

# UC Result Certificate

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This is to acknowledge the receipt of contribution from Mr/Ms..... from ....., towards results generated by UC in projects providing services to poor communities. Details of the contribution are presented below.

S No	Item	Detail
1	Certificate ID	UC-RC-***
2	Contribution Area	Health
3	Project Supported	Providing Mobile Health Clinic Services for 2,327 OutPatient visits in Slum of Chennai through Isha Outreach.
4	Certificate Project Period	01-Oct-2010 to 31-Oct-2010
5	Contribution to Project (A)	INR. ***/-
6	Operations Grant to UC (B)	INR. ***/-
7	Total Contribution (C)=(A)+(B)	INR. ***/-
8	Date of Contribution	
9	Mode of Payment	

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# United Care Development Services

(a not-for-profit company registered under section-25 of the Companies Act)

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Dear .....,

\*\*\_\*\*\*-10

Sub: Acquisition of UC Result Certificate UC-RC-\*\*\*

On this occasion, I wish to place my regards and thank you for choosing to acquire a UC Certificate. The 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 contribution. Your contribution 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 other livelihood services, 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 contributions 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 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 contributing to UC Certificates.

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

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## Introduction

### Introduction to Isha Outreach

**Isha Outreach** ( [www.ishaoutreach.org](http://www.ishaoutreach.org) ) provides extensive community services in the areas of Education, Health and Environment, predominantly in the state of Tamil Nadu. Isha Outreach is a trust set up by Isha Foundation ( [www.ishafoundation.org](http://www.ishafoundation.org) ) which was founded and led by Sadhguru Jaggi Vasudev. **Isha Outreach's** mission is to work with disadvantaged communities to improve holistic health care, empower children with high quality, affordable education and promote life in harmony with the environment. Isha's three main programs for human empowerment and rural revitalization are: 'Action for Rural Rejuvenation' (holistic health), 'Isha Vidhya' (education) and 'Project Green Hands' (environmental conservation and livelihood).

**Action for Rural Rejuvenation (ARR)** is an indigenous, multi-pronged **health program** initiated by Isha Foundation in 2003. The model blends preventive and curative primary care based on intensive awareness campaigns, a unique combination of indigenous and allopathic methods of treatment, powerful yoga practices, community games and fitness activities, promotion of herbal medicines and naturopathy. As a supplement to Government services, it is one of the largest initiatives of primary health care in South India; covering about 900 villages across 16 districts in Tamil Nadu and parts of Karnataka. About of 35,000 patient cases are treated every month under the ARR's rural health care system. Central to the ARR projects is a network of 21 specially designed Mobile Health Clinics, 15 of which are currently active, with a dedicated team of a doctor, a paramedical assistant and a pharmacist, providing free primary health care and medicines to the rural population. The network of Mobile Health Clinics is backed by a set of four fixed Isha Rural Health Clinics with laboratory, pharmacy and observation services that operate at less than half the cost of private clinics. Isha partners with secondary and tertiary care hospitals in Coimbatore who offer subsidized care upon Isha's referral. Hundreds of awareness programs and medical camps are conducted annually to boost disease prevention. With the support of the Tamil Nadu State Aids Control Society, Isha also operates a Community Care Centre to counsel and treat over 500 people living with HIV/AIDS.

**Isha Vidhya**, an Isha Education initiative, aims to transform the lives of underprivileged rural children by providing high quality, affordable education. Designed to equip rural youth with proficiency in English and computer skills; Isha Vidhya schools promote their overall capacity to face any life situation with confidence and ease. Since 2006, schools

have been established in rural areas of seven districts: Coimbatore, Erode, Nagar Kovil, Tuticorin, Cuddalore, Villupuram and Salem. Current enrollment is 2,800 children from lower kindergarten through sixth standard, 70% of whom are on full scholarships and 60% of whom are first generation school-goers. Isha is aiming for 207 Isha Vidhya Rural Schools, one in each Taluk in Tamil Nadu, to serve as models in rural education.

**Project GreenHands** is a massive ecological initiative of Isha Foundation to prevent and reverse environmental degradation and to enable sustainable living. The project aims to create 10% additional green cover in Tamil Nadu, by planting 114 million trees through extensive community participation. As a significant stepping stone, 8,52,587 saplings were planted on a single day on the 17<sup>th</sup> October 2007, throughout Tamil Nadu by about 2 lakh volunteers, setting a Guinness World Record. This large-scale tree planting project will enhance biodiversity, protect the soil, restore ecological balance and provide livelihood opportunities for thousands across the State. The project not only includes large-scale tree plantation but also mass awareness campaigns to establish a culture of care for the environment. Starting from Tamil Nadu, Project Green Hands seeks to inspire people around the world to keep this planet habitable for future generations. On behalf of the people of Tamil Nadu who have cared for 8.2 million tree saplings since 2005, Project GreenHands received India's highest environmental award, the prestigious Indira Gandhi Paryavaran Puraskar on World Environment Day 2010 in New Delhi.

### **The current project –Mobile Health Clinic 1 at Chennai**

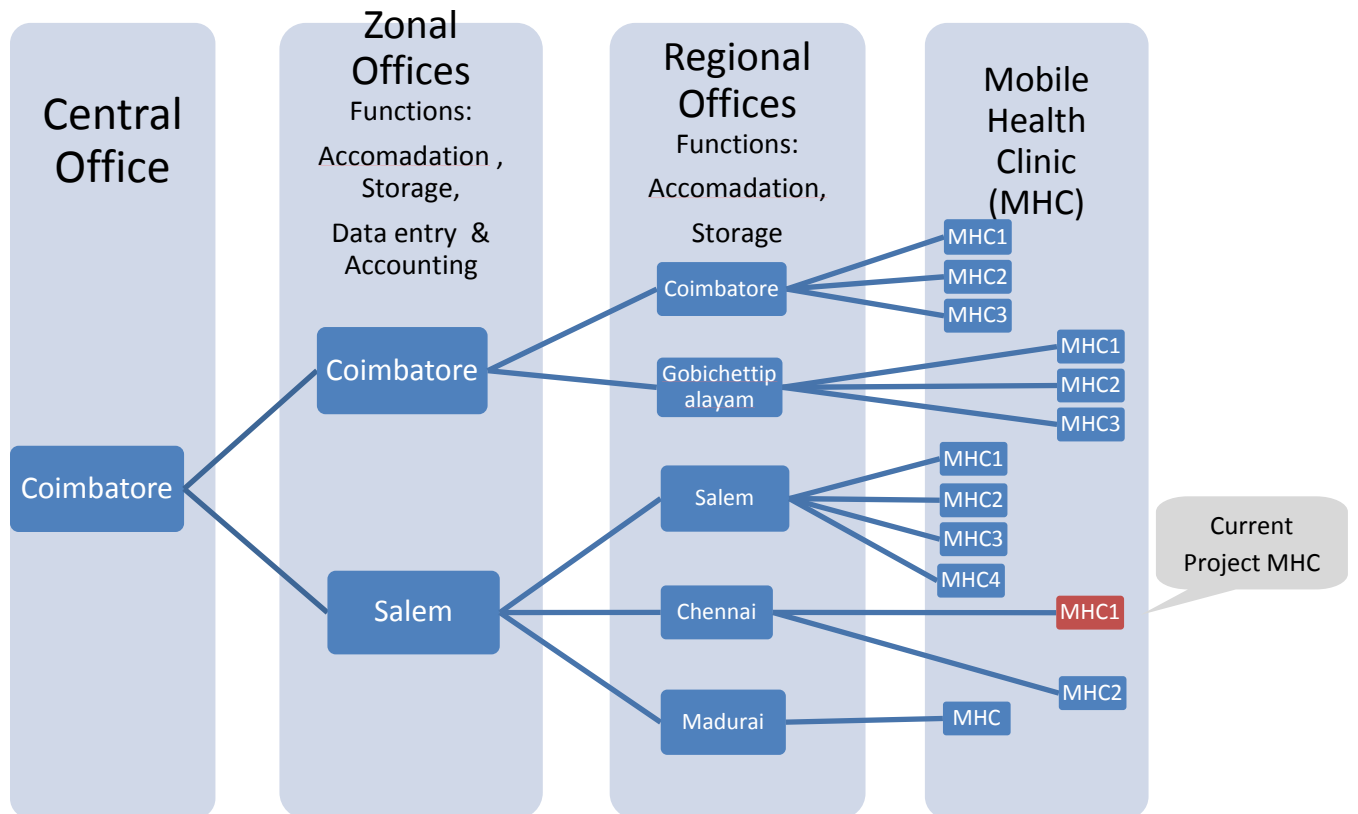
UC and Isha Outreach teams began discussions in August 2010, to explore opportunities to apply the Result Based and PostPay Philanthropy model to the projects being carried out by Isha Outreach. After visits made by UC team to various Isha Projects in September 2010, a pilot project to apply this model of funding for one of Isha Outreach's Mobile clinic was considered. Isha Outreach operates two Mobile Health Clinics (MHCs) in Chennai, serving people living in slums of Chennai. This also enabled UC to continue its earlier initiatives on health services in Chennai. Isha Outreach and UC signed an agreement on 21-Sep-2010 to undertake a pilot project to introduce result based funding of the Mobile Health Clinic services being provided by Isha Outreach. The pilot focused on funding operating costs of one of the Mobile Health Clinics at Chennai for a period of 3 months starting October 2010. There would be a strong focus to capture data in an organized manner, of various inputs in the Mobile Health Camps run by Isha Outreach for poor communities, and to measure results of this program in a quantitative manner. The purpose of this effort is to generate future funding for the community service work being done by Isha Outreach, based on documented results.

The Mobile Health Clinics being supported by UC in Chennai operates with the schedule given in Annexure. The Clinic goes to 3-4 different slum locations in day based on this schedule for the first 12days. It then repeats the visit cycle to the same locations from 15<sup>th</sup> to 26<sup>th</sup> day of the month. Thus each slum location is visited twice a month, providing people there a reliable and

free primary level outpatient care services. Besides Doctor Consultation, the patients are also given some basic medicines, referred to hospitals for further consultation and treatment and also provided dressing facilities for minor wounds etc. all for free. The patients are only charged Rs. 2 for receiving an OutPatient card, on which Doctors diagnosis and prescriptions are captured and this card is retained by the Patient. The patients are expected to bring their cards for repeat visits to the MHC.

The Mobile Health Clinic is manned by a team of 4 people, including a Doctor, a Nursing Assistant, a Pharmacy Assistant and a Driver. Isha Outreach Currently has 13 active Mobile Health Clinics and 2 additional Mobile Clinics which undertake special medical camps.

Coordination of the Mobile Health Clinics is done from Zonal Centers based out of Salem and Coimbatore. The 2 Mobile Health Clinics at Chennai are supported from the hub at Salem. All procurement of Medicines is centralized at Salem from where the basic medicines and other supplies are provided to the Mobile Clinics. The 2 Mobile Health Clinics at Chennai have a Regional Office at Chennai. This office also provides stay facilities and food for the Mobile Clinic Staff for free. It also keeps the required inventory for the day to day functioning of the mobile clinic. The Coordination structure of the mobile clinics operated by Isha Outreach is given below.



Before the intervention of UC, the patient related data entry at the MHC at Chennai was being done in manual registers, like the rest of the clinics. Summary sheets from these manual registers were sent to the Zonal Office to prepare the MIS of the Mobile Health Clinic. One of

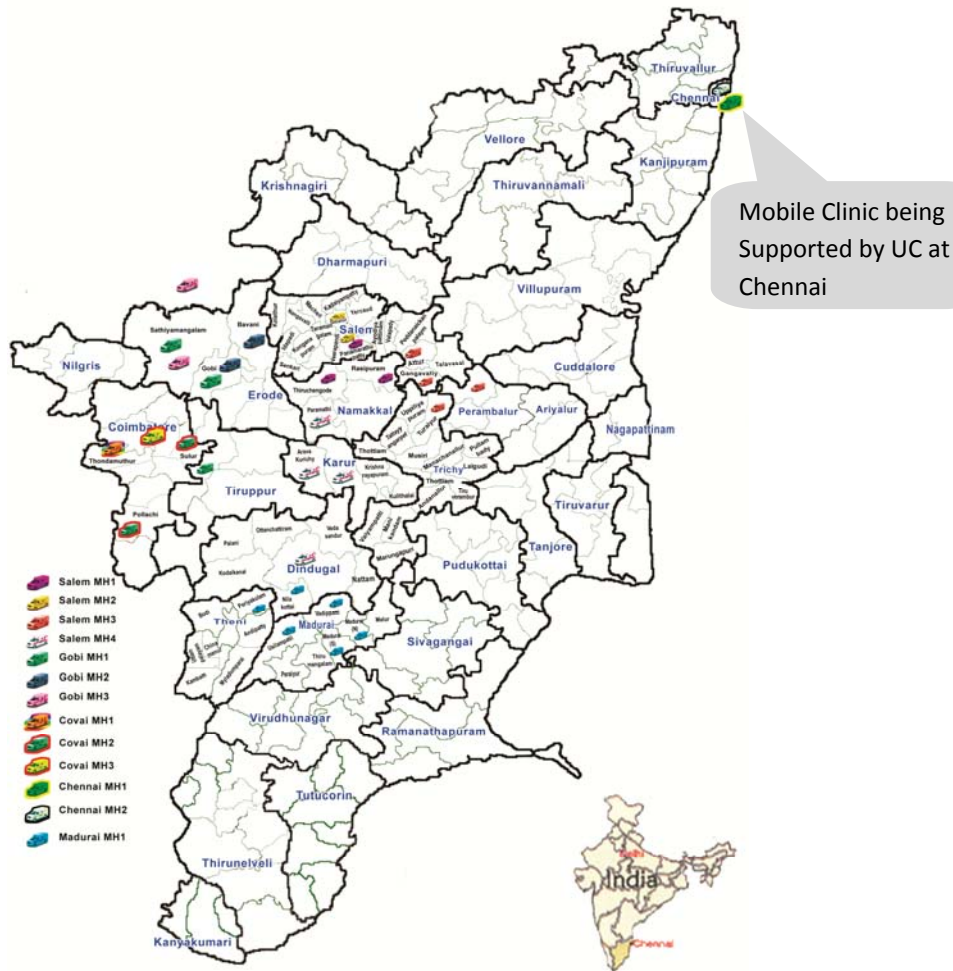
UC's interventions in this project has been to deploy a new laptop at the Chennai MHC 1, to digitize all patient related information at the mobile Clinic itself. This has been done to gather more data, avoid data redundancy in manual registers and to facilitate deeper analysis of the medical data, aiming at better patient care and operational efficiencies. More details of this specific interventions, along with progress on these interventions is reported in the results section of this document.

### Visual Tour of the project

	
<p>Mobile Health Clinic on a Chennai Road</p>	<p>MHC 1 parked at a slum in Chennai</p>
	
<p>Doctor in MHC 1 prescribing medicines for a Patient</p>	<p>Another Pateint being given medicines in the Mobile Pharmacy</p>



(Left) Doctor investigating a patient. (Right) Patient info being captured in a computer. A new beginning in Oct 2010

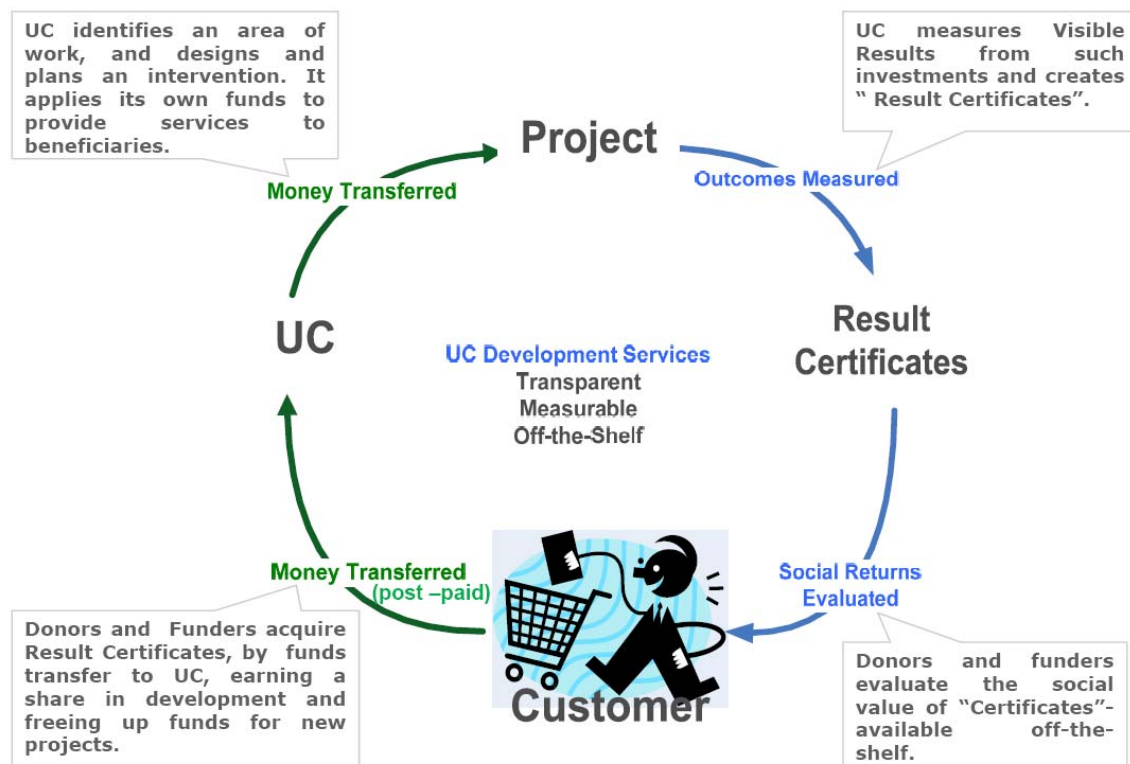


Isha Mobile Health Clinics – Spatial Presence



## How UC Works?

UC's model aims to improve the scale and efficiency of financing education, health and energy & environmental services for the very poor, through a result-based and post-paid model of funding. What this means is that UC applies its own funds to provide services to beneficiaries. UC then documents the work and presents the results from these projects as Result Certificates. Interested investors and donors are then invited to post-pay for results and acquire these Result Certificates. UC's objective is to generate greater Social Returns for philanthropic investments through this model.



The following links give more information and updates about UC's work and progress:

Website: [www.yousee.in](http://www.yousee.in)

Twitter: <http://twitter.com/youseeupdates>

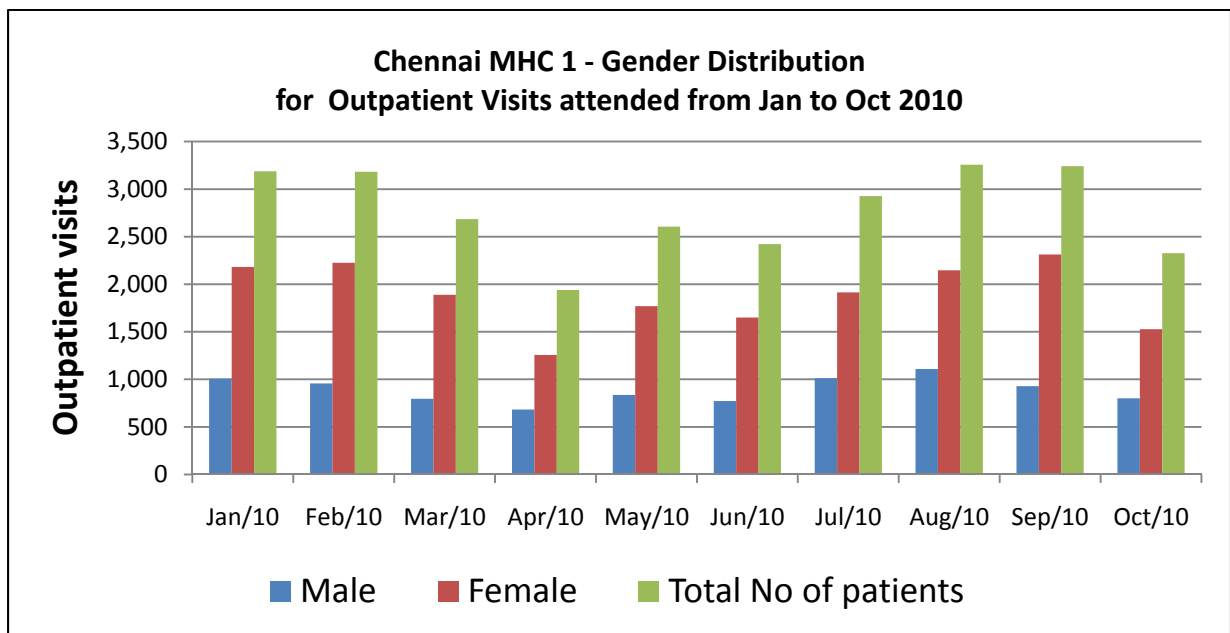
YouTube Channel: <http://www.youtube.com/user/youseemovies>

Facebook Page: <http://www.facebook.com/pages/YouSee/334183208934>

## What are the Results from this project?

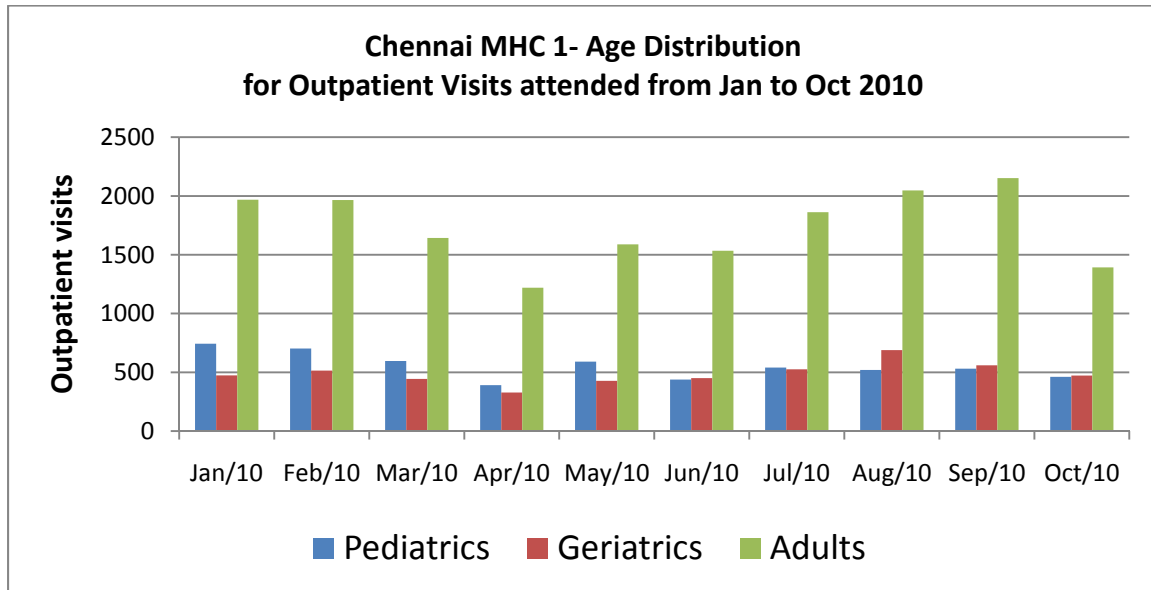
### OutPatient Visits attended during October 2010

A total of **2,327 outpatient visits** were attended by the Chennai MHC 1 during the month of **October 2010**. At the time of the commencement of this project, unique IDs were not being captured for each patient, hence it was not feasible to report the actual number of patients attended as some of the patients do make repeat visits during the month itself. Initiatives to capture unique identity of each patient has now been commenced and discussed in subsequent sections. The below graph gives information about the number of outpatients attended by Chennai MHC1 monthwise including for the month of October 2010. **68% of the OutPatient visits are made by women.**



Month	Male	Female	Total No of patients visits
Jan-2010	1,006	2,181	3,187
Feb-2010	957	2,225	3,182
Mar-2010	795	1,889	2,684
Apr-2010	683	1,256	1,939
May-2010	836	1,770	2,606
Jun-2010	772	1,651	2,423
Jul-2010	1,012	1,915	2,927
Aug-2010	1,109	2,147	3,256
Sep-2010	929	2,313	3,242
Oct-2010	800	1,527	2,327
<b>Total</b>	<b>8,899</b>	<b>18,874</b>	<b>27,773</b>

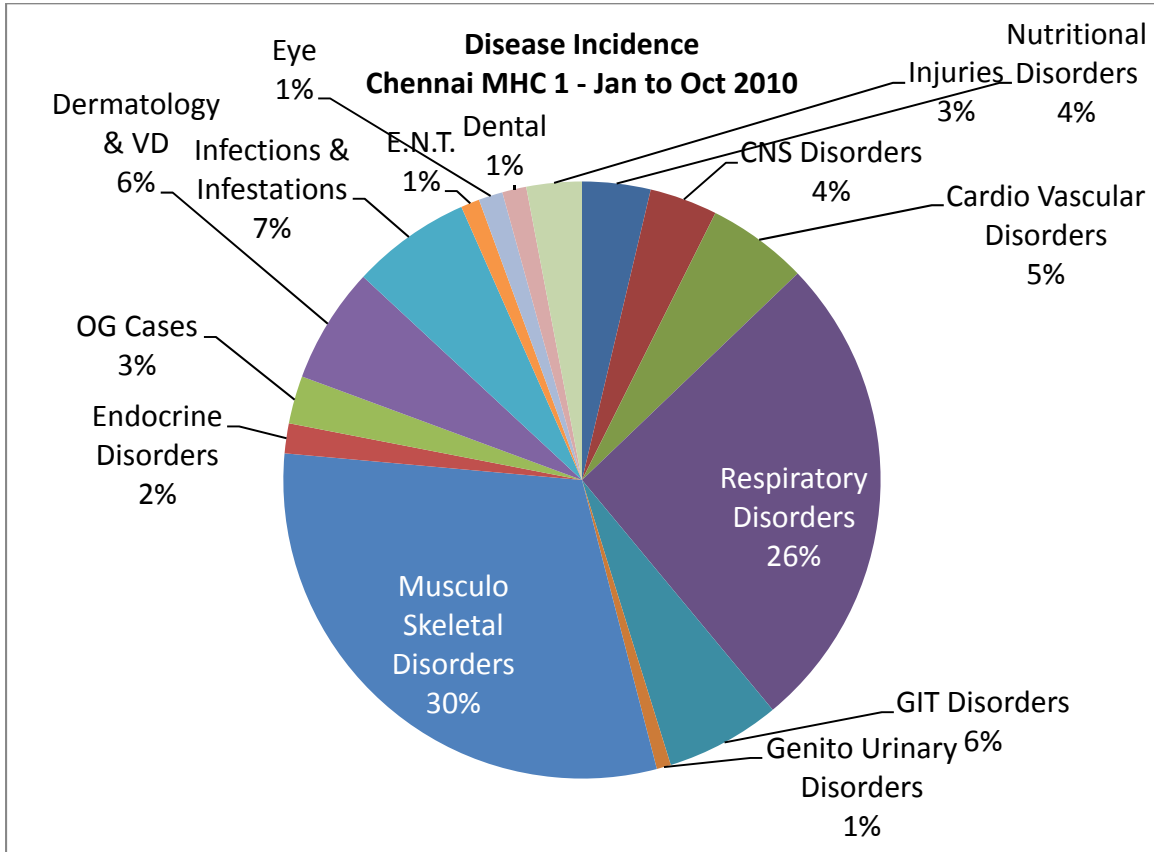
Age-wise distribution of OutPatient visits is given below. **63% of the OutPatient visits** have been made by working adults in the age group of **18 to 60 years of age**. The livelihood impact of this service for these working people can be estimated to be significant, through reduction in opportunity cost of worktime and work productivity loss and reduction in direct health expenditure costs.



Month	Pediatrics (<14 yrs)	Geriatrics (> 60 yrs)	Others (15 – 59 yrs)	Total
Jan-2010	744	474	1,969	3,187
Feb-2010	702	515	1,965	3,182
Mar-2010	597	444	1,643	2,684
Apr-2010	391	328	1,220	1,939
May-2010	591	427	1,588	2,606
Jun-2010	438	451	1,534	2,423
Jul-2010	540	525	1,862	2,927
Aug-2010	520	689	2,047	3,256
Sep-2010	531	559	2,152	3,242
Oct-2010	462	473	1,392	2,327
<b>Total</b>	<b>5,516</b>	<b>4,885</b>	<b>17,372</b>	<b>27,773</b>

The distribution of disease categories diagnosed at Chennai MHC1 during the period Jan to Oct 2010 is given below. This categorization is based on the classification followed by Isha Mobile Health Clinics for a considerable period of time. In early part of October 2010 IshaOutreach began to use the ICD-10 categorization of diseases, brought out by WHO, to categorise incidence of various types of diseases at the Chennai MHC1. This is being facilitated through the new data management tools being introduced at this mobile clinic. Some early analysis of this

data along ICD-10 is presented in subsequent sections. Based on the earlier classification used by Isha Outreach **MusculoSkeletal Disorders(30%)** and **Respiratory Disorders (26%)** have the highest incidence in the area served by Chennai MHC1.



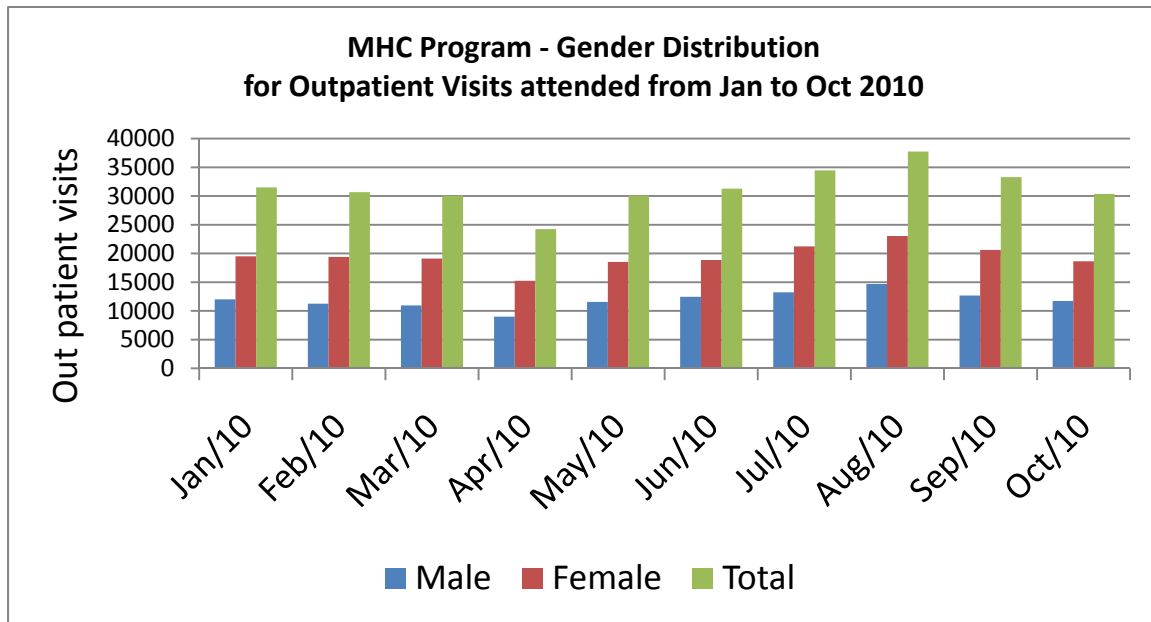
S. No	Diseases	Incidence	Incidence %	Group %
1	Musculo Skeletal Disorders	10,279	30%	56%
2	Respiratory Disorders	8,818	26%	
3	Infections & Infestations	2,183	6%	18%
4	Dermatology & VD	2,119	6%	
5	GIT Disorders	2,097	6%	
6	Cardio Vascular Disorders	1,844	5%	26%
7	Nutritional Disorders	1,248	4%	
8	CNS Disorders	1,242	4%	
9	Injuries	1,010	3%	
10	OG Cases	874	3%	
11	Endocrine Disorders	546	2%	
12	Dental	442	1%	
13	Eye	439	1%	
14	E.N.T.	342	1%	
15	Genito Urinary Disorders	261	1%	

16	Surgical	6	0%	
17	Miscellaneous	0	0%	
	<b>Total</b>	<b>33,750</b>	<b>100%</b>	<b>100%</b>

## Analysis of services provided by Isha Mobile Health Clinics from January to October 2010

Isha Outreach and UC teams also relooked at the past data of the Mobile Clinics, and organized it in data formats which enable easy analysis of some of the performance indicators of the overall MHC program. This section presents some early analysis from the program for the period January to October 2010.

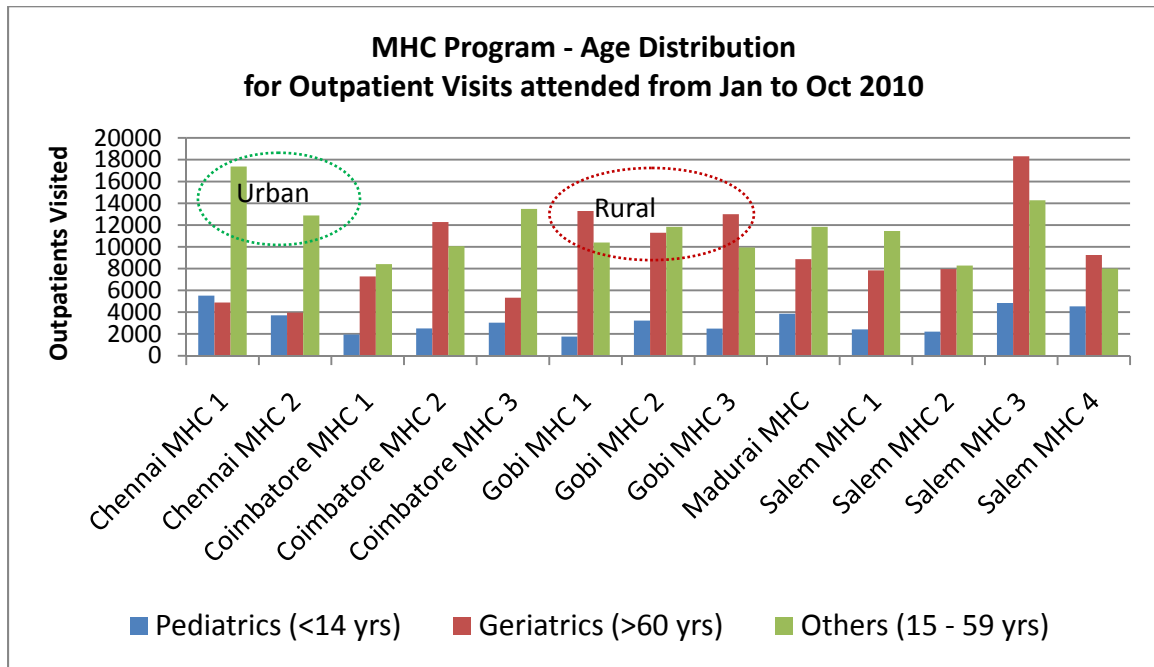
A total of **313,798** OutPatient visits were attended by all the 14 Mobile Clinics being operated by Isha Outreach, at an **average of 31,000** outpatient visits attended **per month**. The percentage of **female patients attended** for the overall program is **62%**, which is lower than the 67% of female attendance at Chennai MHC1.



Month	Male	Female	Total
Jan-2010	11,999	19,516	31,515
Feb-2010	11,261	19,407	30,668
Mar-2010	10,956	19,120	30,076
Apr-2010	9,002	15,251	24,253
May-2010	11,555	18,533	30,088
Jun-2010	12,448	18,856	31,304
Jul-2010	13,227	21,244	34,471
Aug-2010	14,695	23,050	37,745
Sep-2010	12,673	20,630	33,303

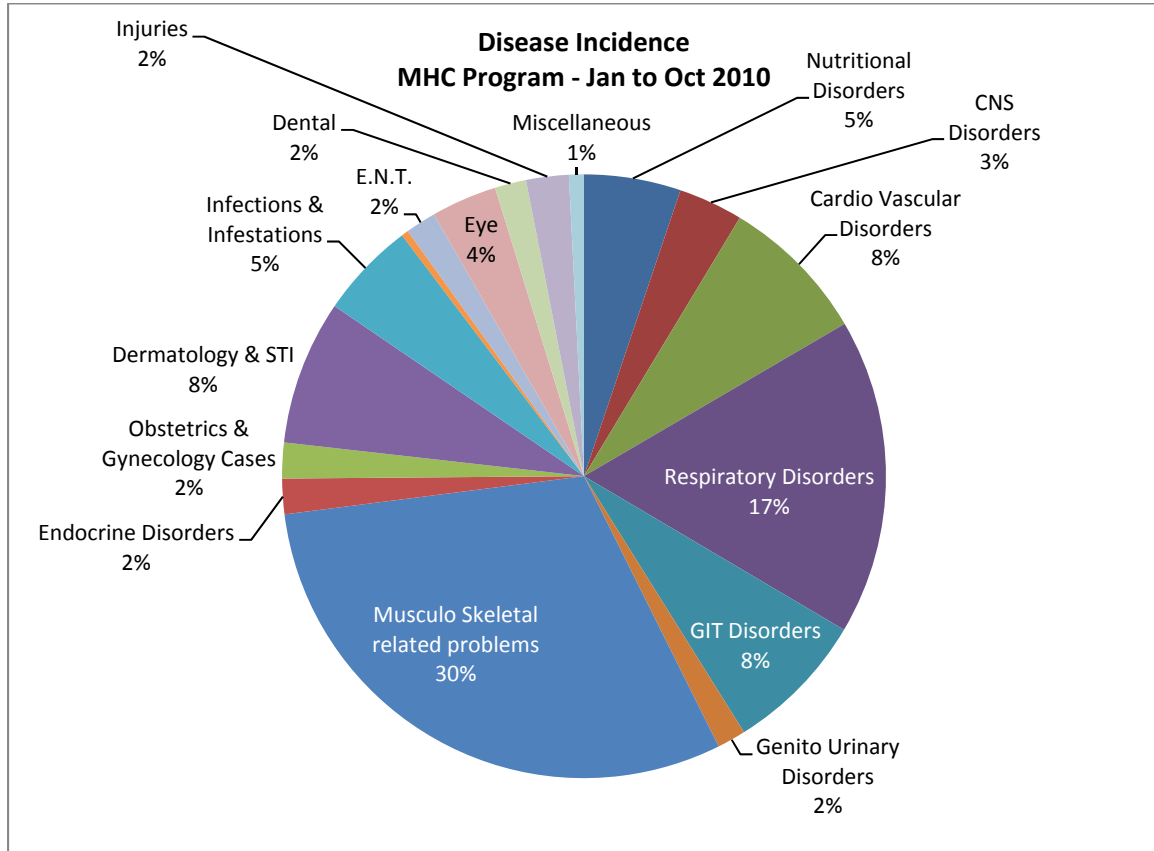
Oct-2010	11,723	18,652	30,375
<b>Total</b>	<b>119,539</b>	<b>194,259</b>	<b>313,798</b>

An interesting trend too is evident while comparing the age distribution of OutPatients attended between MHCs that operate in Rural versus Urban area. The clinics that operate in predominantly areas like Gobichettipalayam and Rural Salem have 50% of their patient visits belonging to Geriatric Category. In contrast, Urban areas like Chennai and Urban Coimbatore have a very high percentage of 63% of OutPatients attended belonging to the working age.

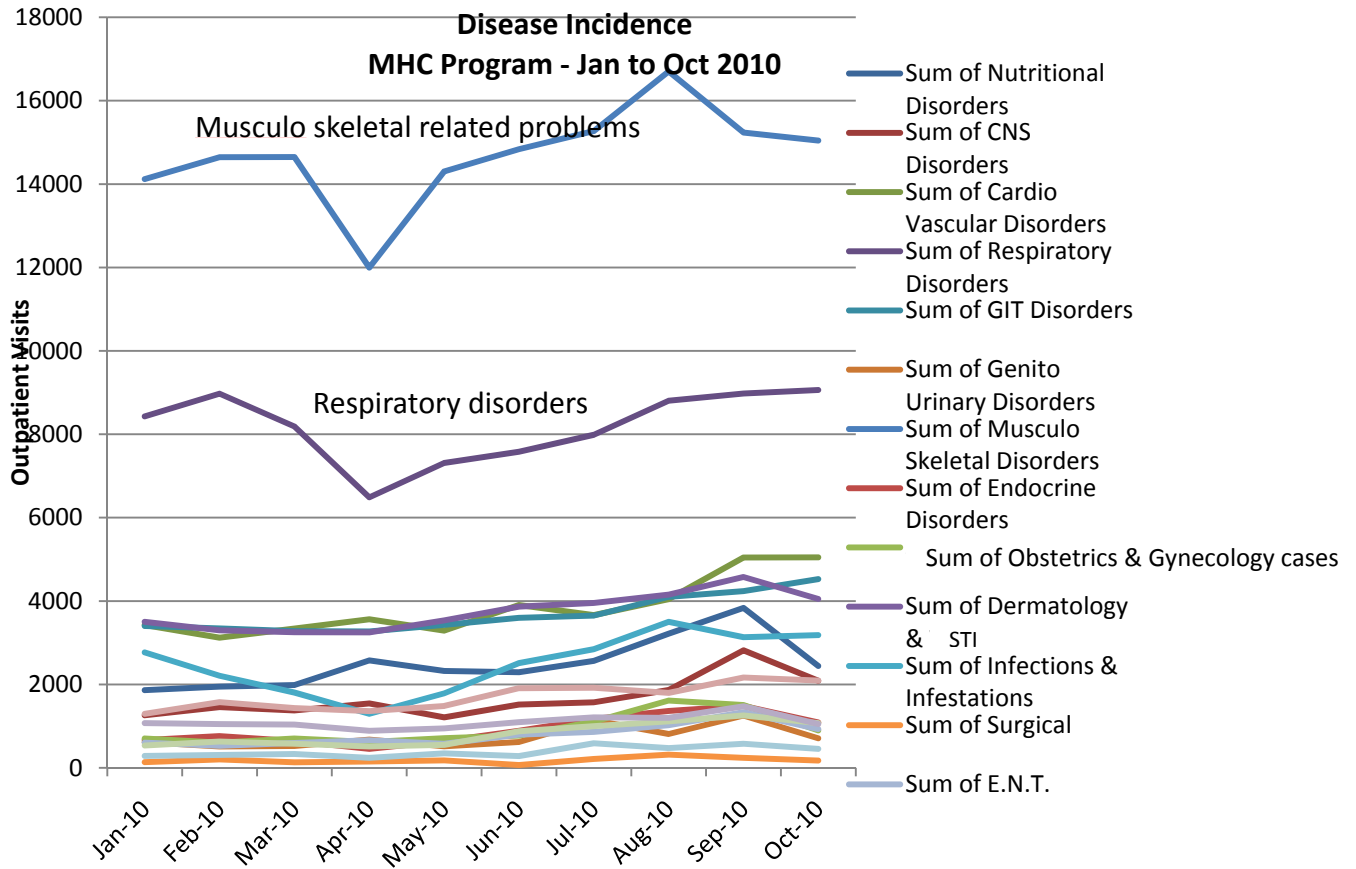


Clinic	Pediatrics (<14 yrs)	Geriatrics (>60 yrs)	Others (15 - 59 yrs)	Total
Chennai MHC 1	5,516	4,885	17,372	27,773
Chennai MHC 2	3,716	3,958	12,875	20,549
Coimbatore MHC 1	1,953	7,282	8,414	17,649
Coimbatore MHC 2	2,510	12,278	10,056	24,844
Coimbatore MHC 3	3,030	5,325	13,488	21,843
Gobi MHC 1	1,753	13,292	10,398	25,443
Gobi MHC 2	3,227	11,292	11,836	26,355
Gobi MHC 3	2,484	12,993	9,940	25,417
Madurai MHC	3,852	8,863	11,830	24,545
Salem MHC 1	2,424	7,837	11,455	21,716
Salem MHC 2	2,218	7,960	8,274	18,452
Salem MHC 3	4,838	18,314	14,282	37,434
Salem MHC 4	4,532	9,247	7,999	21,778
<b>Total</b>	<b>42,053</b>	<b>1,23,526</b>	<b>1,48,219</b>	<b>3,13,798</b>

A look at the Disease incidence distribution has one significant between the overall incidence at the all the clinics versus the distribution specific to Chennai MHC1. While the Respiratory Disorders for the overall data is at 17%, it stands at 26% for Chennai MHC1, indicating a much higher incidence of Respiratory Disorders in Urban areas.



The comparison of the relative incidence of the disease categories shows a high incidence of MusculoSkeletal Disorders and Respiratory disorders. Going forward it would be useful to design a preventive and promotive healthcare service which can aim at reducing the overall incidence of diseases under these categories.

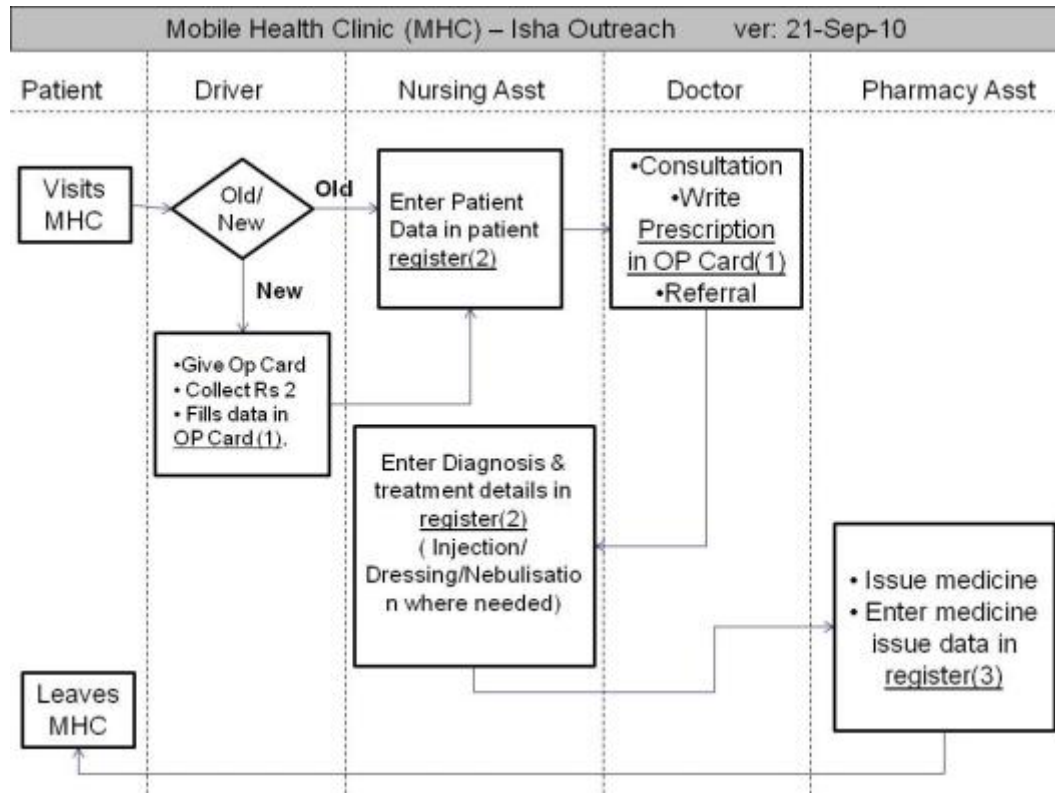


### New process improvements initiated so far under this project

The following activities were undertaken to achieve process efficiencies in the Chennai MHC1 from late September 2010 to early November 2010.

1. **Processing mapping** of activities at Mobile Health Clinic: was undertaken to study the current process flow and to identify opportunities for improvements. The Process flow before the commencement of the intervention is presented below:





The following data entry redundancies were noticed in the current process. One was that the basic Patient data like Name, Age, Gender, Address was being captured in the Internal Patient register (2) for both New and Repeat patients for every visit of theirs. Clearly, this was creating data capture redundancy for repeat patients, as there was no system of giving a unique ID to each patient. Further, data from these manual records were then further summarized in next level manual records which were ultimately used to prepare the summary MIS of the entire mobile health clinic program. There was also a separate medicine register kept to keep track of medicines given. To simplify some of this data entry work and to provide more insights into the health services being provided, the following initiatives were commenced. The process implemented would be presented in subsequent Result Documents from this project in the coming months.

2. **Patient ID system:** was introduced in Chennai MHC 1 from the second week of October, where in each patient was given a unique ID number, written on their card. This would ensure that for repeat patients, only diagnosis and medicine is needed to be captured, eliminating the data redundancy of capturing the patient details once again. More importantly this system would allow the MIS in the coming months to report the actual number of patients treated, both in terms of new and repeat patients, rather than the current system of reporting in terms of Outpatient visits. We expect that in the near future this data would also help in better patient care, as the doctor would be able to study the history of repeat patients while consulting them.

3. **Patient Record Digitisation:** In the second week of October, a laptop too was introduced to capture all patient records directly in digital form, starting with Patient Registration, Diagnosis and Treatment and Medicines prescribed. Once this system is stabilised, the manual records would be eliminated removing data capturing redundancy and also manual data entry errors. The Patient Registration is also now more comprehensive by capturing additional information like their mobile numbers, which would be useful while providing care for critical patients. Currently the data is being captured in Open Spreadsheet. A simple Database application is currently under development and is targeted to be tested and deployed in December 2010. The digitization of data is now going to permit a much higher level of data analysis of the health services being provided. Some early insights from the data captured from early October to early November is presented in a subsequent point in this section.
4. **Introduction of WHO ICD-10 coding:** for classification of diseases diagnosed at the Chennai MHC was introduced. This has been made possible because of the digitization of data that was introduced in October 2010. Some analysis based on this classification is presented below.
5. **New Data Analysis:** made possible from the early digitization efforts is presented below. This analysis was done for the period 07-Oct-2010 to 11-Nov-2010 for Chennai MHC1. More reports will be made available in Result Documents in subsequent months:

The medicines given for this period is given below. It shows that the top 5 medicines account for 60% of the consumption followed by the next 5 medicines accounting for 22% and the rest of the 16 medicines only account for 18% of the medicine consumption. This kind of the information could be useful for inventory and purchase planning centrally to achieve higher levels of cost efficiencies.

Chennai MHC1 - for the period 07-Oct-2010 to 11-Nov-2010				
S No	Medicine	No of Tablets/Medinces given	%	Group %
1	DICLOFENAC	4,677	15%	60%
2	ANTACID	4,210	14%	
3	CPM	3,584	12%	
4	MVT	3,313	11%	
5	PARACETAMOL	3,014	10%	
6	DOXYCYCLINE	1,775	6%	22%
7	DEXAMETHASONE	1,487	5%	
8	CIPROFLOXACIN	1,378	4%	
9	AMOXYCILLIN	1,303	4%	
10	DERIPHYLLINE	792	3%	
11	AMILODIPINE	736	2%	18%
12	ATENOLOL	724	2%	
13	MAG PHOS	714	2%	
14	SUVASAKUDORI	659	2%	
15	PELVORIN	580	2%	

16	FIVEPHOSE	511	2%	
17	PONNAVARAI	489	2%	
18	COTRIMOXAZOLE	356	1%	
19	METRONIDAZOLE	319	1%	
20	GLIBENCLAMIDE	315	1%	
21	METOCLOPRAMIDE	85	0%	
22	LOPERAMIDE	43	0%	
23	ALBENDAZOLE	33	0%	
24	COUGH SYP	30	0%	
25	FP 200	20	0%	
26	GENTA E/E DROPS	9	0%	
<b>Total</b>		<b>31,156</b>	<b>100%</b>	<b>100%</b>

The classification of diseases diagnosed based on ICD-10 classification for the same period is given below:

Chennai MHC1 - for the period 07-Oct-2010 to 11-Nov-2010

S NO	ICD 10 CHAPTER	DIAGNOSIS CHAPTER under ICD-10	Number of OutPatient visits Diagnosed	%
1	13	MUSCULO SKELETAL	764	29%
2	10	RESPIRATORY SYSTEM	733	27%
3	1	INFECTIONS & PARASITIC DISEASES	249	9%
4	9	CIRCULATORY SYSTEM	198	7%
5	11	GIT	139	5%
6	3	BLOOD & IMMUNE SYSTEM	128	5%
7	12	SKIN	118	4%
8	14	GENITO URINARY	71	3%
9	6	NERVOUS SYSTEM	70	3%
10	19	INJURY, POISONING	63	2%
11	7	EYE	52	2%
12	4	ENDOCRINE, NUTRITIONAL & METABOLIC	30	1%
13	23	DENTAL	27	1%
14	8	EAR & MASTOID	22	1%
15	2	NEOPLASMS	2	0%
16	5	MENTAL & BEHAVIOURAL	1	0%
17	17	CONGENITAL & CHROMOSOMAL	1	0%
18	21	FACTORS INFLUENCING HEALTH STATUS	1	0%
<b>Total</b>			<b>2,669</b>	<b>100%</b>

Further break up of the actual diagnosis under each of these categories is given below:

## Chennai MHC1 - for the period 07-Oct-2010 to 11-Nov-2010

S NO	DISEASE	NO OF PATIENTS DIAGNOSED	%	ICD-10 CHAPTER	ICD-10 CODE	ICD 10 CHAPTER NAME
1	GENERAL BODY PAIN	601	23%	13	M00 - M99	MUSCULO SKELETAL
2	UPPER RESPIRATORY TRACT INFECTION	582	22%	10	J00 - J99	RESPIRATORY SYSTEM
3	HYPERTENSION	197	7%	9	I00 - I99	CIRCULATORY SYSTEM
4	PYREXIA OF UNKNOWN ORIGIN	145	5%	1	A00 - B99	INFECTIONS & PARASITIC DISEASES
5	ANAEMIA	125	5%	3	D50 - D89	BLOOD & IMMUNE SYSTEM
6	GASTRITIS	105	4%	11	K00 - K93	GASTRO INTESTINAL
7	ACUTE BRONCHITIS	95	4%	10	J00 - J99	RESPIRATORY SYSTEM
8	ALLERGIC DISORDER	92	3%	12	L00 - L99	SKIN
9	OSTEOARTHRITIS	74	3%	13	M00 - M99	MUSCULO SKELETAL
10	HEADACHE	68	3%	6	G00 - G99	NERVOUS SYSTEM
11	MYALAGIA	59	2%	13	M00 - M99	MUSCULO SKELETAL
12	INFECTIOUS DISEASE	52	2%	1	A00 - B99	INFECTIONS & PARASITIC DISEASES
13	CONJUNCTIVITIS	48	2%	7	H00 - H59	EYE
14	LEUCORRHOEA	45	2%	14	N00 - N99	GENITO URINARY
15	FEVER FOR EVALUATION	39	1%	1	A00 - B99	INFECTIONS & PARASITIC DISEASES
16	WOUND	30	1%	19	S00 - T98	INJURY, POISONING
17	DIABETES MELLITUS	27	1%	4	E00 - E90	ENDOCRINE, NUTRITIONAL & METABOLIC
18	BLUNT INJURIES	25	1%	19	S00 - T98	INJURY, POISONING
19	DENTAL	25	1%	13	M00 - M99	MUSCULO SKELETAL
20	BROCHIAL ASTHMA	24	1%	10	J00 - J99	RESPIRATORY SYSTEM
21	BACKACHE	23	1%	13	M00 - M99	MUSCULO SKELETAL
22	PURITIS VULVA	21	1%	14	N00 - N99	GENITO URINARY
23	URTICARIA	16	1%	12	L00 - L99	SKIN
24	ALLERGIC RHINITIS	15	1%	10	J00 - J99	RESPIRATORY SYSTEM
25	EARACHE	15	1%	8	H60 - H95	EAR & MASTOID
26	STOMATITIS	14	1%	4	E00 - E90	ENDOCRINE, NUTRITIONAL & METABOLIC
27	BOILS	7	0%	12	L00 - L99	SKIN
28	PHARYNGITIS	7	0%	10	J00 - J99	RESPIRATORY SYSTEM
29	ABDOMINAL PAIN	6	0%	11	K00 - K93	GASTRO INTESTINAL
30	CALCANEAL SPUR	6	0%	13	M00 - M99	MUSCULO SKELETAL
31	DYSPTNOEA	6	0%	10	J00 - J99	RESPIRATORY SYSTEM
32	OTTORRHOEA	6	0%	8	H60 - H95	EAR & MASTOID
33	SINUS HEADACHE	5	0%	10	J00 - J99	RESPIRATORY SYSTEM
34	SPRAIN	4	0%	13	M00 - M99	MUSCULO SKELETAL
35	STOMACH ACHE	4	0%	11	K00 - K93	GASTRO INTESTINAL
36	WORM INFESTATION	4	0%	1	A00 - B99	INFECTIONS & PARASITIC DISEASES
37	BURNS	3	0%	19	S00 - T98	INJURY, POISONING
38	ICTHYOSIS	3	0%	12	L00 - L99	SKIN
39	NUTRITIONAL DISORDER	3	0%	4	E00 - E90	ENDOCRINE, NUTRITIONAL & METABOLIC
40	ACID PEPTIC DISEASE	2	0%	11	K00 - K93	GASTRO INTESTINAL
41	ACUTE GASTROENTERITIS	2	0%	11	K00 - K93	GASTRO INTESTINAL
42	CARIES TEETH	2	0%	13	M00 - M99	MUSCULO SKELETAL
43	CONSTIPATION	2	0%	11	K00 - K93	GASTRO INTESTINAL
44	DRY ECZEMA	2	0%	12	L00 - L99	SKIN
45	DYSENTRY	2	0%	11	K00 - K93	GASTRO INTESTINAL
46	HEMIPLEGIA	2	0%	6	G00 - G99	NERVOUS SYSTEM
47	THYROID	2	0%	4	E00 - E90	ENDOCRINE, NUTRITIONAL & METABOLIC

48	URINARY TRACT INFECTION	2	0%	14	N00 - N99	GENITO URINARY
49	VITILIGO	2	0%	12	L00 - L99	SKIN
50	ACUTE GASTRITIS	1	0%	11	K00 - K93	GASTRO INTESTINAL
51	ACUTE RHINITIS	1	0%	10	J00 - J99	RESPIRATORY SYSTEM
52	BP CHECKUP	1	0%	9	I00 - I99	CIRCULATORY SYSTEM
53	CATARACT	1	0%	7	H00 - H59	EYE
54	CLEFT PALATE	1	0%	17	Q00 - Q99	CONGENITAL & CHROMOSOMAL
55	CRACK FOOT	1	0%	12	L00 - L99	SKIN
56	DANDRUFF	1	0%	12	L00 - L99	SKIN
57	DIABETIC ULCER	1	0%	4	E00 - E90	ENDOCRINE, NUTRITIONAL & METABOLIC
58	DIARRHOEA	1	0%	11	K00 - K93	GASTRO INTESTINAL
59	DYSMENORRHOEA	1	0%	14	N00 - N99	GENITO URINARY
60	ECZEMA	1	0%	12	L00 - L99	SKIN
61	HEMEPARESIS	1	0%	6	G00 - G99	NERVOUS SYSTEM
62	INJURY	1	0%	19	S00 - T98	INJURY, POISONING
63	LIPOMA	1	0%	2	C00 - D48	NEOPLASMS
64	LOW BACK PAIN	1	0%	13	M00 - M99	MUSCULO SKELETAL
65	LOW BP	1	0%	9	I00 - I99	CIRCULATORY SYSTEM
66	LOWER ABDOMINAL PAIN	1	0%	13	M00 - M99	MUSCULO SKELETAL
67	MENTAL RETARDATION	1	0%	5	F00 - F99	MENTAL & BEHAVIOURAL
68	NASAL POLYP	1	0%	2	C00 - D48	NEOPLASMS
69	POLYMENORRHOEA	1	0%	14	N00 - N99	GENITO URINARY
70	PSORIASIS	1	0%	12	L00 - L99	SKIN
71	PTOSIS	1	0%	7	H00 - H59	EYE
72	SCABIES	1	0%	1	A00 - B99	INFECTIONS & PARASITIC DISEASES
73	TONSILITIS	1	0%	10	J00 - J99	RESPIRATORY SYSTEM
	<b>Total</b>	<b>2,670</b>	<b>100%</b>			

This form of digitized patient data collection opens up the possibility of providing appropriate referral and follow up services for the patients. Isha Outreach has commenced discussions with Ekam Foundation ([www.ekamoneness.org](http://www.ekamoneness.org)) for availing free secondary and tertiary care for pediatric(< 18 yrs) patients. Progress on this front would be updated in subsequent result documents in the coming months.

## Financial Report

### How was the project pre-funded by UC?

The following funding was released from UC to Isha Outreach towards meeting the operational costs of providing Free OutPatient Health Clinic services through one of its Mobile Health Clinics at Chennai for slum dwellers in North, East and Central parts of Chennai.

S No	Date of Fund Transfer	Insntument Type, No, Date	Amount Transferred to PUSS (INR)	Debited to Project	Amount Debited (INR)	Closing Balance (INR)
1	12-Oct-10	Cheque: 462158, dated 01-Oct-10	75,000	Mobile Health Clinic 1 at Chennai for October 2010	52,267	22,733

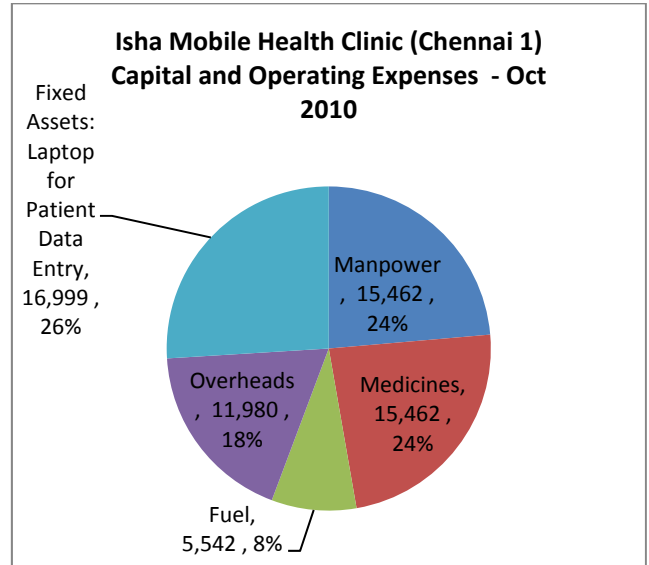
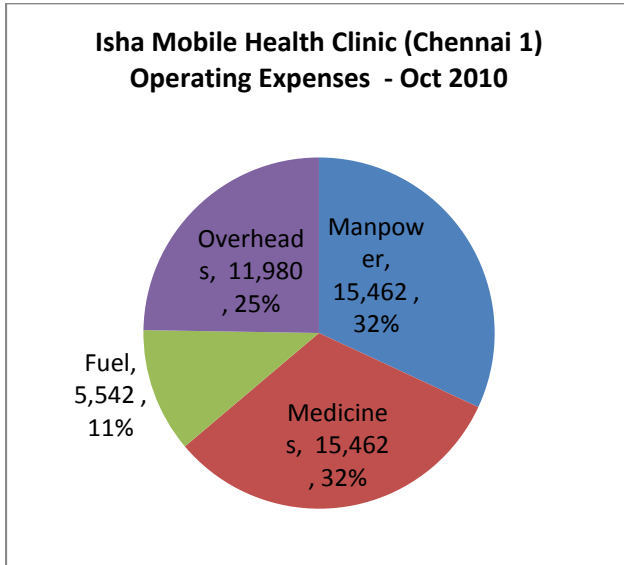
## How was the fund spent on the project?

Statement for the Period of October-2010:

Number of OutPatient Visits attended:				2,327		
Cost Item	Cost	MHC1 Monthly Cost (INR)	%	Cost per OutPatient Visit incurred by Isha Outreach	Estimated Market Cost	Estimated Market Cost per OutPatient Visit
<b>Manpower</b>						
Doctor	9,000	9,000	17%			
Nursing Assitant	2,000	2,000	4%			
Pharmacy Assistant	3,150	3,150	6%			
Driver	5,133	5,133	10%			
		<b>19,283</b>	<b>37%</b>	<b>8</b>		
<b>Medicines Consumed</b>		<b>15,462</b>	<b>30%</b>	<b>7</b>	<b>42,163</b>	<b>18</b>
<b>Fuel</b>		<b>5,542</b>	<b>11%</b>	<b>2</b>		
<b>Overheads</b> (50%of the overheads for 2 mobiles clinics is assigned to MHC 1)						
Cook for Chennai Office	4,000	2,000	4%			
Office Admin	2,650	1,325	3%			
Office Vehicle - Fuel Cost	1,044	522	1%			
Office Admin and Maintenanc	16,266	8,133	16%			
		<b>11,980</b>	<b>23%</b>	<b>5</b>		
<b>Total (i)</b>		<b>52,267</b>	<b>100%</b>	<b>A</b> <b>22</b>		
<b>Consultation Fee</b>				<b>Free</b>	<b>232,700</b>	<b>100</b>
<b>Total Estimated Market Cost for OutPatient Visits</b>					<b>274,863</b>	<b>B</b> <b>118</b>
<b>Value Created by Your Donation (B/A):</b>				<b>5 times</b>		
<b>Fixed Assets: Laptop (ii)</b>		<b>16,999</b>	This expense has been directly incurred by UC			
<b>Total Cost Incurred (i) + (ii)</b>		<b>69,266</b>				

It is evident from the above estimates that, even by fairly conservative estimates, the benefit provided for each patient visit is almost 5 times of every Rupee of your donation. It is also important to note that the costs of operation at Isha Outreach remain extremely low on account of voluntary services provided towards this program through various volunteers of Isha Outreach. The above costing does not include any of the administrative costs associated with the Zonal or the Central administrative teams of Isha Outreach program. Isha Outreach program is served by a dedicated team of fulltime Volunteer Doctors who support the overall management of the Mobile and Stationary Clinics run by Isha Outreach.

The breakup of operating expenses and capital expenditure incurred for the month of October 2010 is provided below. The Capital expenditure was directly incurred by UC to provide a new laptop that has close to 8hrs of power backup to facilitate data entry in the mobile clinic itself.



### How is your post-paid contribution being used?

Your post-paid contribution for this project through Certificate UC-PC-0\*\* is presented below along with any information of prior post-paid contributions received for this particular project. Your contribution helps us to redeploy this money to newer projects at UC.

Project Cost (a) INR	
Opening Balance of Project Cost	
Units	
UC Certificate	
Unit Certificate Acquired by	
Date of Acquisition of Unit	
Project Contribution (b) INR	
% of Project Cost Acquired (b)/(a)	
Closing Balance of Project Cost INR	
% of closing balance of Project Cost	
Operations Grant (c) INR	
<b>Total Contribution (b)+(c) INR</b>	

## Certification by UC representative

The processes followed at Isha Outreach MHCs were studied and documents through direct visits by UC team. The Chennai MHC1 was visited by UC team on 1-Sep-10, 6-Oct-10 and 19-Oct-10. Besides, visit by UC team was also made to Isha Outreach Head Quarters in Coimbatore on 20<sup>th</sup> and 21<sup>st</sup> of September 2010 to study other projects of Isha Outreach and also to plan for the Chennai MHC1 project. Finally UC team reviewed the data and financials of Chennai MHC1 for the month of October 2010, 12<sup>th</sup> and 13<sup>th</sup> of November at Chennai.

## Conclusion

This is the first result document being produced from the project on Mobile Health Clinic run by Isha Outreach being supported by UC with some fairly wide range of outputs emerging from the first month of the project. We hope to further work on deploying database solutions for the Chennai MHC 1 and also do further analysis of the data of the patients benefiting from this program during November and December. These analytical outputs could be useful for better patient care and to also throw insights into some interesting public health issues, and we hope to present these outputs in these two months. Once these new data management systems and the new processes are stabilized, Isha Outreach would explore the possibility of deploying these processes in the second MHC being run in Chennai and eventually in all the 14 MHCs being run by Isha Outreach. We hope to see some outcomes on this front by the end of March 2011, which would then present a unique case of such Mobile Health Clinics systems operating at a fairly large scale which could be useful for public health research.

## Annexure

### Mobile Health Clinic Schedule – Chennai 1

Mobile Health Clinic Schedule - Chennai 1				
Date	S.No	Time	Location/Village Name	Parking Place
1 & 15	1	9.30am to 11.00am	Kasipuram B Block	Horbur Endrance near
	2	11.30am to 1.00pm	Pudhumani kuppam	Childrens hostel near
	3	2.00 am to 4.00pm	Indira Jeevarathinam Nagar	New Housing Board
	4	4.30am to 6.30pm	Rayapuram	Periyapalayathamman kovil near
2 & 16	5	9.30am to 12.00pm	Chinnadimadam	Body Gourd Amman Kovil Near
	6	1.30am to 3.30am	Dr.Rajarathinam Nagar	Near Amman Kovil
	7	4.00pm to 6.30pm	MGR Nagar	Housing Board
3 & 17	8	9.30am to 12.00pm	Shri Kalyanapuram	viyasarpadi Main Road (Near Water Tank)



	9	1.30am to 3.30am	Samundi Nagar	Opp. Playground
	10	4.00pm to 6.30pm	Kannigapuram-1	Masqe opp
4 & 18	11	9.30am to 12.00pm	Kannigapuram-2	Opp. Corporation Gim
	12	1.30am to 3.30am	Va-Ou-C Nagar	Opp. Amman Kovil
	13	4.00pm to 6.30pm	Gandhiji Nagar	RTO VIA
5 & 19	14	9.30am to 12.00pm	Gray Nagar	Opp. Amman Kovil
	15	1.30am to 3.30am	Sivarajapuram	Mundagakanniamman Kovil
	16	4.00pm to 6.30pm	K.P.Park	Near Play Ground
6 & 20	17	9.30am to 12.00pm	Elephant Gate	Opp, Ambethgar Mandram
	18	1.30am to 3.30am	Glive Battery	Opp. DMK Mandram
	19	4.00pm to 6.30pm	Chetti thottam	Opp. Pumpin Station
7 & 21	20	9.30am to 11.00am	Puthu nagar kuppam	Opp. Welding Shop
	21	11.30am to 1.00pm	NTO Kuppam	Ennur Road (Near Police Booth)
	22	2.00 am to 4.00pm	Anna Nagar Kuppam	A -6 Police Booth
	23	4.30am to 6.30pm	Arasu Meenavar Kuppam	Near Police Booth
8 & 22	24	9.30am to 11.00am	CJ Colony	Housing Board Near
	25	11.30am to 1.00pm	Kasipuram A-Block	Fisherman Office
	26	2.00 am to 4.00pm	Kasimedu	Goust Ground Near
	27	4.30am to 6.30pm	G.M.Pettai	Near Horbur
9 & 23	28	9.30am to 12.00pm	M.G.R.Kuppam	Near Transfarmer
	29	1.30am to 3.30am	AJ Colony	Public Bath Room
	30	4.00pm to 6.30pm	Old Wannarapattai	Ground
10 & 24	31	9.30am to 11.00am	Thiruvanmiur Kuppam	Opp. Amman Kovil
	32	11.30am to 1.00pm	Uroor Kuppam	Opp. Amman Kovil
	33	2.00 am to 4.00pm	Mattan Kuppam	Opp. Kannaki Status
	34	4.30am to 6.30pm	Nadukuppam	Opp. Retion Shop
11 & 25	35	9.30am to 11.00am	Chinna Neelangarai	Beace Corner
	36	11.30am to 1.00pm	Palawakkam	Beace Corner
	37	2.00 am to 4.00pm	Kottiwakkam	Amman Kovil
	38	4.30am to 6.30pm	Odaikuppam	Astalakshmi Temple
12 & 26	39	9.30am to 11.00am	Mulli Rajiu Kuppam	Near Amman Kovil
	40	11.30am to 1.00pm	Dommil kuppam	Near Amman Kovil

	41	2.00 am to 4.00pm	Nochikuppam	Near Light House
	42	4.30am to 6.30pm	Ayothikuppam	Near Amman Kovil
<b>(13, 27)- office Schedule; (14, 28, 29, 30, 31)- Break</b>				

## Medicines Given in Chennai MHC1 during October 2010

<b>Chennai MHC1- Medicines Consumption Report - Oct' 2010</b>							
<b>M. No</b>	<b>Tablets</b>	<b>Packs</b>	<b>Qty</b>	<b>Rate</b>	<b>M.R.P.</b>	<b>Cost</b>	<b>Cost at MRP</b>
1	Amoxicilline D.T.	250mg	2060	0.85	3.41	1751.00	7,025
2	Doxycycline.T	100mg	2100	0.50	0.55	1050.00	1,155
3	Ciprofloxacin.T	500mg	1600	1.00	6.36	1600.00	10,176
4	Calcium.T		0	0.0448		0.00	-
5	Metronidazole.T	400mg	567	0.40	0.66	226.80	374
6	Cotrimoxazole.S.T	80+400	722	0.40	0.55	288.80	397
7	Multivitamin.T		5242	0.07	0.15	366.94	786
8	Ferrous Sulphanate.T		0	0.00		0.00	-
9	Paracetamol.T	500mg	4495	0.16	0.36	719.20	1,618
10	Dicyclomin + Paracetamol T		0	0.00		0.00	-
11	Lopramide.T	2mg	88	0.06	0.14	5.28	12
12	Metoclopramide.T	12mg	80	0.07	0.16	5.60	13
13	CPM.T	4mg	4370	0.02	0.04	87.40	175
14	T.Diclo	50mg	5616	0.07	0.20	393.12	1,123
15	Dexa.T	0.5mg	2044	0.09	0.15	183.96	307
16	Antacid.T	500+250	4874	0.16	0.31	779.84	1,511
17	Deriphylline.T	100mg	898	0.11	0.22	98.78	198
18			0	0.00		0.00	-
19	Albendazole.T	400mg	262	0.70		183.40	-
21	Amilodipine	5mg	1000	0.15	0.41	150.00	410
22	Atenolol	50mg	857	0.23	1.46	197.11	1,251

23	Glibenclamide	5mg	688	0.07	0.17	48.16	117
24	Merformin.T		0	0.00		0.00	-
25	Genta E/E drops	5ml	177	2.50	12.00	442.50	2,124
26	Cough Syrup	4.5lts	9	136.00	210.00	1224.00	1,890
27	Anatacid - gel	180ml	4	230.00	480.00	977.50	2,040
28	Para Susp	4.5lt	0	235.00	480.00	58.75	120
29	Metro F	4.5lts	0	0.00		0.00	-
30	Povidine Iodine	250g	2	57.50	120.00	115.00	240
31	Whit Field ointment	900g	0	0.00		0.00	-
32	Silver Sulpha	250g	2	72.55	120.00	108.83	180
<b>Total Amount - A</b>						<b>11,062</b>	<b>33,242</b>
<b>Injections</b>							
1	Diclofenac.inj	30ml	19	4.75	26	90.25	494
2	CPM	30ml	1	3.85	15.00	3.85	15
3	Paracetamol.inj	30ml	2	7.50	18.00	15.00	36
4	Dexamethasone.inj	30ml	2	18.00	35.00	36.00	70
5	Deriphylline.inj	2ml	17	1.00	2.00	17.00	34
6	Dicyclomine .inj	30ml	0.25	3	30.00	0.75	8
7	Xylocaine	30ml	0	5.00		0.00	-
8	Metoclopramide.inj	30ml	0	5.00		0.00	-
9	Gentamycin.inj	30ml	8	13.75	52.00	110.00	416
10	B Complex	6ml	14	3.75	18.00	52.50	252
11	Disposable syringe	3ml	799	1.23	5.5	982.77	4,395
12	Asthalin Solution		0	0			-
13	Needle (23&24Gauge)		18	1.08	2	19.44	36
<b>Surgical Medicine</b>		<b>Dosage</b>					
14	Cetrimide	450ml	0.25	33.65	50.00	8.41	

							13
15	Cotton big bundle	450gm	0.75	51.38	183.00	38.54	137
16	Hydrogen peroxide	450ml	0	5.18	15.00	0.00	-
17	Savlon	1 ltr	0	0.00		0.00	-
18	Surgical Gauze	100cm	1	0.5	5.60	0.50	6
19	Surgical Plaster	10cm	0.5	70.20	190.00	35.10	95
20	Surgical Spirit	450ml	0.75	21.00	60.00	15.75	45
21	Povidone Iodine Solution	450ml	0	17.05	78.00	0.00	-
<b>Total Amount - B</b>						<b>1,426</b>	<b>6,050</b>
<b>Alternative Medicines</b>							
A1	Pentapause		932	0.06	0.26	55.92	242
A2	Wormorid		0	0.00		0.00	-
A3	Swasakudori		1028	0.18	0.26	185.04	267
A4	Pelvorin		698	0.06	0.09	41.88	63
A5	Mag Pause		2000	0.04	0.08	80.00	160
A6	Aloes Compound		0	0.00		0.00	-
A7	FP 200		12	0.14	0.24	1.68	3
A8	Ponnavarai		650	0.45	0.69	292.50	449
A9	Himcocid .T		0	0.00		0.00	-
A10	Himcocid Gel		0	0.00		0.00	-
A11	Kof Off		0	0.00		0.00	-
A12	Pinda Thylam		2	600.00	600	1200.00	1,200
A13	Punga Thylam		0.75	650.00	650.00	487.50	488
A14	Calendula Ointment		7	90.00		630.00	-
<b>Total Amount - C</b>						<b>2,975</b>	<b>2,871</b>
<b>Grand Total - (A + B + C)</b>						<b>15,462</b>	<b>42,163</b>