for Boys and Girls, RVM Foundation, Bangalore, SHRADHA Foundation, Bombay, MEHAR Foundation, Pune, Gandhi home for the aged, Chanrayapatna, Hassan District etc. are also contacted.

Establishing relationship with family members & Rehabilitation visits

Rehabilitation process is initiated based on specific criteria. Continuous efforts are made to identify family members of inmates. During the reporting period we have reintegrated 38 members from TCC and we have identified relatives of 10 inmates who are under treatment.

Criteria for rehabilitation

a) Should have an insight into their own mental illness and be convinced that they have to take medications regularly.
b) Should be capable of self care.
c) Should be willing and able to do at least some household chores so that they are not a total burden on the family.

3. Mental health helpline

The objective of providing a mental health helpline is to support homeless mentally ill persons, to rescue them and to admit them into appropriate institutions. The Mental health helpline was launched on 3rd June 2007. The helpline activity was confined to Mysore city only but in the now team have extended the activity to nearby towns like T. Narasipura, Srirangapatna, Hunsur, Nanjangud, K.R. Nagar, Mandya, Chamarajnagar etc.

For all those rescue cases, the social worker in-charge of NPK, visits the spot and assesses the patients. If the person is found to be mentally ill and homeless, males are admitted to NPK and females to Transit Care centre, K.C. Layout, Mysore. Other destitutes are admitted to appropriate Centres like orphanages, Juvenile homes, Old age homes etc. The Helpline operator counsels and helps the callers with directions.

Recruitment of concerned staff

During the second phase of Manasa helpline is merged with Transit Care centre, and social worker in charge of TCC given additional responsibility to receive the calls and pass on to NPK social worker who is also in charge of Helpline. During the Phase –II of Manasa team have retained only Driver for the helpline activity.

4. Mental Health Care in Nirashrithara Parihara Kendra (NPK), Mysore

Nirashrithara Parihara Kendra – NPK, Mysore which can be translated as Home for Rehabilitation of Homeless people (previously known as Beggars' home) is collaborating with Karuna Trust (Manasa Project. NPK is under the Social Welfare Department, Government of Karnataka.

The following table shows the strength of inmates of NPKs of Mysore.

Centre	Male	Female	Total
NPK, Mysore	151	0	151

Establishment of psychiatric clinic at NPK

At NPK Mysore there are presently 52 psychiatric patients present at NPK, because of the paucity of infrastructure the facilities are opened for only male inmates. Under Manasa Project, our Psychiatrist visits NPK thrice a week and gives treatment to all psychiatric patients.

First week of every month there will be screening program among the inmates of NPK to identify mentally ill patient in addition to observation made by staff of NPK. The screening is done by the consultant psychiatrist. During the screening program, personal history of every patient is taken. A general health checkup is done during the screening, which includes height, weight, B.P, pulse, checking for physical symptoms of anemia or any other physical illness. Manasa staff members assist the psychiatrist during the screening program.
According to our consultant psychiatrist, 52 inmates were in need medication and constant observation.

Recruitment of staff at NPK Mysore

Recruitment of staff for NPK, Mysore was completed in previous period. In this phase additional staff nurse is appointed to take care of medication in NPK. During the previous period it was difficult to supervise and monitor of medication. The in charge social worker of NPK has been assigned the following responsibilities;

1. Organizing medical and psychiatric care for the inmates.
2. Active search for the family members or other relatives of the inmates
3. Keeping records and follow-up of medication to the inmates.

5. Integrating Mental Health into Primary Health Care at 27 PHCs

Under the aegis of PPP (Public Private Partnership), Karuna Trust is running 27 PHCs in all the districts of Karnataka. As a part of the Manasa Project, Mental health care is being mainstreamed into PHCs. Integration of Mental Health in Primary Health Care is with the objective of providing much needed access to primary mental health care for the rural community.

Identification and treatment of mentally ill people will be carried out in all the 27 PHCs and Community Mental Health programme is implemented and more number of mentally ill patients is registered. Under Manasa project team are providing psychiatric medicines to all the PHCs.

Details of the activities

1. Transit care centre

The beneficiary of this activity will be the 50 inmates at the Transit Care Centre, K.C. Layout, Mysore

Sl. No	**Activity**	**Year -2 Targets**	**Accomplished in reporting year**
1	Maintenance of TCC with the facility to accommodate	50	**Bed occupancy of 109.91%**
2	Preparation of Centre management guideline/SOP by the end of December 2010 the SOPs should be finalized and printed	Preparation	**Under preparation**
3	Recruitment of staff	Nil	**Nil**
4	Staff training and exposure at The Banyan, Chennai and Udhvum Karangal, Coimbatore	Exposure visit for 6 persons	**Completed**
5	Establishing linkage with local hospitals	Asha Kirana hospital for HIV/AIDS, MRC eye hospital	**Established**
6	Admission of patients	Through proper channel, Maintenance of records 50	**45 patients were admitted**

		inmates at any point of time, Admission of 30 inmates every year	**during the reporting period**
7	Occupational therapeutic activities	3 hrs/day for 6 days	**Occupational therapy is being done by trained therapist**
8	Vocational training activities	2 hrs. 30 mins/day	**Patients were involved in vocational activities**
9	Establishing relationship with the families	At least establishing contact with families of 70% inmates	**Established linkage with families of 15 inmates under treatment at TCC**
10	Rehabilitation/ Reintegration visits	Out of State/District rehabilitation visit for 30 patients	**38 inmates from TCC were reintegrated to different parts of country**
11	Follow-up of visits to reintegrated families within in Karnataka	y2-50	**Families of 38 reintegrated patients were visited and collected information**
12	Psychiatrist visits	3 visits per week	**3 visits per week**
13	General health Checkup by physician	3 times a week	**3 times a week**
14	Training of Manasa staff twice a year	Twice a year	**One training is planned in the month of May-2012 by Dr. Kishore Kumar**
15	Documentation	Developing MIS for monthly and Annual reports	**Simple reporting formats are developed and using for reporting monthly monitoring reports**

2. Mental Health Helpline

Sl. No	**Activity**	**Year -2 Targets**	**Accomplished in reporting year**
1	Rescues undertaken in a month	4	**Average 3.5 per month (43 are rescued)**
2	Number of call received in a day	3	**Average 2**
3	Percentage of rescues who are homeless with mental illness	50%	**80%**

4	No of rescues admitted to Manasa Transit Care Centre	30	**43**
5	No of rescues admitted to NPK, Mysore	12	**0**
6	No. of rescue cases admitted to other institutions	6	**0**

3. Nirashitra Parihara Kendra (NPK)

Sl	**Activity**	**Year -2 Targets**	**Accomplished in reporting year**
1	Estimated number of inmates (Males and females)	250 (Male 150, Female 100)	**151 (Male-151, Female-0)**
2	% inmates with psychiatric illness (records, Medication and regular follow up maintained)	20%	**30.6%**
4	% of inmates with general illness whom medical treatment arranged	40%	**25%**
5	Frequency of psychiatric clinics conducted	2 Clinics per week	**2 clinics /week**
6	Rehabilitation	30 inmates rehabilitated per year	**14 inmates were reintegrated**

4. Community Mental Health Program

Sl. No	**Activity**	**Year -3 Targets**	**Accomplished in reporting year**
1	Training & refresher trainings of Medical officers- twice a year	27 PHCs	**One more training will be conducted for MOs of all the PHCs**
2	Training & refresher trainings of Staff nurse, ANMs, ASHAs and Health workers of PHCs - twice a year	27 PHCs	**One more training will be conducted for Staff Nurses, Male Health workers, ANMs of all the PHCs**
3	IEC activities	27 PHCs	**Posters and Manual were given all the PHCs**
4	Average no of mental health cases registered in each PHC level per month	Enclosed separate table	**Enclosed separate table**
5	Appointment of PHC co-coordinator		**Completed**
6	Monitoring visit to all 27 PHCs	Thrice a year	**One time visit by PHC co-coordinator**

Indicators

Indicators	Present situation	Expected no.
Psychiatric facility at Mysore for Homeless mentally ill person	1	1
Treatment facility for mental illness at beggars' home	1	1
Facility for rescue of homeless mentally ill person at Mysore	1	1
Treatment facility for mental health through PHCs	27 PHCs	27 PHCs of Karnataka Managed by Karuna Trust

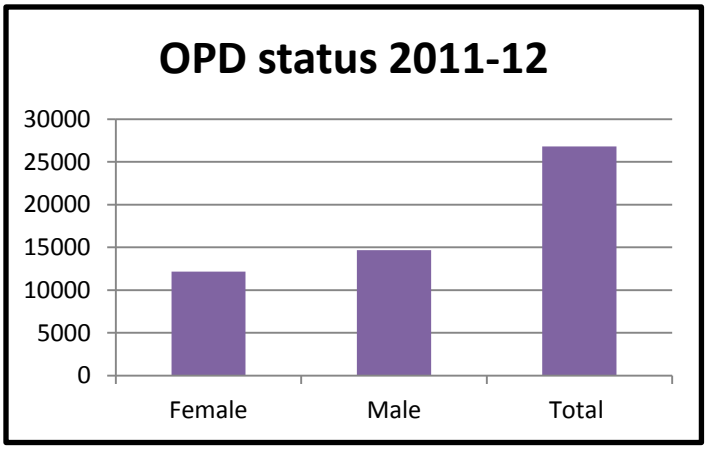
c. Integrating Comprehensive Eye care into Primary Health with SSI

Integrating Eye Care into primary health care is one of the innovations initiated by Karuna Trust and Sight Savers International has been supporting this initiative for the past 2 years. The project aims to strengthen Vision Centre and optical Dispensing Units established in 12 Primary Health Centres in 12 districts of Karnataka.

The overall goal of the project was to address avoidable blindness, specifically targeting the growing problem of uncorrected refractive error and low vision. The specific objectives were to facilitate smooth working of vision centres and provision of quality refractive error services by working in close association with the community, governments and other service providers and evolving a model of PPP in primary ophthalmology which could be shared with the top policy makers at the national level.

Following is the list of 12 PHCs where SSI extended support for implementation of the project:

Sl. No	Names	District
1	Anegundi	Koppal
2	Ashoka Nagara	Belgaum
3	Hudem	Bellary
4	Gumballi	Chamarajnagar
5	Hirehal	Gadag
6	Kallusadarahalli	Hassan
7	Kannura	Bijapur
8	Mallapura	Davanagere
9	Nandikeshwara	Bagalkot
10	Pattanayakanahalli	Tumkur
11	Sreemangala	Coorg
12	Sriramarangapura	Bellary



Achievements

- Improved level of awareness in the community on eye care
- Screened 16,286 school children
- Identified maximum number of RE and cataract cases in tribal areas
- Reached eye care service to remote areas through mobile health units
- Effectively implemented the National Programme for Control of Blindness in 10 VCs
- Provided low cost spectacles
- Achieved Vision 2020 goals
- Improved the network and linkages through referrals
- Free spectacles are being provided to school children through DBCS after screening by our VC PMOAs

d. Total Management of Essential RCH & PHC through PPP with PFI

Karuna Trust in collaboration with Population Foundation of India (PFI) implemented the 'Total Management of Essential Reproductive and Child Health (RCH) & Primary Health Care through Public Private Partnership' project in seven PHCs located in seven 'C' category districts of North Karnataka. The 'C' category districts are those that are the most backward with PHCs located in remote and hard-to-access areas in North Karnataka region. This was a 5-year project that started in year 2006 and ended in April 2011.

There was a 5-month extension of the project till September 2011 as a no-cost extension period to spend the allocated unspent money. Karuna Trust carried out regular project activities including Capacity Building programs for all PHC-related personnel during this period.

Strengthening the capacity of the staff at the designated PHCs, maximizing utilization of corresponding Sub-Centre services and facilitate health seeking behavioral change in the community were the major objectives which were achieved through 3 training programs held

for male health workers, ANMs and Lab technicians respectively covering Family Planning and Counseling, Immunization and Laboratory Investigations.

IEC Programs

Series of theme-based IEC Programs were conducted according to the individual needs of the PHCs. Each IEC program included dramas, skits, rallies, etc. Between June 2011 to September 2011 5 IEC programs were conducted in each of the following PHCs covering topics like TB, HIV& AIDS, Adolescent health, Institutional Delivery, Malaria, FW & NSW and Communicable disease:

- Kohinoor
- Nandikeshwara
- Chandrabanda
- Kannur
- SRR Pura
- VK Salgara
- Hudem

e. Water Quality Management

Karuna Trust, in collaboration with Arghyam, a charitable foundation set up by Ms. Rohini Nilekani working in water quality since 2005, has taken up a 3-year pilot project to strengthen the existing processes in the Health and Panchayat Raj Engineering Departments through PPP towards effective Water Quality Management in Chikkaballapur and Chamarajanagar districts.

The respective District Coordinators with assistance of cluster coordinators oversee activities aiming at convergence of the above mentioned government departments and the concerned stakeholders. Capacity building, Convergence Meeting, awareness programs through IEC are planned various at village, Gram Panchayat, Taluka and District levels. The project duration is for three years from Feb 2012 to January 2015.

f. Sukshema (MNCH)– Partnership with Karnataka Health Promotion Trust

The above project is in collaboration with Karnataka Health Promotion Trust (KHPT) and the core objective being supporting the state of Karnataka and India to improve Maternal, Neonatal and Child Health (MNCH) outcomes in rural populations through the development and adoption of effective operational and health system approaches within the National Rural Health Mission (NRHM). The project's activities will be focused on eight underserved districts in northern Karnataka, where the aim is to improve MNCH service delivery and outcomes. The districts under study for the project are Bidar, Gulbarga, Yadgir, Raichur, Bellary, Bijapur, Bagalkot and Koppal.

The key objectives to achieve the results are:

1. Enable expanded **availability** and accessibility of critical MNCH interventions for rural populations.
2. Enable improvement in the **quality** of critical MNCH services for rural populations.
3. Enable expanded **utilization** and **coverage** of critical MNCH services for rural populations.
4. Facilitate identification and consistent **adoption** of best practices and innovations arising from the project at the state and national levels.

Towards achieving the project goal and objectives, the activities carried out are mapping of currently available MNCH services, assessment of quality of MNCH services, assessment of utilization and coverage of MNCH services and assessment of available health systems. This will be followed by data triangulation after which specific recommendations and key executable strategies will be drawn out.

Assessment of Health Systems will include collection of primary data as well as secondary data at the state and district levels by interacting with officials responsible for various verticals such as finance, logistics & procurement, HR, governance & administration and MIS. The Health Systems will also be assessed from two different perspectives: the supply side and the demand side. The data from the supply side will have to be collected by interacting with officials at the state-level and district-level NRHM program. From the supply side perspective, special emphasis will be on:

- Public Private Partnerships (existing models, potential for use of private providers)
- Strengthening of public sector
- Review of various financial schemes under NRHM.

The data from the demand side will be collected by interacting with the community. From the demand side perspective focus will be on factors that affect the accessibility and utilization of services.

Activities during the reporting period

Karuna Trust Advocacy Team organized meetings at all the Districts throughout the year to study the current scenarios with respect to maternal and child health indicators and report the gaps to the concerned District level functionaries along with the KHPT staff for further action. Karuna Trust conducted 8 Dissemination Workshops across the specified districts and Taluka level workshops at Koppal and Bagalkot. The objective of these workshops is to identify the gaps in health services, quality assessment, utilization and coverage of maternal newborn and child health services in the district and bring them to the notice of the concerned District officials for further action. The outcome of the workshops resulted in the DHO of Koppal and Bijapur has initiating for reallocation of Sub Centres and PHCs and the process is in progress.

Inauguration program of Dissemination workshop

g. District Health Management

Karuna Trust is a member of Swasthya Karnataka, which is a consortium of partners who wish to make a difference to the health scenario in Karnataka. The partner organizations and their main area of expertise are given below:

1. Institute of Public Health (public health)
2. Karuna Trust (governance in public services)
3. Institute of Health Management Research (hospital management)
4. Centre for Leadership and Management in Public Services (organizational development)
5. St. John's Research Institute (SJRI) (field research)

The consortium will work in close coordination with State Health and Family Welfare Department and the District Administration. The consortium aims to improve delivery and access to quality health care by strengthening district health management through capacity building of the district health team so that this team is enabled to manage the health in the district in an effective and efficient manner.
The main strategy is to expose all the important stakeholders to the district health system. The depth of this exposure will depend on the category of the stakeholder. The three main categories are:

- Senior professionals like the medical and paramedical officers will receive in depth training on the district health system
- Junior professionals like the PHC medical officers and other junior specialists will receive a fewer modules of the above training programme as what is necessary for their sphere of operation.
- Community leaders like PRI members, District health society members, etc. will receive a one-day orientation to district health systems and overall scope of this capacity building initiative.

Activities of 2011-12:

1. Meeting of the SK partners was held to review the District health management course and decision was made for organizing catch up classes for drop outs
2. Meeting of the IPH team was held for organizing training for last batch of PHC MOs
3. An external evaluation of the Tumkur training course was conducted in May 2011 by the Institute of Tropical Medicine, Antwerp, Belgium, Public Health Network, New Delhi & Ministry of Health, Bangkok, Thailand

h. Comprehensive District HIV/AIDS Program (CDHP)

UNICEF is supporting the state AIDS control societies to develop an integrated, holistic model for programming in select high prevalence districts in the country under NACP-III. In Karnataka, Koppal is one of the districts supported by UNICEF in partnership with Samraksha for CDHP Prevention Program, Link Worker's Scheme.

Karuna Trust took over from Samraksha in 2010 and has been executing the CDHP project for UNICEF in Koppal. Karuna Trust has been able to build a successful rapport with the community by organizing frequent meetings with the community organizations through Link Workers to create awareness about HIV/AIDS prevention.

Activities for 2011-12:

- **Meetings with Self Help Groups**

From the month of January 2011 to December 2011, 428 SHG meetings were held to create awareness among the women in TB, STI, RTI, ICTC and PPTCT.

- **Awareness programs for Devadasis & Youth Club members**

Link Workers organized 10 devadasis meetings in which 115 devadasis have participated and Link workers educated them regarding HIV/AIDS, STI, ICTC, Condoms, TB and other related subjects and services.

About 191 Youth Club Meetings and programs in the core villages in which 2208 youths have participated and gained awareness about HIV, AIDS, STI, ICTC, TB, Condom and other subjects.

- **Jatra and Utsav Programs**

Karuna Trust motivated the Link Workers to take part in Jatras and Utsav. Link Workers organized special events in Hanaval, Itagi, Nelogal, Hanumnal and Hirevankakunta core villages through which they have contacted about 1470 male and 1290 female for their sessions.

- **ANC Camps**

Link Workers have organized 13 ANC camps at Hiregonnagar, Bevur, Malagitti, Indaragi, Sriramnagar and Hanumanal villages in the month of January, August, September, October, November and December with an objective of developing rapport with the pregnant women in the villages which in turn helped Karuna Trust to refer the pregnant women for the PPTCT services. 256 Pregnant women participated in the meetings.

- **Meeting with Migrants & Drivers**

Migrants were contacted with the specially organized meetings for them in the month of January'11 and through the 7 meetings 120 male migrants were contacted at Hunasihal, Bevur, Itagi, Vanagera, Chikmyageri, Irakalgada and Kukanoor villages.

9 Drivers Meetings were organized in the month of January'11 and contacted 106 drivers at Hirevankakunta, Irakalgada, Muradi, Ganadal, Bevur, Kukanoor, Hunasihal, Hanumanal and Talikere.

Yuva Jagruti Mela, Program for School Dropout Youths

KSAPS sponsored Yuva Jagruti Mela Programs were organized in 70 core villages of Yalburga, Koppal, Gangavathi and Kushtagi Taluka in the month of March'2011 About 2379 Male and 1636 Female attended and took home the messages

Street Theatre Programs

KSAPS sponsored Street Theatre Programs were organized in 40 villages of Yalburga and Kushtagi Taluka in the month of October' 2011 and in the month of November' 2011 About 6045 Male and 2590 Female have attended the show as audience and learn the messages

ICTC Outreach Activities:

To increase the service numbers and to enable easy access of ICTC services to the villagers, Link Workers organized 123 ICTC camps in the core villages between February 2011 and December 2011. Totally 2012 men and 2639 women got screened for blood tests out of which 21 men and 25 women were found HIV positive.

Line Listing Activity:

Link workers carried out line listing of Female Sex Workers and Men having sex with men. The process of line listing was initiated in the month of January with the help of peers of CBOs and continued for the next subsequent months till December 2011. Training for the Link Workers and peers was organized by FSW and MSM CBOs to take up the Line Listing Activity At the end of December 2011 revalidation of Data Acquisition of Female sex workers was found to be 798 and Line listing number was 719.

Signature Campaign was s inaugurated in District Head Quarter and all taluk Head Quarters with an oath "***I will take lead to stop AIDS and also take lead to prevent HIV/AIDS for the future of my children***".

Red Ribbon Clubs:
Link Workers have successfully established 99 Red Ribbon Clubs between Jan 2011 to Dec 2011 which are actively supporting Karuna Trust in performing CDHP activities in their respective villages.

Village Information Centres:
There are 95 Village Information Centres formed which act as a one stop knowledge Centre for STI, RTI, TB, HIV, AIDS, ICTC, PPTCT, ART and many other topics for the villagers.

Condom Depots:
Condoms are dispensed through manned Condom Depots and this has proved effective and sustainable because of regular follow up from the Link Workers. From Jan 2011 through December 2011, 66 depots have been established and 67838 condoms have been distributed through these outlets.

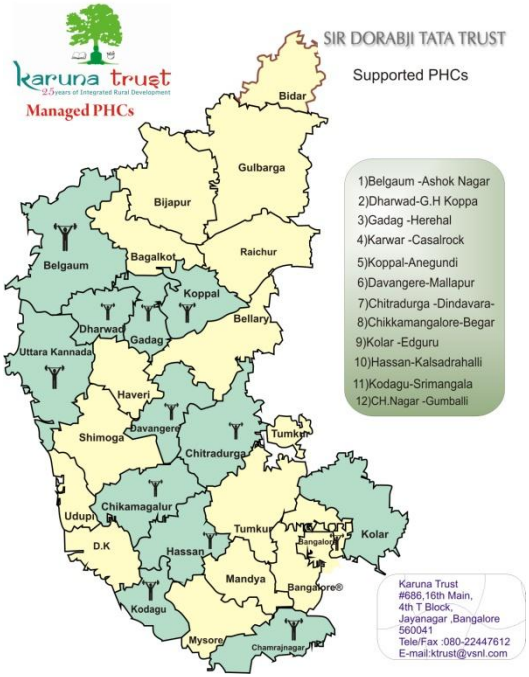
UNICEF team lead by Dr. Mathur and accompanied by Miss Beena and Mr. Sony Kutti George visited Koppal during 23rd and 24th of August 2011 and encouraged the consistent performance of the link workers. They also visited Mangalore, Bevur and Gunnal villages to observe the CDHP activities.

Karuna Trust has identified 821 volunteers who support in organizing special programs and carry out regular activities in the villages on a sustained basis.

i. Strengthening Primary Health Care through PPP (SDTT)

Sir Dorabji Tata Trust (SDTT) has continuously supported Karuna Trust for the past 3 years (from 2008 to 2011) by supplementing Government Funds towards various activities of management support, capacity building, extra medicines and salary of PHC staff in 12 PHCs of Karnataka and 5 in Arunachal Pradesh.

Karuna Trust, in consultation with SDTT extended the project on a no-cost extension model till June 2011 to utilize the balance amount of Rupees 16 lakhs towards capacity building, exposure visits, monitoring and documentation costs.



Capacity Building programs were held during the no-cost extension period from Feb 2011 to June 2011

- Male health workers were trained in Family Planning methods and RTI/STI identification
- ANMS were trained in Maternal Health (ANC&PNC) and immunization
- Lab Technicians were trained in screening for RTI/STI, HIV testing, pregnancy tests, haemoglobin and urine albumin testing

ANM training at TRC Mysore

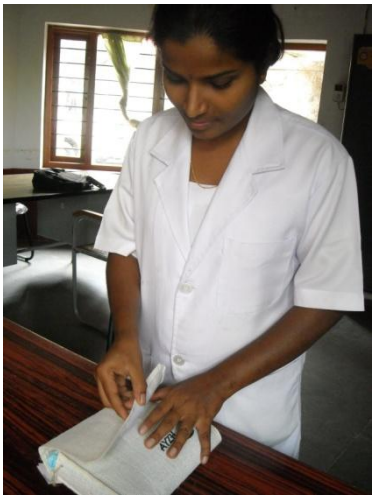
Male Health Worker Training at TRC

Impact of Project Activities

- 24 hrs. service availability in PHCs and sub-centres
- Increased utilization of all basic services, emergency services, RCH, etc.
- Committed, trained and motivated work force
- Improved health indicators in the community
- A study conducted by The Institute of Health Management and Research on the PHCs found the services to be of high quality. A recent study compared service delivery system of Karuna Trust-run PHCs with that of the government-run ones and found the service delivery of Karuna Trust to be better.

j. Birthing kits

AYZH Health and Livelihood Pvt. Ltd. is a for-profit company that assembles and distributes Janma birth kits. The Janma kits supplied by AYZH to Karuna Trust PHCs are subsidized by the Rotary Foundation and are meant to be used during deliveries at the PHCs, which are generally attended by a staff nurse and a female helper. Each of the Janma birth kits contains:



1. An absorbent Sheet for use on labor bed
2. Alcohol based hand wipes for sterilizing birth attendant's hands prior to delivery
3. Surgical blade for cutting the infant's umbilical cord
4. Cord clamp for tying infant's cord
5. Two Sanitary napkins for mother's postpartum bleeding
6. Jute purse, which holds the kit components and is gifted to the mother after delivery to use for storing medicines and prescriptions.

A quantitative and qualitative assessment of the manner in which Janma kits are being used at Karuna Trust PHCs, was done.

Birthing Kits Distributed-Second Instalment				
Sl No.	State	No of PHC	No of Kits	No. of Booklets
1	Arunachal Pradesh	11	500	20
2	Andra Pradesh	2	200	None
3	Orissa	5	250	None
4	Karnataka	22	2312	50

Following this additional kits were provided to other PHCs run by Karuna Trust

Sl.No	**Name of the PHC**	**Taluk/District**	**Number of kits distributed**
1	Anegundi	Ganavathi/Koppal	200
2	Aralagudu	Sagar/Shigmoga	25
3	Ashoknagara	Khanapur/Belgaum	50
4	Begar	Sringeri/Chikamagalur	25
5	Castle Rock	Joida/Uttar Kannada	24
6	Chandrabanda	Raichur/Richur	100
7	Dindavara	Hiriyur/Chitradurga	100
8	Galagi Hulakoppa	Kalgatgi/Bharwad	100
9	Hirehal	Rona/Gadag	200
10	Hudem	Koodligi/Bellary	200
11	Idaguru	Gowribidanur/Kolar	100
12	Kallusadarahalli	Arasikere/Hassan	100
13	Kannura	Bijapur/Bijapur	240
14	Kohinoor	Basavakalyana/Bidar	100

15	Mallapura	Jagalur/Davanagere	200
16	Nandikeshvara	Badami/Bagalkot	50
17	Pattanayakanahalli	Sira/Tumkur	100
18	Shreemangala	Virajpet/Coorg	100
19	Shriramarangapura	Hospet/Bellary	98
20	Sugganahalli	Magadi/Ramnagar	50
21	Thithimathi	virajpet/Coorg	50
22	V.K. Salagara	Alanda/Gulbarga	100
		Total	**2312**

5. Action Research & Advocacy

a. Study of patterns of Antibiotic Dispensing in Pharmacies in Tumkur

Antibiotics are obtained by patients from a variety of sources in India, including government and private hospitals, pharmacies and unlicensed dispensers. There exists no reliable quantitative or qualitative description of antibiotic prescribing patterns in Primary Health Centres (PHCs) in rural areas . This study in Karnataka will fill this gap, using methodology adapted from a WHO pilot study to examine antibiotic use in Delhi, Mumbai, and Vellore. The study will operate in the district hospital, Taluka hospitals, PHCs managed by the government and NGOs, and private retail pharmacies in Tumkur district, Karnataka.

Project objectives

a. Measure the use of all types of antibiotics in a rural setting by type, duration (month-wise) and pharmacy
b. Characterize the relationship between prescriptions and antibiotics dispensed
c. Describe the demographics of people purchasing antibiotics
d. Illustrate the degree to which different methods of collecting antibiotic use data reach similar conclusions.

Research Design and Methods

The methods described here are based on those used in a previous WHO study (Anita Kotwani 2009). In addition to a review by the principal investigators, the methods have been technically reviewed by economist and public health researcher Dr. Ramanan Laxminarayan, MPH, PhD and mathematical modeler and biostatistician Patricia Geli Rolfhamre, MSc, PhD. Methods were also reviewed by RFF staff.

Activities in the year 2011-2012

Main activity was to collect data as part of the research and data was collected at 12 PHCs, 12 Retail Pharmacies, 3 Taluk Hospitals and 1 District Hospital.
There is no incidence of ethical violations or any adverse events as a consequence of the research.

Changes in Research Protocol

- Data was collected on printed questionnaires instead of episurveyor software- enabled mobile phones due to technical difficulties faced by the Field Investigators
- Data was entered manually on an excel sheet and will be analyzed at the end of the study
- Minor changes were made in the questionnaire after the pilot study to increase its validity

Progress of the study

- The Field Investigators (FIs) collected the data three times a week at the designated facilities as per the visit plan given by the Research Assistants. Each FI made 13 visits per month and submitted the data to head office, thus enabling 100% completion of data entry
- A visit was conducted by Ms. Alice Easton, Coordinator for CDDEP on 8th and 9th July 2011 to study the progress of the study.
- Study was extended by 2 months till 15th August 2011
- Cost of antibiotics purchased at retail pharmacies was noted to record the highest and lowest prices.
- Availability of antibiotics at the facilities was checked based on the essential drugs list prescribed by Government of Karnataka.
- Regular field visits were conducted by the Research Team to do quality checks on data collection.
- Monthly meeting was held in Head Office for all the FIs to give timely updates on the progress of the study.
- Data was collected from Drugs Control Department, Karnataka, on number of antibiotics declared to be "Not of Standard Quality". Details of the same were send to Dr. Anita Kotwani and Ms. Alice Eatson
- An end study meeting was held at Delhi in October 2011 and Dr. Sudarshan participated
- The data analysis is being done by Ms. Alice Eatson and results awaited

b. PANACeA

PAN Asian Collaboration for Evidence-based eHealth Adoption and Application (PANACeA) is an initiative to generate evidence in the field of eHealth within the Asian context, by forming a network of researchers and research projects from developing Asian countries. PANACeA supports multinational projects to evaluate eHealth solution in the field and generate evidence through methodologically sound research.. The results will be used to advocate policies on eHealth in Asian countries

The main objective is to develop a framework for Primary Health care providers to identify eHealth needs and specific objectives include

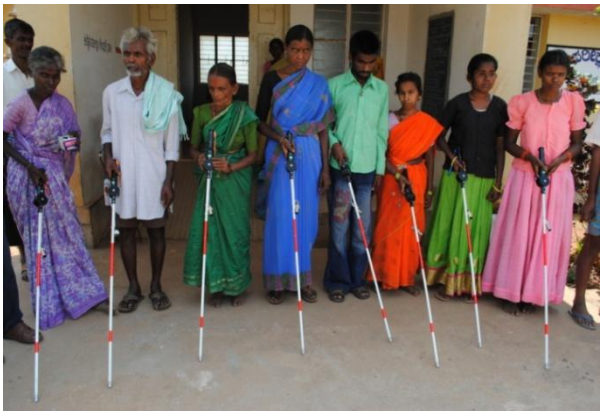
- to develop a tool to identify eHealth needs at a primary care setting
- to validate the tool
- to implement a key eHealth intervention as identified by the tool

During the reporting year, the following activities were undertaken with regard to the PANACeA study:

eHealth for Visually Impaired

Based on these key findings of needs assessment, sensory folding sticks were distributed to the study participants. Karuna Trust distributed fifteen sensor folding canes to selected visually challenged at Yemalur, P N Halli and Dindavara PHCs on a pilot basis.

A feedback survey was conducted to ensure if Sensory Folding Cane were of any use to the visually impaired. A second assessment by in-depth interviews using the same questionnaire was done visiting the project site. Overall opinion was that it is useful for indoor navigation and to do the day to day chores independently.



Distribution of Sensor Folding Cane

HMIS in PHCs

An e-intervention, Health Management Information System (HMIS) has been installed at Gumballi, PN Halli and Yemalur PHCs with assistance from The Indian Institute of Management., Bangalore (IIMB).

Though training was imparted to 24 staff across 20 PHCs, HMIS in the form of DHIS2 was installed in only 4 PHCs. A pretest assessment was done before introducing HMIS. An e-readiness questionnaire was given to medical officers and administrators. Additional training session was also conducted covering basics of computers and HMIS.

Interviews conducted with Medical Officers and Administrators of the PHCs where HMIS was installed revealed that HMIS made the reporting easy and reduced the paperwork. Medical Officers could devote more time towards clinical aspects. The exposure to online data entry and analysis through DHIS helped the PHC staff to be in a better state of readiness to adopt HMIS & MCTS introduced by the Government.
The final report was submitted to PANACeA in December 2011.

HMIS with Indian Institute of Management- Bangalore

IIM-B has developed Health Management Information System called **Janaarogya** customized for Karuna Trust. Janaarogya aims to support the improvement of health care systems in Karnataka by increasing the capacity of health care workers to make decisions based on accurate information.

II. Livelihood & Sustainable Development

Integrated Rural Development Projects

Yelandur

Integrated Rural Development Project at Yelandur, Chamarajanagar district		
Health	Education	Livelihoods
• Primary Health Centre • Two Mobile Health Units • Secondary Care: Eye Hospital, Dental services, Mental health & Epilepsy • Health awareness programme in tribal colonies by ANMs • Integration of Homeopathy clinic	• Nivedita ANM Training college • Pre-university college	• Community Microfinance and Micro enterprise through Self-Help Groups

Health

Primary Health Centre, Gumballi

Karuna Trust is managing Gumballi PHC from the year 1996 and the detailed report of the same is in the Annexure

Health Awareness Program

The ANMs visit tribal colonies in Kollegal and Chamarajanagar Taluks and create awareness about health, facilitate supply of medicines to the tribal people in these colonies from the PHCs.

Secondary Health Care

Eye hospital, dental care, mental health and treating epilepsy are the innovative programmes of Karuna Trust and the details are mentioned in the Innovative Projects section of this document.

Integration of Homeopathy & Herbal medicine: Homeopathy and Herbal medicines are integrated into primary healthcare and 1017 patients are treated till date for the reporting year.

Education

Nivedita ANM Training College

Course is offered in the above college for the tribal girls are trained to serve as Auxiliary Nurse Mid-wives.

Pre-University College

- 50% pass percentage in the current year
- 3 Students attained highest marks with first three ranks in the entire district and Karnataka Development Corporation awarded them cash price & mementos
- Many students participated in sports events & were selected for State level team

Vivekananda Girijana ITI Institute

- The Tailoring unit stitches uniforms for the boys and girls of the Tribal school and 169 uniforms for girls & 201 uniforms for boys were stitched during the year
- In the reporting year 9 students appeared for the Tailoring exam and 8 students cleared the exams and with 90%

Livelihood

Major activities include

- Herbal Medicines Processing Unit
- Community Microfinance and Micro enterprise through Self- Help Groups

T. Narasipura

Integrated Rural Development Project at T. Narasipura, Mysore district		
Health	Education	Livelihoods
• Diet & Ambulance Service • Health Insurance • Mobile Dental Unit • National Health Programmes	• School Adoption • School sanitation & environment • CEC, Adult education activities with ZSS • Training Centre at Talkad	• Community Microfinance and Micro enterprise through Self- Help Groups • Village Development Committees.

Livelihoods

Community Micro Finance Plan is fully operational through a three-tier participative democratic organizational setup. At the ground level there are Self Help Groups (SHGs).A cluster of SHGs organize themselves into Community Development Associations (CDAs) and CDAs form a Federation at the apex level.

Creation of SHGs: To improve financial status and to bring social change in rural areas, women below the poverty line have been identified and a cluster of 15-20 women have been grouped together to form Self Help Groups.

Activities of SHGs: To meet every week, to lend money, to repay money, to get loans from banks, social change, promoting savings, participation in national festivals and to undertake developmental programmes.

Creation of Community Development Associations (CDAs): The SHGs created at Village level are grouped together at Panchayat level in to Community Development Associations; one such CDA consists of about 25 to 30 SHGs. The objectives of these CDAs are as follows:

- To create self employment and improve the economic condition of women through savings
- To increase co-operation and awareness among women
- To eradicate social evils and create awareness
- To motivate women to participate in all government sponsored programmes and national programmes
- To motivate women to undertake health, hygiene and cleanliness programmes
- To provide guidance for better management of SHGs

Formation of Triveni Sangam Federation: All the representatives of CDA have come together to form Triveni Sangam Federation. The Members of CDA constitute a committee to carry on the activities of the Federation. Through a monthly meeting of this committee overall functioning of all the SHGs under the CDAs are evaluated. The SHGs are graded into Grade I, Grade II and Grade III based on the evaluation framework set for this task. The problem of defaulters, savings generated, quantum of loans disbursed, repayments to the

financial institutions, and the problems faced by various SHGs are discussed in these meetings. Necessary corrective actions are suggested to concerned CDAs and SHGs.

Once in a year Triveni Sangam Federation arranges a meeting of all the members of CDAs and the SHGs to facilitate common understanding of functioning of sister organizations and the problems faced by them.

Performance of Micro Finance Activities during 2011-2012

The reporting year has seen a spurt of activities in the area of Micro Finance. Table below provides statistical data for various activities under this head. Corresponding figures for the previous year 2010-2011 are provided for better understanding of the progress made during 2011-2012.

Particulars	**2010-11**	**2011-12**
Total SHGs	450	312
Formation of New SHGs	94	10
Total SHG Meetings	19883	20100
Number of SHG Training	106	312
Total Group Bank Linkage	93	60
No. of SHGs with Swarna Jayanthi Sahari Rojagar Yojana[SJSRY] Revolving Fund	25	20
Total Number of Group SJSRYs	10	4
Number of CDA Meetings	193	180
Federation Meetings	Nil	Nil
Federation Training Mela	Nil	Nil

The year has also seen qualitative improvement among the SHGs. As can be seen from the below Table, there is an appreciable increase in the number of SHGs coming under Grade I [from 287 to 280] and Grade II [from 40 to 20]. Importantly the number under Grade III has come down substantially from 123 to 12 during the year.

Qualitative Improvements in SHGs

Sl.No	**Grade**	**2010-11**	**2011-12**
1	Grade I	287	280
2	Grade II	40	20
3	Grade III	123	12
TOTAL		450	312

Internal Savings of SHGs has shown marginal decrease during the year. Total savings were Rs.1, 37, 10700 as compared to Rs.1, 79, 10,700 during the previous year. Thus, the financial turnover has decreased from Rs. 4,54,98000 to Rs. 2,33,50700 in the year 2011-12

Financial Turnover during 2011-12

Particulars	**2010-11**	**2011-12**
Internal Savings of all SHGs	Rs. 1,79,90,500	Rs. 1,37,10700
Loans taken by SHGs	Rs. 3,59,18,000	Rs. 96,40,000
Total Financial Turnover	Rs. 4,54,98,000	Rs. 2,33,50700

Health

Traditional Medicine Demo Garden: Traditional Medicinal plants are grown and protected in Yachanahalli, Hegguru, Alagudu and Karuna Trust Campus and people have received primary health treatment from these plants. These plants are grown in the backyards of SHGs members and as well as in Schools. In 2010-11, a total of 270 beneficiaries benefited from this programme and Gardens were grown in 5 School Compounds. During 2011-12 follow-up work was carried out.

TB Control and Eradication Programme and Free Eye Camps: In the catchment areas of the Government Hospital and PHCs, programmes to control and eradicate TB were conducted. Eye camps were conducted in 50 villages with the help of Vivekananda Eye Hospital. So far 900 people have been benefited from this programme.

Diet plan: With the help of the Health and Family Welfare Department, Government of Karnataka, a Diet Plan for patients has been implemented in the T Narasipura Government Hospital. Under this programme those covered under the Health Insurance Plan and get admitted in the Government General Hospital T.Narasipura as in patients are provided a diet of Milk and Bread in the morning, Rice, Curry and Banana for lunch and dinner every day for the period of their admission in the hospital. Government is reimbursing the expenditure incurred under a tender system.

During the year 2011-12, 2026 in patients were provided with diet under this programme and an expenditure of Rs.640995 was incurred.

Diet Report 2011-12:

Month	No. of Patients	Rate in Rs.	Total Amount
April – 11	1145	35.00	40075.00
May – 11	1181	35.00	41335.00
June – 11	1372	35.00	48020.00
July – 11	1514	35.00	52990.00
Aug. – 11	1487	35.00	52045.00
Sep. – 11	1495	35.00	52325.00
Oct. – 11	1130	35.00	39550.00
Nov. – 11	1459	35.00	51065.00
Dec. – 11	1478	35.00	51730.00
Jan. – 12	1544	45.00	69480.00
Feb. – 12	1494	45.00	67230.00
March- 12	1670	45.00	75150.00
TOTAL	**16969**	**45.00**	**640995.00**

Community Development Programmes

Village Development Committees (VDCs) have been formed in each village. These Committees undertake development and infrastructure activities, health, education, self-employment, housing, water and hygiene programmes in their respective villages. They also

co-ordinate activities of SHGs for community development. The workers are engaged in helping general public to gain direct benefits of various programmes of Grama, Taluk and Zilla Panchayat. So far about 30 VDCs have been formed and Rs 50,000/- Fixed Deposit have been made in the name of each VDC. Interest on these FDs and General Donations are used to undertake developmental activities of Rs 96,500.

During 2011-12 two training programs were conducted under VDCs and 30 Grama Sabha meetings were attended.

Suvarna Grama Yojane: This is a Zilla Panchayat sponsored programme being executed in the villages selected by the local MLA. A sum of Rs 1 Crore is being spent on each of such selected villages. The works undertaken under SGY are being supervised by the Trust. During the period 6 training programmes were conducted in these villages.

Vocational Training Programme & Income Generating Activities: With the assistance of Jana Shikshana Samsthe ([JSS) Mysore, Vocational Training Programmes are being imparted to unemployed youth and SHGs. During the reporting period 30 students was imparted Computer Training. Electrical wiring training was imparted to 20 Self Help Group members. Agarbatti making training was given to 40 SHG members. Ready Food Making training was given to 60 SHG members. Tailoring was imparted to 110 SHG members in 4 batches during the year. 20 self help group members were trained in Candle Making. Soap and Phenyl making training was given to 25 students.

Government Programmes: Karuna Trust facilitated in reaching the Government schemes to the intended beneficiaries. Accordingly, subsidies on animal husbandry, construction of toilets, and disbursement of pensions to Old People, Widows and People with Disabilities were facilitated. This has benefited more than 325 persons under different governmental programmes during 2011-12

- Under SJSRY Programme 10 SHGs have been provided with subsidy and they are running successfully by carrying on animal husbandry activities.
- Toilets – 150 toilets have been built and further awareness has been generated among 900 people in the Taluka about the need to have own toilets.
- Old age pension programme 150 beneficiaries
  Widow Pension 150 beneficiaries
  Social Security Programme 15 beneficiaries
  Disability pension 10 Beneficiaries
  Total **325 beneficiaries**

Kammasandra

Integrated Rural Development Project at Kammasandra, Karnataka		
Health	Education	Livelihoods
• Primary Health Centre with 6 beds, Pharmacy, Laboratory and Minor OT. 24X7 services with MO and all staff staying in the Head Quarters. Availability of Essential drugs	• Orphanage for 25 destitute /single parent children. Free food, medicine, books and other needs. Sports, literary, and cultural events • Adoption of Government Primary and High School	• Low Cost Housing • Dairy services • Sustainable agriculture • Adoption of Anganwadi

Health

Primary Health Centre, Kammasandra: The detailed report is enumerated in **Annexure II** which is a separate enclosure.

Education

Sri Ramakrishna Paramahamsa and Vivekananda Rural Development & Education Trust, Putani Gudu

Kammasandra is a village in Doddaballapur Taluk about 60 km from Bangalore, with a population of about 390. There were a good number of destitute children in Kammasandra and the villages nearby. Hence, a project was taken up to focus on nutrition and education of these children. The project was christened "Putani Gudu" and started off with significant financial contributions from Dr. V A Ram, Plastic Surgeon in Las Vegas, Mrs. Girija Ram and the vision of Dr. H Sudarshan. The orphanage is being run as a part of the complete rural development project in Kammasandra.

The project identifies destitute children and seeks to provide them with nutritional food, healthcare and quality education.

Activities: The day starts at 5.30 AM for the children at Putani Gudu. The morning ablutions and prayer are followed by exercise and then the children sit for a morning session of study. They then finish their breakfast and proceed to the school.

Putani Gudu has strength of 20 children who are chosen by a Committee of 6 members. The children chosen come from very poor socio-economic background with severe neglect of basic education and health. The 'Gudu' intends to provide these 'uncared for' children with these amenities free of cost. Due care is to incorporate discipline in their lives.

Achievements

- There was a 100% pass percentage in the Annual Examination
- The children took part in various sports and extra-curricular activities and many of them won prices at district level
- The children from 'Putani Gudu' excelled at cultural and literary events at school level

Livelihoods

Following are active as part of livelihood programmes

a. Housing
b. Dairy
c. Facilities for Government Primary & High School
d. Adoption of Anganwadi
e. Roads & drainage under Swasthya Grama Yojana

Gohpur

1. Inauguration of Zonal Office:

The North East Zonal office of Karuna Trust was inaugurated by Dr H. Sudarshan, the founder and Hon. Secretary of Karuna Trust on 24th October 2011. Shri Deva Kr Baruah retd headmaster of Shahid Kananklata Baruah Girls High School, Barangabari was the Chief Guest and Shri Jadab Chaliha, renowned Social worker and founder of Morning star school were the guest of honor

In the function the mason Shri Ajay Sarkar, Carpenter, painter Pradeep Gowala, driver Bhaben Saikia and Mahim Bora were felicitated by Dr Sudarshan for their sincere and worthy service in Karuna Trust. Apart from Gram Panchayat members, teachers, social workers, local NGOs, villagers and self Help Group attended the inaugural function.

Shri Anup Sarmah Coordinator of Karuna Trust Arunachal Pradesh briefed about Karuna Trust work in North east. Shri Satya Ranjan Goswami the in-charge of the NE Zonal Office briefed about the future plan of KT.

Objectives of NE Zonal Office, Gohpur

The main objectives of NE Zonal Office, Gohpur, Assam is to

- Coordinate various activities that are going on or to be done in different states of N. E. India
- Act as central body for monitoring the performance of State Offices
- Act as centre for conducting socio-economic developmental activities in Gohpur and other parts of Assam.

2. Strengthening of SHGs

It is of no doubt that Self Help Groups play an important role in uplift of rural economy through self generated income activities in organized manner. There has been considerable increase in the number of SHGs in rural area of Assam in the last 10 years, but not all of them are functional. Karuna Trust feel the need to strengthen the existing SHGs (both functional and non-functional or dormant) than forming new SHGs in that area.

Before taking up any activities, Karuna Trust conducted a survey on SHGs to understand their problems and need. The survey covered total 38 nos of SHGs in 10 nos of villages under the Chaiduar West Development Block of Sonitpur District, Assam where Karuna Trust Zonal Office is also located.

Survey revealed lack of knowledge to manage SHG in a systematic way including market linkages.. Majority of SHGs did not know how to maintain accounts and other record keeping process. There was a need for skill development and they were interested to get involved in activities initiated by Karuna Trust.

Eleven SHGs were invited for a meeting on 6th March'12 at KT Zonal Office premises, Gohpur. Dr Paran Gowda, renowned social worker and President of Karuna Trust, Mousumi Gogoi, Coordinator Karuna Trust & VGKK and S.R. Goswami Coordinator and in-charge of Zonal Office, Gohpur attended the meeting. The main objective of the meeting was to make a direct interaction with SHGs to understand their present status and need. Moreover, providing information about the Mission & Vision of Karuna Trust was an important objective of the meeting.

3. Internal Audit & Accounts Monitoring

The internal accounts audit of all branches of Karuna Trust Meghalaya, Manipur, Arunachal Pradesh and VGKK, Tezu was held at Zonal Office, Gohpur. Audit of 3rd and 4th quarter was held in the month of November'11 and April'12 respectively. The main objective of the

internal audit was to monitor the budget utilization as well as the accounting system. The accountant of all the units attended the audit.

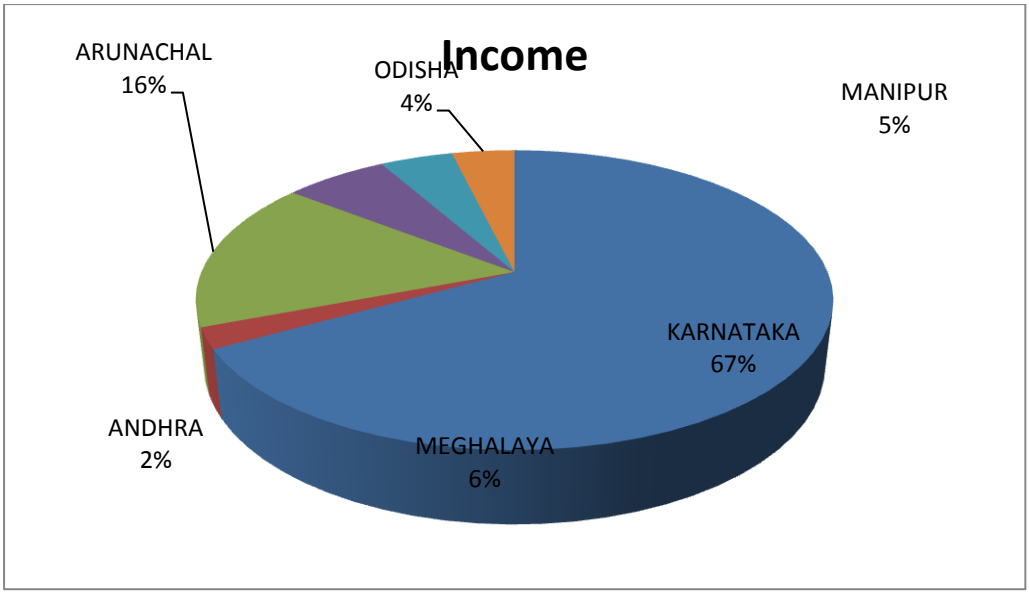
4. Finance & Accounting Manual

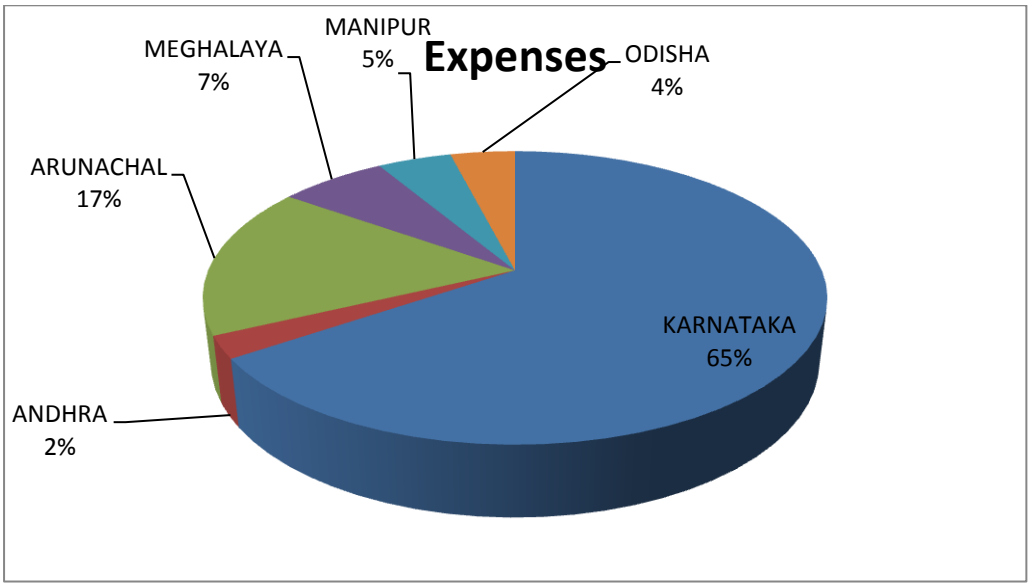
Finance and Accounting Manual of Karuna Trust was prepared by Mr. S. R. Goswami, Coordinator Finance to maintain uniformity in Financial Management by all branches of the North East Zone.

III. Financial Report

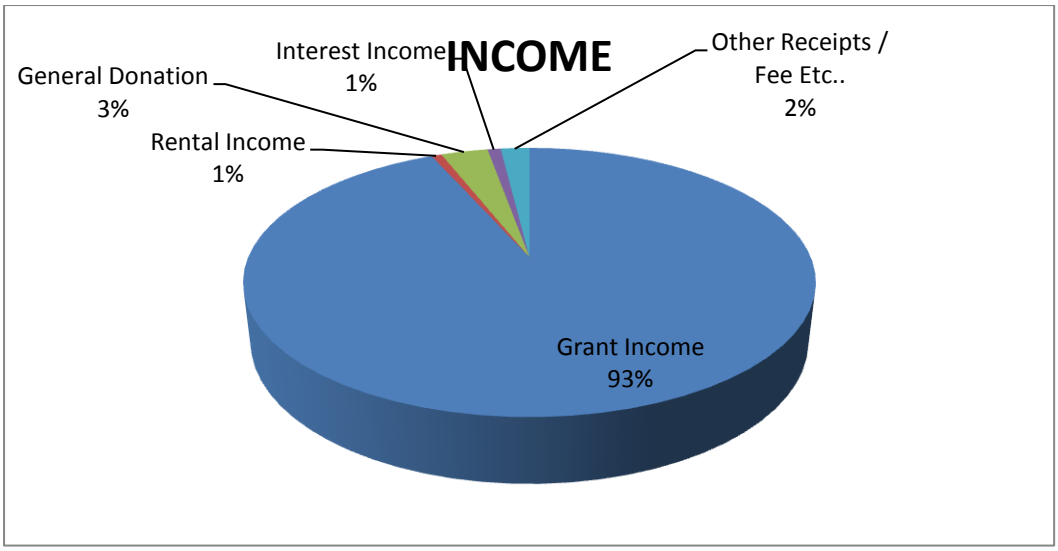
A consolidated Income and Expenses Statement of Karuna Trust is furnished as below:

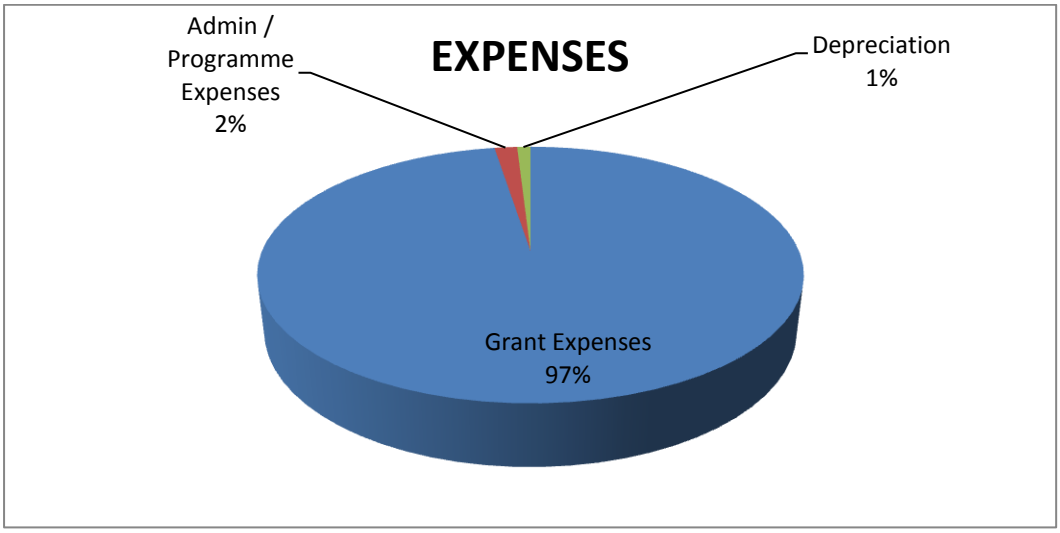
Particulars	Karnataka	Andhra Pradesh	Arunachal Pradesh	Meghalaya	Manipur	Orissa	Total
Income	146,886,183.43	4,945,768.00	35,769,588.00	13,783,565.00	9,705,832.00	8,363,029.25	219,453,965.68
Expenses	138,780,113.13	5,203,642.00	35,504,963.50	14,037,020. 20	9,705,832.00	8,486,123.15	211,717,693.98
Surplus / Deficit	**8,106,070.30**	**(257,874.00)**	**264,624.50**	**(253,455.20)**	**0**	**(123,093.90)**	**7,736,271.70**

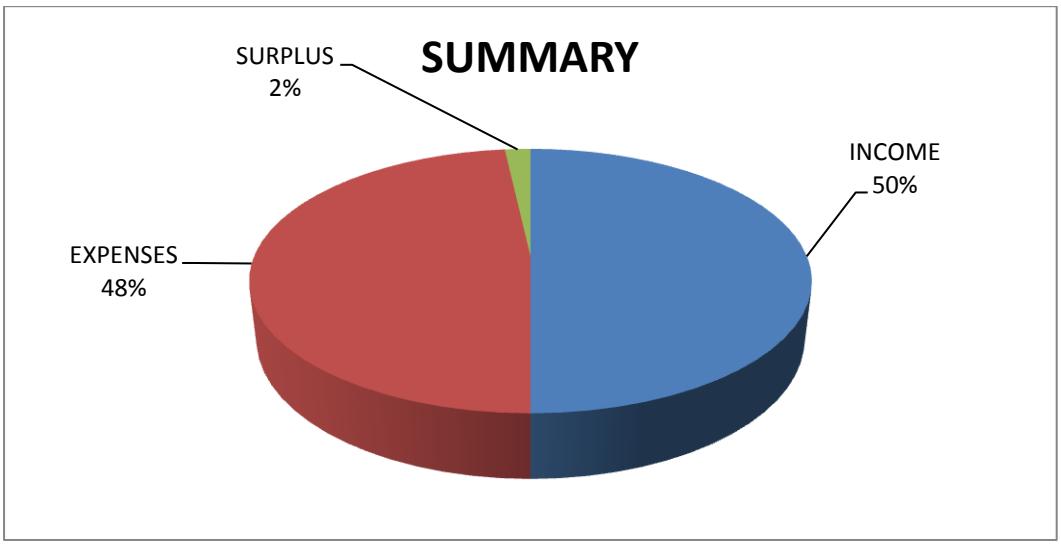

Income
ARUNACHAL
16%
ODISHA
4%
MANIPUR
5%
KARNATAKA
67%
ANDHRA
2%
MEGHALAYA
6%


Expenses
MEGHALAYA
7%
MANIPUR
5%
ODISHA
4%
ARUNACHAL
17%
KARNATAKA
65%
ANDHRA
2%

Consolidated Income & Expenses







INCOME	TOTAL
Grant Income	204,792,625.21
Rental Income	1,496,732.00
General Donation	6,954,020.22
Interest Income	1,950,274.25
Other Receipts / Fee Etc...	4,260,314.00
TOTAL	**219,453,965.68**
EXPENSES	
Programme/project Expenses	206,332,028.21
Administrative Expenses	3,392,791.09
Depreciation	1,992,874.68
TOTAL	**211,717,693.98**
SURPLUS / (DEFICIT)	**7,736,271.70**

IV. Proposed Projects

Smile on Wheels

Smile on Wheels is a national level multi-centric project initiated by SMILE Foundation with an objective of providing promotive, preventive and curative health services to the beneficiaries with focus on urban poor.

Karuna Trust has submitted a proposal to serve the people of Yemalur and Doddakenahalli villages located in Krishnarajapuram Taluk of Bangalore urban district which is predominantly inhabited by migrants working in the construction industry through a Mobile Clinic. Prevalence of Tuberculosis and Diabetes in the community, anemia in women and malnutrition in children has been noticed in these areas. There is lack of awareness on general health and personal hygiene in the community. It is envisaged that these health issues can be addressed in a better way by reaching out to the community through Mobile Health Unit as there is no any other Mobile Health Unit operating in these areas.

The selection of the project area & discussions are in progress and MoU will be signed in the near future.

Embrace Baby Warmers

Embrace provides infant warmers known as Thermpods to PHCs and community healthcare Centres. In partnership with Embrace, Karuna Trust intends to improve maternal and child healthcare by providing access to Embrace products. Proposal in under progress and is expected to become operational once the MoU is signed.

V. Awards & Recognition

Dr. H. Sudarshan, the distinguished founder and Hon. Secretary of Karuna Trust has been recognized worldwide for his yeoman service in the areas of Health, Education, Livelihoods and Advocacy and has numerous Awards to his credit.

- Pride of Karnataka (2011)
- Mahaveer Ahimsa Award (2011)
- Citizen Extraordinaire Award (2011) – Rotary Club of Bangalore
- The PHFI Outstanding Achievement Award (2009) – Public Health Foundation of India
- Sagar Award for Social Service (2009)
- Vivekananda Medal (2004) – Ramakrishna Mission
- Devaraj Urs Award (2003) – Govt. of Karnataka
- Krishnadevaraya Award (2002)
- Human Rights Award (2001)
- Dr. Babasaheb Ambedkar award for VGKK (2002) – Govt. of Karnataka
- Mahaveer Award (2001)
- **Padmashree (2000) – President of India**
- Basava Shree Award (1999)
- Karnataka Jyothi Award (1997)
- International Distinguished Physician (1995) – American Association of Physicians of Indian Origin
- Dr. Pinnamaneni & Seethadevi Foundation Award (1995)
- **Right Livelihood Award or The Alternate Nobel Prize (1994) – Right Livelihood Award Foundation, Sweden**
- Karnataka State Award for Best Child Welfare Organization for VGKK (1994)
- Environment Award (1992) – Govt. of Karnataka
- Dr. B. R. Ambedkar Centenary Award (1992) – Govt. of Karnataka
- Vivekananda Seva Puraskar (1991)
- Rajyothsava State Award (1984) – Govt. of Karnataka

VI. Compliance to Norms for Credibility of Voluntary Organizations

A Registration	
Public Trust Act	Charitable Trust 05-03-1986 No 12 vol 27 Page 207-218
Society Registration Act	
FCRA	094590090-30-10-1986
PAN	AAATK2765Q
Exemption under Income Tax Act	
50 under 80(G)	Yes
100 under 35 AC	
B Clarity and Commitment about mission and approach	
In Memorandum of Association and various Reports	Well defined and articulated
Translated into programmes and activities	Well ensured
Efforts towards developing clarity and acceptance among staff members, beneficiaries and local community	Yes
C Governance and Programmatic Operation	
Governing Board Members / Trustees	Meeting date : 26.6.2011
Activities, targets and systems for ongoing monitoring	Well established and in place more emphasis on qualitative aspect
Review	Participative approach in target setting; regular weekly and monthly reviews and external review on need basis
Formation of executive committee	Active and meets every quarter
Policy for purchase and issuing	Well defined and in practice
Maintenance of dead stock register	Up to date
D Human Resource	

Gross Salary	Male	Female	Total	Years of Service	Male	Female	Total
Less than 3000	0	0	**0**	1 to 5	217	193	**410**
3001 to 5000	0	0	**0**	5 to 10	294	201	**495**
5001 to 10000	22	8	**30**	10 to 15	8	5	**13**
10001 to 20000	456	375	**881**	15 above	4	2	**6**
20001 to 30000	45	18	**63**			0	0
30000 and above							
Total	**523**	**401**	**924**		**523**	**401**	**924**

Monthly Salary highest	Rs. 30000/-
Lowest Salary	Rs. 1500/-
Formal appointment orders and information about norms and rules & regulations	Provided to all staff members
All eligible benefits and supports for personal accident medical claim, children education, tours, magazines, etc.	Nil
Incoming and outgoing staff	Handled with proper transition process in place
Building family spirit and information culture	Is an ongoing process as a HR initiative
Co-ordination Committee	Head of the Department and key staff members from all departments
E. Accountability and Transparency	
Publications:	
Annual Programmes Report	Published every year
Annual Audited Accounts	Published every year
Financial aspects :	
Yearly budget exercise and financial review in board meeting	Annual basis
Accounts System	Well laid out and in practice
Emphasis on receipts and bills for every financial transaction	Ensured

Accounts monitory meeting	Monthly
Accounts audited by professional experts	Systematic and published every year
Sharing of accounts and expenditure with local community	It is being shared with the people's committee at Primary Health Centres
Evaluation and review by external experts	Institute of Health Management Research, Bangalore
Income tax, charity commissioner, employment exchange, food, and drugs act, pollution control board, minimum daily wages etc.	Regular Filing of Returns to IT, Ministry of Home Affairs (FCRA), Pollution Control Board and respective Health Departments of the State Government.
Air travel	Domestic: Travelled (all sponsored) International: NIL
Acceptance of various awards	Largely in the name of Institution

VII. Donors List

List of Individual and Institutional Donors 2011-12

Sl. No.	Name of the Donor
I	**Institutional Donors**
1	Government of Karnataka, Health & Family Welfare Department
2	Government of Arunachal Pradesh - Department HFW & NRHM
3	Government of Orissa - Department HFW & NRHM
4	Government of Andhra Pradesh-Department HFW & NRHM
5	Government of Meghalaya - Department HFW & NRHM
	Government of Manipur- Department of HFW & NRHM
6	Karnataka Health Systems Development and Reforms Project (KHSDRP)
7	National Rural Health Mission (NRHM)- Karnataka
8	Sir Dorabji Tata Trust, Mumbai
9	Sir Ratan Tata Trust, Mumbai
10	Population Foundation of India, New Delhi
11	Sight Savers International, Mumbai
12	Wienerberger Brick Industry Pvt.Ltd., Bangalore
13	India Development Foundation (IDF)
14	Rotary Club Shimoga
15	Supraja Foundation, Hong Kong
16	MacArthur Foundation
17	Panacea, United Kingdom
18	The Bill & Melinda Gates Foundation though Karnataka Health Promotion Trust (KHPT)
19	KRS Foundation
20	American Service to India (ASTI)
21	India Friends Association, USA
22	Global Antibiotic Resistance Partnership - India, USA
23	Jinda Steel World (JSW) -Bellary
24	EK Disha-Cormel
25	NPCIL

Individual donors

Dr. VA Ram, USA	Vydyanath Shivapuja
Dr. M. Nagaraju	Ramesh Chakravarula
Dr. M.L.Ramesh, USA	Lokanatha Patel
Belur S. Sreenath, USA	Shaun M Wilkinson
Dwiji P Kumar, USA	S N Rajagopal
EK Disha-Cormel	Shobana & Sivaram
Jiffin, USA	Joy N Carroll
Sudhir Koneru	Ravi S Reddy
Aditya Sukhwal	Muralidhar Annavajjula
Bheru Lal Sukhwal	Mosali Sanjeeva Reddy
Angela M Hanz	Prasanna R Kumar

VIII. Annexure

State-wise Report of Primary Health Centres