Executive Summary-2006

Based on Implementing Succession Plan

1. PREAMBLE

This will be the **last and final Report** as the **Director** of NIRPHAD/SJSH. The Board/Society decided three years ago to find a replacement for the Director and the usual avenues of advertising and canvassing failed.

The Board/ Society took up the challenge of finding a replacement but also train the incumbent. The BOM then selected a **Selection Committee** to implement the task, with the additional task to plan a relevant training programme.

1.1 The process: An internal assessment of all the senior staff was undertaken, by the **Administration** which, with the help of **external specialists** (for greater objectivity) who knew NIRPHAD, but also other well known rural and health development organizations and **specialized organizations** such as NIHFW (Dr. Neeraj Sethi- the Director had completed an evaluation of NRPHAD and its programmes). Criteria such as over all suitability, training, experience in the special requirements of NIRPHAD, commitment, administrative and leadership qualities were taken into consideration, with a special input from **Dr. Henry Perry III.**, (International Health Consultant)- who has completed three reviews and assessments of NIRPHAD and has visited the programme five times.

The special requirements of NIRPHAD, which is **linking health with socio-economic development,** was a major factor, with programs to alleviate poverty, in clinching the decision in selecting the **new Director.**

1.3. The decision: The **first selection Committee** met (in the conference room of the Methodist Guest House on September 30th, 2005) under the leadership of Mr.Raj Kumar Michael, Chairman of the NIRPHAD Board and Society and the members were Dr. Leela Caleb, Mrs. Joy Michael, Mr. Chet Singh, Mr. Vahgela, Mrs. Sheila Sundaram was the Observer and Dr. E.B. Sundaram was the Minutes Secretary with the assistance of B. Lall, the Monitoring Officer and Mr. Nikil Tressler, PA to the Director. In making the selection not only the above factors were considered in-depth, but additional factors such as ability to collaborate with national and international donor and church agencies.

1.3 Dr. Sanjay Emanual Nanda (Director designate/protem Director):

Dr. Sanjay Nanda was chosen by the first Selection Committee with the proviso that he immediately enroll in a training programme with Dr. Ashok Sahni, the Professor and Director of the Indian Society of Hospital Administrators (ISHA). Dr. E.B.Sundaram was directed to continue hands-on training and report the progress to:

1.4 The second Selection Committee which is yet to meet. NIHFW was willing to provide any assistance in completing Dr Nanda's assignments. Important issues were raised by Dr. Henry, such as empathy for developing progrmmes for the poor and corruption were discussed and how Dr. Nanda would handle these difficult, but important issues. Dr. Leela Caleb stressed on the importance of relevant training. Dr. Perry gave a written report of his assessment. (see below)

COMMENTS ABOUT FUTURE NIRPHAD LEADERSHIP AND DR. SANJAY NANDA

13 March 2006

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NIRPHAD is dedicated to the empowerment of the poor and marginalized, to the uplifting of women, and to the improvement of the health and quality of life of people in the Mathura and Agra Districts. Over the past 27 years, Ernest and Sheila Sundaram have dedicated themselves to the formation, expansion and strengthening of NIRPHAD. They have recruited and built a staff which has shared the goals of NIRPHAD and which has succeeded in making NIRPHAD the largest and one of the leading NGOs in Uttar Pradesh.

Ernest Sundaram has requested that I meet and interview the proposed new Director and the proposed new Coordinator and to discuss the issues of transition of leadership with various members of the Board of Directors. I am very pleased to have this opportunity to be able to participate in discussions about this very critical moment in the life of NIRPHAD.

As Ernest and Sheila now make plans for retirement and relocation to south India and as plans for transition in leadership proceed, I am pleased to offer the following general comments.

1. Uttar Pradesh is one of the areas of greatest need in India; India still has enormous unmet needs for improving the health of women and children; women remain highly oppressed; HIV/AIDS is beginning to embed itself within the population along the major route between Delhi and Agra and beyond; India is the country of the world that has the largest number of deaths among under-five children; and, the Government of India and international donors are increasingly relying on NGOs to assist them in reaching goals for the improvement of health and well-being in impoverished areas of the country. Given these facts, the need for the work of NIRPHAD will continue for the foreseeable future, and it can be assumed that funds from the government of India and from international donors will be increasingly available to support the work of organizations such as NIRPHAD if NIRPHAD is able to handle funds well, execute projects which demonstrate positive results, and maintain a leadership which is able to inspire confidence among donors.

2. Therefore, the Board of Directors has a major responsibility for ensuring the selection of a capable leader who can effectively guide NIRPHAD during the coming years.

3. In addition to many other specific professional and personal qualifications that the new Director of NIRHPHAD should have, I would like to offer the following:

    a. A deep personal commitment to improving the lives of the poor;
    b. A vision for what NIRPHAD should be striving to be that supports NIRHPAD's history and mission;
    c. A leadership style which is service-oriented and collaborative (servant leadership) rather than authoritarian control-oriented;
    d. A strong technical knowledge of commitment to community development, community-oriented public health, reproductive and child health, and HIV/AIDS.

4. After a chance to interview Dr. Sanjay Nanda, my observations about him are the following (recognizing that one can gain only so much insight into a person after a brief conversation):

    a. He does appear to have a deep commitment to serving the poor;
    b. He does appear to have a vision for the future of NIRPHAD that honors its history and mission;
    c. He does appear to have a collaborative leadership style; and,

d. His overall orientation seems to be quite medical, and his knowledge of community development and community-oriented public health is limited. This is not surprising given his young age (33), his professional focus so far on the medical practice of pediatrics, and his relatively limited exposure to public health, community health, and community development. His willingness to move into these areas is of great importance.

My recommendations are the following:

1. I support the decision to continue with the training of Dr. Nanda and believe that he is a suitable candidate for the position of Director of NIRPHAD.

2. During his training period, Dr. Nanda should have time to visit outstanding community health and development programs in the region. I recommend that he visit the Jamkhed Comprehensive Rural Health Project in Jamkhed, Maharashtra, India; the Society for Education and Research in Community Health (SEARCH) in Gadchiroli, Maharashtra, India; Future Generations in Arunachal Pradesh; and BRAC in Bangladesh. I will be very happy to assist in making arrangements for this. I also think he should visit a recognized program in HIV/AIDS prevention and treatment in India, although I do not know which program to recommend. Leila Caleb Varkey can assist with this.

2. I recommend that Dr. Nanda attend at least one major international health conference at the outset and then yearly if possible. The Global Health Council holds an outstanding meeting each year in Washington, DC, and the conference this year will be from March 30-June 2. This will expand his knowledge of community health and contribute to networking, which will be an increasingly vital asset for future growth of external funding.

3. I recommend that Dr. Nanda give priority and attention to reading the following documents:

   Jon Rhode and John Wyon (eds.). 2002. *Community-Based Health Care: Lessons from Bangladesh to Boston.* Boston: Management Sciences for Health in collaboration with the Harvard School of Public Health. [Dr. Sundaram has a copy.]

   Carl Taylor and Daniel Taylor-Ide. 2002. *Just and Lasting Change: When Communities Own their Future.* Baltimore: Johns Hopkins Press. [Dr. Sundaram has a copy.]

   Perry H., M. Siddiqi, P. K. Roy (eds.). 1999. *Technical Guidelines for Child Survival Interventions in Bangladesh.* Dhaka: BASICS, Ministry of Health and Family Welfare, and National Integrated Population and Health Program. [Copy will be provided.]

   Perry H., N. Robison, D. Chavez, O. Taja, C. Hilari, D. Shanklin and J. Wyon. 1999. Attaining Health for All through community partnerships: Principles of the census-based, impact-oriented approach developed in Bolivia, South America. *Social Science and Medicine* 48: 1053-1067. [Copy provided.]

   Perry H. *2000. Health for All: Lessons in Primary Health Care for the Twenty-First Century.* Dhaka: University Press. [Dr. Sundaram has a copy.]

   Perry H., D. Shanklin and D. Schroeder. 2003. Impact on infant and child mortality of a community-based, comprehensive primary health care program in Bolivia. *Journal of Health, Population and Nutrition* 21:383-95. [Copy provided.]

   Perry H., A. Ross, and F. Fernand. 2005. Cause of under-five mortality in the Hôpital Albert Schweitzer Service Area of rural Haiti. *Pan American Journal of Public Health* 18:178-86. [Copy will be provided.]

   Perry H., M. Cayemittes, F. Philippe, D. Dowell, J. R. Dortonne, H. Menager, E. Bottex, W. Berggren, and G. Berggren. 2006. Reducing Under-Five Mortality in Severely Impoverished Settings through Local Health and Development Programs: Hôpital Albert Schweitzer's Integrated System of Community-Based Primary Health Care, Hospital Care, and Community Development Services in Haiti. *Health Policy and Planning* (in press). [Copy provided.]

   As other documents come to mind, I will make them available to Dr. Nanda.

4. I recommend that Dr. Nanda and NIRPHAD consider his enrollment in the master's program in applied community change and conservation run by Future Generations. This is a part-time, two-year program which would provide Dr. Nanda with an in-depth learning opportunity for community development which will engage him with other community development practitioners from around the world and will give him the opportunity to visit outstanding grassroots community development programs. Since I teach in this program, I would be pleased to try to help make this possible. Complete details can be found at www.future.org. The next course will begin in September 2007.

5. There should be a clearly defined time schedule for Dr. Nanda to formally assume full responsibility as the formal Director of NIRPHAD. All partners of and donors to NIRPHAD should be fully informed of this transition plan.

Concerning Mr. Jerome Peter, the candidate for the position of Coordinator, I would like to make the following comments based on my interview of him and the comments of others who interviewed him as well:

1. There remains some concern regarding whether he is the best candidate for the position. Raj Michael will be checking informally on his performance in his current position, which he has held for 19 years now. He also has yet to provide a copy of his curriculum vitae.

2. NIRPHAD should first finalize a contract with Dr. Nanda and then give him the final responsibility for determining if he is convinced that Mr. Peter is the most appropriate candidate for the position. If so, then Dr. Nanda, in consultation with Dr. Sundaram and the Board of Directors, should negotiate a contract with him. If Dr. Nanda concludes that he would like to search for a more suitable candidate, he should be able to lead this search himself with the assistance of Dr. Sundaram and the Board of Directors.

3. Since the new Coordinator will have responsibilities for supervising community work, he/she should also have the opportunity to visit outstanding community programs in India and nearby.

Finally, let me make a few comments about the strategic direction of NIRPHAD.

1. In today's and tomorrow's world, networking will be critically important to maintaining access to important information for program strengthening and for funding. The new Director will have to devote time and energy to this.

2. It will be very much in NIRPHAD's interest to maintain working relationships with individuals and organizations in Europe and in North America. Such relationships have the long-term benefit of providing opportunities for funding and for program strengthening.

3. An opportunity now exists for discussions with Curamericas, an international NGO which I founded and which has confined its work to the western hemisphere (Bolivia, Guatemala, Haiti and Mexico). I am now Chairperson of the Program Committee for Curamericas and I am urging the organization to begin to develop working relationships with well-established organizations in areas of great need in Africa and in South Asia. A partnership with NIRPHAD has the potential for strengthening both organizations. Curamericas has almost 25 years of experience in developing and implementing the census-based, impact-oriented (CBIO) approach which makes it possible to carefully monitor program success and impact on mortality and fertility, a capacity which rarely exists among health programs serving the poor. Given the long collaboration between Henry Perry and Ernest Sundaram, a relationship between NIRPHAD and Curamericas might be a very productive one. Both have strong connections to the Methodist Church. Information about Curamericas can be obtained at www.curamericas.org.

4. Developing a much stronger monitoring and evaluation component would be in NIRPHAD's best interest for two reasons. It would serve to strengthen field programming in the community and it would also serve to make NIRPHAD more competitive for obtaining funds since past results could be shared. The SEARCH program in Gadchiroli is a prime example of the CBIO approach and the power of strong monitoring and evaluation. Dr. Reddy, Director of Monitoring and Evaluation at SEARCH, should be consulted regarding the

strengthening of monitoring and evaluation at NIRPHAD, and a full-time position for someone with formal training in demography should be recruited for this position.

5. Empowerment should be a central concern of NIRPHAD. This includes women's empowerment and community empowerment. The Jamkhed Project is the world's premier program for empowerment, and the work of Future Generations is very much focused on this issue. Therefore, linkages should be fostered with these organizations.

At this meeting **Mr. Peter Gomez** of CASA was also interviewed and the members expressed strong reservations for his suitability and suggested that more candidates should be interviewed.

The Executive Committee members further advised that Dr. Nanda should be given **graded responsibilities** so that he is not swamped and over burdened. The protem Director's **priorities** and **time management** will be crucial, in order to implement a smooth transition of the **Succession Plan.**

Dr.Sundaram to continue as **Advisor to the Director** and take necessary steps to make immediate plans for **devolution** of responsibilities. The Executive Committee will examine all **administrative arrangements** and forward their recommendations to the BOM/Society for **final ratification.** These recommendations will include satisfactory **completion** of all **projects** and **contracts**. The training and the ability of Dr. Nanda to **take over responsibility** will be crucial.

Important factors to be considered will be:

- Developing a **new team** with the new **Director, Administrator and Coordinator.** To be presented to the 2006 Executive Committee and BOM/Society for **ratification** of the various actions.

- **The present Coordinator (M.D. Agrawal) to train his successor** and during this period will provide **supportive supervision as Advisor to the Coordinator designate/protem coordinator.**

- **The new team** to be assessed for problem-solving and decision-making (administrative and financial), writing **project proposals, reports**, **fund raising** and training of staff

- **Tenure** of the **Advisors** (to the Director and Coordinator).

From the above actions and activities it is more than evident that NIRPHAD has been successful in implementing the recommendations of the BOM/Society's **'succession Plan"**. The next few years will be critical while assessing the total impact by a SWOT analysis and to document the correctness of the various **decisions**

2. GENERAL OBSERVATIONS OF THE DEPARTMENTS AND ACTIVITIES

As in previous years this summary will indicate **critical observations** based on the tangible and intangible, according to the basic **mission** and **vision** of NIRPHAD, its objectives and the strategies used in evolving and implementing programmes, to **alleviate poverty (empathy for the poor)** by developing a **sustainable infrastructure**. This was and still is the overall objective of USAID (with which NIRPHAD has collaborated since 1974). The only difference being that NIRPHAD has laid greater stress on, **'linking health with socio-economic development'**, as the major **thrust**, in developing **tools** (with relevant innovations), for implementation. Careful observation, with the objectivity and **full participation** of all the staff yielded information for consolidating and strengthening various departments and the role of the various staff for the benefit of future expansion.

2.1. Inefficient/disloyal staff: It was more than evident that some staff had **passed their usefulness and is hindering progress**. It will be necessary for the Coordinator designate and the Administrator to take necessary action. The individuals have been identified. A few staff whose very **loyalty** is suspect and are involved in illegal activities; their contracts are being reviewed with the legal Advisor. If **long term** consolidation and sustainability is to be established long term policies for commitments of suitable staff will be of utmost importance.

2.2 Upgrading staff components: Repeated review of sector performance in relation to staff has revealed several short comings, which requires immediate rectification:

2.2.1 In order obtain relevant and **reliable data**, not only for evaluating a programme but also for innovation, consolidation and expansion the appointment of a **demographer** is the need of the hour. Since demographers are rare as hen's teeth, first a biostatistician should be selected and sent for further demographer's training at Institute of Health Management, Pachod / SEARCH or similar institution.

2.2.2.TOT: Training component of the preschool teachers and the target groups of mothers, youth and community not only in Mathura (but also in Agra slum programmes, RCH II in Mathura but also other health programmes in the pipe line), will require the services of at least **two well trained trainers**.

2.3. Eye Department: Probably has the best training programme with the help of CBM, but NIRPHAD has been having serious difficulties in **retaining** its senior staff. A new approach needs to be tried so that only candidates who have **genuine, long term interests**, with greater participation in the **sustenance, administrative role and ownership** should be considered for appointment. This latter factor is the **new strategy** as an approach to an important issue is feasible and must be vigorously pursued. Sophisticated equipment like **Yag Laser** (the second in the District) and Phaco emulsifiers can attract committed and enterprising ophthalmologists, since the affordable fees had attracted a larger number of clientele.

2.3.1 The Bajna Rural Eye programme: will go through a major turn around with a massive Rs.56 lakh contribution from CBM. The **new surgical block** at a cost of Rs.14 lakhs will be part of the **package** (including equipment and a vehicle). Senior staff is undergoing further training and the paramedics will receive hands-on training from senior staff.

Chatikara and Bajna Growth Centre's staff morale and performance will improve if a sustained relevant **Institutional and personal Growth** development programmes are evolved and implemented by the Coordinator, Manager and the Advisor to the Coordinator. The training programmes by CBM and HCDI must be taken into consideration.

2.4 Review of Administration at SJSH: With the resignation of Mr. Bhatnagar it became evident that a **long term** administrator, with a **medical degree and sufficient experience** will be more suitable. An MHA is insufficient as medical consultants/paramedics expect clinical guidance, which only a medical administrator can provide. It was noted that all problem-solving decision-making was based on easily satisfying the requests of the staff, irrespective of the objectives of SJSH or its long term impact. Appeasement, compromise, fear of upsetting the apple cart usually resulted in **poor decisions.** The answer to this issue is obvious- an **experienced medical director**, with the help of an **Assistant Director,** who will administer b**y objectives** and not fire fight**.**

2.4.1 Assessment of the performance of the **paramedics** revealed that some of the staff had no idea of the **goals** of SJSH, lacked **discipline,** with resultant lack of **motivation** to do their best; poor image (inferiority complex), absence of a good role model. This group could be easily misled and manipulated by the **disgruntled**. This group misused every opportunity to be involved in activities, **detrimental** to the progress of the individual, department, peer groups and reflected in the performance of the Institution as a whole. **75%** of this group can be rehabilitated so as to develop a positive mind set with a major a paradigm shift; **25%** will have to participate (with the 75%), in a **Team building programme,** not only **structured,** but sustained and continuous. Previously, sporadic attempts were made with the help of resource persons, but without **pre- and post programme assessment.** Naturally**, as** expected, this scheme did not produce the desired results. On the other hand **morale** of this group **deteriorated, which improved after corrective measures were taken,** as indicated in the **'patient satisfaction' assessment (enclosed).**

PATIENT SATISFACTION QUESTIONNAIRE
APRIL 2005 & APRIL 2006

TRAIT	SATISFACTION	RESULT 2005	SATISFACTION	RESULT 2006
Admission Process	73	Good	94	Excellent
Waiting Lounge	96	Excellent	85	Good
Doctors & Consultants	96	Excellent	90	Excellent
Nursing Personnel	100	Excellent	95	Excellent
Technical Staff	48	Poor	100	Excellent
Other Staff	45	Poor	86	Good
Rooms / Beds	100	Excellent	89	Good
Utilities	46	Poor	60	Good
Hospital	94	Excellent	92	Excellent

The **new Team** of Administrator, Assistant Administrator cum Coordinator, and Manager will have to develop a **relevant programme** for **individual and institutional growth**-which will result in building a strong team of dedicated and skilled workers. **5%** of this group, have no place in the larger interests and long term of SJSH and the Legal Advisor should advice if this group should be immediately terminated or their contracts not renewed.

2.5 Management requirements at Chatikara Growth Centre:

2.5.1 An administrative review yielded important information with regard to the urgent need for improving the general **morale** of the staff. This is possible only if the Coordinator-designate, **resides on the campus**. **New standing orders** should be examined and obsolete orders deleted so that all orders are followed meticulously in word and spirit by all the staff. This one step will improve **discipline**.

2.5.2. General Maintenance of the campus and equipment will be in the ambit of the responsibilities of the Coordinator-designate, with the actual execution by the **Manager.** The input from the **Advisor to the Coordinator**, who has experience of about 30 years, should be sought in all routine and complex matters.

2.5.3. Appointment of MCH specialist: Will strengthen the MCH programme at Chatikara Growth Centre, but provide her expertise for three days for the Paediatric OPD of SJSH and the F.P, RCH II programmes of NIRPHAD (Mathura and Agra).

3. OVER-VIEW OF THE CLINICAL PROGRAMMES

3.1. SJSH:

3.1.1. With the resignation of **Dr. Alok Mathur,** who has been the general surgeon for over four years (with a stint of two years in the Emirates and returned to SJSH after 2 years) has made a negative dent in the quality and attendance in the department. By laying the foundation for surgery, with his keen acumen as a clinician and teacher, he was able to analyze and document the 'challenges of SJSH', which can be used to evolve long lasting strategies. Dr. Mathur's first love was to find a career in a teaching hospital, which objective SJSH can not fulfill. Administration was his Achilles Heel, and it appears that there were other family pressures necessitating a change. Dr. Mathur was well liked by one and all as a quiet, humble and a good person. His contribution has set a base line and a high standard for his successors to emulate. He will continue to be a resource person, when and if required.

3.1.2. Dr. Sujoy Bhattacharya-started cautiously when he joined SJSH. He already had a reputation as a good orthopaedist. SJSH gave him an ideal work ethic and environment, as the number of high speed vehicular accidents on HW 2 needed the services of a good trauma surgeon. Marital problems were a serious set back and some members of the Administration and staff stood by him in this most difficult and delicate situation. But the dedicated and workaholic traits saw him through and he reached his zenith, with vim and vigour by selfless service to the felt and real needs for about 100 OPD patients per day and performing 1000 operations per year. Every year Sujoy documented his pre-post operative patients for presentation at the All India and State Orthopaedic Associations. His excellent contribution was recognized by the Orthopaedic Association of India and Sujoy was awarded a prestigious and coveted scholarship to train in 'replacement surgery'. His first six months of training will be in Delhi and later in an advanced country. His zeal, excellent acumen and achievements will be exceedingly difficult to emulate by Sujoy's successors. SJSH Administration will continue to keep in contact and follow his career. Sujoy has agreed to be a resource person, which will be greatly valued by NIRPHAD/SJSH, as he is a brilliant feather (probably unequalled) in the cap of SJSH/NIRPHAD.

NIRPHAD/SJSH Administration should continue to recognize talent, provide the environment (good working conditions and equipment and creative ethos) for the staff to bloom to their full potential and when they leave use them as resource persons and role models, as some day these specialists may develop into icons. SJSH/NIRPHAD will be eternally grateful for the outstanding services of Drs. Sujoy and Mathur.

3.1.3. Dr. Satyavali: as a medical specialist attracted a large clientele, with good patient satisfaction. Observation that training in ultra sound technology will enhance diagnostic accuracy, enabled the Administration to arrange training in ultra sound sonography for Dr. Satyavali at St. Stephen Hospital. This training not only increased in honing his skills but also was a much needed boon in diagnostic services. Dr. Satyavali had a fair flare for administration, but since his long term goal to move closer to his home and consolidate in a career in private practice, did not encourage the Administration to consider him for a long term tenure, or as a leader. Satyavali had a penchant for correct diagnosis but also to recognize unusual cases which were treated in his department, but did not make serious effort to document, publish or present at clinical conferences, as in private practice most consider this exercise as a futile waste of time and of no value to them or others. This is unfortunate as his experience could have been effectively used in the continuing education programme of NIRPHAD/SJSH.

3.1.4. The administrative sector threw up several lacunae, which required immediate attention. Hands-on training to **Mr. Bhatnagar** provided strategies of how to deal with the block *pradhans (a very difficult task at best);* assist the legal advisor to update the Standing Orders; develop a data-matrix for performance analysis (especially for the IOCL Monitoring Committee); tools for communicating and liaise with MOR; estimating patient satisfaction; techniques to make a good presentation to donors (material provided and perfect practice went a long way to make the presentations effective with 'punch, power and pizzazz').

NIRPHAD as managers of SJSH realized that there were **other pressing issues** which were: leadership in clinical services; supportive supervision at all levels, improve discipline; enforce rules and regulations with empathy but firmness; frequent and regular rounds with the estate manager

and section heads; then a scheme to develop continuing medical education at all levels which can be assessed every year and an administrator who can commit to serve at least for five years or longer and able to evolve a 'succession plan'.

This is a tall order for one person and requires, besides an experienced administrator who has experience in managing a large hospital (with its complexities and nuances), a part time assistant administrator and PR officer (part time) who has good rapport with the community and its leaders. The Director-designate will have to play a pivotal role in dealing with the donor agencies and overall supervision. This has to be a long term haul for the SJSH administration, so as to give a new thrust and emphasis (with yearly review for mid-term corrections) to fulfill its objectives.

Further NIRPHAD'S experience in the last 30 years has shown that it is much easier to administer a well structured and funded Hospital than a community health development programme, which does not have assured financial support and funds have to be raised and donor's support both from target beneficiaries, government participation, national and multinational involvement are resources which must be exploited. It is also known that a programme can only go forward or take backward regressive steps and a status quo is only obscurantist.

3.2. Over view of programmes at Chatikara Growth Centre:

3.2.1. MCH Centre: Dr. Shakunthala Srivastava has been serving NIRPHAD faithfully for the last 26 years. But she is getting on in years and is slowing down and has cut down her work load by 50%. Her team consists of one trained ANM and *dais.* The staff arranges daily MCH services. Every Monday the MCH staff assists the Government F.P. Team in performing laparoscopic tubectomy. The MCH Centre also has a small lab to provide basic lab tests before tubectomy or for the eye services and during investigations for other medical conditions.

The employment of a MCH doctor is an urgent necessity as it will serve the urgent felt needs of the community and the income is a dire necessity to provide sufficient remuneration to the core staff. Funds also should be sought to upgrade the facilities of the delivery room.

The Methodist Public Health Services, Mursan, under the Directorship of Ms. Reidun Refsdal has collaborated with NIRPHAD- "Mursan HIV/AIDS" Project. The delivery room and the second after-care rooms have been well furnished, as well as a room for the Counselor. Even though all antenatal women are being tested for HIV/AIDS not a single patient with HIV/AIDS positive has delivered in this facility. The HIV/AIDS services extended to the 60 *dhabas* (road side inns) on HW-2 is a unique innovation and the presence of other agencies is conspicuous by its absence. Whether it will be possible to receive a grant from NACO is a moot point as the NIRPHAD application is still pending with the NACO Office at Lucknow.

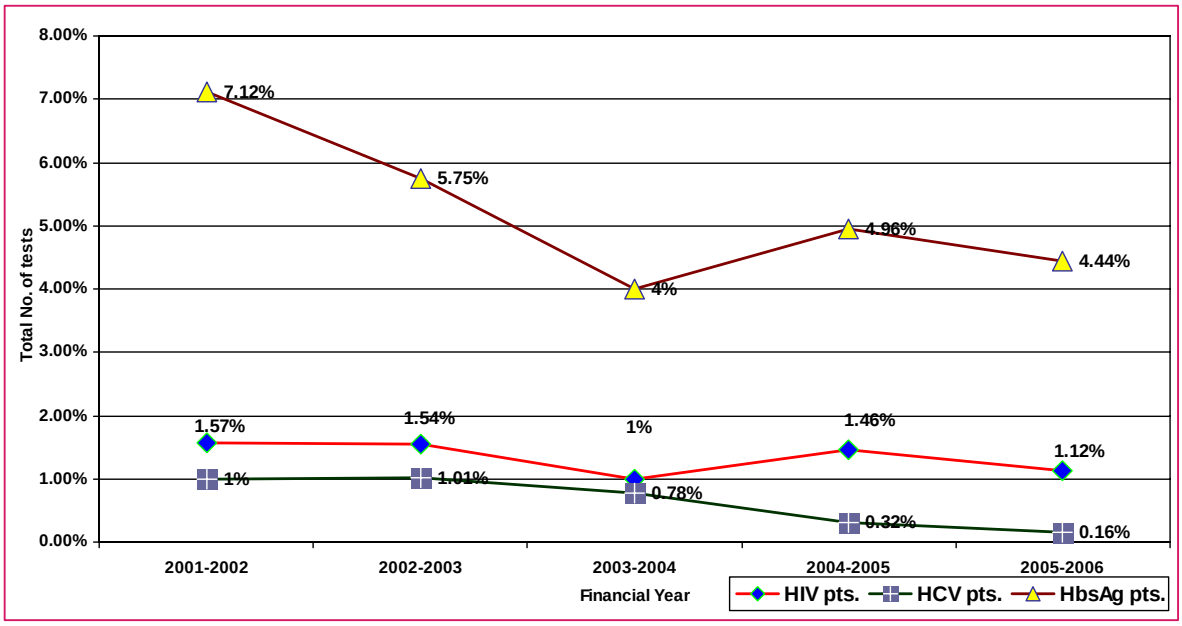
But the situation is disastrous as expressed by several health development agencies. UP is sitting on a time bomb and the trend shows a marked increase in the incidence of HIV/AIDS and is only the tip of the iceberg (from 1.2% to 1.6%), as the data includes patients who have sought medical treatment and not a sample of the local population.

The MCH building continues to be used for meetings and conferences and also has an office for the A.H section.

If the RCH 2 project is sanctioned by the Ministry of Health (NGO) section of U.P.., then the four FNGOs from Mathura District and four FNGOs from rural Agra District will receive training at the Chatikara Growth Centre.

The relevance of the future programmes of the Chatikara Growth Centre and the success of a committed staff will depend on uninterrupted implementation of the programme and strategies to develop sustainable local income (which means total participation of the community). Accessing Government and international assistance will depend on the ability of the leadership to garner funds (most difficult in any circumstances- but a necessary evil).

HIV / HCV / HBsAg (TREND)



3.3. Rural Eye Hospital: Chatikara and Bajna Growth Centres.

3.3.1. Rural Eye Hospital Chatikara: The clinic buildings and the staff quarters were donated by CBM International and the Lions Club of Germany. The Centre continues to be the main stay of the programme, and it was hoped that with the advanced training in small incision cataract and phaco surgery given to Dr. Shanthi Pandey, would take the department to greater heights, but NIRPHAD was sadly disappointed asw she could not fulfill her tenure obligations and left the Institution. Dr. Dinesh Chapparia was given training in small incision cataract surgery by CBM and was further assisted by Dr. Sara Verughese. If he was willing to continue his services with NIRPHAD and fulfill a contract he could be trained in 'Phaco' surgery. Dr. Mrs. Shilpa, who is a diplomate, continues to help Dr. Chapparia in Chttikara and the Bajna Growth Centres. In view of this uncertainty at the time of writing this report, negotiations with an ophthalmologist (MS-O) and his spouse who is a Gynae. Obst., specialists are in progress.

The mobile team continues to provide patients but the organizer cannot get along with other staff and has serious difficulties in following accepted procedures in handling donations. In 2008 he will reach retirement and in the larger interests of the progrmme a younger optometrist will have to be selected and CBM is willing to train him in community organization.

3.3.2. Bajna Rural Eye Centre: The grant from CBM of Rs. 56 lakhs has injected new blood in to the eye programme. Efforts are being made through the Manager to motivate the local traders to provide food items for the eye camps and bricks for the completing the boundary wall.
Besides employing new staff there is an urgent need to streamline the administration. One staff member was terminated as he was unemployable. Dr. Sara Verughese as the CBM representative for the North is willing to train the Staff. The added facilities will be a boon to the community, but also an opportunity for NIRPHAD to consolidate the programme in its totality. Once this is accomplished the Centre could become a training Centre for the region and the fees engendered could lay the foundation for graded self-sufficiency. CBM will continue to provide capital grants, which at present has up graded the facilities and the Government subsidy is also helpful for treating poor patients who cannot pay.

Both the Centres now raise local funds for disbursing salaries- one step forward for graded self-reliance.

3.4. SIFPSA: State Innovations for Family Planning Agency has collaborated with NIRPHAD for the last eight years and has implemented FP and RCH interventions in the blocks of Mathura, Tappal and Khair (Aligarh District); and Community-based Distributors (CBD) project in the Bichpuri Block of Rural Agra District. In 2006 in the Agra District blocks of Baroli Ahera, Bichpuri and Akola (the latter programme is entitled "NIRPHAD Service NGO".

SIFPSA organized a meeting with Dr. Robert Clay, Population, Health Management and Mr. George Dikkan, Mission Director of USAID and four MNGOs were invited to present a power point clinical experience of 'lessons learnt' in implementing the FP and RCH Projects. Dr. Sundaram presented the component on 'lessons learnt' and Mr. M.D. Agrawal presented summary details (narrative and statistical) of the Mathura Block RCH programme. Dr. Krishnaswamy remarked that he uses the NIRPHAD's achievements as a bench mark in assessing other partners. This remark is significant as eight CBD staff were recognized (at the annual meeting of the Collector) for their excellent performance in motivating clients for accepting F.P. The Project Coordinator (Mr. V. R. Yadav) was commended for his excellent services. His has special skills in dealing with the community, clients and getting the best out of his staff.

NIRPHAD has broken new ground as one of the VLWs (Chandrabhan) who was trained by NIRPHAD for ten years has launched out on his own as a FP motivator. Through his services he provides immunization, as a depot holder for contraceptives distribution, escorts patients to the tubectomy camps and arranges their post-operative follow up and acts as a general counselor. The clients pay him for his services. The District Magistrate commended his services at the Annual District Prize distribution, with a citation and cash prize. Chandrabhan was also felicitated by the Board of Mangers/Society of NIRPHAD with a commendation certificate and a cash prize.
SIFPSA as the Regional Resource Centre made an assessment of the RCH-2 (National Rural Health Mission) proposal sent to the State NGO Coordinator. But the final sanction is yet to be received for training 8 FNGO's of Rural Mathura and Agra Districts.
USAID appointed Ms. Ruchira Gujral to develop a Public Private Partnership (PPP) programme between NIRPHAD and IOCL/MOR for implementing a RCH-2 programme for three blocks in Rural Agra. While USAID was willing to fund the project and IOCL was in favour, the local officials of the Mathura Oil Refinery were unwilling to go along as they felt the project was beyond the mandate of the Hon. Supreme Court and the new programme could unduly strain the present staff and divert its energies from the original MoU between IOCL/MOR and NIRPHAD.

3.5. Child focused Community development programmes (CFCDP): Holistic Child Development Project, with funding from KinderNorthilfe, Germany has supported Child focused development programmes, with a unique blend to give an opportunity for the whole family to be involved in separate, but integrated development programmes. The premise being that merely supporting a children's programme cannot raise the poverty status of the child-as the ill effects of poverty lie deep in the lives of the family and pervades into the lowest strata of the community. CFCDP have programmes for the infant (health), toddlers, preschool children, older children and youth of both genders, young women, eligible couples and adults of both sexes. The community programmes have a wide ambit of services, which include both health and socio-economic development. When the economic status of the whole family improves it is a positive factor in alleviating poverty. When the programme was initiated eight years ago 50% or more of the target population was below poverty line. Health parameters were unacceptably dismal with an infant mortality rate of over 100 per 1000 live births (a gold standard for public health programmes). Malnutrition and Vitamin A deficiency was rampant and the older generation cannot remember if they ever had recourse to the services of a physician, MCH specialist or an ophthalmologist, before the NIRPHAD progrmmme started. During the reporting period only one child died (out of 250 in the pre-schools) due to viral encephalitis, where as the IMR in the villages is still a high 70 per 1000 LB. Most significant probably is the pre-school programme, which even the Government failed to establish, due to lack of funds. The Parliamentary Bill for the right to education only reached the Children 6 years and above. Where as 80% of the child's brain develops before the age of 2 years. By the age of 5 years all the cognitive faculties are fully developed. The pre-schools in the nine villages and the total programme for the last two decades gave the children a head start. This advantage is extended by the HCDI programmes up to high school and even through vocational training till the boy/girl can be an entrepreneur. Most girls when trained in a domestic skill and get married by the age of 18 years, can use this skill as better wives as mothers. Child marriage is being given up and if a girl is married before she is 18years, then she

stays with the parents till she is 18years (a custom known as *gauna).* NIRPHAD's FP programmes have motivated the eligible couples to accept contraception by informed choice.

The socio-economic programmes have changed the village scene with better housing, electric power supply, cottage and small scale industries and small grocery stores.
After seven years the Unit one village will embark on a new programme of self reliance and the V.L.C Committee will be managing the Unit one pres-school. Strategies are in place to manage the school. The evaluation of this important step will be done by Mr. Mishra of AVARD (including the cost-effectiveness of the programme). Another specialist will evaluate the health component. Unit 2 will be able to learn many lessons from the experience of Unit one.

Major weakness of the programme is the paucity of trained female teachers who are willing to live in the remote villages.

While the community whole heartedly agrees to the immense value and contribution to the general development of the villages by NIRPHAD programmes these values need to be translated into concrete actions, even though it must be admitted that the attitudes towards self-reliance and less dependence have made a sea change, still the VL Committees have a long way to go and leaves much to be desired. Time is running out for NIRPHAD staff and the VLCs and more intense efforts, with innovative strategies are required in order to make substantial progress. As for the children NIRPHAD cannot say that their lot or progress can be achieved tomorrow for the child's name is "today". NIRPHAD staff must remember that opportunities now available must not be missed and like serendipity only comes once, may be in a life time. The Staff and VLCs must not lose this golden opportunity.

3.6. Self-help groups: Initially the important concept of organizing poor women led to the formation of *mahila mondols,* but with the change in the concept to make women not only strong, but to lay the foundation for greater liberty and better control of their lives (including their sexuality), self help groups were planned, organized and implemented with the major objectives of micro-credits and savings. There was a major behavioural change among the members, who were keen to improve their status. In the beginning women were more interested savings sand inter-loaning but as soon as they realized that they were able to be involved in problem-solving and decision- making both at the family and the community level, social issues also became important, e.g. drunkenness, wife beating, abandonment and other domestic violence, incest, rape and son preference. Improvement in the age of marriage for girls has made a definite dent through awareness programmes when all the above issues were openly discussed and solutions implemented.

The role of the women in the *panchayat* (local government) was a progressive step when three women were elected as *pradhans,* but when questioned confessed that they still listened and swayed by the views of their spouses!!! This revelation proves that emancipation and total freedom will not be handed out on a silver platter but the women must exercise their human right and be prepared to wrest from those in power.

When women developed skills or became literate through formal or non-formal education their status changed for the better, both at home and in the community. A sample survey of the village showed the changes in the village (CAPART- DANIDA programmes). Women had a significant part in this change and also benefited.

FOLLOW UP OF CAPART/DANIDA PROGRAMME (1991-97)

Activity	Position in 1996. (before)	Todays (2003) (position)
No. of mud houses	60%	10%
No. of tractors	2	11
No. of shops	1	9
No. of saw mills	-	3
No. of tailoring shops	-	8
Agency of chemical fertilizers	-	1
No. of TVs	-	20

The example of Kuwait is significant as one of the highest GDP in the world did not improve the social status of women. The women in the NIRPHAD project area manage agriculture, animal husbandry and pre-schools and have an important opinion on all domestic and community matters.

4. AGRA URBAN SLUM HEALTH PROGRAMME

In 2005 Environmental Health Programme (UHP) launched a slum project in four centres-Agra, Kanpur, Indore and near Calcutta and named it the AUH programme. The emphasis of the programme was on RCH 2, with a special emphasis to coordinate with the CMO Agra and his ANMs. At the last meeting in September, 2006 with Drs. Siddhart and Dubey of EHP, it was decided that without increasing the budget 6 more wards should be included in the coverage of the programme. While this request of EHP seemed unreasonable, it was finally decided to accept this suggestion even though the impact may be more than undesirable, as the efforts may be diluted as the work load of the limited staff may be overstretched.

The best part of the programme is the good cooperation from the CMO and the Government ANMs. There was set back when it was discovered that the Project Coordinator, with the collusion of the accountant and the then Project Coordinator defrauded the four months salary of the CBD's. They used a clever method of changing the bank salary statement. All the miscreants have been dismissed after recovering the funds, except the accountant who is still negotiating with the Coordinator.

Dr. Sharma the lady doctor in charge of the programme has made a significant contribution in making a reasonable impact of the programme, with the assistance of the staff and the Government ANMs. The Calcutta based Indian Institute of Social Welfare and Business Management (IISWBM) Institute, which has a component for Health care and Hospital Management, has candidates who are being considered for a management position in the AUHP. At the time of writing this Report Sarfaraz Ahmed from the Institute was selected.

The concept of the project meets the demands of the most vulnerable and poorest women, who have the worst health record and least health resources. Whether this project can be tied up with the PPP scheme and if the industries finance, it will be a unique achievement.

NIRPHAD has suggested that for the long haul it may be better for this slum programme to be tied up with the District Health or the State RCH-2 programme. Whether, NIRPHAD can find other donors, only time will tell. But the effort must be made.

5. RCH-2. (NRHM)-UP. M OF H & FP)

The present National Rural Health Mission has evolved from the Standing Committee for Voluntary Agencies (SCOVA) and NIRPHAD was chosen as a Mother NGO (MNGO) and the objective was to train 13 Field NGOs in 7 Districts of U.P., The NGO section of the Health Ministry- GOI, was informed in the second year that the distances and monitoring criteria were not conducive to shoulder this wide responsibility effectively. How ever for the next three years the project was continued and the scheme's title was changed to RCH-1 and later to RCH-2.

When all the MNGOs met the senior officials of the Central Government health Ministry, they in one voice, expressed the fears that the State Governments could not provide the free flow of funds as they were venal and inefficient. But the officers insisted that the Central Health Minister was of the opinion that health is a state matter and the NGOs must learn to work with the State officials.
As expected the grant of Rs. 28 lakhs for the year 2004 was received by the State NGO office and for reasons best known to them, has yet to be released. Many submissions, by letter and personal requests fell on deaf years. In desperation NIRPHAD made an application to the State Right to Information Officer. He has informed that a hearing will be held on November 11, 2006. Mrs. Tehrim Das, Hon. Consultant and past vice-chair will lead a team of NIRPHAD officials and a representative of the FNGOs (Dr Gautam). The outcome will be path breaking and NIRPHAD is waiting with baited breath for the result.

The initial steps to select and train 8 small rural FNGOs (in rural Mathura and Agra), has been completed. All the requirements for clearance with the District CMOs and DMs have been completed. Since the planning and organization phase has been completed the implementing phase is long over due and as soon as funds are released the project can go ahead, in full steam.

If this project is sanctioned then it will fulfill an unmet need of one it will fulfill an unmet need of one of the most marginalized communities and take the first step in implementing the National Rural Health Mission. Accredited Social Health Activists (ASHA) is a new concept but if properly selected and trained could be an adjunct to the efforts of the NIRPHAD staff and the Government ANMs. The selection of this new cadre is the responsibility of the District CMO and it appears that this selection for Mathura District is yet to be made. Whether the selection for the Agra District has been made is yet to be ascertained.

If this project is sanctioned then it will fulfill an unmet need of one of the most marginalized communities with the least health development parameters and take the first step in implementing the National Rural Health Mission.

6. FUTURE PLANS

6.1. For SJSH:

6.1.1 To complete the requirements of the Government Inspection Committee to obtain the blood bank sanction.
6.1.2. To renovate the Physiotherapy room for better service to the patients.
6.1.3. To complete the items (equipment) mentioned in the recent Monitoring Committee.
6.1.4. To pursue the offer from ISRO hard ware for setting up a Village Resource Center and acquire permission for its establishment. Development Alternatives has made to presentations on behalf of ISRO.
6.1.5. To send Dr. Verma for training in ultra-sonography to St. Stephen Hospital.
6.1.6. To start evening OPD and from the added income also employ other staff like doctors, so that external training is possible.
6.1.7. To explore the establishment of a brace centre with CBM for the physiotherapy Department.

6.2. For NIRPHAD:

6.2.1. To negotiate with NACO for funding the HIV/AIDs programme.
6.2.2. To establish a core fund for NIRPHAD staff.
6.2.3. To complete the Eye surgical Block at Bajna and implement the new grant.
6.2.4. Continue staff training programme with CBM.
6.2.5. Seek permanent staff for the MCH and the ophthalmology Depts.
6.2.6. To continue Implementation of the Laval University training programme.
6.2.7. To implement the NGO service project at 3 block in Rural Agra District through SIFPSA.
6.2.8. To continue the UAHP in 20 slum clusters.
6.2.7. To explore funding and joint projects with Curamericas.
6.2.8. To negotiate with Help the Aged/ CIDA to develop an interns training programme.
6.2.9. To pursue with the State Right to Information Commission for the release of Rs.28 Lakhs sanctioned under the RCH-2 programme.
6.2.10. To implement the Succession Plan and train Dr. Sanjay Nanda as Director-designate and Mr. Langer as Coordinator-designate.
6.2.11. To negotiate with Futures Group (PPP) and Smile Train (cleft defects) for collaboration in joint projects.
6.2.12. Complete evaluation of Unit one of CFCH Programme and continue to implement unit-2.

7. CONCLUSION

It is my pleasant duty to conclude the Annual Report for the year 2005-2006 (April 1 to March 31st). The NIRPHAD administration is grateful to the contribution of all the staff, without whose unfailing efforts this Report would not have seen the light of day. The efforts of many of the staff, who laboured beyond the call of duty, with out counting the cost needs a special commendation. Hence it is a labour of love.

The format followed the previous style of letting the section heads express their uninhibited opinions. The Advisor to the Director only made editorial corrections; hence this document reflects/expresses the undiluted views of the staff, and not necessarily the views of the Administration.

I will be failing in my duty if special mention is not made of the Board/ Society, Executive and Finance Committee Members who have given their valuable time, in spite of their busy schedules and many exigencies in their duties. Their suggestions, directions and constructive criticisms have gone a long way in paving the successful completion of the programmes. NIRPHAD and SJSH owe a special thanks to these members.

NIRPHAD Administration and SJSH went through a very difficult phase when in a very short span of time four senior consultants left the Institutions for better prospects. One of them had received extensive and costly training. Many pessimists feared that this sudden migration would deal a death blow to the SJSH and Eye Programme. This became even more critical when some disgruntled staff threatened a strike by organizing an illegal union. NIRPHAD stood firm in its mandate sand principles and did not recognize the Union. Many of the staff stood by the Administration and a special mention must be made of Dr. Nanda and the senior consultants who did not falter in their resolve. The local Administration with the help of the Legal Advisor (Mr. Rastogi), were able to weather the storm. A policy decision has been made that those staff who are trouble makers and obscurantist have no place in the future of the Institution and will need to be weeded out. It is our hope that a good team will be built for institutional and personal development.

NIRPHAD is grateful to all the donor agencies- specially, to IOCL/MOR and the Monitoring Committee for their financial, administrative and technical support. The collaboration of NIRPHAD (a church NGO) and IOCL (a public sector undertaking) continues to be a unique model for many development agencies to emulate, especially in alleviating rural health problems through a free, concessions and affordable health care delivery system. The HCDI and KNH (Germany) are the most involved in the village development programmes and their long association has made a specific, positive impact on the target communities. The only other organization that had long association was EZE (Germany). CBM continues to be the bulwark in implementing the eye care programme, the largest in the District, and with the new inputs at Bajna will be providing better eye care for 400 villages in two Districts.

SIFPSA and the programmes through the National Rural Health Mission are expected to make a new impact in the rural areas and the AURH programme in the slums of Agra city. To all the donor agencies, to whom NIRPHAD and SJSH owes so much, our sincere gratitude. One cannot find sufficient words to express the tangible and intangible benefits of the donor organizations, without whose contributions many of the programmes could not have succeeded. The good cooperation of the CMOs of Agra and Mathura and their staff needs special mention, as it fulfills the objective of complementing and supplementing the foorts of the Govedrnement.

Ms. Riedun Refsdel of the MPHS and the Norwegian Methodist Church needs special mention in establishing a HIV/AIDS-a joint “Mursan HIV/AIDS Project”, which is a path breaking effort and the Communities in the two adjoining Districts, will benefit and all of us at NIRPHAD and SJSH owe them special thanks.

The RCH-2 project is still to see the light of day and it is hoped the State MOHFW will soon wake up to process the grant which is pending for the last two years.

Curamericas has been negotiating for the last one year and at the time of writing this Report Dr. L. Varkey has been selected as their representative to write up projects. We thank Dr. Henry Perry for his vision.

Lavall University, Canada has also agreed to sign a document to collaborate with NIRPHAD. At the time of writing this Report four second year students have completed a very successful stint. This is a three year contract and we are thankful to HTAC for recommending NIRPHAD.

Finally, none of the projects would have succeeded with out the full participation of the target groups, the local *pradhans,* District officials and local opinion leaders. NIRPHAD is grateful for their understanding and their commitment to fulfill their responsibilities. In the eye and unit one projects considerable self- reliance has been achieved. The local CMO’s office has cooperated in releasing funds for the eye and FPW programmes. While the quantum seems small the impact is significant.

In the final analysis when one looks back at the vicissitudes it is imperative that we count our blessings and the way the Almighty has used NIRPHAD and its staff to accomplish many years of service and continues to show the way for the future. Our trust is Him is unwavering.

1. FINANCIAL REPORT BY Mr. M. D. AGRAWAL, COORDINATOR, NIRPHAD

1. INTRODUCTION

Naujhil Integrated Rural Project for Health and Development (NIRPHAD) is a registered **charitable** organization and the inception date was September, 1977, for the development of Naujhil block of District Mathura, U.P., The start up grant was Rs.82,000.00 from the Bread for the World. Survey of District Mathura was completed by AVARD which indicated that Naujhil block was the most backward in the District of Mathura.

1.2. Overview: After the Survey of AVARD a **micro-plan,** with a road map, was evolved for the **development** of the whole block-through Agriculture, Animal Husbandry, Social Organization and Health. In 1979 NIRPHAD Society was registered under the Societies Act XXI of 1860. Activities were initiated at the Bajna Growth Centre of Naujhil block.

1.2.1. The priorities were in descending order: agriculture, animal Husbandry, Cottage industries and health activities.

1.2.2. Agriculture: Livelihood depended mainly on agriculture. Since certified seeds were not available, the farmers had to use old traditional seeds, which was the main cause of poor yields. **High Yield Variety seeds** (foundation seeds) were introduced as also insecticides, pesticide and **compost techniques** (more recently **"vermiculture**"). EZE Grants were used for better **agricultural practices.**

Due to scarcity of monsoon (26.12" per year) there was a great need for developing a **water harvesting** programme. A Survey by AFPRO showed that the majority of farmers were using brackish water for agriculture, as sweet water was not available. Due to scarce storage facilities during the **short monsoon** season the excess water rushed at great speed and drained into the sea, carrying with it nutritious top soil. The aquifers were not recharged. Due to this phenomenon the depth of under ground water receded. As the rain water gushed through at great speed and crevices/ravines were formed by erosion and became uneven. Farmers were not able to sow good crops on this uneven land. Greater **dependency** was on rain water. If there was a season of good rains, the harvest was 4-5 mounds per *bigha* (1 mound = 40 kg in a *bigha*). But if the rains failed the harvest was very poor. So, to fulfill the need for sweet water a tube well was installed where sweet water was available and through irrigation channels and plastic pipes sweet water was transferred to the brackish water zone. With sweet water and foundation seeds the yield increased by four to ten fold.

An **exposure visit** was arranged to Raya to demonstrate better agricultural practices.
Renovation of ponds and tanks for storing water, leveling of land were other demonstrations. These improved agriculture practices increased the crops from one to 3 crops in a year, resulting in increase in output of 25-30 mounds per *bigha* (1 bigha = 1.2 ha). Nagala Sakaraya is a good example of transformation of a village through development. In this village before the programme the families lived in *Kaccha (built with bamboo and grass)* houses and after the programme started the houses were converted to *pucca (*built with bricks and stone) houses.

In this village there was **no electricity**, as soon as NIRPHAD installed a tube well and drinking water tanks; electric power lines was the next logical step, which was realized.

NIRPHAD made a check dam (total 4) for storing water as well as for recharging aquifers, so in the dry seasons the farmers could use the stored water. For irrigation, water table was stabilized, which will have long time benefits. Efforts were made to conserve rain water and its proper use.

Small scale industries did not exist, but now saw mills and weekly markets (grocery and general stores) have mushroomed. It seems **purchasing power** has increased. This was the direct benefit to the community.

1.2.3. In Animal Husbandry training was provided for use of frozen semen in order to increase milk yield and subsequently income.

1.2.4. Health awareness was the first step. Preventive services received top priority as it is also cost-effective. Immunization of children to prevent six deadly diseases, ante-natal, safe delivery

and PNC check ups for Child Survival and Safe Motherhood schemes (CSSM) and curative services were systemized and intensified as the Govt. programmes left much to be desired (to put it mildly).

To reduce third degree **malnutrition** which was rampant a feeding programme (in the pre-schools (provided 1500 calories) was implemented in the first few years and later was replaced by nutrition education and kitchen garden schemes as the latter has a longer and more permanent benefits with self-reliance.

Most **preventable diseases** can be traced to poor **sanitation.** Drainage and cleanness being very important for a healthy **environment,** so the emphasis was on drainage, protected water supply and better **roads** for easy transportation. The mind set to even clean the front of the homes or to collect garbage for proper disposal has not taken root. A great deal of behavioural change is to be ingrained in the target groups. Whether this awakening can dawn with the establishment of **PRI institutions** is a moot point, but NIRPHAD must continue to strive vigorously in this direction.

In 1980, the **Eye Hospital** was started at Vrindaban (Pagal Baba Ashram), with the help of CBM, as the collaboration with the Methodist Hospital did not yield the desired results. Remote areas were covered through **Mobile units**. In 1985 the **Community based Rural Eye Services** was started in Chattikara, Mathura block, with capital grants from CBM and Lions International Germany. Help the Aged Canada provided grants for three years for training RMP's and equipment. The MH-GOI sanctioned a grant of Rs.10, 000 to build the **MCH building.** A recurring grant was received from SIDA to develop a MCH programmme. Even though other **donor agencies** like CIDA, Christian Aid, SAP, PADI, CAPART and SIMAVI donated, efforts were made to sustain NIRPHAD activities as well as NIRPHAD core staff through **community contributions** for establishing a **revolving fund**, for graded **self reliance.**

In 1992 a grant was received from USAID (total budget for three years was Rs. 85 lakhs) for providing **primary health services** in **Mathura block,** of Mathura District.
External funding for the **Bajna Growth Centre** ceased many years ago. Through the eye programme and the extension to Aligarh District of the SIFPSA programme, the Bajna Growth Centre provided health & family welfare services to two blocks of **Tappal and Khair**. To sustain the programmes there was a need to reduce the **recurring fixed expenses** by paying minimum salaries to the doctors, but with a performance-based **incentive**, as work load is less in summers and more in winters.

NIRPHAD was chosen as **Mother NGO by** SCOVA (MHFP- GOI) to develop RCH programmes in six Districts. 20% administrative charges were permissible, from the total budget. This programme was continued up to 2003 (three years). After that this scheme was diverted to the State Government Family Welfare Department, Govt. of U.P. In 2005, NIRPHAD was chosen to implement the programme for two districts (Mathura and Agra). FNGOs have been selected for both Districts. All the eight FNGO's were given training to develop a project proposal. After training, (for Mathura and Agra) consolidated project proposals were sent with the recommendations of the District NGO Committee for the approval from the U.P. State NGO office (Mr. Alok Singh), Govt. of U.P., The approval from U.P. Govt. is awaited.
After successful completion of a two year project, at District Aligarh and a 2 year's project at Bichpuri Agra, NIRPHAD was chosen for a SIFPSA project to be implemented at Mathura block of Mathura District. This project was sanctioned for two years i.e. March, 2004 to February, 2006. The sanctioned budget was Rs. 56, 49, 875.00. The tenure of the project ended on 31st May, 2006 and the final evaluation is awaited. After receiving the final installment and salaries are disbursed the accounts will be settled.

A **project of RCH-II** for Chhatikara Growth Centre with a budget of Rs.45 lacs was prepared and submitted to Ministry of Health, GOI under the **SNGO scheme, RCH-II**. The proposal was appraised by Mrs. Srilata from SIFPSA-RRC, Lucknow and her recommendation to the D.M and CMO, Mathura were submitted to the office of the principal Secretary for Health and Family Welfare, GOI. Reply is awaited.

1.3. Detailed financial report for the year 2005-2006 is as under:

1.3.1 Rural eye Hospital, Chattikara : In this fiscal year (2005-2006), 1614 operations were performed at Chattikara Eye Hospital. This Hospital collected as service charges Rs. 14, 47, 969.00 as recovery from the eye surgery and other eye activities. This is an **increase of 5.5%** from the previous year.

Present status: Dr. (Mrs.) Shanti Pandey resigned from the Institution on 31st May, 2006. Appointment of a new doctor for Chhatikara is in process. Meanwhile Dr. Dhiraj Chhaparia is looking after both the centres- with visits thrice a week to Bajna and three times to Chhatikara. The change over may have an adverse effect on the number of clientele and income.

For the year 2005-2006 CBM recurring grant was Rs. 2, 23, 750.00 and the Capital grant was Rs. 21,11,538.00. This year CBM has stopped the recurring grant for NIRPHAD eye Hospital Chhatikara and will provide capital grants only (a policy decision for graded self-reliance).

The subsidy for eye camps from the CMO's office in Mathuta was Rs. 4, 18, 600. 00. The total income from all sources for the Eye Hospital Chhatikara is Rs.18, 66, 569. 00.

NIRPHAD expresses its deep gratitude to the local community for giving valuable help for organizing rural eye camps.

1.3.2.Bajna Centre: At Bajna Centre total fees collected as service charges was Rs.22,56,694.00.Of which Rs.1,22,950.00 was the subsidy from District Blindness Control Committee (Aligarh). Total eye operations performed in the camps and base Hospital was 752. The **income is less** as compared to the previous year but the number of operations increased by 29%. Dr. Dhiraj Chhaparia will be given Phaco training by CBM this year at Ruby Neilson Hospital, Jalandhar. After training he will be able to provide better services and it is expected that clients and incomer from surgery would significantly increase.

1.3.3. NIRPHAD was chosen to implement by the **Urban Health Resource Centre** for a **RCH** programme in Urban Slums of Agra city. The wards chosen by UHRC (Urban Health Resource Centre) were Azampada of Agra city. In the first phase EHP provided Rs. 39,000, as a start up grant. Project will culminate in September, 2006. Meanwhile UHRC will try to link with the District Govt. Health Authority, i.e., through CMO Agra to continue this programme through U.P. Govt.

1.3.4. Chhatikara MCH Centre: The total income was Rs. 2, 73, 908.00 which is less than the previous year. The reasons for decrease, is non-availability of a full time resident doctor. Thrice a week Dr. Shakuntala Srivastav was visiting for 5-6 hours and Dr. Tanya Agrawal was providing services on alternate days. The expenditure was higher than the income. Thus it is very necessary to appoint a full time resident doctor.

1.3.5. The contract for **two mobile van clinics** with the Mathura Oil Refinery will come to an end by 30th June, 2006. For the next two years 2006-2008 the agreement will be finalized before 30th June, 2006.

1.4. Livelihood Interventions:

1.4.1 Child focused Community development Programme of **HCDI, Unit I** (22009) will complete seven years of it's a actvities on 31st March, 2006, so the villages Gonda Atas, Hanumangarhi, Babugarh, Nagala Sakaraya and Nagla Surir will phase out. HCDI has sanctioned a very minimal budget for the follow up of Unit I. It is a challenge to continue pre-school activities through the village level committee. NIRPHAD has sanctioned a revolving fund to continue pre-school activities to the VLC's and NIRPHAD staff will supervise the quality of the activities, by supportive supervision and refresher training to the Committee Members. In the target villages there was **no electricity**, as soon as NIRPHAD installed a tube well and drinking water tanks; the community focused on obtaining electric power lines which became a reality.

Another activity was building a check dam. NIRPHAD hopes that the committee is capable to continue pre-school activities.

1.4.2 Second unit (22013) is in the 4th year of its existence and the budget for the year is Rs. 22, 56, 333. NIRPHAD has to implement pre-school activities, livelihood interventions and social action.

1.5. Functioned as SJSH Coordinator for the last 7 years. Main functions were:

1.5.I. As in-charge of all financial activities, completion of audit and second signatory to all bank accounts and is responsible for all financial transactions.

1.5.2. Attends annual external and internal monitoring committee meetings and reviews performance of SJSH and NIRPHAD.

1.5.3. Interface and liaises with Government departments & NGO's.

1.5.4. Makes arrangements and programme schedules for the visitors.

1.5.4.1. Keeps Director informed of day to day important issues/ problems and progress of activities for problem-solving and decision making.
1.5.4.2. Coordinates with the IOCL officers for smooth running of SJSH.
1.5.4.3. Member of purchasing committee

NIRPHAD has completed 9 years in managing SJSH from 1999-2006 and the contract is up to 2007-2008. Bed occupancy is more than 80-90% as well as OPD statistics continues to show a healthy and steady rise. Major financial problem is-that the budget is fixed till 2007-2008 and patient load is increasing. The fees and other payments which NIRPHAD collects from the patients, was deposited in the revolving fund account, which is under the management of MOR. Patient load had increased, without proportional increase in the fixed budget, in spite of a steep rise in prices. Equipment, Instruments and buildings required annual maintenance. MOR/IOCL contacted HSCC for reviewing the status of building maintenance and medical equipment and instruments, without receiving a satisfactory answer from HSCC and now MOR has undertaken the task.

1.5.9. Grants/ Donations/ Recoveries from fees:

1ST APRIL, 2005 TO 31ST MARCH,2006 (UN-AUDITED)

SIFPSA Mathura	22, 10, 000.00
SIFPSA Agra	19, 480.28
HCDI. I and II	34, 41, 133.00
CBM Recurring and Non Recurring	31, 78, 321.06
NABARD	18, 000.00
Mobile clinics (MOR)	13, 60, 000.00
SJSH	2,02,19,071.00
Subsidy CMO Aligarh (DBC)	1, 22, 950.00
Recovery of Bajna	2, 56, 694.00
Recovery of Chhatikara	2, 73, 908.00
Recovery Eye Hospital	14, 47, 969.00
Subsidy CMO Mathura (D.B.C.)	4, 18, 600.00
Foreign Donation	68, 716.00
Local Donations	2, 59, 988.00
UHRC	6, 97, 573.00
Global Fund	2, 11, 364.00
EHP	4, 95, 228.00
Total	3,46,98,995.34

Submitted by M.D.Agrawal, Coordinator, NIRPHAD & SJSH.

2. DEPARTMENT OF OPHTHALMOLOGY - ANNUAL REPORT- BY DR. SHANTI PANDEY

2.1. Objective of the Report: Main objective of this Annual Report was to appraise the performance of eye programme at Chhatikara Rural Eye Centre. Recognition of issues and suggestions to overcome these hurdles is also an objective.

2.2 Process Involved

2.2.1. Planning: Critical planning is very integral part of eye programme specially of eye camps Fixing dates for camps, permission from CMO, adjustment of dates taking into consideration local festivals, harvest season and weather conditions are details which need careful consideration. Logistics have to be in place for the months of August to March, which indicates the areas to be covered and their sequence.

2.2.2 Organization: Cooperation and Coordination of staff at base hospital and field is essential.

2.2.3. Implementation: Effective implementation of plan is essential to perform high volume of surgery

2.3. Manpower and tools used at Base and Camp: Administrator-(1), Refractionist-(2), OT Technician (1), Ward sister (1), Receptionist (1), Peon (1), Driver (3) and Sweeper)

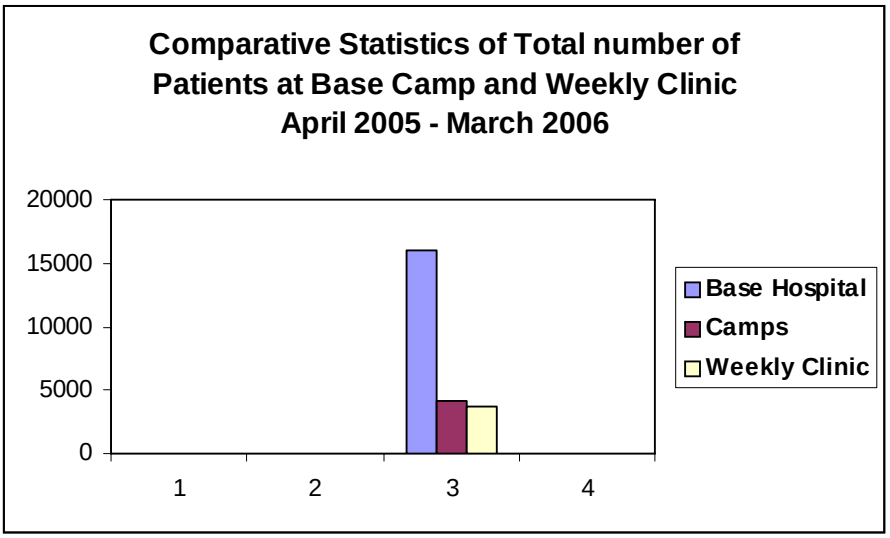
2.3.1. Equipment used: OPD–Ophthalmoscope (Direct), Indirect Ophthalmoscope, Slit Lamp, Tonometer, Synaptophore, retinoscope, perimeter, refraction box, and auto refractor, Keratometer, A Scan and Yag Laser.

2.3.2. OT: Two operating microscopes, autoclave, Hot air oven, formalin chamber, boiler, phaco emulsification machine.

2.3.3. Adequacy of staff/ instruments: The Staff employed are at a bare minimum, and an extra refractionist and OT Technician are an urgent requirement.
Availability of surgical instruments was a major problem.

2.4. Activities:

- This year the assistance of a second ophthalmologist was not available as Dr. Chhaparia was given sole responsibility to manage the Bajna Growth Centre, exclusively.
- Attended a one month Phaco emulsification training curse at Venu Eye Institute, Delhi in September, 2005.
- Total number of OPD Patients seen was 23832
- At the Chatikara Rural Eye Hospital the number of OPD patients who visited was 16046
- Total number of OPD patients seen at field weekly clinic was–3700.
- Total no. of patients seen in camps was-4086



Bar Diagram of comparative statistics of total number of patients examined at Base, camps and Weekly clinics (April, 2005 – March 2006)

2.4.1. Refractions:

Total no. of refractions done at Base Hospital was 8214
Total no. of refractions performed in weekly clinics in the field was 95
Total no. of refractions done in the camps was 860
Total no. of camps organized – 17

2.4.2. Total No. of Operations Performed 1604:

- Operations – Total number of operations at Chhatikara hospital 699
- Total no of operations in camps 905
- Total IOL operations at Base Hospital 511, and plain Cataract Surgery was 66
- Total IOL operations of camp -749, and plain cataract surgery was 116
- Total no. of Glaucoma 42 (at base Hospital) and 6 (in Camps)
- Other surgery (e.g. DCR, Entropion, Ectrpoin, Chalazion, Pterygium, removal of FB -114

Month	Hospital					Camp				
	IOL	CAT.	GLU.	Other	Total	IOL	CAT.	GLU.	Other	Total
Apr	48	10	3	5	66	33	10	-	4	47
May	17	4	2	5	28	-	-	-	-	-
June	14	5	7	2	28	-	-	-	-	-
July	23	7	4	3	37	-	-	-	-	-
Aug	14	5	-	3	22	16	3	-	-	20
Sept	64	9	6	13	92	1	13	-	-	14
Oct	61	7	3	2	73	110	30	1	3	144
Nov	55	2	1	4	62	63	8	2	2	75
Dec	88	9	4	10	111	92	5	-	3	100
Jan	40	2	7	14	63	130	9	2	12	153
Feb	51	3	2	7	63	130	9	2	12	153
Mar	36	3	3	12	54	160	15	-	2	177
Total	511	66	42	80	669	749	116	6	34	905

2.5. Financial Analysis: Total income generated during financial year 2004-2005 was 14, 47,969.00

2.6. Issues:

- Inadequate availability of instruments, blades suture and IOL
- Inadequate staff (specially Refractionist and OT technician)
- Lack of discipline and motivation among present staff.
- Poor interpersonal relations and lack of communication among staff leading to poor communications, disinformation, doubts and confusion in the minds of the patient, with a poor mage of the department and reflects on NIRPHAD as a whole.

2.7. Job Satisfaction: The emoluments and housing was adequate. No interference from administration or any other section or agency, with full freedom to deliver clinical services

2.7.1 Working conditions:

- Working conditions has deteriorated in last year due to frequent differences of opinion among staff and poor inter-personnel cooperation.
- Volume and variety of patients who seek eye care is satisfactory
- Support from administration is good.
- Was provided advanced training to hone skills (sics and phaco)
- Transport provided to and from the home and Hospital.
- Permitted to attend one conference per year and Institution bore all expenses.

3. ANNUAL REPORT APRIL, 2005 TO 31ST MARCH, 2006

NIRPHAD Rural Eye Programme Bajna Mathura U.P. **BY: Dr.Dhiraj Chhaparia**

3.1.Objectives of the Report:

- Evaluate the performance of eye department of Bajna by analyzing the narrative and statistical data.
- Recognize hurdles & problems in delivering services and suggestions to improve.

3.2. Material & Methods:

- Patients are seen in Base Hospital, field clinic and camps.
- The patients seek eye care from diverse regions.

3.3. Process involved in performance:

3.3.1.Planning

- Planning was very integral part of eye camps, as the centre is located in a very rural area and most of the patients are below poverty line, they cannot pay and so seek free treatment.
- Maximum camps are held during the August to April season. With good air conditioning and awareness building it will be possible to motivate the patients to have surgery even in the very hot months of June-August.
- Before planning for a camp there are certain considerations which are given special attention.
- Permission from District CMO
- Location of Camp
- Availability of surgical staff
- Suitable dates.

3.3.2 .Organization

- Motivation and orientation of staff was essential.
- Unnecessary leave was not allowed during surgical season.
- Stocks of instruments/ supplies were checked at the time of planning.

3.3.3. Implementation

- Implementation of plans depended on human and material resources of NIRPHAD.
- Proper follow up of the patients was assured so that community/clientele is assured of adequate and timely care during follow up.

3.3.4. Manpower/ Tools: Staff is minimal at the centre

- Dr. Dhiraj Chhaparia- ophthalmologist
- Mr. Anil Kumar Gupta- Manager
- Mr. Subhash Singh- assistant to the eye surgeon
- Mr. Satyavir Singh, Mr. Mahesh Chandra & Mr. Rinkoo
- The above three are Multi-purpose workers.
- Sweeper & Watchman

3.3.5. Equipment

- Microscope
- Slit lamp
- Tonometer
- Autoclave
- Hot Air Oven
- Formalin chamber

3.3.6. Adequacy

- To be very frank, the staff which I have is not adequate & properly trained. Equipment too is not adequate.

3.4. Details of Activities

I was posted to attend Bajna Clinic for 3 days a week, till December. 2005. From January, 2006, I was appointed as a full time ophthalmologist at Bajna.

3.4.1.Training

- Attended the 10th R.K. Symposium in Venu in September,2005
- CBM arranged training for small incision cataract surgery in January,2006
- Attended the Low Vision workshop in May, 2005.

3.5. Visitors: We were fortunate this year that Mr. John Tressler (CBM) visited Bajna and chose our project to increase financial support.

3.6. Statistics

3.6.1. Operation List (Free Rx) Mathura & Aligarh

NIRPHAD RURAL EYE PROGRAMME BAJNA MATHURA

Month / Year	Mathura Free Rx					Aligarh Free Rx					Grand Total
	I.O.L	Cat.	G.L.	Others	Total	I.O.L	Cat.	G.L.	Others	Total	
April,2005	01	17	-	05	23	09	56	-	15	80	103
May,2005											
June,2005											
July,2005											
August,2005											
September,2005	10	17	-	-	27	32	04	-	03	39	66
October,2005	04	24	-	01	29	46	20	01	02	69	98
November,2005	04	20	-	-	24	24	07	-	-	31	55
December,2005	05	15	-	-	20	19	03	-	01	23	43
Total	**24**	**93**	**-**	**06**	**123**	**130**	**90**	**01**	**21**	**242**	**365**
January,2006	03	17	-	01	21	22	18	-	01	41	62
February,2006	04	21	-	-	25	36	28	-	02	66	91
March,2006	03	27	-	-	30	22	17	-	-	39	69
Total	**34**	**158**	**-**	**01**	**199**	**210**	**153**	**01**	**24**	**388**	**587**

Legends: ILO=intra-ocular lens. Cat= cataract

3.6.2. Operation List (Paid & Free Rx)

NIRPHAD RURAL EYE PROGRAMME BAJNA MATHURA

Month/ Year	Paying clients					Clients who received free RX					Grand Total
	I.O.L	Cat.	G.L.	Others	Total	I.O.L	Cat.	G.L.	Others	Total	
April,2005	11	-	-	02	13	10	73	-	20	103	116
May,2005	03	02	-	02	07	-	-	-	-	-	07
June,2005	07	01	-	02	10	-	-	-	-	-	10
July,2005	01	05	-	02	08	-	-	-	-	-	08
August,2005	02	03	-	01	06	-	-	-	-	-	06
September,5	14	02	-	02	18	42	21	-	03	66	84
October,2005	15	01	-	-	16	50	44	01	03	98	114
November,05	20	01	-	04	25	28	27	-	-	55	80
December,05	14	03	-	01	18	24	18	-	01	43	61
January,2006	15	-	-	02	17	25	35	-	02	62	79
February,2006	11	-	-	04	15	40	49	-	02	91	106
March,2006	12	-	-	-	12	25	44	-	-	69	81
Total	**125**	**18**	**-**	**22**	**165**	**244**	**311**	**01**	**31**	**587**	**752**

3.6.3. Paying patients:

S.no.	Particulars	Quantity/ Rate	Amount
1.	O.P.D.Base clinic	4918@Rs.5- 10	36,980.00
2.	Refraction	1265 @Rs. 10	12,650.00
3.	Refraction	02 @ Rs.7	14.00
4.	F.B.	10 @ Rs. 25	250.00
5.	F.B.	24 @ Rs. 50	1,200.00
6.	Color vision	11 @ Rs. 50	550.00
7.	Needling	01 @ Rs. 50	50.00
8.	I.O.L	10@Rs.3000	30,000.00
9.	I.O.L	01@Rs 2900	2,900.00
10.	I.O.L	02@Rs 2500	5,000.00
11.	I.O.L	18@Rs 2000	36,000.00
12.	I.O.L	01@Rs 1950	1,950.00
13.	I.O.L	02@Rs 1800	3,600.00
14.	I.O.L	01@Rs 1700	1,700.00
15.	I.O.L	13@Rs 1500	19,500.00
16.	I.O.L	56@Rs 1200	67,200.00
17.	I.O.L	07@Rs 1100	7,700.00
18.	I.O.L	01@Rs.1050	1,050.00
19.	I.O.L	05@Rs.1000	5,000.00
20.	I.O.L	03 @Rs. 900	2,700.00
21.	I.O.L	02 @Rs. 800	1,600.00
22.	I.O.L	01 @ Rs.700	700.00
23.	I.O.L	02 @ Rs.500	1,000.00
24.	Cataract	05 @Rs. 800	4,000.00
25.	Cataract	13 @Rs. 500	6,500.00
26.	Entropion.	05 @Rs.450	2,050.00
.	Entropion	03 @ Rs.350	1,050.00
28.	Pterygium..	05 @Rs. 350	1,700.00
29.	Pterygium.	06 @Rs. 250	1,500.00
30.	Chalizion	01 @Rs. 250	250.00
31.	Chalizion	01 @Rs. 150	150.00
32.	Cyst	01 @Rs. 200	200.00
Total (Rs.)			2,56,694.00

3.6.4. Patients who received Free treatment:

Vision Test	164
Refraction	89
O.P.D. Camp field	774
O.P.D. Camp clinic	765
Operations in field	388
Operations in clinic	199
I.O.L	244
Cataract (plain)	311
Glaucoma	01
Others	31
0 to 15 years (field)	82
0 to 15 years (clinic)	690

3.7. NIRPHAD Rural Eye programme Bajna Mathura:

FEE RECOVERY FROM APRIL, 2005 TO MARCH ,2006

S.No.	Months	Amount in Rs.
1.	April,2005	19,634.00
2.	May,2005	11,620.00
3.	June,2005	22,365.00
4.	July,2005	10,260.00
5.	August,2005	9,510.00
6.	September,2005	27,775.00
7.	October,2005	25,035.00
8.	November,2005	32,250.00
9.	December,2005	29,650.00
10.	January,2005	25,945.00
11.	February,2005	22,410.00
12.	March,2005	20,240.00
	Total	2,56,694.00

3.8 Issues:

- No schedule for regular meetings with Director at Bajna
- Non availability of vehicle
- Scarcity of medicines- pre and post operative.
- Shortage of trained staff
- Lack of coordination among staff

3.9 Suggestions

- Appointment of more trained staff
- Regular meetings of Director at Bajna

4. ANNUAL REPORT OF MR. N. L. MISHRA
(Asistant Administrator & Camp Manager)

Details of Activities: Base Hospital: C Stands for Chhatikara B stands for Bajna

4.1 Chhatikara:

4.1.1 OPD: Dr. Shanti Pandey and Dr. Dhiraj Chhaparia attend OPD and in their absence Mr. Mishra attends OPD. Mr. Hembir Singh and Smt. Roseline assists during OPD.

4.1.2 Ward: General wards have 24 beds and extra beds 30. Mrs. Asha Samuel, Staff Nurse is fully responsible for ward administration and for providing patient care.

4.1.3. OT: Mr. Om Prakash and Mr. Ram Kishore Lawania are assisting O.T. procedures, including supplies, sterilization, care of instruments, fumigation and cleanliness.

4.1.4 Other facilities: Refractometer. Slit lamp, A Scan, Keratometer, Yag Laser and, Phaco machine etc.

4.2.1. Fee Structure:

OPD charges for registration- Rs. 10
Emergency consultation - Rs. 30

4.2.2. Field activities: 17 OPD Camps were held in this year. The decrease in organizing camps was due to non availability of vehicle for publicity, no staff was provided for field, only volunteers and I arranged camps for this year.

4.2.3. Income from Field clinics and Camps (1st April,2005 to 31st March,2006)

4.2.2. Fees and donations:

4.2.3 Field OPD:	=	Rs. 31,000.00
small incision cataract. fees 100x 1200	=	Rs. 1,20,000.00
Small incision cat.. fees 77 X 2000	=	Rs. 1,54,000.00
Cash donations	=	Rs. 60,000.00
DBCS	=	Rs. 4,00,000.00
Total	=	Rs. 7,65,000.00
Recovery Weekly clinics	=	Rs. 1,55,000.00
Total	**=**	**Rs.9,20,000.00**

4.2.4 Income in Kind:

Food Expenses for patients And attendants (about)	=	Rs. 88,000.00
Gifts for the staff	=	Rs. 7,000.00
Medicines	=	Rs. 60,000.00
IOL 250 & 60 Sutures donated by DBCS	=	Rs. 60,000.00

4.2.5. Expenditure:

Medicines	=	Rs. 60,000.00
IOL	=	Rs. 2,00,000.00
Vehicle	=	Rs. 42,000.00
Generator/ Electricity	=	Rs. 80,000.00
Staff Salaries	=	Rs. 3,25,000.00
Building maintenance	=	Rs. 70,000.00
T.A.	=	Rs. 6,000.00
Total	**=**	**Rs. 7,23,000.00**

4.2.6. Expenditure accrued by a Patient

Medicines, OT, Indoor and at Discharge

Xylocain with Hylage -6 ML	=	Rs. 12
Viscomat- 01 ml	=	Rs. 16
Gentamycin / Decadron – 2ml	=	Rs. 02
Disposable syringe with needle	=	Rs. 10
Tefacil eye drop –	=	Rs. 02
Ciplox Eye Drop- 1ml	=	Rs. 02
Spirit- 50ml	=	Rs. 04
Ringer Lactate RL – 200 ml	=	Rs. 04
Betadin Lotion- 10 ml	=	Rs. 03
Cotton – 20 gm	=	Rs. 03
Bandage	=	Rs. 03
Tablet Brufen	=	Rs. 03
Tablet Ciplox	=	Rs. 15
Zoxcin Eye Drops	=	Rs. 07
Dexcin drops	=	Rs. 13
Decadron (for Indoor patients)	=	Rs. 10
Dressing drop	=	Rs. 03
Green eye Shade	=	Rs. 03
Stationary	=	Rs. 01
Washing clothes	=	Rs. 07
IOL	=	Rs. 200
IV Set	=	Rs. 06
	Total =	**Rs. 337**

4.2.7.Weekly and monthly clinics: By an order of Director, weekly and monthly field clinics were stopped at Kosi, Shonkh, Raya and Jugsana. Only fortnightly visits for Kosi and Sonkh are continuing. This decision was made after Mr. Tressler of CBM pointed out that only field clinics which provide services to at least one hundred patients are cost effective. Kosi and Sonkh clinics are providing more OPD patients, but by fortnightly visits Agrawal Samaj is not interested in providing help to NIRPHAD, so they are supporting other hospitals.

4,2.8. School Screening Programme: School screening Programme was not done in this year.

4.2.9. Medical Store: Functioning of medical store started from 3rd February, 2006. Income Rs.3,40,500.00 for the period Feb.-March 31,

4.2.10.Spectacles Shop: Spectacle shop started from January, 2006. Income Rs.3,40,500.00.

4.2.1.1. Issues / Hurdles:

1. Lack of Coordination and cooperation.
2. Electricity generator expenses is increasing
3. Maintenance of hospital building, repair of water coolers etc. is required.
4. Working Environment needs to be improved, specially the coordination with the staff
5. Emoluments, should be revised annually
6. Proper arrangements for stocking of medicines, is required.

4.2.12. Increase in Income

After decreasing the number of camps, operations & income increased 50% this year, when compared with the previous year.

5. MR. ANIL KUMAR GUPTA, MANAGER
NIRPHAD Rural Eye Programme Bajna, Mathura U.P.

Mr. Anil Kumar Gupta (Manager, including finances) of NIRPHAD Growth Center Bajna Mathura U.P., Joining Date was 2nd August, 1980.

5.1 Daily Routine: Update vouchers, Cash book, all payments, manage O.P.D.Clinic, keep Eye records, keep log book of Jeep/ Car & motorcycle, generator, electricity, water pump; maintain Building, Eye ward, and Doctor's Chamber. Record attendance Register, Leave register, and organize eye camps. (Aplly and receive permission from Aligarh C.M.O. to implement eye work in Aligarh District).

5.2 Total Recovery:		Rs.3,79,644.00
5.2.1. Eye OPD Clinic		Rs. 36,980.00
5.2.2 Recoveries from I.O.L , Refraction, Cataract	=	Rs.2,20,014.00
5.2.3. Subsidy from CMO Office Aligarh	=	Rs.1, 22,950.00
	Total=	**Rs. 3,79,944.00**

5.2.4 No. Paying for Surgery**:**	165
5.3.5. I.O.L implants	125
5.3.6. Cataract operation without implant	18

5.4. Patients attending O.P.D:	
5.4.1. Base clinic	4918
5.4.2 Camps (33)	2539
5.5. Total No. of Free operations:	587
5.5.1. with I.O.L implants	244
5.5.2 Cataract without implants	311
5.5.3. Glaucoma	01
5.5.4. Others	31

5.6. Issues:

5.6.1. Paucity of visits by Director and Coordinator resulting in lack of supportive supervision and direction.

5.6.2 Need full time surgeon
5.6.3 Must recruit trained staff
5.6.4 Building needs maintenance
5.6.5 Shortage of funds requires review of resources and manpower.

5.7. Present staff
5.7.1 Mr. Anil Kumar Gupta
5.7.2. Mr. Kshterapal Singh
5.7.3 Mr. Mahesh Chandra
5.7.4 Mr. Rinko
5.7.5 Two sweepers.

5.8. Visiting Doctors & others:
5.8.1. Dr. Mrs. Shanti Pandey
5.8.2. Dr. Dheeraj Chhaparia
5.8.3. Dr. Ashutosh Mishra
5.8.4. Mr. N.L.Mishra
5.8.5 . Mr. Hemvir Singh
5.8.6. Ms. Neel Prabha
5.8.7. Mr.Tressler and Ms. Renu Mehta visited accompanied by the NIRPHAD Staff to assess and make recommendations for the future of the Bajna eye programme.
5.8.8. M.D.Agrawal, Mr. B.R.Yadav for RCH programme
5.8.9. Mr.S.C. Jain, Ramesh Saraswat for checking and up-dating the assets.

5.9. Patients who paid for eye services:

S.no.	Particulars	Quantity/ Rate	Amount
1.	O.P.D.Base clinic	4918@Rs.5- 10	36,980.00
2.	Refraction	1265 @Rs. 10	12,650.00
3.	Refraction	02 @ Rs.7	14.00
4.	F.B.	10 @ Rs.25	250.00
5.	F.B.	24 @ Rs.50	1,200.00
6.	Color vision	11 @ Rs.50	550.00
7.	Needling	01 @ Rs.50	50.00
8.	I.O.L	10@ Rs.3000	30,000.00
9.	I.O.L	01 @ 2900	2,900.00
10.	I.O.L	02 @ 2500	5,000.00
11.	I.O.L	18 @ 2000	36,000.00
12.	I.O.L	01 @ 1950	1,950.00
13.	I.O.L	02 @ 1800	3,600.00
14.	I.O.L	01 @ 1700	1,700.00
15.	I.O.L	13 @ 1500	19,500.00
16.	I.O.L	56 @ 1200	67,200.00
17.	I.O.L	07 @ 1100	7,700.00
18.	I.O.L	01 @ 1050	1,050.00
19.	I.O.L	05 @ 1000	5,000.00
20.	I.O.L	03 @ 900	2,700.00
21.	I.O.L	02 @ 800	1,600.00
22.	I.O.L	01 @ 700	700.00
23.	I.O.L	02 @ 500	1,000.00
24.	Cataract	05 @ 800	4,000.00
25.	Cataract	13 @ 500	6,500.00
26.	E.ntropion.	05 @ 450	2,050.00
27.	Entropion.	03 @ 350	1,050.00
28.	Pterygium.	05 @ 350	1,700.00
29.	Pterygium.	06 @ 250	1,500.00
30.	Chalizion	01 @ 250	250.00
31.	Chalizion	01 @ 150	150.00
32.	Cyst	01 @ 200	200.00
	Total		**2,56,694.00**

5.10. Patients who did not pay (received free Rx):

Vision Tests	164
Refractions	89
O.P.D. Camp field	1774
O.P.D. Camp clinic	765
Field operations	388
Clinic operations	199
I.O.L	244
Cataract	311
Glaucoma	01
Others	31
0 to 15 years (field)	82
0 to 15 years (clinic)	690

5.11.Income from Eye Services from April,2005 to March,2006

S.No.	Months	Amount
1.	April,2005	19,634.00
2.	May,2005	11,620.00
3.	June,2005	22,365.00
4.	July,2005	10,260.00
5.	August,2005	9,510.00
6.	September,2005	27,775.00
7.	October,2005	25,035.00
8.	November,2005	32,250.00
9.	December,2005	29,650.00
10.	January,2005	25,945.00
11.	February,2005	22,410.00
12.	March,2005	20,240.00
	Total	2,56,694.00

5.12. Expenditure Statement April, 2005 to March,2006

NIRPHAD RURAL EYE PROGRAMME BAJNA MATHURA- SALARIES OF STAFF

Total number of staff was eleven and the salary paid was Rs. 4,33,815.00

5.13. Daily OPD Attendance-Bajna clinic:

Month/ Year	Total	New	Old	Free	Male	Female
April,2005	472	392	80	07	177	295
May,2005	426	370	56	02	147	279
June,2005	374	312	62	01	179	195
July,2005	445	368	77	03	178	267
August,2005	311	268	43	07	128	183
September,2005	436	377	59	06	179	257
October,2005	425	378	47	02	187	238
November,2005	391	360	31	01	158	233
December,2005	514	449	65	08	185	329
January,2006	385	371	14	02	127	258
February,2006	438	408	30	07	156	282
March,2006	351	330	21	04	126	225
Total	**4968**	**4383**	**585**	**50**	**1927**	**3041**

5.14.Patients provided free eye services : Mathura & Aligarh
NIRPHAD RURAL EYE PROGRAMME BAJNA

Month / Year	Mathura Free Work					Aligarh Free Work					Grand Total
	I.O.L	Cat.	G.L.	Others	Total	I.O.L	Cat.	G.L.	Others	Total	
April, 2005	01	17	-	05	23	09	56	-	15	80	103
May, 2005	S	U	M	M	E	R	SEA	A	S	O	N
June, 2005	HOT	WEA	TH	ER	TEMP.	A	B	O	V	E	40 C.
July, 2005	I	N F	E	C	T	I	O	N	RATES	HIGH	
August, 2005	AC	CHA	NGI	NG	MIND	SET.					
September, 2005	10	17	-	-	27	32	04	-	03	39	66
October, 2005	04	24	-	01	29	46	20	01	02	69	98
November, 2005	04	20	-	-	24	24	07	-	-	31	55
December, 2005	05	15	-	-	20	19	03	-	01	23	43
Total	24	93	-	06	123	130	90	01	21	242	365
January, 2006	03	17	-	01	21	22	18	-	01	41	62
February, 2006	04	21	-	-	25	36	28	-	02	66	91
March, 2006	03	27	-	-	30	22	17	-	-	39	69
Total	**34**	**158**	**-**	**01**	**199**	**210**	**153**	**01**	**24**	**388**	**587**

5.15. Patients who paid and those who received free services

NIRPHAD RURAL EYE PROGRAMME BAJNA MATHURA
Number of patients whom paid for IOL surgery-was 125. Free pts. Who had IOL-244.

Number of paying patients who had plain cataract—18. Free pts (plain) Cataract surgery-131.

Number of paying patients who had Glucoma surgery-nil. Free patients -1.

Paying patients who had Other operations-22. Free patienetsn 31.

Total patients who paid was= 165.
Patients who did not pay= 587

5.16. O.P.D Camp clinics held in Mathura & Aligarh (U.P.)

S.No.	Date	Place	Total Patient	New	Old	Male	Female
1	04.04.2005	C.H.C. Gonda	123	123	-	51	72
2	11.04.2005 & 12.04.2005	C.H.C Gonda Aligarh Gramin Bank Gomat	88	86	02	42	46
3	19.04.2005	P.H.C Tappal Aligarh, Ramgopal Dixit Pradhan	157	157	-	68	89
4	25th to 26.04.2005	NIRPHAD Bajna	113	106	07	50	63
5	29th to 30.08.2005	NIRPHAD Bajna	89	84	05	41	48
6	5th to 06.09.2005	C.H.C Khair Aligarh	17	17	-	05	12
7	12th and 13.09.2005	P.H.C Tappal	66	66	-	22	44
8	19th and 20.09.2005	P.H.C Gonda	79	79	-	38	41
9	26th and 27.09.2005	NIRPHAD Bajna	98	95	03	44	54
10.	03.10.2005	P.H.C. Chandos	184	184	-	64	120
11.	10.10.2005	P.H.C. Tappal	58	58	-	23	35
12.	18.10.2005	P.H.C Gonda	70	70	-	28	42
13.	24th to 25.10.2005	NIRPHAD Bajna	80	80	-	37	43
14.	07.11.2005	CHC Khair	50	50	-	22	28
15.	14.11.2005	P.H.C. Tappal	50	50	-	22	28
16.	28th To 29.11.2005	NIRPHAD Bajna	85	77	08	31	54
17.	5th to 06.12.2005	New P.H.C. Shiwala	154	154	-	60	94
18.	19.12.2005	Jatari	47	47	-	25	22
19.	26th to 27.12.2005	NIRPHAD Bajna	58	53	05	24	34
20.	02.01.2006	C.H.C Khair	68	68	-	32	36
21.	09.01.2006	P.H.C.Tappal	80	80	-	31	49
22.	16.01.2006	P.H.C Gonda	71	71	-	43	28
23.	23rd to 24.01.2006	NIRPHAD Bajna	76	71	05	27	49
24.	30.01.2006	New P.H.C. Shiwala	111	111	-	48	63
25.	13.02.2006	New PHC Taroi	57	57	-	36	21
26.	20.02.2006	C.H.C. Gamana PHC Chandos	116	116	-	59	57
27.	27th to 28.02.2006	NIRPHAD Bajna	78	76	02	42	36
28.	06.03.2006	CHC Aligarh	47	47	-	16	31
29.	20.03.2006	PHC Tappal Aligarh	81	81	-	34	47
30.	27th to 28.03.2006	NIRPHAD Bajna	88	87	01	34	54
	Total		**2539**	**2501**	**38**	**1100**	**1439**

6. LABORATORY SERVICES FOR CHATIKARA GROWTH CENTRE:
BY: ANUP BARAN RAUTH

6.1. I joined NIRPHAD MCH at Chhatikara Growth Centre as Laboratory Technician on 15th July, 2001 and continuing since then. Being the only technician I am responsible for the maintenance of this Laboratory and conduct various types of examinations required by the MCH & Eye Hospitals of NIRPHAD Growth Centre. Laparoscopy tubectomy (LT) camps were organized three days in a Week and direct observation treatment (DOT) programmes were sponsored by the State Government's (District Hospital) and the local Private Practitioners. The process involved collection of sample testing step by step, documenting conclusions and reporting.

6.2. A lot of difficulties are faced on account the heavy work-load. Particularly on the days Dr. Shakuntala Srivstav visits the MCH Centre. Also when Camps were organized by Eye Department and laparoscopic tubectomy operations are held simultaneously, when a large number of the patients are to be serviced, in a short time, and the patients requested rapid testing and for submission of reports by 13:00 hrs. The routine becomes quite hectic during these rush hours.

6.3. My other responsibilities are:

- Proper disposal of the Laboratory wastes.
- Quality check of the chemicals and standardization of the equipment from time to time.
- Maintenance of the records.

6.4. Strengths: Lab possesses Monocular microscope, centrifuge machine, Incubator and all types of chemicals required for aforesaid tests. I am regularly receiving quality control training from Dr. Britt, twice a year to improve my working efficiency.

6.5. Weakness: Sometimes difficulties are faced on account of the outdated equipment like monocular microscope etc.

6.6. Opportunities

Availability of a full time Lady Doctor at MCH will definitely increase the income of the hospital in addition to the services provided to the needy people.

6.7 Suggestions

Lab Technician should be adequately paid so that he may concentrate to work without thinking of running around for higher salary offers at other labs.

6.8. Achievements: There was considerable of statistical increase in the number of patients tested during the year compared with the last five years, which clearly indicated the popularity of this lab in the community.

I have attended training programmes on:

- Blood testing (Hb estimation by color- scale card/ HemoQ method) by Dr. Britt.
- Quality control of standard tests.

6.9 Comparative Yearly Pathological Report

Tests	2003- 2004	2004-2005	2005-2006
Hemoglobin	416	712	459
Hemoglobin (HemoQ)	-	03	27
Total Count	48	38	25
Differential count	53	40	31
ESR	39	30	31
Malaria Parasites	267	225	314
Widal Test	214	320	195
Urine Routine	458	295	245
Urine Sugar	72	802	910

Urine Pregnancy	789	724	565
Bleeding time	22	12	04
Clotting time	21	15	04
Blood Grouping	156	143	126
Semen test	27	33	30
Stool-rout.-	07	04	07
VDRL	42	82	90
Urine-sugar & alb.	212	744	850
S/ Bilirubin	02	-	03
Blood picture	02	02	-
Blood Sugar	1587	1448	1794
Bile Salt& pigment	02	12	01
Blood Sugar (By Glucometer)	-	149	49
Sputum-AFB	-	13	03
HIV I – II	-	-	30
Total Tests	**5076**	**5834**	**5793**

6.10 Receipts:

Cash	Rs.	55,920.00
Free Tests (estimate value)	Rs.	49,235.00
Total Tests	**Rs.**	**1,05,155.00**

7. SIFPSA FAMILY WELFARE PROGRAMME

BY: MR. B.R.YADAV, M.SC., (AGR.)

7.1. Joined NIRPHAD as an agriculture field officer in April, 1986 and still continuing since then. Working areas are SHG Group formation, Family planning programme in Khair, Tappal (Aligarh) and Bichpuri Block, Agra, and at present appointed as **Project Coordinator in NIRPHAD SIFPSA** PROGRAMME at Mathura.

7.2 CBD & ISMP COMPONENT:

7.2.1 Introduction: This is a clinical & non clinical component of 'A community Based Reproductive child health Project" funded by SIFPSA (State Innovations in Family Planning services Project Agency (USAID). The main component is Community Based Distributors & Indigenous system of medicines by homeopathic practitioners).

7.2.2. NIRPHAD is implementing two components: CBD Component in Mathura block and ISMP Component in Mathura District. All the ten blocks, are as follows:

- Mathura; Chata; Farah; Naujhil; Goverdhan
- Chaumha; Nandgoan; Matt; Raya and Baldev

In this component (ISMPH), the criteria of selection of Private practitioners, included only those who were practicing in (Ayurveda, Homeopathy,Yoga, Sidda and Unani). 196 ISMPs were selected under this component in the whole Mathura District (10 Blocks). They are also volunteers and having interest in family planning programmes. Financially they are doing well. It is the first time in Mathura, that NIRPHAD had implemented ISM & HP Component under this project. Basically in this component our aim was to provide family planning services in the whole District.
In this component, technical knowledge with practical demonstrations was provided to the 196 ISMPs.

7.3 Project title: " A Community Based RCH Project."

Project Duration: 25 months (March, 2004 to March,2006)
Area covered – CBDs Component – Mathura Block and
ISM & HP component in 10 blocks of Mathura District.

7.4. Objective:

7.4.1. To increase contraceptive users by 10%
7.4.2. To reduce IMR and MMR
7.4.3. To sustain present contraceptive users
7.4.4. To supply CSMs Pills and Condoms
7.4.5. To provide 80% ANC services to all pregnant women; two T.T. doses and 60% to receive 100 IFA
7.4.6. Infant immunization– to complete 85% in the project area
7.4.7. Develop health awareness programmes

7.5 Objective of ISM & HP Component:

The main objective of this component is to provide family planning services through trained ISMP doctors; they are also known as family planning counselors in the areas, after receiving training.

7.5.1. To control population through family planning implements
7.5.2. To control birth rate
7.5.3. To control infant and maternal mortality rates
7.5.4. To control RTI/ STI infections
7.5.5. To space two consecutive (Interval with CuT, Condom & OCP) births
7.5.6. To control PID (pelvic Inflammatory diseases) infection.
7.5.7. To provide awareness of family planning services and RCH services by informed choice.
7.5.8 IFPS project has major aim to include private sector in family planning.

7.5.6 Manpower:

Project Coordinator	1	Mr. B.R.Yadav
Assistant Project Coordinator	2	D.Agrawal P. Rana
MIS/ Accountant	1	R. K. Garg
Lady MO	1	Dr.S Gupta
Trainers	2	N.Gupta; P. Chaudhary
Progr. Assistant	1	N. Gola
Community Health Visitors	4	Names omitted
Health Supervisors	13	names omitted
Office Assistant	1	D.V. Singh

7.7 Strengths:

- Adequate staff
- Staff received good of training from PRERANA, NIRPHAD, SIFPSA & UPHSDP
- Good experience in health activities
- Committed and motivated

7. 8. Weakness:

- Short time bound project
- Staff recruitment for short duration difficult.
- Irregular free flow of funds at regular intervals.
- Irregularities in timely payments causes, unnecessary problems.

7.9. Staff Training (CBD Component):
C.B.D. Refresher Training

S.no.	Batch	Venue	Participant	Date	Training Conducted by
1	1st Batch	NIRPHD MCH	35 CBD's	25.04.2005 to 29.04.2005	PPRC Lucknow
2	2nd Batch	NIRPHAD SIFPSA Office	34 CBD's	25.04.2005 to 29.04.2005	PPRC Lucknow
3	3rd Batch	NIRPHAD MCH	32 CBD's	30.04.2005 to 05.2006	PPRC Lucknow

7.10. Supervisors Refresher TRAINING:

S.no.	Batch	Venue	Participant	Date	Training Conducted by
1	2nd Batches	PPRC	6 Supervisors	4.7.2005 to 6.7.2005 & 18.7.2005 to 20.7.2006	PPRC Lucknow

7.11. Project Coordinator / Assistant Project Coordinator (Training/ Refresher courses)

S.no.	Venue	Participant	Date	Training Conducted by
1	PPRC	3	20.06.2005 to 22.06.2005	PPRC Lucknow

7.11.1. Project Coordinator's Training: Venue : UPHSDP Lucknow, Subject : RCH II, ASHA Date : 02.02.2006 to 04.02.2006

7.11.2. ISM & HP Training–Total 196.

13 Batches- 98 ISMPs
13 ISMPs- 25th April, to 28th April,2005
17 ISMPs 2nd June to 5th June, 2006
29 ISMPs 18th October to 21stOctober, 2005
- Ayurveda 162 ISMPs, Homeopathy 24 ISMPs, Unani – 10 ISMPs

7.12. Methodology: Methodology of the programme during implementation is to select registered ISMPs for ISMPs training after base line Survey, interpersonal communication, case history of Mathura District and the list from CMO's Office.Methodology for selecting the Private Practitioners for ISMPs training is given below:

7.12.1. Base Line survey: A format was provided by SIFPSA to select private practitioners for ISMPs. The format included name, birth, degree, year of graduation, college degree, experience etc.

7.12. 2. Inter Personal communication: After completing format the dates for four days training programme for ISMPs was decided.

7.12.3. Training methodology for four days training of ISMPs: Training was conducted for four days with eleven sessions i.e. family planning data of Uttar Pradesh, family planning counseling, anatomy of sexual organs (both male and female), HIV/ AIDS, techniques of tubectomy, vasectomy, CuT, use of Condom with demonstration and details of OCP.

Training schedule was prepared for each day; 1st session-non technical; 2nd session-technical.

- Reproductive practices in Uttar Pradesh- use of contraceptives: condom, OCP & sterilization.
- Family planning benefits for mother and child.
- Anatomy of sexual organs
- Interpersonal communication in family planning.
- Introduction of family planning implements
- Family planning counseling
- Condom, oral contraceptive pills (OCP)
- CuT, Male sterilization (vasectomy), female sterilization.
- HIV/ AIDS and STI

Role play, flip charts, lectures/demonstrations, group discussions, group participation was used as a training module.

7.13. Impact of the programme:

- Increased awareness for family planning methods in eligible couples by informed choice
- Preventive for HIV/ AIDS and STI (Sexual Transmitted infection)
- Counseling to eligible couples.

- Were better services provided by informed choice?

7.14. CBD Component:

Achievement in Mathura Block:

Total Pregnant Women -5968

Total ANC Check up:
1st ANC – 5742 women = coverage of 96.2%
2nd ANC – 5111 women = coverage 85.6%
3rd ANC – 4825 women = coverage 80.84%

Total 2 TT doses given =5212 women = coverage 87.33%
Total pregnant women received 100 IFA = 4749 = 79.6%
Total pregnant women who received D.D. Kit 1419 = coverage 23.8%
Total deliveries at home by trained TBA = 1762= coverage 32.60%

8. ANNUAL REPORT

VETERINARY AND ANIMAL HUSBANDRY BY: DR.BASANT SINGH

8.1 Introduction: It has become a proven fact, realized globally that any serious effort aiming to improving the socio economic status of the poor rural community, majority of which is basically thriving on agriculture, can not afford to ignore livestock sector as the latter is an integral part of the Rural Community. Considering this fact NIRPHAD is actively engaged in providing livestock development and health services along with various other programmes as an integrated approach to raise the socio economic status of the people. Animal husbandry is the second (the first being agriculture) priority in the village economy.

The Veterinary and Animal Husbandry section is located in one of the rooms of the Mother and Child Hospital (MCH) at Chhatikara.

The Veterinary Hospital provides services of a well qualified and experienced Veterinarian, from 9.00 am to 4.00 p.m. daily on all working days. The Hospital has a primary infrastructure sufficient to meet the basic requirement of a veterinary clinic.

Almost all species of the livestock are brought for treatment, but buffaloes and cattle, the main milk producing species, belonging to target groups of different socio economic status constitute a major portion. The services of this clinic are not only availed by the adopted villages of NIRPHAD but by others also. A majority of sick animals brought here belong to the neighboring villages-Chhatikara, Jait, Nagla Ramtal, Allhapur, Gopalgarh, Charora, Maghera, Bati etc. Only rarely animals from distant villages seek treatment. Villagers from four off villages-Babugarh, Hanumangarhi, Sehi etc. usually bring their cattle to this clinic, or, report the observed symptoms, discussed about ailments and received the medicines for their sick animals.

In order to provide better services to the distant villages, especially the adopted villages, once a week villages were visited as a routine practice, along with the HCDI staff in the Mobile Medical Dispensary Van.

8.2. Preventive Activities-Village Level: It is often said "Prevention is better than cure", complying with this theme, almost all animals were vaccinated at village level, against two most dreaded contagious diseases, viz –Hemorrhagic Septicemia (H.S) and foot & mouth diseases (F.M.D.). Animals vaccinated at different villages are presented below.

TABLE 8.2.1.
CATTLE AND BUFFALOES VACCINATED AGAINST HEMORRHAGIC SEPTICEMIAS (HS) AND FOOT & MOUTH DISEASE (FMD)

S.No.	Village	Number of Animals Vaccinated	
		HS	FMD
1.	Babugarh	112	955
2.	Hanumangarhi	87	92
3.	Charora	76	416
4.	**Chhatikara**		1183
5.	Badi Atas	285	640
6.	Gonda Atas	260	501
7.	Devi Atas	160	483
8.	Gopal Garh		105
9.	Jaint		2070
10.	Jonai	125	579
1.	Kota	100	514
12.	Maghera	-	595
13.	Nagla Ramtal		391
14.	Nagla Chaudhary	92	115
15.	Nagla Narayanpur	90	199
16.	Nagla Sakaraya	30	268
17.	Nagla Sumera	-	100
18.	Nagla Bihari	50	435
19.	Nagla Surir	30	42
20.	Sunrakh	60	1029
21.	Sakaraya	90	659
22.	Tehra	103	567

8.3. Curative Activities At The Hospital: Curative treatment was provided to 1209 sick animals at Veterinary hospital, Chhatikara. As stated above, majority of cases belonged to neighboring villages. Each case was critically examined and suitable drugs/ medicines were prescribed. Drugs available were provided free of cost and rest, usually injections were purchased by the owners from the market and were administered at the clinic. A considerable number of cases were given treatment entirely based on the observations of their owners, as latter could neither bring their sick animal nor they could arrange the veterinarian's visit to their village, on account of financial constraints.

Out of a total 1209 cased treated, a large number of which were affected with ecto-parasites (ticks, mites, lice etc.). Endo- parasites included (round worms, lung worms, liver flukes etc.) and blood protozoan parasites such as trypanosomes and leishmania etc. There were other 72 gynecological manifestations: (mastitis, pyometra, retention of placenta etc.); 49 sub fertile (anoestrous, repeat breeder, nymphomaniac etc.) cases in addition to 13 surgical minor ailments cases.

8.4. Curative Treatment At Village Level: As a routine, once a week, the mobile medical dispensary Van allotted for the HCDI staff was simultaneously used by animal husbandry staff to extend animal health services to the NIRPHAD's adopted villages, where buffaloes and goats had been provided to the members of SHGs.

8.5. Curative, Treatment And Awareness Camps At Village Level: The treatment and awareness camps were held at different remotely situated villages. Talks on different topics were delivered at length at each camp and problems of the community were discussed with regard to animal husbandry in particular and others in general. The community was provided with appropriate practical solutions to each problem to their entire satisfaction. At the conclusion of the sessions, each of the sick animals brought were attended to. The main topics of the talks delivered, and number of sick animals treated, at different villages are shown below (Table 8.2.2).

TABLE 8.2.2.
CAMPS/ *MELAS* ORGANIZED/ATTENDED, TALKS DELIVERED AND NUMBER OF CATTLE TREATED AT DIFFERENT VILLAGES

S.No.	Date	Venue/ village	Type of Camp	Animals tested	Awareness talk on the topic
1.	08.09.2005	Babugarh	Health Camp	21	Nutritional value of animal food products and their utility for health & happiness of the community.
2.	10.09.2005	N-Sakaraya	Veterinary Camp	20	Fertility Management
3.	29.10.2005	Bhartiya	Kisan *mela*	87	Diseases affecting livestock during winter season, their prophylactic measures, indigenous treatment, etc.
4.	02.12.2005	N-Sumera	H. *Mela*	107	Bad effects
5.	30.01.2006	Gonda Atas	A.H.'S A & T	36	
6.	09.02.2006	Nagla Surir	A.H.'S A & T	51	
7.	13.02.2006	Nagla Sakaraya	A.H.'S A & T	58	Rearing heifer calves for better economic returns.
8.	2002.2006	Babugarh	A.H.'S A & T	61	Signs of oestrus in cows/ buffaloes and proper time of ting/
9.	09.03.2006	Hanumangarhi	A.H.'S A & T	27	Manage mental care & feeding of pregnant cows/ buffaloes.
10.	30.03.2006	Atas	Livestock show	72	Disease prevalence during summers, their prevention, indigenous treatment & etc.,
	TOTAL			**540**	

A perusal of the table reveals the participation of animal husbandry in 2 health *melas* and one Kisan *Mela* held at Babugarh, Nagla Sumera and Bhartiya in addition to 7 Animal husbandry awareness and treatment camps.

8.6 A livestock show: was organized on 30th March, 2006 at Atas The Chief Guest, Honorable Dr. R.D.Agrawal, Vice Chancellor U.P. Deen Dayal Upadhyaya Pashchikiktsa Vishvidyalya Evm Go Anusandhan Sansthan, Mathura very kindly graced the show, inaugurated and delivered a talk on all round approach for the development of the livestock. The message to community was to love & care the animals like their own children, to get the maximum out of each unit. He highly appreciated the activities of NIRPHD, particularly the NIRPHAD animal husbandry staff who were working hard with meager financial resources.

The community was also informed about the latest varieties of the wheat and cotton suitable for growing in this area by Dr. S.K.Mishra, Senior Scientist Krishi Vigyan Kendra, Mathura, who was the special guest of the Livestock Show.

The undersigned also discussed animal husbandry related problems posed by the audience and gave them scientific based practical solutions, after delivering the talk on the topic shown in Table 8.2.3. Also appraised them benefits of balanced feeding, artificial insemination with semen of progeny tested bull of high size index and the importance of timely prophylactic vaccination against highly contagious diseases and general management of animals, particularly during an ailment or weakness.

In the end Ex. Gram Pradhan Shri Birjendra Singh expressed his thanks on behalf of the rural community and residents of Atas village, to all the guests and staff of the NIRPHD for organizing the show and imparting knowledge and services provided to the people of his area.

8.7. Rural Community Development Through Genetic Development Of Livestock: The artificial insemination (A.I.) centre maintains frozen semen of high quality bull of Hosltein Friesian, Jersey and Hariana pure breeds, their cross bred cattle and Murrah buffalo breed. Semen supply is obtained from the U.P. Animal Husbandry Department.

One hundred buffaloes and lesser number of cows were inseminated after carefully examining the stage of oestrous. It has been observed that the community still does not understand the true benefit of A.I. They still prefer to cover their animals by natural means, instead of A.I. Only those animals were brought to the centre, which did not conceive with previous natural methods or did not cooperate with the bull for copulation. Moreover owners keep the animal as long as they yield milk or are pregnant. Only a few owners opt for treatment of sub fertile cows and buffaloes. They were treated.

TABLE 8.2.4. ACTIVITIES DURING THE YEAR

S.no.	Activities	Numbers
1.	Working days	300
2.	Animals Treated	1749
3.	A. I	110
4.	Village Visits, camps & *Melas*	35
5.	Rural Camps/*Melas* organized/ attended	10
6.	Villages Covered	59

8.8 Staff:

1. Veterinary Officer – One
2. Veterinary Assistant – One ; Shri Bihari Lal

8.9 Weakness:

1. Non-availability of quality drugs/ medicines at the Hospital
2. Non-availability of vehicle for providing services to the sick animals at their door steps.
3. Rural community is not mentally prepared to bear the cost of medicines and veteran's visit. Mind set for behavioural change essential.

8.10 Opportunities: 8.10.1 Rural Community Development through Genetic Development of Livestock, especially buffalos, cattle, goats, pigs and poultry, will generate additional income to the community.

8.10.2. Rural community health programme can be launched with minimum investment and multiple returns. When animals were given eggs and lemon, the cattle will be less prone to respiratory diseases. Hence every family should keep poultry and plant a lemon tree.

8.10.3.Hospital should be upgraded with good instruments and medicines, so that sick animals can be treated.

8.10.4. Exposure visits and training of the staff to upgrade their technical skill at par with the international level.

9. CHILD FOCUSED COMMUNITY BASED DEVELOPMENT PROGRAMME
Project No. : 22009. (unit one)

Period 1st April, 2005 to 31st March, 2006

9.1. For child focused community based development programme the year 2005-2006 was the **last year** and after wards NIRPHAD will hand over the entire programme to the community, realizing the importance of **self-reliance** of the project. NIRPHAD successfully **completed seven years** of the project and it was decided to **hand over** the project to community- through the village level committee to **sustain** the project from **1st April, 2006**.

9.2. The **objective** of the report is to provide information about the **activities** carried out during the reporting period with more emphasis on **impact** of the programme on community and sustainability.

9.3. First quarter of the year is the most important which requires great effort in **planning** for the next year. Every year **HCDI project officer** visits the project and gives suggestions to improve and strengthen the programme. 12 months' planning is completed, taking cognizance of the suggestions given by project officer to implement the same for better results.

9.4. The foster children above 5 years were enrolled in the **govt. schools as a strategy for self-reliance** suggested by HCDI project officer Mr. Samir Maganji. As the foster children were promoted to higher classes, poor children between the age group of 3-5 years were enrolled. **VSHGs** (Village Level Self Help Groups) scrutinized the list of eligible children prepared by ECCEC teachers and selected most **deserving children for the enrollment in ECCEC.** In all **ECCECs** education, nutrition, picnics, monthly medical check ups, referral to the hospitals, parents/teachers monthly meetings/ parent's gatherings, home visits, clothes distribution, annual letter writing, celebration of Independence Day, Republic Day and Christmas are the main **activities.**

9.5. ECCECs are the focal point for all **records** and the **activities** carried out under CFCBDP. **ECCEC teachers** are **multipurpose** workers and they are the backbone of the program. They are responsible for follow up and supportive supervision for the activities implemented under CFCBDP in their respective villages. During the reporting year teachers were involved in formation and strengthening of **SHG programme** and were **trained** by the Project Manageress Neel Prabha through organizing capacity building training programmes. ECCEC centres are **equipped with teaching and learning material** which includes outdoor and indoor play material, educational aids (with more emphasis on preparation of low cost educational aids, by using locally available resources).

9.6. In **ECCEC formal and non formal education** is imparted through **play way process as a methodology**. **Overall personality development** of a child is the main objective of ECCEC Centres and these centres have proved successful for enabling children to get formal and non-formal education and exposure to healthy living, with more emphasis on nutritious food. Good habits and moral values are inculcated in children at ECCEC.

9.6. Purchasing of training, learning and play material As the project was in withdrawal phase minimal budget was allocated for this activity. As the ECCEC's are well equipped with teaching, learning and play material, it was decided to purchase books for teachers for reference purposes. The premise being that after completion of the project, the community will be able to get some idea about teaching material for the new teachers, hence some books & chalks were purchased. Books, notebooks, pencils, crayons were purchased for ECCEC Children, so that they can work during the class room periods. This helped children to understand and enhance their learning at ECCEC. As all the ECCEC are well equipped with play materials like swings, merry go round, slippery slide, tricycles, new play material was not purchased.

9.7 Picnics: For entertainment and for exposure to the children, picnics were arranged every year to the nearest picnic spot where children enjoy playing, dancing and eating together. These activities provide an opportunity for **sharing**, to experience **new play materials** and also to get information about the **outside World.** Picnics also inculcate the spirit of **collective living** and sharing and also facilitate better learning and understanding. A picnic was arranged in the month of November to "*Banke Bihari Gaushala*" a picnic spot on Vrindaban road. The children enjoyed the picnic with other ECCEC children by playing, dancing and eating together. They also presented a

cultural programme at the picnic spot. A delicious lunch was prepared at the picnic spot. ECCEC staff also participated in the cultural programme. They played local musical instruments and it was very exciting for the children. Many activities like, mimicry, drama, folk dance were performed during the picnic. Children also sang folk songs. At the picnic place children enjoyed playing on jungle Jim, swings, tricycles, slippery slides etc.

9.8 Nutritional Care is a continuous programme for the ECCEC Children. As the unit one programme was in the **withdrawal phase,** it was the last year of the CFCDBP nutrition programme, some changes were made according to the suggestions given by VSHG members. And instead of giving a full meal/ day **snacks and breakfast** was served for the children.

9.9. Gonda Atas and Babugarh ECCECs were handed over to **VSHG from 1st April, 2005** and the committee was made responsible to carry on ECCEC activities in a stipulated budget. The Committee members were given **orientation** about the budget and were also given an exercise to plan monthly menu jointly with the Project Manager and other ECCEC staff. Keeping in mind the calorie requirement, Dr.Sanjay Nanda, Pediatrician Swarn Jayanti Samudaik Hospital and Director NIPHAD assisted to finalize the menu.

9.10 Medical Check up is a regular activity. Every Monday a medical team comprising of Doctor, ANM, health educator performed a medical check up of ECCEC and foster children attending Govt./ Private schools in the villages and a follow up was jointly done by ECCEC teachers and ANMs. A separate medical register for all the children and **"Road to Health Card"** are maintained at ECCEC level to assess the growth of a child.

9.11. The malnourished children were identified with the help of yellow card and are provided diet at ECCECs. The mothers of malnourished children received nutrition/health education by ANMs. She also arranged **demonstration** on **"preparation of low cost recipes"**. During the reporting period Dr. Sanjay Nanda, Pediatrician conducted classes for ECCEC Teachers on "Malnutrition" including symptoms, causes, and remedies to prevent and also treat the condition. He also explained and gave demonstration of the use of the yellow cards and preparation of monthly menu and calculating calories, protein, carbohydrates and fat in a balanced diet for children between the age group 3-5 years.

9.12. Parents meetings were organized monthly and teachers were made responsible to inform parents the time and agenda of the meeting. These meetings were conducted at ECCEC. In the meetings parents were informed in advance about the **withdrawal strategy** of NIRPHAD. It was made very clear to the parents that from hence forwards the ECCEC Centre would be managed by village level Self Help Groups and the facilities provided to the foster children would be reduced according to the budget. Parents were motivated to support their children on their own and enrolled the children in Govt. schools. It was observed that parents took a long time to accept the change but thy accepted it after many inter active sessions and continuous dialogue. The response given by VLCs was very encouraging. Through monthly meetings, Staff emphasized parent's role in supervision and in the importance of continuity of the programme.

9.13. Teachers meetings are conducted regularly. During the reporting period 15 meetings were held at NIRPHAD Growth Centre Chhatikara. **Children's problems,** failures and different development issues were discussed at these meetings. Meetings acted as an instrument for **exchange of ideas** by the teachers. Sometimes CFCBDP unit 1st and unit 2nd teachers meetings were conducted jointly so that the junior teachers could understand their role in the coming years regarding complex issues of **sustainability** in the **withdrawal phase**. These meeting also acted as a forum for exchange of ideas/ strategies and to strengthen withdrawal phase of Unit 1st. When the foster children were promoted to Govt. and private schools, the **private and govt. schools** were also invited and encouraged to attend teacher's monthly meetings. In the meetings more emphasis was given on sustainability of the project. Teachers were made responsible to collect dues related to IGP, Individual, dairy/Goat Units, seed money etc. They were motivated to act as a **liaison** between the community and NIRPHAD to facilitate the process of withdrawal and graded self-reliance.

9.14. Annual Letter writing: Annual letters are the **major link** between the foster parents and foster children. Every year each foster child writes a letter to the foster parents. Annual letters helps the parents to know about their foster child and to assess their foster child's educational and

all round performance during the year. During the reporting period 250 annual letters were written by the foster children and the manageress and staff helped the children in writing letters. Children, who were not able to write, prepared letters **using pictures, stickers, drawings** etc. The ECCEC teachers helped the children to make the letter attractive. The older foster children attending private/ govt. schools wrote letters on their own under the supervision of teachers. Before writing annual letters teachers of ECCEC and Govt/Public schools were given orientation and guide lines for writing annual letters and details were explained by the Project Manageress. Annual letters included drawings pictures, numerical, tables using children's **imagination and free will** to **communicate** to the foster parents of what they have achieved at ECCEC and schools. Through these letters foster children tried to communicate with their foster parents. Children enjoyed letter writing and tried their best to make the letters more **meaningful**. During the reporting period letters from foster parents were also received in the 4th quarter after Christmas. These **letters** were read out and explained to the children. **Gifts** were received on the auspicious occasion of Christmas. Children were very happy to receive gifts from their foster parents and expressed deep gratitude to the foster parents. Children wrote thank you letters and proudly showed the photographs and gifts, which they received, to the neighbors, villagers, friends and family members. Letter writing provided an opportunity to the children to use their imagination and to **express their feelings.**

9.15. Home visits: Each ECCEC teacher has to do home visits according to the prescribed schedule. Home visits are crucial as they provide an opportunity to establish **rapport** between teacher and the parents. These visits were done after ECCEC ended for the day. The junior staff of ECCEC, cook/*Aya (helper)* accompanied the teachers during the home visits. Children's academic performance, problems, strengths, weakness aptitudes were discussed minutely with the parents in the homely environment. During the home visits teachers gave more emphasis on **withdrawal of NIRPHAD** and handing over CFCBDP programme to the community and parents were prepared to this **new** and **major change** and their **responsibilities.**

9.16. Celebration of Independence Day and Republic Day: Independence and Republic days were celebrated in the ECCEC. On 15th August Independence Day was celebrated. A village *Pradhan* was invited as a chief guest for flag hoisting. Children performed a cultural programme on this auspicious day. Gifts and sweets were distributed to the children. On Republic Day sports competitions, debates, dance and singing competitions were organized. The best performers were given prizes in appreciation of their **efforts** to motivate them for better performance in the future. These celebrations widened children's knowledge and they were able to learn more of the history of our Country. The message of **"Unity in Diversity"**, peace, love, universal brotherhood was communicated to the children. Children were made aware that they are tomorrow's nation builders and pillars of future India and their role as a **responsible citizen** of India.

9.17 Celebration of Christmas Day: Christmas day programme was celebrated in 5 villages with great enthusiasm in the month of December. On 9th December Christmas Day was celebrated at village Gonda Atas. Father Pinto, Director Agra Diocesan Centre for Social Work was the chief guest of the programme. Dr. Sanjay Nanda, Director-designate NIRPHAD, Mr. M.D.Agrawal Coordinator NIRPHAD and staff of CFCBDP unit 1st participated in the programme. Villagers gave encouraging response to the function. VSHG members were involved in the planning and arrangement of the programme. ECCEC and foster children attending private/ govt. schools presented an excellent cultural programme. Children from Govt./private schools were also provided an opportunity to participate in the cultural programme to express their latent talents. Father Pinto sang two Christmas songs and gave a Christmas message to the children. He said that "Jesus never fights with anybody and he loved children and poor people. He spread the message of love on this earth. Similarly each child should love his/her friends, family members and the individuals in this World". Father Pinto's lecture was very interesting and simple. Children enjoyed his speech as he narrated stories from the Holy Bible. He said Hindus celebrate *Diwali and Holi, Muslims celebrate Id, Sikhs celebrate Guru Parv*, and Christians celebrate Christmas Day as a religious festival. After his wonderful speech he distributed Christmas gifts to the ECCEC and foster children. Dr. Sanjay Nanda, Director-Designate also gave a Christmas message to the children. After that NIRPHAD Coordinator also gave a Christmas message to the children. Sweets were distributed among the villagers. Dr. Nutan Chaturvedi, Supervisor Unit 2nd was the compeer and master of ceremonies and coordinated the programme. All the staff of CFCBDP unit 2nd was present.

9.17.1. Nagala Surir- Nagala Sakaraya- Christmas celebration: On 13th December Christmas Day was celebrated at Nagala Sakaraya ECCEC Centre. Nagala Surir and Nagala Sakaraya foster children celebrated Christmas day jointly. Mrs. Mohini David- Ex. Principle of Porter Burchard school, Vrindaban was the chief guest of the programme. Mrs. Angaha Joshi- Researcher and Miss Kalpana Pant- programme Coordinator Chaitainya organization from Pune also participated in the programme. Mrs. Mohini David delivered the Christmas message to the community and especially to the children and expressed her happiness to see how NIRPHAD was trying to spread the message of **humanity**, the only one religion in this World. She said that NIRPHAD by celebrating festivals is trying to inculcate the feeling of respect to every religion in children. Children presented a highly entertaining **cultural** programme including folk dance, songs and mimicry etc. **Self Help Group members** also presented a **drama**. It was quite encouraging to see that all villagers participated enthusiastically in the programme. After cultural programme Christmas gifts were distributed to the children. At the end of the programme sweets were distributed among children and the villagers.

9.17.2. Babugarh- Hanumangarhi-Christmas celebration: On 11th December Christmas day was celebrated at village Babugarh. Babugarh and Hanumangarhi centres' children celebrated Christmas day jointly at Babugarh and Hanumangarhi foster children celebrated Christmas Day jointly at Babugarh ECCEC. Father Andrew and father Jipson from Jait Church were the chief guests of the programme. Sister Jenith from Jait Church also accompanied the priests. Dr. E.B.Sundaram, Director NIRPHAD, Mrs. Shiela Sundaram, Consultant, Mr. S.C.Jain, accounts officer, Mr. M.D.Agrawal, Coordinator NIRPHAD, Ms. Neel Prabha, Project Manager and CFCBDP staff of unit 1st and Unit 2nd participated in the programme. Villagers and VSHG members arranged a tent free of cost and that was their contribution to the programme. Dr. Nutan Chaturvedi- Supervisor Unit 2nd was the MC, programme coordinator and announcer (compeer). ECCEC Children, foster children attending private/govt. schools, farmer's groups, SHG members and female adolescents participated enthusiastically in the cultural programme. Father Andrews gave the Christmas message to the gathering. He said that Jesus came into the World to help poor people and people in distress. He sacrificed his life for the betterment of mankind. He added that he was very happy to see the empire of Lord Jesus in village Babugarh through CFCBDP programme. He praised NIRPHAD and staff's effort to implement a programme for the deserving people and also prayed God to give strength, patience and success in implementing the programme. Father Jipson also delivered a Christmas message to the children. For sister Zenith it was the first experience to speak to a large crowd in the village. She also gave a meaningful Christmas message and prayed for everybody. Her speech was appreciated by everybody. The presence of Director Dr. Sundaram and Madam Sundaram was a pleasant surprise and everybody enjoyed and appreciated the loving & encouraging experience. The students from Jait Church School presented two songs. Father Jipson helped the children. After cultural programme , Dr. Sundaram and Madam Sundaram distributed Christmas gifts and sweets to the foster children and among the villagers attending the programme. Madam Sundaram distributed Christmas gifts (Sweater and Shawl) to ECCEC staff. Foster children were given a dress, sweater and socks etc.

9.18. Special Programme: under special programme Rs.1,01,942.00 was allocated for utilization on the following:

- *Balsabha*
- *Grahini* Training programme
- Youth programme
- Special nutrition programme for malnourished children
- Clothes distribution for the foster children attending govt./private schools.

9.18.1.Balsabha:

Objectives:

- To provide an opportunity for village children to express their hidden talents and develop to their full potential for a better future.
- To provide a platform to the children to develop leadership, participation qualities and overcome shyness.
- Entertainment
- To enhance knowledge

On every Saturday *Balsabha* was conducted in each village. ECCEC teachers were made responsible to carry out the activity and a separate register was maintained at ECCEC by the teachers. The children from the village were involved in the programme with more emphasis on school drop outs, girls and academically weak children. An attempt was made to cover all the children in the village between the age group 7 to 11 years. Sweets were distributed to the children. Activities like debates, health message through play competitions, speeches, and demonstrations were carried out. Prizes were distributed to the winners and best performers to motivate the children to do better. Through *Balsabha* children availed the opportunity to mix with each other and exchange their ideas. A healthy dialogue and bonhomie was promoted among the children and villagers appreciated the programme.

9.18.2. Grahini Training programme: Objective: To assist the women and girls to become good housewives/.citizens by imparting knowledge and skill training.
For *Grahini* training programme girls and women from 5 adopted villages under CFCBP were selected through VSHG and parents committees. ECCEC teachers were involved in the selection process and also for the documentation of the programme. ECCEC teachers kept attendance register and were made responsible for follow up. An interview method was used for the selection of deserving candidates. Beneficiaries from the lower socio economic class were given top priority. Resource persons from Govt. offices, private professionals were invited as a resource person and were provided with honorarium as a token of love and respect for their services. After selection of the beneficiaries candidates were given orientation regarding *Grahini* Training programme with more emphasis on training schedule and expected outcome. The duration of the programme was of 9 months 1st July, 2005 to 31st March, 2006. Activities were carried out according to the prescribed schedule. Training schedule of the programme was as follows:

- Non-formal education
- Tailoring – 3 months duration in each village
- Personal hygiene , *Mehandi* and *Yoga* classes
- Cooking and food preservation
- Continuous health training programme- Topics wee immunization, balanced diet and demonstrations of low cost recipes, family planning methods-temporary, permanent spacing methods, CSSM (Child survival and safe motherhood), changes during adolescent period, sanitation, social marketing and etc.
- Personal grooming – Beauty tips, hair styles, Skin care, bridal make up etc.
- Skill training – knitting, embroidery, preparation of sanitary napkins, toys, preparation of decorative items, packing methods, IGP information etc.
- Legal information – social legislations, FIR, Women's rights in constitution of India etc.
- Training in playing musical instruments
- Sports (introduction) etc.

9.18.3. In the month of March, 2006 in the **cooking and food** preservation session some demonstrations were arranged at village Gonda Atas, Nagala Sakaraya and NIRPHAD Growth Centre Chhatikra. Mr. Ramkishore Sharma from Horticulture Department Mathura was invited as a resource person for the programme. He gave demonstrations of making "*Navrathan Chatni*, Jam, and Tomato sauce". The girls/women were involved in the preparation. He described how the candidates can utilize the acquired skill to start an IGP unit at their village. He motivated beneficiaries to form Self Help Groups (SHG) and get financial assistance from Govt. Department to start an IGP unit at their village. At village Nagala Sakaraya a 2 days training was organized in food preservation and cooking. Mr. Ram Kishore Sharma gave demonstrations on preparation of Tomato sauce, Apple Jam, *Rouhafza*, potato chips, lemon & orange squash etc. Beneficiaries were involved in the preparation of above mentioned items. Under personal grooming sessions were conducted at village Gonda Atas, Nagala Sakaray and at NIRPHAD Growth Centre Chhatikara. Smt. Kiran Arora, beautician from Vrindaban was invited as a chief guest of the programme. Kiran runs her beauty parlour at Vridaban called "New Age herbal Beauty parlour". She explained different types of skin texture and their care. She demonstrated how to take care of our skin and demonstrated by using pulses, vegetables and a honey mix. She also explained in detail about hair care. She demonstrated bridal makeup and different types of hair styles. She selected a model for demonstration among the beneficiaries. Ms. Lata Agrawal gave a demonstration of *mehandi*. She explained in detail how *mehendi* is prepared and put on the hands, feet etc. She also gave

demonstration of bridal *mehendi*. Smt. Kiran Arora explained how girls/ women can earn by *mehendi* preparation at their door step and how *mehendi* can become an IGP. This programme was highly appreciated by the women and girls and they demanded more demonstrations in the future.

9.18.4. Youth Programme: A budget of Rs. 5,000/0 was allocated for this programme. There are four cricket teams in the village Nagla Surir, Nagla Sakaraya, Babugarh and Hanumangarhi. Children/ players of the teams were demanding a Cricket set so it was decided to provide them a cricket set. Purchasing was done after sanction of quotations by purchasing committee of NIRPHAD. 4 Cricket sets costing Rs. 1250 were purchased.

9.18.5. Special Nutrition programme for malnourished children: Road to health cards (Yellow cards) are maintained at each ECCEC to assess the health status of the children. After HCDI project officer's visit in May2005 teachers and ANM checked the yellow cards thoroughly and the children in 1st, 2nd and 3rd degree malnutrition were categorized. It was decided to overcome this problem. The following was the strategy:

- Special diet for malnourished children e.g. eggs, use of cod liver oil, 'proteenex', biscuits and fruits etc.
- Regular medical check up
- Demonstrations of low cost recipes to the parents

In all 5 ECCEC 'protonex' tins were provided and teacher was made responsible to give 'protenix' to the children. Regular medical check up of malnourished children was done by the Director and ANM was made responsible for follow up along with the teacher. During home visits parents were motivated to look after the malnourished child and to provide nutritious food to the child. During parents meetings some demonstrations were arranged to prepare low cost recipes. Dr. Sanjay Nanda (Paediatrician), Director-designate NIRPHAD, did a regular check up of malnourished children and provided guidance to the parents. He emphasized regular follow up of malnourished children by teachers and parents. The outcome of the activity was satisfactory. During the reporting period children were able to gain good health status. ECCEC teachers were given training/ information about malnutrition by Dr. Sanjay Nanda, Director NIRPHAD.

9.18.6. Clothes Distribution for children attending govt./ private school: 215 Foster children are attending private/ govt. schools in the village and adjacent villages (in 5 adopted villages under CFCBDP). The ECCEC teachers were responsible to prepare a measurement list of the children village wise and the list was submitted to the Project Manager. VSHG members and NIRPHAD officials decided to purchase clothes- long pants, shirts, sweater and woolen cap from Delhi. The warm clothes were distributed in December as a Christmas gift. Madam Sheila Sundaram, Ms. Neel Prabha and Ms. Nutan Chaturvedi were made responsible for purchasing of clothes.

9.19. Community Organization VSHG Meetings: VSHG monthly meetings were organized and responsibilities were given for follow up of individual dairy, rearing goats and pig units, utilization of seed money and follow up of withdrawal strategy of NIRPHAD. In the meetings more emphasis was given on **loan recovery** which is a "village development fund" to be used to sustain CFCBDP in the adopted villages. During the reporting period VSHG meetings were organized with NIRPHAD senior officials at NIRPHAD Growth Centre Chhatikara. On 22nd February, 2005 Babugarh a VSHG meeting was conducted at NIRPHAD Growth Centre Chhatikara with Director Dr. E.B. Sundaram, Mrs. Sheila Sundaram, Mr. M.D.Agrawal, Mr. Banwari Lal, Ms. Neel Prabha, Mr. Girish and Mrs. Nutan were present and participated in the meeting. In the meeting it was decided to hand over **Babugarh ECCEC to VSHG from 1st April, 2005**. In the meeting Director NIRPHAD explained withdrawal's strategy to the VSHG members and the role of VSHG members in **sustainability**. VSHG members gave assurance for the continuity of ECCEC Programme even after NIRPHAD's withdrawal. There was a very good discussion and each VSHG member participated in the discussion enthusiastically. They said that VSHG members would support nutrition programme by raising local contributions/ donations during harvesting in cash and kind. VSHG members enquired from Director NIRPHAD about NIRPHAD's contribution in the programme, after withdrawal. Director NIRPHAD responded to VSHG members to prepare tentative budget plan after NIRPHAD's phase out, with the help of ECCEC teachers and submit it to the Project Manager. It was decided to arrange next VSHG meeting in the last week of March or in the 1st week of April.

A joint VSHG meeting of Babugarh and Gonda Atas was conducted at NIRPHAD Growth Centre Chhatikara on 14th April, 2005. Mr. M.D.Agrawal, Coordinator and Ms. Neel Praba, Project Manageress coordinated the meeting. Coordinator NIRPHAD explained the purpose of meeting and expressed his dissatisfaction about loan recovery of individual dairy, rearing pigs and goat units, and utilization of seed money etc. He held VSHG members responsible for delay in loan recovery. He explained to VSHG members that NIRPHAD has successfully completed 7 years CFCBDP project and now the project would be handed over to the community from 31st March onwards. He also cleared that any donor agency after completion of the project cannot give recurring expenses so NIRPHAD would not be in a position to give full financial support to ECCEC programme, but at the same time he said that a follow up subsidiary budget would be submitted to the donor agency. In the meeting the working of ECCEC and VSHG role was discussed in detail and some rules and regulations were jointly framed. These VSHG meetings were arranged to assist VSHG members in taking over new responsibilities and implement/continue the programme effectively. It was decided in the meeting that the project manager will conduct monthly meetings with VSHG members at village level and quarterly VSHG meetings would be conducted at NIRPHAD Growth Centre Chhatikara. Director NIRPHAD would have annual meetings with VSHG members at NIRPHAD Growth Centre Chhatikara.

9.20. SHG Monthly meetings: Self Help groups programme of CFCBDP is making good progress and it has proved that only Self Help is the best help for development and prosperity. SHG monthly meetings were regularly conducted and initially financial matters related to savings, credit, linkages with banks were discussed. Meetings were conducted at prefixed time, sometimes joint meetings were also held at ECCEC. During the reporting period for the SHG meetings more emphasis was given on social matters, in village development, social evils, empowerment etc. It is observed that women SHG members have learned the financial aspect of SHG satisfactorily, but social implications, needs extra inputs. So during these meetings social issues like dowry (bride price), female foeticide, bride burning, social legislations, role of women in the community and human rights. During the meetings more emphasis was given to SHG bank linkage, setting up of individual/ group units, organization of women etc. Financial transactions were checked regularly and independent proper record keeping by SHG members was imposed. Older SHGs were encouraged to form new SHGs in their village to spread the activity to the community as a whole. The role of SHGs in the sustainability of CFCBDP was discussed and emphasized during these meetings. ECCEC teachers were involved in SHG programme and were made responsible to conduct monthly meetings along with Project Manager. During monthly meetings "Federation" concept was explained and members were motivated to join Federation CMC (Central Managing Committee). An attempt was made to select cluster steering committee members during these meetings. The two CMC members from Nagala Surir were encouraged to form SHGs in the adjacent villages and for active participation in village development and sustainability of CFCBDP.

9.20.1. SHG Training programme: NABARD is the backbone of NIRPHAD's SHG programme. NABARD's contribution to NIRPHAD's SHG programme, deserve appreciation and respect. Mr. M.I. Khan, DDM (Mathura) NABARD is actively involved in NIRPHAD's SHG programme and has always provided his able guidance to improve the SHG programme. During his field visit he identified the need to train SHG members especially in record keeping, gradation and bank linkage. According to his suggestions some training programmes were organized for SHG members to update/ promote their skills. IN the one day's training programme techniques were provided for record keeping, gradation (status) and bank linkages. Mr. M.I.Khan , DDM NABARD was the chief guest of the programme. Mr. M.D.Agrawal, Coordinator NIRPHAD participated as a resource person. ECCEC teachers and SHG executives and persons involved in record keeping were participants. The outcome of the programme was encouraging and members expressed the need to organize this kind of training programmes frequently. The Manager, assistant manager and field officer of Oriental bank of Commerce chhatikara also participated in the training programme.

9.20.2. Exposure visit: Exposure visit of SHG members to "Agriculture Research Institute," Raya was organized. The objective of the exposure visit was to enhance women's knowledge about agriculture and provide information about new techniques of agriculture and organic farming.

Many of the members were engaged in agriculture, as agriculture is the main occupation of the area. Dr. Ombir Singh gave an interesting presentation about the Agriculture Research Centre and its activities. The scientist explained in detail how soil testing and use of supplements will increase

yield of crops. While discussing organic farming, a practical demonstration of 'vermi-compost' generated a great deal of interest amongst the participants. The women's interests were further aroused by a film on "agriculture implements", which will help decrease the arduous burden of women. The women were so impressed by this exposure that they decided to borrow money from SHG to purchase implements individually or as a group. They also decided that when required, the implements can be rented as a source of income generation. The outcome of this visit was that two women of village Nagla Surir started a 'vermi-compost' activity on their own and demonstrated to other women in the village. They also decided to test the soil and water so that nutrient supplements can be added if needed. This exposure also enabled the women to gain first hand knowledge of the Government machinery and also widen their horizons of knowledge and capacity building. The exposure visits encouraged exchange of ideas through group discussions. Further the economic advantages of agriculture stimulated the women to consider agriculture as an income generation programme (IGP). Diversity in activities was provided by lectures on mushroom cultivation, floriculture, apiary and vegetable farming for commercial purposes & kitchen gardens for domestic use. The women discussed the possibilities of group activities or for individual entrepreneurship.

9.20.4. SHG Bank Linkages: It is a very important stage of SHG development. After inter loaning the group is linked with a bank for the financial sustainability of the group. SHG learnt to establish rapport with bank when the SHG is linked with the bank and also receives financial assistance to implement IGPs, develop small business units etc. During the reporting period two SHGs were linked to the bank, "*Khan Bachat Sangh* (Male SHG) and *"Sadhana Mahila Bachat Sangh*" of village Gonda Atas were linked with Indian Overseas Bank-Jait Branch. Bank sanctioned a loan of Rs. 20,000.00 for each group. The money was utilized for production and consumption purposes. Two more applications from village Gonda Atas for "*Budhimaan Bachat Sangh*" and "Jyoti *Bachat Sangh*", applied in the State Bank of India, Vrindaban Branch and Indian Overseas Bank Jait respectively in the month of February, 2006. The loan application is being processed.

9.20.5. Status Report of SHG programme during the reporting period. Statistics of the SHG Project:

Sr. No.	Total no. of SHGs	Villages covered	Total members	Total savings	Total inter-loaning	No. of members received loans
1	17	5	196	Rs.6,62,700	Rs.6,37,948	160

9.20.6. Shg Linkage With Banks:

Sr. No.	Linked with banks	Amount of loan	Purpose of loan	Repayment Rate
1	2	Rs. 35,000	Consumption ar Production	100%

9.21. Legal Literacy programme for women: Legal literacy programme for women was organized in the month of March, 2006. 200 women from 9 villages adopted under CFCBDP programme participated in the programme (unit 1, 5 villages, unit 2nd-4 villages). The programme was organized jointly with NIRPHAD and District Legal Education Committee at NIRPHAD Growth Centre Chhatikara, in the afternoon. The District judge and all the judiciary participated in the programme as resource persons. The District Judge was the chief guest of the programme. Dr. Sanjay Nanda, Director NIRPHAD, Mr. M.D.Agrawal, Coordinator, Neel Prabha, Project Manager and CFCBDP staff of unit 1 and unit 2 participated in the programme. The Chief Guest (District Judge) inaugurated the programme by lightning the lamp. The advocate, additional judge delivered lectures on the topics assigned to them. Topics covered were social legislation, women's right in constitution of India, dowry, property inheritance, divorce, FIR and etc. The lectures were delivered in simple language keeping in mind the type of audience and their level of understanding. The sessions were followed by question answer session. In the end Dr. Sanjay Nanda, Director NIRPHAD gave vote of thanks. The participants were provided transport and snacks by NIRPHAD. The District Magistrate as chief guest of the programme appreciated

NIRPHAD's work as an NGO and admired NIRPHAD's effort for empowerment of women. She said that she was very happy and thrilled to see a gathering of 200 rural women for the legal literacy camp and motivated them to continue the positive momentum and become meaningful products of the society.

9.22. Women's Day Celebration: Women's Day was celebrated at NIRPHAD Growth Centre Chhatikara on 8th March, 2006. 300 women from the villages participated in the programme. Mrs. Mohini David, Principal of Porter Burchard School, Vrindaban and Mrs. Goyal–a prominent social worker and President of Lioness Club Vrindaban were chief and special guests respectively. Mrs. Mohini David who is a pioneer and founder member of Porter Burchard School Vrindaban inaugurated the day's programme by lighting the Holy lamp. The lamp represents success, peace, prosperity and victory of light over darkness. This was the very first time of celebrating women's day so everybody was excited about the programme. NIRPHAD's female staff participated in the programme enthusiastically. The planning for this programme was done by the SHG leaders. They were made responsible for their village's contribution. The transport arrangements were made by SHGs. The leaders contributed for defraying the costs of travel. NIRPHAD did not pay for transport, but provided delicious sweet gift box to each participant. The programme included speeches, experience sharing by SHG members, cultural programme including folk solos, dance, drama and group singing. The social problems like dowry, alcoholism, bride burning, abandoning wives, low status of girl child etc. were highlighted through a drama on "Dowry," (bride price) which was appreciated by the audience. The Gonda Atas SHG members presented a folk dance wearing traditional clothes which was the main attraction of the programme. Nagala Surir members presented group songs based on the evils of dowry and alcoholism. The songs were composed by SHG women members. Nagala Moji SHG presented a drama. The theme was "Alcoholism". The adolescent girls also participated in the programme as volunteers and presented groups songs. The women's day was celebrated enthusiastically. Women enjoyed it immensely. Neel Prabha Project Coordinator was the MC of the programme, jointly with Mrs. Poonam (compeer), a ECCEC teacher from Bhartiya. At the end of the programme chief guest Mrs. Mohini David presented a laminated photo of Lord Krishna and Radha and a sweet box as a gift to each participant. Programme was started with the prayer by Mrs. Asha Samuel (ANM NIRPHAD Eye Hospital).

After the cultural programme and gift distribution chief guest Mrs. David delivered a speech. She said that she was over-whelmed to see the performance of women on the stage and their qualities including diverse talents-leadership, patience, concentration (focus) and planning. She also added that she was surprised to know and see the micro level planning by village women without the help of men to make the programme a success. She said that she attended one programme before this programme, but she was really interested to see how the leadership quality flourished among rural women by constant and genuine efforts of NIRPHAD's dedicated staff under the able guidance of Director Dr. E.B.Sundarm. She said that she had insufficient words to express her happiness and she led in a thunderous applause by clapping, which every one joined. Mrs. Goyal explained the history and meaning of women's day. She appreciated the cultural programme and said that this was the first time for her to see how NIRPHAD has empowered rural women through their different programs and inputs. She also clapped for women as a salute for their contribution, planning and leadership. She also assured that she will be available at any time when women need her assistance, guidance & contribution. Dr. Sanjay Nanda, Director-designate NIRPHAD said that on the occasion of women's day each woman should make up her mind that they will resist strongly to stop female foeticide, as females are the Nation's strength. We want to create a beautiful balanced nation where both males and female are equally treated, given equal opportunities and respect as human beings. Advisor to Coordinator NIRPHAD also delivered a speech and appreciated women's effort in planning and coordinating the programme. He advised women to set goals for development and empowerment. Ms. Neel Prabha Project Manageress expressed her happiness and said that now the time has come for the women to organize themselves to get their rightful status in the society. As on this auspicious day of women, women have proved that nothing is impossible by organizing such a beautiful and relevant cultural programme highlighting social evils in the society and their determination to eradicate them. The Programme ended at 5 in the evening.

9.23. Training: During the reporting period many training programnmes were organized for ECCEC Teachers, SHG members and senior staff of CFCDP. Two days refresher training was

organized for unit 1 and unit 2 teachers at NIRPHAD Growth Centre Chhatikara on 24th and 25th March, 2006. Mrs. Mohini David Principal Porter Burchard School, Vrindaban was the trainer. She explained in detail the setting up of Nursery school, admission procedures, importance of records, role of teachers in various activities, preparation of lesson plans and educational aids etc. Mrs. David suggested an admission card for each ECCEC Child and formulated rules jointly with the help of teachers. She further suggested that the rules should be printed on the admission card and the guardian should sign or insert thumb impression on the card to make sure that they would abide by rules and regulations of the ECCEC. She also explained innovative ideas to make low cost educational Aids for ECCEC children. Behavioral problems of the children were discussed in the training programme. Mrs. David suggested printing admission cards for all ECCEC Children.

Dr. Sanjay Nanda, Director-designate NIRPHAD conducted a one day training programme for ECCEC teachers of Unit 1 and Unit 2 at NIRPHAD Growth Centre Chhatikara in the month of March, 2006. The topic was "malnutrition among children". He explained in detail the causes, symptoms and medical treatment to overcome malnutrition. Dr. Nanda emphasized on nutrition to prevent malnutrition in children and said that teacher should be knowledgeable of calories, vitamins, minerals and a balanced diet at low cost, with local ingredients when they prepare monthly menu for ECCEC Children. The menu should be balanced to fulfill protein and calorie requirement of the children. He asked the teachers to pay more attention towards malnourished children and during home visits teachers should encourage parents that they should take care of child's nutrition at home and should not be solely dependent on the pre-school. He described many low cost recipes affordable by parents and instructed project manager to arrange demonstrations on preparation of low cost recipes. Dr. Nanda also explained "Road to Health" yellow card. He asked ECCEC teachers to do regular follow up of malnourished children and refer them to him in any emergency. Project Manageress Ms. Neel Prabha attended a 7 days SHG training programme at Chaityna, Rajguru Nagar, Pune- entitled "promoting and strengthening of self help groups-Issues and Challenges" from 13th to 18th March, 2006.

One day's training programme was conducted for ECCEC teachers, community organizers and staff involved in the formation of SHGs on 30th March, 2006 at NIRPHAD Growth Centre Chhatikara. Neel Prabha explained in detail SHG concept to the participants. Topics covered during the training period were stages of SHG formation, development, stages of SHGs, inter Lending, gradation of SHGs, bank linkages and etc. It was decided to conduct quarterly training programmes for staff and ECCEC teachers to update and promote their knowledge. Audio visual aids were used to explain the topics. Pre-and post testing was done. It was observed that Mrs. Poonam, ECCEC teacher from Bhartiya was very clear about SHG concept. All ECCEC teachers were actively involved in SHG activity. They were made responsible to conduct SHG monthly meetings and for record keeping/record updating.

9.24. Programme Impact: Child focused community Based Development programme has really helped the children and community. This programme has helped to raise the socio economic status of the community by implementing various activities. Building space was provided to plan and utilize innovative ideas. Community was made responsible to carry out activities which created a sense of belonging and responsibility. Through ECCEC Centre's methodology of 'play way' was introduced and slowly the community accepted and realized the importance of early childhood education and also of nutritious food for child's over all physical, mental and personality development. A healthy atmosphere of the ECCEC helped for children's social, physical, spiritual and mental development. Facilities for prompt medical care helped to keep the child healthy. Picnics, sports, competitions, celebrations of festivals helped the children to get an insight into their unique and important culture and history of the country. Exposure to outer World through picnics helped to broaden the horizons of their knowledge. Education support to the children between the age group of 6-10 years helped to reduce school drop-out rate and also provided an opportunity for better learning. Teachers-parents meetings provided an opportunity for collective problem solving and decision making. CFCBD programme brought out qualitative changes in the life style of children as well as the community. Vocational and *Grahini* training programmes motivated adolescents for facing new challenges through acquired skills. Vocational training programs prepared unemployed youth to become entrepreneurs. Through *Grahini* training girls/ women received training in different subjects which helped to create confidence for a better future. Self Help Groups programmes, has proved that it is the only alternative for sustainable development. It has also taught that "Penny saved is penny earned". Training imparted was very

useful and helped to promote relevant knowledge. Training provided to ECCEC teachers helped them to work effectively and as multi-purpose workers. Exposure visit to Agriculture Research Institute was very useful and the outcome of the visit was very encouraging. Mrs. Gyatri developed a 'Vermi compost' unit after the visit and she is planning to expand the unit. She has requested NIRPHAD for some financial assistance and NIRPHAD has agreed. Awareness camps helped to create mass awareness in the community regarding new techniques, methods & concepts (organic farming) to raise agricultural yield. Legal literacy awareness camps created awareness about womens' rights to property and to stop their exploitations at all levels. Women were taught about the use of law as an instrument to eradicate social evils from the society. Celebration of Women's Day was the special feature for the year 2005-2006. This programme was really appreciated by the community. This programme provided an opportunity to the women for macro planning and independent coordination of the programme. Women were able to know the strength of unity through this programme. The most crucial impact of CFCBDP is of withdrawal of NIRPHAD and handing over the project to the community. By this decision the community realized the acceptance of graded self reliance-a new challenge as to how to sustain the programme. The preparation will involve repeated, regular and rigorous training, discussions & meetings with community representatives which initiated readiness of the community to accept the challenge and implement the programme on their own. CFCBDP programme also helped for capacity building of senior staff involved in the implementation, planning, monitoring of CFCBDP through exposure visits, training etc. It has helped to promote report writing skills of senior officials and also provided a free hand and enough space to exercise innovative ideas at field levels through different interventions, strategies etc. This programme has really taught "Where there is a will there is way"

9.25. Child focused Community Based Development Programme:
Implementing Agency – NIRPHAD
Project No. 22013
Period 1st April,2005 to 31st March,2006

9.25.1 The Child focused Community Based Development programme was implemented in 4 villages of Mathura District (Jonai, N- Sumera, Bhartiya and Nagla Moji). The 'play way' method was used in teaching. New children were enrolled in ECCEC Centre with the help of the teacher and supervisor. The foster children above 5 years were promoted to govt. school. In the village specifically Nagla Sumera it was difficult to enroll new children because there were less children between age group 3-5 years. But in other villages this difficulty did not exist.

9.26. The nutrition programme was a regular activity in ECCEC. Menu chart was prepared by teachers during children-teacher's meetings. At these meetings new variety of snacks and food was provided. During breakfast pulses, peanuts, *Daliya* (porridge) and milk was served to the children. Lunch consisted of *Dal* (pulses), green vegetables; this balanced diet helped the children to be healthy and fit. Special care was taken to provide nutritious food. Milk and vegetables were added to keep them healthy. Protein was provided by adding milk to children who were in 3rd grade of malnutrition. According to the season menu is changed according to availability of fruit and vegetables. Proper nutrition is the only way to keep children mentally alert and physically fit.

9.27. Educational and teaching material was provided in all the 4 centres of unit II. The purchase of note books, chart papers, stationary etc. teaching items were purchased in the month of July and August. Uniforms which included pants and shirts were distributed to the ECCEC Children. New *tatpattis* (floor matting) and other important items for ECCEC Centre was distributed in all the 4 centres.

9.28. Medical check up of the ECCEC Children was also a regular activity. Regularly every Monday a health team visited one ECCEC Centre. The health worker gave advanced information at centre and in village regarding doctor's visit. A separate medical register was maintained and doctors wrote the records. The weight and height were recorded and any complicated case was referred to Swarn Jayanti Samudaik Hospital.

9.26. Picnic for ECCEC Children: As per schedule picnics were arranged for ECCEC children in the month of September to *Banke Bihari Gaushala* near vrindaban at Chhatikara Road. The teachers, supervisor accompanied the children to the picnic along with cook and *Aya.* Picnic was arranged on two different days, for each centre.

Lunch was prepared at the spot consisting of ***Rice, Dal, Puri Sabji and Jelabi*****.** Rs. 10 was the contribution money each child. NIRPHAD vehicle was used as transportation. Children enjoyed swings, slippery slide and rides on the cycle rickshaw. Picnic gave an opportunity for children to come to closer to each other and recognize each other's talents and enjoyed the picnic.

9.27. Uniform Distribution for ECCEC Children: The uniforms were distributed to ECCEC children. Each child deposited contribution of Rs. 30. The clothes included half pant, half shirt. Clothes were purchased from Delhi. The children were very happy to receive the dress which made them feeling of and equality removing the caste feeling from the minds.

9.28. Parents Meeting: Parents meetings were conducted on monthly basis at a convenient time of the parents. Different issues were discussed at the centre, academic progress of a child, health status problems, and qualities. Open discussion were done regarding issues and they used their full right to give suggestions. Monthly meetings were conducted so as to build a rapport between teachers and parents. Minutes register was maintained by the teacher at the centre.

9.29.Home visits: Home visits were conducted regularly by ECCEC Centre teachers. In the afternoon after school closes, 5 houses were visited personally by the ECCEC teacher. They discussed with their parents regarding their child's problems, educational performance, and health status. A separate home visitor register was maintained at ECCEC centre by the teacher. Home visits helped the teacher to build a rapport with the community parents.

9.30. Educational learning material (6 to 10 years children): Total of 192 foster children were promoted to govt. schools from all the 4 villages

Jonai	– 53
Nagla Sumera	– 49
Nagla Moji	– 40
Bhartiya	– 50
	192

192 children received 6 note books, 2 in English, 2 Hindi, 2 Mathematics along with a school bag, geometry boxes and teaching material. Each child contributed was Rs. 10 each. Children attending Govt schools were provided only note books, as Govt. schools provide books to the children.

9.31. Picnic for 6 to 10 years: The picnic for children who were promoted to govt. schools were taken to *Taj Mahostav,* in the month of November. Vehicle was arranged from Mathura and the contribution from each child was Rs. 10 and was collected by ECCEC teachers and the number who was: from Jonai 15, Bhartiya -12 and 10 children from Nagla Moji, along with ECCEC teachers. The picnic supervisor and Agriculture engineer accompanied them. They were given delicious packed lunch and ice cream and some small gifts were distributed to the children.

9.32, Non formal Education: Non-formal education programme was conducted in 4 centres of Unit II: Jonai/ Nagla Sumera/Nagla Moji/ Bhartiya from the month of August. The illiterate girls were given education. The age of the girls was 10 to 17 years and an educated girl from same village was appointed as a teacher. She was paid Rs. 100 per month as an honorarium. 60 girls were selected from 4 villages. Every day the teacher conducted classes at her home and maintained attendance. The girls were given board, chalk, few general knowledge books, English alphabets, story books, copies, pencil, eraser and sharpener. In the month of September they were taken for a picnic to Fatehpur Sikri and Agra. The Supervisor, Manager, ECCEC teachers and agriculture officer accompanied the group. A bus was hired for the picnic. The girls really enjoyed the picnic and got a chance to come out of their villages. They were given packed lunch and snacks.

9.33. Extra tuition: Extra tuition was arranged for children from 6-10 years of age from the month of October, 2005. The selection of children was done by the govt. school teachers and prepared a list. The community selected the teacher who taught them for 1½ hour daily except Sunday at his/her own residence. The teacher was paid an honorarium of Rs.500 per month. The children who received education were provided note books, pencils, sharpeners, erasers etc. These children aged 6 to 10 years were taken to Agra (Taj Mahal) for a picnic. Lunch packets were arranged and were distributed among children. Children enjoyed ice cream at the picnic spot. Unit II teachers accompanied the children.

9.34. Youth groups – sports & games: To strengthen the youth group in the adopted villages, sports material was provided to them. The sports items consisted of a cricket set costing to Rs. 3,945.00 and was handed over to the team leader. The match was planned at Nagla Moji and Joni team won by 45 runs. The villagers were very interested to see the match. One training programme was conducted at Base Centre NIRPHAD and the session was conducted by Mr. Neeraj Gupta and Supervisor. It was a full day session and a total 35 children from all the 4 centres, participated and shared their experiences.

9.35.Health Workers training (CHW): Monthly CHW training was conducted at village and Base centres. Records were kept with the Supervisor and health worker. They were informed well in advance regarding the training programme. During the training programme the records maintained by *Dais*, ANMs and health workers were checked by the Supervisor. Topics covered during the training were: prenatal, post natal care, immunization, safe delivery and 5 'cleans' during delivery. The present status of delivery, birth and death rate of the children, pregnant women are noted by ANMs. At NIRPHAD Base Centre training was arranged in the month of February, 2006. Dr. Nanda, Director-designate NIRPHAD, conducted the session with *dais* and ANMs and explained methods in completing health card, importance of recording and use of the card. Different symptoms and signs of an underweight (slow), malnourished child and importance of breast feeding were also explained during the sessions. Exposure visit was arranged for CHWs and ANMs to the Govt. Hospital of Mathura. They assisted govt. ANMs in conducting deliveries and record keeping of data was also shown to the staff, which was a new experience for them.

9.36. Vocational Training: The vocational training programme was carried out in all the 4 villages of unit II. Selection was done by conducting meetings with youth and VLC members. Two boys from Nagla Sumera showed interest in T.V. repairing and videography. Mr. Ajot received training in repairing T.V. and Mr. Jodhpal joined training in photography and videography.

9.37. Low cost sanitation: Low cost latrines were constructed in village Nagla Moji and Bhartiya. At ECCEC centre in the village Nagla Moji a latrine was constructed. The beneficiary contributed Rs. 1800. At village Bhartiya SHG women Mrs. Meera was interested in constructing a toilet and all the women agreed to this suggestion. Another toilet was constructed at her residence with her contribution, as a teaching model.

9..38. Drinking water: 2 Hand Pumps were installed at village Jonai and Nagla Sumera. VLC members selected the beneficiaries who gave their contribution in cash or kind.

9.39. Celebration of 14th November- *Bal Divas*, 26th January- Independence Day, Christmas programme & 8th March- women's Day: Celebration of *Bal Diwas* (14th November, 2005): The *Bal Diwas* celebration was done at village Nagla Moji. All the 3 villages Jonai/ Nagla Sumera and Bhartiya children were invited who were in the age group of 6 to 10 years. A magician who was called from Mathura presented a scintillating show much to the glee and amusement of all the children. Snacks were distributed to all the children and staff.

26th January,2006 (Republic Day): Celebration of 26th January, 2006 was arranged at each ECCEC Centre in every village. After Flag hoisting, prayers and patriotic songs were sung by the children. Sweets were distributed on this occasion. Cultural programmes and quiz competitions were organized on this occasion.

Christmas programme celebration: Christmas programme was conducted in all the 4 villages of unit 2 on different dates. On 10th December Christmas programme was celebrated in village Nagla Sumera. The chief guest for this programme was BDO Mrs. Pratima Nimesh. Gifts and snacks were distributed. On 21st December Christmas programme was arranged in village Bhartiya chief guest was Police Commissioner. Different cultural activities were performed/ presented by all the age groups of children. On 24th December, Christmas was celebrated in Jonai. Both Unit I and Unit II teachers were invited for the programme. Madam Neel Prabha Manager of NIRPHAD was the chief guest of the programme. Clothes were distributed on this occasion to all the children. In the village Jonai the Pradhan Moolchand was the chief guest for the programme.

9.40. Awareness programme & Exposure visits: A Health awareness programme was organized on 25th June at village Nagla Sumera. Deputy CMO Mathura Dr. P.C.Sir Kanoongo was the chief guest of the programme and explained in detail regarding welfare schemes of govt. He

explained how to protect children from eye infections and night blindness. He emphasized that Vitamin A is necessary for good eye sight.

A team from NIRPHAD was also present and distributed contraceptives to eligible couples. Anemic women were given iron folic tablets. Doctor Basant Singh was present and he delivered on lecture on animal health and home remedies.

9.41. Health mela was organized at Nagla Sumera in the month of November. Mr. M.D.Agrawal and other staff of NIRPHAD were present. Different stalls were set up. The programme was arranged in a private school. Dr. Seema Agrawal, Gynecologist was responsible for a general health check up of 45 women. Dr. Nanda, Pediatrician examined 130 children. Dr. Bhatacharya, Orthopedist examined 30 patients. NIRPHAD SIFPSA staff distributed contraceptive and iron folic acid.

9.42. Kisan Mela was organized at Bhartiya on 10th October, 2005. Different stalls exhibiting motorcycles, seeds, machinery, pesticides were arranged. All the 3 villages' farmers were invited and 10 bags of wheat were distributed at a subsidy rate. Spray machines were distributed to farmers Hukum Singh of Bhartiya and Hariprasad of Jonai. The spray machines were distributed by the chief guest.

9.43. Two days **training workshop** for farmers was organized at Agriculture Research Centre in the month of June 15th and 16th, 2005. Farmers from village Jonai and Nagla Sumera attended the training programme. Mr. Omvir Singh, Deputy Director Agriculture Research Centre Raya inaugurated the programme. Mr. Sharma from Aligarh Krishi Kendra delivered a lecture on soil testing. He explained the importance of the green fodder. Mr. Sudhir Agrawal a farmer from Village Naujhil Bajna explained about seed protection and floriculture. Dr. B.R.Yadav from Krishi Vigyan Kendra Mathura lectured on fertilizers. A film show was organized. The film was based on the bad effects of chemical fertilizers.

Farmers visited to Panth Nagar University on 6th October, 2005. Villagers from Jonai, Nagla Sumera and Bhartiya visited the University. 30 farmers contributed Rs.100 each. Unit I and II farmers visited the university. Farmers gained a deal of knowledge and received a feed back of their experience. This visit helped the farmers to promote their knowledge about agriculture.

9.44. Formation & Promotion of SHG: Formation of SHG was a new concept. New groups were formed. The meeting was conducted at village level and different issues were discussed. The Supervisor and ECCEC teachers motivated male and females for the formation of SHG's. Discussion and meetings were held at the village.

In *Lakshmi Mahila Bachat Sangh* the total number of women was 14 and savings was Rs. 50 each. In t*he Krishna Kripa Bachat Sangh*- the total number of members was 10 and savings was Rs. 50 each. In the *Ram Kripa Bachat Sangh the* total number of members was 10 and savings was–Rs. 100. In the village Nagla Sumera, the *Sangeeta Mahila Bachat Sangh* comprising of 10 women accumulated a savings of Rs. 50 each. Regular meetings were conducted by the ECCEC Centre teachers and records were regularly checked and updated.

9.45. SHG Training programme: The SHG training programme was organized at NIRPHAD Growth Centre on 23rd September, 2005. 50 SHG members participated in the training programme. SHG members and ECCEC Teachers were involved. The Unit I SHG members shared their experience with Unit II and Mr. M.I.Khan- DDM, NABARD was the chief guest of the programme. Dr. Nanda Director Designate NIRPHAD, Coordinator M.D.Agrawal attended the programme. Madam Neel Prabha Manager was present and also participated as a resource person. Group discussions and games were used as aids in the training. Mr. Khan explained details of keeping records, and its importance in SHG bank linkages.

Submitted by
NUTAN CHATURVEDI

10. SWARN JAYANTI SAMUDAIK HOSPTIAL(SJSH).

Annual Report April.1st, 2005 to March 31st, 2006.

Hemant Bhatnagar, Administrator

10.1. INTRODUCTION: SJSH embarked on a journey powered by the mandate of Hon'ble Supreme Court with the mutual commitment and common goal of IOCL (Indian Oil Corporation Ltd) and NIRPHAD (Naujhil Integrated Rural Project for Health and Development), as Managers in the year 1999. The year 2005-2006 marked the sixth anniversary of SJSH.

For the people of SJSH it was a year of both celebration and reflection. We commemorate the Hospital's many achievements, its growth as one of the premier health care institutions of the District and its objective to the spirit of community services.

As we look to the future of SJSH, we recognize that the Staff, its donors and community supporters will write the next chapter in its history-the successors of the pioneers, who will propel SJHS into a new phase-are among us today. Change and decay are around us and new players will be added as and when required. A transfusion of dynamic ideas is vital if an institution has to move forward with vim and vigour. While the names and faces of only a few of them appear in these pages, each and every one is an essential part of the diverse community, providing an infrastructure of a health care delivery system that is embodied in the functions of the Swarn Jayanti Samudaik Hospital (SJSH).

10.1.1. During the fiscal year 2005-06, SJSH had significant changes. Some are particularly strategic. The following section will give an overview of what has been achieved during the year, and list the goals for the next year.

10.2. The Year In Retrospect- Challenges

"There are many new horizons to cross"

10.2.I Inspection of Medical equipment: Sincere efforts have been made to get the technical review of SJSH with special focus on medical equipment through HSCC, who were the original planners of the Hospital. However due to financial reasons NIHFW was selected.

A team consisting of experts from the National Institute of Family and Health Welfare (NIHFW) and Govt. Medical College (GMCH), Chandigarh, visited SJSH for evaluation of performance and future needs of medical equipment. The Committee physically visited every department-verifying the functional status of equipment, followed by a discussion with the department head.

The Committee submitted their report, according to the Items that were sanctioned in the budget:

- 5 KVA Servo voltage-stabilizer for the department of Physiotherapy. This heavy duty stabilizer was installed in the main supply line to prevent damage to the sophisticated equipment from voltage fluctuations.
- 1 KVA UPS for USG department
- Battery for ICU monitor.
- New ECG cable.
- Crash cart to render immediate life saving treatment (CPR)
- Multi para Cardiac monitor.
- Automatic Film Processor–This being a capital purchase needs approval and reimbursement from IOCL.

10.3. Blood Bank: The long pending matter of license to start a Blood Bank was approved by the IOCL. However, the need to have a full fledged Blood Bank was deliberated and discussed at length. It was then unanimously decided that instead of having a fully operational blood bank, SJSH should obtain a license to operate a legalized transfusion center. During the recent monitoring committee meeting members requested SJSH/NIRPHAD to present a proposal of expenditures involved for approval.

Relevant documents containing details of inadequacies pointed by the Joint Drug Controller's team and corrective measures taken by SJSH was Sent to the Chairman, External Monitoring Committee and Dr. Ravindran, DGHS, Govt. of India on 12th July 2005, for expediting a license for the blood bank. A similar request was made to Dr. Ashwini Kumar Drug Controller General of India. A Joint

Inspection was conducted by a Team consisting of experts from Lucknow -Central Drug State Control Organization (CDSCO); Drug Controller General; Drug Inspector, Mathura and Drug Inspector, Agra, on November 7th, 2005. A compliance note to the observations was sent to IOCL with details of costs for approval.

10.4. Provident Fund: The long pending matter of the release of remaining provident fund was settled during the financial year 2005-06. On approval of NIRPAHD Board it was decided to settle the matter on mutually agreed terms and conditions.

10.4.1 On January 19, 2005, Mr. Raiborde was issued a Non Bailable Warrant (NBW) by the CJM Court, Mathura against which Mr. Raiborde had obtained stay order from High Court, Allahabad. The primary requirement to withdraw the case and stay order from High Court requires lower court's order to be withdrawn. In view of an amicable settlement on January 24, 2006 an application for withdrawal of the criminal case was submitted to the CJM, Mathura court.

A criminal case was lodged against Mr. Raiborde, Treasurer, All India Provident Fund Scheme of the Methodist Church of India (AIPF-MCI), which is pending with the CJM, Mathura court. Evidence has been provided to the court stating that Rs. 12 lacs are yet to be received from Mr. Raiborde. The veracity of this account is yet to be checked.

10.5.Consumer Protection Court: A case of medical negligence (error in diagnosis) is pending with the National Consumer Forum for a compensation of Rs. 30 lacs. SJSH being one of the parties had submitted all necessary explanations and evidence to the C.C. Summons were issued to other two doctors (who clinically handled the case) being a party to the case.

The Hon'ble Court has proceeded, *ex-parte*, against one of the doctors and the other doctor has appeared before the Hon'ble court but is yet to submit a reply. The Court has issued a case of contempt to the consultant who did not appear. The second consultant who appeared was asked to file an affidavit.

SJSH has already taken an Errors and Omission Policy professional indemnity insurance from United India Insurance Co. Ltd. Professional support services of Dockland. India Pvt. Ltd. was employed for legal and administrative support.

10.6. National Human Rights Commission: SJSH had to challenge an enquiry & submit a reply to NHRC for an alleged complaint of negligence at SJSH in the year 2000. The complaint was addressed to NHRC, which directed the DM, Mathura to examine the matter and submit a report.

An inspection by CMO, Mathura in this regard was completed to examine the complaint and verification of records. Relevant records including Bed Head Tickets and emergency records were scrutinized by CMO, Mathura and were found to be in order and found no negligence on the part of SJSH. A reply with these findings was submitted to NHRC, Delhi by the CMO, Mathura.

10.7. Electricity Consumption: From its inception SJSH has had to face the problem of erratic power supply from UP Sate Electricity Board.

Due to erratic electricity supply and in order to maintain Hospital services functional SJSH had to use an in-house DG set which is very expensive- costing about around **Rs. 1162 per hour,** as running costs with an average daily power failure of **7.36 hrs.** With prevailing diesel rates of **Rs. 33.20 per liter** the average cost was a whopping **Rs 8552.32** per day.

It must be noted that the DG running cost excludes indirect costs like manpower, maintenance, infrastructure etc.

This problem was further compounded by **dangerous voltage spikes** at the time of switching between UP electricity supply and DG power supply, and vice versa.

Sensitive electronic equipment at SJSH was at risk due to **serious repetitive power fluctuations**

Similarly, to estimate, for three months April 05 to June 05, SJSH had to spend R**s.1636305/- (Rupees Sixteen Lakhs Thirty Six Thousand Three Hundred Five).** This **amounts** to **101%** excess over the budget sanctioned, i.e. **Rs. 816080/-** (Rupees Eight Lakhs Sixteen Thousand Eighty thousand). The following table further clarifies details:

TABLE 10.7.1
AMOUNT SPENT ON U.P.S.E.B ELECTRICITY AND DIESELAPRIL 05-JUNE 05

Month	Exp. on U.P.S.E.B Electricity	Exp. on diesel	Total (Rs)	Budget sanctioned	Increase	% Increase
April	2,65,758	1,06,856/-	3,72,614	2,04,020	1,68,594	83%
May	1,83,547	1,30,410-	3,13,957	2, 04,020	1, 09,937	54%
June	2,24,546	.262,926	4,87,472	2,04,020	2,83,452	139%
Total	6,73,851	5,00,192	11,74043	6,12,060-	5,61,983/-	--

TABLE 10.7.2

MONTHLY POWER FAILURE (SHOWN IN HRS.)

MONTH	TOTAL POWER FAILURE IN HOURS
April '05	142.49
May '05	156.44
June '05	261.54
TOTAL	**560.47 hrs**

Attempts were made in the past by approaching the senior authorities of UPPCL to have uninterrupted power supply from UPSEB, but with no success.

In view of exorbitant, avoidable expenditure, IOCL, MR requested SJSH/NIRPHAD to send a proposal for direct electricity supply from IOCL/MR and to save this avoidable expense.

The pitiable and erratic state of electricity supply has been periodically presented to the Monitoring Committee with relevant data for consideration. During the FY 2005-06 a team of technical experts from MR visited SJSH to assess modalities and expenditure involved in providing electricity from IOCL/MR. Plans are underway and it is expected that SJSH will soon receive direct electricity from IOCL/MR.

10.7.3. Laboratory: During the financial year 2005-06, SJSH Laboratory has a professional tie-up with (EQAS) External Quality Assessment Scheme of Christian Medical College, Vellore. This is a national programme run by CMC, Vellore. The programme is also recognized by WHO.

Quality and accuracy of laboratory tests are assessed on a case-control method. Based on accuracy of the tests, the particular laboratory is ranked on a national basis. From January 2005 SJSH results and ranking are available online. More importantly Dr. Reginald Britt, FRCPath.,(a consultant to CMC Ludhiana and to the St. Stephens Hospital, Delhi) conducts training and quality control for the last several years and has given a satisfactory report of the functioning of the lab. He also introduced the new WHO Colour card for field testing of Hb. and how to counter check with a HaemoQ.

10.8. Reliance Cell Phone Tower: Barely 50 meters away from the SJS Hospital M/s Reliance had erected a call phone tower of an approximate height of 18 meters. It was apprehended that this might pose an imminent danger to the life saving equipment of the Hospital due to interference of electro-magnetic radiation and High Radio Frequency energy (RF waves).

Advisor Telecommunications GOI and Chairman, External Motoring Committee were contacted for help and necessary advice. Similarly, the United States Federal Communications Commission was approached for technical advice. The latter pointed out that due to the height of the tower and the thickness walls of the rooms in the Hospital, there was no danger of malfunctioning of the sensitive equipment

10.9. Hospital Registration: Another milestone of hospital registration was achieved during the financial year 2005-06. The SJSH registration was renewed. The registration number of SJSH is **A- 178**.

Similarly plans are underway for registration with (CCIT) Chief Commissioner of Income Tax. An application with all relevant documents has been submitted and an early registration by the CCIT is expected. This will pave the way for the IOCL employees to get income tax deduction on bills paid for treatment at SJSH.

10.10. Performance Review-External Monitoring Committee Meting- Feb 10th, 2006: The IOCL called for the scheduled External Monitoring meeting on February 10th 2006. A review on performance of SJSH and NIRPHAD was presented. The Monitoring Committee lauded the efforts and performance of SJSH/NIRPHAD.

The findings of Patient Satisfaction questionnaire were presented. The committee noted the areas rated excellent and also expressed concern regarding sections with poor performance. The Committee members requested NIRPHAD/SJSH Administration to take necessary in-house steps to meet the short comings. Members further requested a document indicating specific milestones achieved by SJSH.

NIRPHAD/SJSH Administration apprised the Committee that by their interventions they have overcome the problem of funding for HIV/AIDS testing kits. The following table 10.13.1 explains and gives a comparison as to how excess expenditures were controlled, with out compromising the quality of services.

TABLE 10.11.

(FY 2004-2005)					
Test	Card purchased	Cost/Unit	Total Cost	Sanctioned Budget	p.c.
HIV	1000	70/-	70000/-	2,65,000	51.58%
HCV	500	83/-	41500/-		
HBsAg	1050	24/-	25200/-		

(FY 2005-2006)					
Test	No. of Cards	Cost/Unit (Rs.)	Total Cost (Rs.)	Sanctioned Budget (Rs.)	p.c.
HIV	80	70/-	5,600/-	2,80,900	04.53%
HCV	50	80/-	4,000/-		
HBsAg	120	24/-	2,880/-		

10.12. Additional Services:

10.12.1 Allotment of Family Quarters: A long pending need of SJSH was met by allocating of 20 B type family quarters to accommodate essential or emergency staff of SJSH, by MOR. This has not only added as a perk to the employees but also would help NIRPHAD in retaining skilled manpower.

10.13. Extension Services / Camps:

10.13.1. HIV/AIDS Programme: NIRPAHD & Methodist Public Health services, Mursan has made a collaborative arrangement to provide coverage for HIV/AIDS in Mathura, Agra, Aligarh and Hathras Districts. The funding for this programme would be provided by the Norwegian Methodist Church. A four member team for evaluation of ongoing activities has visited NIRPHAD, MPHS and Swarn Jayanti Hospital for assessment and expansion of the programme.
During the External Monitoring Committee Meeting the arrangement and modus operandi was presented to the members. The Chairman of External Monitoring Committee had lauded the efforts and requested NIRPHAD to further explore the possibility to expand the HIV/AIDS prevention programme by having an association with national institutes like NACO. Under the programme following facilities would be provided at SJSH and NIRPHAD Hospital (Chatikara).

- **At SJSH**: Counselling room (Counsellor's salary will be paid by donor), furniture, PC. and all soft ware, facility to perform Rapid Tests; treatment of secondary infections with 50 %

concession; donor will pay cost of cd4/cd8, Western blot (1 case per year) and retroviral therapy (1 case per year) and will bear the costs of the above. .

- **INDOOR SERVICES**-Minor operation theatre for caesarian delivery, equipment from MPHS. Services of Gynecologist would be provided by MPHS. Allot two recovery rooms for post operative cases. SJSH will allow follow-up & counseling by two specialists (MD Physicians).
- **At NIRPHAD HOSPITAL:** One Lady doctor for OPD, separate beds for HIV patient's deliveries and counseling & follow-up. The furniture and beds paid by donor and also the plumbing.

10.13.2 Family Planning Camps: NIRPHAD Community Health Staff motivated 200 patients and SJSH provided a minor operation theatre for laparoscopic tubectomy. IOCL/ MR donated blankets as an incentive to acceptors. In liaison with District Hospital Staff who provided a surgical team and paramedical support was provided by NIRPHAD Staff. 125 acceptors were motivated by Govt. ANMs.

The success of these camps was well recognized and lauded by District Administrative Authorities. The recently held Monitoring Committee also placed on record its appreciation.

10.13.3. Diabetese Camps: Two camps were held and 29 patients were examined and **treated.**

10.13.4. Respiratory Camps: SJSH had organized camps for respiratory disorders and a training programme, for the use of rational antibiotics, with the Pharmaceutical Industry (Lupin Pharmaceuticals).

To date total 85 clientele have attended the camp and benefited by the free services. Findings of this camp have been presented to the external monitoring committee.

10.14 New Additions:

10.14.1 Patient bed mattress: SJSH requested IOCL/MR for replacement of mattresses, in addition to visitor's chairs and equipment. SJSH has received 46 new mattresses.

10.14.2. Visitors Chairs: Procurement of 150 new visitor's chairs is in the final stages of negotiations and it is hoped that by July 2005, the consignment would be delivered to SJSH.

10.14.3. Physiotherapy: A new traction machine costing Rs 30000/- was installed in the Physiotherapy department. With the new machine the department is now having provision for a separate treatment facility for cervical and lumbar traction.

However, due to heavy usage equipment for short-wave diathermy (SWD) and interferential treatment (IFT) developed frequent problems. With the budgetary provisions a parallel set of machines have been procured to render effective physiotherapy treatment with reduced waiting time.

Similarly to have optimum utilization of the facility and to reduce waiting time a proposal for civil alterations has been submitted to IOCL. By the time of writing this report a team from MOR has visited the department and the proposal is under consideration with the MOR.

10.14.4. Water Resources: During the year 2004-05 a long pending problem of deep water tube well was solved. SJSH had received approval for both options of either to install a new deep water tube well or by making the existing tube well operational.

SJSH opted for the second option and was fortunate by getting 3.5 Kilo liter per hour, almost 85% of the actual capacity from the existing tube well. However, with the upcoming heavy construction adjacent to SJSH, it is anticipated that in the coming years SJSH may have to face ground water shortage.

The concern was shared with the external monitoring committee. The committee advised SJSH/NIRPHAD to make necessary arrangements to solve the situation. On approval from IOCL/MR NIRPHAD would be approaching PAN and AFPRO to conduct a survey to find out availability of ground water and ways and means for rain water harvesting.

10.15. Hospital Administration: As Hospital Administrator I perform a staff management role to the Hospital Director, advising on a wide range of operational issues. This further includes functional responsibilities for organizational design, personnel management, fiscal management; to

be within the budget, development and coordination, facilities management, liaison with Govt. agencies, legal bodies and IOCL/MR, performance review before the Supreme Court Monitoring Committee and day-to-day administration.

10.15. Issues and hurdles/job satisfaction: In a nutshell, I would like to state that Hospital administration is a complex task and requires relevant **planning** (both of present issues but forward planning by objectives and the vision and Mission of NIRPHAD as it relates to SJSH).

Organizational flow chart will indicate staffing pattern and reduction of hierarchical monopoly in favour of democratic team building with line authority, so that duties are clearly understood.

Co-ordination is a complex process as the problems of the departments and staff at various levels are varied and the highly trained consultants are prima donnas and expect to be treated with gloved fingers. More demanding are relationships with the donor agencies-National and international (and tie ups with Laval University and Johns Hopkins through Curamericas), IOCL/MOR and State and Central health Ministries. A successful Administrator must have that rare wide ranging clinical and PR acumen to be able to build bridges with other health agencies in the District, State and the State. A subtle diplomatic approach can overcome anxieties and misconceptions of competing health agencies and overcome their complexes so that they can support SJSH programmes. The best that SJSH can offer is to build CME programmes so that expertise can be shared with other health agencies.

Control is a necessary evil, but establishes clear responsibilities of the staff at all levels and even of the Board of Mangers/Society of NIRPHAD vis-à-vis the MOR/Monitoring Committee/ Hon. Supreme Court.

Evaluation is built into the whole process right from the planning stage.

NIRPHAD will use the time-tested East- West-Centre (University of Hawaii) model, which has an emphasis on Fast, Informal, Review, Evaluation (FIRE) and for shorter studies the model of Marie-Thiersen, which has the concept of “evaluation is like a continuous wheel, which should not be broken”.

A Hospital is a **dynamic and unique** institution where the community expects the precious joys of life when a baby is born and under the same roof there can be intense tension, pain and sorrow when a serious patient is fighting for life.

Events happen in spite of the best rules. Problems do not respect rules and regulations, or procedures. Often the insolvable problems melts away with surprising ease, like the shadow at dawn and problems, which look small and simple, sometimes snowball into extremely difficult issues. Thus often having situations end as either win-win, win–lose or lose-lose. But, failure is a part of human experience and I see this as a challenge. Therefore, I found that it is actually a step on the road to success and personal growth. Further to put it in a right perspective and truly in accordance with the views of George Clemenceau, the French statesman: "*to fail is not unworthy, since it implies that one had attempted something*".

In terms of job satisfaction SJSH offers challenging teaching & learning work environment, with good housing facilities and average emoluments. Nevertheless, recreational activities, advanced training for growth (personal and institutional) are some areas of concern which needs to be examined. This intervention will allow employees to hone some of their basic human skills and aspirations resulting in an impetus to perform at their best.

While, there are grounds for self-congratulations, there are also considerable areas with far reaching implications that need further examination and improvement, like:-

10.16. Long term association of skilled personnel: A rapid turnover has been noticed world wide in the dept. of nursing. This is reflected at SJSH also. And frequent interviews for nurses are common. By becoming more flexible in interviews (at times a nurse lands at SJSH looking for a job, and an interview is organized in a couple of hours) and if the candidate is found suitable he/she may be recruited immediately. It is recommended that SJSH should come up with plans to retain skilled manpower.

10.17. Expansion of Services: SJSH should expand the array of service with Obstetrics and gynecology, which is a need of the community as 50% of the population are women and if infants and children are included, this group becomes the 'silent majority'. Also expanding services with Ob & Gynecology will enhance revenue generation.

10.18. Equipment maintenance: Maintenance costs, both medical and non-medical will correspondingly and proportionately rise, with every passing year. The real challenge will be to keep costs down and have all the equipment fully functional. Equipment that has served its life and are irreparable must be discarded with cost-effective, long life and reliable equipment.

10.19. Conclusion: Despite significant increase in the patient load, SJSH has been able to perform satisfactorily and continues to strive to provide quality care to all, at very affordable prices. This policy in a backward and poor community was a boon, as specialized services for the poor were not available in this area.

In Conclusion I would like to state that SJS Hospital would not have been able to achieve these results with out the hard work and committed cooperation of every member of the staff, management skills and support of NIRPHAD, IOCL/MOR and the community. It is significant to mention here that this cooperation and passion should continue so as to achieve new vistas of excellence in patient care.

10.20. Performance during Financial Year 2005- 06:

Statistical review - At a glance

TABLE – I

Facility Mix	Financial Year 2004-2005	Financial Year 2005-2006	Increase/Decrease From last year
OPD Patients	49870	54412	9.1%
IPD Patients	2896	2817	-2.7%
Bed Occupancy	73%	72%	--
Total No. of x-rays	11138	9902	-11.09%
LAB no. of patients	10290	9563	-7.06%
Physio. Patients	5064	4699	-7.20%
Total operations major & minor	1497	1445	-3.47%
Ultrasound	664	577	-13.1%

TABLE II
SJSH FINANCIAL PERFORMANCE (1999-2006)

Particulars	COL	OPERATIONAL YEARS					
		I	II	III	IV	V	VI
		1999-2000	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005
Budget	**A**	1.23 cr.	1.49 cr.	1.55 cr.	1.66 cr.	1.85 cr.	1.92 cr.
Pc growth		--	21	4	7	11	4
Actual Expenditure#	**B**	1.24 cr.	1.46 cr.	1.47 cr.	1.54 cr.	1.87 cr.	1.93 cr.
Pc growth		--	18	1	5	21	3
Cash Recovery	**C**	15 lacs	26 lacs	29 lacs	32 lacs	44 lacs	46 lacs
Pc growth		--	75	11	9	37	4
Interest on FDR	**D**						14 lacs
Interest on CA#	**E**						4.13 lacs
Total Income (C+D+E)	**F**	15 lacs	27 lacs	30 lacs	33 lacs	45 lacs	61 lacs
Pc growth		--	77	11	9	38	35
Self Sustenance Ratio (%)	**F/B**	12	18	20	21	24	31

11. DEPARTMENT OF MEDICINE
DR. VIVEK SATYAWALI

11.1 Narrative Report: Qualitative and quantitative annual assessment of performance Recognizing main issues and suggesting ways for improvement.

11.2 Processes Involved In Performance: Planning the activities and coordinating with different departments and effectively implementing al activities, was an essential part of day to day activity.

11.3 Manpower And Tools:

- STAFFING PATTERN – no well defined staffing pattern, hence staff for OPD and USG must be employed.
- EQUIPMENT USED – Ultrasound machine, Spirometry and TMT (out or order).

11.4 Details Of Activities: DAILY ROUTINE–Hospital timings are 08:00 AM in summers and 09:00 AM in winters. The indoor round is usually the first activity and then the OPD patients are attended to, which usually ends by 2:00 or 3:00 PM. In evenings the routine is to take rounds of all the admitted patients, review their investigations and prepare the discharge for the next day. Dr. Verma and I are available on alternate days for emergency calls, after OPD hours. We remain as stand by for any VIP who visits Mathura and would like to visit SJSH.

11.5 Statistics:

- Number of OPD patients this year is almost the same as the previous year, as Dr.Verma was our second Physician and available through out this year.
- Total number of OPD patients in medicine were 23277
- Total number of OPD patients seen in Medicine unit-I was 12745
- Total number of OPD patients seen in medicine unit II (Dr.Verma) was 10532.

11.6. IPD:

- 629 patients were admitted in Medicine unit I during the year 2005-2006.
- Total number of Indoor patients in Medicine (Medicine unit I and II) were 1060
- Often critically sick patients were attended to.

11.7. Ultrasound Tests: Total number of ultrasound examinations was 578.

11.8. Issues:

- In the last few years many private hospitals started operating in the vicinity so there is competition for better services, which is bound to happen. SJSH should be able to improve its clinical services, for only then it will be able to stand out as a leader in delivering a reasonably good health services.
- As the Hospital is now in the 7^{th} year of its existence and due to heavy use, some of the equipment will need to be replaced and others need to be repaired (TMT, cell analyzer)

11.9. Job Satisfaction:

- Emoluments–not competitive with the open market & needs to be revised.
- Housing, furniture, water and electricity etc.,– adequate

11.10. Working Environment:

- Biggest advantage of SJSH is its good **working conditions and good co-operation** among staff and administration.
- **Building, A/c** in clinical and critical areas a big advantage.
- Clinicians can work without unnecessary interference from the Administration, who is willing to help when necessary.
- **Supportive staff** like house keeping, security (needs improvement), paramedics, & canteen (inadequate), can improve.

- **Library and internet services** will improve the CME programme, especially with expatriates and junior doctors (a regular programme will widen knowledge base and improve performance).

11.11. Suggestions:

- Regular training and CME is essential
- Endoscopic instruments are not being utilized, so training should be given and they should be utilized properly
- Up gradation by setting up ICU and separate ICU staff is essential
- TMT machine should be replaced.

12. DR.SURENDRA VERMA (M.D.)
Department of Medicine

12.1 Objectives of report:

- Qualitative and quantitative annual assessment of performance
- To review the problems/issues with suggestions to improve overall performance.

12.2. Manpower and tools:

- **Staffing pattern**: two qualified fulltime physicians are able to manage the medical department with the help of junior doctors and nursing staff.
- **Equipment**: ECG machine, ultrasound machine, spirometer, cardiac monitor.
- **Adequacy** –
- TMT machine and spirometer are out of order.
- ECG machine needs frequent repairs
- Need more cardiac monitors to cater for increasing number of cardiac patients

12.3 Detail of activities: The department provides best possible care to patients in OPD, indoor and emergency services.

12.3.1 OPD: Patients with respiratory disease (e.g. Tuberculosis, Chronic Obstructive Pulmonary Disease, Asthma, Pneumonia, Pleural effusion and pneumothorax) are the main clinical conditions.

- Patients with diabetes, hypertension, cardiovascular accidents, coronary artery disease, infectious diseases and psychiatric problems also attend the medical OPD.
- **12.3.2 IPD:** Patients with respiratory diseases are the majority, who need admission. But patients of myocardial infarction, cardiovascular accidents, diabetes, pancreatitis, meningitis, pneumonia, congestive heart, respiratory failure, malaria, enteric fever, hepatitis are also admitted and the most difficult to treat are those with complications.

12.4 Statistical Data:

- **12.4.1. OPD**–Statistics of patients in medicine department have increased every year. In unit 2, 10532 patients were treated in the year 2005-2006.
- **12.4.2. IPD-** 431 patients were admitted in the indoor department and statistic shows a higher occupancy than previous years.

12.5. ISSUES

- Air-conditioner of OPD chamber should not be limited to run by city power supply as there are too many power failures. As it is very difficult to manage OPD in the hot and humid days of summer.
- A larger number of serious cardiac patients seek medical care hence there is an urgent need to keep some important life saving cardiac drugs in the pharmacy.
- There should be provision for training to improve knowledge and skills.

12.6. Job Satisfaction: Emoluments – adequate Accommodation small & appurtenances sufficient and small families can manage. 24 hours supply of water and electricity is a boon as there is severe power shortage in the city. Relationship with colleagues- good.

12.7. New Relevant Programmes:

12.7.1 DOTS: programme – tuberculosis is the leading cause of morbidity and mortality in our country and most of the patients are economically poor. Providing free anti-TB treatment (ATT) improves the cure rate of disease and mitigates spread.

12.7.2 Respiratory camps-SJSH: in collaboration with a pharmaceutical company organized respiratory camps on every second Saturday to educate patients and community about tobacco smoking and its hazards. Lung function tests with spirometery, was done on all clients and counseling, medication and inhalation devices were distributed.

13. DR. A.V. MATHUR/DR. AJAY JAIN

M.S General Surgery
Date of Joining-10/11/2005

"Happiness depends on what you can give, not what you can get" - Gandhiji

13.1 Objectives:

- To analyze the **performance** of the department of surgery for the year April 2005 to March 2006.
- To give patients **quality health care** with in technical and financial **constraints** taking into consideration the poor **economic status** of patients, by avoiding expensive investigations and depending more on the history and clinical findings (clinical acumen).
- To create **mass awareness** in the community about the individual's own health and prevailing diseases; to make them understand the advantages of family planning measures and promote the National family planning and welfare programme (by informed choice) and to remove myths about F.P.W.
- One of the main objectives of writing an annual report is **self assessment**, to know one's weaknesses and think and plan measures for improvement of the surgical staff and up-gradation of SJS Hospital, as a whole.

13.2 Material And Method: Data was available from the medical record section, patient admission files and OT registers.

13.2.1 Infrastructure, Planning And Implementation:

- The Hospital has a well coordinated and trained staff. Inter-departmental coordination is also good. Apart from OPD and indoor patients there is an ICU facility for very sick and critical patients. The surgical department is complementing the F.P. activities of the local administration/ health department (by participating in tubal ligation and NSV camps). Thereby promoting the National Family Planning and Welfare programmes.
- In indoor the patient to nurse ratio is generally 6:1 which may be increased for sick patients and in ICU it is recommended that the ratio should be 1:1.
- NIRPHAD has two well equipped operation theaters with standards comparable to those in bigger hospitals, with two OT technicians, nursing staff and one ward helper.
- A separate burns ward, caters mostly for patients with electrical and thermal burns, receive care by trained nursing staff.
- Patients needing elective surgery are investigated on an OPD basis and patients are given a date a few days to a week in advance. Patient is usually admitted one day before surgery.
- Emergency surgeries are done as soon as possible (preparation of the patient, getting the OT ready and informing surgical and anaesthesia staff). Full cooperation from other ancillary departments is also available at short notice.
- Patients undergoing laparoscopic surgery are discharged within 24-36 hrs.
- Many day care procedures were performed and the patients were followed on an OPD basis.

13.3. Achievements:

- Total no. of OPD patients seen = 5643
- Total no. of indoor patients = 670
- Total no. of operations performed = 185 (major) & 151 (minor)
- Total no. of laparoscopic procedures = 22
- Total no. of tubectomies = 33
- Total no. of NSV = 17
- The department of surgery is admitting many critical patients needing surgery. Patients with head injuries and poly trauma were operated upon with good results.
- Minimal access surgery has been developed and laparoscopic procedures performed routinely with encouraging results.
- The burn ward is functioning well and the department is working as a center for referral of burn patients from other parts of Mathura District.
- Plastic surgery procedures like skin grafting and release of burn contractures of patients are being performed routinely.

- Department of surgery also cooperates with NIRPHAD for its family planning project and is providing expertise and manpower to local administration and state health department to conduct and organize family planning camps.
- Department of surgery enjoys a good rapport with the administration, other departments and nursing and paramedical staff and was ready to help in times of need.
- Training (teaching and learning) of staff is yet another prime objective of the department.
- Department of surgery by its continuing efforts to upgrade its standards and providing affordable and quality healthcare to the community was able to impress the district authorities to recognize its services.
- Thanks to IOCL who had been providing monetary and moral help.

13.4. Critical Issues:

- Paucity of time and resources to make further plans and implementation of new methods for further growth of department was a major constraint.
- Equipment especially those used for minimal access surgery is malfunctioning and needs up gradation and replacement, if this activity has to be carried forward.
- Lack of security back up makes the atmosphere unfavorable for doctors to work. Manhandling of doctors and staff and other unfortunate scenes particularly in the emergency department should be given top priority by the Administration, even though this danger and risk must be accepted as a professional hazard. In time it is hoped that the community leaders will be able to change the mind set of the opinion and anti-opinion leaders. A major paradigm shift in Behaviour Of The Community Is The Need Of The Hour.

13.5. Job Satisfaction:

- Emoluments-not comparable to the amount and quality of work being accomplished.
- Working atmosphere is good, well supported by administration and other colleagues in all departments.

13.6. Challenges:

- Recently the department of surgery has appointed a new and dynamic consultant-surgeon and under his tutelage the department will try to do as much hard work as possible for up gradation of the department and SJSH as a whole and in turn for the benefit of the community.
- There was a spurt of new private hospitals, nearby who use unethical means are trying to attract patients from the SJSH gate itself, particularly surgical and orthopedic patients.

13.7. Interesting Case: This case shows how the poor economic status, lack of education and conservativeness of the society has led to the delayed treatment and critical condition of the patient.

This patient was a 15 year old unmarried female presenting with a very poor general condition, abdominal distension, multiple episodes of vomiting and inability to pass stool since 2 weeks. X-ray showed multiple air fluid levels of the small bowel. The patient was anemic had fever and septicaemic. Diagnosis of acute intestinal obstruction was made and patient was prepared for laparotomy. After pre-op work up and arranging blood, on exploration about 21/2 liters of foul smelling pus was present in peritoneal cavity and whole of small bowel was not visible being covered all round by the omentum. After aspirating the pus and washing the peritoneal cavity with normal saline, the omentum was separated and several inter-loop adhesions and pus pockets were removed and whole of small bowel freed of adhesions.

To my surprise, during this process a 8 weeks foetus was found inside the peritoneal cavity with well formed rib cage and femur. It was removed. Both the fallopian tubes and ovaries were not seen forming a mass with the uterus and large bowel. Only the fimbrial ends were visible. Trying to separate the tubes could have proven more damaging. So a salpingo ophorectom was done. Pre-operatively the patient's mother who is a health worker was called and with great difficulty and reluctantly she gave a history of a positive pregnancy test and D & C being carried out by the mother herself.

Post-op course was good, patient started passing stools 3rd post-op day and stitches were removed the 8th day. Subsequently, the patient developed severe respiratory distress and B/L crepts in the lungs and papilloedema. Consultant physician treated aggressively for septicaemia and congestive heart failure (CHF). The patient is now recovering at the time of writing the report.

14. ANNUAL REPORT FOR 2005-2006
Department of Orthopedics by Dr.Sujoy Bhattacharjee

14.1. Objectives: The main objectives were:-

To evaluate the department during 2005-06
A) Comparison to other departments in the Institution.
B) Statistical evaluation.
C) Community benefits.
D) Technical evaluation.

14.2. Materials & Method: This is my Sixth Consecutive year as head of the dept of orthopedics. Despite many hurdles and increasing number of hospitals, the staff was able to maintain an upward trend in the performance of the dept.

	2003-2004	2004-2005	2005-2006
OPD	12534	12758	12931
IPD	745	771	775
Surgery	964	1049	1115

14.3. Planning: The staff is overworked; hence even meticulous planning sometimes failed to make proper arrangements. Proper spacing was very important for providing quality services and to avert complications.

Every patient for surgery was planned in advance including the type of implant to be used and other requirements to ensure a good result. The department maintained a good rapport with the anaesthesia dept. Despite the large number of geriatric patients in orthopedics, there is not a single incidence of intra-operative or post-operative death during 2005-06.

Since the department is dealing with many out patients with of poly-trauma and crush injuries, prognosis was assessed carefully, photographic records we made in all such cases and proper legal documents, including consent for surgery were recorded. In spite of the complicated cases, during post-op period, none of them required an amputation. The department is not involved in litigations or any community complaints.

14.4. Emergency Services: The number of emergencies in orthopedics had increased with mass casualties, on many occasions. Despite large number of poly-traumas, the number of deaths are less and acceptable by national and international standards, which reflects good team work and efficient services. Death rate during 2005-06 was 0.64%, which is comparable to any good institution in India. 1964 patients were attended to during emergency hours in the year 2005-06.The Hospital should be equipped with a good inventory of implants and blood bank to deal with emergencies.

14.5. Tools: Serious consideration should be given for up gradation of orthopedics instruments, for the reasons given below: -
a) 22% increase in major surgery during 05-06
b) Breakage of reamer occurred twice while operating on long bones.
c) Poor quality of instruments consumed more time and energy and could have affected the outcome

14.6. Man Power:

A) Paramedical staff component needs to be increased in the operation theatre
B) Administration must employ second orthopedic surgeon for improving spacing of activities and improvement of work quality.
C) Need a separate ward-aid for OPD
D) Constant changes of the ward-in charge in the orthopedics ward, is detrimental for patient care.
E) Require a separate junior doctor for ward management

14.7. Major issues: Many hurdles were experienced during 2005-06, but despite the difficulties-good team work and without counting the cost of long hours, the staff provided excellent cooperation and were able to keep the flag flying. Many times, beyond the call of duty, the staff had to shed blood, sweat and tears.

14.7.1. OPD: Increased patient attendance was significant in routine and emergency OPD. Total number of patients seen in 05-06 is 14895- the average being 1241 per month. Approximately 103 patients attended a scheduled Orthopedics OPD, which is comparable to the best institutions.

14.7.2. Suggestions are:

1) Restriction of OPD patients to maintain quality and patient's satisfaction.
2) Appoint 2nd orthopedic surgeon.
3) Separate OPD complex for orthopedics, with facilities for minor procedures and plastering.
4) Start evening private OPD.

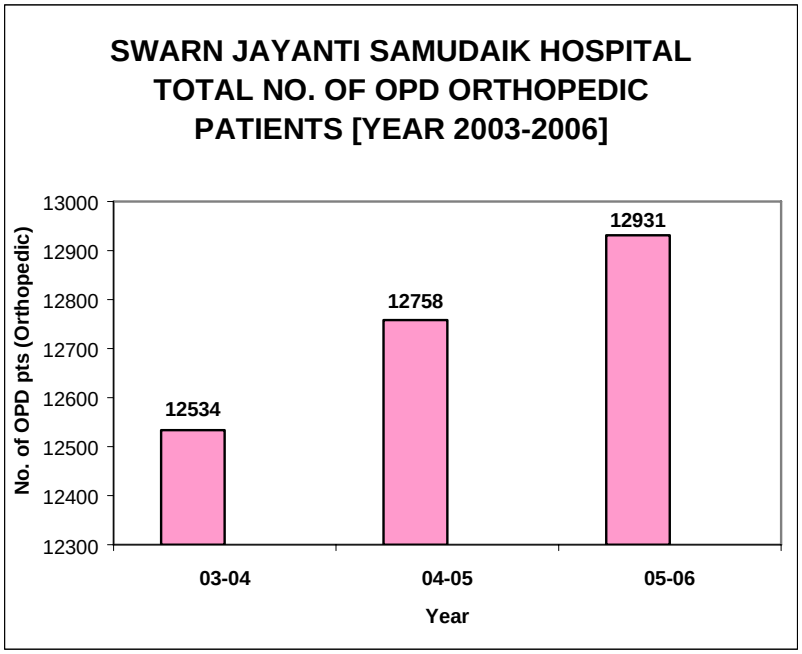
14.7.3. Court attendance: Most of the orthopedic cases fall under the category of the medico legal ambit. Legal liabilities have increased markedly for the last few years, averaging 5 times a month. I had to attend court during 2005-06, which is a big loss to SJSH and to the sufferings patients, who had to wait long hours or seek an appointment on another day.

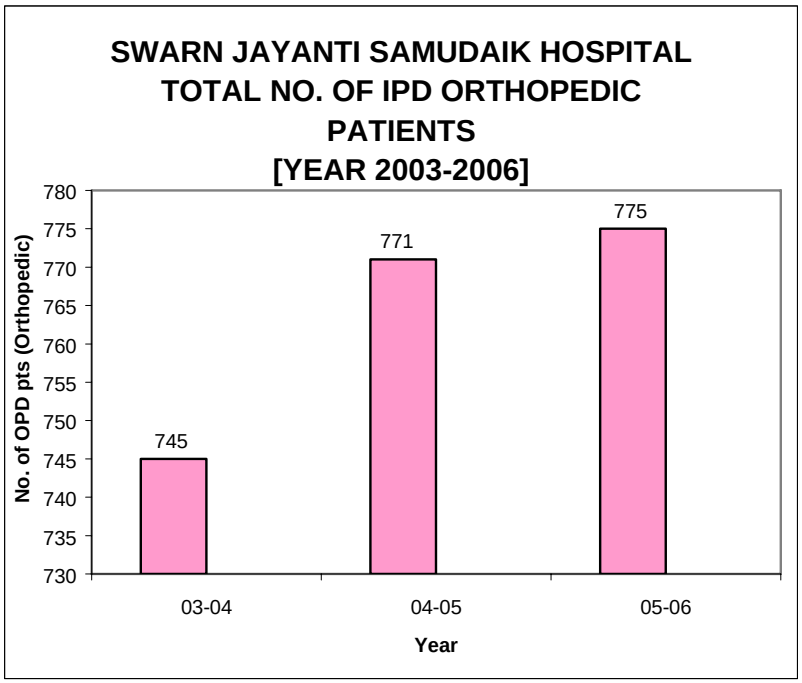
14.8 Suggestions were:

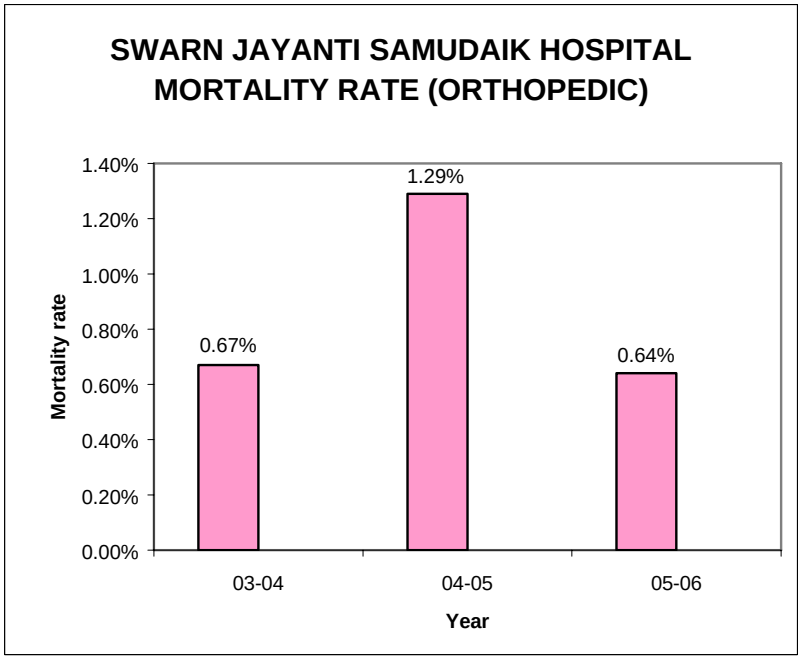
1) Appoint a legal officer who will be dealing with preliminary court liabilities.
2) Make a system where a MLC of gun shot injuries gets some extra attention; junior doctor should be guided in such cases.

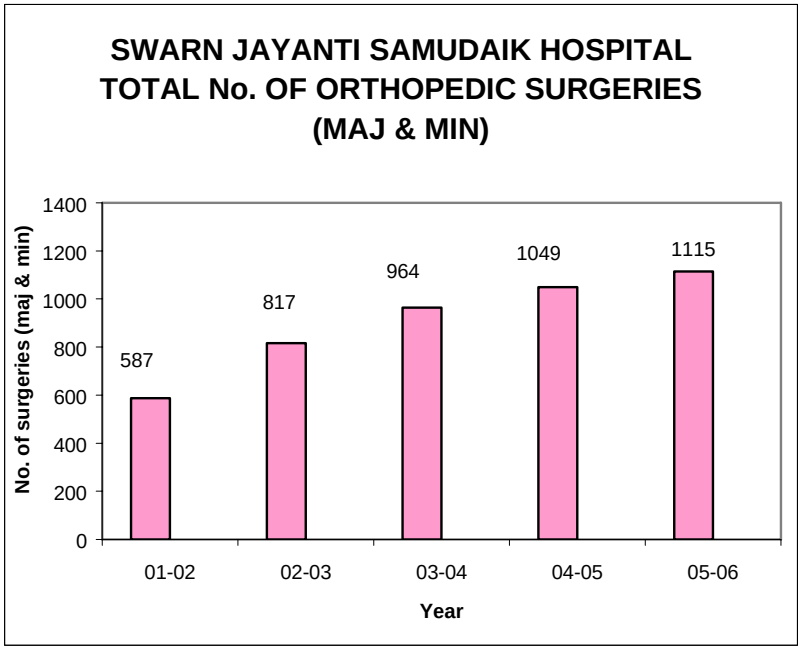
14.9. Achievements: The dept. has performed well during 2005-06

1)	OPD:-12931	Average: 1077. 58 per month.
2)	IPD: 775	Average: 64.58 per month.
3)	Surgery:-1115.	Average: 92.91 per month.
	Major: 387.	Minor: 728
4)	Emergency OPD: -1964.	Average: 63.67 per month.
5)	Deaths:-05.	Rate: 0.64%
6)	No Legal litigation.	
7)	Infection rate nil.	
8)	Encouraging Community satisfaction.	
9)	Good patient satisfaction	
10)	Statistical improvement with overall performance of the department.	




SWARN JAYANTI SAMUDAIK HOSPITAL
TOTAL NO. OF IPD ORTHOPEDIC PATIENTS
[YEAR 2003-2006]
No. of OPD pts (Orthopedic)
780
775
770
765
760
755
750
745
740
735
730
745
771
775
03-04
04-05
05-06
Year


SWARN JAYANTI SAMUDAIK HOSPITAL
MORTALITY RATE (ORTHOPEDIC)
Mortality rate
1.40%
1.20%
1.00%
0.80%
0.60%
0.40%
0.20%
0.00%
0.67%
1.29%
0.64%
03-04
04-05
05-06
Year



14.10. Staff involvement in daily schedule/training and community: Routine involvement of staff is the forte of the department-during rounds, or surgery or while handling emergencies.Training of staff in basics of orthopedics-hands-on, with the patients is essential.The department attended a health *mela* organized by NIRPIHAD, where 75 patients were attended to.

14.11. Job Satisfaction

A) Emoluments: - Not proportionate to job performed. It should be at par with the market rate.Other benefits like PF, performance bonus should be considered

B) Working Environment: -Good
-All senior and junior staff was very helpful and efficient.

C) Fitness club: -
-To encourage all hospital staff for a healthy life style, which would enhance work capability and performance.

14.12. Community benefits: The department has established its presence in the Community. They have very high expectations from the department. Institution should consider suggestions:

1) Organize disability camps
2) Rehabilitation of poly-trauma patients
3) Yoga clinic--new concept for severely arthritic patients to avoid costly replacement surgeries
4) Training of nursing staff to provide psychological support to poly-trauma patients

14.13. Awards:

1) Selected for Foreign Fellowship programme by IOA & Indian Arthroplasty Society.
2) Award of appreciation from NIRPHAD for excellent work in Orthopaedics

15. DR.SANJAY NANDA (PAEDIATRICIAN), SWARN JAYANTI SAMUDAIK HOSPITAL Director- Designate NIRPHAD & SJSH

15.1 Objectives:

a) To assess performance
b) To explore strong and weak points in the working pattern and set-up.
c) To improve services
d) Lessons from past experiences so as to improve output

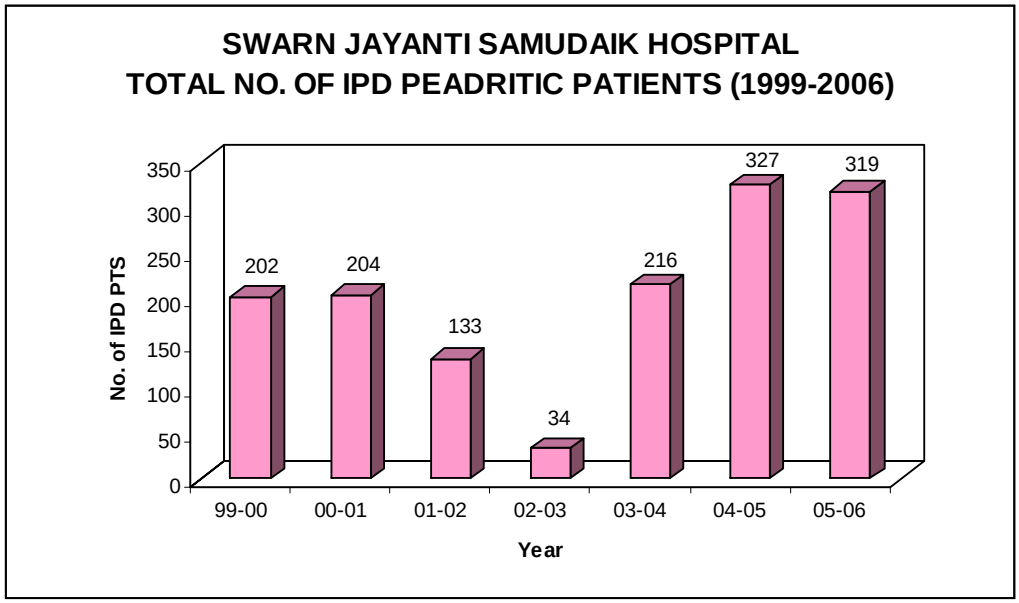
15.2 Material And Methods:

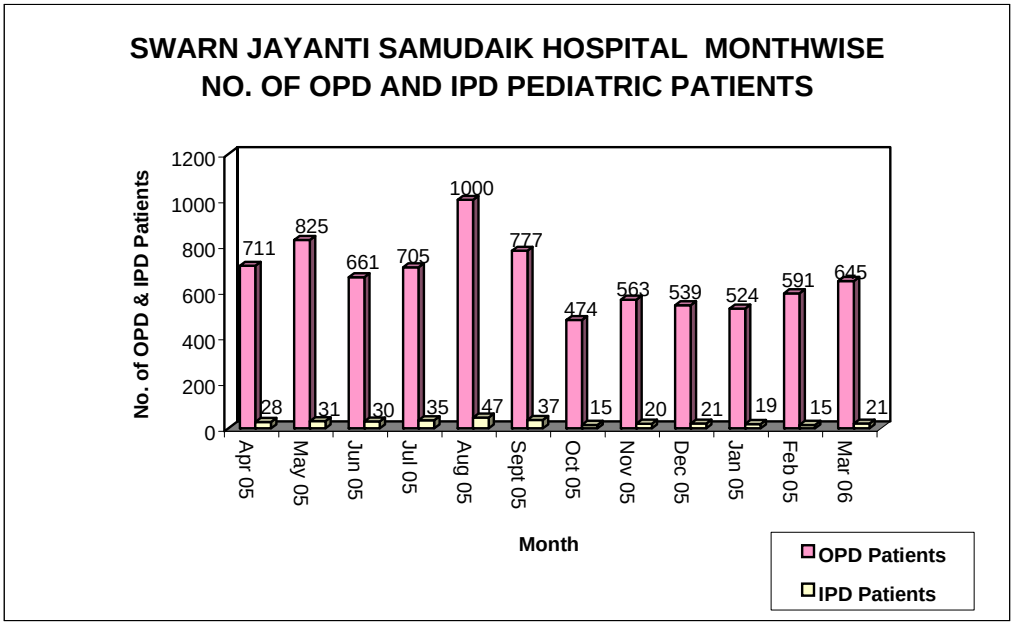
a) Data from Medical Record Section
b) Patient satisfaction survey
c) Recognizing 'background noise' regarding hospital services

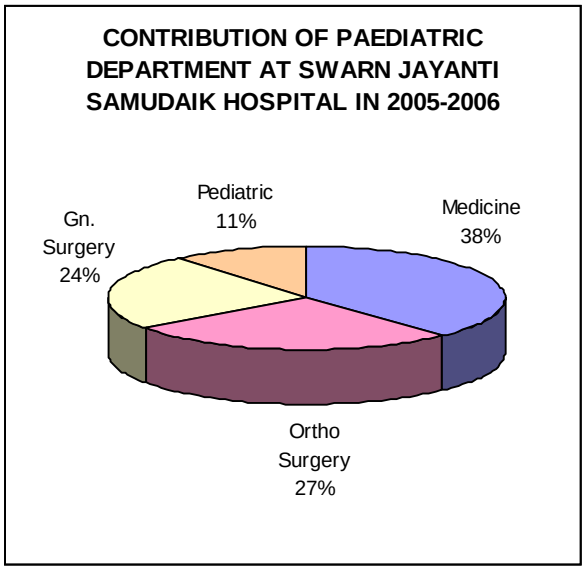
Before considering statistics kindly note that from Sept 2005 as I have taken over the responsibilities of Deputy Director, NIRPHAD/SJSH. A major part of my time involves administration and field work, which to a certain extent has affected statistics of the paediatric department. But as far as possible I am trying to do justice to both of responsibilities i.e. as Deputy Director and as Pediatrician of SJSH.
I joined this Hospital on **3rd February 2003.**

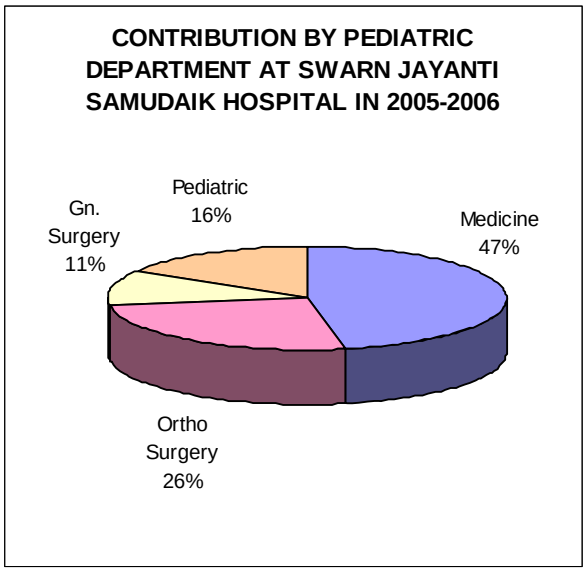
15.3. STATISTICS

Year	OPD	IPD	Mortality Rate
2002-2003	**2864**	**34**	**-**
2003-2004	**5745**	**227**	**5.20%**
2004-2005	**7885**	**325**	**0.92%**
2005-2006	8015	319	**3.60%**









OPD CONTRIBUTION

15.4 To Further Improve:

1. One more pediatrician is needed if not on full time then at least on alternate days so as to give me proper assistance in OPD and IPD when I am busy with administrative work or on field visits.
2. A separate ward for neonates is needed with all the facilities and equipment e.g. ventilators, radiant warmers and phototherapy unit.
3. More laboratory facilities
4. Obstetric & Gynecology department

15.5. Manpower (Paediatrics Department)- Available:

1. One consultant
2. Causality medical officer to attend to patients in causality and in wards.
3. Nursing staff to care for patients.
4. Pharmacist who plays major role in supply and maintenance of vaccines.
5. A good pathologist who manages lab services and delivers diagnostic tools in the limited set up.
6. Consultants of other departments who are ready to help in case their opinion regarding any patient is required.
7. *Safai karmacharies (sweepers)* and ward-aids who keep the wards and hospital clean so as to maintain a healthy and hygienic atmosphere.

15.6. Daily Activities: Daily OPD except on Sundays and on holidays (gazetted holidays), during which emergency services are always available. But sometimes patient has to wait because of the added responsibilities given to me as a Director-Designate. Therefore proposal for establishing evening OPD and another supporting pediatrician who can help me is in the pipeline.

15.7. Routine Services:

1. Vaccination on all Wednesdays of the month
2. At least two ward rounds in the morning and evening but if sick patients are admitted, afternoon rounds are also needed.
3. Attending any call from ward (such as patient's complaints/placing IV catheter or for some other procedure) and calls from the causality.

15.8. Job Satisfaction: I don't have complaints about the working conditions keeping in consideration the financial resources and location of the hospital. But if we need to retain staff we have to come up with better salary proposal and job security for them.

15.9. Problems And Issues To Be Addressed:

1. Some of the people in the Community are undisciplined being guided by the leader's who think they are above the law.
2. There is always a pressure from different sources to waive off the bills and charges of patients without producing proper documents which are needed under poor patient policy.
3. Any purchase/change of equipment in which capital investment is needed has to go through a long complicated red tape in Refinery Offices.
4. Instability of skilled staff due to low salaries and lack of job security.
5. Should have separate beds for pediatric patients especially for neonates
6. Taking leave seems a problem as there is no supporting pediatrician to look after the patients and department. When I am not available the management should arrange one or two pediatricians as a permanent panel who can be contacted..

16. ANNUAL REPORT 2006

Supportive Services of SJSH

Pathology/Laboratory – Dr Aamod Shanker, Pathologist

16.1. Introduction: Now a days the pathological laboratories are playing a important role for the diagnosis of a disease as newer types of tests and techniques are available by which the clinicians and surgeons can come to a definite conclusion in making a diagnosis.

The department of pathology at SJSH consists of various sections namely hematology, serology, clinical biochemistry, cytopathology and clinical microbiology.

Over the past six years our department has experienced a steady increase in work activity. . The annual increase in work load pattern shows increase for 2000-2001=36%, 2001-2002=3%, 2002-2003=3%, 2003-2004=9%2004-2005=47%

This year lab is being standardized for various tests by using quality control standards from .C.M.C Vellore, every month.

16.2. Routine Activities: Among the various sections hematology comprises main bulk of day to day services and showed a significant growth in total no. of tests.

Clinical bio-chemistry plays an important role in providing rapid and highly reliable data to support prompt therapeutic decision by our consultants.

Clinical microbiology plays an important role in infection control of hospital, reporting routine data and statistical data of hospital infections.

Role of transfusion section consist of blood grouping, screening for various infectious diseases (HIV, HCV, HbsAg etc.) and supplying blood.

Cytopathology includes routine fluid examination e.g. (CSF, ascitic and pleural fluids etc.) and reporting various fine needle aspiration cytology and bone marrow aspiration. Lab services are available for 24 hours for IPD and emergency patients and 9 AM to 5 PM for OPD Patients.

16.3. Staffing: Department of Pathology staff comprises of one consultant pathologist, lab technicians, Blood bank technician, microbiology technician, lab assistant and ward boy. With the steady increase in work and limited manpower, high quality clinical services, have been very challenging.

16.4. Equipment: The lab is well equipped with fully and semiautomatic analyzer (functional) E I A Analyzer, Cell counter, ABG analyzer (Non functional due to shortage of reagents)

16.5. Financial Analysis: The department is one of the best in financial returns.The department tries to provide high quality, cost effective pathology services in a manner that supports patient care.

16.6. Planning/Problems: Nursing staff should be trained regarding proper sampling techniques to be sent to the lab.

Create more opportunities for staff to provide continuing education training at higher centers and abroad.

There should be functional cell counter and improved reporting system by computer and printers.

16.7. Personal Growth: CME enables interaction at district/National level so that interaction with other specialists is possible.

A National conference sponsored by the Hospital will enable staff to experience recent advances and newer trends.

The department is visited by Dr.R.Britt FRC Pathology, U.K. a renowned hematologist. Who updates through his experience and newer techniques to the Deptt. He also brings clinical specimens, which provides an external quality assurance and the Deptt. is well within standard benchmarks.

The Department has excellent work environment, free to explore newer dimensions, in respective areas. The Department is trying to give its best to the community by providing cost effective services which are not available in the District.

17. PHYSIOTHERAPY DEPARTMENT

R. Rajkumar, Physiotherapist (Head of Dept.)
Date of Joining: 10 May 2002

17.1. Performance of Department: Department is well maintained with well qualified professional physiotherapists & trained female ward aid Daily patients register entry is documented (OPD) In patient register is available Maintenance of physio-modalities(machines) Working hours 8 AM to 1 PM, 2 PM to 4 PM (lunch break one hour). Non-ambulatory patients are treated at bedside

17.2. Narrative: D.P.S, & (M.R. NAGAR) Employee had Bell's palsy was treated in S.J.S.H physiotherapy unit successfully in 4 weeks.I.O.C.L employee's wife had a ganglion on the left wrist had undergone a tendon transfer in Sir Ganga Ram Hospital, Delhi and is now is responding well with physio modalities & manipulation of wrist & finger joints stiffness.

17.3. Subsidiary: On reviewing the flow of patients, the Department has requested the Management for extension/expansion of the two unused cubicles adjacent to the department for effective treatment, privacy of patients & reducing waiting time by treating more patients at the same time, thus their waiting time is markedly reduced. Good coordination & interaction with all the departments of the Hospital in helping to run the unit smoothly & efficiently. Remarks of the **visitors' book** reflect the efficiency of the Department.

17.4. Material & Methods: The Report was compiled from the registers and charts of patients Thanks to the Management, Inventory controller & pharmacy depts. which supplied material to thedepartment in time and the amount required. There was no problem for the supply of material.

17.5. Raw Data:

1. 6 Bottles of U.S. gel per month
2. 1 cotton role per month
3. Antiseptic solution 200 ml per month

17.6. Process Involved In Performance:

1. PHYSIO DEPT. has well planned strategy to provide adequate services to the existing patient load.
2. Equipment is well organized in each cubicle and well maintained.
3. Implementation of relevant techniques-have improved.
4. Coordination with other department heads and our peers was satisfactory
5. All activities are supervised by the Department head, with the support of colleagues and peers

17.7. Man Power / Tools:

17.7.1.Staffing Pattern:

1 Male Physiotherapist
1 Female Physiotherapist
1 Female ward aid

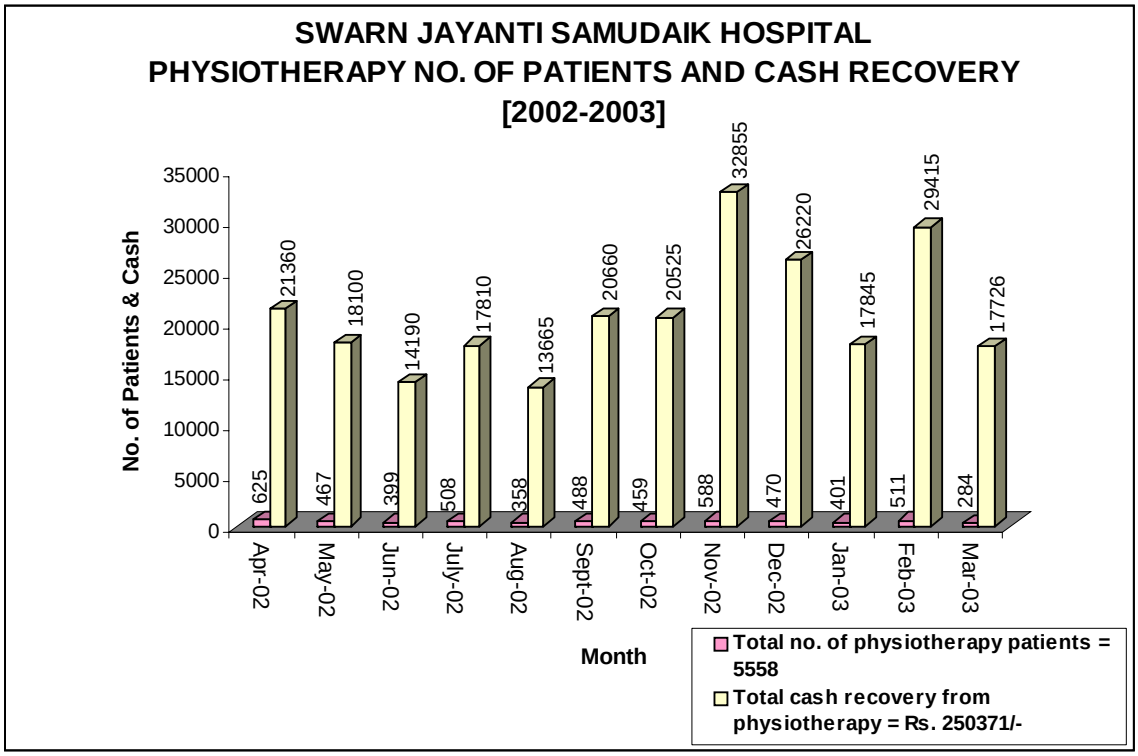
17.7.2. Equipment:

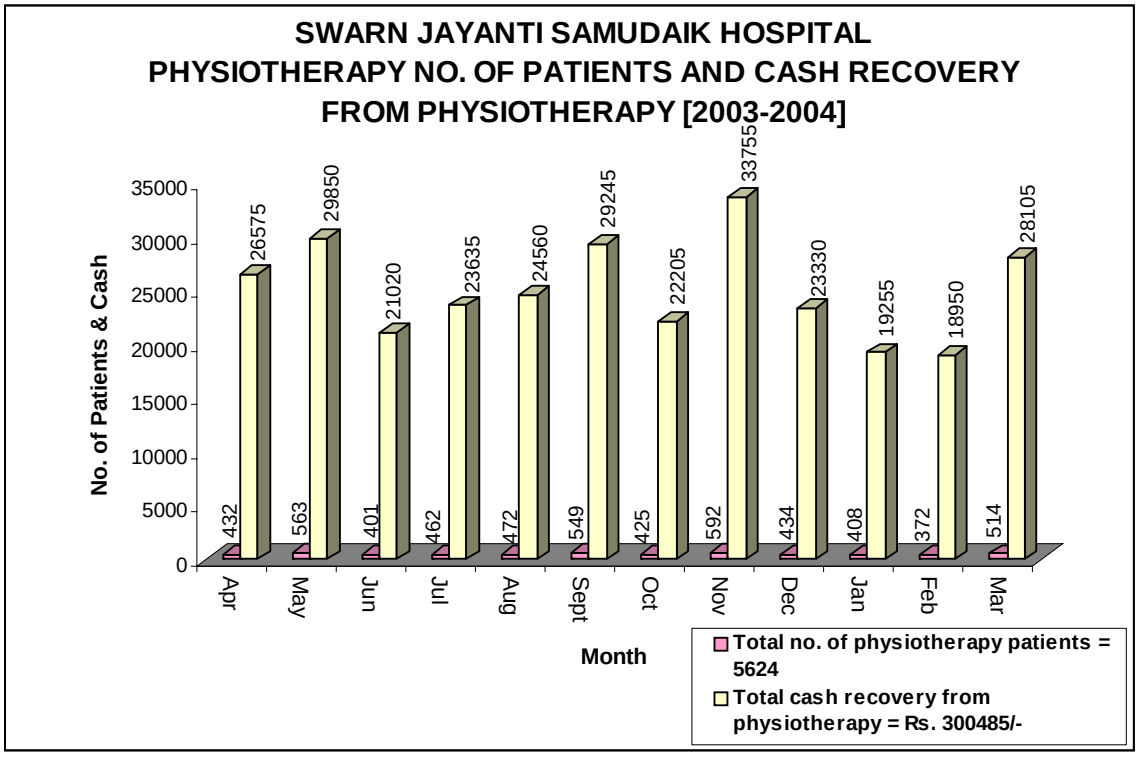
Electro Therapy	Exercise Therapy
SHORT WAVE DIATHERMY(S.W.D) ULTRA SOUND TRACTION (I.F.T)INTER FERENTIAL THERAPY ELECTRICAL STIMULATOR WAX BATH INFRA RED TENS	SUSPENSION BED MULTIPLE EXERCISER UNIT HAND EXERCISER HIP ROTATOR ANKLE & WRIST EXERCISER QUADICEPS TABLE ROWING MACHINE PULLEY EXERCISER STATIC CYCLE SHOULDER WHEEL GONIOMETER FINGER EXERCISER

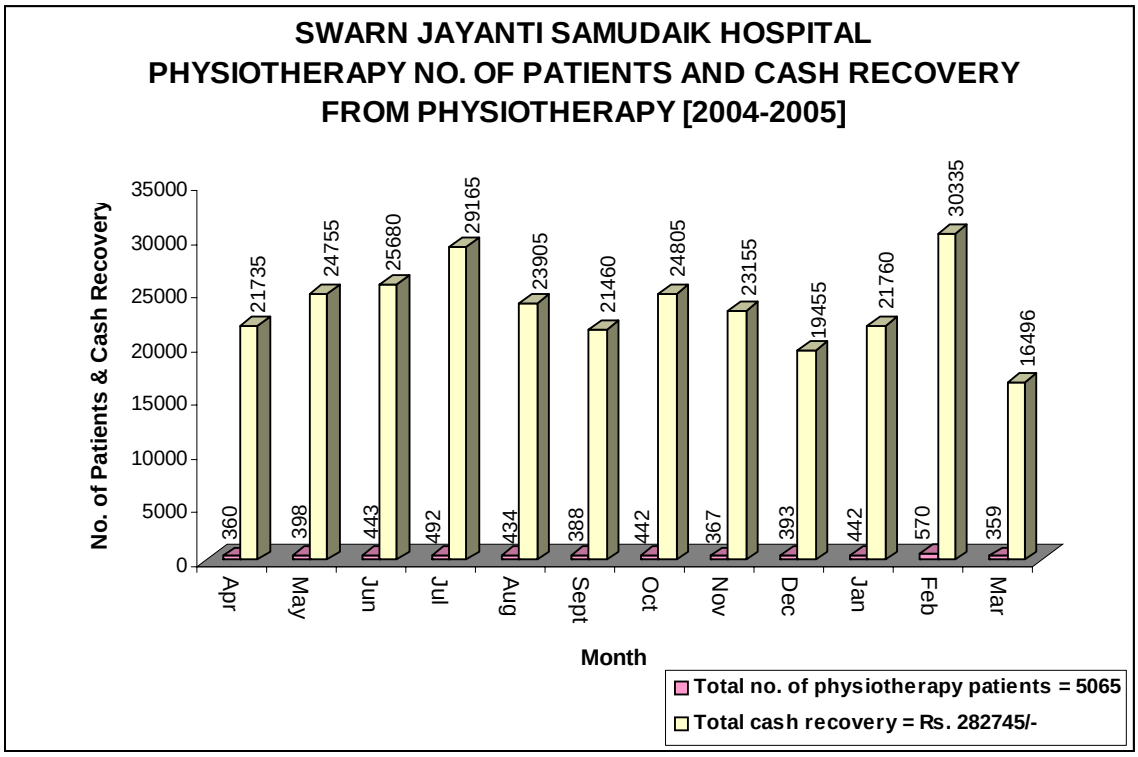
17.7. 3. Adequacy of The Above:

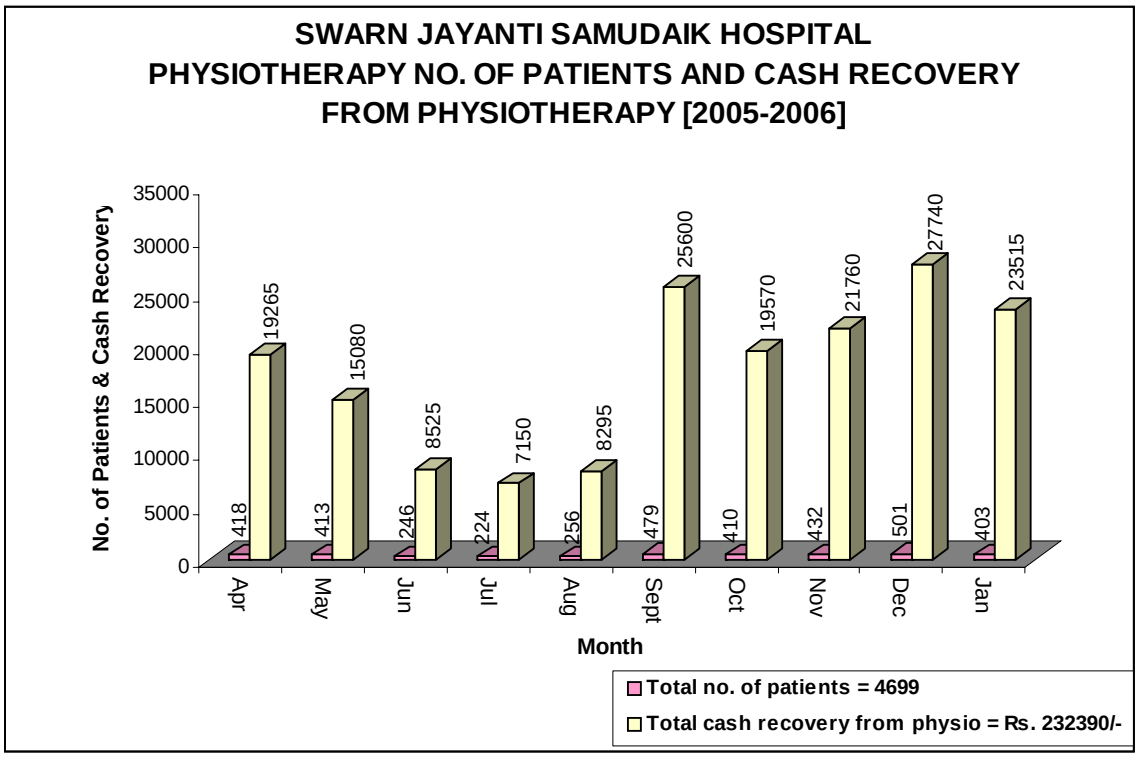
- I.F.T & U.S (stand by machine is required due to excess load on existing machine)
- LASER is a modern technology machine is required.
- MOIST HEAT (Hydro Collateral Pack's) is required.
- The above items of Machines / Equipment are required to up-grade the Department.

17.7.4. Details of Activities:









N.B – The decrease of patients is due to non-functioning of the equipment (IFT, ICT, Ultrasound) and further decrease of patient rate can be seen due to resignation of Dr.Sujoy Bhattacharjee (Ortho. Surgeon).

17.8. Financial Analysis:

17.8.1. Income from Services:

YEAR 2002-2003:	Rs. 2, 50,371 per Annum
YEAR 2003-2004:	Rs. 3, 00,486 per Annum
YEAR 2004-2005:	Rs. 2, 82,745 per Annum
YEAR 2005-2006:	Rs. 2, 32,390 per Annum

17.8.2. Expenditure per Month:

Therapist Salary: Rs. 10,033/-per month
(MR pays in addition Rs. 5500/ per month)
2nd Therapist's Salary: Rs.8,480/ per month
Ward Aid: Rs. 2752/ per month

Supplies:

6 ultra sound gel
1 cotton role
200ml Antiseptic solution

Equipment:

- 2004-2005 Department Equipment A.M.C removed from budget & department is well maintained
- 2005-2006 New Equipment like LASER should be purchased
- 2005-2006 New TENS machine purchased
- SERVO Stabilizer (Voltage stable)
- Room heater

17.8.3. Increments:

- Revision of increment is necessary
- Suggestion -% of hike of salaries should be given according to Grade level, otherwise Grade III & IV Employees will get negligible increment.

Perks:

- We are very thankful to NIRPHAD for providing Medi-claim (Insurance Policy) coverage.
- Thankful for residence in Mathura Refinery Nagar.

17.9. Issues / Hurdles:

Planning:

- Physio department has sufficient time to think, interact & plan various aspects to improve treatment methods.
- Proper records & census are maintained.

Organization:

- Department is well organized, discipline & work ethics is maintained harmoniously.

17.10. Implementation:

- Inter-personal relationship with the management & with other departments is satisfactory.
- Leave record should be checked by the Authorized section or Management. The rules & regulations given by the organization should be followed irrespective of grade.

17.11.

- **Dress Code** should be implemented to give a professional touch to the organization, irrespective of grade.
- Supportive supervision directly from the top is always beneficial and encourages the staff to do better.

- To improve accuracy and quality of results, the old, malfunctioning machines, should be replaced with imported quality tested equipment, which have a good track record and after sales service.

17.12. Job Satisfaction:

- Job satisfaction is felt only when one loves his job and enjoys performing duties with full responsibility & sincerity without anyone's pressure.
- Relationship with the seniors/juniors & peers is a happy blend of joy and contentment.

17.13. Contribution:

- Department's contribution to the Institution is to give quality treatment to a satisfied patient & thereby give a good name to the Hospital
- Ward aids should be better trained.
- Department's contribution to the community- was to provide quality treatment & meet community's needs for speedy recovery, with a vision to develop long term positive relationship between the community and the Hospital.
- VIP gentry

17.14. Attitudes: This department is a high income generating unit. But treatment is subsidized to meet the common & poor patient's benefit. So the treatment rates are not commensurate with commercial organizations. Rural poor patients are benefited.

17.15. Personal Growth: Continuing Medicine Education for medical & paramedical staff plays a vital role to update/up grade modern technology & techniques. Visiting specialists should be invited at regular intervals. Availability of books & magazines is necessary & library so that library can be used regularly. International magazines/journals & books should be issued to the concerned department. Internet Browsing - Specific time should be allotted for each department to get exposure to the latest Education/Techniques/Technology and this **facility is lacking**.

18. NURSING DEPT.

Nursing Superintendent - Ms.Vidya MacCune

18.1. Statistical Performance Of Department:

18.1.1. MAIN Functions:

- ❖ Capable, sufficient working staff & well planned assignments are essential to good ward management.
- Total 34 Nurses, out of which 20 are Females and rest are male Nurses, are selected after assessing at interviews conducted jointly by Administrator/any consultant and Nursing superintendent.
- After orientation exposure, the staff are given independent nursing care opportunities
- To perform better activities in the ward and smooth running of the nursing section. Assigning of duties made along with specific delegation of all activities which contribute to patient care. Assignments are closely related to specific duty hours of the nurses.

- ❖ Categories of staff under the supervision of the nursing department, who directly or indirectly contribute to the patient care, are 22 ward aides. They are assigned to different parts of the hospital e.g. emergency section, Wards, OPDs, laboratory, medical record, stores, operation theatre, electrical Dept., maintenance and administration.

18.1.2. Subsidiary Functions:

- ❖ Nursing department has established functional relationship with other departments. Nursing Department has good co-operation with co-workers to whom they assign responsibilities: with doctors in carrying out treatment orders so that the patient can receive greatest possible benefit.

- ❖ To maintain smooth running of Nursing department, co-operation and good relationship is maintained with other departments. Line of authority/proper channels which up dates supplies, materials and functioning equipment should be readily available for patient care. These departments are:
    - X-ray
    - Laboratory
    - Admission and discharge dept.
    - Stores
    - Maintenance
    - Electrical
    - Biomedical

- ❖ Day after day and year after year community around the Hospital are getting more aware of emerging treatment-burns care, Family Planning activities, better Inpatient care, Immunization schedule and recently started DOTS programme facility to get concession for poor in the MOR adopted ten villages. Health needs/issues in the community and the Nursing Dept., involves the co-operation of the target group in finding relevant solutions.
- ❖ Over view role of the department is: being a frontline of the hospital tries to improve and influence the patient care to improve social health standards in the community.

18.2. Material & Methods:

- ❖ Presently available: 50 general and 06 special beds ICU beds, which is the strength. For patient's care sufficient linen, mattresses, blankets, bed side lockers, cardiac monitors (4) pulse-oximeters, O2 concentrators, defibrillator-(1), Ventilators (2), suction machines (3), glucometers, distill water machine, provision of cupboards to store linen and supplies from pharmacy dept. for use in the care of staff and for poor & needy patients. Many other types of equipment are provided to implement sufficient care to the patients.
- ❖ Even though there is an increase of the in- and out patient's load the management was able to cope with sufficient supplies.
- ❖ Compared with the regional institutions, presently Swarn Jayanti Samudaik Hospital is outstanding in Mathura city for good patient care.

18.3. Processes Involved in Performance:

- Sanctioned number of staff is recruited after proper interviews.
- Sufficient time is given for physical & patient orientation.
- Nurses are rotated in shifts to various wards and departments for varied experience.
- Nurses are provided with good semi-furnished twin sharing rooms in the hostel with free water and electricity. Cooked food supplied through the mess contractor.
- Disciplinary action against those who neglect to observe the rules and regulations and professional standards of behaviour.
- Nurses are supervised for their performance.
- Service records were maintained, which included nurse's education, professional, leave documents and incidental records.
- Attitudes of Nurses and ward aid with patients & their relatives and other professionals are evaluated & informed to the administration.
- Professional and family co-ordination is made from time to time.
- Probation for 3-6 months is mandatory in the contract of all staff and evaluated periodically. Administrator and the medical superintendent are made aware from time to time. If performance not up to the mark and there are no indications of improvement then the staff's services are discontinued.
- Verbal and written warning, punishment according to severity of the shortcomings is enforced after giving the staff an opportunity to improve. Counseling is also done.

18.4. Issues / Hurdles:

- "**Swarn Jayanti Samudaik Hospital**" being an average hospital away from the main city, is unable to retain nursing staff for a long tenure. After receiving some experience the nurses resign and seek employment in other hospitals. This frequent turn over breaks the continuity of the work schedule and the new recruited nurses take time to settle down.
- Due to increased clinical activities and attending to a large number of telephone calls, both inter-departmental and from the patients' home, precious time of the nurses are unnecessarily wasted and interferes and compromises patient care.
- Delays in making decisions for equipment repairs and supplies, interferes with efficiency in patient care.
- Non-availability of the fixed number of beds as per capacity wastes manpower and time.
- Non-availability of fixed number of life saving equipment like cardiac monitors, suction apparatus etc. and moving them from other departments wastes time, man power and damages the function and delicate equipment is mis-placed while transporting. The above short comings compromises patient care, creates frustration among the professionals and relatives and damages the image of the hospital.
- Improper control of visitors, creates a crowd in the wards, interferes with nursing functions, frequently ending with arguments threats, demands and fights and these unsavory incidents are sensationalized in the news papers (yellow journalism) and T.V. Channel.
- Insecurity of the female nurses especially from demanding patients/relatives who think that they should get preference over other patients who may be critically ill.

18.5. Implementation:

- Good inter personal relationship with patients, attendants and co-workers was found to be essential.
- Provision by Administration of more junior doctors to attend to the patients in as short a time as possible.
- To provide more life saving equipment.
- Provision of a clerk in each ward to handle all telephone calls, to handle admissions/discharges and other paper work, thereby relieving (giving more time) the nurses to do more important patient care.
- Provision of a ramp which is necessary when elevators are not functioning.
- Funds for developing professional activities.
- More discipline and control of staff as 90% of the nursing staff are local and they go home frequently for small reasons and do not return on time, which affects proper coverage.

- A sister-tutor for full time teaching and supervision is required, as many of the nurses are trained from local institutions which do not follow a standardized syllabus and practical curriculum.
- Needs Nursing Supervision/ Assistant nursing Superintendent to cover in the absence of the N.S and to participate in parallel supervision & teaching of nursing staff.
- Male nursing personnel are helpful in protecting the female staff during argumets , disputes with patient relatives and patients. But misconduct of male staff with females, could cause damage to the reputation / image of the hostel and hospital.
- Performance bonus as an incentive to nurses so that they are better motivated to work with enthusiasm.
- Provision of having fixed number of beds in the wards as per its capacity to avoid moving beds from place to place which wastes man power, time and delays patient's treatment- a major cause for frustration.
- Urgent need for a "*Dharamshala*" to enable crowd control. Wards will be cleaner and this is necessary for patients coming from far off distances.

18.6. Job Satisfaction:

- Emoluments-Since the work load has increased and there is no parallel helping hand, the salary should be competitive with the market, so that staff will continue to make a career in SJSH.
- Quite satisfied with housing as it provides full security and furniture provided is satisfactory.
- Working environment is good and having good co-operation from peers and superiors which supports all administrative decisions.
- Emotional stability fluctuates especially when the work load is heavy. Nursing staff co-operates efficiently, beyond the call of duty, when full support is given by Medical Superintendent & Administrator.
- Relationship with seniors is very good, healthy and the milieu helps juniors having friendly relationship. Status at all levels is essential so that the staff do not take undue advantage of being too close to the Administration.
- Health services provided is good with sufficient supply of medicines. When medicines not available the treatment was unsatisfactory.

18.7. Personal Growth:

- Professional growth is encouraged by the Institution with the provision of a good stock of books, cassettes, overhead/multiplex projectors and T.V&VCR. These tools, hones skills and nursing education. Special sessions are organized from time to time on personal growth, infection control, proper disposal of biomedical waste and documentation). Newspapers updates informs as to what is happening at the National and International level.
- Professional activities like nurses day on 12th of May was celebrated with spotting lights on nurses theme "safe staff saves life". Small cultural/professional programme organized with refreshments. Posters were made and outstanding performance was appreciated with small gifts. Best nurse and ward aid of the year 2006 were also awarded.
- Periodically in-service sessions carried out to upgrade the professional knowledge.
- Department is managing well when there are shortage of staff due to any reason e.g-
    1. When large number of staff appears for test/interview for their better prospects
    2. When allowing them to celebrate their festivals like *holi, dipawali*, Christmas etc.

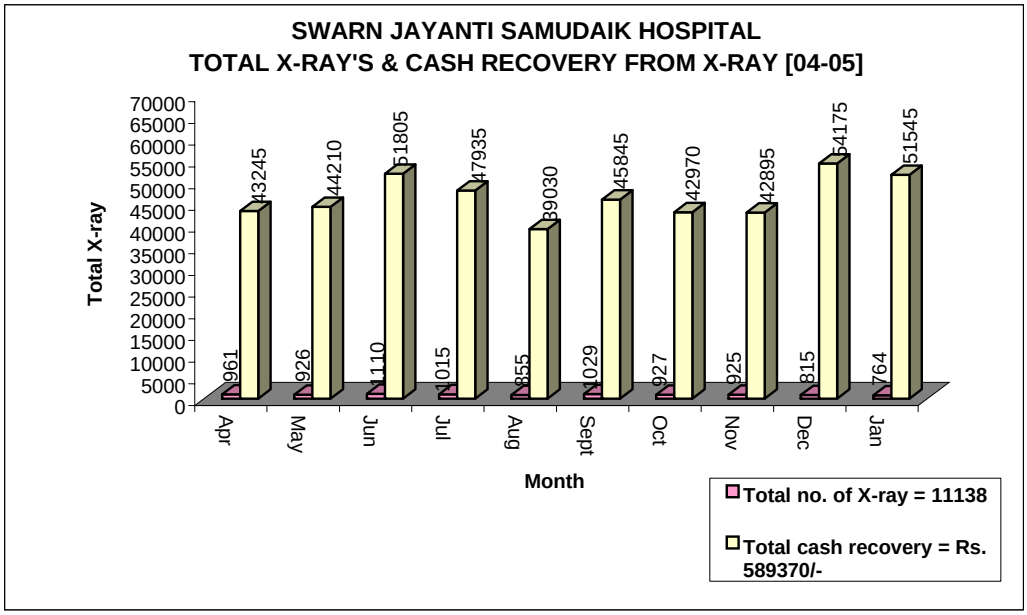
19. X-RAY DEPARTMENT
MR. KHALIL KHAN

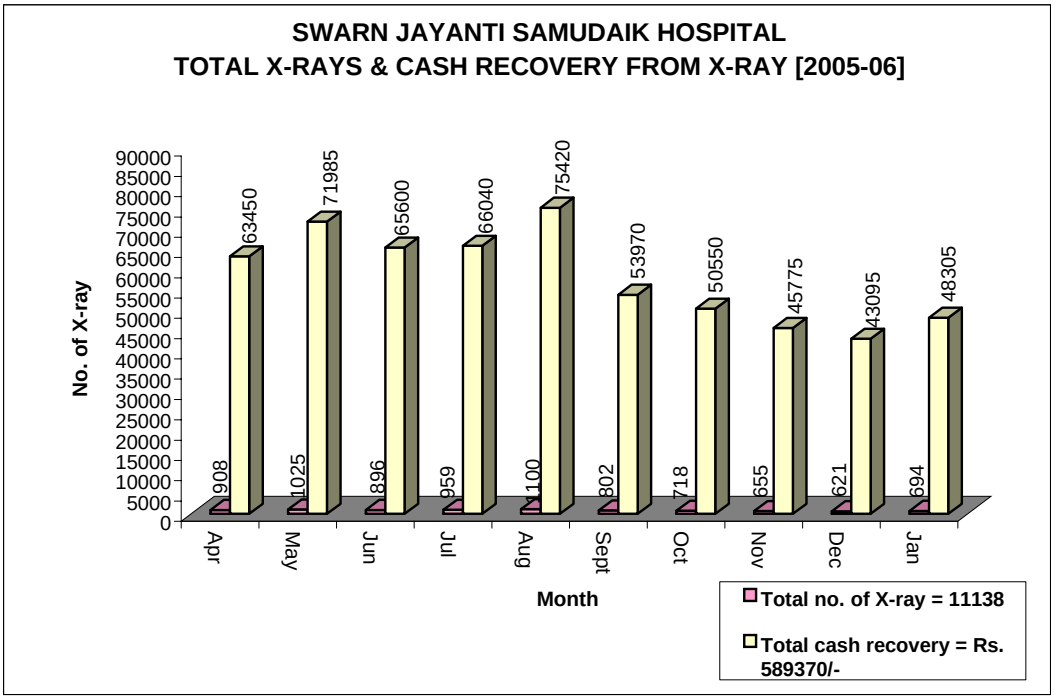
19.1. Introduction: X-ray was accidentally discovered in 1895 by Wilhelm Konrad Roentgen, a German Physicist. X-ray department plays a vital role as a diagnostic tool in the day to day functioning of Swarn Jayanti Samudaik Hospital, since its commencement.

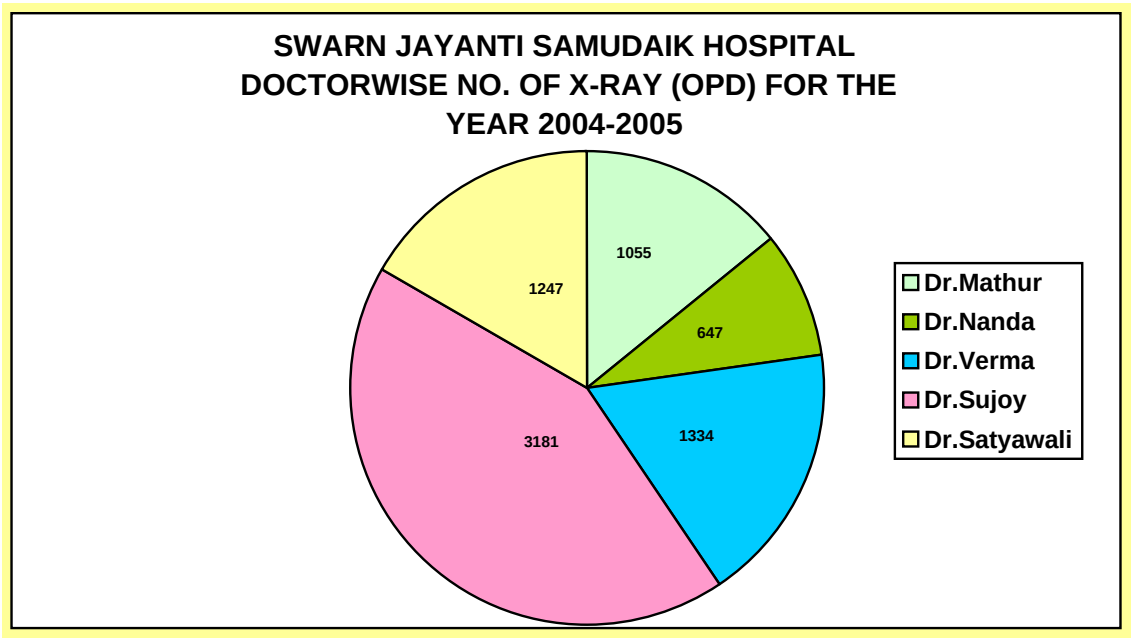
19.2. Department profile
Sr. Radiographer - 1
Jr. X-ray Technicians - 2

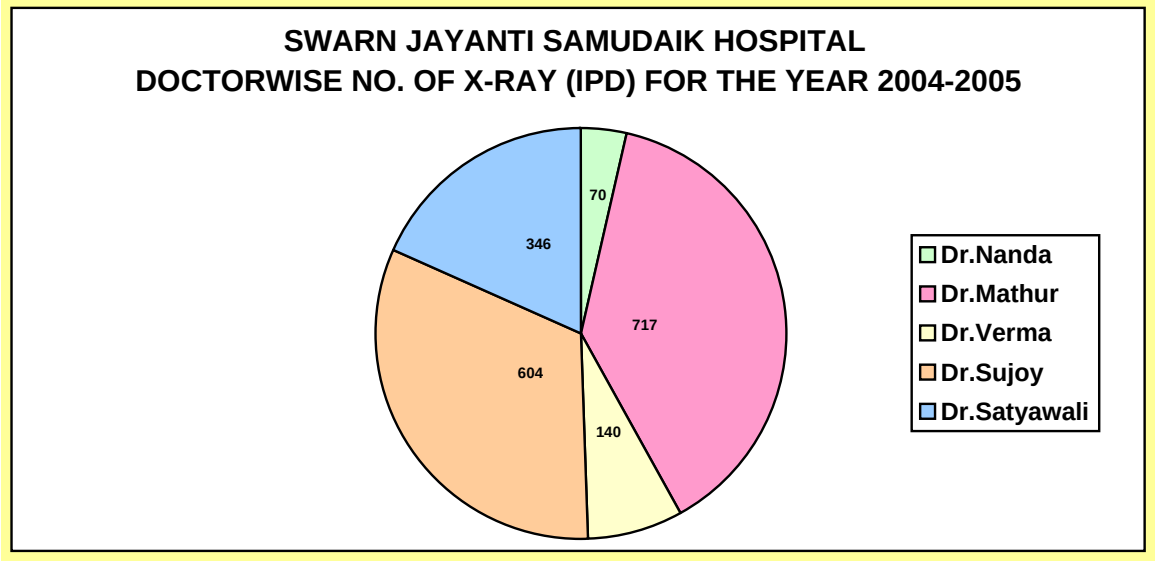
The department is open for 24 hours and the x-ray staff is available, when required during emergency calls.

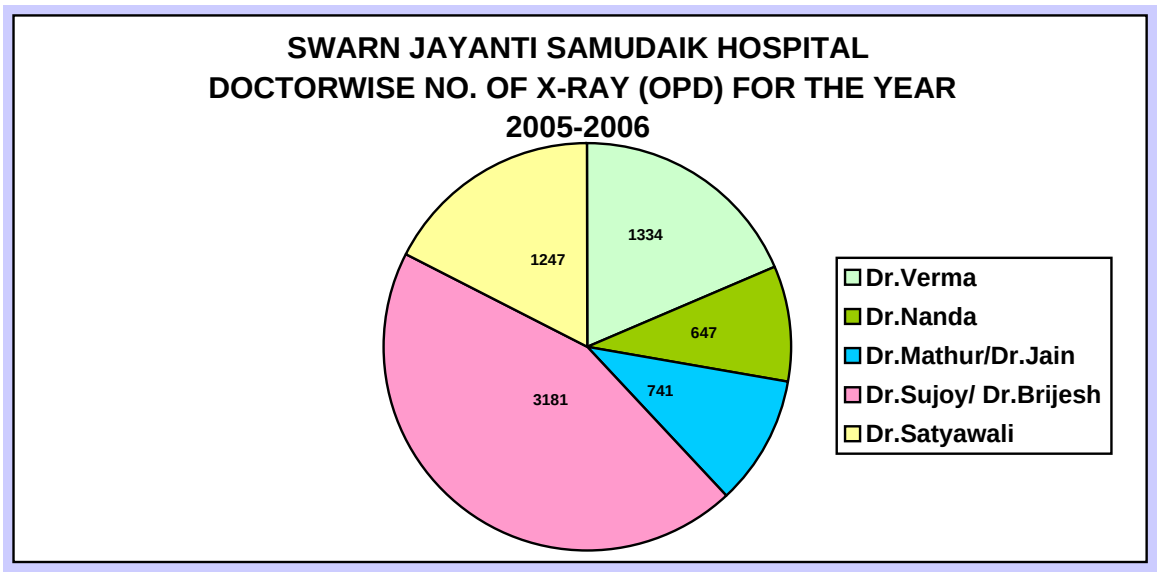
19.3. Statistics:

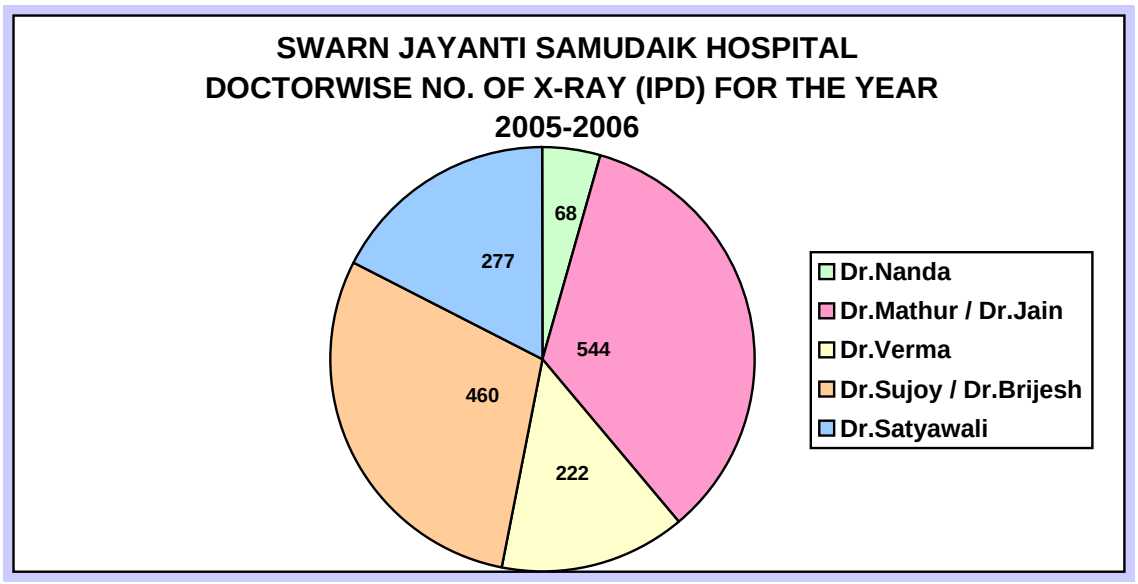





SWARN JAYANTI SAMUDAIK HOSPITAL
DOCTORWISE NO. OF X-RAY (OPD) FOR THE YEAR 2004-2005
1055
647
1334
3181
1247
Dr.Mathur
Dr.Nanda
Dr.Verma
Dr.Sujoy
Dr.Satyawali


SWARN JAYANTI SAMUDAIK HOSPITAL
DOCTORWISE NO. OF X-RAY (IPD) FOR THE YEAR 2004-2005
70
717
140
604
346
Dr.Nanda
Dr.Mathur
Dr.Verma
Dr.Sujoy
Dr.Satyawali





19.3.1.COMPARATIVE STATISTICS FOR X-RAYS TAKEN DURING 2003-2006
(EMERGENCY TIME PERIOD)

Month	2003-2004	2004-2005	2005-2006
Apr	70	111	99
May	95	114	100
Jun	95	132	92
Jul	105	91	149
Aug	102	70	135
Sept	54	93	101
Oct	75	104	90
Nov	123	136	116
Dec	63	64	88
Jan	72	103	105
Feb	67	57	82
Mar	56	95	124
Total	**977**	**1170**	**1281**

19.4. Activities:

- Material for x-ray department is regularly indented on monthly basis and purchased through Administration after being processed by the Purchasing Committee.

Data Regarding X-ray Machines:

- X-ray 500 mA machine (WIPRO GE) with monitorized table
- Mobile unit (SIEMENS)
- Auto film processor (KONICA) – not working

19.5. Radiation Protection:

- Lead APRON - 3
- Lead screen (Side screen) - 3
- Lead goggles - 1
- GONADS shield - 1
- Ovarian shield - 1

BARC radiation badges are regularly worn by all employees of the department. Analyzed reading per employee is as given below:

- Work environment
- Radiation hazards–Now much better after the inspection visit of the scientists from BARC The specific protective measures advised to check radiation hazard were implemented which includes:
    - Lead lining on the walls in the x-ray room and the wall thickness was considerably increased to protect against scattering (deflection) radiation.
    - The pre-existing glass window outlet from x-ray room has been closed completely.
    - The registering staff/technician chamber has been changed from inside the x-ray room to a safer outer room
    - The pre-existing dark room door was shifted to out side x-ray room for more functional efficiency.

19.6. Impact on Community:

- Since x-ray department was well equipped with sophisticated equipment, like Auto film processor, which was providing faster and better service to the public.
- X-ray department usually provides a developed x-ray in just 15 minutes, thus patients could return quickly to the concerned doctor for diagnosis and treatment. Community at large is very appreciative of the quality of x-rays, provided in such a short time, when compared to other hospitals who take more than 2 hours to complete, the same task.

19.7. Process Involved in Performance:

- Since x-ray department plays a very important role in providing specific treatment to a particular patient thus planning was done very meticulously. All three supporting staff and the senior X-ray technician work in coordination, as per requirement of the patient.
- Organization / implementation / coordination / control – After receiving the patient, the form (requisition) entries are documented in the register as per format–x-ray serial number is allotted to the patient, in between if any other information is required, the doctor concerned is consulted. Since the department is well equipped with state-of-the-art equipment, the services are least time consuming as compared to results provided by any out side department/Hospital. Further very good coordination with other departments helps the Department to function smoothly.
- Complete data sheet is maintained for size of x-ray films used, so that the department could have a close control over the material indented.

19.8. Data – According to Film size:

(Data provided are only estimated)

- Evaluation of activity regarding number of x-rays performed on a day to day basis as per doctor-wise requirement was done regularly.

	Size	Last month balance	Issue of total film	Total	Used films	Balance
1.	14 X 17	25	100	125	100	25
2.	14 X 14	10	50	60	50	10
3.	12 X 15	50	300	350	325	25
4.	12 X 12	20	50	70	55	15
5.	10 X 12	05	100	105	100	05
6.	8 X 10	10	150	160	155	05
7.	6.5 X 8.5	30	50	80	65	15

19.9. Manpower / Tools:

- Number of technicians - 3
- Senior technician - 1
- Junior technicians - 2

Number of X-ray Machines:

- 500 mA x-ray machine - 1
- Mobile x-ray machine - 1
- Auto film processor – 1 (not working)

19.10. Suggestions:

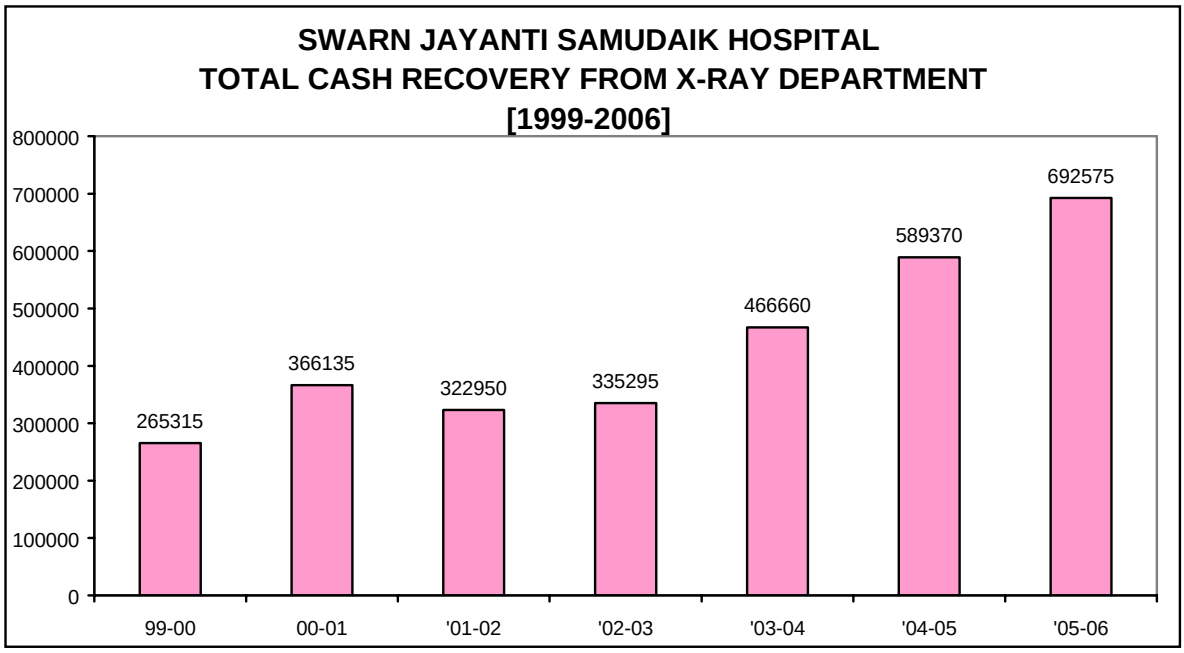
- In the growth of an organization, the part played by all employees from class 1 to class 4 is vital and good relationship among them is necessary.
- Coordination among Administrative staff while dealing with any law and order problem must be positive instead of taking unwise hasty actions. Meetings were held which often ended without disclosure of steps to be taken, as a future remedy if there was a recurrence.
- Mutual respect for each other:-relationship among juniors and seniors while performing duties were an important factor and if it was missing, gives a wrong impression among patients and public at large.
- At the time of taking portable (Bed side) x-ray in wards, staff especially the paramedical did not cooperate with the x-ray personnel.
- X-ray film badges were worn by all the staff and exposure to radiation were checked, tested by BARC frequently, for maintaining standards of radiation hazard control.

19.11. Details of Activities:

- All routine regular x-ray and special procedures as prescribed by all Doctors of SJSH and are carried out efficiently.

19.12. Finances:

- X-ray department was organized by a senior radiographer, who organized and planned and also trained the supporting staff. The performance of the x-ray department achieves the vision of providing selfless services to the community at large, with the best that the Dept. can provide.



19.13. Personal Growth:

- Need to develop medical education and training for specialized courses.
- Some books and magazines must be subscribed to the library.

19.14. Increments:

- No increment had been provided to the x-ray department employees, except the annual increment given to all the staff, even though output in terms of income and patient load has been increasing.
- Perks: Housing as provided by SJSH (Administration) is good enough for a small family like mine.

19.15. Problems/issues:

- Training: Request the organization to provide us a chance to train for CT scan / MRI and other new courses related to x-ray department.
- Planning: The departmental plan on various issues was quite small. Day to day problems do arise but are sorted out along with help and coordination of Medical Superintendent / Administrator.
- Community at large often has unreasonable demands and reacts violently and goes out of control, but after counseling they began to understand the system involved in the provision of services. Inter personal relationship along with other departments was cordial.

19.16. Job satisfaction:

- As a Senior Radiographer of the department I enjoyed my present life and trying to remain satisfied with my present situation. The past is history and future is mystery. (Yesterday is dead and gone, tomorrow is another day and we have to do the best for today)

20. DEPARTMENT: PHARMACY BY SRINIWASA BABU, DOJ: 9TH JUNE 2003

20.1. Objective: Good co-ordination with all the departments of the Hospital so that all departments can function without any hitches.

20.2. Performance of the department:

- Department is well maintained with fully qualified Pharmacist
- Maintenance of stocks
- Maintenance of Registers
- Maintenance of poor patient register and filing documents.

20.3. Working hours:

- 8:00 am to 04:00 pm with one hour lunch break at 1:00 pm, from 1st April to 31st October as a routine.
- 9:00 am to 05:00 pm with one hour lunch break at 01:00 pm from 1st November to 31st March.

20.4. Materials and methods:

- All records provide sufficient information to write the report
- All materials including drugs were sanctioned by purchasing committee and purchased from market. In previous year the same procedure was followed.

20.5 .Process involved in performance:

- Planning– o plan as a computerized pharmacy and preserve data for retrieval.
- Organization–One ward aid was necessary to organize pharmacy and assist the pharmacist.
- Implementation–To issue materials to all the departments and maintain consumption records
- Co-ordination–good coordination with stores department for issuing materials, as pharmacist involved in his own work and coordinates well with general store-in-charge.
- Control–To control and document departmental consumption.

20.6. Stepwise evaluation:

Mid term – to supply material to all departments and update consumption records.
Final – there was no problem with material supplied to other departments.

20.7. Manpower / tools:

- Staffing patterns – one qualified pharmacist managing the entire pharmacy e.g. record maintenance, purchasing, issuing medicines to staff/poor patients, issuing materials to other departments, limited purchase and involved in Nationalized RNTCP (DOTS) program.
- Equipment used – one refrigerator and computer
- Adequacy of the above – pharmacist needs a computerized programme software to keep data (Code drugs/supplies, consumption details of various sections of the hospital)

20.8. Financial analysis:

- Expenditure per month

a) Salaries – Previous year 2003-2004, 2004-2005, pharmacist salary was 7500 p.m and 2005-2006 pharmacist salary was 7875 p.m. In current year 8190 p.m.
b) Supplies – Medicines are supplied to pharmacy from wholesale market. The pharmacist acquired three quotations from the same company (Brand), from different parties and best of three was sanctioned by purchasing committee, after scrutiny. Firm order is then placed. Vaccines are available from District Hospital, Mathura, since this item is from the Government supplies. Government supply was erratic and SJSH had to buy from the open market.
c) Drugs – drug stock and documentation were maintained properly in the department.
d) Equipment – 1) Refrigerator 2) Computer were maintained properly

- Increments – a slight increment was received in the current year.
- Perks – 'Mediclaim' policy coverage, family accommodation provided in the hostel and there is no other perk.

20.9. Issues / hurdles:

- Planning – the pharmacist has sufficient time to think and plan
- Organization – pharmacist needs one ward-aid in pharmacy department to help in the various activities. In the absence of pharmacist, ward-aid will be able to manage pharmacy, if properly trained.
- Implementation – inter-personal relationship was good with all the departments. Discipline of the staff was good but lower grade staff's discipline is not satisfactory. Sometimes pharmacist gets support from seniors. Working condition and quality of equipment were satisfactory, but sometimes staff requirements (Medicines) were not available.

20.10. Job satisfaction:

- Emoluments – the work load is increasing gradually. The pharmacist receives an increment according with the rules pf SJSH. But I am happy with what I receive.
- Housing & furniture –housing and furniture are very satisfactory
- Work environment – work environment is good but the room needs one ventilator because the refrigerator cannot work properly with poor ventilation.
- Leadership qualities/problem solving – under RNTCP (DOTS), immunization programme (trouble shooting) sometimes patients have some queries and pharmacist clarifies regarding their queries and dosage etc.
- Relationship with senior/juniors and peers – relationship with seniors/junior and peers are good. All coordinate very well.
- External stability – during work there are un-avoidable vicissitudes and frustrations, during which time support is needed from seniors.

20.11. Institutional and Personnel Growth:

- Continuing medical education – pharmacist needs more training in basic healthcare and the role of the pharmacist.
- Routine schedule for ward, classroom, visiting specialists – pharmacists visits wards to find out if they have any problems. If the ward staff has any doubts, the pharmacist clarifies. Regular visit to external pharmacy is made to check the quality, expiry dates and prices of the stocks.
- Availability of books and magazines – books and magazines are available in the library

21. ANNUAL REPORT FOR THE YEAR 2005 TO 2006

Department	**:**	**Inventory Division**
Department Profile	:	Ramesh Kaul One ward aid part time.
Designation	**:**	**Inventory Control officer**
Date of Joining	**:**	**01-04-2002**

21.1. Introduction: Swarn Jayanti Samudiak Hospital (Owned by IOCL) and managed by NIRPHAD is working in different areas like medical care, weaker sections, education awareness, health related programmes etc. It is only NIRPHAD which has put a lot of efforts to hold this position in the state by doing target oriented activities and is doing a lot for the community at large. I was given an opportunity to work in this esteemed organization.

21.2: So far as the working pattern is concerned has changed and improved a lot, to make it convenient for all the staff by setting up a Committee for arriving at prompt decisions and action needed at different levels.

21.3: Relationship with the seniors & juniors depends upon the work environment of an organization as a whole. Because no organization can grow independently it is only collective efforts of every staff/worker in any organization which produces satisfactory outcomes.

21.4: Training programmes and the schedules to be organized to encourage better morale of staff at various levels, so that they can give of their best to the organization.

21.5: Time to time organization should invite national and international personalities to deliver lectures on different issues, which helps the staff to build their personality & as well as Organizational growth.

21.6: Regarding Housing facility organization has made it convenient for the employees providing them an accommodation, electricity and water round the clock at nominal charges.

21.7. Present Situation: There was a n urgent need to set up the complete system for material management.

21.7.1: Complaints regarding the shortage of goods was negligible from every department.

21.7.2: Each and every item was documented.

21.7.3: Proper system had been set up in the Department, which can function independently without any problem.

21.7.4: Committee has been set up for the purchase of items related to the organization. When, where and to whom the material is to be purchased was the decision of the purchasing committee.

21.8. Responsibility:

Have developed a system for the stores department in which the entire items are computerized.

21.8.1: Supervising the issue of goods by checking the quantity and quality as per the purchase orders and registering coding for the future reference.

21.8.2: Preparing purchase orders of items of different departments for the approval from the purchase committee.

21.8.3: Checking of stock on a weekly / monthly basis for sufficient storage.

10.8.4: Maintaining department wise consumption report and submitting to the administration for their records,

10.8.5: Keeping daily record for the purchase and consumption of oxygen and submitting monthly data to the administration.

10.8. 6: Keeping daily record of the issued items- department wise.

21.9. Strength: Self confident, good mutual understanding with all the staff. Good opportunity to work with dedication and honesty.

21.9.1.Opportunity: Nil

21.9.2. Weakness: Nil

21.9.3. Threat: Lack of co-ordination between the staff at different Levels, which is a set back for an Organization.

22. CIVIL MAINTENANCE - ATHAR MOIN, ESTATE MANAGER

"If you work with determination and with perfection success will follow"

22.1. Activities / Performance of Department:

- GRIT Wash repairs of external wall of the Hospital completed as per schedule.
- White wash/distemper/painting of nurses hostel and doctor's residence completed and proposal/estimate for hospital block submitted.
- New pond / pool constructed behind nurses hostel for ducks
- Installation of tin sheet near incinerator for provision of Bio-medical waste collection site completed as per requirement.
- Major repair/renovation analyzed and submission of report as per priority to IOCL / MR.
- Two major water line repairs completed.
- Glow sign board with hospital name completed
- Repair/maintenance for water treatment plant and proposal for R.O.System (Reverse osmosis) plant at SJSH submitted.
- All preventive maintenance, as required on year / monthly basis completed as per schedule.

22.2. Processes Involved In Performance:

- **Control:** Since the funds are quite inadequate and maintenance department takes utmost care in keeping material under control-so that cost over-runs do not occur. e.g. Flush Cistern material which is quite costly, thus the replacement strategy is different in comparison to other material.

- **Organization / Implementation / Coordination:** Maintenance Department had very good coordination with all the other departments keeping it straight & simple as all maintenance is completed after discussion with SJSH administration. As the building is getting older Repairs and Problems are occurring more frequently and lack of adequate budget is a major hurdle.

- **Planning:** As soon as a department sends a request/complaint to the maintenance. In charge-it is processed for necessary action. If a major problem had occurred then the matter is discussed with the administration for necessary action.

- **Evaluation:** New protocol of Maintenance Department as provided by SJSH Administration which is quite useful for maximizing output. Except in cases where there is no reporting to the concerned official and the jobs gets done. Such type of activity certainly hampers the flow of coordination and team work.

22.3. Manpower / Tools:

Staffing Pattern:

- One worker had been provided for doing day to day routine maintenance but since he is involved with two other departments (store has maximum utilization) it is not possible to be carry out all requests, due to which maintenance lags behind schedule.
- Requirement of one permanent helper to the department is a must and decision regarding this issue is still pending with the administration.
- Both the above mentioned problems are reiterated in the last Annual Report.

22.4. Issues / Hurdles:

- Sufficient planning had to be done before finalizing contracts for ancillary services. Formulating yearly report could work as an input in finalizing with the new contractual agency.
- Process for major repairs needs greater efficiency, so that all red tape is reduced to the minimum, as things are getting older day by day-more and more repair work is needed and costs are increasing.

22.5. Perks/Contribution/Suggestions/Training:

- More Training Camps for Staff for growth, development and uplifting of services must be conducted by the Management and at regular intervals.

- Moreover a separate training department could be formed, by involving employees who have earned expertise in certain fields like Public Relation etc. and they could be asked to conduct these training sessions
- Our maintenance team had positively contributed in providing good services to the SJSH, & is playing a vital role in the growth of the Organization.
- House Keeping/Horticulture Department standards are well maintained and comments by eminent visitors in visitor's book of the Hospital, speaks for themselves.
- Yearly Rotation of a Trophy for in House maintenance for Good Upkeep of House Keeping and Cleanliness would give an opportunity for employees/department for getting motivated towards cleanliness in their respective Departments
- As a positive approach, monthly meetings with the security staff by the official could lead for a better dialogue for solving the regular law and order situation.
- Information letter regarding-facilities must be provided to each and every IPD (patient/attendant) so that he/she is aware of the facilities available and the rules and regulation of the Hospital.
- Stricter norms have to be adopted for provision of discipline in and around the Hospital.
- Water Sprinkler system if connected to all the Garden water outlet pipes would reduce water loss and result in better harvesting.
- 360 degree performance Appraisal system must be adopted for each and every department.
- New methods like 'Total Productivity Management' at office (TPM-tools) must be adopted for better productivity.
- Highly grateful to the administration for providing accommodation at M.R. Nagar.

22.6. Suggestion:

- "Society is economy. SJSH must craft a new blend of the public and private to reinforce its foundation."
- SWOT analysis of staff is not enough but must be further assessed in the light of CROW (Concrete / Realistic / objective oriented / Workable)

23. BIO-MEDICAL ENGINEERING DEPARTMENT

Satish Kumar Singh, Bio-Medical Engineer
Date of Joining: 1-11-2001

23.1. Activities:

- Most of the equipment was installed and put to use, as soon as possible.
- Complaint books were provided to all the department heads to follow up the calls/requests..
- The essential O2 and Nitrous Oxide from the central supply was put to proper use and regulated for ventilators and anesthesia machine. The nitrous oxide supply was frequently checked for working efficiently and for maximum output.
- Handling the service related to computers.
- Training of nurses and ward boys in handling and the use of bio-medical equipment, in the ICU, OT and Treatment room, was a continuous process.
- Reported problems in the use EPBAX and also checked for the misuse in coordination with electrical section.
- Also provided additional services to the nurses concerned (Chhatikara Eye Hospital).
- Handled the whole Maintenance Department of the Hospital, Electrical, Civil, Mechanical & Bio-Medical. This has reduced the break down period to a minimum with the available resources.
- For major repairs of Hospital building, problems of a few Medical equipment and for repairs and proper use of some electrical instrument like (D.G. set and central AC & EPABX) a list was been prepared and submitted to the Administration Office, so that proper action could be taken.
- For the year 2005-06 the AMC of medical equipment has been minimizes to very few machines in consultation with Administration & MS. The equipment which were on AMC :
  - Falcon Anesthesia Machine (2 Nos.)
  - C-Arm Unit
  - Ultra Sound+Sony Printer
  - X-ray Machine
  - Automatic Film Processor
  - Semi Automatic Analyser
  - Auto Analyser
  - Capnocheck

(Rest of the equipment (which is nearly 150 items) was and would be maintained by the Department.)

23.2. Routine Activities:

- Enquiring about all the complaints from all the concerned departments (Bio-Medical, Electrical &Civil).
- Follow up of all the calls/requests.
- Co-ordination with the vendors for equipment services.
- Checking various medical equipments, charging the batteries for the emergencies.
- Available in emergencies to handle Defibrillator, Ventilator & Emergency Oxygen supply.
- Taking progress report of various repairs/maintenance in the Hospital from Civil & Electrical sections.
- Indenting the required consumables to Inventory Control Department.

23.3. Financial Analysis:

- **Income from Services**: Being a maintenance department, there is no direct income, but the Dept. provides smooth functioning of the equipment & machines of all the departments, which generates income from their services. So the Dept. saves money by avoiding breakdowns. Money saved is money earned for the Hospital.

23.4.

- **Perks**: I am thankful to the Hospital Management for providing accommodation.
- **An increment in salary is** necessarily required, as I have been looking after whole maintenance department which includes electrical, civil and bio-medical. Since December 2005

to June 2006 I have been looking after the electrical department totally as the Electrical Engineer resigned.

23.5. Suggestions:

- The Bio-Medical, Electrical & Maintenance departments need one assistant each to help in their daily work of repairs & maintenance.
- To computerize registration, admission & billing sections.
- Computer software for the pharmacy.
- Need to increase the number of Telephone lines.
- Need for a stand by power supply (stand by generator) for Emergency & when there is maintenance overhaul on the present D.G. Set.
- Nurses have to be given hands-on training about the working and handling of equipment and thus reduce the damage to the equipment.
- The maintenance budget should be increased as the equipment are aging and the load on the machines is increasing daily. This will prevent maintenance to be undertaken immediately and finished on time.
- In maintenance ledger separate heads should be maintained for the expenses: Bio-Medical, Civil and Electrical Maintenance.
- Jobs requiring maintenance should be cleared on priority basis so that other work related to maintenance should not get hampered, like replacement of radiator of DG set, repair of Central AC, etc.

This system enables the Dept. to estimate the expenses of a particular section, by end of the year.

23.6. Strengths:

- Good mutual co-operation with seniors, juniors and the user (Doctors/Lab assistants/ Paramedical)
- Willingness to learn new things in the field of Bio-Medical & Maintenance of equipments.
- Honesty and dedication to work in hand.
- Enthusiasm to do work.
- I am positive in my thinking.

23.7. Weaknesses:

- Lack of assistant (as I am the only one in Bio-Medical section).

23.8. Opportunities:

- If given required resources (like spares of equipments, manpower) we can reach near to the point of zero breakdown time.

23.9.Threats:

- Improper and insufficient use the equipment to its full capacity like
    - Bio-Rad Analyzer (Elisa Reader) is not being used due to less number of tests for the machine and as the cost of the reagents is high.
    - Cell counter not being used due to corrupt software.
    - TMT machine, not used as the software is faulty / corrupt.
    - Getting spares for the equipment is very difficult in the local market.

24. DEPARTMENT FINANCE

Ashish Singhal

Designation : **Finance Officer**
Date of Joining : **05th January 2004**
Qualifications : **Chartered Accountant and Company Secretary**

24.1. Objective:

- To **monitor, direct and co-ordinate all financial activities** of the hospital- SJSH
- To **supervise and co-ordinate function of budget, reimbursement, accounting, account payable, receivable and cash**
- To ensure that the **quarterly audit** is carried out as per regulations.
- To give accurate financial reports and ensure that **all statutory requirements for PF, Income Tax, Insurance etc.,** have been adhered to.
- To **establish an internal audit system** to enable smooth flow of the financial process.
- To **recommend financial system and communicate to the Director / Administrator for the required changes in cash operations.**
  - To prepare **daily, monthly and quarterly statements** of accounts of the Hospital and **report to Director / Administrator and concerned authorities.**
  - To prepare the **annual, quarterly and monthly budgetary guidelines** for the Hospital.
  - Be **responsible** for all payment of the **staff salary, ensuring necessary deductions.**
  - Be **responsible**, in liaison with Assistants **for collection of indoor patients' bills**, and report generation on daily basis.
  - Be **responsible for maintenance of general ledger, payment register, vouchers, daily bank position, bank reconciliation, trial balance etc.**
- To **liaison with the officials of Mathura Refinery, NIRPHAD and external agencies** as and when required.
- To **attend** meetings of **Internal Monitoring Committee.**
- To **attend** meetings of **Purchase Committee.**
- To **work as an administrator as and when required.**
- To **prepare the minutes of Internal Monitoring Committee.**
- To **liaison with Advocates** and **follow up the proceedings of various suits lying in High Court, Appellate Tribunal & Local Courts.**

24.2. Achievements:

- Received **Rs.319071/-** from IOCL, MR as a final settlement for the F.Y.2004-2005.
- Settled the following **reimbursements** from IOCL, MR:
  - **Rs.413027/-** against **major repairs of DG Set**
  - **Rs. 15000/-** against **repair of Tube Well**
  - **Rs.197620/-** against **Capital Expenditure**
  - **Rs.109423/-** against **Replacement of X-Ray Control Panel & Purchase of Traction Machine**
- Started process of **Hospital registration** with **Chief Commissioner of Income Tax, New Delhi**.
- **Reduced the rates of various items** by taking **competitive rates** from various suppliers in comparison to budgeted amount.
- **Substantial increase in recovery** received from OPD & IPD patients in comparison to actual expenditure.
- Prepared **TDS return of NIRPHAD** as a whole.
- **Earned leave** have been en-cashed with proper records and calculations.
- **Finally settled the Audited Accounts of financial year 2004-2005** with MOR-IOCL.
- On 01st April 2006, **an annual increment @ 4% was given** to employees for their encouragement of morale.
- Arranged **contract with diesel pump M/s Mohini Filling Station** which obviated cash purchase of diesel.
- Maintained proper record keeping of financial data.

24.3. Staff:

- **Asstt. Accountant**: Full co-operation and highly enthusiastic and keen to work.

24.4. SWOT Analysis:

24.4.1. Strengths:

- Hard working & fighting spirit
- Qualified personnel
- Support from MOR officials
- Good relationship with Staff of SJSH

24.4.2. Weaknesses:

- Dependency on grants
- No training facility to assistant accountant
- Shortage of time to conduct Internal Audit
- Shortage of Staff

24.4.3. Opportunities:

- To reduce gaps between expenditure & income
- To introduce Internal Audit System

24.4.4. Threats:

- Blockage of funds as Income Tax Deducted by IOCL with Income Tax Department.
- Liability towards P.F.Department, Agra if we lose the case in Appellate tribunal.

24.5 Job Satisfaction:

(1) **Emolument:** It should be at par with recommendation of VI Pay Commission. But since NIRPHAD is a charitable institution, it is not applicable, but **an annual increment rate should be 10% per annum.**

(2) **Housing-furniture, Others:** Housing facilities & other material should be provided as per grade of an employee. (For e.g. coolers etc.)

(3) **Work Environment:** Excellent

(4) **Emotional Stability:** Good

(5) **Relationship with Sr./Jr.:** Good relationship with all staff of SJSH with the exception of one or two employee

24.6. Future Plans:

- To **introduce the staff ledger** so that their individual financial record can be known at any point of time.
- To **introduce the party ledger** so that amount payable (party wise) can be ascertained.
- To **introduce the system of imprest** for petty purchases so that the paper work can be reduced in the Finance section..
- To **introduce system of Internal Audit** of all departments of SJSH by fixing two days in a month for conducting Internal Audit.

25. MEDICAL RECORD DEPARTMENT

"Drop by drop an ocean is formed and ink by ink an article is formed"

I am very happy to work with Swarn Jayanti Samudaik Hospital managed by NIRPHAD.. Also I like NIRPHAD's policy of no loss, no profit "NGO" system.

"Don't think about your profit, work hard and sincerely, working satisfaction is our profit".
May I l take this opportunity to express my sincere gratitude to one and all who have contributed towards the "NIRPHAD" NGO institution. We at seek the blessings of the Almighty God for our "NIRPHAD" institution to reach greater heights.

25.1. Helping A Poor People: Swarn Jayanti Samudaik Hospital [managed by NIRPHAD unit] gave an opportunity for poor people free/affordable treatment- especially those who were suffering from chronic diseases and physical disability.

By the help of "NIRPHAD unit" many poor patients surrounding Mathura area, were getting good medical advice and free hospital treatment.

25.2 Strength: Medical record department / registration and emergency were systematically developed and running smoothly. All staff were well trained and cooperative. They respect their seniors.

25.3. Suggestions:

- This hospital needs one hospital experienced / senior administrator.
- Trained female nurses needed.
- All departments must be computerized
- More beds and wheel chairs
- One *dharmashala* for patient attendants
- Ambulance service is inadequate for patients convenience
- Hospital needs vehicle parking shed.

25.4. Comparative Statistics:

	2003-2004	2004-2005	2005-2006
New	22359	28948	28750
Follow up	21344	26859	26442
Total	43703	55807	55192
Male	27571	35396	34088
Female	16132	20411	21104
OPD patients (9 AM to 1 PM)	41183	50768	47329
Emergency patients (1 PM to 9 AM)	2520	5039	7863

25.4.1. Doctor Wise Opd Cases:

	2003-2004	2004-2005	2005-2006
Dr.Satyawali	15138	14499	12415
Dr.Verma	2577	8469	10276
Dr.S.Bhattacharjee	12534	12858	12969
Dr.Mathur	5290	6419	5412
Dr.Nanda	5644	7911	7872
Emergency	2520	5039	5668
Physiotherapy	-	612	580

25.4.2. Admissions:

2003-2004	2004-2005	2005-2006
2353	2896	2830

	2003-2004	2004-2005	2005-2006
M.L.Case	206	257	215
Burn case	79	89	110
RTA + others	127	168	105

25.4.3. Ipd Admissions:

	2003-2004	2004-2005	2005-2006
Dr.Satyawali	657	678	631
Dr.Sujoy	746	771	779
Dr.Mathur / Dr.Jain	640	811	672
Dr.Nnda	216	327	321
Dr.Verma	94	309	427
Total	**2353**	**2896**	**2830**

Ward	**2003-2004**	**2004-2005**	**2005-2006**
G.Ward	1413	1819	1760
G.Ward 1st floor	685	750	754
Private rooms	169	222	203
Burn unit	82	101	110
ICU	4	4	3

25.4.4. Discharge / Deaths:

	Discharge / Deaths 2003-2004	Discharge / Deaths 2004-2005	Discharge / Deaths 2005-2006
G.Ward	1327-74	1707-71	1691-77
G.Ward 1st floor	602-3	704-14	732-11
P.Room	158-6	274-8	201-12
Burn unit	55-24	68-25	70-35
ICU	2-2	1-2	3-1
Emergency	0-20	0-16	0-18
	2214-129	2754-136	2697-154

25.4.5. Result Of Discharge:

	2004-2005	2005-2006
Improved	1675	1540
Cured	432	525
Discharged On request	349	344
Referred cases	97	135
LAMA	183	141
Deaths	136	136
Absconded	14	8
Others	4	4
	2890	2833

25.4.6. Ipd No. Status (According To Ward):

	2004-2005	2005-2006
G.ward G floor	6398	6178
G.Ward 1st floor	5012	5421
Private room	1180	934
Burn unit	647	760
ICU	7	5
Total days	13244	13298

25.4.7. Opd Investigations:

	2003-2004	2004-2005	2005-2006
Laboratory	5189	7943	7174
X-ray	4776	7295	6659
Physiotherapy	3568	4378	4699
Ultrasound	307	515	432
ECG	563	1062	1147
Endoscope	8	12	2
Dressing	2327	2292	2147
POP	384	751	751
Plaster	882	255	364
Ambulance	362	402	489
TMT / PFT	3	2	0
Others	1194	1329	1425
Trauma case	496	294	143
MLC	301	426	215
Free case	623	1273	1462
Staff	583	909	972

25.4.8. Financial Statement: Year 2005-2006:

	Cash collection	Free patients	Staff free Rx.
OPD	2265250		
IPD	3249390	762455	220565
Total	**5514640/-**		
Grand total			
Cash	Rs.5514640/-		
Poor free	Rs.762455/-		
Staff Free	Rs.220565/-		
Total	**Rs.6497660/-**		

25.4.9. Area Wise Ipd Patients:

Year	Mathura	Other Parts of U.P.	Other states	Total
1999-2000	1374	93	29	1496
2000-2001	1874	98	46	2018
2001-2002	1831	124	46	2001
2002-2003	1579	81	26	1686
2003-2004	1845	97	25	1977
2004-2005	2466	396	34	2896
2005-2006	2387	412	28	2827

25.4.10. Poor Patient Given Free Rx:

Villages	2003-2004	2004-2005	2005-2006
Azampur	19	48	64
Aganpura	3	3	41
Adooki	82	80	155
Baad	75	96	311
Bhainsa	30	41	56
Chad Gaon	25	41	60
Dhana Teja	15	26	67
Dhana Samsabad	11	15	77
Koyla-Alipur	41	38	55
Raunchi Bangar	58	71	248
Others	294	814	315
	653	1273	1449

25.4.11. Vehicle Use And Expenditure:

	2004-2005	2005-2006
Marshall	25633	26073
Expenditure	57515	83657
Ambulance-I(9806)	19347	28336
Expenditure	52820	94952
Ambulance-II (9721)	28059	21296
Expenditure	74400	98694

25.4.12. Reports/Certificates:

	2003-2004	2004-2005	2005-2006
Medical certificate	194	192	110
MLC report	95	103	215
Medical bills	30	69	49
LIC forms	15	35	29
Injury reports	339	346	215
Court cases	12	25	36
Dead body kept in mortuary	64	60	73