1. Executive Summary

1.1 STATUS OF THE SUCCESSION PLAN:

In the year 2006 the Board/Society of NIRPHAD expected that I would be able to train Dr. Nada, as Deputy, to fulfill the requirements of the succession plan so that he could completely take charge and take the reins and full responsibility for NIRPHAD and SJSH programmes. But, within 6 months it was evident that our expectations were short lived as we seemed to have expected too much and were pushing Dr. Nanda too much and too fast. At the review of emergent meeting dated 18th March, 2007 action number, it was noted that it may be better and the Committee in all its wisdom decided that Dr. Nanda should be the Associate Director and I be the Director till March 31, 2008. This decision seems to be more pragmatic and all concerned are working towards this goal.

a. New Team: will consist of Mr. Tressler who as PA to Dr. Nanda will handle all paper work-including correspondence, reports, minutes of meetings, evolving new programmes, for which he was trained at the Delhi office, where he worked for more than two years Dr. Nanda will be the leader of the ‘think tank’ and provide innovations, new ideas and new programmes, which means he must be in constant touch with the new priorities of the donor agencies and critically examine the ongoing programme for improvements. Every day he must surf the internet where new programmes are posted.

b. At present the finance section is handled at the disbursement level by the Coordinator (MDA) and his two accountants. But he has the urgent necessity to train a successor and in a review of the Assistant Coordinator (Dr. Srivastava) indicated that Dr. G.Shrivastava can only be a field programme officer and is not of the calibre to handle major finances.

c. In view of the above situation the Executive Committee of NIRPHAD should consider a major change of designating the Monitoring Officer (Mr. B. Lall) and give him the additional responsibility of the Assistant Coordinator, as he has independently handled the Society funds for the last 20 years, as FCRA funds are first received in the Society account in Delhi before disbursement to the field.

d. The new role of the Coordinator- Mr. M.D. Agrawal, who will continue as Coordinator till March 31, 2008 and develop mechanisms to hand over the field finance disbursement charge to Mr. B.lall, which should be completed by March 31st, 2009.

Dr. Nanda will have to decide the position of the present Coordinator Mr. M.D. Agrawal from March 31, 2009. It is suggested that he be retained as a consultant to make sure that the programme components of:
- Chatikara,
- Bajna
- Agra-slum and rural RCH are efficiently implemented by Assistant Coordinator, Dr. Shrivastava and the various section heads.
Therefore in writing the job description of Mr. B. Lall the Monitoring component should include 50% of his time for the above field programmes. 50% of his time should be apportioned to Financial Management.

The present Coordinator, Mr. M.D. Agrawal (MDA) played a sterling and major role in the policy and decisions of:
- SJSH and his experience and expertise at the IMC will be invaluable, until Dr. Nanda is confident his new team can handle all crucial matters.
- HCDI- depends on the experience and wisdom of MDA and his services can be called upon in special circumstances (as in the case of Girish, Dubey or any other consultants).

This decision rests solely with Dr. Nanda and his Team so that the earlier they can dispense with the services of MDA, the better for NIRPHAD.

- **Dr. Nanda and B.Lall** should be fully able to manage:
  # Agra Urban Health Programme (18 slums)
  # RCH 2- for rural Agra- 3 blocks.
  # Eye Programmes at Chattikara and Bajna Centres.
- **Mr. Nikhil Tressler** should move to SJSH in Feb. 2008 and assist Dr. Nanda as his PA, as he will be of immense help in writing Reports, proposals, all paper work and an added asset to the new Assistant Coordinator- Mr. B. Lall.

1.2 Establishment of the NIRPHAD Society Office at Delhi

- All legal documents under the Societies Act of 1861 are registered in the name of the NIRPHAD Delhi office; hence the present Director should change the legal documents so that the Society office can be shifted to the Chatikara Centre by 2009-10.
- The exact location of the Society office will depend on the demolition of the present premises 14 Boulevard Road. We can contact the Engineer responsible in the MCD for details.
- The role of the Society Office will be to complete the new projects
  # of CBM- Bajna
  Complete negotiations with new donor agencies and hand over to Dr. Nanda- Future Generations (India).
  Review status of ongoing programmes- RCH-2, UHP, SAIL
  Review status of SIFPSA and RCH-2 Projects of H-D(UP)
  Help in writing the new bid for SJSH contract (due in March 2008)
  Complete negotiations for national and international training of staff
  Hand over Laval training programme
  Prepare and hand over all legal files to Dr. Nanda.
  Act as an Advisor/consultant when ever required by Dr. Nanda.
  Keep in touch with the Board/Society.
1.3 **Critical review of all the Departments by Dr. S. E. Nanda (Associate Director):** Based on the reports of the section heads and consultants.

(a) **MCH and F.P. Programme**

**SWOT ANALYSIS**

**Strengths** –
- The Hospital has a good infrastructure which is not available in the surrounding areas
- The Centre is user friendly and can be easily accessed by patients
- Well trained ANMs and dais do conduct normal deliveries on their own & refer complicated cases to specialized hospitals.
- Dr. Srivastava (Gynecologist) was employed with NIRPHAD for last 30 years. She visits the Centre for 3 days a week to conduct OPDs & also procedures.
- Dr. Sri Devi has joined NIRPHAD 3 months ago as a full time Resident doctor & with her local presence the patient’s attendance has increased and the statistics reflects greater utilization of the facilities.

**WEAKNESSES**-
- The environment and a small clinic find it difficult to retain full time doctors who are always greener pastures.
- It was noted there were irregularities regarding patient referrals and illegal financial transactions
- In view of the impermanence of senior staff proper planning, organizing, implementation, control & mid term evaluation and all the necessary administrative steps have not been regularized
- Some Doctors have complained of disrespect by the paramedical staff

**OPPORTUNITIES**-
- To There is a tremendous opportunity due to lack of other services and a lady doctor, to make the MCH centre a model for primary healthcare which includes components of prevention, basic curative and promotion of health related activities. NIRPHAD administration is making attempts to provide manpower.

**THREATS**-
• Occasionally community leaders and especially anti-opinion upstarts create difficulties as they are not properly guided and their perception of NIRPHAD’s goals needs further emphasis for better awareness.

• Irregularities such as diverting patients by the staff, so that home deliveries instead of institutional deliveries (which the government is emphasizing) are encouraged. Proper monitoring of patients who seek MCH care is an urgent requirement so that patients are motivated to seek institutional deliveries which have many advantages.

(b) Rural Eye Hospital- Chatikara Growth Centre.

SWOT analysis based on the report of Dr. Dhiraj Chapparia

Strengths

• Dr. Chapparia receives good exposure to a variety of patients with eye problems.
• Emoluments are adequate
• The whole department receives good support from the Administration and the Community

Weaknesses:–

• More training for staff is a crying need
• One more ophthalmologist as a replacement is required especially for Bajna Growth Centre.
• Personal growth for better motivation and orientation must be arranged.
• Due to financial constraints the staff strength is minimal
• Field camps need to be better organized

Opportunities

• Dr. Chapparia should go for training in Phaco surgery
• Dr. Chapparia should take advantage of valuable suggestions given by Dr. Sara Varghese, Consultant to CBM

Threats

There are several threats such as the increasing number of private practitioners and other institutions like St. Stephens Hospital which is establishing a clinic at Vrindavan

(c) Rural Eye Hospital- Bajna Growth Centre.

NEW EYE HOSPITAL BUILDING AT BAJNA GROWTH CENTRE

Pending work at the new surgical block regarding electrical fittings especially at the main gate need to be revised instead of installing a tube light which is very fragile and can be damaged due to inclement weather. It is suggested that an
angled pipe or better still a halogen will be robust and withstand the bad weather conditions.

- Proper drainage of rain water outlets from the roof will be required to prevent erosion and pot holes next to the building.

- Regarding renovation in old building, roof repairs is being carried out as also plastering of walls, changing door / windows/ water pipelines will start later when the annual budget is received end of 2007.

- An on the spot assessment was made of Dr. Girish Srivastava (DOMS) performance which was found to be unsatisfactory. Two options were suggested that he be made in charge of the field programs but on second thought it was decided to terminate his services as he was found to be unfit for any type of employment in the Rural Eye programs. An Ophthalmologist who is trained in Phaco surgery is being considered on a part time basis.

### (d) All sections of the HCDI Report (NEELA) - two units.

#### HCDI UNIT- I PROGRAMME

The HCDI Unit I Project will culminate after a duration of seven years in September 2007. It was decided to conduct an external evaluation by “Cohesion Foundation” of Ahmedabad and “Pragati Consultants” of Aurangabad represented by Dr. Soni, Mr. Rajesh Kapoor & Ms. Neha Mehta. The village self help groups (VSHGS) were given the responsibility to manage the pre-school centre once the financial support from HCDI/KNH will cease. To sum up their suggestions- an investment of about 5-10 lakhs will be needed to start an income generation programme which will meet the financial needs of this Centre; which can generate approximately Rs. 25000/year. This will be conveyed to HCDI in the next meeting at Ahmedabad on 24/8/2007.

#### HCDI UNIT- II PROGRAMME

HCDI unit II (Project No.22013) has completed 4 years successfully. All 4 ECCECs are functioning properly. Extra tuitions are implemented for academically weak children - a feature not present in HCDI Unit I. Initially vocational training was started for boys but now girls are being given vocational training.

Being aware of sustainability planning, community involvement, implementation, supervision and decision making has been given special importance. VLCs are being delegated responsibilities. Weekly planning regarding the staff work schedule is being formulated to make activities more systematic.

### (e) Two mobile Units

**STRENGTHS**

- The financial support is from IOCL
- This program provides good community penetration with participation of the target groups
- The strength of the program is to provide health care at the door step
• Teamwork is of the essence besides providing consultation and medicines. Also, basic health topics are discussed with the target groups with the help of a trained health educator
• Two MBBS doctors man the mobile units and are mainly responsible for providing consultation & treatment

WEAKNESSES
• Sometimes medicines are not available as per the need
• It is difficult to retain doctors on a long term basis

OPPORTUNITIES
• The program enables SJSH staff to reach deep into the community which is mostly rural
• The program enables good rapport and understanding between the community and SJSH
• Patients are referred to SJSH as it is close to the villages
• This program enables the staff and visiting students to learn the intricacies of low cost medicine and their application. This essential when medical costs are skyrocketing and affordable medical care is beyond the reach of the rural poor and slums

THREATS
• Temporary location of the clinic is a major disadvantage as the community and the staff of SJSH does not know the long term location and permanence of the clinic.
• Lack of understanding of the objectives of the program creates dissatisfaction among the beneficiaries as their expectations are very high and the mobile unit cannot satisfy all their demands. Efforts are being made by the PRO to educate the community by holding frequent meetings with the Pradhans. Pradhan is involved as he provides space for the temporary clinic

(f) Urban slum programme (Dr. Sharma and Sarfaraj)

UHRC, AGRA (PROJECT CO-ORDINATOR-MR.SARFARAZ)

STRENGTHS
• Project coordinator Mr.Sarfaraz did his MBA from an institution of repute which indicates in his innovative approach and presentations.
• Dr. Anju Sharma, Gynecologist is responsible and efficient
• Good understanding between PC and Dr.Dubey UHRC In-charge at Agra.
• Motivated staff especially the women who want to prove themselves in front of society and their families.
• Most of the targets are achieved as per the project guidelines.

WEAKNESSES
• Trained ANM staff left for government jobs.
• Extension plan regarding the project is not clear.
• If the project culminates then what is the future of the staff and project sustainability? This matter needs urgent attention with EHP (DELHI) and USAID.

OPPORTUNITIES
• To contact with USAID though UHRC
• To seek extension of this project to strengthen slum programmes and try to make the programme sustainable.

THREATS
No threats evident at the present moment, but lack of support and political will hamper progress.

(g) SIFPSA Programme-Agra (Yadav and Dr. Rekha)

Strengths
• Good liaison of NIRPHAD (staff and organization) with SIFPSA since 8 years.
• Mr. Yadav as Project coordinator is very experienced and has a proven track record
• Motivated staff will need to be monitored regularly so that their performance improves.

Weaknesses
• Mr. Yadav has difficulties in expressing & reporting in English but his work is excellent in Hindi. This should not be considered a weakness as in UP, expression for communication in Hindi reading, writing and speaking is more than sufficient to put across any type of innovative ideas or merely reporting an event.
• There seems to be a personality problem with the PMU Agra who is making a prestige issue that Yadav is incapable of holding the positing even after he has a proven record of eight years. It appears that the PMU is interested in appointing her own favorite irrespective of whether he is competent or not. NIRPHAD Administration is opposing these moves of personal favouratism against all accepted norms and principles of good governance. In an Institution as large as SIPFSA all the previous PMUs were very helpful to NIRPHAD staff and it appears the present PMU is unable to maintain that excellent tradition
• Some Voucher scheme service centres are located at great distances considering the difficulty in getting conveyance.
• Accredited Health Social Activist: -a community based volunteer is being paid by government as per the ASHA Voucher scheme. Therefore implementing agency has little control in functioning of ASHA

Opportunities
• To seek project approval for extension
• NIRPHAD staff will require more experience in different fields.
• The impact of the program on the community has been excellent as the dedicated staff, especially Mr. Yadav and Dr. Rekha have not only been efficient, competent, extremely dedicated to the very difficult tasks of implementing a very difficult program in three widely spread out rural blocks.

Threats
NIRPHAD Administration has to be very patient in view of the long association with SIFPSA and use all diplomatic communication channels to overcome some of the petty differences that exist between PMU Agra and NIRPHAD. Fortunately, the relationship between Dr. Krishnaswamy, Manager NGOs (Pvt. Sector) & NIRPHAD continue to be excellent.

(h) SJSH- review the performance of all department head’s and consultant’s reports.

SWOT ANALYSIS OF SJSH AS PER THE REPORTS WRITTEN BY CONSULTANTS AND SECTION HEADS

STRENGTHS
• Good exposure for doctors and administrative staff
• Youth power – needs to be groomed
• Supportive and listening attitude of administration
• Flexible system of working
• Inter staff interaction sessions.
• Less paper work i.e. short procedures / process
• Increase in facilities utilization as shown by statistics in most of the departments. Increase in number of patients who travel great distances beyond Mathura
• Good rapport with the local administration
• Most of the staff is hard working
• Good two way system of communication between staff and administration.

WEAKNESSES
• Shortage of manpower
• Frequent turnover of staff especially doctors and nursing staff
• Low salary structure
• Monotonous and stressful working environment for consultants
• Poor community support
• Proper training schedule and attendance to conference needed
• Increase in number of absconding and LAMA patients- a workable system needs to be in place.
• System of response from Refinery is very slow–we find ourselves
• Helpless sometimes.
OPPORTUNITIES
• To build better rapport with the community especially local leaders meetings have been initiated
• Opportunity to treat a variety of cases
• To establish training programs. Dr. Verma was trained in ultrasound
• To learn the complexities of low cost management of medicine
• To be able to make decisions during crisis situations i.e. working with minimum staff and limited equipment / resources
• Establish norms for governance by objectives rather than fire fighting in a crisis.
• Youth power – unlimited energy to be handled with care.
• To celebrate festivals and national days so as to improve inter-staff understanding and interaction.

THREATS
• Burnout of doctors (stressful and monotonous working)
• Local muscle men / mob mentality of community
• High expectations from the community.
• Misconception regarding the usage of contract money
• Local nursing homes with their own rules of malpractice for attracting patients
• Limited manpower
• Frequent turnover of technical staff especially doctors and nursing staff
• Better financial opportunities in outside private set-ups
• Contract needs to be renewed after short period to create a sense of insecurity in staff.
• Union formation and disharmony is being instigated from outside agencies
• Damaged C-arm - O.T. staff exposed to excess radiation
• Water crisis. Only one tube well functional and the other is out of order for over a year. The situation may worsen as excessive construction for 500 families adjacent to the Hospital is in progress.
• Wear and tear of equipment and building
• Excessive air pollution due to Refinery being near to SJSH

(i) Laval students- 2006

Critical analysis of review report of Laval UNIVERSITY Medical Student-2006
The four medical students visited during May-Aug’ 06 and had a good and informative stay in India. All of them were cooperative and eager to learn new things.
The comments given by them against the specific questions are honest and enabled the consultants to improve their performance.
The first day in Delhi was not satisfactory as welcome and other arrangements were not properly planned. However it was explained to the students that arranging a welcome at the midnight hour is very difficult. But NIRPHAD felt that
the most important aspect was their safety, therefore YWCA was chosen for their stay. Their impressions seemed to be satisfactory regarding their schedule. Several instances were mentioned regarding problems with Hindi language. This was a very good observation as the next batch had three weeks of Hindi classes which was very useful for them to communicate. However, they were informed that they should procure a primer in Hindi before they arrive in India which they did not do. However, Hindi being an easy language they could have mastered the language within 4-5 weeks. Keeping this in mind, for the 2nd batch, Hindi classes were organized and the students learned how to speak, understand and even write Hindi within 5 weeks.

Visit to some institutions were planned on Sunday due to which not much could be achieved and hence in future, Saturday afternoons and Sundays will be set aside for cultural and historical visits.

Regarding clinical session in SJSH, it seems that the students enjoyed their stay and improved their practical and theoretical skills. The students were more interested in conducting procedures and interacting with the patients which sometimes puts SJSH into a dilemma as to how much hands-on training should be imparted to IInd Medical students. This is in view of the reactions of the patients and at the same time making sure that the students get the most of out their stay at SJSH.

The students appreciated their visit to Methodist Public Health Services, Mursan, Nurmanzil Psychiatric Center, Bajna rural eye programme, Self help groups and Escorts Hospitals.

Regarding the format for clinical exposure, it was evolved keeping in mind the number of hours they are supposed to spend in a Hospital. The quantum of clinical exposure was 35 hours according to the International Office of Laval University. On calculation it appeared that the students fulfilled this requirement of Laval University and at the same time they had good exposure to cultural & historical events. Other aspects such as arrangements for food/stay/vehicle will be revised for the second batch based on the experiences of the first batch.

The second batch is expected in May 2007 and Professor Blondeau who is in charge of Family Medicine at Laval and also related to the international program will be visiting the projects in October 2007. He will be accompanied by Mrs. Blondeau who is a Clinical Psychiatrist. This will give NIRPHAD and SJSH an opportunity to discuss in depth how to improve arrangements for the 3rd batch which is expected in May 2008.

(j) Review of IMC and EMC Meetings (cull the Minutes)

MONTHLY REPORT - AUGUST 2007-08-16

Swarn Jayanti Samudaik Hospital Monitoring Committee Meeting was held at Delhi under the Chairmanship of Mr. Kishan Mahajan, Amicus Curae of the Hon'ble Supreme Court on 10th August 2007

SOME IMPORTANT MATTERS DECIDED-

• Blood bank—as civil work and equipment is completed, and the issue of manpower it was mentioned by the Deputy Drug Controller through his letter
dated 26/6/2006 to select two blood bank technicians with at least 1 year of training in a recognised blood bank. This procedure will again delay this matter by 12 months as the selected candidates will have to undergo a one year training. Therefore it was decided to employ two technicians after their approval from the Deputy Drug Controller regarding their suitability as per the norms mentioned in his letter.

- **Shortage of water supply at SJSH** – SJSH is possess two submersible pumps out of which pump no. 2 has malfunctioned in 2006. Hence, a survey was ordered and completed by AFPRO in Nov 2006 with the specific instructions to assess ground water status in the Hospital and surrounding area. It has been decided to sink a boring at a new site as the boring done earlier did not provide any water.

- Mr. Kishan Mahajan informed that he will take the necessary steps for starting the evening OPD and implementing the revised OPD charges. However, permission was granted on a trial basis to start the evening OPD from September 1st 2007. Mr. Kishan Mahajan was reminded regarding this matter after 15th August 2007.

**ACHIEVEMENTS FOR THE PERIOD JANUARY 2007-JUNE 2007**

- HIV / AIDS program in collaboration with Methodist Hospital, Mursan is a unique program for the area as the Government program has yet to see the light of day.
- DOTS for Tuberculosis under Revised National Tuberculosis Control Programme (RNTCP) is being implemented both at SJSH and Chattikara
- Number of family planning camps during 12 months:
  - Total Camps - 05
  - Clients operated - 514
- First total knee transplant done on **9th January 2007**, total cost **1.10 Lakh** & hospital charges **Rs.5415/-**.
- Total cash recovery increased by **2.6%**
- There was an increase in attendance in the IPD by **5.06%** (1302 to 1368)
- There was an increase in number of Emergency patients by **10.12%** (2893 to 3186)
- Orthopedic surgeries – there was a substantial increase in number of patients operated by 89.4% (from 360 to 682).
- General Surgery – increase in number of patients operated:
  - Major surgeries increased by 54% (50 to 77)
  - Minor surgeries increased by 98.38% (62 to 123)
- Ultrasound facilities restarted from January 2007. The total number of USGs conducted from Jan-Mar is 92.
- The mortality rate in orthopedic and pediatric – 0% & the total mortality of SJSH (2.4%). This is well below most standard Institutions.
- Training of LAVAL University 2nd year medical students is a unique program which started in 2006 with four students and will the protocol has been signed for 3 years.

(k) **Report of the Coordinator**
The annual report of the Coordinator, Mr. Murli Agarwal is precise and informative. All the project reports are given in a proper sequence. All recoveries and expenditure format has been presented in a very simple format and easy to understand. One aspect that seems to be lacking is the training programme or plans for his junior who will be going to take over after being trained and guided properly. As the only thing which is permanent is change therefore keeping this in mind he should start his own process. With his hard work and experience that he has acquired over the years, now its time to inculcate this into his Assistant who is going to succeed him. But this will need time, blood, sweat and tears and a commitment on the Assistant, to get the most out of the present Coordinator, which MDA has acquired because of his hard work, sincerity, keenness to learn new concepts and a 'never say die attitude'.

(i) Conclusion

- Arrangements should be made for SJSH staff to visit in rotation the community programs in Chattikara, Bajna, Agra Slums and Rural Agra. These visits will enlarge their horizons of providing low cost healthcare to the poorest & priorities for alleviation of poverty so that the quality of life index improves, women are emancipated & the poor community can access human rights for social justice.

(i)(m) Acknowledgements.

The Administration of NIRPHAD and its subsidiaries will be failing in its duties if it does not places on record with sincere & magnanimous gratitude for the support given by the donor agencies (especially the guiding of Dr. Henry Perry who is always available for consultations), local health government authorities & other NGOs. The Board of Managers and Society of NIRPHAD played a sterling role during this difficult transition phase when a new team is being formulated to manage the affairs of NIRPHAD.

A special thanks is owed to the staff who have unstintingly gave of their best during a very difficult phase in the life of NIRPHAD and its programs. Without the unmitigated involvement & commitment of the staff and the supporting agencies, NIRPHAD could not have achieved its stated goals. Needless to emphasize that this year has brought to light very complex and difficult challenges which were necessary when a vibrant program is in a transition phase. The Administration of NIRPHAD and the Board/Society with the help of the donor agencies was able to first identify the challenges and took very difficult decisions to make sure that the major objectives of NIRPHAD were achieved even during this unsettled time. The risks involved were squarely faced by all concerned and the outcome of the changes will only be evident after a period of five years when a review of the new team who will take over the baton from the existing team and the mantle falls on Dr. Nanda and his associates. This will be a crucial period when bold decisions have to be made in spite of the inherent risks which are expected when changes are inevitable and accepted. It will be naïve to take it for granted that the new team will in a short time excel in all areas.
of linking health with socio-economic development. However, being a young team with youthful and innovative ideas they may surprise all of us by excelling themselves. The Board/Society and the donor agencies should place its faith in the new team and support them positively when shortcomings have to be faced squarely and decisions by objectives are implemented. Needless to say that there have been shortcomings which the Board has accepted and midterm corrections were made to rectify.

The new team needs excessive support from the BOM, donor agencies and also while implementing in the Government’s National Rural Health Mission and the new National Urban Health Mission. There is also a possibility that SJSH will be upgraded by the Government as a specialized unit for serious high speed traffic injuries. If this comes to pass then the Administration and the Orthopedic section has to gear itself for accepting greater responsibilities.

Innovations will be the key to success and the new leadership has to develop a “think tank” which will assist in providing paradigm shifts for better cost effective programs.

Old order yielding place to new should be the new mantra, with a shift in mindset. In a competitive environment old wine in new bottles generally does not yield the desired results. Hence, in emphasizing a new holistic approach better training, views of distinguished resource persons and constant vigilance to improve outputs will be one of the keys to success.

The Section Heads have contributed by providing basic primary data and our special thanks to each Section Head and the NIRPHAD Delhi Office Editorial staff who were instrumental in collating data, making necessary changes which were not easy as each staff member has his/her own style of expression. Bringing out the final document and keeping the deadline was no easy task however, this was achieved with élan and the verve and vigor of the staff was exemplary.

As I hand over the reins to Dr. Nanda, who needs all our support and prayers, this will be my last Report but as an Advisor I will be willing to give any assistance that is required.

The Almighty has been gracious and HIS mercies have continued to bless the efforts of NIRPHAD and its staff. NIRPHAD will continue to strive to make its impact if it does not waver from its central focus of linking health with socio-economic development and target the poorest of the poor.

“The highest prayer in this world is service, the greatest devotion is loving the people around us: and the noblest character trait is divine compassion for all living creatures”.

--Swami Chinmayananda
2. Child Focused Community Development Programme  
Annual Report for the period 1st April, 2006 to 31st March, 2007

2.1 Project Number : 22009  
Implementing Agency : NIRPHAD  
Narrative Report

Dear Foster Parents,

Greetings from NIRPHAD! 
Child focused Community Development programme (unit one) completed its 7 year’s tenure on 31st March, 2006. After one year follow up Budget was sanctioned to continue the programme, till the evaluation is completed. NIRPHAD after successful completion of seven years of CFCDP handed over the programme to the VLC committee. NIRPHAD will assess sustainability. The first step towards sustainability of the programme was started in the year 2005 and during the reporting period more emphasis was given for independent management of CFCDP by VSGs. VSHG played a crucial role in continuing the programme.

At the beginning of the session the three ECCEC Centres of village Babugarh, Nagala Sakaraya and Hanumangarhi were completely handed over to VSHG. Before handing over ECCECs to VSHGs a joint VSHG meeting was conducted at NIRPHAD Growth Centre- Chhatikara- field office. The members of Gonda Atas and Babugarh VSHG shared their experiences in continuing ECCEC. They also explained in detail about planning, implementation, supervision and, monitoring of the programme with NIRPHAD’s supportive supervision. The results of the meeting were encouraging. Three VSHGs accepted the new change and expressed their willingness to assume the ownership of the programme. VSHGs quarterly meetings at field office were conducted regularly to assess the performance for collective decision making and problem solving.

In the beginning of the New Year VSHG members of village Babugarh, Nagala Sakaryaya and Hanumangarhi conducted meetings to plan the working of ECCEC. At village Nagala Sakarya and Babugarh ECCECs were shifted to a new building. The members selected the place to establish ECCEC. In village Nagala Sakaraya women played a leading role in selecting location and setting up the ECCEC. The children in the village assisted in setting up ECCEC. The voluntary groups assisted in setting ECCEC. The voluntary efforts of the children and youth were the most prominent feature which deserved appreciation. During the reporting period NIRPHAD extended its support in terms of staff, training, VSHG members, exposure, interaction with other VSHGs in the adopted villages, assistance in record keeping and updating, continuing education, planning monthly menu, with balanced nutrition and a class time table.
VSHG meetings were given more importance, encouragement and independence to help VSHG conduct meetings with ECCEC teachers. VSHG members were encouraged to plan independently. This year VSHG members planned “Celebration of Christmas Day programme” and they organized the programme. NIRPHAD assisted only in inviting the chief guest for the function. The differences in celebrating by each village, was appreciated by the villagers.

VSHG played important role in collecting **local contributions in kind**. They collected wheat from the families to support nutrition programme of ECCEC. Nagala Surir VSHG collected contribution in terms of wheat, cooking oil and vegetables to support nutrition programme of ECCEC. Nagala Sakaraya was first to collect. Villagers voluntarily contributed wheat and thus VSHGs were able to manage better a sanctioned budget. Nagala Surir was the best in collecting local contributions. VSHG arranged local purchasing of other food stuff independently. It was an encouraging result that VSHGs were capable in independently managing ECCEC. All the activities proposed for the reporting period were implemented and supervised by VSHG. Though all ECCECs were handed over to VSHGs, it was observed that the Hanumangarhi VSHG still required a great deal of supportive supervision before complete withdrawal.

**CBO** meetings were conducted for discussing **withdrawal strategy** of NIRPHAD and sustainability of the programme. In the meetings village **development fund (loan recovery)** and its utilization was discussed in detail. CBOs were made responsible for loan recovery. It was decided to form a committee of 2-3 members from each CBO consisting of Youth groups, farmers groups and VSHG members who will be responsible to over see utilization of village development fund of their village. It was also decided that this fund will be utilized for commercial purposes, example, giving credit to start micro enterprises at village level. **Loans for IGP units**- groups/ individuals will be provided for purchasing milch animals and from the profits will ensure repayment. It was noteworthy that youth groups were very enthusiastic about village development and for an opportunity to be involved in social activities.

**Networking** was one of the important activities during the reporting period. Villagers were supporting nutrition programme through local contributions. But after NIRPHAD’s financial withdrawal nutrition programme would need some assistance. Keeping this in mind attempts were made to get nutrition support for ECCEC Children. NIRPHAD contacted Akshay Patra an organization identified for supply of mid day meal to Govt. schools by Government. A meeting was arranged with the officials regarding the possibility of supplying meals to ECCEC Children. The decisions of the meetings are being followed up. Akshay Patra authorities are willing to support nutrition programme of ECCEC if District Magistrate gave a written permission. Dialogue with **ICDs** (Integrated Child Development Scheme) is in progress.

- **Success Story**
  Sheela is a leading entrepreneur from village Nagala Surir. Her child Ravi S/o Hukum Singh (R.No. 22009/0502 ) is a foster child. NIRPHAD trained 30 men
and women in making card board boxes from 2 villages under CFCDP and Sheela is one of them. Sheela from the beginning showed interest in making card board boxes during the training period. After completion of training a group of 5 SHG members from Nagala Surir decided to start a group unit for making card board boxes. They availed credit of Rs. 25,000 to start a unit. The credit amount was utilized to purchase raw material and as working capital. After sometime the group lost momentum for collective working and Sheela continued to work alone. NIRPHAD under seed money programme provided financial assistance of Rs. 10,000 to the unit. Sheela utilized her acquired skill to earn a livelihood. She has trained her husband in box making. NIRPHAD assisted her in the beginning in marketing. Now Sheela is independently handling the market. She goes to purchase raw material and to collect orders. She has captured the rural market in the adjacent village/town. NIRPHAD has provided a cutting machine to her on condition that when she will be in a position to purchase new machine, NIRPHAD will take back the old machine and will give it to the another unit. Now Sheela is also working as an instructor. She imparted training to 15 women in the village Nagala Sumera (CFCDP Unit II) and is helping women in marketing. Sheela wants to expand her unit and wants to become a successful business woman. Her dedication, sincerity, honesty in her work is of worthy of praise and appreciation. She is a role model for women in the village. Sheela is utilizing her income for her children's education; she has admitted Ravi in a private school which is known for quality education.

Foster parent’s generous support has enabled Sheela to become a successful entrepreneur. She participated in a Mela, (fare) to sell and advertise her goods.

- **Programme Impact**
Child focused community development programme has helped to bring qualitative changes in the life style of children and the target community. This programme provided space for innovative planning opportunities for graded self reliance. Through ECCE Centres a new concept of pre-school education was introduced. Establishment of pre-schools in rural areas was the special feature of the programme as there were no pre schools in the target villages, either Govt. or private.. Early childhood education programme helped the parents to realize the importance of Early Childhood education and created awareness among parents regarding education. At present in two target villages of Gonda Atas and Nagala Surir parents are sending their children to the senior schools in the adjacent villages which are known for providing good education. Vocational training programmes has helped to create employment opportunities to the unemployed youth and to acquire skill to earn a livelihood. Mr. Afsar from village Gonda Atas received training in welding under the vocational training programme for a period of six months. Now he has started a shop in the adjacent village of Chhatikara and earning three hundred Rupees per day. Self Help group programme provided opportunities for SHG members to participate in decision making and also to play a crucial role in sustainability of CFCDP. The members took keen interest in the smooth running of ECCEC and they participated voluntarily to collect local contributions, set school fees, planning of awareness, legal literacy and women’s day celebration programmes. During
the reporting period emphasis was given on SHG bank linkages. Two SHGs from village Gonda Atas- Jyoti Bachat Sangh and Sadhana Bachat Sangh accessed credit from Banks amounting to Rs. 25,000 and 15,000.00 respectively. Awareness camps created awareness in the community, exposure visits organized to Krishi Vigyan Kendra, Raya Agriculture Research Centre provided useful and result oriented information. As mentioned in the last year’s annual report (1st April,2005 to 31st March,2006) Mrs. Gaytri from village Nagala Surir developed vermi compost unit after her visit to Raya Agriculture Research Centre. She expressed her willingness to expand the unit and requested NIRPHAD for financial assistance. NIRPHAD provided financial support to a tune of Rs. 4,000 as recommended by VSHG. Technical guidance improved the quality of Vermi Compost. Now Gyatri is using vermi compost on her own farm. She has also started advertising for the product for sale. She is receiving orders for vermi compost at a good price. Gyatri feels if she delays selling she will get a better price for her product. NIRPHAD has assured assistance in marketing. Withdrawal of NIRPHAD and handing over of CFCDP to the community also deserves appreciation. Community supported ECCEC and nutrition programme by contribution in kind of food grains, cooking oil and vegetables, which is a stepping stone for achieving graded sustainability. It shows that people are willing to contribute voluntarily as they have accepted the concept of importance of early childhood education. Community provided space for ECCEC on minimal rent and some VSHG members have promised to donate space for ECCEC after complete withdrawal of NIRPHAD and that too free of cost.

To conclude target village community and CBOs has accepted the challenge of sustainability CFCDP programme and are hopeful about its successful continuity in the coming future. These activities succeeded only because of foster parents’ kind hearted and generous support and determination for uplift poor rural communities, with a paradigm shift and emphasis on children, who became the basis of development of the family and the community at large.

Submitted by
Neel Prabha
Project Manager

2.1.1 CHILD FOCUSED COMMUNITY DEVELOPMENT PROGRAMME–TECHNICAL/ WORK REPORT FOR THE YEAR 2006-2007-UNIT 1 (22009)

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Activities/ Programme</th>
<th>Budget (Rs.)</th>
<th>Date/ Duration of Implementation</th>
<th>Programme Status as on 31st March,2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Purchase Learning material</td>
<td>1,250</td>
<td>October, 2006</td>
<td>Learning material including chalks, crayons, books, pencils were purchased for 250 ECCEC children in five adopted villages.</td>
</tr>
</tbody>
</table>
2. Social Development / picnic/sports/ cultural programme 5,000 Septemb er,2006 A picnic for ECCEC children was arranged in September. A delicious lunch was provided at the picnic spot & the children enjoyed Cultural programmes & competitions. On August 15 Independence Day was celebrated enthusiastically at each ECCEC.

3. Educational material 30,000 July and August 2006 Educational material was purchased and distributed in the month of July & August to the children between the age group of 6-10 years. Books and note books were distributed to the children.

4. Social Development / Picnic/Sports / cultural programme 10,000 Decembe r, 2006 A picnic was organized in December, 2006 to visit Taj Mahal at Agra. Children from Gonda Atas, nagala Surir, Sakaraya, Hanumangarhi and Babugarh were selected for the picnic. Children were provided lunch packets and snacks. 50 Children participated in age group (6-11) years..

5. Village Education Committee/Parents gathering 10,000 Regular (Septem ber to March,2007) Parent’s gatherings were celebrated in January for the New Year. The meeting inluded singing, playing musical instruments. Prizes were distributed to the winners. Sweets and snacks were provided to the children & parents.

6. Other Expenses Library/ Bal Sabha 10,000 Regular Under this activity books were purchased from Nehru Foundation for Development (Chetna). Bal Sabhas were organized at Nagala Surir, Hanumangarhi, Babugarh, Gonda Atas and Nagala Sakaraya. Every month the ECCEC teacher distributed sweets to the children.

7. Honorarium to Teacher (Non-formal education) 12,000 January, February and March,2007 For non-formal education girls who never had a chance to attend school and girls who discontinued before completing primary education up to 5th standard were selected by VSHG. The objective was to provide educational facilities to those who were deprived. An educated women from the village was selected as a teacher and paid Rs. 200 per month as an honorarium.

8. Social Development - Sports/ cultural programme 10,000 February, 2007 A picnic was organized to see Taj Mahal at Agra on 25th February 2007. 40 girls from the adopted villages of Gonda Atas, Nagala Surir, Sakaraya, Babugarh and Hanumangarhi This was the first time the girls left their home and visited a nearby city.

9. Vocational Training 15,000 October, 2006 to March,2007 Ms. Nikki Saini from village Gonda Atas was provided training as a Beautician at Vrindaban from November to March, 2007. Now she has started working independently as a beautician and has benefited from this training and earns a decent livelihood.

10. Grahini Training 10,000 February & March, 2007 Under this programme the activities were legal education, food preservation, personal hygiene and beauty tips. The programe ws conducted in the Month of February and March, 2007. On 5th March a legal session was organized at NIRPHAD Growth Centre Chhatikara. Mr.
Madhusudan Chaturvedi, a lawyer from Mathura Court was invited as a resource person. On 6th and 7th March a cooking demonstration was organized at NIRPHAD Growth Centre Chhatikara. The girls were taught how to prepare low cost recipes.

<table>
<thead>
<tr>
<th></th>
<th>Nutritional care for ECCEC Children</th>
<th>1,20,000</th>
<th>Regular</th>
<th>ECCEC children were given nutritional care for 11 months according to the budget.</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Health Care medicines for ECCEC and school going children</td>
<td>20,000</td>
<td>Regular</td>
<td>First Aid boxes are kept at each ECCEC. The children who need specialized care are referred to SJSH and other hospitals. Children are provided free medicines and medical treatment.</td>
</tr>
<tr>
<td>12</td>
<td>Immunization and treatment</td>
<td>15,000</td>
<td>Regular</td>
<td>Immunization was provided to the community in five villages of Gonda Atas, Hanumangarhi, Nagala Surir, Nagla Sakarya and Babugarh. NIRPHAD health worker visited the above villages regularly and immunized the children and the mobile team consisting of a Doctor, Nurse, Paramedical staff visited weekly the above villages to provide curative services to the community as well as to ECCEC Children.</td>
</tr>
<tr>
<td>13</td>
<td>Post and Pre-Natal Care</td>
<td>5,000</td>
<td>Regular</td>
<td>Nurse accompanied with Dai visited adopted villages to provide pre-natal, natal &amp; post natal care to the mother and children of the target villages.</td>
</tr>
<tr>
<td>14</td>
<td>Immunization and treatment</td>
<td>10,000</td>
<td>February and March, 2007</td>
<td>Health awareness camps were organized at village Nagala Surir and Nagala Sakarya. On 23rd February, 2007 a camp was organized at village Nagala Surir. Deputy CMO Dr. P.C. Sar Kanoongo was the chief guest for the health camp. He delivered a lecture and the topics covered were immunization against six deadly diseases, family planning, Safe motherhood and child survival. Another camp was organized at village Nagala Sakaraya. Deputy CMO Mathura was the chief guest and the topic for the camp was pre – natal &amp; post natal care, immunization for pregnant women and children.</td>
</tr>
<tr>
<td>15</td>
<td>Curative measure/ treatment</td>
<td>20,000</td>
<td>Regular</td>
<td>Under this activity medicines were purchased for treatment, by the mobile clinics. NIRPHAD provided curative care to the community of the adopted five villages regularly. NIRPHAD vehicle went to the villages on alternate weeks. Patients with complications were referred to Swarn Jayanti Samudaik Hospital.</td>
</tr>
<tr>
<td>16</td>
<td>Special Programme- (Health Mela)</td>
<td>30,000</td>
<td>January, 2007</td>
<td>A Mela was organized in village Bhartiya. The Mela was a joint programme for Unit I and Unit II. Physicians, Orthopedist, pediatrician, ophthalmologist participated in the Mela. Several patients benefited by the consultation and medicines were provided for treatment. Mathura CMO was the chief guest of the Mela.</td>
</tr>
<tr>
<td>No.</td>
<td>Program Description</td>
<td>Cost (In Rs.)</td>
<td>Frequency</td>
<td>Details</td>
</tr>
<tr>
<td>-----</td>
<td>---------------------------------------------------------</td>
<td>---------------</td>
<td>-----------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>18.</td>
<td>Promotion of Women SHG</td>
<td>20,000</td>
<td>Regular</td>
<td>Regular SHG monthly meetings were conducted. More emphasis was given on how to start IGP and increase savings to sustain SHGs, by enhancing their income. More stress is given on bank linkages. Continuous education and grading was done. SHG members were motivated to sustain ECCEC and other activities of CFCDP. Two SHGs from village Gonda Atas accessed credit from the Bank under the SHG Bank linkage programme - amounting to Rs. 40,000/-</td>
</tr>
<tr>
<td>19.</td>
<td>Strengthening of village institutions/ training and sustainability</td>
<td>10,000</td>
<td>Regular</td>
<td>Regular VSHG monthly meetings were conducted at village level. Quarterly meetings of VSHG and senior officials of NIRPHAD who were involved in CFCDP All the planning was done by VSHG members.</td>
</tr>
<tr>
<td>21.</td>
<td>Capacity Building/ Exposure Training</td>
<td>30,000</td>
<td>February, 2007</td>
<td>An exposure visit was organized to “Pusa Agriculture Mela” Delhi. 50 farmers participated. They paid a contribution in terms cash. The scientists had a good interaction with the farmers. Farmers were able to gain more information about new varieties of wheat, mustard, peas &amp; gram &amp; any doubts among the farmers were cleared during the Q&amp;A session.</td>
</tr>
</tbody>
</table>
| 22. | Farmers training                                        | 20,000        | November 2006, February, 2007 | On 15th November a training programme was organized at Chharoa Agriculture farm. Mr. Yogendra- field Supervisor, spoke on “organic farming” and “vermi compost”. He highlighted the importance of organic farming and use of vermi compost in place of chemical fertilizers and further emphasized that organic farming and vermi-compost helps to maintain the fertility of soil. On 3rd February a training programme was organized at Krishi Vigyan Kendra Mathura. Dr. Mishra, Director Krishi Vigyan Kendra spoke about cropping patterns. He also highlighted organic farming and advised farmers to use multi crops for more benefit. He introduced a new variety of millet- 9444. One training programme was organized at Raya Agriculture Research Centre. Deputy Director Agriculture had an interactive session with the farmers. The farmers stated their problems regarding use of pesticide & certified seeds. Farmers mentioned that due to non-availability of pesticides they have stopped sowing The Deputy Director assured every possible assistance to the farmers. Scientists from research centre spoke on soil testing, organic farming, agriculture (advanced) & new implements. A one day training programme was organized at Raya Krishi Farm. The scientists described in detail regarding “Bio Fertilizers”. They advised the farmers to minimize the use of chemical
fertilizers and use vermi-compost to maintain fertility and productivity (balanced bio-diversity) of the soil

| 23. | Vermi Compost/ Organic farming | 30,000 | One demonstration of vermi compost was arranged at Nagla Surir during the reporting period. Mrs. Gyatri W/o Fate Singh participated in this demonstration. Gyatri visited Raya Agriculture Research Centre and she was motivated to establish a small vermi compost unit at her village. She has developed a good unit and is utilizing vermi compost on her land. NIRPHAD has provided financial assistance of Rs. 1000 and has assured every possible assistance in marketing. |

| 24. | Kisan Mela | 15,000 | This activity was incomplete as there was shortage of pesticides and farmers were expressing their dissatisfaction against the government department by blocking roads, demonstrations, dharnas, rallies and other forms of protests. The whole District administration was involved in handling the issue and ensured peace, so the experts from the agriculture department could not participate in the mela. Kisan Mela is a big attraction for farmers where the agriculture department arranges demonstration stalls, seeds, pesticides and sells at subsidized rates. This year due to unavoidable circumstances- beyond our control the Mela was postponed. |

| 25. | Livestock/ Fisheries/ Bee Keeping | 8,000 | 4 Awareness camps were conducted in the adopted villages under CFCDP. On 23rd February an awareness camp was held at village Nagala Surir. 30 women attended the camp. Resource persons from Veterinary University Mathura, Primary health centre for animals, DLO participated in the camps. Resource persons delivered lectures on different topics like care of milch animals, breeds of buffaloes, healthier cows for improved milk production, balanced diet for animals, immunization, preventive and curative care. Simple diseases were explained and the use of home remedies for animals was taught, and when to refer serious animals to PHC or Veterinary University etc. Besides the lectures NIRPHAD Veterinary Doctor provided information on treatment to the animals |

| 26. | Any other Maintenance |  | |

i) Renovation of three Ponds | 18,000 | Under this head one pond at Nagala Sakarya was renovated with a beneficiary contribution of Rs. 2000 |

ii) Repair of six hand pumps | 6,600 | Six hand pumps in village Gonda Atas and Nagala Surir were repaired. Village SHGs were made responsible for purchasing material & supportive supervision. Three hand pumps in village Gonda Atas and three hand pumps in |
Nagala Surir were repaired during reporting period.

### iii) Maintenance of 4 check dams

- **Budget**: 23,000
- **Status during reporting period**: During the reporting period, two check dams were repaired at village Gonda Atas under the supervision of Village Level Self Help Group who contributed in kind.

### iv) Maintenance of Drains

- **Budget**: 12,400
- **Status during reporting period**: In village Gonda Atas 80 meter drain was repaired during the reporting period. In village Nagala Surir 2 general community meetings were held. In village Nagala Surir the amount required for maintenance of drain was higher than the allocated budget so attempts are being made to motivate villagers to increase their contribution and a dialogue is still in progress.

### 2.1.2 Project No. 22013- Unit Two

#### Implementing Agency: NIRPHAD

**WORK / TECHNICAL REPORT**

<table>
<thead>
<tr>
<th>Sr. no</th>
<th>Activities planned during the year</th>
<th>Budget (Rs.)</th>
<th>Date/Duration of implementation</th>
<th>Status on 31st March, 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Teaching material</td>
<td>6,500</td>
<td>August, 2006</td>
<td>Teaching material including books, chalks, slates, note books were purchased and distributed to the ECCEC children.</td>
</tr>
<tr>
<td>2</td>
<td>Learning material</td>
<td>12,500</td>
<td>July, 2006</td>
<td>Learning material including school bags, crayons, pencils, erasers &amp; note books. were purchased from the adjacent town and distributed to the ECCEC Children.</td>
</tr>
<tr>
<td>3</td>
<td>Play material</td>
<td>10,000</td>
<td>July, September and October, 2006</td>
<td>A Merry Go round is placed at the ECCE Centre of Nagala Moji and two rickshaws were also purchased for the same Centre. The old slide of ECCE Centre Jonai was repaired.</td>
</tr>
<tr>
<td>4</td>
<td>Social development – Picnic Sports/ Cultural programme</td>
<td>16,000</td>
<td>September, 2006</td>
<td>A picnic was arranged at “Shri Banke Bihari Gaushala” on Vrindaban road. Children enjoyed the picnic by playing and dancing. Delicious lunch which included deep fried puries, mixed vegetables and a sweet dish jelabi was served</td>
</tr>
<tr>
<td>5</td>
<td>Dress/ uniform</td>
<td>40,000</td>
<td>August and December, 2006</td>
<td>School uniforms were purchased from Delhi and distributed to all ECCEC children. One summer dress was distributed in the month of August and in Winter a full pant with a long sleeve shirt was distributed among the ECCEC Children. Rs. 30 per child was the community’s contribution. VLC was involved in the distribution.</td>
</tr>
<tr>
<td>6</td>
<td>Educational material (6-10)</td>
<td>16,000</td>
<td>August, 2006</td>
<td>Educational material including books, geometry boxes, notebooks, pencils, eraser &amp; sharpeners were distributed to the children of</td>
</tr>
<tr>
<td></td>
<td>Description</td>
<td>Cost</td>
<td>Type</td>
<td>Notes</td>
</tr>
<tr>
<td>---</td>
<td>------------------------------------------------------------------------------</td>
<td>-------</td>
<td>------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>7</td>
<td>Extra Tuition</td>
<td>12,000</td>
<td>Regular</td>
<td>This activity was completed during the period (October-31st March, 2007). Educated women/girls were selected as teachers and they conducted classes at the ECCEC in the evenings. The ECCEC teacher provided supportive supervision. Attendance registers were maintained by the teacher. The progress of the children was assessed through tests (written, verbal).</td>
</tr>
<tr>
<td>8</td>
<td>Social Development/ Picnic/ Sports/ Cultural programmes</td>
<td>20,000</td>
<td></td>
<td>Children between the age group 6-10 years were taken to 'Sawan Bhado Mela' at Mathura in the month of August. They were provided with sumptuous dinner at the Mela and each child was presented a toy as a gift.</td>
</tr>
<tr>
<td>9</td>
<td>Village Education Committee/ Parents gathering</td>
<td>10,000</td>
<td></td>
<td>This activity was conducted in the month of November in 4 villages, separately, The community organizer &amp; ANM organized parents gathering at village level. Different competitions like musical chairs, lighting the candles &amp; debates were arranged and the winners were given prizes in appreciation of their participation and performance and thereby motivating them for the future. The chief guest for the Christmas Day celebrations distributed prizes to the winners. The community appreciated this activity.</td>
</tr>
<tr>
<td>10</td>
<td>Educational Materials (Non formal)</td>
<td>6,000</td>
<td></td>
<td>No educational material was purchased. Slates, pencils and some other educational material from ECCEC Centres were used to impart education.</td>
</tr>
<tr>
<td>11</td>
<td>Honorarium to Teacher (Non formal)</td>
<td>6,000</td>
<td>Regular</td>
<td>Honorarium was paid to two teachers for the villages of Nagala Moji and Nagla Sumera.</td>
</tr>
<tr>
<td>12</td>
<td>Vocational training for youth</td>
<td>20,000</td>
<td>September to December, 2006</td>
<td>For this activity, tailoring was identified and the beneficiaries were selected through village level committee in village Bhartiya. Mrs. Laxmi (trainer) who is a well known tailor in the adjacent village of Chhatikara who provided the training. Training components were designing, cutting, stitching &amp; maintenance of sewing machines etc. One month’s tailoring training was imparted to 10 girls. Under this programme at village Jonai. Mr. Meghsyam-Bhartiya received motor binding and electrical fitting training for 3 months.</td>
</tr>
<tr>
<td>13</td>
<td>Grahini training</td>
<td>16,000</td>
<td></td>
<td>This activity was partially completed. Tailoring, Non-formal education was completed in grahini training. Training in food preservation &amp; personal hygiene. were incomplete.</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Cost (INR)</td>
<td>Details</td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>------------------------------------------------------------------------------</td>
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<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Training for Social marketing for adolescents</td>
<td>15,000</td>
<td>This was a regular activity. Programme objective was to motivate young girls to adopt hygienic methods during menstrual cycle. ECCEC teachers, ANMs were made responsible to motivate young girls to use sanitary napkins which were available at ECCEC at subsidized rates for easy purchase. ANMs conducted meetings with young girls and mothers explaining the importance of use of sanitary napkins to avoid serious infections leading to infertility. The ECCEC teachers also discussed this matter with mothers during parent’s monthly meetings.</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Nutrition care for ECCEC children</td>
<td>1,65,000</td>
<td>Each day ECCEC children were provided balanced breakfast and lunch with adequate calorie requirements. Monthly menu was prepared jointly by ECCEC teachers, VLC members.</td>
<td></td>
</tr>
</tbody>
</table>
| 16   | Health care- Annual medical examination treatment for ECCEC and school going children | 12,000     | - VLC members were made responsible to supervise this programme.  
  - Dr. S.E. Nanda (Pediatrician), Associate Director of NIRPHAD is visiting each ECCEC once a week on Saturdays. Medicines for children are purchased from the budget and used in treating the children.  
  - During the reporting period 4 ECCEC children, 2 from Nagla Mauji ECCEC were treated free at SJSH by Dr. Nanda. 2 ECCEC children from Jonai were given anti-rabies injections free of cost as they had been bitten by a street dog. |
| 17   | Immunization and treatment                                                    | 12,000     | Once a month NIRPHAD’s medical team including a Doctor, ANM & Health educator visit adopted villages under CFCDP and provide medical facilities. Medicines are used for treatment and complicated patients are referred to SJSH for suitable treatment.                                                                                                                                                                                                                                   |
| 18   | Pre- & Post Natal Care                                                        | 12,000     | ANMs visit the villages (each day) adopted under CFCDP and provide pre-natal and postnatal care. A separate village register is maintained and the ANM is fully responsible to provide services to the community. She refers serious cases to NIRPHAD Chhatikara clinic for treatment. She also educates to create health awareness among women of the community.                                                                                                                                |
| 19   | Health Awareness programmes                                                  | 12,000     | On 16th December, 2006 an awareness camp was organized at Nagala Sumera. Dr. Anand Kumar, MOIC, PHC Ral was the resource person.  
  A 2nd health awareness camp was organized in the village Bhartiya. Dr. Ved Pal Tomar was |
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Cost</th>
<th>Frequency</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Health training for community health workers</td>
<td>6,000</td>
<td>Regular</td>
<td>In this regular activity ANMs are conducting fortnightly training of CHWs at the NIRPHAD Growth Centre Chhatikara. A training schedule is prepared. CHWs are provided Dai Kits including bags, gloves, rubber sheet, towels, thread &amp; new blade. CHWs submits monthly reports to the ANMs</td>
</tr>
<tr>
<td>21</td>
<td>Curative measures (treatment)</td>
<td>10,000</td>
<td>Regular</td>
<td>A team of a Doctor, ANM and health worker visited each village once in a week and medical treatment was provided to the community. The complicated patients were referred to NIRPHAD Hospital at Chhatikara and Swarn Jayanti Samudaik Hospital. Through this activity the community/ villages were provided prompt/affordable medical care at their door step</td>
</tr>
<tr>
<td>22</td>
<td>Environmental sanitation construction of low cost latrines</td>
<td>56,000</td>
<td></td>
<td>Two low cost latrines were constructed at Nagala Moji and Bhartiya ECCE Centres including beneficiary contributions. The owner of the building provided financial assistance. The latrines were constructed at ECCEC to inculcate the habit of using latrines right from the childhood.</td>
</tr>
<tr>
<td>23</td>
<td>Drinking water</td>
<td>52,000</td>
<td></td>
<td>One hand pump was installed at village Nagala Sumera</td>
</tr>
<tr>
<td>24</td>
<td>Promotion of women SHG</td>
<td>53,000</td>
<td></td>
<td>During the reporting period a training programme on “SHG Bank linkages” was conducted on 14th March, 2007 at NIRPHAD Growth Centre Chhatikara, in collaboration with NABARD. DDM NABARD was the chief guest of the programme. District Coordinator State Bank of India, and Managers of Indian Overseas bank &amp; Oriental Bank of Commerce participated in the training programme. SHG Supervisors were sent for training at Vadodra which was organized by HCDI to strengthen and sustain SHG programmes. The supervisors received information about cluster formation, federation &amp; related matters. In the month of October (28th October, 2006) one orientation programme for SHG members was organized at NIRPHAD. Manager of HDFC bank provided information about HDFC and its role in SHG programmes with more emphasis on SHG bank linkages. Exposure visits for SHG members were organized in the month of October and November, 2006. SHG members visited “Disability Mela” at Delhi which was organized by Blind Association of India. There were many stalls arranged for handicrafts made by specially gifted children. SHG members imbibed many new ideas for</td>
</tr>
</tbody>
</table>
IGP. For example, Candles, file covers, mobile covers, handicrafts, paper bags & toys. Women appreciated this visit.

On 23rd November SHG members visited “International Trade Fair” at Pragati Maidian, New Delhi. Each State of India had arranged a stall describing the culture of their State. Women were exposed to the culture of different States and their popular handicrafts. They gathered information about advanced agricultural implements, organic farming, agriculture insurance & dairy farming.

Training material as a tool plays an important role in training and makes it interesting and understandable. Training material such as flip charts were prepared in the reporting period. SHG members added inputs in composing songs related to the SHG Programme.

On 16th March, Women’s Day was organized at NIRPHAD Chhatikara. 300 women from adopted villages participated in the celebration. Mrs. Simon was the chief guest of the programme and DDM NABARD was the special guest. A leading lawyer of Mathura District Ms. Pratibha delivered a talk on “Women’s rights” in the Constitution of India. After her talk, some problems were discussed during the question answer session. Her session was appreciated by the women. DDM NABARD emphasized the role of SHG in alleviation of poverty and in women’s empowerment. SHG members and women from the villages presented a very good cultural programme. This included drama, songs, skits & dances. Women from village Nagala Sumera presented a drama emphasizing blind beliefs regarding evil for 'son preference'. The message of gender equality was adequately conveyed through a drama. Some SHG leaders/members explained how SHG changed their lives, which was worth appreciating. The whole day’s programme ended with distribution of sweets. Dr. Sanjay Emanuel Nanda delivered messages on this auspicious occasion and commented that women should raise their voice against female foeticide as the sex ratio is decreasing everyday. He also added that only women can stop this through organizing themselves. This programme was telecasted on NEO channel.

| 25 | Strengthening of village Institutions | 10,000 | 27 VLC meetings were conducted during the reporting period. In the month of October and November VLC meetings were organized at village level to prepare budgets for the year 2007-2008. During the meetings VLC members assessed the performance and }
planned activities for the next year based on their observations and priorities of the community. NIRPHAD officials played a pivotal role of enabler and helped the members while preparing & prioritizing the budget activities & content

<table>
<thead>
<tr>
<th>Event</th>
<th>Budget</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>26 Agriculture/horticulture/ Agro Forestry</td>
<td>30,000</td>
<td>Two compost demonstrations were given at village Bhartiya two farmers - Mr. Hukum Sinhg and Mr. Mukut Bihari Lal permitted use of their land. NIRPHAD provided only bricks and transportation costs. The total amount required for demonstrations was Rs. 9,500. The beneficiaries contributed 50% contribution. This was a new activity for villagers and they were appreciative Green fodder demonstrations (Jawar) were held in four adopted villages. Beneficiaries were selected through Village Level Committees. Each beneficiary was given 5Kg seed for demonstrations. 4 families were chosen from each village. Millet demonstrations were held in four adopted villages. 4 families from 4 villages were selected through Village Level Committee. Each family was provided 5 kg seed for demonstration. Technical guidance and inputs were provided to the beneficiaries once a month. An expert from Krishi Vigyan Kendra, Mathura, Raya Agriculture Research Centre visited the demonstration sites.</td>
</tr>
<tr>
<td>27 Kitchen Garden</td>
<td>5,000</td>
<td>Vegetable seeds were distributed among 50 families in three villages of Nagala Sumera, Bhartiya and Jonai</td>
</tr>
<tr>
<td>28 Improved agriculture implements</td>
<td>40,000</td>
<td>Under this activity 14 spray machines and flat pipes (Plastic) were purchased and provided to the farmers through Village Level Committees. Flat plastic pipes were distributed in two villages of Nagala Sumera and Nagala Moji. The Village level Committee was made responsible to identify beneficiaries and provide pipes to them. The beneficiaries paid money as decided by village level committee on hourly basis. This pipe was utilized for irrigation purposes. In village Nagala Sumera &amp; Nagla Moji 30 farmers 45 farmers respectively irrigated wheat and mustard crops on their lands with this pipe. 14 sprays machines were distributed in 4 villages of: Nagla Sumera-3, Bhartiya-4, Jonai-3, Nagala Moji-3. Village level committee was made responsible for follow up and to provide supportive supervision.</td>
</tr>
<tr>
<td>29 Income Generation programmes-off</td>
<td></td>
<td>The buffaloes were insured with the Oriental Insurance Company and medicines were purchased for curative treatment of animals. A</td>
</tr>
</tbody>
</table>
Cordially submitted by
Neel Prabha
Manageress, NIRPHAD.

Child focused Community Based Development Programme

2.2 Project No. 22013 (Unit 2)
Implementing Agency: NIRPHAD

Narrative Report

Dear Foster Parents,

Greetings!

NIRPHAD CFCDP programme has completed a four year tenure successfully and achieved the desired impact. The objective of writing this report is to assist foster parents to visualize in perspective the activities of CFCDP and its impact on the target community.

All four ECCEC’s are progressing reasonably well in their respective villages & a fully equipped ECCEC Centre with teaching, outdoor, indoor learning play materials, has become the centre of attraction for children. Here children are taught by the play way method using innovative ideas to make learning more interesting and informative. Nutritious food having proteins & calorie requirements for each child is provided at ECCEC along with regular medical care. During the reporting period ECCEC children enjoyed a picnic at the nearest recreation spot. They enjoyed outdoor play, cultural programmes and a delicious lunch. Parent’s meeting was conducted at each ECCEC in the month of November. Different competitions like musical chairs, lighting the candles were organized for entertainment and prizes were given to the winners.
Age groups of 6-10 years were provided education material and extra tuition facilities. They enjoyed a picnic at Sawan Bhado Mela (Fair) at Mathura. Children, who were academically weak, benefited from extra tuition facilities. Different national events were celebrated enthusiastically by the students. Sports competitions, debates, cultural programmes were organized at the village and experts from Krishi Vigyan Kendra, Veterinary University, District Hospital were involved in the awareness camps as resource persons. Vocation training was provided to boys, but this year’s strategy was different and instead girls were provided training. At village Bhartiya a group of 10 girls were imparted training in tailoring. The outcome of the training was very encouraging, five girls are stitching clothes and one girl is procuring the orders from surrounding villages. SHG meetings were conducted regularly. SHG members and poor women in the village were provided skill training in cardboard box making for one month. After completion of the training, 6 SHG members expressed their desire to start a group unit of cardboard box making to utilize the acquired skills. They decided to link their SHG with banks and use the credit amount to start a small unit at their village.

Two SHG bank applications were sanctioned in August. In the month of October, 2006, another cardboard box making training was conducted at village Nagala Sumera and 15 SHG members were trained.

For sustainability of any programme involvement of Community in planning, implementation, supervision and decision making is very crucial. NIRPHAD has formed village level committees (VLCs) in all four adopted villages under CFCDP. Regular VLC meetings are conducted at village level and VLC members are actively involved in the selection of beneficiaries, ECCEC supervision and in planning budgets for the year 2007-2008. During the meetings VLC members discussed the performance of each activity implemented and functioning of ECCEC with Project Manager. Based on an assessment, new strategies were planned.

Steps are being taken to hand over ECCEC partially to VLC in the year 2007. At village Nagala Mauji, a Supervisory Committee of seven women members has been formed to supervise day to day activities of ECCEC, prepare monthly menus, purchasing of food, & organize parent meetings. It has also been planned to form supervisory committees in other 3 villages. During the year 2007 more emphasis will be given on strengthening and delegating responsibilities to VLCs.

Involvement of youth in CFCDP is one of the major changes in strategy. Step wise plans to involve youth club members in the planning, implementation of CFCDP activities are being evolved. Special training programmes will be organized for capacity building of youth group members to work as agents of social change.

Cordially submitted by
Neel Prabha
Project Manager,
CFCDP unit II

The main objective of the department is to improve the socio economic status of the community by steadily increasing the availability of milk, meat and eggs.

The sale of these products will provide cash to the owner, and consumption of this high quality food provides better health. The whole community being vegetarian, the demand for milk is high and less for meat and eggs. The milch animals especially the buffaloes and cows are therefore increasing in number everyday and are becoming the part and parcel of each family.

The best interest of an owner is to get the maximum returns from each unit of animal with minimum inputs. Thus, this mission oriented programme of the section includes-

- Preventive & Curative treatment services at village level
- Curative treatment at the Hospital (Chhatikara)
- Improvement in livestock
- Awareness camps at village level and
- Dairy, rearing goats, Pigs, Poultry, Fisheries, and Apiary development at village level.

3.1 Preventive Treatment services at village level

A disease may be defined as an alteration in the state of the body or some of its organs, which disturbs the proper performance of normal function. This is manifested by signs which are known as symptoms. When a living agent enters an animal body and disturbs the function of any part, infection is said to have occurred. Most infections are caused by living organisms called bacteria and viruses.

The various bacterial diseases encountered in cattle, buffalo, goats and sheep are- Hemorrhagic septicemia (H.S.), Anthrax, Black Quarter (B.Q), Brucellosis, Tuberculosis (T.B.) & Johne’s Disease (J.D.), But H.S. is the most highly contagious & acute; occasionally sub acute infectious disease caused by Pasteurella bovis septica in cattle and P. bubalis septica in buffaloes. The disease is characterized by inflammatory oedema of throat, severe pneumonia with high fever. Usually affected animal dies within 24-36 hours of the onset of symptoms. The outbreak occurs during rainy season. All animals of the adopted villages and the neighboring villages were vaccinated and protected against H.S. before the onset of monsoons.

The viruses are small minute living organism of nucleoproteins capable of replicating. On gaining entry into the body, they start reproducing & utilizing the cellular nutrients of the host animal causing diseases. The common viral
diseases in cattle, buffalo, goat and sheep are - Foot and mouth (F.M.D), Pox (cow pox, buffalo pox, goat pox, sheep pox).

**F.M.D** is an acute & highly contagious disease in which vesicular eruptions appear on the mucous membrane of the mouth cavity, dental pad, tongue, lips and in the inter digital space of the cloven footed animals. The mortality rate in the affected exotic and graded exotic animals is very high but in native adult animals is only 2-3% and the animals recover in 2-3 days. The chief causes of loss are from the abortions in advanced pregnancies, unhealthy status with a poor milk yield and mortality in young stock.

In order to save the economic loss in the community and life of the animals, in the adopted and near by villages animals were vaccinated in winter (**December**).

### 3.2 Data is presented village wise in the table below-

Number of cows and buffaloes vaccinated against Haemorrhagic Septicaemia (HS) and Foot & Mouth Disease (FMD) during 2006-2007

<table>
<thead>
<tr>
<th>Village</th>
<th>Number of Animals Vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HS</td>
</tr>
<tr>
<td>Gonda Atas</td>
<td>155</td>
</tr>
<tr>
<td>Atas</td>
<td>200</td>
</tr>
<tr>
<td>Devi Atas</td>
<td>237</td>
</tr>
<tr>
<td>Jonai</td>
<td>140</td>
</tr>
<tr>
<td>Sunrak</td>
<td>160</td>
</tr>
<tr>
<td>Nagla Sumera</td>
<td>85</td>
</tr>
<tr>
<td>Babugarh</td>
<td>212</td>
</tr>
<tr>
<td>Hanumangarhi</td>
<td>50</td>
</tr>
<tr>
<td>Sakraya</td>
<td>152</td>
</tr>
<tr>
<td>Nagla Sakaraya</td>
<td>75</td>
</tr>
<tr>
<td>Nagla Ramtal</td>
<td>110</td>
</tr>
<tr>
<td>Nagla Kiki</td>
<td>50</td>
</tr>
<tr>
<td>Tehra</td>
<td>105</td>
</tr>
<tr>
<td>Nagala Surir</td>
<td>63</td>
</tr>
<tr>
<td>Bhartiya</td>
<td>208</td>
</tr>
<tr>
<td>Parkham Gujar</td>
<td>250</td>
</tr>
<tr>
<td>Nagla Moji</td>
<td>80</td>
</tr>
<tr>
<td>Sehi</td>
<td>451</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2783</strong></td>
</tr>
</tbody>
</table>

### 3.3 Curative Treatment services at NIRPHAD Hospital, Chhatikara

Preventive immunological measures are not available for protecting animals from various systemic diseases during the different seasons around the year. Only by
adopting balanced feeding, hygienic conditions and good managerial practices, the incidence of systemic diseases can be reduced to a considerable level. The number of animals reported suffering with such diseases were 851. They were examined, diagnosed and proper treatment was provided.

Some of the serious cases treated were as follows:

- **Animals with Gynaecology problems**
  - Pseudo pregnancy in female animals= 2
  - Dystokia/dystocia in buffaloes= 3
  - Retention of placenta in cows and buffaloes = 6
  - Metritis / Prolapse of uterus/ vagina in cows and buffaloes= 6
  - Mastitis= 4
  - Agalactia= 3

- **Sub fertility cases**
  - Anoestrous in cows & buffaloes= 18
  - Nymphomania = 2
  - Repeat Breeders= 2

- **General/ clinical animals**
  - Milk fever = 1
  - Haemorrhagic septicemia = 1
  - Surra = 2
  - Pneumonia= 11

- **Surgical Animals**
  - Umblical hernia = 2
  - Tumor = 2
  - Tail Amputation = 3

3.4 Curative treatment at village level
As a routine once a week the animal husbandry services were extended to the beneficiaries of the villages under the HCDI Unit I & II, using the mobile dispensary van. During the year 46 visits were undertaken. A total of 382 animals mostly buffaloes, cows and goats were examined and treatment was provided.

In addition to the above mentioned services rendered by the well qualified and experienced veterinarian, a considerably large number of sick animals were examined and primary treatment provided by the animal husbandry assistants trained by this department.

3.5 Livestock breed improvement services
**Genetic constitution** is a major factor which controls the productive performance of the animal. The fixing of high quality productive genes in specific breeds involves consistent scientific and skillful breeding practices. It is a highly technical & skilled job which requires persistent continuous effort for a long time.

Departmental efforts are centred to improve the buffaloes, cows and goats only. For this two policies were adopted:-
Breeding with Pure Bred Sires: As per the breeding policy of the Government of India and Uttar Pradesh, the “Grading up” programme was adopted for the native, desi, non-descript, low yielder buffaloes and cows. Under the programme they were continuously mated or artificially inseminated with semen of pure bred bulls of Murrah and Haryana breeds, respectively. These two native breeds are considered to be the economically high yielder, suitable for the rural areas.

High milk yielding cows were, however artificially inseminated with the semen of exotic pure bred Holstein Friesian/ Jersey bred bulls. During the year only 79 animals were artificially bred at the Centre. The main constraint faced was the irregular and short supply of the desired quality semen by the Government agency.

The nondescript female goats, which are low producers, less prolific are being genetically improved to the status of Jamunapari and Barbari breeds of goats. The community was assisted in the process of selection and purchase of the pure breed of Jamunapari and Barbari bucks, which were subsequently used as breeders.

Immigration of high yielder pure bred Murrah buffaloes, Jamunapari and Barbari she goats: Under the income generation programme, the selected beneficiaries of the community were motivated & assisted in purchase of the high yielding pure bred (as far as possible) female animals, preferably from external livestock markets.

3.6 Awareness camps at village level
In view of the rapidly changing social and economic scenario of the country, dissemination of knowledge has an important role to play. Farmers can increase their profits by minimizing the cost of inputs for production of milk, meat, & eggs. They will therefore, have to discard the outdated traditional customs and traditions of animal rearing opting for the new scientifically tested techniques & systems.

This section is making an effort to motivate the community for much needed change. In this endeavor, 7 camps were held in different villages under unit II of HCDI programme. The community of each village was informed of the date and venue of the camp a day earlier of the scheduled date so that large number of people could take advantage of the camp. Latest knowledge and information which could be adopted under the prevailing village conditions by the livestock owners were provided. Awareness camps held during the year, title of the talks delivered in different villages have been presented in the table given:

Animal Husbandry Awareness and Treatment Camps Held in unit II of HCDI

<table>
<thead>
<tr>
<th>S. no.</th>
<th>Date</th>
<th>Village</th>
<th>No. of animals examined</th>
<th>Presentations</th>
</tr>
</thead>
</table>
Renowned Scientists from the U.P. Pt. Deen Dayal Upadhaya Veterinary University and Cattle Research Institute, Mathura having rural background were frequently invited to participate, deliver talks and share best practices in the camp, so that the community benefited from their vast & rich experiences. Talks on different topics were delivered at length in each camp. Questions & answers sessions by the participants were discussed and possible practical solutions were provided.

3.7 Dairy, Goat rearing, Pigs, Poultry, Fisheries, Apiary at Village level.
The section is striving to increase the income of the community by advocating livestock rearing as an industry. Buffalo, especially the Murrah breed is widely accepted as the dairy animal in this area. Cows are the next preference. It has been observed that poor farmers with limited resources opt for cows while the more affluent buy buffaloes. But poorest of the poor in the community opt for goats. The goats are well known as a “Poor Man’s cow”. Their ability to grow and multiply at a faster rate with low inputs and economical production of milk, meat, skin, fiber and manure makes it one of the most important species of livestock for the poorest of the poor.

Considering this fact, in each village under the HCDI programme, 2 adult goats (one unit), were given free of cost (gift) to the most needy person, identified by the VSHG under the “Pass on the Gift scheme”. The person (beneficiary) was told to maintain and multiply these goats with his/her own resources, use or sell their produce. However, it was made mandatory to give (pass on) two adult kids of the gifted goats to another needy person of the community. This ‘pass on gift scheme’ of the goats has been successfully adopted.

Analyzing the progress/income generated by the above mentioned beneficiaries, others in the community have also started taking advantage of goat rearing. They procured loans from SHGs and purchased goats.

Non-vegetarian are Pigs, Poultry and Fish the food. The local consumption/market of these products in the community are negligible on account of the high cost of their produce and the vegetarian habits of the community. The farmers have found a market elsewhere.
Fisheries and Apiary could not succeed for want of the regular availability of adequate water and flowers, respectively in this area.

The section has **disseminated awareness** in the community – as how to get **profits** from the livestock, rendered technical guidance in planning, setting, successfully maintaining the Dairy, Pigs, Poultry, Goat rearing, Fishery and Apiary. Each unit was given a **start up grant** at its setting up stage by NIRPHAD.

The **No. of units established** are shown in table below:

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Village</th>
<th>Dairy</th>
<th>Goat rearing</th>
<th>Pass on the Gift (Goats)</th>
<th>Pig rearing</th>
<th>Poultry</th>
<th>Fisheries</th>
<th>Apiary</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gonda Atas</td>
<td>10</td>
<td>3</td>
<td>10</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>N-Surir</td>
<td>8</td>
<td>2</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>3</td>
<td>N-Sakaraya</td>
<td>10</td>
<td>3</td>
<td>9</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Babugarh</td>
<td>8</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>Hanumangarhi</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>6</td>
<td>N-Sumera</td>
<td>6</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>7</td>
<td>N-Mauji</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>8</td>
<td>Jonai</td>
<td>7</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>9</td>
<td>Bhartiya</td>
<td>7</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>60</td>
<td>24</td>
<td>24</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**3.8 SWOT Analysis**

**Strengths**

The Veterinary Hospital cum Artificial Insemination Centre is located at MCH Chhatikara campus. It serves as a basic centre and provides services from 9 to 16 hours daily. It has got adequate primary infrastructure to meet the basic requirements of a veterinary clinic and artificial insemination centre.

Almost all species of sick domestic animals visit the hospital but majority belongs to buffalo, cow and goat categories. They are examined thoroughly and proper treatment provided by a qualified, experienced veterinarian. The **MCH laboratory** is an invaluable asset for NIRPHAD. The facilities available are often utilized by the veterinary department. Various examinations of samples (urine, faeces, blood & semen) are conducted for arriving at the more authenticated diagnosis of diseases.

At village levels, animal husbandry work force comprising of **9 persons, trained by the department is voluntarily serving** the community at their door steps and available whenever necessary. They frequently seek the technical guidance of the veterinarian and refer the seriously sick animals to the base hospital.
The members of the **SHGs** and the staff of the ECCEC are NIRPHAD’s additional strengths, providing their whole hearted & active cooperation in all animal husbandry activities in their villages.

**Weakness**

- Non availability of quality drugs/ medicines at the hospital.
- Non availability of vehicle for providing services to the seriously sick animals at door step.
- Irregular supply of semen by the Government.

**Opportunities**

- A programme to regularly de-worm the livestock can be launched to increase the income of the community.
- Hospital can be strengthened with the latest drugs, and instruments to provide better services.
- Exposure visits and training of the staff to update their technical knowledge and skill at par with the international level.

Submitted by
Dr. Basant Singh
4. **Annual Report April, 2006 to 31st March, 2007**  
**NIRPHAD Rural Eye Programme  Chatikara, Mathura Dist., U.P.**

Dr. Dinesh Chapparia, (MS)  
Ophthalmologist  
Chatikara

4.1 **Objective of Report**  
- Evaluate the performance of eye department of Chhatikara-both narrative and statistical.  
- Recognize **hurdles & problems** in delivering services and suggestions to overcome these hurdles.

4.2 **Material & Methods**  
- Patients are seen in Base clinic, field clinic and camps.  
- The input of patients in the department is through various channels.

4.3 **Process involved in performance**

**Planning**  
- Planning is very integral part of eye camps  
- Camps commence from August to April, though this year in 2006 NIRPHAD organized the camps in the month of July.  
- Before planning a camp, certain ingredients are given special attention.  
- Permission from District CMO  
- Location of camp  
- Availability of surgical staff  
- Seasonal harvests, sowing, marriages and other religious holidays – during these special occasions, camps cannot be held.  
- Natural disasters like floods & droughts are also taken into special consideration

**Organization**  
- Motivation and orientation of staff is essential.  
- Unnecessary leave to the staff was not allowed when there is a heavy workload  
- Stocks of instruments/ supplies were checked at the time of planning.  
- Pre operative assessment of patients is highly essential in order to calculate the amount of vision a patient receives after cataract surgery

**Implementation**  
- Effective Implementation of plan is essential to perform high volume of surgery.  
- The above ingredients must also be taken into consideration for maximizing output.  
- Midterm assessment after every camp so that midcourse corrections can be assured
4.4 **Manpower/ Tools**
Administrator (1)  
Refractionists (2)  
O.T. Technicians (2)  
Ward Sister (1)  
Receptionist (1)  
Peon (1)  
Drivers (2)  
Sweeper (1)

4.5 **Equipment**
In OPD-Direct & Indirect Ophthalmoscopes, Slit Lamp, Tonometer, synoptophore, Retinoscope, Refraction box, Auto refractometer, Keratometer, A-Scan, Yag Laser

4.6 **O.T.**
Two operating microscopes, Autoclave, Hot air oven, fumigation chamber and Phaco machine

4.7 **Adequacy of staff/ instruments**
- Bare, minimum, need an extra trained refractionist  
- Staff is good & adequate but as far as my opinion is concerned they should have more training.

4.8 **Control**
- The whole Eye program is controlled in a hierarchy as follows:  
  - policies & budgets are scrutinized by the headquarters of NIRPHAD in consultation with the donor agencies  
  - the budgets are scrutinized and passed by the Finance Committee of NIRPHAD  
  - All activities in a program are according to the mandate of the CBM  
  - legally the ownership of the whole program is of the NIRPHAD Society and CBM is a legal partner  
  - Data of all activities are regularly sent through annual reports to CBM who will comment on the content of the data for further improvement  
  - Financial reports (according to the instructions in the FCRA Act) are sent to the donor agencies after scrutinizing by the Finance, Executive & the Board Society with a copy to the Finance Department of the Home Ministry

4.9 **Activities**
I was posted at Bajna till 31st May, 2006. Till Dr. Shanti Pandey (MS) was posted as an ophthalmologist in Chhatikara. She resigned from the Hospital on 31st May & I was transferred from Bajna to Chhatikara Rural Eye Hospital.  
Initially, I used to visit Bajna for three days & the remaining 3 days I visited Chhatikara, but as the workload increased the visit to Bajna was reduced to one day a week.

In September 2006, Dr. Shilpa Malhotra joined Bajna but her work was unsatisfactory and she was asked to leave in January, 2007.
In March 2007 Mr. N.L. Mishra also retired (who was working as field officer and camp organizer) from the Eye Hospital. He was a very valuable asset to our organization.

4.10 Training
It was unfortunate that I could not attend Phaco training which was planned in October, 2006. Dr. Sara Varughese (Consultant), CBM visited the Hospital and gave some valuable surgical tips. She guided how to maintain records and about sterilization. She also assured my selection for training in Phaco. She emphasized pre & postoperative documentation of acute vision, so that the results of the surgery can be assessed according to the standards norms of UNICEF.

Total number of OPD patients seen- 22,223  
Total number of patients seen at Chhatikara Hospital – 13598  
Total number of patients seen in weekly clinics - 3614  
Total number of patients seen in camp clinics – 5011

4.11 Refractions
Total no. of refractions at Base Hospital – 6165  
Total no. of refractions at Weekly clinics – 83  
Total no. of patients seen at camps- 1024  
Total no. of camps organized – 15

4.12 Statistics of surgeries
Total no of surgeries performed – 1428

4.13 Operations
Categorization of surgery  
Total number of operations at Chhatikara Hospital – 562  
Total number of operations at camp – 866  
Total number of IOL at Base- 441 – Extra Capsular Cataract Extraction (ECCE) at base- 30  
Total number of IOL at Camp – 745- ECCE at base camp- 77  
Total number of Glaucoma operations – 17 (base), 6 (camp)  
Other surgeries:  
(e.g. DCR, Entropin, Ectoprion, Chalazion, Pterygium) – 112

<table>
<thead>
<tr>
<th>Month</th>
<th>Hospital</th>
<th>Camp</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IOL</td>
<td>CAT.</td>
</tr>
<tr>
<td>April</td>
<td>36</td>
<td>3</td>
</tr>
<tr>
<td>May</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td>June</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td>July</td>
<td>19</td>
<td>3</td>
</tr>
<tr>
<td>August</td>
<td>18</td>
<td>4</td>
</tr>
<tr>
<td>September</td>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td>October</td>
<td>48</td>
<td>2</td>
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<tr>
<td>November</td>
<td>65</td>
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<tr>
<td>December</td>
<td>54</td>
<td>2</td>
</tr>
<tr>
<td>January</td>
<td>39</td>
<td>1</td>
</tr>
</tbody>
</table>
IOL – Intraocular Lens (implant)
CAT – Cataract (plain w/o lens)
GLU- Glaucoma

4.14 Problems and Hurdles
- inadequate trained staff
- Lack of motivation among staff

4.15 Job Satisfaction
- Freedom to make decisions to deliver satisfactory services
- Emoluments adequate
- Supportive supervision of administrative staff is good
- Volume & varieties of patients is adequate to prevent boredom

4.16 Suggestions
- Appointment of more trained staff
- Weekly meeting of administration with staff
- Phaco training for surgeon

4.17 SWOT
Strengths -
- Good exposure
- Adequate emoluments
- Supportive Administration

Weaknesses-
- More training for staff needed
- One more refractionist needed
- Motivation and orientation lacking
- Staff-minimum
- Staff taking leave during surgical season
- Field camps not well organized

Opportunities-
- To go for Phaco training
- Valuable tips from Dr. Sara Varghese regarding surgical procedures and assessment.
- Personal understanding / coordination among staff can be improved
- Better planning and implementation for healthy results

Threats –
- Insecurity when planning on long term basis
- Increase in competition from other agencies
5. NIRPHAD Rural Eye Programme Bajna Mathura U.P.
Annual Report April, 2006 to 31st March, 2007

Report of Assistant Accountant-Manager, Bajna
Mr. Anil Kumar Gupta
Joining Date 2nd October, 1980

5.1 Daily Routine: collecting and compiling vouchers, cash book, eye ‘recoveries’ for services from patients, O.P.D. clinic statistics, all records pertaining to eye services, maintain log book for Jeep/ Car & motorcycle with maintenance. Maintenance of generator, electricity, water pump, building, eye ward, OT, doctor’s chamber, attendance, leave, salary, stock registers & eye camp organization.
Supervision of the construction of the new surgical block with Mr. Kamal, the engineer from MEO
Liaison with Aligarh C.M.O. Office regarding eye official work & CMO Mathura (submit surgery statistics and payment for cataract operations).

5.2 Recovery from patients

<table>
<thead>
<tr>
<th>Total</th>
<th>Rs. 3,35,153.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) Eye OPD Clinic</td>
<td>48,240.00</td>
</tr>
<tr>
<td>(B) Cost of I.O.L, Refraction &amp; charges for cataract operations</td>
<td>2,67,583.00</td>
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<tr>
<td>(C) Old Items</td>
<td>19,000.00</td>
</tr>
<tr>
<td>(D) Green Vegetables</td>
<td>330.00</td>
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3,35,153.00

Type of surgery

<table>
<thead>
<tr>
<th>Total</th>
<th>164</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) I.O.L</td>
<td>136</td>
</tr>
<tr>
<td>(B) Plain Cataract</td>
<td>09</td>
</tr>
<tr>
<td>(C) Glaucoma operations</td>
<td>01</td>
</tr>
<tr>
<td>(D) Others</td>
<td>18</td>
</tr>
</tbody>
</table>

5.3 Total No. Patients attending O.P.D

<table>
<thead>
<tr>
<th>Total</th>
<th>4826</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) Base clinic</td>
<td></td>
</tr>
<tr>
<td>(B) Camps (30 Nos.)</td>
<td>2678</td>
</tr>
</tbody>
</table>

5.4 Total No. patients who were given free treatment

<table>
<thead>
<tr>
<th>Total</th>
<th>598</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) I.O.L surgery</td>
<td>390</td>
</tr>
<tr>
<td>(B) Plain Cataract (with no implant)</td>
<td>203</td>
</tr>
<tr>
<td>(C) Others</td>
<td>05</td>
</tr>
</tbody>
</table>
5.5 **Hurdles**

(A) The Director or Coordinator could not spare time to attend monthly meetings with the staff.

(B) Part time eye surgeon is inadequate to the need of the Hospital & community/target groups

(C) Insufficient pre and post operative medicines.

(D) Shortage of trained staff

(E) Building needs-maintenance, repair Boundary wall and permanent watchman

(F) Disbursement of monthly salaries was erratic

(G) Non availability of vehicle for publicity to organize camps and field work.

(H) A spectacles & a pharmacy shop will bring more incomer from the patients besides being user friendly

(I) Yearly increments should be considered when finances permit.

(J) It will be necessary to run OPD by trained staff in the absence of a trained doctor.

5.6 **Present staff**

- Mr. Anil Kumar Gupta – Manager/Accountant
- Mr. Subhash Singh – Assistant to the Surgeon/In charge of OR
- Mr. Satayvir Singh – multi purpose worker
- Mr. Mahesh Chandra – multi purpose worker
- Two sweepers, Two watchman

5.7 **Visiting Doctor & staff**

- Dr. Dheeraj Chhaparia, DOMS
- Dr. Shilpa Arora, DOMS
- Dr. Sanjeev Malhotra, DOMS
- Dr. Neelesh Mittal MS (O)
- Dr. Lalit Kumar, DOMS
- Mr. Hemvir - Technician
- Mr. Ram Kishore Lawania – OR Assistant
- Mr. Om Prakash –

5.8 **Visitors**

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Date</th>
<th>Visitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>03.05.2006</td>
<td>Dr. Sanjay Nanda, Associate Director, Mr. M.D. Agrawal, Ms. Neel Prabha for SHG, Ajnoth</td>
</tr>
<tr>
<td>2</td>
<td>28.06.2006</td>
<td>Mr. M.I. Khan, DDM NABARD, Mr. Bansal, Ms. Neel Prabha, Mr. Kaushal, Syndicate Bank Manager “Visited SHG Dyan Das Bachat Sangh”</td>
</tr>
<tr>
<td>3</td>
<td>12.07.2006</td>
<td>Dr. Sara Vargheses, Consultant CBM, Mr. M.D.Agrawal, Mr. Kiran Langer and Dr. Dheeraj Chhaparia</td>
</tr>
<tr>
<td>4</td>
<td>19.07.2006</td>
<td>Mr. Kiran Langer and Ms. Neel Prabha for SHG meeting</td>
</tr>
<tr>
<td>5</td>
<td>22.07.2006</td>
<td>Ms. Neel Prabha, Ms. Sunita for visited SHG Bhootgarhi and Bajna</td>
</tr>
<tr>
<td>6</td>
<td>26.08.2006</td>
<td>Ms. Neel Prabha, Mr. Nirottam visited for SHG meeting</td>
</tr>
</tbody>
</table>
5.9 Training Programme
The Manager attended a community outreach & social marketing of eye care services held at Lions Aravind Institute of Community Ophthalmology Madurai India from November 15 to December 14, 2006.

5.10 NIRPHAD Rural Eye programme, Bajna
Recoveries from April,2006 to March,2007

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Month</th>
<th>Amount (in Rs.)</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>April,2006</td>
<td>18,635.00</td>
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<td>2.</td>
<td>May,2006</td>
<td>18,540.00</td>
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<tr>
<td>3.</td>
<td>June,2006</td>
<td>17,510.00</td>
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<tr>
<td>4.</td>
<td>July,2006</td>
<td>6,760.00</td>
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<tr>
<td>5.</td>
<td>August,2006</td>
<td>7,913.00</td>
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<td>6.</td>
<td>September,2006</td>
<td>28,920.00</td>
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<tr>
<td>7.</td>
<td>October,2006</td>
<td>6,310.00</td>
</tr>
<tr>
<td>S.no.</td>
<td>Particulars</td>
<td>Quantity/Rate (Rs.)</td>
</tr>
<tr>
<td>-------</td>
<td>---------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>1.</td>
<td>O.P.D. Base clinic</td>
<td>4826@ 10</td>
</tr>
<tr>
<td>2.</td>
<td>Refraction</td>
<td>525@ 10</td>
</tr>
<tr>
<td>3.</td>
<td>F.B.</td>
<td>57@ 50</td>
</tr>
<tr>
<td>4.</td>
<td>Suture Removal.</td>
<td>05@ 30</td>
</tr>
<tr>
<td>5.</td>
<td>I.O.L (Implant)</td>
<td>23@2000</td>
</tr>
<tr>
<td>6.</td>
<td>I.O.L (-do)</td>
<td>01@1800</td>
</tr>
<tr>
<td>7.</td>
<td>I.O.L (-do)</td>
<td>03@1500</td>
</tr>
<tr>
<td>8.</td>
<td>I.O.L (-do)</td>
<td>59@1200</td>
</tr>
<tr>
<td>9.</td>
<td>I.O.L (-do)</td>
<td>05@1000</td>
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<tr>
<td>10.</td>
<td>Plain Cataract Surgery</td>
<td>09@ 800</td>
</tr>
<tr>
<td>11.</td>
<td>Iris prolapse</td>
<td>01@ 500</td>
</tr>
<tr>
<td>12.</td>
<td>Trachoma</td>
<td>01@ 100</td>
</tr>
<tr>
<td>13.</td>
<td>Entropion</td>
<td>01@ 450</td>
</tr>
<tr>
<td>14.</td>
<td>Pterygium</td>
<td>01@ 450</td>
</tr>
<tr>
<td>15.</td>
<td>F.B.</td>
<td>01@ 450</td>
</tr>
<tr>
<td>16.</td>
<td>Refraction</td>
<td>644@ 20</td>
</tr>
<tr>
<td>17.</td>
<td>Refraction</td>
<td>13@ 30</td>
</tr>
<tr>
<td>18.</td>
<td>Refraction</td>
<td>01@ 18</td>
</tr>
<tr>
<td>19.</td>
<td>F.B.</td>
<td>01@ 100</td>
</tr>
<tr>
<td>20.</td>
<td>Pterygium</td>
<td>03@ 350</td>
</tr>
<tr>
<td>21.</td>
<td>Pterygium</td>
<td>03@ 100</td>
</tr>
<tr>
<td>22.</td>
<td>Trachoma</td>
<td>01@ 300</td>
</tr>
<tr>
<td>23.</td>
<td>Refraction</td>
<td>01@ 15</td>
</tr>
<tr>
<td>24.</td>
<td>F.B.</td>
<td>01@ 30</td>
</tr>
<tr>
<td>25.</td>
<td>Syringing</td>
<td>03@ 50</td>
</tr>
<tr>
<td>26.</td>
<td>Color vision</td>
<td>05@ 50</td>
</tr>
<tr>
<td>27.</td>
<td>IOL (Implant)</td>
<td>17@3000</td>
</tr>
<tr>
<td>28.</td>
<td>IOL (-do-)</td>
<td>06@1100</td>
</tr>
<tr>
<td>29.</td>
<td>IOL (-do-)</td>
<td>01@ 900</td>
</tr>
<tr>
<td>30.</td>
<td>Entropian</td>
<td>01@1200</td>
</tr>
</tbody>
</table>

5.11 **Categorization of Activity & Financial Statement**

<table>
<thead>
<tr>
<th>S.no.</th>
<th>Particulars</th>
<th>Quantit y/Rate</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>8.</td>
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<td>77,255.00</td>
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<td>December, 2006</td>
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<td>32,440.00</td>
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<td>11.</td>
<td>February, 2006</td>
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<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td>3,15,823.00</td>
</tr>
</tbody>
</table>
5.12 Patients who paid for operations
IOL 136
Cataract 09
Glaucoma 01
Others 18

TOTAL 164

5.13 Patients who did not pay for investigations & treatment
Vision Test 1133
Refraction 259
At O.P.D. Camp (field) 1796
At O.P.D. Camp (clinic) 882

Operations conducted in the field 424
Operations conducted in the clinic 598
I.O.L 390
Cataract 203
Others 05

Stratification of patients by age
0 to 15 years (field clinic) 64
0 to 15 years children (base clinic) 579

5.14 Monthly Categorization of patient visits (new/old), free services & gender status

<table>
<thead>
<tr>
<th>Month/ Year</th>
<th>Total</th>
<th>New</th>
<th>Old</th>
<th>Free</th>
<th>Male</th>
<th>Female</th>
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</thead>
<tbody>
<tr>
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<td>390</td>
<td>32</td>
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<tr>
<td>May,2006</td>
<td>545</td>
<td>504</td>
<td>41</td>
<td>03</td>
<td>199</td>
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<td>June,2006</td>
<td>405</td>
<td>372</td>
<td>33</td>
<td>01</td>
<td>151</td>
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<td>July,2006</td>
<td>404</td>
<td>365</td>
<td>39</td>
<td>01</td>
<td>120</td>
<td>284</td>
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<tr>
<td>August,2006</td>
<td>290</td>
<td>266</td>
<td>24</td>
<td>04</td>
<td>97</td>
<td>193</td>
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<tr>
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<td>420</td>
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<td>170</td>
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<td>08</td>
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<td>174</td>
<td>273</td>
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<td>309</td>
<td>14</td>
<td>01</td>
<td>122</td>
<td>201</td>
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</table>
5.15 Categorization of patients who paid and patients who did not pay (had free treatment)
NIRPHAD Rural Eye Programme Bajna- Mathura & Aligarh (Khair & Tappal)

<table>
<thead>
<tr>
<th>Month / Year</th>
<th>Mathura Free- Bajna</th>
<th>Aligarh Free</th>
<th>Grand Total</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td>Cat.</td>
<td>G.L.</td>
</tr>
<tr>
<td>April, 2006</td>
<td>01</td>
<td>14</td>
<td>-</td>
</tr>
<tr>
<td>May, 2006</td>
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<td>June, 2006</td>
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<td>Total</td>
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<td>January, 2007</td>
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<td>February, 2007</td>
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<tr>
<td>March, 2007</td>
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<td>08</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>37</td>
<td>134</td>
<td>-</td>
</tr>
</tbody>
</table>

IOL stands for (intraocular lens)- Implant; GL stands for glaucoma; cat stands for cataract

5.16 Annual Report April, 2006 to March, 2007
Operation List Paid & Free
NIRPHAD Rural Eye Programme Bajna Mathura

<table>
<thead>
<tr>
<th>Month / Year</th>
<th>Paid</th>
<th>Free</th>
<th>Grand Total</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td>Cat.</td>
<td>G.L.</td>
</tr>
<tr>
<td>April, 2006</td>
<td>09</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>May, 2006</td>
<td>03</td>
<td>05</td>
<td>-</td>
</tr>
<tr>
<td>June, 2006</td>
<td>06</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>July, 2006</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
### Annual Report April, 2006 To March, 2007
#### Eye O.P.D Camp Mathura + Aligarh (U.P.)

<table>
<thead>
<tr>
<th>S.No</th>
<th>Date</th>
<th>Place</th>
<th>Total Patient</th>
<th>New</th>
<th>Old</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
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<td>56</td>
<td>-</td>
<td>31</td>
<td>25</td>
</tr>
<tr>
<td>2</td>
<td>10.04.2006</td>
<td>P.H.C. Gonda</td>
<td>15</td>
<td>15</td>
<td>-</td>
<td>06</td>
<td>09</td>
</tr>
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<td>3</td>
<td>24-25.04.2006</td>
<td>NIRPHAD Base Centre Bajna</td>
<td>70</td>
<td>70</td>
<td>-</td>
<td>27</td>
<td>43</td>
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<tr>
<td>4</td>
<td>04-05.09.2006</td>
<td>NIRPHAD Base Centre Bajna</td>
<td>94</td>
<td>91</td>
<td>03</td>
<td>41</td>
<td>53</td>
</tr>
<tr>
<td>5</td>
<td>25-26.09.2006</td>
<td>NIRPHAD Base Centre Bajna</td>
<td>143</td>
<td>136</td>
<td>07</td>
<td>79</td>
<td>64</td>
</tr>
<tr>
<td>6</td>
<td>03.10.2006</td>
<td>New P.H.C. Shiwala</td>
<td>93</td>
<td>93</td>
<td>-</td>
<td>34</td>
<td>59</td>
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<td>2635</td>
<td>43</td>
<td>1184</td>
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5.18 SWOT Analysis

Strengths –
- Good exposure
- Mr. Anil trained in Community Outreach and Social Marketing of eye care by Aravind Institute
- Experienced staff

Weaknesses-
- Monthly meeting with Director / Coordinator needed
- Part time eye surgeon
- Insufficient pre-post operative medicines
- Shortage of trained staff
- Old building needs repairs
- Disbursement of monthly salaries erratic / yearly increment of salaries should be regular
- Vehicle needed for camps
- Number of refraction done in field, percentage is low as compared to base clinic.
- Charges-should be considered

Opportunities-
- Large area of the community can be covered if full time doctor and trained staff are recruited
- Contribution from the community- need to be re-explored.
- With new building and better team work things are expected to change.
- To have more eye camps and to increase patient load and incomes

Threats
- Local community participation needed
- Land dispute
- Local leaders creating problems regarding some of the decisions.
Anup Baran Rauth  
B.S.C, DMLT  
Laboratory Technician  
NIRPHAD Rural Eye Hospital  
Chattikara  
**Joining Date:** 1\textsuperscript{st} July 2001

Technician is responsible for the maintenance of this laboratory and conducts various types of examinations/ tests as required by the MCH & Eye sections of NIRPHAD Growth Centre. Laparoscopic tubectomy camps were organized by the District Hospital officials and the technician conducted all the tests pre-operatively.

Direct observation treatment (DOT) programmes were sponsored by the State Government’s District Hospital. The process involves collection of samples, testing, step by step procedures & the results are reported to the physician. Positive patients were provided DOT (Direct Observation Treatment) at the lab.

Some of the issues are faced on account of work load, particularly on the days of Dr. Shakuntala Shrivastav (MCH), by the eye hospital on account of the large number of patients, who request immediate testing and submitting of the reports by 13:00 hours. The routine becomes quite hectic.

Other responsibilities are:-

- Proper disposal of the laboratory waste
- Quality check of the chemicals and standardization of the equipment regularly.
- Maintenance of all records of the tests.

**STRENGTHS**

- Lab possesses monocular scope, centrifuge machine, incubator and all types of chemicals required for the above tests.
- The Department regularly receives quality control training from Dr. Britt, twice a year to improve efficiency of the staff and the Department as a whole.

**WEAKNESS**

- Some times difficulties are faced on account of the out dated equipment such as monocular microscope.
### 6.1 Pathology Report
**From 1st April, 2006 to 31st March, 2007**

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<tr>
<td>12</td>
<td>VDRL</td>
<td>67</td>
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<td>13</td>
<td>Blood Sugar (By Glucometer)</td>
<td>04</td>
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<tr>
<td>14</td>
<td>Stool – Routine examination</td>
<td>01</td>
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<tr>
<td>15</td>
<td>Semen Analysis</td>
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</tr>
<tr>
<td>16</td>
<td>Bleeding &amp; Clotting time</td>
<td>02</td>
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<td>17</td>
<td>(Hemoglobin )By Hemo -Q</td>
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<td>18</td>
<td>Sputum for A+B</td>
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<td>19</td>
<td>Widal for Typhoid test</td>
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<td>HIV I &amp; II</td>
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<td><strong>Total Tests</strong></td>
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Medicines provided to DOT Patient through RNTCP at Chhatikara
Number of Patients – 5

Payment for Test in cash: Rs. 45,228.00
Others test i.e. eye operations Rs. 43,382.00

Rs. **88,610.00**

### 6.2 Pathology Report – Yearly Comparison

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<tr>
<td>Clotting time</td>
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Receipts

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7 Agra Urban Health Program
Dr. Mrs. Sharma
Mr. Sarfaraz Ahemad
Date of Joining: 2005 & 2007 respectively

List of acronyms
ACMO Additional Chief Medical Officer
ANM Auxiliary Nurse Midwife
BCC Behavior Change Communication
BF Breast Feeding
CMO Chief Medical Officer
CLV Community Link Volunteer
CO Community Organizer
MAS Mahila Arogya Samiti
NIRPHAD Naujhil Integrated Rural Project for Health and Development
ORC Outreach Camp
PPP Public Private Partnership
PC Project Coordinator
RCH Reproductive and Child Health
USAID United States Agency for International Development
UHC Urban Health Centre
UHRC Urban Health Resource Centre

“Health is Wealth”

7.1 Introduction:-
The ongoing Agra Urban Health Program is a Public-Private-Partnership (PPP) model program. The Urban Health Resource Centre (UHRC) is committed to addressing the needs of the urban poor by working with their key partners to raise awareness and mobilize resources on health issues in the slums of Agra. The program is being implemented in Agra to assist DMHFW, Govt. of UP through appropriate approaches to improve the health status of the urban poor in Agra. NIRPHAD is one of the key partners of UHRC who provide services in the slums of Agra.

7.2 Policy of NIRPHAD
The Quality Policy of NIRPHAD
“We, the employees of NIRPHAD, driven by personal commitment and determination, shall support each other to deliver Maximum services possible to the community, so that, they remember NIRPHAD for having provided service that was more than what they had expected.”
7.3 Objective of the Report (Main):

The main objectives of the public-private partnership under Agra urban health plan are:

- Improve **service coverage** and enhance individual, family and community level demand through urban-specific intervention approaches.
- Enhance capacity of community-based volunteers/groups, NGOs, charitable institutions and private and public sector health service provider for health promotion, and management of health facilities.
- Promote sustainable systems and enabling environment for improved urban health by strengthening institutional capacity at community level, by improving coordination among all stakeholders, and by establishing a policy environment in favor of vulnerable pockets and urban child health issues.
- Promote demand-led convergence mechanisms to link the demand with improved qualities of and access to services at the community and referral levels. Better targeted policies and increased allocation of resources for urban slum health.
- The proposed phase will focus on strengthening the public-Private Partnership (PPP) approach initiated during the last phases.

7.4 Objective of the Report (Subsidiary)

The subsidiary objective of this report is “**role of NIRPHAD, Agra team to improve the health status of Agra urban poor.”**

7.5 Background of the program

The ongoing Agra urban health program is committed to addressing the needs of the urban poor by working with the key partners to raise the awareness and mobilize the resources on health conditions in urban slums of selected cities in India. UHRC has been an institutionalized from, and will continue the work, of EHP India with ongoing support from USAID. UHRC's urban health program is being implemented in Agra to **assist Department of Medical, Health and Family Welfare, Government of Uttar Pradesh through appropriate approaches to improve the health status of the urban poor in Agra city.**

Further, UHRC’s efforts at Agra include informing and influencing urban health programmatic **directions** and to demonstrate how to improve and **strengthen service delivery** mechanism in a sustainable manner by involving private sector partners under Public-Private Partnership framework.

Pursuant to Government of India's guidelines for development of city-level urban slum health projects, **Govt. of UP** has decided to **partner with NGOs and charitable/not-for-profit hospitals** under the Agra Urban Health Plan for the following components:

- Provision of 1st tier services;
- Provision of 2nd tier/referral services; and
• Strengthen community-provider linkages.

Responding to Government of Uttar Pradesh's request suggesting UHRC to initiate PPP models in Agra, UHRC has initiated the public-private partnership (PPP) process in consultation with the Department of Medical, Health and Family Welfare (DMHFW), Agra. The Screening Committee under the chairpersonship of Chief Medical Officer, DMHFW, Agra recommended three NGOs, NIRPHAD, FPAI, and SNBS to engage in primary RCH service delivery through establishment of new Urban Health Centres (UHCs) in the identified area in the city along with or community mobilization and demand generation work. The purpose of this proposal is for Naujhil Integrated Rural Project for Health and Development (NIRPHAD) to support implementation of the Agra Urban Health Program in Azampa da UHC area, in 18 slum neighborhoods (or bastis), covering an approximate slum population of 49,486 so as to develop replicable models of urban health program through Public-Private Partnerships.

NIRPHAD will further strengthen the Public-Private Partnership (PPP) approach, under the Agra urban health plan and will focus on:

• Strengthening community-provider linkages through community mobilization and demand generation for primary reproductive and child health services;
• Improving health service coverage through multi-stakeholders’ approach at UHC level;
• Strengthening linkages with DMHFW for smooth implementation of PPP;
• Strengthening fund raising efforts

**Staffing pattern of UHC, Shankerpuri, Agra**

- Project coordinator - 1
- Lady Medical Officer - 1
- ANMs - 2
- Community Organizers - 3
- Accountant - 1
- Community Link Volunteers - 32

**Key Activities:**

We, (NIRPHAD Agra team) provide two types of services to the community. We provide directly OPD as well as ORC services to the community from NIRPHAD managed Urban Health Centre (UHC), Shankerpuri. On the other hand, we also do the community mobilization activities by formation of Self Help Group (SHG), which is also known as Mahila Arogya Samiti (MAS) and by organizing Behavior Change Communication Activities (BCC) and IEC activities. Under BCC activities, we do Mother Shows, Baby Show, Annaprashan, Nukkad Natak, Magic Show, and Health Rally with school children. These BCC activities sensitize communities on RCH and to adopt healthy and hygienic practice, as well as to adopt early and exclusive breast feeding (BF).
UHC (NIRPHAD Managed)

Direct Services through

Community Awareness Activities

OPD

ORC

BCC

MAS

1. Mother Show
2. Baby Show
3. Annaprashan
4. Magic Show
5. Nukked Natak
6. Health Rally
7. Thematic Counseling

Community

[Fig: - Graphical representation of service flow to the community from UHC managed by NIRPHAD]
Magic Show

Annaprashan

Awareness Camp with A.CMO and UHRC Staff

Baby Show

Nukkad Natak

Outreach Camp

Health Rally with CMO {Agra}

Mother Show
### 7.6 Coordination with DMHFW, Agra

As a part of PPP, DMHFW, Agra has helped us by providing regular supplies of medicines and vaccines for immunization and to make the program successful. In addition, we also helped DMHFW by taking part in Routine Immunization (RI) program.

### 7.7 Ongoing Review and Monitoring Visit:

We are thankful to our Managing staff Dr. E.B.Sunderam, Dr.Nanda, Mr. M.D Agarwal as well as to UHRC staff under those supervision and guidances we are able to carry on this program successfully. Their valuable suggestions helped us to improve our planning, implementation, and monitoring skills.
7.8 AUHP Annual Statistical Report For the month of April.06 to March.07

Total No. Of Slums : 18
Total Population : 49816

Total No. of Pregnant women : 6023
Total No. of Children 0-1yr : 6023

(A) Information on Coverage area

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<th>Total No. Of Children 1-3 years</th>
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<td>6023</td>
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<td>28041</td>
<td>65832</td>
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(B) Immunization Report:

<table>
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<tr>
<th>S. No</th>
<th>Month</th>
<th>BCG</th>
<th>D.P.T</th>
<th>Polio</th>
<th>Measles</th>
<th>Vitamin A</th>
<th>Booster</th>
<th>DT</th>
<th>T.T. Ist</th>
<th>T.T. IInd</th>
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<tbody>
<tr>
<td></td>
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<td></td>
<td>I</td>
<td>II</td>
<td>III</td>
<td>I</td>
<td>II</td>
<td>III</td>
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<td>II</td>
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<td>208</td>
<td>58</td>
<td>87</td>
<td>39</td>
<td>-</td>
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<tr>
<td>8.</td>
<td>November.06</td>
<td>60</td>
<td>55</td>
<td>57</td>
<td>62</td>
<td>210</td>
<td>44</td>
<td>92</td>
<td>41</td>
<td>-</td>
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<tr>
<td>9.</td>
<td>December.06</td>
<td>71</td>
<td>64</td>
<td>59</td>
<td>70</td>
<td>218</td>
<td>48</td>
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<td>49</td>
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<td>10.</td>
<td>January.07</td>
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<td>85</td>
<td>89</td>
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<td>138</td>
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<td>February.07</td>
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<td>73</td>
<td>77</td>
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<td>12.</td>
<td>March.07</td>
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<td>70</td>
<td>67</td>
<td>69</td>
<td>207</td>
<td>94</td>
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<tr>
<td>Total</td>
<td></td>
<td>760</td>
<td>734</td>
<td>661</td>
<td>686</td>
<td>2344</td>
<td>808</td>
<td>1210</td>
<td>352</td>
<td>89</td>
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</tbody>
</table>
### (C) Activities:

<table>
<thead>
<tr>
<th>S.No</th>
<th>Key Activities</th>
<th>Planned</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Conduct CB Session for Link Volunteer</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>2.</td>
<td>Conduct CB Session for Community Organizer and ANM</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>3.</td>
<td>Conduct outreach camps (10 Per Month)</td>
<td>120</td>
<td>120</td>
</tr>
<tr>
<td>4.</td>
<td>Conduct Community Meeting</td>
<td>192</td>
<td>192</td>
</tr>
<tr>
<td>5.</td>
<td>Provide OPD Services from UHC Shankarpuri (Average no Of Patients)</td>
<td>2400</td>
<td>2400</td>
</tr>
<tr>
<td>6</td>
<td>Awareness Camps</td>
<td>41</td>
<td>41</td>
</tr>
<tr>
<td>7</td>
<td>Annaprashan</td>
<td>18</td>
<td>18</td>
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<td>8</td>
<td>Conduct Thematic Group counseling session</td>
<td>300</td>
<td>300</td>
</tr>
<tr>
<td>9</td>
<td>Nukked Natak</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>10</td>
<td>Magic Show</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>11</td>
<td>Group Meeting with MAS</td>
<td>42</td>
<td>42</td>
</tr>
<tr>
<td>12</td>
<td>Healthy Baby Show</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>13</td>
<td>Healthy Mother Show</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>14</td>
<td>Routine Immunization</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

### (D) Total No Of Mahila Arogya Samiti (MAS):

15 Mahila Arogya Samiti
8 NIRPHAD SIFPSA AGRA

Project Coordinator: Mr. B. R. Yadav
Employed since: 20 years

8.1 Project Title:
Innovative Approach to implement RCH Programmes through Voucher schemes in three rural blocks of Agra District (Akola, Bichpuri, Barauli Aheer)

8.2 Location of the Project
Three block of Agra District namely Akola, Bichpuri & Barauli Aheer

Coverage

<table>
<thead>
<tr>
<th>Population:</th>
<th>Proposed</th>
<th>Actual</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>482913</td>
<td>527976</td>
</tr>
</tbody>
</table>

| Eligible Couple: | 82095 | 89068 |

8.3 Project Duration
12 months (October 2006 to September, 2007)

8.4 Expected Outcomes

- To increase CPR of all Eligible Couples in the Block by 5%
- ANC Services: Complete ANC Services to 30% pregnant women with at least 80% receiving two doses of T.T. and 60% receiving 100 IFA tablets in the project area
- Increase in institutional deliveries to 25 percent among BPL
- Infant immunization; complete immunization of 60% infant (0-1) years in the project area.
- Child immunization; complete immunization of 40% children (13-23) months in the project area.

8.5 Manpower

- Project Coordinator – Mr. B.R. Yadav
- Assistant Project Coordinators:
  - Mr. Pawan Kumar- Barauli Aheer Block
  - Mr. Pratap Bhan- Akola Block
  - Mr. Deepak Agrawal- Bichpuri upto March, 2007
  - Mr. Dilip Sharma – Bichpuri from April, 2007
- Community Health Supervisors – 24
8.6 **Barauli Aheer Block - 11**
- Mr. Pawan Kumar
- Mr. Narendra Kumar
- Mr. Pankaj Kumar
- Mr. Mukesh Kumar
- Mr. Hari Om Saraswat
- Smt. Geeta Jain
- Miss Manju Lata
- Miss Geeta Goswami
- Miss Nirmala Bhogaur
- Mr. Dinesh Sharma
- Mr. Shiv Ganesh

8.7 **Akola Block**
- Mr. Dev Kumar
- Mr. Narrotam Prasad
- Mr. Raju Khamani
- Mr. Hari Kishan Guatam
- Mr. Vijay Singh
- Smt. Anita
- Smt. Meena Indauliya

8.8 **Bichpuri Block**
- Mr. Sanjeev Sharma
- Mr. Kuldeep Singh
- Mr. Udai Beer Singh
- Mr. Brijmohan Baghel
- Mr. Hari Om
- Smt. Sangeeta Bharti

8.9 **Accountant Cum MIS**
Mr. Charan Massey

8.10 **Office Attendant**
Mr. Pradeep Kumar - March, 2007
Mr. Ashok – April, 2007

8.11 **Lady Medical Officer**
Dr. Rekha Tyagi

8.12 **Voluntary ASHA - 500**
Smt. Omwati Dubey
8.13 Cost of the Project : Rs. 46,71,908.00  
Cost to SIFPSA : Rs. 44,48,408.00  
Agency Contribution (NIRPHAD) Rs. 2,23,500.00

8.14 Project Target  
• To increase CPR of all ECs in the blocks by 5 percentage

<table>
<thead>
<tr>
<th>Method</th>
<th>Total New Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limiting 20%</td>
<td>821 Clients</td>
</tr>
<tr>
<td>Spacing 80%</td>
<td>3284</td>
</tr>
<tr>
<td>IUD 40%</td>
<td>1314</td>
</tr>
<tr>
<td>Others 60%</td>
<td>1970</td>
</tr>
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</table>

Total 4105

• ANC services: 30% pregnant women with at least 80% 2 Dose TT and 60% receiving 100 IFA  
• Increase the institutional deliveries 25% among the BPL  
• Infant immunization : Complete immunization of 60% infants  
• Child immunization : Complete immunization of 40%

 אנשים

8.15 Procedure to implement the programme

First with the guidance of the Coordinator NIRPHAD established an office on rent at Rajpur Chungi- Shamsabad Road, Agra. Later the PC advertised vacancies according to SIFPSA requirements & selected suitable staff. After which the staff received training from SIFPSA Lucknow for all the three blocks of Akola, Barauli Aheer and Bichpuri, NIRPHAD conducted training for ASHA regarding project activities after which the staff received voucher system training from SIFPSA.
Under the voucher system NIRPHAD staff will undertake the following functions.

- Identify ASHA as volunteers to promote activities in the project area.
- Train the volunteers on voucher system management.
- Publicize the scheme by conducting meetings, with married women.
- Provide necessary information to pregnant women from BPL families on facilities and benefits.
- Encourage them to avail the services.
- Prepare Micro plan for pregnant women to be used on expected day of delivery.
- Arrange transport on the day of delivery.
- Provide feedback to the management on the quality of services and recommend omitting any private facility not conforming with quality standards.
- Maintain records for finances, creating awareness about the system and undertaking communication campaigns.

8.16 CHACS Programme

Outreach activities with Comprehensive Health and Counseling Sessions (CHACS)

To organize family and reproductive health counseling services which are not easily accessible to people in the remote rural areas. The project focus is to organize a comprehensive health and counseling service on a regular basis in the project area.

Services provided in the Un-served and under-served areas are the following:

- Counseling services
- Display and distribution of IEC materials on RCH
- ANC Checkups, TT Vaccination and distribution of IFA.
- Institutional deliveries
- Immunization facility for children
- Distribution of Pills and condoms both free & CSM (contraceptive social marketing brands) brands
- Insertion of IUCD
- Referral support for sterilization
- Screening and referral services to STD/ HIV
- Follow up of PNC, OCP, IUCD and sterilization
8.17 Major Activities

8.17.1 Linkages with ASHA
ASHA is the community based volunteer present in the communities and she is a **critical link** to motivate clients for accessing services in the identified institutions. ASHA would be responsible for generating referral and voucher distribution, follow up with the client to ensure complete ANC, full PNC and complete sterilization in her area of operation.

8.17.2 Voucher distribution
ASHA will be required to maintain a **record of the vouchers** distributed and NIRPHAD will be responsible for distributing the vouchers to ASHA in their area. As per these projections/targets, maintain records of the voucher distributed and **verify** the actual services availed by the client.

8.17.3 Communication
- Posters and leaflets
- Advertisement in the local media
- Glow signs
- Folk troops
- Inter Personnel counseling (IPC)
- Group meeting
- Wall writing

8.17.4 Training
1. PC/APC
2. Community health supervisor/ MIS
3. Doctor, ANM
4. ASHA

8.17.5 Record keeping/reporting
Daily dairy by each staff member
Monthly work plan
Pariwar Register record- Pregnant women, infant children (0-1) yrs (13 months to 23 months)
ANC, PNC & Immunization & deliveries
Referral cases records, eligible couple
Register distribution of contraceptives
Group meeting register

8.17.6 MIS Level
Staff Attendance register and leave register
Dispatch register, stock register, Assets register
CSM & logistic distribution register
Monthly staff & coordination meeting register
Ledger, cash book, cheque book issued, register, salary distribution register
ASHA monthly meeting register

8.17.7 System & Procedures

Supervision, Monitoring and Evaluation

Project Coordinator will ensure that the APC’s and supervisors are regularly visiting the field to supervise the work of ASHA and also to ensure that the MIS is maintained properly. In case of weak areas, APCs/Supervisors will make sure that the ASHA are provided necessary help to improve their performance.

In order to check the work of the supervisors and APCs the project coordinator will also review the work done through the monthly/weekly meetings.

SIFPSA Personnel will also monitor the project from time to time and will provide feedback for necessary actions for improvement. SIFPSA will arrange for evaluation of project at the end of project.
**FINANCIAL REPORT BY Mr. M.D. AGRAWAL, COORDINATOR, NIRPHAD - 2006**

Naujhil Integrated Rural Project for Health and Development (NIRPHAD) is a registered charitable organization started in September, 1977 for the development of Naujhil block, District Mathura. In starting the programme, NIRPHAD received a start up grant of Rs. 82,000.00 from the Bread for World. Survey of District Mathura was completed by AVARD and Naujhil block was declared as the most backward block of District Mathura. After the Survey of AVARD, a micro plan was made for the development of the whole block (Road Map) through agriculture, animal husbandry, social organization and developing a viable health infrastructure.

In 1979, NIRPHAD Society was registered under the Society Act 1860. The activities were initiated at Bajna Centre of Naujhil block. The priorities were agriculture and animal husbandry because livelihood depended mainly on agriculture. Certified seeds were not available and the farmers had to use old traditional seeds, which was the major cause of poor yield.

High Yield Variety seeds were introduced as also insecticides, pesticide and compost techniques (recently “vermin-culture”). In animal husbandry training was provided for the use of frozen semen so as to increase milk yield and income.

NIRPHAD tried to create awareness among the people regarding their health and started an immunization programme for children, ante- natal check ups for pregnant mothers and curative services for the area, as the Govt. programme was inadequate.

To overcome malnutrition, a feeding programme was implemented in the first few years and later was replaced by nutrition education and kitchen garden programs.

Sanitation, drainage and clean habits were very important for a healthy environment so the emphasis was on drainage, protected water supply and better roads for easy transportation. EZE grants were used for health & better agricultural practices.

In 1980 NIRPHAD started an Eye Hospital in Vrindaban in the Pagal Baba Ashram, with the help of CBM. Remote areas were covered through mobile units. In 1985 a rural development programme was started in Chattikara in Mathura block. A grant was received from SIDA. Even though other donor agencies like CIDA, Christian Aid, SAP, PADI, CAPART, SIMAVI, SIFPSA contibuted, 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 1980-81 USAID commissioned Dr. Maya Abrue, Head of the Department of Community Health, St. Johns Medical College, Bangalore and Prof. Kanjilall of Institute of Health Management and Research, Jaipur. They did a study on the unmet needs of the area and came to the conclusion that there was a deficit of 60%. They also provided training for the staff on critical issues of MCH.

In 1992 a grant was received from USAID (total budget for three years was Rs. 85 lakhs) for promoting primary health services in Mathura block of Mathura District.

CBM helped in developing an eye program at NIRPHAD Growth Centre, Bajna for which CBM provided capital grants to provide eye services in the area. NIRPHAD
appointed a full time eye surgeon and other paramedical staff to develop an eye hospital in Bajna. Due to scarcity of monsoon rains, there was a great need for developing a water harvesting programme. A survey through AFPRO showed that the farmer was using brackish water for agriculture, as sweet water was not available. Due to scarce storage facilities in the short monsoon period excess water rushed at great speed and finally drained into the sea. Due to this phenomenon aquifers were not recharged, the depth of under ground water receded and as the water gushed through great speeds, crevices were formed by land erosion and it became uneven. Farmers were not able to sow good crops on this type of land. Greater dependency was on rain water. If there is 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. Due to the need for sweet water, a tube well was installed where sweet water was available and through irrigation channels and flat plastic pipes, sweet water was diverted to the brackish water zone. An exposure visit was arranged to Raya Research Centre to demonstrate better agricultural practices.

Renovation of already existing ponds and tanks for storing the water with leveling of land were other demonstrations. These improved agricultural practices increased the crops from 1 to 3 crops in a year, with increase in output to 25-30 mounds per bigha (1 bigha = 1.2 ha). Nagala Sakaraya is a good example of transformation in a village through development. In this village, the families lived in Kaccha houses and after the programme evolved, some were converted to pacca houses. There was no industry, however due to the availability of power supply, now saw mills and weekly markets have sprung up. There is a definite increase in purchasing power. This was a direct benefit to the community. In the village there was no electricity, as soon as NIRPHAD installed a tube well, drinking water tanks & a transformer thereby electricity was available to the whole village. NIRPHAD made a check dam for storing water and also to maintain the water table, so that in the summer season, the farmer can use stored water for agriculture and automatically the water table level will remain stable, because of the check dam. These efforts enabled conservation of rain water and its proper use.

NIRPHAD was chosen as a Mother NGO by SCOVA (MHFP- GOI) to develop RCH programmes in six Districts. 20% administrative charges were permissible from the total budget. This programme continued up to 2003 (three years). Afterwards, this scheme was diverted to State Government, Family Welfare Department Government. of U.P. Again NIRPHAD was chosen from U.P. for two districts of Mathura and Agra. 8 FNGOs have been selected from both Districts. All the eight FNGO’s were given training to develop project proposals, these proposals were then submitted to NIRPHAD who then recommended a proposal to the District NGO Committee for approval and final submission to the Government of U.P. The approval from U.P. Government is awaited for the last three years.
After successful completion of two year’s RCH projects at District Aligarh, Bichpuri Agra & Mathura once again NIRPHAD was chosen for a SIFPSA project in three blocks of Agra District (Bichpuri, Barauli Aheer, Akola).

Details of report for the year 2006-2007 is as under

9.1 Rural eye Hospital, Chattikara:

In this fiscal year (2006-2007) **1418 operations** were performed at Chattikara Eye Hospital. The Hospital received Rs. **12,87,475.00** as recoveries from eye surgeries. There is a decrease of 11% from the previous year. The reason for decrease in income was due to the resignation of Dr. Pandey & Dr. Dhiraj Chhaparia had to take care of both the Rural Eye Centres at Bajna and Chhatikara. Dr. Dhiraj Chhaparia was to receive training in Phaco. This will be helpful in attracting more patients & subsequently incomes.

For the year 2006-2007 CBM’s recurring grant is Rs. 69,410.89 and Capital grant is Rs. 1,20,409.00.

NIRPHAD received from CMO’s Office, Mathura Rs. 6,11,000.00 against rural eye camps.

Mr. N.L. Mishra, Administrator Eye Hospital has retired from February, 2007, therefore there is need for another Administrator cum Community Organizer who can mobilize funds from Community for camps.

NIRPHAD expresses its gratitude to the community for giving valuable help and providing their support in organizing rural eye camps.

9.2 Bajna Rural Eye Centre: Bajna Centre total recoveries was Rs. **3,15,823.00**. In this year no money was received from the District Blindness Control Committee due to **non-receipt** of money from Lucknow. Total eye operations for camp and base are **760**, the recoveries and operations increased very minimally. There is a need to appoint a full time doctor, who can reside at Bajna Centre. Also there is a great need of a four wheeler for publicity and proper weekly clinics which can be held regularly. Although, CBM has provided a big 32 seater bus for Bajna Centre, this bus is too large & cannot traverse the small lanes & by lanes of the interior villages. Also it is too expensive to operate.

After the completion of SIFPSA project at Mathura on 31st May, 2006, NIRPHAD was selected to implement another joint programme with SIFPSA in **three blocks of Agra District(Akola, Barauli Aheer and Bichpuri)**. The sanctioned budget was Rs.44,67,608. This is an innovative project aiming to provide quality services to the BPL families through the voucher scheme. This project will end by 30th September, 2007, after which it can be extended further for another two years. NIRPHAD’s continuous and excellent association with SIFPSA is for almost 10 years.

NIRPHAD was chosen by **UHRC (Urban Health Resource Centre)** to implement a RCH II program in the 12 slums of Agra City. UHRC selected a population of 39,000
initially. However, in this year 6 more slums were included and now the total populations is 50,000. Budget sanctioned was Rs 23,25,564. This project will be completed by 30th September, 2007 with the hope that it will continue for another 2 years.

9.3 Chhatikara MCH Centre: The total income was Rs. 3,16,664.00 which has increased by 15.6% from the previous year. Thrice a week Dr. Shakuntala Srivastava is visiting the MCH Centre for 5-6 hours in a day. The expenses are higher than the income. Thus it is necessary to appoint a full time doctor who can reside in the Hospital Campus.

The contract for two mobile clinics has been renewed for the period 2006-2008 for Rs. 30,21,600.00. Ten villages surrounding the Refinery are provided services.

9.4 HCDI Unit I (22009):

This project has completed its tenure of seven years and the evaluation is due. The proposed dates for evaluation are 29th June to 3rd July, 2007. Consultants from NGO Pragati, Gujarat (Mr. Rajesh Kapoor, Dr. M.I. Soni and Ms. Neha Mehta) are selected to conduct the evaluation of CFCDP Unit I. It may be possible after completion of evaluation and if it is satisfactory a policy decision will be made to be tested at international levels and an allocation for implementing the new policies will take place. The budget for unit one was Rs.8,70,963.

Unit II (22013) has completed four years and the budget for the 5th year is 26,87,3000 and NIRPHAD has to implement preschool activities, livelihood interventions and social action activities.

9.5 SJSH:

NIRPHAD has completed 8 years (2006-2007) in managing SJSH and the contract expires on 31st March 2008. Bed occupancy has been more than 80-90% as well as OPD has also increased. Proportionate provision has not been made in budget with the increasing patient load thereby the budget is fixed but the patient load continues to increase. This anomaly strains the budget with added expenditure due to an increasing patient load. Normally, the budget is increased by 12% every year to take care of a rising patient load and act as a buffer for unforeseen expenditure. All recoveries are deposited in the revolving fund account, (Rs.3,02,85,435) which managed by MOR. The Hospital’s equipment, instruments & buildings requires yearly replacement and maintenance.

NIRPHAD’s management is always in touch with MOR officials for solving any day to day problems. The new application will be submitted to the MOR for renewing the contract on March 31st 2008.
### 9.6 Grants/ Donations/ Recoveries from patient fees
1st April, 2006 to 31st March, 2007 (Audited Statement)

<table>
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<th>Description</th>
<th>Amount</th>
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<td>HCDI (I and II)</td>
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<tr>
<td>CBM Bajna</td>
<td>28,74,832.64 (Recurring and Non-recurring)</td>
</tr>
<tr>
<td>CBM Chhatikara</td>
<td>69,410.89 (Recurring &amp; Non recurring)</td>
</tr>
<tr>
<td>Mobile clinic (MOR)</td>
<td>14,67,200.00</td>
</tr>
<tr>
<td>SJSH</td>
<td>2,09,04,352.00</td>
</tr>
<tr>
<td>Recoveries from Bajna</td>
<td>3,15,823.00</td>
</tr>
<tr>
<td>Recoveries from Chhatikara</td>
<td>2,85,175.00</td>
</tr>
<tr>
<td>Recoveries from Eye Hospital</td>
<td>12,87,475.00</td>
</tr>
<tr>
<td>CMO Mathura (D.B.C.)</td>
<td>6,11,000.00</td>
</tr>
<tr>
<td>Foreign Donation</td>
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</tr>
<tr>
<td>Local Donations</td>
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</tr>
<tr>
<td>UHRC</td>
<td>11,32,763.00</td>
</tr>
<tr>
<td>SAIL</td>
<td>2,50,000.00</td>
</tr>
</tbody>
</table>

Submitted By
Mr. M.D. Agrawal
Coordinator,
NIRPHAD & SJSH.
10 Assistant Administrator
ANIKET DUTTA
Joining Date: 13th December 2006

“The conventional definition of management is getting work done through people, but real management is developing people through work.”

10.1 INTRODUCTION
SJSH has started its journey given by a mandate of Hon’ble Supreme Court, and is a common goal of IOCL (Indian Oil Corporation Ltd) and NIRPHAD (Naujhil Integrated Rural Project for Health and Development) in the year 1999. The year 2006-2007 was the 8th anniversary of SJSH.

10.2 THE ACHIEVEMENTS FOR THE YEAR 2006-2007:-
• Blood Bank - All the civil works have been completed and as well as all the equipment are in place. The final report and the certificate from the Central Drug Controller is awaited. The application of a trained blood bank was sent to Dr. Roy of the Central Drug Institute for approval- which is awaited.
• Physiotherapy department- The physiotherapy department has been extended to meet increased load of patients.
• Provident Fund litigation - The settlement has been completed.
• Hospital Registration - The Hospital registration of SJSH has been completed and the new registration number is A-178
• Allotment of Family Quarters - 8 A type family quarters have been allotted to SJSH from MR\IOCL, to accommodate emergency staff.
• Evening OPD -Proposal for Evening OPD has been approved by the External Monitoring Committee. Affidavit for the same yet to be received from Mr. Mahajan who will present to the Hon’ble Supreme Court of India.
• PCO booth - 2 PCO facilities for the patients as well as for the hostel have been installed in SJSH.
• Service to the community

• HIV/AIDS PROGRAMME - A joint project known as ‘Mursan HIV/AIDS’ is being implemented by Methodist Public Health Services & SJSH/NIRPHAD. The programme extends to 60 roadside dhabas from Farah to Kosi. All the truck drivers were provided awareness programmes by cassettes, diagnostic services and by distribution of condoms.
A team of four members from Norwegian Methodist Church evaluated the project at SJSH. In-depth assessment and expansion of the project and its activities were assessed at NIRPHAD (Chattikara Growth Centre), MPHS and Swarn Jayanti Hospital.

At SJSH has a Counselling room. The SJSH lab performs Rapid card tests for diagnosis. Patients have to be referred for cd4, cd8, Western Blot and retroviral therapy treatment. 1 case per year will be treated by MPH. Secondary infections were treated at SJSH. Two physicians were trained in the care and treatment of HIV/AIDS. Those patients needing inpatient care were admitted for a limited period.

- **FAMILY PLANNING CAMPS**

  SJSH in collaboration with the District Hospital, Mathura conducted one camp and NIRPHAD provided 200 patients who were referred from the community health programme. NIRPHAD also provided supervision and logistic support. SJSH defrayed the costs and distributed food and blankets to the clients.

**10.3 OVERVIEW - Role of Hospital Administration**

My specific duties as an Assistant Administrator were as follows:-

- **Ensure maximum utilization of human resources.** This was ensured by considering the duties of all the personnel so that optimum use of all the staff is according to the needs of the department.

- **Identify training needs for staff development.** Every Saturday the Nursing Superintendent conducts clinical classes for the nursing staff. The paramedical staff (technicians, Ward-aides) will require training programmes and will be implemented immediately and will be reported in the next Annual Report.

- **To encourage better employee-employer relationship, communications between all departmental staff was ensured by providing mechanisms for problem-solving and decision making.**

- **Proper identification and analysis of present work/environment.** All the departments were visited twice a day, the head of the department’s views were noted and after discussion & trouble shooting, a consensus was reached. From hence forward formal meetings will be held on specific dates and minutes will be documented as to the issues involved and the solutions reached.

  When there is a major issue a meeting will be called by the Associate Director.

**10.4 Illegal Union activities:-**

- Process of formation of illegal union

  A letter dated 26/5/2006 was received by SJSH office, written on the Union letter head, by Swarn Jayanti Samudaik Hospital Karmachari Sangh, Mathura and was signed by a housekeeping staff outsource department - Raju Lal.

  As soon as the letter was received employees of SJSH were called to discuss this matter but they insisted that union president (who is not a SJSH employee) would also attend. They insisted that the Union President will represent the other staff. SJSH did not agree as the Administration of does not recognize any union.

  The union illegally collected money from the employees, giving them hopes that their salary and other perks will be equivalent to that of IOCL employees, if they can pressurize the Management. On being instigated by the outsiders they started having
group meetings, shouting anti-management slogans and giving wrong information in local newspapers against the management. The Union leaders did not allow the employees to talk to the Management Committee and they insisted that the Union president and secretary (who are not SJSH employees) will represent the employees, for which the Management did not agree.

As a result the matter was submitted to the Additional district Magistrate (ADM) Office, Mathura with a copy to SJSH. Based on this letter the Assistant Labour Commissioner tried to resolve this matter amicably.

SJSH Administration met the ADM and CMO, Mathura to appraise them on the situation. After which a letter was issued from the ADM office to SSP, Mathura to keep the unwanted activities and bad elements outside the SJSH premises.

The union published a notice in the newspaper that they would start a dharna outside the Hospital gate and then gherao the SJSH Management.

All these threats were informed to the IOCL Management, as they are the owners of SJSH. IOCL gave some useful suggestions to SJSH Administration. At this juncture it became necessary to maintain the discipline and peace in the Hospital premises so as to prevent the unruly Union members from creating further problems to the Management and the patients.

A case was filed against SJSH employees Union in the Court of the Civil Judge who is of the senior division Mathura. Mr. Ramesh SJSH Lawyer requested the Judge to pass an order stating that processions, shouting of slogans, gheraos & dharna are prohibited near the Hospital. The law indicates that any such activities should be 200 meters away from the main Hospital gate, so as to ensure peace and uninterrupted functioning of the Hospital.

10.5 Demands of the union

- To consider the terms and conditions between Mathura Oil Refinery (IOCL) (owner of SJSH) and NIRPHAD (Managers of SJSH) and to provide wages as per the Minimum Wages Act.
- Provision of pension to employees
- To provide medical facilities
- To provide Bonus to employees
- To get accident and medical insurance for employees
- To give permanent staff designation and facilities for the outsource department (Housekeeping, Gardening) employees
- To make appropriate provision for the education of their children
- To provide all the employees good housing facilities
- To provide vehicle for movement between hospital and their houses
- To provide canteen facilities
- To provide appropriate manpower in Hospital
- To increase the number of earned, casual and sick leaves
- To provide EPF receipts for money deducted from their salaries
- To provide extra payment for on-call duties or extra work
- To provide uniform, shoes and raincoats to the employees
- To provide good and low cost medical services to the Community
*To stop insulting and torturing of the members and office executives of the union.

Not to send any vague letter to union or its employees

To provide union office with needed facilities and notice board in the Hospital premises.

Four or five times the Administration of SJSH attended the Assistant Commissioner Labour court.

Regarding recognition of the union it was informed that the union (SJSH Karmchari Sangh, Mathura) is in dispute regarding the ownership. There is disagreement between two members of the union as to who should be the president and a case is also filed regarding the ownership of this union.

Moreover form “J” which is needed for the renewal of union validity had not been submitted. Therefore NIRPHAD / SJSH Administration does not recognize any union as such.

Minimum wages -SJSH is paying all its employees as per the present Minimum Wages Act. For the employees who are paid by the contractor’s i.e. out-sourced department (Housekeeping, gardening, and security staff) it will be ensured that the staff is also paid by the contractor's minimum wages.

Pension to the employees – As NIRPHAD is managing SJSH on a contract basis, the present contract will expire on March 2008 so this matter cannot be considered.

Medical facilities to employees – it was informed that consultation, investigation, ward charges and in some cases private ward facilities are free of cost. There is a pharmacy for Hospital employees from where employees can purchase medicines up to Rs.500 per employee per year and SJHS will bear this expense..

Bonus payment – NIRPHAD being an NGO manages several projects on non-profit basis. Therefore the question of providing bonus does not arise.

Health and Accidental insurance – The Union was informed that all the employees are covered under a ‘medi-claim policy’ and accidental insurance which is as follows –

<table>
<thead>
<tr>
<th>Class</th>
<th>Group medi-claim</th>
<th>Personnel accident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class I</td>
<td>30000/-</td>
<td>200000/-</td>
</tr>
<tr>
<td>Class II</td>
<td>30000/-</td>
<td>200000/-</td>
</tr>
<tr>
<td>Class III</td>
<td>40000/-</td>
<td>200000/-</td>
</tr>
<tr>
<td>Class IV</td>
<td>50000/-</td>
<td>200000/-</td>
</tr>
</tbody>
</table>

Under the provident fund scheme there is a provision for health insurance policy up to Rs.65,000/- . But DLC suggested enquiring for better health insurance schemes for the employees.

The employees who are under contract cannot not pressurize the Administration to make them permanent employees of SJSH

According to a recent law even if a person has worked for 240 days he cannot claim to be a permanent employee. But NIRPHAD being sensitive to the needs of the employees and in their best interests was suggested by DLC that NIRPHAD should reconsider all the amenities according to the Labour Laws.
Providing vehicle and education for the children of SJSH employees is not possible due to financial constraints.

Housing facilities - the Union was informed that hostel facilities in SJSH premises for nurses, paramedical and medical staff. Apart from this 21 houses have been given to employees in Mathura Refinery Township. Another application for 20 more flats in the township is in the pipeline.

For providing HRA, further discussions have to take place as there is no budget.

Provision of vehicle is not possible as the employees/staff are from different parts of the city.

Canteen facilities – it was informed that there is a canteen on contract within the Hospital and a mess where 3 meals and evening tea is served @$750/- per person per month. But if employees want to have better facilities they can request the contractor and will be charged extra.

Manpower – In SJSH, there are 106 employees + 35 employees belonging to outsource department. Out of 106 there are 35 staff nurses and 13 doctors, which is adequate for a 50 +20 bed hospital. If all the staff members cooperate and act responsibly by following the rules, the output of every department will be greater. In some areas like x-ray, pathology, emergency and burns ward the staffing pattern is according to the guidelines in the MoU between NIRPHAD & MOR/OICL.

Increase in leave given to employees.- It was informed that at present 12 casual, 12 earned, 10 sick leave apart from gazette holidays are provided according to the Standing Orders of SJSH.

If earned leave is not availed then encashment of earn leave is permissible.

District Labour Commissioner informed that to en-cash earned leave is not a requirement but since it is a practice from the inception of SJSH, earned leave are being en-cashed and will continue all other leave as per the Labour Laws.

Provident Fund (PF slips) – The staff have requested for individual P.F statements. The DLC requested the SJSH Administration to provide PF statements.

The DLC also requested SJSH to find out if contractors are depositing the PF of their employees. It was informed that some of the PF slips have been received up to 2005-06 and as the interest rate for the PF is not being decided by the Government( PF Commissioner) slips(statements) for 2006 are pending. The contractors are submitting monthly PF deposit and salary sheets to the Accounts office.

Regarding call duties – DLC informed SJSH Administration that staff on call for more that 8 hours are eligible a complimentary off, and the DLC was informed that for extra duties commensurate salary will be compensated according to the Labour Laws.

Uniform – DLC was informed that ward-aide’s uniforms were provided earlier but the aides did not wear hence this practice was discontinued. Now uniforms will be provided and Ward- Aides, who will require wearing uniforms during duty hours.
For outsourced departments the contractors will be informed to provide uniforms according to their contracts.

Regarding services to the poor in the community - it was appraised that consultation fees is Rs.5/- valid for 15 days for multiple consultations. IPD (ward bed) charges Rs.50 per day. Last year Rs. 8 lakh was provided as concession to poor patients. Moreover in surrounding 10 villages mobile services were provided for free consultation and medicines. These statistics are provided to the Monitoring Committee every six months for their opinion.

Administration/employee’s relationship:- The DLC was informed that due respect was shown by the Administration but when discipline was not maintained & rules were broken corrective steps were enforced so that services to the patient were not compromised. When staff does not work or misbehave, strict discipline has to be enforced to maintain proper decorum.

For providing separate notice board and office for the union – as the union is still not registered and is ownership disputed and not recognized by the SJSH Administration, DLC requested both parties to arrange a meeting to discuss their issues and if issues are not resolved, then further meeting with DLC could be arranged. DLC requested the employees not to go on strike keeping in mind their services to the patients and that the matter is in the court of the District Labour Commissioner.

Present status of the Union- Some of the staff involved as active members have left SJSH. But still some of them with the help of outside agencies are trying to keep the union alive so as to satisfy their misguided objectives. SJSH Management is dealing with this since last 1 year therefore the Administration is quite sensitive, vigilant and proactive in solving the problems before the situation gets out of hand.

Every month, the Administration conducts a staff meeting for solving the problems and grievances. Moreover the PRO is also asked to create cordial relationship both in and outside of the Hospital with proper communication. (refer to my email dated 1st September 2007)

10.6 Problems:-
Problems occur in any dynamic Organization as a sign of growth and recognition of its strengths, weaknesses and opportunities. Every Organization faces challenges but If an Organization is managed according to the principles of POSCORD- (planning, organizing, staffing, coordinating, recording, decision making, directing, proper evaluating, and assessment) then an organization could function smoothly and effectively to meet its common goals and future requirements.
### 10.7 Performance during Financial Year 2006-07

#### Statistical review at a glance

- **Table – I**

<table>
<thead>
<tr>
<th>Facility Mix</th>
<th>Financial Year 2005-2006</th>
<th>Financial Year 2006-2007</th>
<th>Increase / Decrease from last year</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPD Patients</td>
<td>48944</td>
<td>50139</td>
<td>1195↑</td>
</tr>
<tr>
<td>IPD Patients</td>
<td>2830</td>
<td>2778</td>
<td>52↓</td>
</tr>
<tr>
<td>Bed Occupancy</td>
<td>72</td>
<td>72.16</td>
<td>.16↑</td>
</tr>
<tr>
<td>Total no. of X-rays</td>
<td>9902</td>
<td>9049</td>
<td>853↓</td>
</tr>
<tr>
<td>Laboratory - no. of tests</td>
<td>9558</td>
<td>9798</td>
<td>240↑</td>
</tr>
<tr>
<td>Physio - no. of patients treated</td>
<td>4699</td>
<td>3455</td>
<td>1244↓</td>
</tr>
<tr>
<td>Total No. operations(Major, Minor)</td>
<td>1460</td>
<td>1536</td>
<td>76↑</td>
</tr>
<tr>
<td>Ultrasound tests</td>
<td>432</td>
<td>96</td>
<td>336↓</td>
</tr>
</tbody>
</table>

### 10.8 CONCLUSION

In Conclusion I would like to state that SJS Hospital would not have been able to achieve its goals without the reasonably good performance of all staff as a **team** and the help, concern & cooperation from MOR. It is expected that if the good performance & momentum is continued then in the years to come SJSH will definitely reach its zenith and milestone of excellence.
11 Nursing Superintendent
Ms. Vidya MacCune

11.1 STATISTICAL PERFORMANCE OF DEPARTMENT

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 male Nurses, are selected after assessment at interviews, written and viva conducted jointly by Administrator / a consultant and Nursing Superintendent.
  - After orientation exposure, the staff are given independent nursing care opportunities
  - To perform well in the ward and ensure 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.

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

11.2 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 best possible benefit.
- To maintain smooth running of nursing department along with co-operation and good relationships with other departments.
- Line of authority/proper channels which maintains inventories for supplies, materials and functioning equipment should be readily available for patient care.

The various departments are:
  - X-ray
  - Laboratory
  - Admission and discharge
  - Stores
  - Maintenance
  - Electrical
  - Biomedical
In the future the community around the Hospital is receiving awareness of emerging treatment-burns care, family planning activities, better Inpatient care, immunization schedules and recently started DOTS programme facilities to get concession for poor in the MOR adopted ten villages. Health needs/issues in the community and the Nursing department peruses the co-operation of the target group in finding relevant solutions.

Over view role of the department is: being a frontline of the hospital trying to improve and influence the patient care thereby ensuring & improving social health standards in the community.

11.3 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, distilled water machine, provision of cupboards to store linen and supplies from pharmacy department 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 patients load, the management was able to cope with sufficient supplies.

Compared with the regional institutions, presently Swarn Jayanti Samudaik Hospital has a comparable and in some ways an outstanding track record in Mathura City.

Ward aides have been provided uniforms, hence shows professionalism.

Person hired to darn and mend to better utilize the linen.

Highly infected areas are fumigated regularly to lessen the infection to patients.

11.4 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/break the rules and regulations and professional standards of behaviour.

Nurses are supervised for their performance.

Service records were maintained, which include nurse’s education, professional, leave documents and incidental records.

Attitudes of Nurses and ward aides 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 is evaluated periodically of which the Administrator and the Associate Director are made aware from time to time. If performance is not satisfactory then services are discontinued.

Verbal and written warning, punishment according to severity of the shortcoming is enforced after giving the staff an opportunity to improve. Counseling is also done.

Christmas, New year, Holi were celebrated with cultural activities, fun and food.

Four Canadian MD students visited and gained experience. Full support was given from nursing department concerning the patients and procedures.

Installation of the coin operated telephone in the hostel and in front of emergency to facilitate the nurses to use 24 hours within hospital premises.

11.5 Problems / 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 in 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, interferes and compromises patient care.

Delays in making decisions for equipment repairs and supplies.

Non-availability of the fixed number of beds as per capacity which wastes manpower and time.

Non-availability of fixed number of life saving equipment like cardiac monitors, suction apparatus etc. and moving equipment from other departments wastes time & man power. It also damages the function of delicate equipment while transporting. The above shortcomings compromises patient care, creates frustration among the professionals and relatives and tarnishes 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 items 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.

11.6 Implementation:

Good inter personal relationship with patients, attendants and co-workers was found essential.

Provision by Administration of more junior doctors to attend to the patients in as short a time as possible.
To have more life saving equipments.

- 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 in the absence of the N.S and to participate in parallel supervision & teaching of nursing staff.
- On one hand, the male nursing personnel are helpful in protecting the female staff while having fights, disputes with patient relatives and patients and on the other hand they misbehave with female and also have relationships which can cause bad reputation / image for the hostel and hospital.
- Performance bonus as an incentive to nurses for better motivation.
- 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.

11.7 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 from housing part 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 too much. Nursing staff co-operates 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, if provided good with sufficient supply of medicines will satisfy the worker and non-availability of financial resources ended with improper treatment when they get sick.
- Provision of over time given while on short staff which solves the problems and satisfy the staff financially.
11.8 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, hone skills and nursing education. Special sessions are organized regularly for personal growth, infection control, proper disposal of biomedical waste and documentation. Newspapers updates as to what is happening at the National and International level.
- Professional activities carried as Nurses Day on 12th of May with spot lights on nurses theme “safe staff saves life”. Small cultural / professional programme organized with refreshment. Posters were made and outstanding staff were given small gifts. Best nurse and ward aide of the year 2006 were also awarded.
- Periodically in-service carried out to upgrade the professional knowledge.
- Department is managing well when there are short 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.
12 MEDICAL DEPARTMENT-UNIT ONE

DR.N.C.MISHRA – CONSULTANT PHYSICIAN

12.1 OBJECTIVE OF REPORT

❖ MAIN
  • Qualitative and quantitative annual assessment of performance.
  • Finding ways to improve performance (recognizing problems and hurdles, and suggestions to overcome)

❖ SUBSIDIARY
  • Medicine department acts as a feeder through referrals for many other departments e.g. x-ray, pathology, surgery so the assessment of inter-departmental activities is also an objective of this Report.
  • Assessment of different community awareness campaigns (Respiratory camps and HIV awareness), diabetes & hypertension.

12.2 PROCESS INVOLVED IN PERFORMANCE

❖ Planning, organizing, implementing, coordinating & control of the activities with different departments are an essential part of managing daily routine schedules along with epidemics, mass disasters and casualties.

MANPOWER AND TOOLS

❖ STAFFING PATTERN – limited staff available. Has to be taught frequently but utilized to carry out daily activities.
❖ Clinical examination of the patient is the main tool
❖ ADEQUACY:
❖ Inadequate staff in OPD (only one ward boy for a busy OPD of around 150 patients daily, (which varies seasonally)

12.3 DETAIL OF ACTIVITIES

❖ OPD
  • In OPD all types of medical, skin, psychiatry, and ENT patients are seeking help, routinely.
  • Respiratory patients form the majority for e.g. Chronic Obstructive Pulmonary Disease (COPD), Asthma, Pneumoconiosis, tuberculosis, bronchiectasis, pneumothorax, hydrothorax, pneumonia and lung abscess
  • Besides patients with coronary heart disease, Hypertension (HTN), diabetes, thyroid disorders, infectious diseases, cirrhosis, epilepsy, migraines, psychiatry problems, lukemias and multiple myelomas also attend the OPD.
**IPD**
- As far as possible, all patients are admitted unless optimum facilities are not available. These include pneumonia, uncontrolled diabetes mellitus (DM) & complications, malaria, thyroid diseases, dengue and other viral illnesses, cirrhosis, gastroenteritis, Gastro-intestinal (GI) bleed, pancreatitis, hepatitis, cerebrovascular accidents, Myocardial Infarctions (MI), congestive heart failure (CHF), poisoning and cancer patients. Whenever necessary serious patients are referred to higher medical centers including Medical College, Agra.

12.4 **Statistical data**

**OPD**
- Probably the busiest section of the Hospital because of a heavy patient load.
- Statistics can be improved with better manpower utilization, segregation of old and new cases, minor and major cases and introducing private clinics, in the evenings.
- Total number of OPD patients in medicine I & II has increased.
- Even though hours are limited – numbers are increasing rapidly

![Bar diagram of OPD statistics – Medicine I & II](image)

- Medical OPD received 2319 patients in the month October 2006, which is the highest number of patients seen in any single OPD department in the hospital’s history in a month.
- Dr. Surendra Verma, my senior colleague has always been a good advisor

**IPD**
- 1201 patients were admitted in the indoor department which is comparatively higher than the previous years.
Many times the bed occupancy has touched 100% forcing referrals to other hospitals (but the unit tries to accommodate very sick patients)

Indoor patient occupancy can be more efficient by quick and planned turnover of patients. Thereby increasing knowledge & efficiency of staff including an ability to provide priority-based nursing.

![IPD Case Load Profile (Medicine)](image)

Bar diagram of IPD statistics- Medicine I & II

Comparative study of patient load (OPD + IPD) in medicine department I & II in comparison to other departments for the year 2006-2007

<table>
<thead>
<tr>
<th>SPECIALITY</th>
<th>OPD</th>
<th>IPD</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICINE</td>
<td>23795</td>
<td>1201</td>
</tr>
<tr>
<td>SURGERY</td>
<td>6634</td>
<td>653</td>
</tr>
<tr>
<td>ORTHOPEDICS</td>
<td>11991</td>
<td>590</td>
</tr>
<tr>
<td>PAEDIA TRICS</td>
<td>7719</td>
<td>334</td>
</tr>
</tbody>
</table>

Mortality Statistics for the Financial Year 2006-2007 for Unit I & II

<table>
<thead>
<tr>
<th>INPATIENT</th>
<th>LESS THAN 24 HRS</th>
<th>MORE THAN 24 HRS</th>
<th>%AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1204</td>
<td>44</td>
<td>35</td>
<td>2.9%</td>
</tr>
</tbody>
</table>

12.5 Issues

- The patient’s expectations are high and in a short time frame (schedule) from morning to noon (5 hours) in summers, the Consultant is unable to satisfy every patient especially when there is congestion, chaos, misbehavior by patients who have to wait for long hours, which also has elements of insecurity by disgruntled irritable patients and accompanying relatives.
The Consultant does not have sufficient time to think, interact and plan various aspects of the department & also patient management.

- Limited leave from arduous work, makes it imperative for breaks & relaxation from monotonous & stressful schedules.

**Organizational**

- Rapid turnover causes the staff to be replaced and many times there is severe shortage of staff (nurses, paramedical)
- Availability of junior doctor is erratic
- Inadequate supplies/repair of machines e.g. ECG, TMT, Defibrillator & cardiac monitors is not conducive to efficient patient care
- Community support is lacking as the community expects too much and their understanding of the importance of good rapport with the staff is yet to be realized. Frequently the staff encounters manhandling & abuse hurled by community members. The staff considers this misconduct as a professional risk/danger by trying do their best by keeping their cool and explaining the importance of developing good rapport for providing best treatment as is possible by building good patient-doctor relationships.
- Inadequate/inefficient & unplanned discharge procedures of indoor patients due to laxity (ignorance) of the staff, at various levels, causes undue delay which is an irritant to the patients as sometimes one discharge may take around 4-5 hours to process.

**12.6 JOB SATISFACTION**

- **Emoluments**
  - needs to be linked with revision of salaries in other areas (e.g. Government / semi-government sector)
  - Post P.G exposure and experience not given adequate importance.

- **Housing**
  - Requires whitewash, proper maintenance of furniture and beds
  - The houses need upgradation to make them more livable with better aesthetics & user friendly

**12.7 WORKING ENVIRONMENT**

Work environment is good and the consultant is given full freedom to accomplish the task without any impediment especially from the Administration who are supportive & the other staff who are helpful.

**12.8 LEADERSHIP**

It is well said that "We see what we look for and we look what we know"- to increase knowledge it is very important for physicians to keep abreast of the rapidly progressing and changing medical scenario. SJSH administration has always helped consultants especially by building awareness to increase horizons through the power of internet.
It is the able guidance, accommodative nature and listening attitude of the Administration and other staff which gives the consultants a stimulus to make NIRPHAD, one of the best Hospitals of this region.

CONTRIBUTION TO THE COMMUNITY

- **Respiratory Camps:** Besides providing health education at every point in the management, respiratory camps were organized bi-monthly to give education to patients. These camps in collaboration with pharmaceutical companies were organized with audio-visual education, film shows, spirometry and demonstration of different respiratory devices.

- I was a part of the general awareness of health programme held on **19th January 2007** at the village Bhartiya near Chhatikara. The response was satisfactory.

12.9 **Interesting Cases**

- **Multiple Myeloma – A tumor composed of cells of the type normally found in the bones:** Two cases are described – one was an old lady. She was diabetic, hypertensive with hyper-viscosity syndrome (thickening of the blood – it may not reach the organs for proper perfusion). Her plasma couldn’t even be separated for blood examination. Unfortunately, she expired due to complications.

- **Sheehan Syndrome** is a condition that may occur in a woman who has a severe uterine hemorrhage during childbirth. The resulting severe blood loss causes tissue death in her pituitary gland and leads to hypopituitarism following the delivery. Though quite frequently encountered, 2-3 patients come for regular follow up in the OPD – the patients are now well controlled after treatment.

- **Stevens–Johnson Syndrome** - is a potentially deadly skin disease that usually results from a drug reaction. This was a child on carbamazepine. Presentation was typical with involvement especially of oral mucosa face and trunk. He responded promptly to conservative management and change of anti-epileptic drugs.

12.10 **Laval University Training Program – 2006 (Teaching & Learning Experience)**

**Academics with Laval Medical Students**

* Two students were posted in one OPD. We as Physicians tried to acquaint them with diseases prevalent in India, medical systems, socio-economic status, life style, literacy status and various other factors which affect the general living of the common person in India and its comparison with the people living in west. Most of the cases dealt with included tuberculosis, malaria, typhoid, respiratory tract disorders including occupational hazards, smoking hazards(COPD); diabetes, thyroid disorders, hypertension, cardiac disease etc. It was a good experience of sharing the student’s views regarding the way the patient is investigated and how a particular system is followed to manage and how it is made possible right from dispensing the drugs to medical insurance of the patient. Clinical conditions highlighted and discussed were
tropical diseases such as malaria, typhoid, tuberculosis & dengue fever and the various factors including climate, poverty, poor sanitary conditions, population explosion which make a vicious circle with the diseases and makes them at times incurable and even resulting in slow pandemics in the tropical countries.

INTERESTING CASES WERE SHARED AND DEMONSTRATED TO THE LAVAL STUDENTS

12.11 **Conclusion**: The short tenure of working in SJSH as a Medical Consultant has been an exhilarating experience. As a consultant in medicine I was given a free hand in managing difficult patients which has honed my clinical skills. As I had good cooperation & relationship with the first medical consultant and all the other consultants, there was a real joy in discharging my duties. My learning experience improved as I had to refer several times to basic text books while teaching the junior doctors and also the Laval students. It is hoped that there will be opportunities for further training which will be an asset to my career. I feel that there was job satisfaction as the patients expressed when they were cured and for the rapport that was developed between the consultant and the patient. I have been requested by the Director to make a comparative study of other medical departments as to how many patients they give coverage and their level of satisfaction regarding correct diagnosis and treatment. This type of information will be useful for self assessment. It is my sincere hope that there will be many more years of cooperation so as to improve the services.
13  Department of Medicine II
Dr. Surendra Verma
Joining Date: 1st July 2004

13.1 Objective of report
Main
1. Qualitative and quantitative annual assessment of performance
2. To review the weaknesses and finding ways for improvement

Secondary
1. Set goals for the future

Manpower and tools
- Two well qualified physicians available round-the-clock
- Inadequate staff in emergency and OPD
- Equipment used – ultrasound, ECG, x-ray and good pathology services

13.2 Detail of activities
IPD rounds start at 08:30 AM and OPD from 09:00 AM. In winters the timings are correspondingly changed.

Medicine OPD also acts as a filter and refers patients to different specialties. The type of patients who attend the OPD are chronic obstructive pulmonary disease (COPD), tuberculosis, bronchiectasis, bronchial asthma, hypertension (HTN), diabetes, obesity, renal failure, ischemic heart disease, hepatitis, malaria, typhoid fever, urinary tract infection (UTI), acute gastro-enteritis, cirrhosis, migraine, epilepsy, skin diseases, are frequently seen.

IPD
1201 patients were admitted in the indoor department. Minimum two wards rounds in the morning and evening are conducted. As SJSH has become a referral Centre for Mathura and adjoining areas, more critical patients are seeking help in the emergency and wards. There should be a provision of central oxygen delivery and a cardiac monitor on at least 6 beds in the general ward with the nurse to patient ratio being 1:3.

13.3 Problems and hurdles
- There is heavy influx of patients in OPD which reduces time to adequately examine the patient and to make a diagnosis. Evening OPDs will help reduce the stress and heavy rush in the mornings. This will also be beneficial to the patients.
- In emergency the department needs at least two nursing staff and a cardiac monitor.
- Sometimes junior doctors do not consult or inform their seniors even when patient’s condition is critical.
- TMT machine and spirometer need repairs or if possible replacement.
• Doctor’s leave are less and the Department hopes that the SJSH administration will address this point sympathetically.
• There should be a provision to attend at least one annual conference to improve skills and knowledge.

13.4 Job satisfaction

Emoluments:-
• Should be revised as per market rate.
• I am satisfied with my job and working environment.
• Dr. Naveen Mishra, MD-Medicine joined as second physician on July 2006 and he is of great help.
14 General Surgery Department
Dr. Ajay Jain
Joining Date: 10TH November 2005

14.1 Objectives
• Analyzing the performance and progress of the Department of Surgery for the year April 2006-March 2007.
• To provide affordable & accessible healthcare to the community, keeping in view the low socio-economy status of the community.
• The Department of Surgery aims to promote social values and mass awareness about prevalent diseases and available family planning measures.
• The Department aims to have a periodic self assessment which is the key for improvement and future up-gradation.

14.2 Materials and methods
The data has been obtained from OPD & OT registers, patient treatment case sheets made available by the medical records section.

14.3 Infrastructure, planning and implementation
• The Hospital has well trained staff working with excellent co-ordination. Inter-departmental cooperation is also good. There is a separate emergency section manned by efficient duty doctors with the surgery department providing prompt back-up.
• In in-door, patient to nurse ratio is generally 6:1 which may be improved for sick patients and in ICU the ratio is 1:1.
• There are two well-equipped operation theaters with two OT technicians, two nursing staff and one ward helper.
• There is a separate burn unit with trained nursing staff for patients with electrical, thermal and chemical burn injuries.
• Elective surgeries are planned and patients investigated on an OPD basis and are given information in advance. Medical consultation and pre-anesthetic check-up is obtained for patients with associated diseases such as hypertension, diabetes or thyroid disorders. The patient is admitted a day before surgery for routine surgeries.
• Emergency surgeries are conducted on an urgent basis.
• Patients undergoing laparoscopic surgeries are discharged within 24-36 hrs.
• Day care procedures are conducted on an OPD basis and are discharged the same day.

14.4 Achievements and contribution
• Total number of OPD patients seen = 6634
• There has been an increase of 1222 patients from the previous year which reflects the rapport developed amongst the patients with the department
• Total number of indoor patients admitted = 653
• Total number of emergency general surgery patients = 1258
• Total number of operations performed = 119 (Major)
• 162 (Minor)
• Laparoscopic procedures are being performed routinely with good results.
• All serious and critical patients including those with head injuries, poly trauma and abdominal emergencies are admitted and operated with good results.
• There is a separate air-conditioned ward for burn patients and the department is working as a Centre of referral for these patients and covers the whole district.
• Various plastic surgery procedures like skin grafting and release of burn contractures, tendon repair and K-wiring in case of trauma, are being performed on a routine basis.
• Training in basic procedures and basic surgical knowledge is being provided to the students from the Laval University, Canada every year.
• Good rapport with the Administration, other Departments, nursing, paramedical staff and the community Heads is being maintained for efficient and easy functioning of our Department.
• The Department of Surgery with its healthy working style and continuing efforts to provide quality and affordable healthcare to the community has been able to win the heart of masses and vows to take SJSH to new heights.
• The Department would like to extend its gratitude to IOCL who has been providing monetary and moral help.
“The goals of care should be patient and family-centered. It is the patient we treat, but it is the family, of whatever construct, with whom the baby will go home. Indeed, it is the family who must live with the long term consequences of our daily decisions in caring for their baby” –

15.1 OBJECTIVE OF THE REPORT
• To assess SJS Pediatric Department performance i.e. critical analysis with previous years
• To evaluate weak points in working patterns
• To improve services
• To compare services with other health care institutions around the area so as to improve SJSH services
• To document achievements, problems and needs of the pediatric department.
• Overview of the department’s role in relation to other departments of SJHS

15.2 MATERIAL AND METHOD-
• Data from Medical Record Section
• Patient Satisfaction Survey
• Community opinions- “background noise” regarding hospital services

Before considering statistics it will be necessary to note that from September 2005 the responsibilities of Deputy Director of NIRPHAD/SJSH, has the additional charge of paediatric section of SJHS. A major part of the Deputy Director’s time is involved in administration and field work. However, justice is being done for fulfilling both responsibilities i.e. as Associate Director and as well as pediatrician of SJSH.

MANPOWER / TOOLS
Pediatric department consist of:-
\(a\) One Pediatrician with the assistance of the CMO who assists whenever needed. The junior doctor can handle minor problems of in-patients
\(b\) Nursing care by professionally skilled nurses has been helpful
\(c\) The pharmacist plays a major role in the vaccination program by providing vaccines in time and proper cold chain of vaccines.
\(d\) The laboratory services managed by a well trained pathologist who is also trying to deliver diagnostic tools in a limited set-up
\(e\) Separate IPD beds for admitting patients, are urgently required, as a separate pediatric ward is not available. This facility will greatly improve the quality of patient care.
\(f\) There is good and prompt support by surgery department for providing surgical consultation, when necessary.
An essential plus point is: uninterrupted water & power supply with a maintenance department’s back-up. Efforts are underway to improve in the keeping the Hospital neat & clean.

### 15.3 DAILY ACTIVITIES:

Daily OPD is conducted except Sundays and holidays (gazette holidays). There is a need to consider if this service can be extended due to rapidly increasing number of patients in OPD.

**Routine services are:-**

- Vaccination on every Wednesday of the month
- At least two ward rounds in the morning and evening but if extremely sick patients are admitted, afternoon rounds become essential
- Attending any call from ward (such as patient’s complaints/placing IV catheter or for some other procedure) and from casualty department

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**SWARN JAYANTI SAMUDAIK HOSPITAL**

**NO. OF PATIENTS ATTENDING PEDIATRIC OPD [1999-2007]**

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of OPD PTS</th>
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<tbody>
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</tr>
<tr>
<td>2000-01</td>
<td>3699</td>
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<tr>
<td>2001-02</td>
<td>4061</td>
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<td>2864</td>
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</tr>
<tr>
<td>2004-05</td>
<td>7872</td>
</tr>
<tr>
<td>2005-06</td>
<td>7886</td>
</tr>
<tr>
<td>2006-07</td>
<td>7719</td>
</tr>
</tbody>
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MORTALITY STATISTICS

<table>
<thead>
<tr>
<th>SPECIALTY</th>
<th>IN PATIENTS</th>
<th>&gt; THAN 24 HRS AFTER ADMISSION</th>
<th>&lt; THAN 24 HRS AFTER ADMISSION</th>
<th>TOTAL</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td>PEDIATRICS</td>
<td>334</td>
<td>6</td>
<td>1</td>
<td>7</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

TOTAL EMERGENCY PATIENTS ATTENDED FOR THE YEAR 2006-2007 (PAEDIATRICS) = 642

15.4 JOB SATISFACTION:-
There are different factors to job satisfaction like wage structure, nature of work, working group and working conditions, which can be assessed as satisfactory to fair in SJSH. Moreover as my home is in Agra it is one of the big reasons for me to join this Institution.
The major reason is that I am able to serve the poorest of the poor with affordable, quality paediatric care which is not available in the area

15.5 EMOLUMENTS
As compared to private and government institutions salaries are less but due to budget restrictions I do not want to pursue this matter further.
15.6 **PROBLEM AND HURDLES:-**
- Some unreasonable and undisciplined members of the community are being guided by persons who think they are above the law.
- Any purchase / change of equipment or other changes in maintenance needed has to go through a long complicated red tape. This is obscurantist.
- Nursing staff and medical officers who acquire suitable skills to handle patients satisfactorily, leave SJSH may be due to low salaries and job uncertainty. Hence, long term planning is very essential.
- Some of the equipment is now outdated and some cannot be used as parts are not available. The initial purchase procedures leaves much to be desired.
- For keeping abreast with improvements in medical care CME is essential. Exposure visits to suitable institutions must be arranged.
- Assessment of performance should be documented
- Pediatric department requires separate beds & equipment for patients especially for neonates.
- Good relations are fostered with all staff members. Interaction between my seniors and colleagues is fair because of good understanding amongst us.
- Restrictions for taking leave are a problem as a substitute paediatrician is not available.

15.7 **PERSONAL GROWTH**
- Arranging regular CME/mortality meetings so as to improve clinical acumen & hone pediatric skills
- Visiting specialists deliver lectures on thalassemia (Dr. Brit (FRC Pathology, U.K) to enhance knowledge base
- After completing Post-graduate diploma in hospital management 2 years ago I started my 2 yr leadership and managerial course with Dr. Ashok Sahni of Indian Society of Hospital Administrators (ISHA) which will be completed by the time this Annual Report is published.

15.8 **Learning by teaching program**
Every month Continuous Medical Education (CME) programme and mortality meetings is a regular feature at SJSH. Pre-planned classes are also held for nursing staff during which every participant is actively involved.
For the last 2 years medical students from LAVAL University, Canada are visiting SJSH under their summer semester educational programme. The duration of their visit is about 2 months during which they attend clinics, ward rounds, emergencies and lectures by senior doctors of SJSH. This gives SJSH senior staff opportunity to review, enhance & update their knowledge so as to share with the medical students on various topics/ disciplines. Simultaneously, through a process of interaction, the reverse pathway for the consultants is to learn a great deal from the students as they share their knowledge with them

Attending conferences seems to be difficult as there is only one doctor in the department with no substitute. It is critically necessary to increase the manpower in all departments to prevent a doctor ‘burnout’ which could have other negative effects by restricting the consultant’s exposure to improve their knowledge and skills.
16  Department of Orthopaedics
Dr.Brijesh Sharma
Joining Date: 21st April 2006

16.1 OBJECTIVES
The main objectives are:-

- To evaluate the performance of the department during 2006-07.
- Comparison to other department in the institution.
- Statistical evaluation.
- Community benefits.
- Technical evaluation.

16.2 Materials & Method
This is my first year as head of the Department of Orthopedics. Despite many hurdles and increasing number of hospitals, the department’s leadership was able to maintain good and improving trends in the performance of the department.

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>OPD</td>
<td>12931</td>
<td>11991</td>
</tr>
<tr>
<td>IPD</td>
<td>775</td>
<td>590</td>
</tr>
<tr>
<td>Surgery</td>
<td>1115</td>
<td>1255</td>
</tr>
</tbody>
</table>

16.3 Planning
The department is overworked; hence even meticulous planning sometimes fails. Lack of space hinders quality services to avert complications. Every orthopedic surgery is planned in advance regarding implant to be used and other requirements to provide good results. The department enjoys a good rapport with colleagues. Despite large number of geriatric patients operated for orthopaedic conditions, there is not a single incidence of intra-operative or post-operative death during 2005-06.
Since this department is dealing with a large number of poly-traumas and crush injuries, prognosis is assessed very carefully. Photographs are taken in many such cases with proper completion of consent forms. The number of patients who underwent amputation after operation is nil. The department is having no litigations or any community complaints.

16.4 Emergency Services
The number of emergencies in orthopedics has increased with mass casualties on many occasions. Despite increasing number of Poly-traumas, the number of deaths are decreasing, which reflects good team work and efficient services. Death rate
during 2006-07 is 0.3% and which is lowest since the Hospital started (1999), which is comparable to any good Institute in India. 1892 patients were attended during emergency hours during 2006-07. The Hospital should be equipped with good inventory of implants and blood bank to deal with emergencies.

16.5 **Tools**  
Serious consideration should be given for up-gradation of the orthopedics instruments due to the following reasons: -
- Number of surgeries are more than any other nearby hospital including Medical College of Agra and Aligarh (under one consultant)
- Image intensifier machine is not working properly and we are facing a big problem
- Improper instruments consumed more time and energy and affects outcomes
- Instruments are old

**Man Power**
- Less number of paramedical staff in the operation theatre
- Require separate ward aide for OPD
- Permanent ward in charge for the orthopedics ward.
- Separate junior doctor for ward management

16.6 **Problems**  
Many hurdles were faced during 2006-2007 and difficulties do exist in a dynamic set up which is a challenge to keep the flag hoisted high.

16.7 **OPD**  
Increasing number of patients attended to for routine and emergency OPD. Total number of patients seen in 06-07 is 11991 average 1000 per month. Approximately 85 patients attended in a scheduled Orthopedics OPD, which is comparable to any of the best Institutes.

**Suggestions** are:-
- Restriction of OPD patients to maintain quality and patient’s satisfaction.
- Suggest separate OPD complex for orthopedics, with facilities for minor procedures and plastering.
- Trained staff for plaster application near vicinity of OPD

**Court attendance**  
Most of the orthopedics cases are medico legal and court liabilities have increased markedly for the last few years, which is a big loss to the Institute and a source of grievance for suffering patients.

**Suggestions** are:-
- Appoint a legal officer who will be dealing with preliminary court liabilities.
• Make a system where a MLC of gun shot injuries gets some extra attention and junior doctor should be guided in such cases.

16.8 Achievements
The department has performed reasonably well during 2006-07

1) OPD - 11991 AV : 1000 per month.
2) IPD - 590 AV : 50 per month.
3) Surgery - 1255 AV : 104.
   Major: 306
   Minor: 949

5) Death rate : 03. Rate : 0.3%
6) No legal litigation.
7) Infection rate nil
8) High community satisfaction.
9) High patient’s satisfaction
10) Statistical improvement of overall performance of the department

![Graph showing total no. of OPD patients in Orthopedics]

**SWARN JAYANTI SAMUDAIK HOSPITAL**
**TOTAL NO. OF OPD PATIENTS IN ORTHOPEDICS**
[YEAR 05-06 & 06-07]
16.9 MEMORABLE MOMENTS
1. SJS has conducted successfully the first total knee replacement in Mathura district at the Hospital.
2. SJS has performed an acetabular fixation at Hospital which has not been performed in Mathura.
3. SJS has also done a total hip replacement successfully at the Hospital.
16.10 Contribution

Routine involvement of staff is the forte of the department - during rounds, or surgery or while handling emergencies. Training of staff in basic of orthopedics – hands on with the patients is essential.

16.11 Job Satisfaction

- **Emoluments**: - Not commensurate with job. It should be as per the market rate. Other benefits like PF, performance bonus should be considered

- **Working Environment**: -Good
  All senior and junior staff is cooperative and efficient.

- **Fitness club**: -
  To encourage all hospital staff for healthy living which in turn enhance work capabilities and performance

16.12 Community benefits

The department has established good rapport with the community. The community has high expectations from the department and therefore SJSH should consider few suggestions for other services

- Organize disability camps
- Rehabilitation of poly-trauma patients
- Yoga clinic-new concept for severely arthritic patients to avoid costly replacement surgeries
- Training of nursing staff to provide psychological support to poly-trauma patients
16.13 ACADEMICS WITH LAVAL MEDICAL STUDENTS
NIRPHAD/SJSH has signed a contract with the LAVAL University of Canada to train & give exposure to II\textsuperscript{nd} Year medical students in an Indian health system. In 2007, four students were posted in department of orthopedics and physiotherapy. Routine Basics of orthopedics, theory as well as practical in OPD, OT, casualty department and in physiotherapy were provided. They were introduced to patients of trauma having all types of fractures including long-short bones, spine & simple-compound fractures. Also, students gained insight into neglected or ill treated cases of fractures. They were part of surgery team in the OT and also learned how to treat some of these cases conservatively by plaster techniques.
In a nutshell, the Orthopedic Department tried to provide the students how one can manage to deliver healthcare with limited resources and also financial constraints.
17 Department of Anesthesiology
Dr. Bishan Singh
Joining Date: 13th March 2005

17.1 Objectives:
- To evaluate the performance of the department during April 2006-March 2007
- Statistical evaluation
- Community benefits
- Technical evaluation
- To define the role of anaesthesiologist

i) To administer high quality anaesthesia to the patient with available resources
ii) To resuscitate the patient in the post-op (recovery wards), ICU or any area in SJS hospital
iii) To monitor the patients in post-op ward (recovery wards)
iv) To attend to emergencies whenever required
v) To do pre-anesthesia check-ups
   ➢ Pre-anesthesia check-ups
   ➢ When? Usually one day before surgery or when ever referred by surgeons
   ➢ Why? To assess the patient
   ➢ To get the required investigations done
   ➢ To ask the patient about his/her choice of anesthesia
   ➢ To allay the anxiety of the patient regarding anesthesia and surgery
   ➢ To explain the risk associated with the anesthesia

vi) Life saving procedures (life support)
vii) Pain management
viii) To train staff

17.2 Materials and methods
- Since 13/5/2005 I joined the department and tried to administer high quality anesthesia to the patients in a wide range of age groups for all types of surgeries (which are being done in our hospital)
- Anesthesia has been administered to many high risk patients (with multiple co-existing diseases and older age groups) with satisfying results.
- Anesthesia has been administered to the patients for emergency surgeries (when there is no time for optimizing the condition of the patient)
- Patients were followed-up in the post-op period regularly.
- Regional blocks has been administered to the patients (where indicated and the only safest type of anesthesia)
- Anesthesia has been administered for laparoscopic surgeries with satisfying results.
17.3 Emergency services
Anesthesia has been administered for many emergency procedures with satisfying results which reflects good team work and efficient staff. The quality of anesthesia is comparable to any good hospital.

17.4 Tools
For further improvement in the quality of anesthesia few equipments (i.e. isoflosane vaporizers, capnometer) and drugs (i.e. fentanyl, morphine) are necessary which should be considered because in anesthesia every step is significant and it is directly related to life and death.

Manpower
- Trained and permanent staff is needed for post-op period (the time when haemodynamic fluctuations are expected)
- Sometimes department feels shortage of staff (especially OT)

17.5 Achievements
- Anesthesia has been administered to high risk cases (34 patients) with good results
- Anesthesia has been administered to geriatric age group (59 patients) with good results.
- Regional blocks – administered with good results.
- Quality of anesthesia is being maintained
- Staff training

17.6 Contribution
- OT staff and ward-staff have played a significant role in managing the patients
- Expert opinion sought from other specialties have contributed significantly in patient management

17.7 Job satisfaction
Consultants should be encouraged to attend conferences and work shops so that they remain updated with the new trends in the concerned specialty.

17.8 Community benefits
The department feels that the community is being benefited from the department of anesthesia

Greater age group = 59 patients
High risk = 34 patients
GA – General Anaesthesia
TIVA – Intravenous Anaesthesia
Short GA – Short General Anaesthesia
MAC – Medical Anesthesia Care
18 Pathology / Laboratory –
Dr. Pradeep Parashar, Pathologist
Joining Date: 1st July 2006

Bone marrow aspirate, showing
Plasma cells of multiple myeloma

18.1 Introduction:
The purpose and function of laboratory through clinical pathology and laboratory medicine are to assist, the clinicians in confirming or rejecting a diagnosis and providing guidelines in patient’s investigations & treatment.

The Department of Pathology at SJSH consists of various sections namely haematopathology, clinical biochemistry, serology, cytopathology and transfusion medicine.

Each year, the complexity of laboratory testing continues to increase e.g. bone marrow aspirations for diagnosis of various types of anemia, haematological neoplasms & diagnosis of bone marrow aspirates for malignant cells. Changing trends of malaria presented with thrombocytopenias, double infections and emergence of newer infection (Dengue Fever and HIV/AIDS).

Over the past six years, the department has experienced a steady increase in work load; however there is a slight decrease in number of investigations conducted in last year. This might be because of changing trends towards requesting investigations by the new clinicians.
18.2 Routine Activities:

- Among the various sections, haemopathology (the study of the diseases of blood) comprises the main bulk of everyday services and showed a significant growth in total & complex number of patients.
- Clinical biochemistry plays an important role in providing rapid and highly reliable data to support prompt therapeutic decisions by our consultants.
- The transfusion section plays the role of blood grouping, screening for various infectious diseases (HIV, HCV & HbsAg) and supplying blood. This year the department started cross-matching blood being received from other sources before transfusion.
- Cytopathology includes routine fluid examination e.g. (CSF, ascitic & pleural fluids) and reporting various fine needle aspiration cytology and bone marrow aspiration. Providing lab services 24 hrs for IPD and emergency patients and 9 AM to 5 PM for OPD patients.
- This fiscal year 2004, SJSH has been selected for RNTCP (Revised National Tuberculosis control Program) under which the laboratory is playing an important role in sputum examination (One of the technical staff is being trained under RNTCP)
18.3 Staffing:
Department of Pathology staff comprises of one consultant pathologist, lab technician, blood bank technician, microbiology technician and lab assistant cum ward boy. With the steady increase in total number of tests and limited manpower, high quality clinical services have been very challenging.

18.4 Equipment:
- The lab is well equipped with fully and semi automatic bio-chemistry analyzer (functional), EIA Analyzer, cell counter, ABG analyzer (not functional due to shortage of reagents)
- We are following an old system of reporting e.g. hand written reports are being given which are not presentable
- Requirement of proper system (software and printer) for reporting in order to meet new standards. This will be less time consuming and staff can be utilized in other activities.

18.5 Financial Analysis:
- The department has one of the highest financial recoveries. “The Department tries to provide high quality, cost effective pathology services in a manner that supports patient care.”
18.6 Planning / Issues:
- Nursing staff should be trained regarding proper sampling techniques to be sent to the lab.
- Provide more opportunities for staff for continuing higher education in special Centres.
- The laboratory urgently requires investment in capital for new haematology cell counter, reporting systems and to replace aging, malfunctioning instruments to ensure a high quality service. Yet we are aware of our financial limitations and the fixed budget.
- Efforts are being made to develop a quality control system in preparation for newer trends.
- The results are generally well within or better than accepted benchmarks.
- Dr. R Britt, an international hematologist from UK has been training the staff in quality control. The results of this testing indicates that the quality of reporting meets with international standards.

18.7 Interesting patients:
- A 13 year old female presented with a swelling at the upper end of the tibia. X-ray showed lytic lesion. Fine Needle Aspiration Cytology of the lesion was done. The cytological findings were suggestive of giant cell tumour. The patient was operated in SJSH and progressed well. The diagnosis was further confirmed on histo-pathological examination.
- A 58 years old female presented with back pain for the past 1 year. Haemogram showed the following findings:-
  - Haemoglobin = 4.7 gm%
  - Total Leucocyte Count (TLC) – 5400 cells /mm3
  - Platelets = 73000 /mm3
  - General Blood Picture (GBP) showed moderate degree of rouleaux formation
  - Erythrocyte Sedimentation Rate (ESR) – 70 mm
  - On x-ray and Computerized Tomography (CT) scan showed lytic lesions in lumbar spine and iliac bone.
  - Protein electrophoresis was positive for M-band. B2 microbiological test was > 10 times the normal range. On immuno-histochemistry, it was confirmed as multiple myeloma. Unfortunately, patient expired.
- A 48 years old male presented with a large, firm lump in the lower abdomen. On Ultrasound sonography (USG), the lump was found to be 13.5 X 10.5 X 4.5 cm. Fine Needle Aspiration Cytology of the lump was done. The cytological findings suggested soft tissue sarcoma. The patient did not come for further evaluation.

18.8 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 has one visiting consultant, Dr. R. Britt, FRC Pathology, U.K, a renowned Haematopathologist who updates the department through his experience and also brings valuable study material and newer techniques. He also brings clinical specimens which provide an external quality assurance and the department meets with the 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, example bone marrow examination.

### SWARN JAYANTI SAMUDAIAK HOSPITAL

**TOTAL HIV, HCV, Hep B From April. 2006 to March 2007**

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Month</th>
<th>HIV Total</th>
<th>HIV +ve</th>
<th>HIV -ve</th>
<th>HIV %age</th>
<th>HCV Total</th>
<th>HCV +ve</th>
<th>HCV -ve</th>
<th>HCV %age</th>
<th>Hep B Total</th>
<th>Hep B +ve</th>
<th>Hep B -ve</th>
<th>Hep B %age</th>
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<td>6</td>
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<td>69</td>
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<td>-</td>
<td>24</td>
<td>-</td>
<td>64</td>
<td>3</td>
<td>61</td>
<td>-</td>
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<td><strong>TOTAL</strong></td>
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<td><strong>14</strong></td>
<td><strong>856</strong></td>
<td><strong>1.6</strong></td>
<td><strong>435</strong></td>
<td><strong>1</strong></td>
<td><strong>434</strong></td>
<td><strong>0.23</strong></td>
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<td><strong>822</strong></td>
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</table>

1. HIV – Human Immuno Deficiency Virus
2. HCV – Hepatitis C Virus
3. CSF – Cerebro Spinal Fluid
4. AIDS – Acquired Immuno Deficiency Syndrome
5. HBsAg – Hepatitis B Surface Antigen  
6. ABG – Arterial Blood Gas Analyzer  
7. FNAC – Fine Needle Aspiration Cytology  
8. TLC – Total Leucocyte Count  
9. GBP – General Blood Picture  
10. ESR – Erythrocyte Sedimentation Rate  
11. USG – Ultrasonography  

In the year 2006, 4 medical students and in 2007, 6 medical students from LAVAL University, Canada were posted in Pathology Lab. An introduction to pathology was provided as they were not well oriented with pathology. The students were taught types of investigations and their relevance in making a diagnosis. Most of the routine investigations were discussed in processing the specimen. These students were shown malaria parasite, tuberculosis bacilli, anaemia slides and some malignancy slides and taught them how to perform fine needle aspiration cytology and staining. They also were exposed to urine and stool routine and microscopy. We shared our views on social make up of the two countries along with the education system and medical systems.
18.9 Conclusion:

Working as a Pathologist in SJSH for the last one year, I had the opportunity to see various types of patients. I had all the facilities which are required for investigating the patients. Working conditions are satisfactory and the working environment is also up to the mark. In future I will work for the patients benefit and with my full enthusiasm.
19 PHYSIOTHERAPY DEPARTMENT
MR. RAJKUMAR
JOINING DATE: 13TH MAY 2002

19.1 Performance of Department:
- Department is well maintained with a well qualified professional physiotherapist & trained female ward aide and two trainees (students) and 6 Canadians medical students
- Daily patients register entry is documented (OPD)
- In patient register is available
- Trainees attendance records are maintained
- 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

19.2 Narrative:
- All the patients of ortho are dealt with care and recovery rate is satisfactory.
- Children with Cerebral Palsy have special care of and the rehabilitation exercise includes stretching and strengthening programme.
- Fracture patella patients are ambulated as early as possible with knee mobilization.

19.3 Subsidiary:
- 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.
- It’s a VIP unit- should be maintained properly.

19.4 Material & Methods:
- The Report is compiled from the registers and charts of patients
- Thanks to the Management, Inventory controller & pharmacy department who supply material to the department in time and the amount required. There was no problem for the supply of material.

19.5 Supplies:
- 6 Bottles of U.S. gel per month
- 1 cotton roll per month
- Antiseptic solution 200 ml per month

19.6 Process Involved In Performance
- PHYSIO Department has a well planned strategy to provide adequate services to the existing patient load.
- Equipment is well organized and maintained in each cubicle.
- Implementation of relevant techniques, have improved.
- Coordination with other department heads and our peers was satisfactory
All activities are supervised by the Administrative heads, with the support of colleagues and peers.

I thank all the departments involved like civil, Bio-medical, electrical department to provide help in odd emergency hours.

19.7 Man Power / Tools

- Staffing Pattern
  1 Male Physiotherapist
  1 Female ward aide
  2 Female trainees
  6 Canadian trainees

19.8 Equipment Used

<table>
<thead>
<tr>
<th>Electro Therapy</th>
<th>Exercise Therapy</th>
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<tr>
<td>SHORT WAVE DIATHERMY(S.W.D) (2 No.)</td>
<td>SUSPENSION BED</td>
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<tr>
<td>ULTRA SOUND (2 No.)</td>
<td>MULTIPLE EXERCISER UNIT</td>
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<tr>
<td>TRACTION (2 No)</td>
<td>HAND EXERCISER</td>
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<tr>
<td>(I.F.T)INTER FERENTIAL THERAPY (2 No.)</td>
<td>HIP ROTATOR</td>
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<tr>
<td>ELECTRICAL STIMULATOR</td>
<td>ANKLE &amp; WRIST EXERCISER</td>
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<td>WAX BATH</td>
<td>QUADICEPS TABLE</td>
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<td>INFRA RED</td>
<td>ROWING MACHINE</td>
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<tr>
<td>HYDRO CLORATOR</td>
<td>TENS</td>
</tr>
<tr>
<td>TENS</td>
<td>FINGER EXERCISER</td>
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</table>

Note:- All the equipments are working properly

- Adequacy of The Above
  - LASER is a modern technology, machine is required.
  - CPM (Continuous Passive Mobilizer) is required

The above items of Machines / Equipment are required to up-grade the Department.
### 19.9 Details of Activities

#### PHYSIOTHERAPY STATISTICS [1999-2007]

![Graph showing patients over fiscal years 1999-2007]

### 19.10 MATHURA REFINERY HOSPITAL

#### PHYSIOTHERAPY DEPARTMENT – STATISTICS

<table>
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<tr>
<th>MONTHS</th>
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<td>121</td>
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<td>17</td>
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<td>Mar 05</td>
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<tr>
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<td>Oct 05</td>
<td>37</td>
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<td>Nov 05</td>
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<td>Dec 05</td>
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<tr>
<td>TOTAL</td>
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<td>May 06</td>
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<tr>
<td>TOTAL</td>
<td>1187</td>
<td>1082</td>
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</table>

➢ Average patients for 2005 = 187.9
➢ Average patients for 2006 = 189

N.B –  
➢ The overall decrease of patients is due to resignation of Dr. Sujoy Bhattacharjee (Ortho. Surgeon).
➢ Increase in number. of patients of physio in IOCL (Details attached)
➢ Patients coming from far couldn`t receive treatment daily

➢ Expenditure per Month  
Therapist Salary: Rs. 10,443/-per month (MRH pays Rs. 6000/ per month)  
Ward Aide: Rs. 2881/ per month

➢ Supplies  
6 ultra sound gel  
1 cotton roll  
200ml Antiseptic solution  
Electricity Bill

➢ Equipment  
• 2004-2007 Department Equipment A.M.C deleted from budget & department is well maintained  
• 2006-2007 New Equipment like LASER should be purchased  
• 2005-2006 New TENS machine purchased  
• 2006-2007 Hydro clorator machine purchased  
• 2006-2007 Furniture for the extended cubicles is required  
• 2006-2007 Split AC is required

➢ Increments  
• Revision of increment with the basic is necessary  
• Suggestion - % hike of salaries should be given according to Grade level, otherwise Grade II, III & IV employees will get negligible increment.
Perks

- We are very thankful to NIRPHAD for providing Medi-claim (Insurance Policy) coverage/hoping to get medi-claim for spouse and children.
- Thankful for residence in Mathura Refinery Nagar.

19.11 Problems / Hurdles

Planning

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

Organization

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

Implementation

- Inter-personal relationship with the management & other departments is satisfactory.
- Department working hours are extended to help reduce the waiting time of the patients

- Leave record should be checked by the authorized section or Management. The rules & regulations given by the organization should be followed irrespective of grade.
- Request to the consultants to refer the patient to physio from pediatric, medicine and surgery departments.
- As per the budget revision of salary should be regulated
- Dress Code should be implemented to give a professional touch to the organization, irrespective of grade in all departments.
- 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.

19.12 Job Satisfaction

- Physio department have job satisfaction and is working without any pressure
- Relationship with the seniors/juniors & peers is a happy blend of joy and contentment.

19.13 Contribution

- Department’s contribution to the Institution is to give quality treatment to a patient & thereby give a good name to the Hospital
- Ward aides should be better trained.
- Department’s contribution to the community- is 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 (top officials from Mathura administration)
- Successful training of trainees in physio department
- Positive response from hospital, community and patients coming from far distances
- Counseling plays a key role

19.14 Attitudes
- This department is a high income generating unit. But treatment is subsidized to meet the common & poor patient’s needs. So the treatment rates are not commensurate with commercial organizations. Rural poor patients are benefited.
- Department staff is motivated to give the patients speedy recovery, irrespective of their financial status

19.15 Personal Growth
- Continuing Medicine Education for medical & paramedical staff plays a vital role to update/upgrade modern technology & techniques.
- Visiting specialists should be invited at regular intervals.
- Availability of books & magazines in a library which can be used regularly.
- International magazines/journals & books should be issued to the concerned department.
- Any new development in medical field should be discussed with senior and junior consultants periodically to upgrade their knowledge and help the management perform better.
- Recreation facilities should be available

19.16 Internet Browsing - Specific time should be allotted for each department to get exposure to the latest Education / Techniques / Technology and this facility is lacking
20 Department : Pharmacy  
Name : Srinivasa Babu  
D.O.J : 9th June 2003

20.1 Objective: Good co-ordination with all the departments of the Hospital to ensure proper functioning.

20.2 Performance of the department

- Department is well maintained with fully qualified Pharmacist  
- Maintenance of Stocks  
- Documentation of Supply registers  
- Maintenance of poor patient register and document filing

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 in routine year.  
- 9.00 am to 05.00 pm with one hour lunch break at 1.00 pm from 1st November to 31st March in routine year.

20.4 Materials and Methods

- All records provide sufficient information to write the report.  
- All materials including drugs were sanctioned by the Purchasing Committee and purchased from market. In previous years a similar procedure was followed.

20.5 Process involved in performance

- **PLANNING** – To plan as a computerized pharmacy and preserve data for retrieval  
- **ORGANIZATION** – One ward aide is necessary to organize and assist the pharmacist.  
- **IMPLEMENTATION** – To issue materials & pertinent information to all the departments and maintain consumption records  
- **CO-ORDINATION** – Good coordination with store for issuing material as the pharmacist is involved in his work and coordinates well with the 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 all the departments.

20.7 Manpower / tools
STAFFING PATTERNS - one qualified pharmacist managing the entire pharmacy, record maintenance, purchasing, issuing medicines to staff/poor patient, issuing materials to other departments, limited purchase and involved in Revised National TB Control Program (RNTCP-DOTS).

20.8 EQUIPMENT USED - one refrigerator and computer.

Adequacy of the above – pharmacist needs a programme software to keep data (code drugs / supplies, consumption details of various Sections of the hospitals).

20.9 Financial analysis
Expenditure per month
SALARIES – Previous year 2003 – 2005 pharmacist salary was Rs. 7,500 pm and 2005 – 2006 pharmacist salary was Rs. 7,875 pm and 2006 – 2007 pharmacist salary was Rs. 8,190 pm. In the current year, the pharmacist is receiving a salary of Rs. 8,517.

20.10 SUPPLIES - Medicines are supplied to the pharmacy from the wholesale market. The Pharmacist acquires three quotations from the same company (Brand) from different parties and the best of the three is sanctioned by the Purchasing Committee, after scrutiny a purchase order is placed. Vaccines are available from the District Hospital, Mathura, since these items are sanctioned Government supplies, the supply of the same is erratic therefore SJSH has to purchase from the open market. It must be understood that the vaccines have a timeframe and schedule which should be strictly adhered to so that the patient receives the vaccine within the timeframe and date. Potency of the vaccine can diminish if proper cold chain is not maintained. Hence, a vaccine carrier is used to transport vaccines and utilized before the expiry date.

20.11 DRUGS-drug stocks and documentation are maintained accurately in the Department.

20.12 INCREASEMENTS – a slight increment was received in the current year.

20.13 PERKS – Mediclaim policy coverage & family accommodation provided in the Hostel and there are no other perks.

20.14 Problems / hurdles
➢ PLANNING - the pharmacist has sufficient time to think and plan
➢ ORGANIZATION – pharmacist needs one ward aide in pharmacy department to help in the various activities, In the absence of pharmacist, ward aide will be able to manage the pharmacy if properly trained.
IMPLEMENTATION – interpersonal relationship is good with all the departments. Discipline of the staff is good but lower grade staff’s discipline is not satisfactory. Sometimes pharmacist gets support from seniors. Working conditions and quality of equipment are satisfactory, but sometimes staff requirements (Medicines) are not available due to budget constraints.

20.15 Job satisfaction

- EMOLUMENTS – the work load is increasing gradually. The pharmacist receives an increment according to the budget rules of SJSH. But I am happy with what I receive.

- HOUSING & FURNITURE – housing & 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 & staff have some queries and pharmacist clarifies especially regarding dosage.

- RELATIONSHIP WITH SENIORS / JUNIORS AND PEERS – relationship & coordination with seniors / juniors and peers is satisfactory.

- EXTERNAL STABILITY – during work there are vicissitudes and frustrations at times & support is needed from seniors.

20.16 Contribution

20.17 CONTINUING MEDICAL EDUCATION – pharmacist needs more training in basic health care and the “role of the pharmacist in primary healthcare”.

20.18 ROUTINE SCHEDULE FOR WARDS, CLASSROOM, VISITING SPECIALISTS – The pharmacist visit wards to find out if the staff have any problems, if the ward staff has any doubts, the pharmacist clarifies. Regular visits to external pharmacy are made to check the quality, expiry dates and prices of the stocks.

20.19 AVAILABILITY OF BOOKS AND MAGAZINE – books and magazines are available in the library.

20.20 PRESENTING PAPERS AT CONFERENCES – pharmacist needs training in writing and presenting papers for conferences. But first will have to become a member of some National Pharmacy Organization.

20.21 INTERNET BROWSING – pharmacist has no access to internet browsing.
21 Medical Records Department
Vincent Raj
Joining date: 7th August 2003

“From darkness to light”
I am enjoying my work & at present, the SJS hospital is one of the well known Hospitals of Mathura. Local community is satisfied with Swarn Jayanti Samudaik Hospital’s treatment because of experienced doctors, best nursing care and cheap rates for treatment. This year 1536 poor patients from nearby villages received free treatment

21.1 Strengths
For better services need more experienced staff for all departments.

21.2 OPD STATISTICS

<table>
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<th>PARTICULAR</th>
<th>APR 99-MAR 00</th>
<th>APR 00-MAR 01</th>
<th>APR 01-MAR 02</th>
<th>APR 02-MAR 03</th>
<th>APR 03-MAR 04</th>
<th>APR 04-MAR 05</th>
<th>APR 05-MAR 06</th>
<th>APR 06-MAR 07</th>
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<td>21202</td>
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<td>32265</td>
<td>30542</td>
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<td>48944</td>
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<td>Total no. of IPD (No. of patients)</td>
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<td>2016</td>
<td>2001</td>
<td>1684</td>
<td>2353</td>
<td>2896</td>
<td>2830</td>
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<td>B</td>
<td>Total no. of OPD (Medicine)</td>
<td>9061</td>
<td>14078</td>
<td>14823</td>
<td>13775</td>
<td>17715</td>
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<td>22691</td>
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<td>Total no. of IPD (Medicine)</td>
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<td>728</td>
<td>760</td>
<td>655</td>
<td>751</td>
<td>987</td>
<td>1058</td>
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<td>Total no. of OPD (Ortho)</td>
<td>5413</td>
<td>6330</td>
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<td>11039</td>
<td>13922</td>
<td>12758</td>
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<td>Total no. of IPD (Ortho)</td>
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<td>515</td>
<td>771</td>
<td>694</td>
<td>746</td>
<td>771</td>
<td>779</td>
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<td></td>
<td>Total no. of OPD (Surgery)</td>
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<td>3563</td>
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<td>5290</td>
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<td>204</td>
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### 21.3 IPD ADMISSIONS

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<td>Med –I</td>
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<td>678</td>
<td>631</td>
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<td>Ortho.</td>
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<td>771</td>
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<td>590</td>
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<td>Gn. Surgery</td>
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<td>811</td>
<td>672</td>
<td>653</td>
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<td>Peadetrics</td>
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<td>334</td>
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<td>Med –II</td>
<td>94</td>
<td>309</td>
<td>427</td>
<td>597</td>
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<td>TOTAL</td>
<td>2353</td>
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<td>2830</td>
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<td>1413</td>
<td>1819</td>
<td>1760</td>
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<td>Private rooms</td>
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<td>222</td>
<td>203</td>
<td>196</td>
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<tr>
<td>Burn unit</td>
<td>82</td>
<td>101</td>
<td>110</td>
<td>95</td>
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<tr>
<td>ICU</td>
<td>4</td>
<td>4</td>
<td>3</td>
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### 21.4 DISCHARGE / DEATHS

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<td>1707-71</td>
<td>1691-77</td>
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<td>602-3</td>
<td>704-14</td>
<td>732-11</td>
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<td>Pvt. Room</td>
<td>158-6</td>
<td>274-8</td>
<td>201-12</td>
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<tr>
<td>Burn unit</td>
<td>55-24</td>
<td>68-25</td>
<td>70-35</td>
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<tr>
<td>ICU</td>
<td>2-2</td>
<td>1-2</td>
<td>3-1</td>
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<tr>
<td>Emergency</td>
<td>0-20</td>
<td>0-16</td>
<td>0-18</td>
<td>0-42</td>
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<td>TOTAL</td>
<td>2214-129</td>
<td>2754-136</td>
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### 21.5 RESULT OF DISCHARGE

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<tr>
<td>Improved</td>
<td>1675</td>
<td>1540</td>
<td>1345</td>
</tr>
<tr>
<td>Cured</td>
<td>432</td>
<td>525</td>
<td>297</td>
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<tr>
<td>On request</td>
<td>349</td>
<td>344</td>
<td>565</td>
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<td>Referred cases</td>
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<td>135</td>
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<td>LAMA</td>
<td>183</td>
<td>141</td>
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<td>Death</td>
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<td>Absconded</td>
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</tr>
<tr>
<td>Others</td>
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<tr>
<td>TOTAL</td>
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<td>2774</td>
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### 21.6 IPD NO. STAY (WARD WISE)

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<td>ICU</td>
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<tr>
<td>Total days</td>
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### 21.7 OPD INVESTIGATIONS

#### NO. OF PATIENTS

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<tr>
<td>Laboratory</td>
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<td>7943</td>
<td>7174</td>
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<td>X-ray</td>
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<td>7295</td>
<td>6659</td>
<td>6143</td>
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<td>Physiotherapy</td>
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<td>4378</td>
<td>4699</td>
<td>3013</td>
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<td>ECG</td>
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<td>Dressing</td>
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<td>1708</td>
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<td>487</td>
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<td>Free case</td>
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### 21.8 CASH RECOVERY-YEAR 2006-2007

#### CASH COLLECTION

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<td>IPD</td>
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<td>Cash</td>
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<td>Poor free RX</td>
<td>574880/-</td>
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<td>Staff free</td>
<td>143245/-</td>
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### 21.9 Year wise classifications of patients from Mathura, UP & other States

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<th>U.P.</th>
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<td>2000-2001</td>
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<td>2018</td>
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<td>2002-2003</td>
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<td>2005-2006</td>
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<td>2006-2007</td>
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### 21.10 Poor patients receiving free treatment

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<td>Chad gaon</td>
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<td>Dhana teja</td>
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<td>Dhana samsabad</td>
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<td>70</td>
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<td>Koyla-alipur</td>
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<td>Raunchi bangar</td>
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### 21.11 Vehicle used and expenditure – POL + Maintenance

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<td>Marshall</td>
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<td>69150</td>
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<td>Ambulance-I (9806)</td>
<td>19347 kms</td>
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<td>Expenditure</td>
<td>52820</td>
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<td>12850</td>
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<td>Ambulance II (9721)</td>
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<td>98694</td>
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### 21.12 Reports / certificates

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<td>Medical bills</td>
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<td>91</td>
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<td>LIC forms</td>
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<td>Injury reports</td>
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<td>Court cases</td>
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<td>Dead body kept in mortuary</td>
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SWARN JAYANTI SAMUDAIK HOSPITAL
LABORATORY NO. OF TESTS [1999-2007]

PHYSIOTHERAPY STATISTICS [1999-2007]
IPD CASES 1999-2007

<table>
<thead>
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<td>2004-2005</td>
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<td>2005-2006</td>
<td>2830</td>
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<tr>
<td>2006-2007</td>
<td>2778</td>
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TRAUMA STATISTICS AT A GLANCE

EMERGENCY PATIENTS FROM 2000-2007
21.13 SUGGESTIONS:-
- Immediately supply for shortage of daily needed material
- Implementation of modern facilities
- Listening of staff requirements
- A strong rules and regulation policy of hospital.

21.14 CONCLUSION:-
In short, SJS Hospital has shown gradual increase in the services provided, including the number of poor patients who are receiving affordable quality care. If IOCL / SJSH can provide more facilities and experienced staff for the Institution it would can provide better services than other institutions in the area.
22. **Finance Department**
Ashish Singhal
Joining Date: 5th January 2004

22.1 **Objective**

- To monitor, direct and co-ordinate all the financial activities of the SJSH
- To supervise and co-ordinate the functions of budget, reimbursement, accounting, account payables, and cash recoveries
- To ensure that the quarterly audit is carried out as per regulations.
- To provide accurate financial reports and ensure that all statutory requirements for PF, Income Tax & Insurance, have been adhered to.
- To establish an internal audit system to enable smooth flow of the financial process.
- To recommend financial systems and communicate to the Director / Administrator for the required changes in cash disbursement.
- 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 so that the budgets can be discussed with MOR after being processed by the Finance Committee of NIRPHAD.
- Responsible for all payments of staff salaries after ensuring necessary deductions.
- Responsible for liaison with Assistants for collection of indoor patients' bills, and report generation on daily basis.
- Responsible for maintenance of general ledger, payment register, vouchers, daily bank status, bank reconciliations & trial balance.
- To liaise with the officials of Mathura Oil Refinery and external agencies as and when required.
- To attend meetings of Internal Monitoring Committee.
- To attend meetings of Purchasing Committee.
- During the absence of the Administrator the Finance Officer takes up the responsibility as an ad-hoc arrangement.
- To liaise with Advocates and follow up the proceedings of various lawsuits with the High Court, Appellate Tribunal & Local Courts.

22.2 **Achievements**

- Received Rs.204352/- from MOR, as a final settlement for the F.Y.2003-2004.
- Received Rs.319071/- from MOR, as a final settlement for the F.Y.2004-2005.
- Received the following reimbursements from MOR:
  - Rs.413027/- for major repairs of DG Set
  - Rs.15000/- for repair of Tube Well
  - Rs.197620/- for Capital Expenditure
  - Rs.109423/- for Replacement of X-Ray Control Panel & Purchase of Traction Machine
- Rs.300000/- for Blood Bank & Physiotherapy alteration
- Rs.296638/- for installation of Cooling Tower
- Rs.175000/- for purchase of X-Ray Auto Film Processor
- Rs.130500/- for purchase of Blood Bank Tube Sealing Machine
- Rs.239750/- for purchase of Blood Bank Collection Monitor & Refrigerator
- Rs.52341/- for purchase of filter for Elisa Reader
- Rs.50508/- for AMC of Elisa Reader

- Initiated process for Hospital registration with Chief Commissioner of Income Tax, New Delhi.
- Rationalized the rates of various items by taking competitive rates from various suppliers in comparison to budgeted amount.
- Substantial increase in recoveries received from OPD & IPD patients in comparison to actual expenditure.
- Prepared TDS returns for all NIRPHAD staff.
- Earned leave has been en-cashed
- Finally settled the Audited Accounts of financial year 2005-2006 with MOR.
- On 01st April 2007, an annual increment @ 4% was sanctioned to employees in order to motivate for better performance and improve their morale.
- Negotiated a contract with M/s Mohini Filling Station which helped to avoid cash transactions during purchase of fuel.
- Maintained proper records of all financial data.

The following staff assisted in completing my tasks

- Associate Director & Assistant Accountant fully cooperated and were highly enthusiastic in helping to achieve the best.

22.3 SWOT Analysis
Strengths
- Hard work & able to confront difficult situations by problem solving and decision making
- Qualified personnel are available
- Good support from MOR officials
- Good relationship with all staff of SJSH & NIRPHAD

Weaknesses
- The Institution has overarching dependency on grants
- Training facilities are not available for Assistant Accountant
- Shortage of time to conduct Internal Audits
- Shortage of staff
Opportunities

- To bridge the gap between expenditure & income & become more efficient and cost effective
- To introduce Internal Audit System for checking and counter checking all income and expenditure at various points where cash transactions take place

Threats

- Blockage of fund as Income Tax Deducted by MOR with Income Tax Department
- Husband of patient who died has sued the Hospital for Rs. 30 Lakhs under the Consumer Protection Act (CPA) in the Consumer Court. In case SJSH loses the case then it has to pay the said liability to the patient’s husband as per the ruling of the National Commission Forum.

22.4 Job Satisfaction

- **Emolument**: It should be at par with recommendation of VI Pay Commission. But since NIRPHAD is a charitable institution, this recommendation does not apply as it is a NGO. However, *an annual increment rate should be 10% per annum instead of the present 4%.*
- **Housing-furniture**: Housing facilities & other perks should be provided as per grade of an employee.
- **Work Environment**: Is Excellent
- **Emotional Stability** of all the staff is good
- **Relationship** with senior and junior staff is good with the exception of one or two employees

22.5 Future Plans

- The Contract of SJSH will be renewed on April 2008 & negotiations can be started for an annual increment in salary of staff as compared to last year’s rate of 4%.
- In the next contract, efforts will be made to get a new ambulance for SJSH.
- A staff ledger will be introduced so that individual financial records will be available to any staff at a given point of time.
- Will introduce the supplier (vendor) ledger so that the amount payable to each supplier can be ascertained.
- To introduce the system of imprest for petty purchases so that unnecessary paperwork can be reduced in the Finance Department.
- Will take necessary steps to introduce a system of Internal Audit of all departments of SJSH by apportioning two days in a month for conducting internal audits.
23. Civil Maintenance - Athar Moin, Estate Manager

“NOTHING IS IMPOSSIBLE FOR A PERFECT ORGANISATION, YES ONLY CONDITION IS GOAL SYNCHRONIZATION” - Anonymous

23.1 Activities / Performance of Department

- Renovation of blood bank and extension of physiotherapy department completed within the stipulated time.
- White wash/distemper of Private Ward/finance office/director office/conference room/emergency dept. done as per requirement.
- Proposal for white wash/distemper for OPD area/hospital block submitted to SJSH administration for approval.
- New spot for water tank above private ward area has been allocated for dirty linen washing.
- Since people visiting in general wards were facing lot of problem with the water coolers (often out of order) thus for the benefit of people / general public, a new water line (drinking water) normal/cold has been installed and water cooler shifted near the stair case.
- Major repair/renovation job analyzed and submission of report as per priority to IOCL / MR.
- Repair/maintenance estimates for water treatment plant and proposal for R.O. System (Reverse osmosis) plant at SJSH submitted & approval still awaited
- All preventive maintenance, as required on yearly/monthly basis completed as per schedule.

23.2 Processes Involved In Performance

- **Control:** Since the funds are quite inadequate and maintenance department takes utmost care in keeping things 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 materials.

- **Organization/Implementation/Coordination:** Since the new material procurement procedures are different & hence, is quite effective compared to the earlier process where it took more than a month to get procurement of even material for regular use.

23.3 Manpower/Tools

- **Staffing Pattern**
  - One additional worker has been employed for conducting daily routine maintenance but since he is involved with two other departments, maximum utilization is not possible, due to which there is a backlog in maintenance.
  - Requirement of one permanent helper for the department is a must and decision regarding this issue is still pending with the Administration.
  - Both the above mentioned problems are reiterated in last annual report.
23.4 Problems / Hurdles
- Though no one can go back and make a brand new start anyone can start from now and make a brand new end – unknown Author
- Sufficient planning had to be done on yearly basis since the building is getting old, thus periodic repair measures needs pre-planning, budgetary allocation specifically for civil maintenance.
- Before reaching a decision there is a need for in–house discussion for certain matters.
- Process for major repairs needs greater efficiency, so that all red tape is reduced to the minimum, especially due to aging buildings which need more repair work thereby increasing cost.

23.5 Perks/Contribution/Suggestion/Training
- More Training sessions, lectures, seminars and workshops for Staff to enhance growth, development and improving services must be conducted by the Management at regular intervals.
- Moreover a separate training department could be formed, by involving employees who have earned expertise in certain fields like Public Relations and they could be asked to conduct these training sessions.
- The 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 motivate the employees/department towards better 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 conduct 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.

23.6 Suggestion
- ‘Appreciate the foundation, a little you bow and bend. Don’t disregard the support that took you to ascend.’ – Author Unknown
24. Bio-Medical Department
Sandeep S. (Engineer)
Joining date: 7th November 2006

“Give the youth a proper environment, motivate them, and extend them the support they need. Each one of them as “INFINITE” source of energy as they will deliver” - Dhirubhai Ambani

24.1 ACTIVITIES:
- Routine check-up of all equipment in the Hospital
- Complaint books and register of daily maintenance are provided to all Department Heads
- Handling the computer related problems
- Handling negotiations with company executives for providing better service for the smooth running of all departments.
- The AMC for 2007-08 has been reduced to a few essential machines i.e. anesthesia semi-auto and auto analyzer, x-ray machine & ultrasound. These are the equipment which are crucial and need constant care for proper functioning
- The other machines are repaired by in the Department.

24.2 ROUTINE ACTIVITIES:
- Visiting each and every department to check smooth running/functioning of machines
- Attending calls in emergency regarding malfunctioning machines
- Indenting the required consumables for the smooth running/functioning of the equipment in the departments.

24.3 PERKS:
- Thanks to the Management for providing basic facilities

24.4 INCOME:
This department has no direct income. The facility and maintenance of machines generates revenue for the various departments by keeping them functional and as a prompt service to the patients.

24.5 SUGGESTION:
- Communication and Networking with the company executives so as to quickly intimate any requirement for proper maintenance of the equipment
- Transferring of calls from the EPABX system to the concerned department.
- Computerization of the reception and the departments
- Internal LAN facility for all section heads
- Meeting of Section Heads with the Director once in a fortnight for better facilities in the Hospital.
- Lack of professionalism
- Requires one more phone connection for office use.
- Maintain a protocol/channel for proper communication to rectify problems in internal affairs.
Each and every day appointment with the Director to discuss the issues and the current affairs.

The maintenance budget should be increased to some extent as the equipment is aging and load on the machines is increasing daily.

Up-gradation in the mentality and behavior of the staff by moral support and with spirit of unity for smooth functioning of the Hospital.

24.6 **STRENGTHS:-**
- Enthusiastic and honest
- Willingness to learn more
- Hard worker and reliable

24.7 **LOOPS / WEAKNESS**:
- lack of assistant. Get frustrated when things go wrong. The equipment is 9 years old and requires prompt replacement. A document has been submitted to IOCL to gradually replace all old equipment. This assessment is under review with the MOR

24.8 **OPPORTUNITIES**:
- If required resources/spares are easily available in local market we can attain zero break down. – it is difficult to attain a zero breakdown as some of the equipment is extremely delicate and handled by staff who are not well trained and need more training. When this is achieved the breakdown time will gradually decrease. More importantly the equipment was bought 9 years ago and there is natural wear and tear. When new equipment replaces the old then the breakdown time will definitely decrease. This indicates that there are too many unreliable & unknown factors in play. This is a great challenge for proper training, maintenance user-friendly techniques which will bring down the breakdown time.

24.9 **THREATS / HURDLES**:
- The staff who is improperly trained naturally shows negligence while handling delicate equipment
- MOR to be informed of the unused equipment and proper notification is required as to the next step in disposing/further use of the equipment.

24.10 **CONCLUSION**: SJSH has one of the most sophisticated equipment in the region and to maintain a high quality of efficiency the paramedical engineer has to be on his toes continuously. The emergency breakdown is usually in the OR and the Burns Ward, which are critical areas. Every effort is being made to maintain and in some cases replacement of the equipment which has completed its normal period of usage.
25. ELECTRICAL AND HEAVY EQUIPMENT DEPARTMENT
MR. NEERAJ SHUKLA
Swarn Jayanti hospital is equipped with modern facilities. Electrical department maintains the D.G.Set, water treatment plant, sewage pumps, fire system, lift and EPABX which are designed for total automatic operation. The facilities of central air conditioning provide better care and safety of the patients.

25.1 DEPARTMENT PROFILE:-
- Mr. Neeraj Shukla – Electrical Engineer
- Mr. Bishamber Dayal – Electrician
- Mr. Mohan Pandit – Electrician
- Mr. Ajay Matho – Electrician
- Mr. Rajendra – Ward boy / helper

25.2 RESPONSIBILITIES:- maintenance of the following equipment:
- Electrical sub station 11 KV / 415 V, 1.6 MVA
- D.G.Set – 437.5 KVA
- Water Treatment Plant
- Lift (26 persons capacity)
- EPABX – 48 lines
- Fire system
- Air conditioning
- General maintenance

25.3 PERFORMANCE/ACHIEVEMENTS:-
- Problem of D.G. radiator has been sorted out
- Problem of low power factor been rectified and received 2.5% rebate on electricity bill from Jan 07-Apr 07.
- The gate wall In water treatment plant and water distribution system has been repaired and now the fire engine and fire pump are working
- All window A.Cs are working and general service of same is being carried out.

25.4 PROBLEMS / HURDLES:-
- 4 Compressors out of 9 are working and one chiller has broken down. We are in touch with IOCL for the repair of the same
- EPABX system is not working properly
- Sump pump requires a system to not pick up solid wastage.
- One bore hole well does not produce enough water
- Shortage of manpower
- Water distribution motor pumps foundation need to be repaired. This is causing regular problems of motor burn and baring.

25.5 SUGGESTIONS:-
- Spares and other materials, which are in regular use, must be kept in the store
- The department requires back-up power supply for the operation theater and emergency section when D.G set is under routine maintenance or break down
- Requires extension of 20 no. in EPABX
- UPSEB break down hours are too high. Negotiations are in the final stage with IOCL / MR for direct line from Refinery Nagar which will save about Rs.36 lakhs per year.