

UC Product Certificate



S No	Item	Detail
1	Product ID	UC-PC-***
2	Product Category Code	UC-HLT
3	Product Area	Health
4	Product Description	Extension of weekly Out Patient Clinic services for poor communities at Vedal in Kancheepuram District of Tamil Nadu, through the Shree Sai Healing Trust on 24-Aug-09.
5	Date of Inception	24-Aug-09
6	Date of Completion	24-Aug-09
7	Customer Name	
8	Customer Type	Individual
9	Customer Information	
10	Product Cost (A)	INR. 4,332/-
11	Transfer Fee (B)	INR. 450/-
12	Total Payment (C)=(A)+(B)	INR. 4,782/-
13	Date of Transfer	
14	Mode of Payment	
15	Transaction Details	****, Date: *****

Signature of UC representative (P. S. Gunaranjan):

Contact: E-mail: gunaranjan@yousee.in Website: www.yousee.in



Dear Mr. ****,

**-Sep-09

Sub: Acquisition of UC Product Certificate UC-PC-005

On this occasion, I wish to place my regards and thank you for choosing to acquire a UC Product Certificate. The Product Certificate serves as a record of your social investment and the document attached to this letter contains the details of the work undertaken and the social returns enabled through your investment. Going forward, UC hopes to be able to offer Certificates that can also offer financial returns along with social returns. Your investment renews UC's commitment to apply further resources, including financial and intellectual, to alleviate and solve the inequities faced by the poor for accessing fundamental services like Education, Health and Energy, without which their long term livelihood opportunities are at risk.

I also wish to convey UC's commitment to generate and deliver better rate of social returns for the investment made by each of its customers. I take this opportunity to invite your feedback and suggestions in the following areas and more:

1. Improvements that you wish to see in the quality of reporting on financial data and intervention outcomes.
2. Additional areas of information that you would like to see added in future product certificates.
3. Specific information on projects that you think UC should explore investing in.

This would help UC to live up to its values of Transparency, Innovation and Impact and to also deliver a higher rate of social returns to all those who are investing in UC Product Certificates.

The contents of this document are intended to be open source and you are welcome to share the same with others.

With best wishes and regards,

P. S. Gunaranjan
For UC

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Background

Shree Sai Healing Trust (SSHT) based out of the city of Chennai in India, has been actively involved for the past three years in organizing and running Out Patient (OP) Clinics in Tamil Nadu, Karnataka, Andhra Pradesh, Kerala, Maharashtra and Chhattisgarh states. It does these in partnership with various organisations working on development themes at the grass root level. SSHT was founded by Mr. Hemanth Kumar in 2004 with the objective of providing basic health care services for the poor and disadvantaged.

Some of the key benefits offered by these OP Clinics are :

1. **Medical attention** to basic and common ailments like Hypertension, Diabetes, Fevers, Cold, Cough etc or combination of the above ailments.
2. **Medicines** are given for some of the above ailments at the clinic itself.
3. A very important feature of these clinics is their **Regularity**. These clinics are conducted once a week, on the same day and time during the week, making these clinics highly reliable for the rural and poor population served by these clinics.
4. The clinics maintain **Health Cards** for the patients coming to the clinics. This allows the Doctor at the clinic to study the medical history of the patient and give advice, prescribe medication or referral services, based on the history captured in the health card.
5. The doctors at these clinics also provide **Referrals** to other secondary and tertiary health centers for further tests or treatment for the patients. The trust has tie with a few such centers which provide these services for free or at a discount.
6. All the above services are provided **Free** to the patients at these OP Clinics. This results in a large number of poor patients to access these services regularly and also at early stages of the illness, where in it is easier and less costly to treat the patients.
7. The clinics are held mostly in villages where most of the target communities reside. This proximity results in income **savings for the households** as they do not lose their wages earning opportunities for day and they do not have to spend on travel to go to far away clinics.

An important element of these clinics is the effort of the SSHT medical and support teams to spend time with patients not only to attend to medical issues but to also understand their emotional issues. The team believes that by interacting with the patients in an attentive and caring manner, the overall response to treatment vastly improves.

Outreach and Impact created by SSHT so far:

1. **Geographic presence:** Currently OP Clinics are being conducted in the states of Tamil Nadu, Andhra Pradesh, Karnataka, Kerala, Maharashtra and Chattisgarh. In Tamil Nadu, during the first quarter of 2009-10, OP clinics are currently being conducted at Kovalam, Kadalur, Tsunanminagar (Semmancherri), Sriperambadur, Tambaram and Injambakkam.

2. **Patients served:**

a. Outpatients:

S No	Period	Out Patients served
1	Cumulative from Oct-2006 to Jun-2009	184,473
2	First quarter Apr-2009 to Jun-2009	13,842

b. Referral services: For the period Oct-2006 to Jun-2009, 123 patients from these OP clinics have received referral services including tertiary care procedures at major hospitals with which SSHT has tie ups.

3. **Financial Impact of medicare to patients:** A great amount of financial impact too has been created for these poor patients by way of huge costs savings. This is on account of care available from these OP clinics and also prevention of more serious ill health conditions for these patients. A baseline estimation of savings for the patients is captured below:

Outpatients Services:

S No	Description	Quantity
1	Number of Out Patients attended for the period Oct-2006 to Jun-2009 (A)	184,473
2	Estimated market cost for each such patient visit including consultation fee, medicines, travel and wage loss (B) (<i>for more details refer to chapter on Financials</i>)	INR. 300
3	Savings for all patients from Out Patient treatments (C)=(A)*(B)	INR. 55,341,900

Intervention Plan

Visits were made Mr. Gunaranjan from UC to the SSHT team in Chennai and some of its OP Clinics in Kancheepuram districts in June and July of 2009, to study the work being undertaken by SSHT in the area of Primary Healthcare services. One of the findings in these visits was that SSHT had in recent months downscaled its operations from running about 40 OP clinics in 2008 to about 15 OP clinics in June 2008, on account of both financial and human resource crunch, despite being engaged in providing very valuable primary healthcare services in the rural areas.

UC decided to do a pilot intervention with SSHT to make financial investments necessary to run two of the clinics at Tsunaminagar and Injambakkam for a period of 3months. This would meet all the operating costs (fixed and variable) for running these clinics for a period of 3months. These costs include manpower costs, medicines and travel costs associated with the running of the once a week OP clinics at these two centers. UC would release the funding on a monthly basis, with the release of an estimated fund needed for a month at the beginning of the month. The first installment of funding of Rs. 30,000/- was released on 13-Jul-09, to commence the UC project with the week starting on this day.

Both Tsunaminagar and Injambakkam are south of Chennai and weekly OP clinics are conducted by SSHT on Wednesdays at these two places. **Tsunaminagar**, is located close to the Old Mahabalipuram Road at a place called Semmancherri. The association of this place with the Tsunami that hit the Tamil Nadu coast in December 2004 is inescapable. The village was formed with the construction of houses for about 6,000 fishermen households who were affected by the Tsunami and rehabilitated at the village called as Tsunaminagar. The Government has invited several prominent hospitals and other organisations involved in health care, to run an OP clinic at Tsunaminagar. Some of them being: 1. Chettinad Hospital, 2. Kanchi Kamakoti Trust Hospital, 3. Life Line Hospital, 4. Sri Ramachandra Medical Hospital and College. SSHT has been assigned the task to run the OP Clinic on Wednesdays. During the period from 01-Apr-09 to 02-Sep-09, 2,137 Patients were attended to on the Wednesday clinics held at Tsunami Nagar. **Injambakkam**, is on the outskirts of Chennai at the weekly outpatient clinic is held at the clinic situated inside the premises of the Sai Baba temple, situated close to the East Coast Road. During the period from 01-Apr-09 to 02-Sep-09, 1,777 Patients were attended to on the Wednesday clinics held at Injambakkam.

These two clinics, apart from other clinics of SSHT, are attended by Dr. Srinivasan. Dr. Srinivasan graduated from the Madras Medical University in 1960. He further pursued his DCP from the University of Vienna and also underwent training at the Hammersmith Hospital, London and University Hospital, Seattle, Washington, USA. This was followed by his private practice and running of the reputed Srinivasa Clinical Laboratory in Chennai for over two and half decades. He then went to be Medical Superintendent and Senior Medical Superintendent at major hospitals like Wellington Hospital, Malar Hospital, Hindu Mission Hospital and the Trinity Acute Care Hospital.

He was also instrumental in setting up the Malar Heart Foundation. He also served as Executive Director at Tamil Nadu Hospital and as a consultant to the Vinayaka Group of hospitals and colleges.

On 17-Aug-09, a visit was made by Mr. Gunaranjan to a village called Vedal, to study the functioning of the OP Clinic being run by the SSHT at this village on every Monday. **Vedal**, is adjacent to the highway from Chennai to Bangalore and it is about 75 kilometers from Chennai and about 15 kilometers from Kancheepuram town. Vedal is estimated to have about 800 households. The clinic at this place is also visited by patients from surrounding 5-6 villages. It was also interesting to note that there were patients coming from the Kancheepuram town, a district headquarters, to the clinic at Vedal for services, despite the presence of several public and private health facilities at the district headquarters. The clinic at Vedal was started in June, 2007 and people from the town too are attracted to the clinic for its reliable and affordable service. All that they had to incur was travel cost of about Rs 10-20 to travel from the town to the village. UC began funding the operations of this clinic from 24-Aug-09, making it the third clinic that was being supported by UC. During the period from 01-Apr-09 to 02-Sep-09, 2,351 Patients were attended to on the Monday clinics held at Vedal.

Desired Outcomes and Impact

UC's investments in this project has the following desired outcomes and impact. While the activities of this product certificate are limited to the shorter duration, the project envisages benefits which are also of long term in nature. Some of the key Outcomes and Impact desired out this project are:

1. Providing financial support and the medical attention benefits for close to 1000 outpatient visits per month for the poor communities served at these two clinics.
2. Study and documentation of practices related to health care adopted by the SSHT, so that this can be shared with a large set of health care practitioners who focus on delivery of primary health care service for the poor and low income households.
3. Identifying opportunities for improving the processes at the OP clinics, so that the efficiency and effectiveness of these clinics can be enhanced.
4. Study of information systems in place at SSHT and identifying opportunities for necessary investments in information systems related to the OP clinics, so that it can lead to better care and research into some of the health issues.
5. Identifying potential investors and doctors who can facilitate in scaling up similar OP clinics in more places.

- To attract doctors and other professionals, so that they can avail both training and research opportunities in health care and medical services for the poor in rural and urban areas.

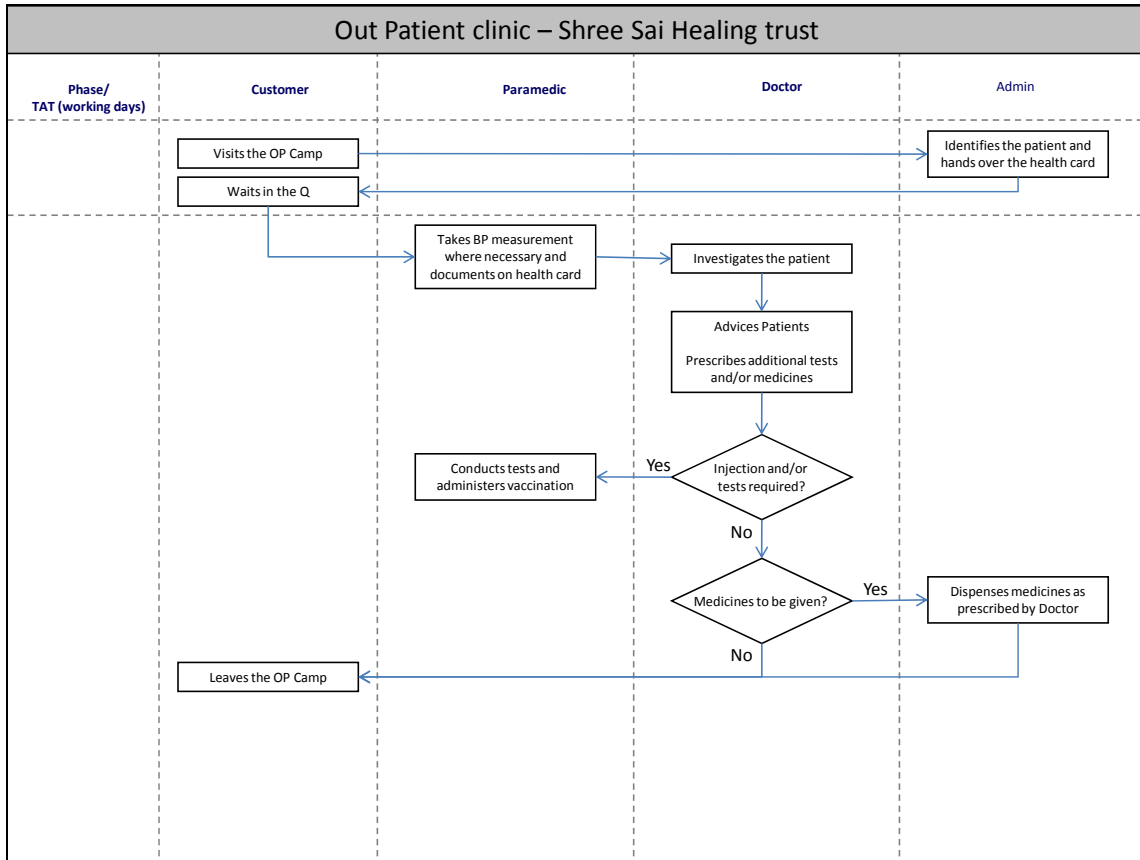
Visual Report

Geographic coordinates of intervention area are shown below:






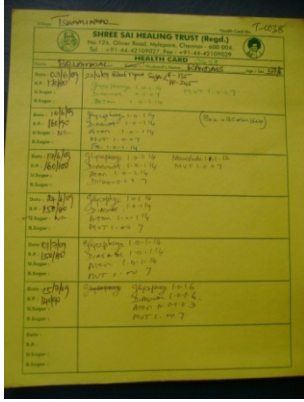


Tsunami Nagar and Injambakkam OP clinics

The process flow followed at the OP clinic is outlined below:



Given below are some snapshots from the clinics from the above process flow:

	
<p>Patients collecting the health cards at Tsunami Nagar OP Clinic</p>	<p>Patients waiting in a Q at Vedal OP Clinic on a rainy day</p>
	
<p>Mr. Ramesh, Paramedic staff, taking BP measurements at Injambakkam OP Clinic</p>	<p>Dr. Srinivasan, investigating a patient at Vedal OP Clinic</p>
	
<p>Mr. Manikandan, delivering prescribed medicines to a patient at Tsunami Nagar OP Clinic</p>	<p>Health Card maintained by SSHT for patients visiting the OP Clinic</p>

Beneficiary Report

The following services were provided at Vedal OP clinic on 24-Aug-09

S No	Benefits	No of OutPatients
1	No of OutPatients attended	104
2	No of Patient's referred to Hospital	Nil
3	No. of. Diabetes Patients	9
4	No. of. Hypertension Patients	35
5	No. of. Diabetes & Hypertension Patients	19
6	Clinic Timing	9:30 AM to 02:00 PM

The above clinic was attended by Dr. Srinivasan

Intervention Report-Activities studied and worked upon during the project

Documentation

The UC product certificate prepared relating to the OP clinics at SSHT is the first version of a comprehensive document covering the background and the work being done by the SSHT trust. It also cover the processes involved in the OP clinics run by it and presents a wide range of quantitative analysis relating to both financial and medical information emerging from these OP clinics. It is hoped that this document would serve as a useful literature for those who are keen to study or undertake interventions in the area of primary health care delivery.

Information Systems

Database

Areas of work	Progress made
Health Card ID Number: At the commencement of the project it was noted that there are several sequences of Health	1. In course of discussions with staff at SSHT it emerged that a new system is now in place to assign unique Health Card ID

<p>Card ID numbers that have been generated over the years and given to individual patients. And a clear pattern was not visible in these sequences. There was need to address the following issues:</p> <ol style="list-style-type: none"> 1. Have a clear policy and guidelines for generation of Health Card ID number for all new cards issued. 2. Reassign ID numbers to all the old health cards based on the above guidelines 	<p>numbers. The following system is currently in place: Each clinic is assigned an alphabet and the Health Card ID starts with this alphabet. It is then followed by a serial number. The paramedic maintains a log of the last new number assigned at a particular clinic in the register sheet of the previous weeks clinic day. The new numbers are then continued from this number onwards.</p> <ol style="list-style-type: none"> 2. UC would explore the option of assisting SSHT in outsourcing this task as a onetime exercise. A firm timeline for this is yet to be decided.
<p>Additional data capture in the database: During discussions with the SSHT team, it was felt that additional data that is being generated like <i>blood sugar readings</i> and <i>lab tests reports</i> could get captured in the database to facilitate Doctors to study patient data more quickly and comprehensively at the OP clinics:</p> <ol style="list-style-type: none"> 1. UC would work with SSHT to design the database structure to also capture this additional data. 	<ol style="list-style-type: none"> 1. UC has commenced a study and evaluate Health Information Systems (HIS) that would be suitable for supporting the clinics run by SSHT. A visit was made to SSSIHMS, super specialty hospital in Bangalore on 24-Aug-09 to study HIS at this hospital. 2. UC has commenced the work on design and development of a HIS for SSHT run OP Clinics in the second week of September,2009. This prototype is expected to be tested in the October,2009 in field locations.

Data Capture

Areas of work	Progress made
<p>At the commencement of the project it was noted that details of patient level data for each camp was being maintained at Chennai office of SSHT only for the clinics conducted in the state of Tamil Nadu. For clinics conducted in other states, it was difficult for SSHT to</p>	<ol style="list-style-type: none"> 1. UC is currently exploring a process to enable easy digital archival of documents at distributed locations. These documents would then get exported to a central location where data entry can be done. UC would plan to pilot test this process

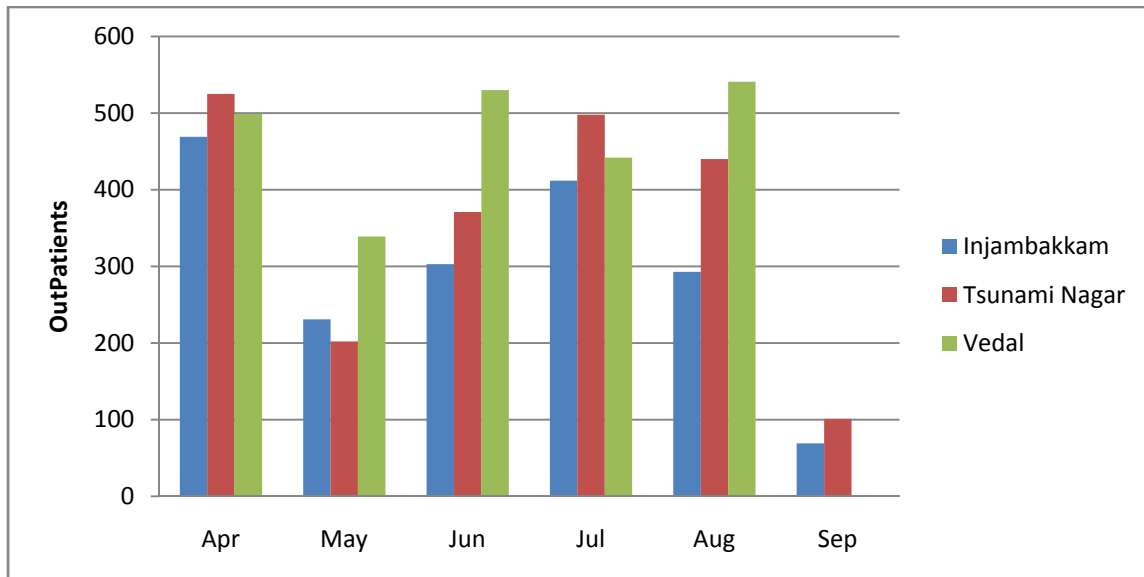
capture this data. In view of the scale up plans of SSHT, it would be useful to capture data from across the country. This would help in better administration of the program and also contribute to scientific research on primary health issues across the country.

1. UC would study and suggest a model to facilitate data capture across the country for all OP clinics facilitated by SSHT and it would also evaluate the options of a BPO(Business Process Outsourcing) model to facilitate this task.

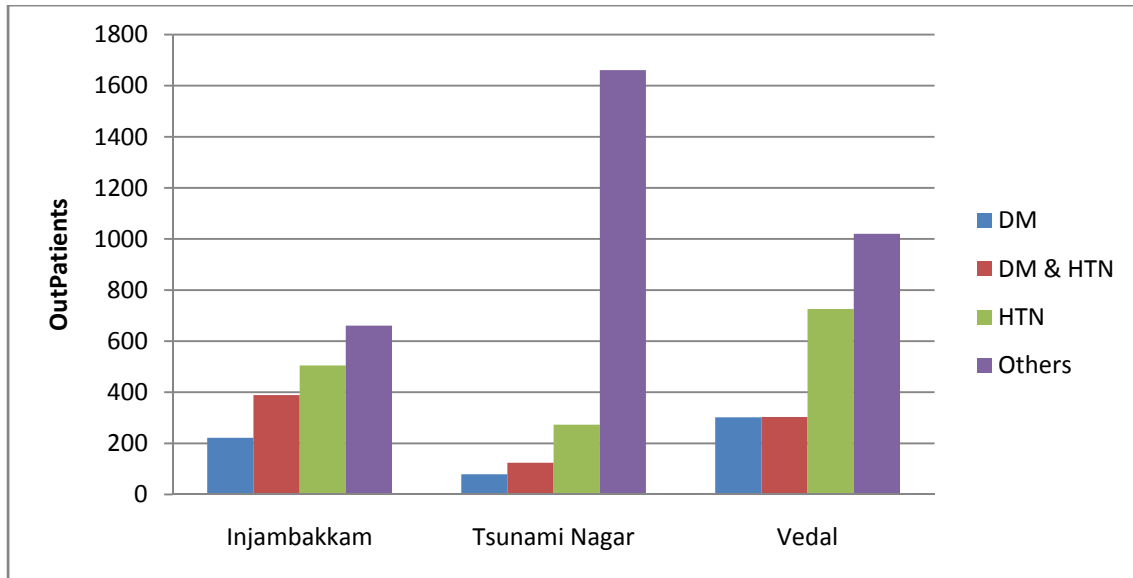
with SSHT by during September 2009.

Data Analysis and Insights

The following data analysis is presented **for the period 01-Apr-09 to 02-Sep-09**, for the Out Patient data at the clinics at Vedal, Tsunami Nagar and Injambakkam. A total of 6,265 Outpatient visits were attended at these two clinics for the above period.

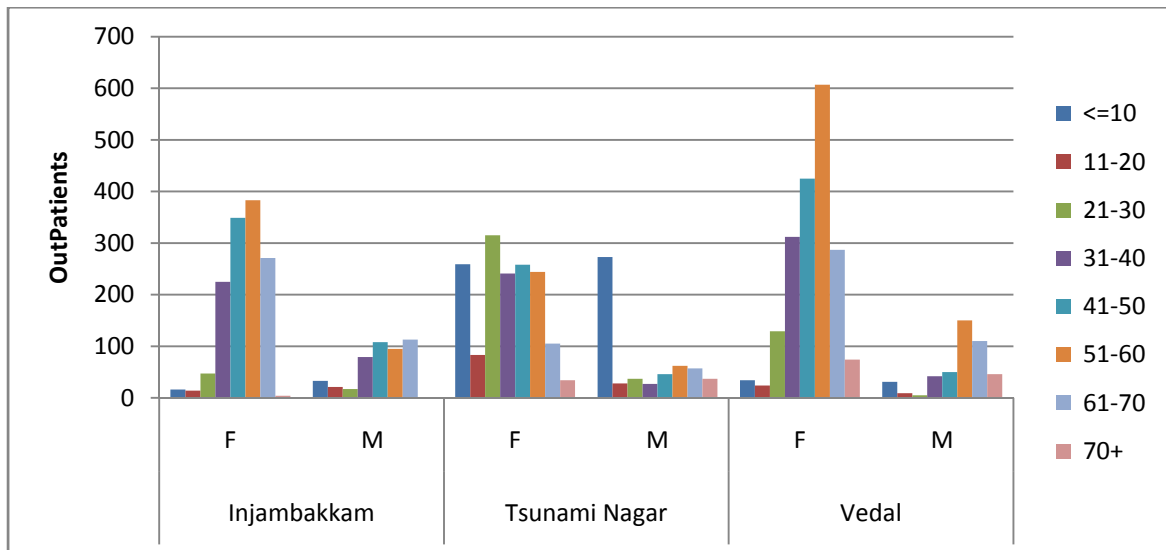


The Out Patients per clinic in this period range from a minimum of 45 to a maximum of 131 per OP clinic on a single day.



The comparison of the patient distribution at the three clinics with respect to the illnesses for which medical attention was sought, is shown above and it throws up quite distinct data. While at Injambakkam and Vedal a very large number of patients are seeking medical attention for Diabetes (DM) and Hypertension (HTN), at Tsunami Nagar a much smaller proportion of patients are seeking attention for these illnesses. Instead, the demand for medical attention at Tsunami Nagar is largely for various other illnesses, which at the moment are not captured in the database of SSHT.

This distinctiveness throws up a challenge to SSHT to be able to provide different types of medical attention and medicines at these clinics. This challenge equally applies to the next piece of information too.



Another striking difference in the patient profile at the three clinics is their gender and age distribution. Each of the distribution is quite unique. A distinct normal distribution is visible only three of the six above distributions, appearing in female patients at Injambakkam and, male and female patients at Vedal.

Operations

Areas of work	Progress made
<p>For Staff:</p> <ol style="list-style-type: none"> 1. The medical team sometimes has to do dressing of wounds. The location at Tsunami Nagar does not provide a Hand Wash facility to the medical team and an arrangement needs to be made to address this issue 2. With an objective to bring best practices to the OP Clinics, UC also discussed with SSHT to study and have in place a Operations Manual for the OP clinics, to serve as standard document to cover all operational procedures related to the running of the OP clinics. It was suggested that this also include procedures and a policy on Medical Waste Disposal which mostly comprises of cotton swabs and syringes. 	<ol style="list-style-type: none"> 1. Plan of action on this front needs to worked out. There is need for getting the local community too to participate in facilitating such arrangements. 2. A plan of action for this needs to be worked out with SSHT.
<p>For Patients:</p> <ol style="list-style-type: none"> 1. Q management, especially at Tsunami Nagar where space is a constraint needs to be worked out. In the absence of this, the medical team is often constrained with the task of managing the Q. At Tsunami Nagar, a few facilities like benches for patients to sit and drinking water facility too could be considered to make the wait for patients a little more comfortable. 2. Visual display of process at OP Clinics 	<ol style="list-style-type: none"> 1. A plan for community involvement and participation in these issues needs to be worked out. Tie up with an organisation with skills in community mobilization and participation needs to be explored. 2. A plan of action for this needs to be

can be put in place to assist patients who visit for the first time to easily navigate through the process at the OP clinics.	worked out with SSHT. In addition, resources for designing the signages for assisting the patients need to be explored.
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Financial Report

The statement of fund utilization for the running of the OP Clinic at Vedal on 24-Aug-09 is given below. Following that is also an estimation of equivalent service that would come at market cost. This estimation is done to project the level of savings that have been generated to the poor patients through your intervention. The savings generated is almost equivalent to 7 times of the investment.

Opening balance of fund given by UC to SSHT(INR) Units	28,995 1 Unit
Date of functioning of the clinics	24-Aug-09
Clinic Location	Vedal
No of Outpatients served (a)	104
Fund apportioned towards	
Medicine Cost (b)	1,059
Medical Team and SSHT HR Cost	2,214
Medical Team Transport Cost	1,058
Unit Cost (c)	4,332
Closing Balance of fund given by UC to SSHT	24,663
Transfer Fee(d)	450
Total Unit Cost (INR) (e)=(c)+(d)	4,782
<i>Average Market Cost per patient=(e)/(a)</i>	<i>46</i>

Market Cost Estimates	
Medicine Cost (150% if (b))	1,589
Medicines provided in kind	1,037
Medical Team and SSHT HR Cost	2,214
Medical Team Transport Cost	1,058
Consultation Fee (INR 100 per patient)	10,400
Travel Cost (INR 50 per patient)	5,200
Wage Loss (INR 100 per patient)	10,400
Total Market Cost(INR)(f)	31,899
<i>Average Market Cost per patient=(f)/(a)</i>	<i>307</i>

Advances are periodically transferred from the Account Number: 000801517851(ICICI Bank) of Mr. P S Gunaranjan from UC to the Account Number: 03232000002412(HDFC Bank) of SSHT towards running of the two OP clinics at Tsunami Nagar, Injambakkam and Injambakkam. The apportionment of fund from UC towards the running of the OP Clinic at Vedal on 24-Aug-09, which is converted into a single unit of UC Product Certificate UC-PC-005, is given below:

Fund Apportionment from UC for Out Patient camps conducted by Shree Sai Healing Trust					
	Monthly cost (Rs)	No of OP clinics per month	Cost per OP Clinic	No of OP Clinics Supported by UC from 24-Aug-09 to 02-Aug-09	Cost for 6 OP Clinics (INR)
<u>(1).Manpower Costs</u>					
Dr.S.Srinivasan	20,000.00	28	714.29	6	4,285.71
Mr.D.Ramesh(paramedic)	12,000.00	28	428.57	6	2,571.43
Mr.E.Manikandan(accounts)	9,000.00	28	321.43	6	1,928.57
Mr.K.Srinivasan(data entry)	7,000.00	28	250.00	6	1,500.00
Mr.D.Rajesh(driver)	7,000.00	28	250.00	6	1,500.00
Mr.Lava K.Nath(admin)	7,000.00	28	250.00	6	1,500.00
	62,000.00		2,214.29		(A): 13,285.71
<u>(2).Transport Cost</u>					
Hire	10,000.00	28	357.14	3	1,071.43
Diesel	10,689.00	28	381.75	3	1,145.25
Insurance	4,920.00	28	175.71	3	527.14
Maintenance Charges	3,584.00	28	128.00	3	384.00
					3,127.82
Hire Charges due to maintenance of regular vehicle (Vedal ,Tsunaminagar, Injambakkam) :				3	3,222.50
	29,193.00		1058.39		(B): 6350.32
<u>(3).Medicines Cost as per bills</u>					(C): 6,884.66
Total Medicines cost as per list :					
Total Cost (from 24-Aug-09 to 02-Sep-09): (D)=(A)+(B)+(C)					26,520.70
Opening balance of UC fund as on 24-Aug-09: (E)					28,995.00
Closing balace of UC fund as on 02-Sep-09: (E)-(D)					2,474.30

The following sections provide notes on the various cost estimations used to arrive at the financial statement of the Unit Certificates:

Medicine Costs: Medicine supply for the OP clinics happens through:

- Purchase of medicines and
- Donation of medicines from third parties

The medicine cost in the above table gives the actual cost of medicines purchased for the given period. The medicines consumed on 24-Aug-09 at Vedal OP clinic from the purchased stock of medicines is given in the annexure and cost of those medicines is also computed therein.

Certification by UC representative

The data and information provided in this certified is derived from the following sources:

1. Audited and Unaudited Financial Statements of SSHT
2. MIS and Reports maintained by SSHT
3. Analysis of the above two sources of data
4. Meetings and interactions by Mr. Gunaranjan of UC with the Staff and Management of SSHT
5. Mr. Gunaranjan was also personally present at the OP Clinics conducted at the Tsunami Nagar and Injambakkam on 15-Jul-09, 22-Jul-09 and 05-Aug-09, where the activities undertaken by SSHT were observed, studied and documented. The OP Clinic at Vedal was visited on 17-Aug-09. On each of these visits to the OP Clinics, the SSHT office at Chennai also visited, to interact with the SSHT team and to study their data entry activity and accounting statements.

Annexures - specific to the project

Information of Partner Organisation

Background

SSHT was formed in 2004 by Mr. Hemanth Kumar. With inputs from Dr. Ethiraj, early efforts of organizing medical camps were made in three places. However, starting from October 2006, in collaboration with Mr. Arvind, regular OP clinics began to be organized. The first such clinic was organized at Kommanagar which is about 30km from Chennai. This effort grew in scale with about 40 such clinics being run January 2008. However, as of June 2009 only about 15 such clinics were being run.

The SSHT actively collaborates with various institutions in running the OP Clinics. Some of them are mentioned below:

1. The Banyan (<http://www.thebanyan.org/>) is an organisation based out of Chennai that provides support to the mentally ill.
2. Madhuvan Trust, based at Trivandrum
3. AIM for SEVA (<http://www.aimforsevaindia.org/index.html>) is a development organisation working in 24 states in India.
4. The Sri Sathya Sai Organisation
5. Various governments departments, as in the case of running the clinic at Tsunami Nagar

Besides running OP clinics, SSHT has also been active in conduction events called Annadanam, where free food is distributed to the poor.

Registration

S No	Type	Details
1	Legal Entity	Registered Trust
2	Legal Registration Number	1024 Dated 14-Jul-2004, Amended Registration Number: 2154 Dated 11-Sep-2007
3	12-A A(income tax exemption)	DIT (E) No. 2(1048)06-07 Dated 20-Sep-2007
4	80-G (contributions exempt from tax)	DIT (E) No. 2(1048)06-07 Dated 20-Sep-2007

5	FCRA(applied)	II/21022/67(0039)/2009-FCRA-II (applied)
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Board and Management

The trust currently has two board of trustees:

1. Mr. Hemanth Kumar Surabhi, 51, from Chennai, is the founder promoter of the trust. He has also spent about 16 years based out of Dubai, working in the Shipping business. He returned to Chennai in the year 2000. He is currently the Managing Director of Unimark Services Private Limited, Chennai, a company that is involved in marketing of medical devices . Mr. Hemanth’s father was Dr. S V M Surya Rao, an ophthalmologist who served in the state public health services of Andhra Pradesh and he derives his inspiration to serve the health care sector from his father.
2. Mrs. Shantha Surya Rao, is the mother of Mr. Hemanth

Manpower

Apart from the trustees, the work at the trust is supported by the following team as on 30-Jun-09 at Chennai:

S No	Category	Number
1	Doctor	1
2	Paramedic	1
3	Accounts, Data Entry and Admin staff	3
4	Driver	1
Total		6

The trust also engages more doctors and volunteers on temporary basis based on work load requirements.

Outreach

(for summary on Outreach, refer to section on “Outreach and Impact” under the “Background” section of the main report)

The breakup of the patients served in the OP Clinics months wise from October-2006 to June-2006 is given below.

S No	Month	No of Weekly OP Clinics	Number of Patients	Average no of patients per clinic
1	October'06	4	320	80
2	November'06	5	444	89
3	December'06	13	1,335	103
4	January'07	19	1,152	61
5	February'07	23	1,571	68
6	March'07	43	2,871	67
7	April'07	47	3,023	64
8	May'07	58	3,139	54
9	June'07	64	3,362	53
10	July'07	75	3,752	50
11	August'07	92	4,911	53
12	September'07	79	5,091	64
13	October'07	86	5,291	62
14	November'07	86	5,753	67
15	December'07	100	6,883	69
16	January' 08	103	6,368	62
17	February' 08	102	6,342	62
18	March' 08	118	7,029	60
19	April' 08	111	7,071	64
20	May' 08	113	6,535	58
21	June' 08	126	8,270	66
22	July' 08	141	9,736	69
23	August'08	146	10,573	72
24	September'08	131	9,192	70
25	October'08	135	9,022	67
26	November'08	143	10,952	77
27	December'08	135	10,562	78
28	January'09	88	6,916	79
29	February' 09	88	6,689	76
30	March' 09	86	6,475	75

31	April' 09	74	5,148	70
32	May' 09	61	4,089	67
33	June' 09	61	4,605	75
Total		2,756	184,472	

Financials

Of Shree Sai Healing Trust are provided below. Audited figures for FY 2006-07 and FY 2007-08 are given and for FY 2008-09 unaudited figures are given. For a large part of the FY 2008-09, operations were carried out through the SAIGM Foundation (Soceital Advancement Initiatives Global Mission) which was formed in April, 2008, along with founders of SSHT. However the operations reverted to the SSHT in the last quarter of the FY 2008-09. For the purpose of computing some of the operations indicators, the consolidated statements of both the trusts for FY 2008-09 is also provided below:

	2008-09 consolidated	SAIGM Fondation Apr-08 to Dec-08	SSHT 2008-09	SSHT 2007-08	SSHT 2006-07	2008-09 consolidated	SSHT 2007-08	SSHT 2006- 07
Receipts								
<i>Opening Balance</i>								
Cash in Hand	10,902		10,902	6,815	1,200	0%	0%	0%
Cash in Bank	87,121		87,121	107,717	239	2%	4%	0%
<i>Donation</i>	-				708,558	0%	0%	100%
Cash Received	730,773	333,115	397,658	574,578		20%	22%	0%
Cheques Received	2,886,286	2,008,001	878,285	1,937,696		77%	74%	0%
Refund	10,000		10,000	8,362		0%	0%	0%
Bank Interest	128	128				0%	0%	0%
Total	3,725,210	2,341,244	1,383,966	2,635,167	709,997	100%	100%	100%
Payments								
Medicine Expenses	940,866	617,527	323,339	620,195	201,969	25%	24%	28%
Annadanam Expenses	407,564	296,602	110,962	373,471	85,211	11%	14%	12%
Donations	307,360		307,360	52,674		8%	2%	0%
Travel and Transport Expenses	506,168	409,500	96,668	634,745	127,510	14%	24%	18%
Salary	712,929	513,179	199,750	337,299	70,400	19%	13%	10%
Visiting Doctors	475,000	318,275	156,725	230,750		13%	9%	0%
Printing & Stationery	31,190	22,190	9,000	42,955	9,447	1%	2%	1%

Office Expenses	162,967	91,389	71,578	133,593	79,308	4%	5%	11%
Telephone Expenses	29,584	20,205	9,379	35,764	18,870	1%	1%	3%
Electricity	41,317	35,028	6,289	36,125		1%	1%	0%
Other Payments	51,711	18,078	33,633	39,574	2,750	1%	2%	0%
Payments Due	-					0%	0%	0%
<i>Closing Balance</i>						0%	0%	0%
Cash in Hand	(6,251)	(1,844)	(4,407)	10,902	6,815	0%	0%	1%
Cash in Bank	64,804	1,115	63,689	87,121	107,717	2%	3%	15%
Total	3,725,208	2,341,244	1,383,964	2,635,167	709,997	100%	100%	100%

Indicators

no of OP cases attended	101,993	60,944	7,693
cost of medicines per OP case	9	10	26
cost of manpower(salary+doctor) per OP case	12	9	9
cost of travel per OP case	5	10	17
total cost per OP case	26	30	52

no of OP clinics	1,443	1,010	107
cost of medicines per OP clinic	652	614	1,888
cost of manpower(salary+doctor) per OP clinic	823	562	658
cost of travel per OP clinic	351	628	1,192
total cost per OP clinic	1,826	1,805	3,737

Auditors for SSHT: Annamalai Associates, Chennai

Contact Information

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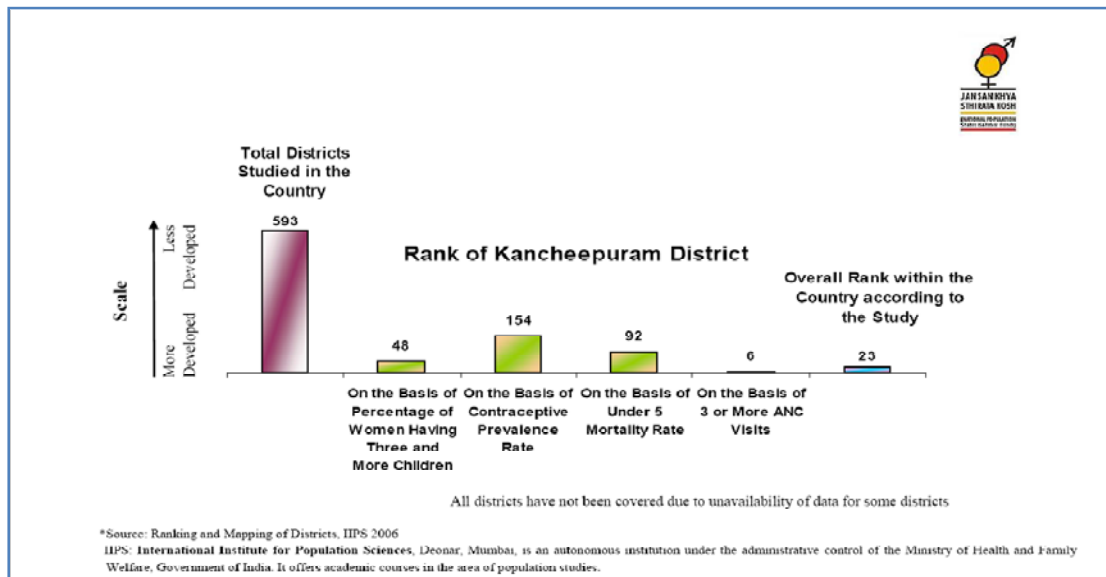
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Information on Kancheepuram District

The purpose of UC to bring together data from various sources relating to development indices of the intervention area has the following objectives:

1. To familiarize and be conscious of the status of various development parameters in the geographical area, in comparison to other areas where UC is facilitating or facilitating flow of investments. This is primarily aimed at making UC and its partners conscious of the need to focus and apply resources for the benefit of the most backward areas and districts of the country. However, while UC will try to align its investments to districts that have low ranking in development indices, it will also be conscious that aggregate indices of development for a region or a district can sometimes conceal the prevalence of very disadvantaged households and communities in districts and regions with seemingly good development indices. Therefore UC will not limit its work only to areas having low aggregate development indices. Instead, it will focus on ensuring that benefits are targeted to the disadvantaged, in less developed areas and also in the so called developed areas like urban areas which are seeing a growth in poor households.
2. To track progress of communities in the operational areas along the various development indices. Most large scale measurements of development indices are done with time intervals which can be a year or more. With ongoing activities, UC will be able to measure and report on progress on one or more development indices in comparison to past studies done to measure status of various development parameters.

Presented here is a report from The International Institute of Population on health indices for Kancheepuram District, within which most of the clinics run by SSHT function, including the ones at Tsunami Nagar and Injambakkam.



Certificate Annexures

Beneficiary Data

Beneficiary data for the OP Clinics conducted at Vedal on 24-Aug-09 is provided below:

S.No	Age	Gender	Provisional Diagnosis	B.P	Drugs Issued
1	60	F	GIDDINESS	160/90	Vertin 21 Cough Syrup Histalong 10 Inj (Dexa + Diclo)
2	40	F	MYALGIA	130/90	Lephyllin 12 Ketorol 15 Mvt 7 Inj (Dexa + Diclo)
3	67	F	ASTHMA	140/90	Montair 18 Histalong 10 Dexa 12 Cough Syrup Mvt 7 Inj (HET + Dexa)
4	80	F	HTN	190/100	Aten50 14 Amlip10mg 14 Lasix 7 Nifidifine 7 Mvt 7 Ketorol 15
5	65	F	HTN	130/80	Aten 7 lasix 5 Digoxin 5 Dexa 12
6	55	F	HTN	130/90	Aten 7 Lasix 3 Ketorol 18 Mvt 7 Inj (B12+Bcomplex)
7	60	F	HTN	150/80	Aten50 14 Lasix 7 Ketorol 15 Dilvas5mg 7 Mvt 7
8	58	M	HTN	120/80	Vertin 21 Aten 7 Gentamycin Ear Drops Mvt 7 Inj (B12+Bcomplex)
9	37	M	DM	150/90	Okamet 14 Diabnil 21 Montair 14 Histalong 7 Mvt 7 Ketorol 21
10	50	F	DM&HTN	130/80	Okamet 7 Diabnil14 Aten50 14 Mvt 7 Lasix 7 Biscodyl 8 Inj (B12+Bcomplex)
11	18	F	UTI		Ofloxian 8 Lasix 3 Tinidazole400 6 Mvt 7 Inj (B12+Bcomplex)
12	70	F	DM&HTN	130/90	Okamet 14 Diabnil 18 Aten50 14 Ketorol 9 Mvt 7 Inj (Dexa + Diclo)
13	62	F	DM	150/90	Okamet 7 Diabnil 14 Ketorol 15 Mvt 7 Lasix 3 Inj (Dexa + B12)
14	55	F	DM&HTN	150/70	Diabnil 14 Okamet 7 Lasix 3 Histalong 7 Mvt 7 Aten 14
15	75	M	HTN	190/90	Aten50 14 Amlip10mg 14 Cough Syrup Mvt 7 Inj (Dexa + Diclo)
16	60	F	DM	170/90	Diabnil 21 Okamet 21
17	70	M	HTN	150/90	Aten50 14 Lasix 5 Ketorol 18 Dexa 12 Mvt 7
18	60	F	HTN	150/90	Aten 14 Lasix 3 Mvt 7
19	58	F	DM	150/80	Okamet 7 Diabnil 14 Ketorol 12 Mvt 7 Inj (B12+Bcomplex)
20	50	F	HTN	190/100	Aten 14 Amlip10mg 14 Ketorol 18 Mvt 7 Inj (B12+Bcomplex)
21	45	F	HTN	140/90	Dilvas5mg 7 Histalong 7 Mvt 7 Ketorol 18
22	46	F	HTN	140/90	Aten50 14 Ketorol 18 Dexa 12 Mvt 7 Inj (B12+Bcomplex)
23	70	F	HTN	170/80	Aten50 14 Dilvas5mg 7 Mvt 7 Vertin 12 Ketorol 15
24	42	M	DM&HTN	150/100	Okamet 7 Diabnil 14 Dilvas 5mg 7 Ketorol 15 Mvt 7
25	35	F	ASTHMA	150/90	Lephyllin 12 Mvt 7 Ketorol 15 Cough Syrup
26	60	F	HTN	170/90	Aten50 14 Dilvas5mg 7 Digoxin 5 Lasix 3 Mvt 7 Ketorol 15
27	43	F	DM&HTN	160/90	Okamet 14 Diabnil 14 Aten 14 Ketorol 18 Lasix 6 Dexa 15 Inj (Dexa + Diclo)
28	48	F	DM	140/90	Okamet 7 Diabnil 14 Ketorol 15 Mvt 7 Dexorange Syrup Inj(B12+Bcomplex)
29	56	M	DM	140/90	Okamet 7 Diabnil 14
30	67	M	HTN	140/90	Aten50 14 Montair 18 Ketorol 18 Mvt 7 Cough Syrup Inj (Dexa + HET)
31	60	F	ASTHMA	130/80	Ketorol 8 Mvt 7 Montair 15 Sarboline Syrup Inj (B12+Diclo)
32	60	F	DM	170/80	Medical Advice
33	25	F	LBA		Mvt 7 Dexorange Syrup
34	67	F	HTN	220/100	Mvt 7 Aten50 14 Amlip10mg 14 Lasix 7 Ketorol 12
35	60	F	DM&HTN	170/90	Okamet 14 Aten50 14 Amlip10mg 14 Lasix 7 Ketorol 12 Mvt 7
36	27	F	URI	110/70	Histalong 10 Cough Syrup Dexorange Syrup
37	57	F	HTN	130/80	Dilvas5mg 7 Stimatil 8 Mvt 7 Ketorol 12 Inj (B12+Bcomplex)
38	3	F	URI		Histalong 3 Albendazole 2 Cough Syrup A&D 18
39	55	F	MYALGIA	140/90	Ketorol 12 Mvt 7 Inj (B12+Bcomplex)
40	45	F	MYALGIA	140/90	Ketorol 18 Mvt 7
41	70	F	URI		Histalong 18 Mvt 7
42	48	F	HTN	130/80	Aten50 7 Ketorol 18 Mvt 7
43	35	F	ASTHMA		Montair 15 Histalong 10 Dexa 10 Mvt 7 Cough Syrup
44	60	F	URI	120/80	Histalong 15 Mvt 7
45	50	F	HTN	150/90	Mvt 7 Ketorol 15 Dilvas5mg 3 Inj (B12+Bcomplex)
46	48	F	ASTHMA	120/70	Montair 10 Mvt 7 Histalong 14 Inj (B12+Bcomplex)
47	37	F	DM	140/90	Okamet 14 Diabnil 14 Ketorol 12 Dexa 7 Mvt 7
48	60	F	HTN	140/80	Aten50 7 Dilvas5mg 6 Lasix 3 Ketorol 15 Mvt 7
49	43	F	MYALGIA	120/70	Ketorol 12 Mvt 7 Gentamycin Eye Drops
50	50	F	GIDDINESS	120/80	Vertin 18 Mvt 7 Cough Syrup
51	45	F	HTN	170/90	Aten 14 Mvt 7
52	70	F	DM&HTN	170/80	Okamet 7 Diabnil 14 Digoxin 5 Aten50 14 Lasix 3 Mvt 7
53	60	M	MYALGIA	140/80	Ketorol 15 Mvt 7
54	35	F	General weakness	140/80	Mvt 7
55	62	M	DM	130/80	Okamet 7 Diabnil 14 Digoxin 5 Ketorol 15 Montair 12 Mvt 7
56	60	F	HTN	180/100	Aten50 14 Lasix 7 Dilvas5mg 3 Mvt 7
57	65	F	HTN	160/90	Aten 50 14 Ketorol 15 Mvt 7
58	65	F	HTN	160/70	Aten50 14 Lasix 3 Vertin 15 Mvt 7 Cough Syrup
59	39	F	MYALGIA	120/80	Ketorol 12 Mvt 7 Dexorange Syrup Inj (Dexa + Diclo)

60	55	M	DM&HTN	140/90	Okamet 14 Diabnil 14 Histalong 12 Amlip10mg 7 Mvt 7
61	60	F	DM&HTN	180/90	Aten50 14 Amlip10mg14 Nifidifine 7 Okamet 14 Diabnil14 Biscodyl 6 Mvt 7
62	63	M	ASTHMA	140/80	Histalong 10 Mvt 7 Cough Syrup Inj (B12+Bcomplex)
63	82	F	General weakness	130/80	Mvt 7 Dexorange Syrup Cough Syrup
64	67	F	HTN	170/90	Montair 10 Digoxin 5 Ketorol 12 Dilvas5mg 14 Inj (B12+Diclo)
65	76	M	HTN	170/80	Aten50 14 Dilvas5mg 7 Ketorol 15 Dexa 12 Mvt 7 Inj (Dexa + Diclo)
66	42	M	HTN	140/100	Aten50 14 Vertin 21 Mvt 7 Inj (B12+Bcomplex)
67	54	M	DM&HTN	170/100	Okamet 8 Diabnil 10 Ketorol 12 Aten 7 Inj (B12+Bcomplex)
68	40	F	URI	130/90	Histalong 10 Cough Syrup Ketorol 15 Mvt 7
69	55	F	GIDDINESS	150/80	Vertin 15 Histalong 8 Mvt 7 Cough Syrup
70	35	F	HTN	130/90	Ketorol 15 Lasix 7 Mvt 7 Dexa 8
71	56	M	ASTHMA	130/80	Montair 8 Histalong 6 Cough Syrup Mvt 7 Inj(B12+Bcomplex)
72	55	F	DM	160/90	Diabnil 14 Okamet 14 Ketorol 15 Mvt 7 Inj (B12+Diclo)
73	62	F	HTN	150/70	Mvt 7 Sorbiline Syrup
74	45	F	DM&HTN	170/100	Okamet 14 Diabnil 14 Asprin 15 Histalong 10 Amlip10mg 14 Aten50 14 Lasix 7 Mvt 7
75	60	F	DM&HTN	150/80	Okamet 14 Diabnil 14 Aten50 15 Ketorol 15 Mvt 7 Inj (Dexa + Diclo)
76	28	F	HTN	140/90	Thyroxine 4 Aten50 7 Dilvas5mg 7 Mvt 7
77	55	F	MYALGIA	150/70	Ketorol 15 Mvt 7
78	35	F	MYALGIA	130/90	Ketorol 18 Dexa 10 Mvt 7
79	43	F	DM&HTN	140/90	Okamet 7 Histalong 18 Dexa 10 Cough Syrup Mvt 7 Dilvas5mg 12 Inj (Dexa + HET)
80	50	F	DM&HTN	150/90	Okamet 14 Diabnil 14 Histalong 14 Ketorol 14 Mvt 7
81	30	F	URI	130/80	Histalong 10 Lasix 3 Dexa 12 Mvt 7
82	75	M	DM		Medical Advice
83	56	M	HTN	190/90	Amlip10mg 14 Aten50mg 14 Lasix 7 Mvt 7
84	50	F	URI	160/90	Ranitidine 14 Histalong 12 Ketorol 15 Mvt 7
85	50	F	HTN	150/80	Aten50 14 Mvt 7 Lasix 3 Ketorol 9
86	60	F	HTN	150/80	Ketorol 15 Dexa 12 Mvt 7
87	52	F	DM&HTN	160/90	Okamet 7 Diabnil 14 Aten50 14 Nifidifine 7 Lasix 7 Ketorol 6 Mvt 7
88	55	F	DM&HTN	170/90	Okamet 14 Diabnil 21 Aten50 14 Dilvas5mg 14 Mvt 7
89	70	F	MYALGIA	140/70	Ketorol 15 Mvt 7 Dexorange Syrup
90	51	M	DM&HTN	130/90	Okamet 7 Diabnil14 Dilvas5mg 7 Mvt 7
91	60	F	DM&HTN	170/90	Aten50 14 Okamet 14 Diabnil 14 Amlip10mg 7 Mvt 7 Ketorol 8
92	35	F	UTI	130/90	Norfloxacin 14 Lasix 7 Vertin 12 Mvt 7
93	1	F	Diarrohea		Normet Syrup
94	40	F	MYALGIA		Ketorol 18 Mvt 7
95	65	F	HTN	190/100	Aten50 14 Lasix 3 Mvt 7
96	60	F	HTN	190/90	Aten 7 Ketorol 15 Mvt 7
97	65	M	MYALGIA	150/90	Ketorol 15 Mvt 7 Biscodyl 8
98	55	M	MYALGIA	150/90	Ketorol 15 Biscodyl 8 Mvt 7
99	43	F	HTN	150/100	Ketorol 15 Lasix 7 Mvt 7 Dilvas5mg 7
100	33	F	General weakness		Mvt 7 Dexorange Syrup
101	10	F	URI		Doxy 8 Histalong 8 Mvt 7 Cough Syrup
102	56	F	HTN	140/100	Dilvas5mg 7 Lasix 3 Mvt 7 Ketorol 15
103	60	F	General weakness	130/80	Mvt 7
104	55	F	URI	140/70	Histalong 9 Mvt 7

Medical Terms used in provisional diagnosis column:

DM Diabetes
HTN Hypertension
URI Upper Respiratory Infection
MYALGIA Muscular Pain
UTI Urinary Tract Infection
LBA Lower Back Ache

Medicines Provided

The list and quantity of medicines provided at the OP Clinics at Vedal on 24-Aug-09 is provided below:

S No	Product Name	Quantity	Rate (INR)	Cost
Purchased				
1	Norfloracin 400mg Tab	14	1.17	16.38
2	Cough Syrup	17	2.63	44.79
3	Metronidazole + Norfloracin Suspension	1	11.98	11.98
4	Atenolol 50mg Tab	504	0.43	214.91
5	Enalapril Maleate Tab	129	0.46	59.03
6	Amlodipine Besilate Tab	126	1.42	178.92
7	Nifedipine 5mg Tab	21	0.19	3.93
8	Albendazole 400mg Tab	2	1.54	3.08
9	Prochlorperazine maleate 5mg Tab	143	0.36	52.05
10	Metformin 500 mg Tab	309	0.51	157.47
11	Glibenclamide Tablets 5mg Tab	385	0.17	64.06
12	Etophylline 77mg + Theophylline 23mg Tab	24	0.17	3.99
13	Fruzemide 40mg Tab	139	0.35	49.15
14	Digoxin 0.25mg Tab	23	0.73	16.74
15	Dexamethasone 0.5mg Tab	144	0.08	11.52
16	Gentamycin sulphate Eye / Ear Drops	1	3.95	3.95
17	Multivitamin Tab	644	0.08	53.58
18	Vitamin A 1600, vitamin D3 100 Caps	18	0.08	1.46
19	Aspirin 350mg Tab	15	0.10	1.48
20	Bisacodyl 5mg Tab	30	0.37	11.23
21	SYRINGES -- 2 ML	6	1.84	11.04
22	NEEDLES	62	0.88	54.81
23	B-Complex Injection	17	0.26	4.42
24	Vitamin B12 Injection	21	0.47	9.83
25	Diclofenac sodium Injection	13	0.24	3.15
26	Etophylline 84.7mg + Theophylline 25.3mg Injection	3	1.46	4.37
27	Dexamethasone Sodium Phosphate Injection	14	0.62	8.74
28	THYROXIN 100MCG	4	0.80	3.19
Total				1059.26
Free Samples				
1	Sorbiline Syrup	2	9.54	19.08
2	Dexorange (P) Syrup	7	10.54	73.78
Medicines donated in kind				
1	HISTALONG JUNIOR TAB	238	0.32	74.97
2	OFLOXACIN 400mg Tab	8	2.15	17.16
3	Doxycycline 100mg Capsules	8	0.73	5.82
4	Montelukast 4mg Tab	120	2.67	320.40
5	Chloramphenical Eye Drops	1	3.68	3.68
6	KETOROL 10mg Tab	670	0.78	522.60