

# 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 3,904 Out Patient visits in Slum of Chennai through Isha Outreach in Nov & Dec 2010. Total Cost: INR. 105,005/-
4	Certificate Project Period	01-Nov-2010 to 31-Dec-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)



www.yousee.in

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**

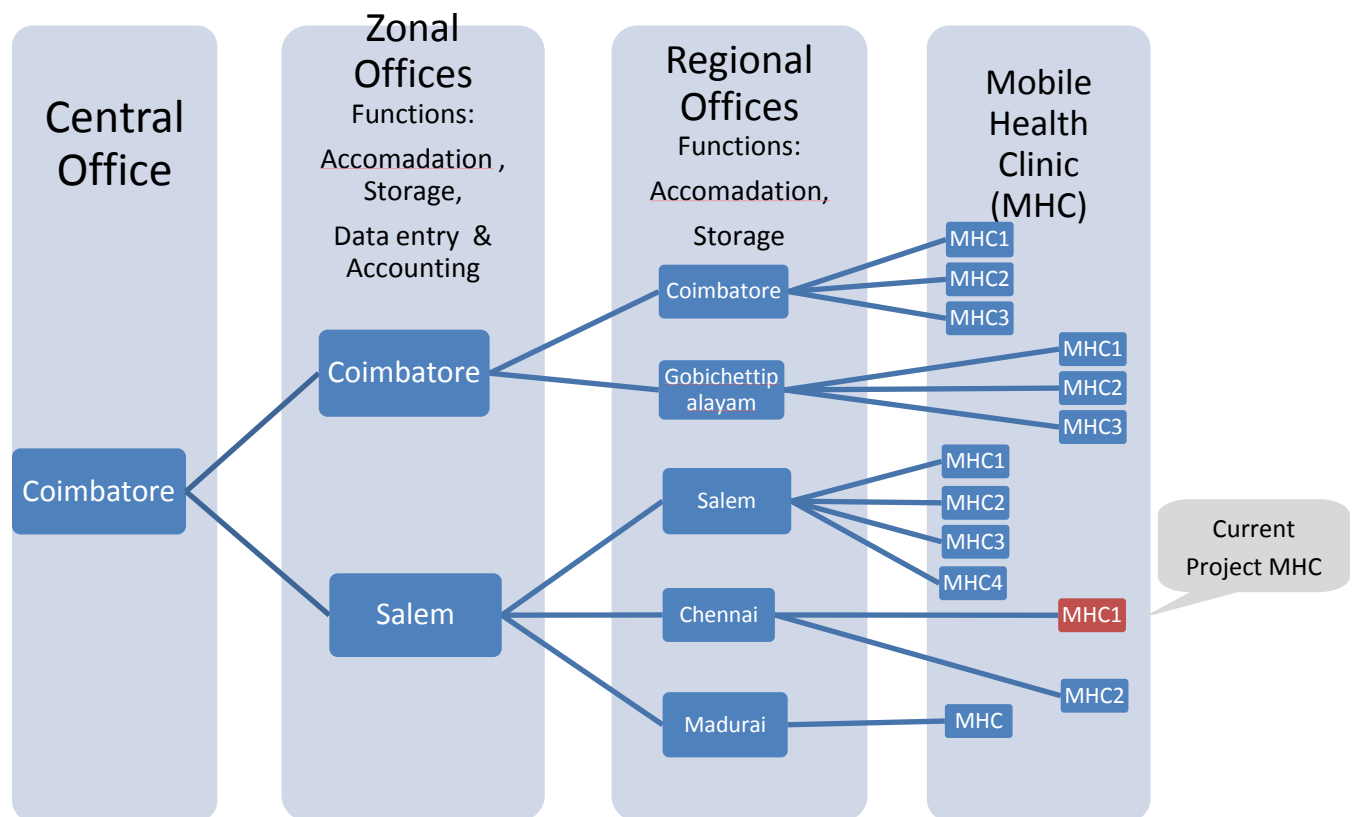
UC and Isha Outreach teams began discussions in August 2010, to explore opportunities to apply the Result Based and PostPay Philanthropy model to the projects being carried out by Isha Outreach. After visits made by UC team to various Isha Projects in September 2010, a pilot project to apply this model 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.

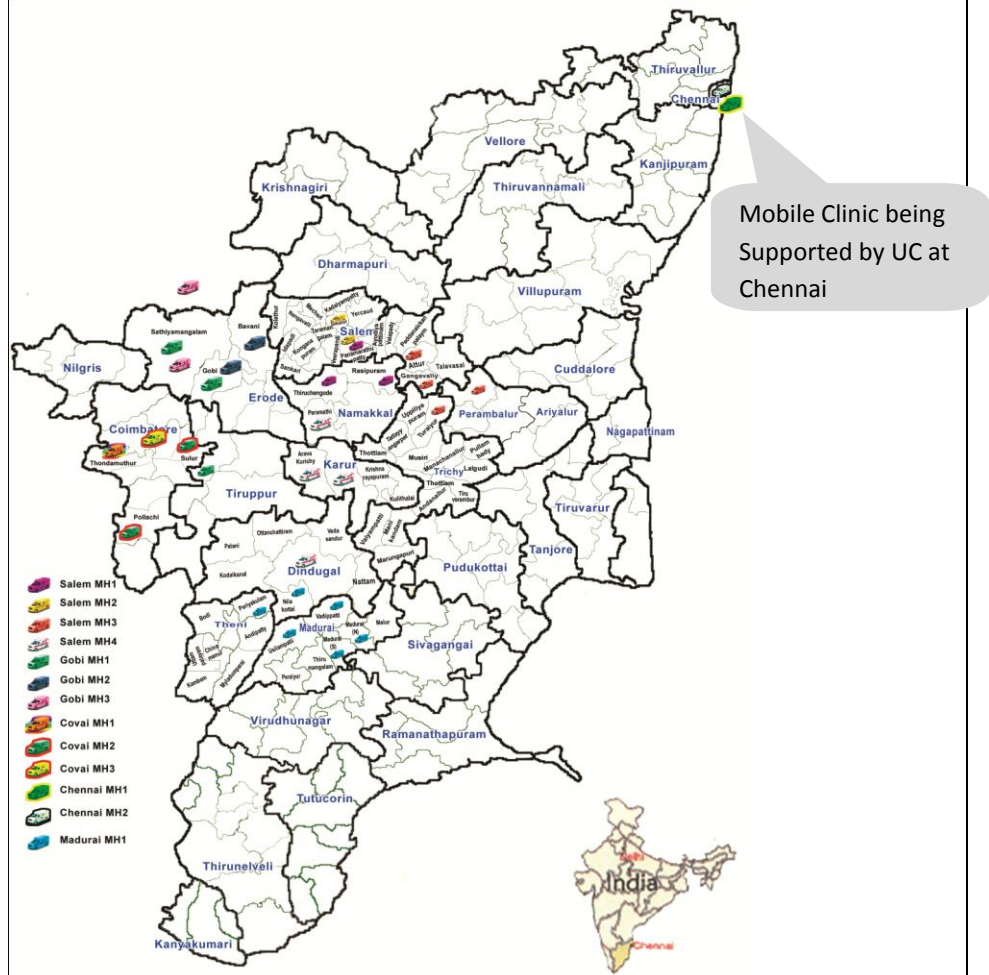
### Visual Tour of the project

	
<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 Patient 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

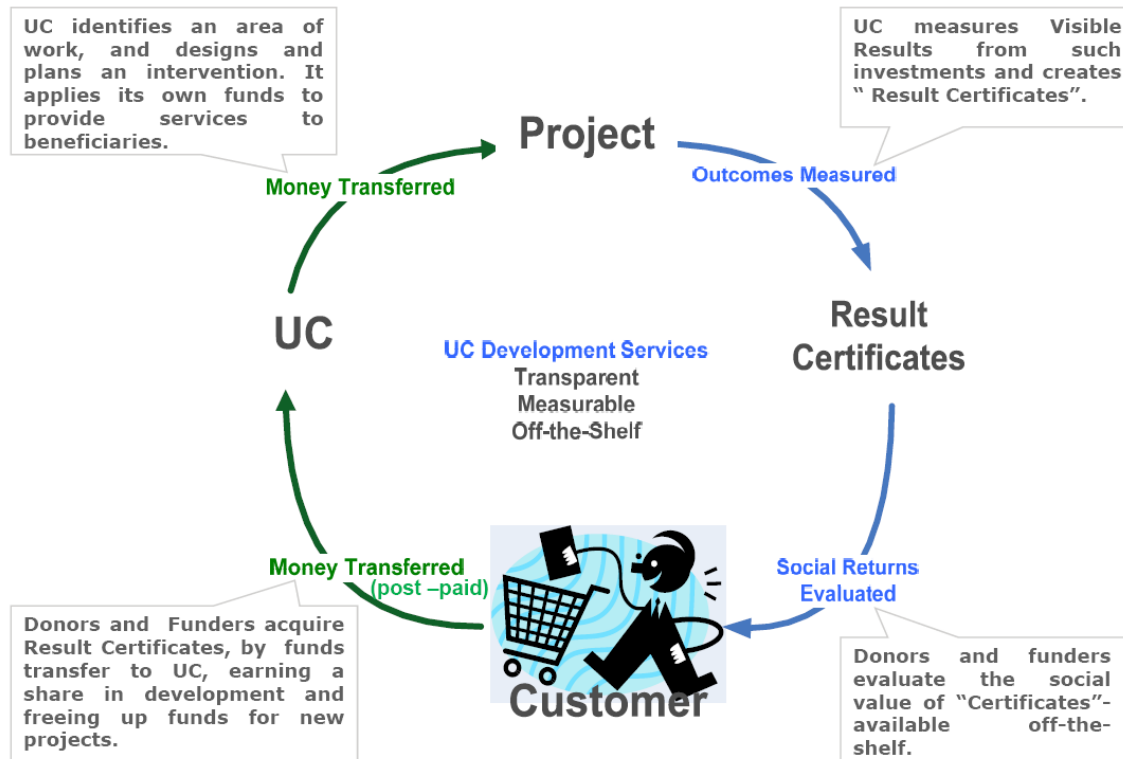


Isha Mobile Health Clinics – Spatial Presence



## 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>

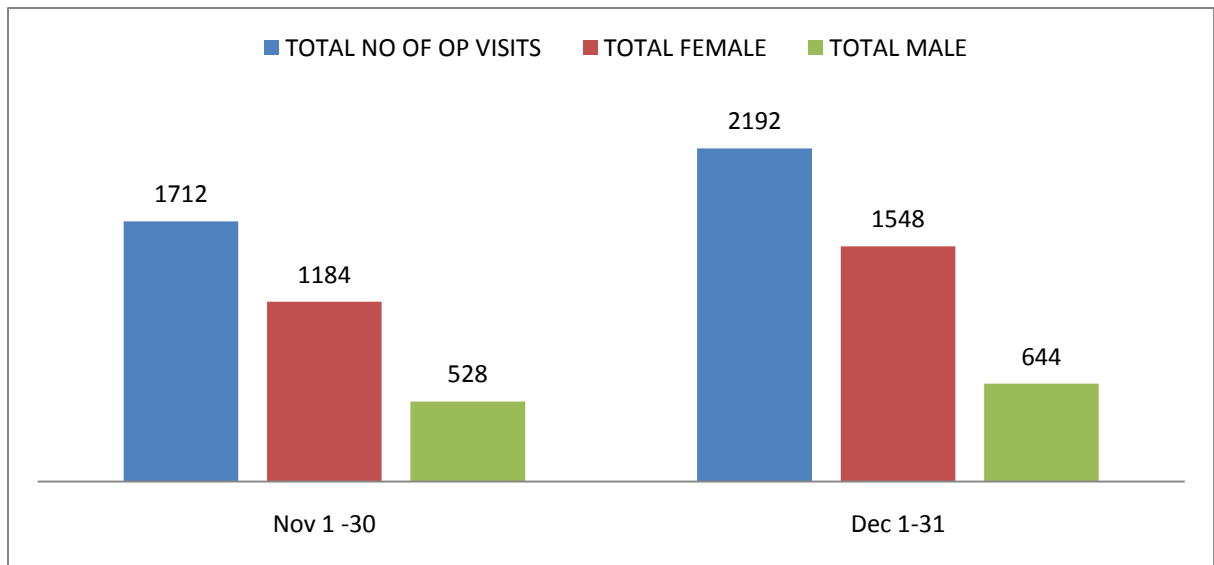
YouTube Channel: <http://www.youtube.com/user/youseemovies>

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

## What are the Results from this project?

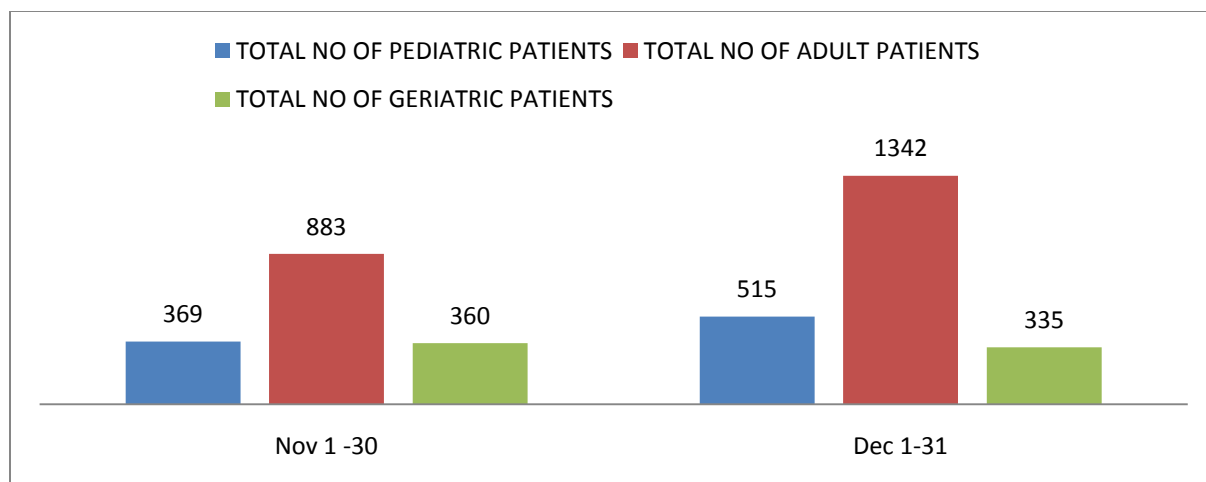
### Out Patient Visits attended during November & December 2010 at MHC1

A total of **3,904 outpatient visits** were attended by the Chennai MHC 1 during the month of **November & December 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 month wise for the months of November & December 2010. Apart from giving details about overall number of outpatients visits made during these months, below graph also gives information about outpatient visits made with regards to gender.



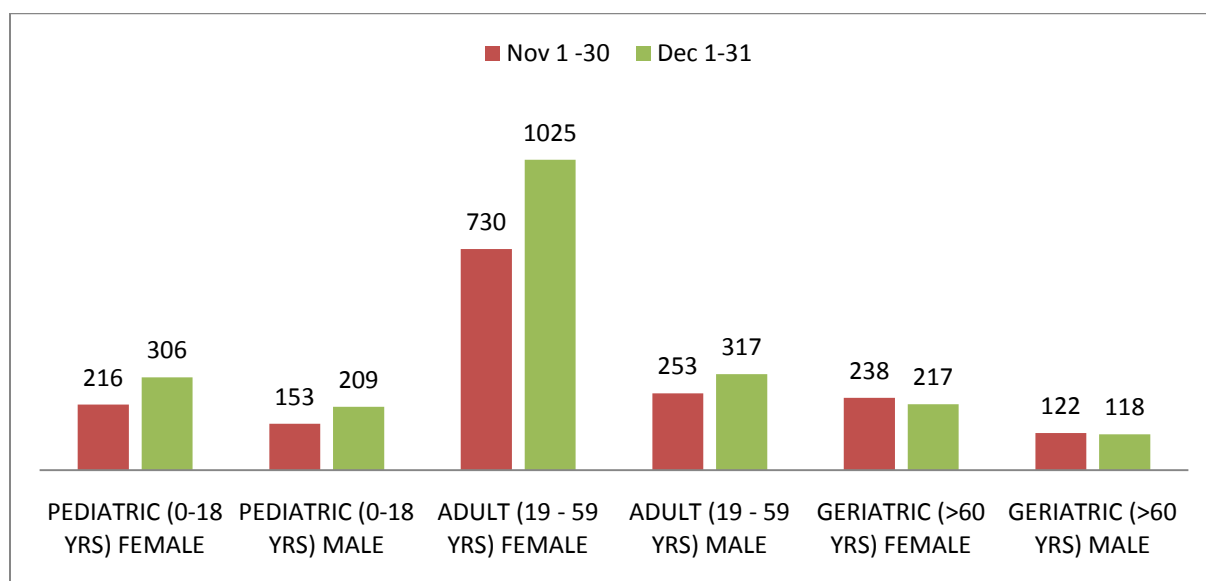
In the month of November percentage of Female outpatient visits was **69.16 %** and Male outpatient visits constituted **30.84%**. In the month of December percentage of Female outpatient visits was **70.62%** and male out-patient visits constituted **29.38%**.

Capturing the information with respect to various age groups can be critical for planning long term interventions and introducing preventive health care practices. Below graphs give overview of outpatient visits made by Pediatric , Adult and geriatric patients for the months of November and December 2010.



From the above graph it can be interpreted that it is the adult population which has been the key beneficiary of these services in the months of November and December.

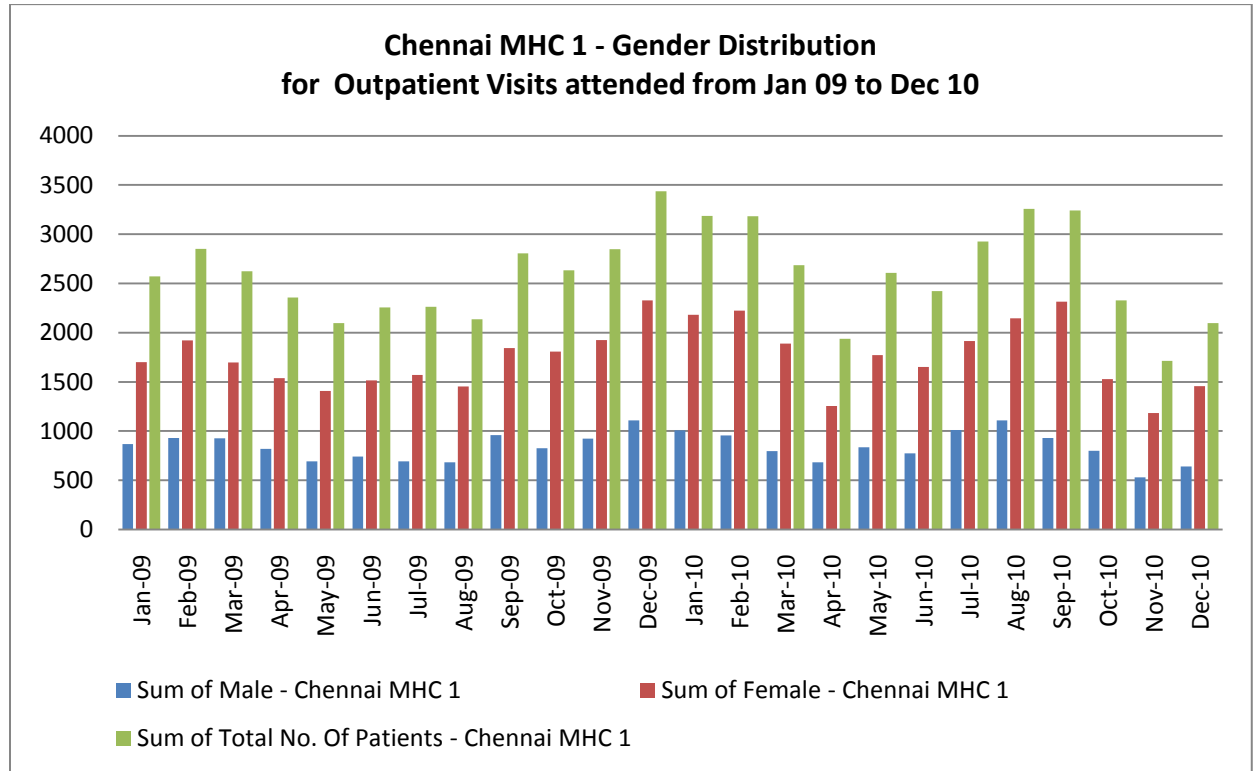
For the want of clarity with regards to classification between these age groups, a detailed graph is furnished below, which gives information about services availed by patients belonging to various age groups.



Given this level of information, it is now possible to conduct study to gain insights about impact of these services on various sections of the society and impact it has so far made on health of the income earning members.

## OutPatient Visits attended during Jan-2009 to Dec-2010 at MHC 1

Apart from supporting operations cost of MHC1, UC has also helped ISHA outreach in deploying several analytical tools and data base structures. Very high level analysis of services provided by MHC1 from January 2009 to December 2010 has been captured and presented in the below graphs.



MHC1 has served over **62 thousand** outpatient visits from Jan 2009 to December 2010. The distribution of out patient visits by female patients and male patients for each month has been furnished in the below table.

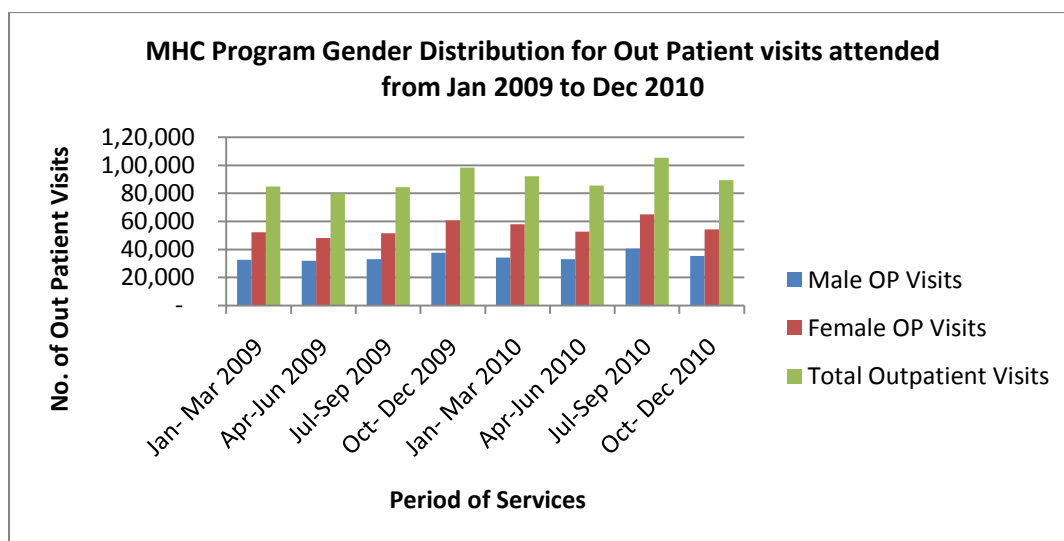
Month	Outpatient Visits- Male	Outpatient Visits- Female	Total Out-patient Visits
Jan-09	869	1701	2570
Feb-09	929	1922	2851
Mar-09	926	1697	2623
Apr-09	819	1537	2356
May-09	692	1406	2098
Jun-09	742	1514	2256
Jul-09	692	1569	2261
Aug-09	682	1454	2136
Sep-09	960	1844	2804
Oct-09	826	1807	2633

Nov-09	922	1925	2847
Dec-09	1109	2326	3435
Jan-10	1006	2181	3187
Feb-10	957	2225	3182
Mar-10	795	1889	2684
Apr-10	683	1256	1939
May-10	836	1770	2606
Jun-10	772	1651	2423
Jul-10	1012	1915	2927
Aug-10	1109	2147	3256
Sep-10	929	2313	3242
Oct-10	800	1527	2327
Nov-10	528	1184	1712
Dec-10	639	1457	2096
<b>Grand Total</b>	<b>20234</b>	<b>42217</b>	<b>62451</b>

### Analysis of services provided by Isha Mobile Health Clinics from Jan-2009 to Dec-2010

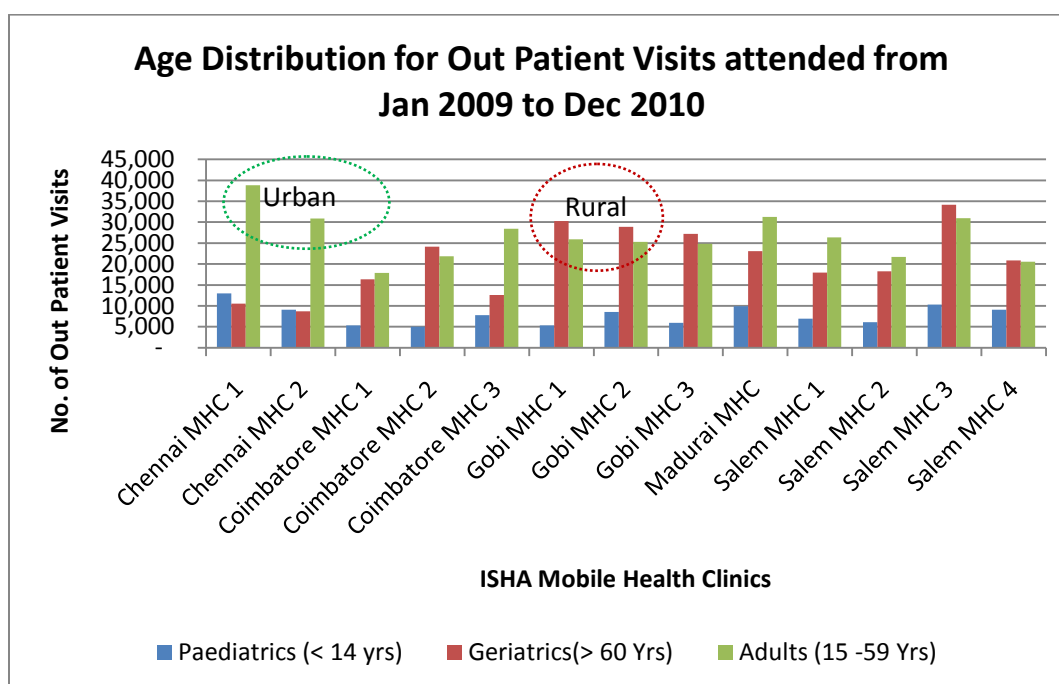
Isha Outreach and UC teams also relooked at the past data of the Mobile Clinics, and organized it in data formats which enable easy analysis of some of the performance indicators of the overall MHC program. This section presents some early analysis from the program for the period January 2009 to December 2010.

A total of **720,436** OutPatient visits were attended by all the 14 Mobile Clinics being operated by Isha Outreach, at an **average of 30,000** outpatient visits attended **per month**. The percentage of **female patients attended** for the overall program is **61.4%**. Below graphs gives details about gender wise distribution of Out patient visits for every quarter.



Period of Services	Male OP Visits	Female OP Visits	Total Outpatient Visits
Jan- Mar 2009	32,568	52,217	84,785
Apr-Jun 2009	31,796	48,209	80,005
Jul-Sep 2009	32,946	51,456	84,402
Oct- Dec 2009	37,496	60,772	98,268
Jan- Mar 2010	34,216	58,043	92,259
Apr-Jun 2010	33,005	52,640	85,645
Jul-Sep 2010	40,595	64,924	1,05,519
Oct- Dec 2010	35,346	54,207	89,553
<b>Total</b>	<b>2,77,968</b>	<b>4,42,468</b>	<b>7,20,436</b>

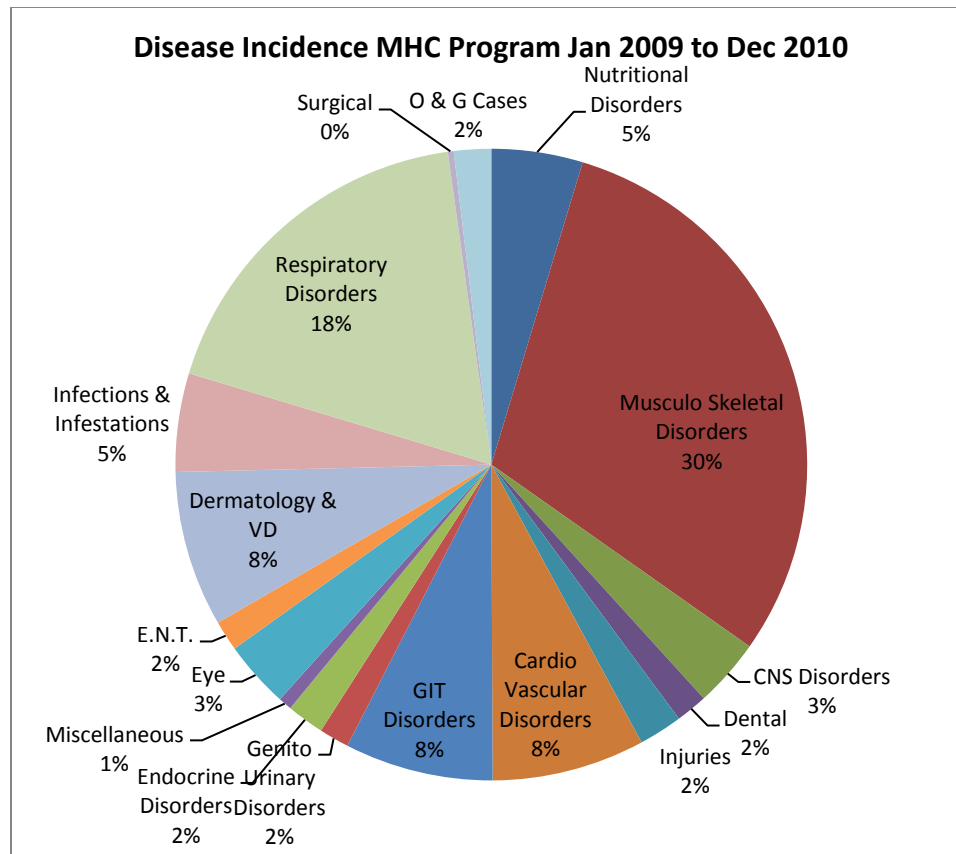
An interesting trend too is evident while comparing the age distribution of OutPatients attended between MHCs that operate in Rural versus Urban area. The clinics that operate in predominantly areas like Gobichettipalayam and Rural Salem have 50% of their patient visits belonging to Geriatric Category.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



<b>Mobile Health Clinics</b>	<b>Paediatrics (&lt; 14 yrs)</b>	<b>Geriatrics(&gt; 60 Yrs)</b>	<b>Adults (15 -59 Yrs)</b>
Chennai MHC 1	13,016	10,571	38,864
Chennai MHC 2	9,101	8,702	30,898
Coimbatore MHC 1	5,327	16,371	17,908
Coimbatore MHC 2	5,049	24,144	21,858
Coimbatore MHC 3	7,745	12,583	28,406
Gobi MHC 1	5,309	30,282	25,939
Gobi MHC 2	8,581	28,875	25,303
Gobi MHC 3	5,917	27,236	24,853
Madurai MHC	9,889	23,094	31,265
Salem MHC 1	6,929	17,968	26,398
Salem MHC 2	6,101	18,252	21,728
Salem MHC 3	10,329	34,192	30,928
Salem MHC 4	9,078	20,886	20,561
<b>Grand Total</b>	<b>1,02,371</b>	<b>2,73,156</b>	<b>3,44,909</b>

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.



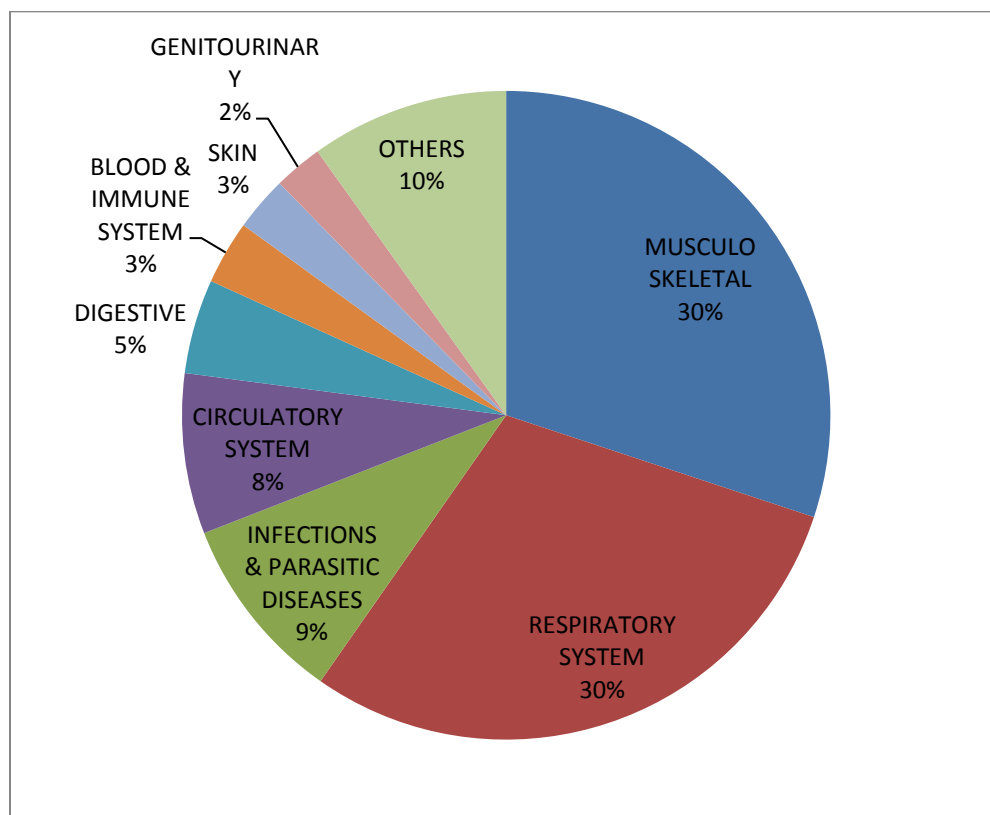


### Diagnosis and Disease Incidence at MHC 1 during November and December, 2010

The distribution of disease categories diagnosed at Chennai MHC1 for this period 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 Isha Outreach began to use the ICD-10 categorization of diseases, brought out by WHO, to categorize 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. Following tables show the details of diagnosis under ICD – 10 categorization and categorization followed by ISHA Outreach from earlier stages of the project.

ICD 10 Classification , Chennai MHC1 - for the period 07-Oct to Dec-2010								
S NO	ICD 10 CHAPTER	ICD 10 CODE	DIAGNOSIS CHAPTER	NO OF PATIENTS DIAGNOSED %				Group%
				Oct 7 - 31	Nov 1 - 30	Dec 1 - 31	Avg %	
1	13	M00 - M99	MUSCULO SKELETAL	29%	31%	31%	30%	69%
2	10	J00 - J99	RESPIRATORY SYSTEM	30%	29%	31%	30%	
3	1	A00 - B99	INFECTIONS & PARASITIC DISEASES	9%	9%	10%	9%	
4	9	I00 - I99	CIRCULATORY SYSTEM	6%	10%	8%	8%	21%
5	11	K00 - K93	DIGESTIVE	5%	4%	5%	5%	
6	3	D50 - D89	BLOOD & IMMUNE SYSTEM	5%	4%	2%	3%	
7	12	L00 - L99	SKIN	3%	2%	3%	3%	
8	14	N00 - N99	GENITO URINARY	2%	2%	3%	2%	
9	6	G00 - G99	NERVOUS SYSTEM	3%	1%	3%	2%	10%
10	19	S00 - T98	INJURY, POISONING	2%	3%	2%	2%	
11	4	E00 - E90	ENDOCRINE, NUTRITIONAL & METABOLIC	2%	2%	1%	1%	
12	7	H00 - H59	EYE	2%	1%	0%	1%	
13	23		DENTAL	1%	1%	1%	1%	
14	8	H60 - H95	EAR & MASTOID	0%	1%	1%	1%	
15	5	F00 - F99	MENTAL & BEHAVIOURAL	0%	0%	0%	0%	
16	2	C00 - D48	NEOPLASMS	0%	0%	0%	0%	
17	16	P00 - P96	PERINATAL	0%	0%	0%	0%	
18	15	O00 - O99	PREGNANCY, CHILD BIRTH, PUERPERIUM	0%	0%	0%	0%	
19	17	Q00 - Q99	CONGENITAL & CHROMOSOMAL	0%	0%	0%	0%	
20	22	U00 - U99	CODES FOR SPECIAL PURPOSES	0%	0%	0%	0%	
21	18	R00 - R99	NOT ELSEWHERE CLASSIFIED	0%	0%	0%	0%	
22	20	V01 - Y98	External causes of morbidity	0%	0%	0%	0%	
23	21	Z00 -Z99	Factors influencing Health status	0%	0%	0%	0%	
			TOTAL NO OF DIAGNOSIS	100%	100%	100%	100%	100%

Overview of Diagnosis details for the months of November and December 2010.



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.

### Out Patient Visits attended at MHC1 during Oct to Dec 2010 – Repeat Patient Analysis

With preliminary support for patient records digitization in place, we were able to gain key information like repeat patient percentage, distribution of various chief complaints amongst patients using MHC1 services with varying periodicity. Indicators showing utilization of services repeatedly by patients is very important to assess the efficacy of the services. Given the patients are from low income group families, availing services repeatedly at MHC 1 would mean significant positive impact on saving of out of pocket expenditure to avail basic health services.

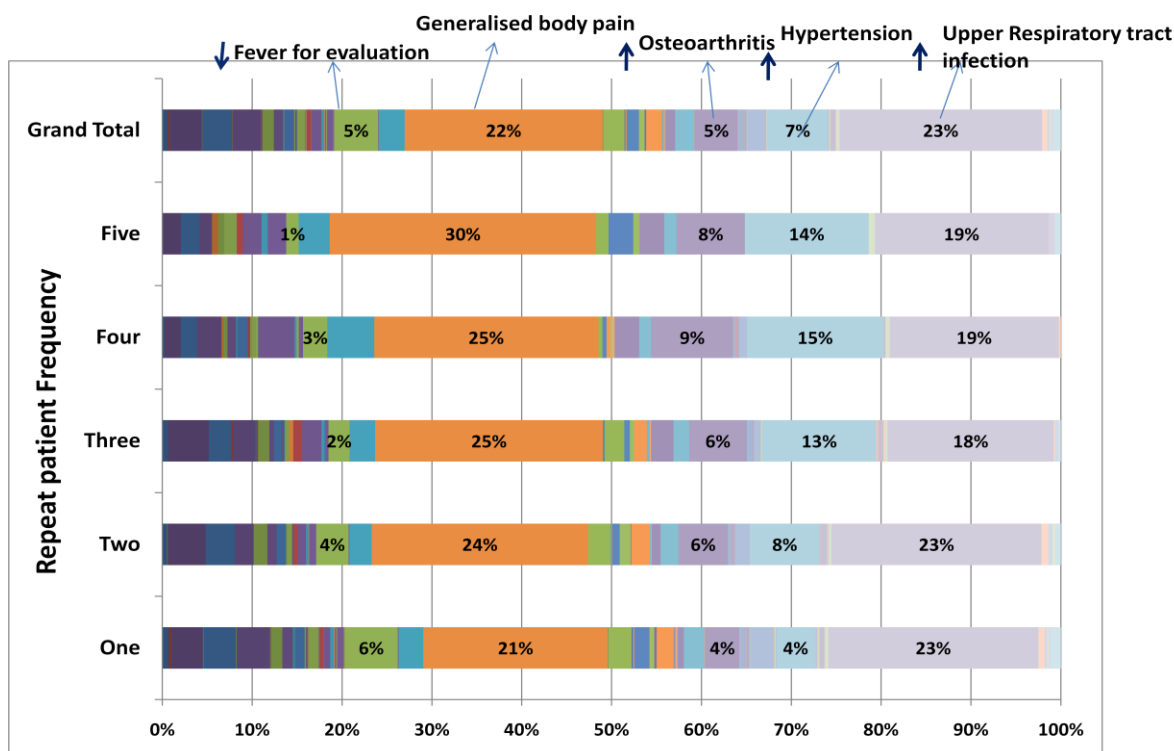
Below furnished tabular column gives clear understanding about number of patients who have utilized services provided by MHC1 more than once in the months of October, November and December, 2010.

ISHA Mobile Health Clinic- Chennai 1- Analysis from 7 Oct to 31 Dec 2010				
No of Repeat visits	No of patients	% of Patients	Group %	No of Out patient visits
1	3562	83%	83.30%	3562
2	457	11%	16.70%	914
3	158	4%		474
4	76	2%		304
5	22	1%		110
6	1	0%		6
7	1	0%		7
Grand Total	4277	100%	100%	5377

Approximately **17%** patients have utilized MHC1 services more than once during this period. It can be observed that, **22** patients have utilized these services over **5** times with in this period. Given the patient care records are digitized, we can specifically address the issues of patients who are bearing illnesses for longer periods of time.

## ISHA Mobile Health Clinic- Chennai 1- Analysis from 7 Oct to 31 Dec 2010

### Disease pattern for repeat vs one time visit patients



This level of information at doctors disposal can help deliver better services and also help us develop healthy referral practices. Disease patterns were identified for repeat patient and patients who visited one time to avail services. Below furnished graph shows disease pattern of five major chief complaints amongst the patients.

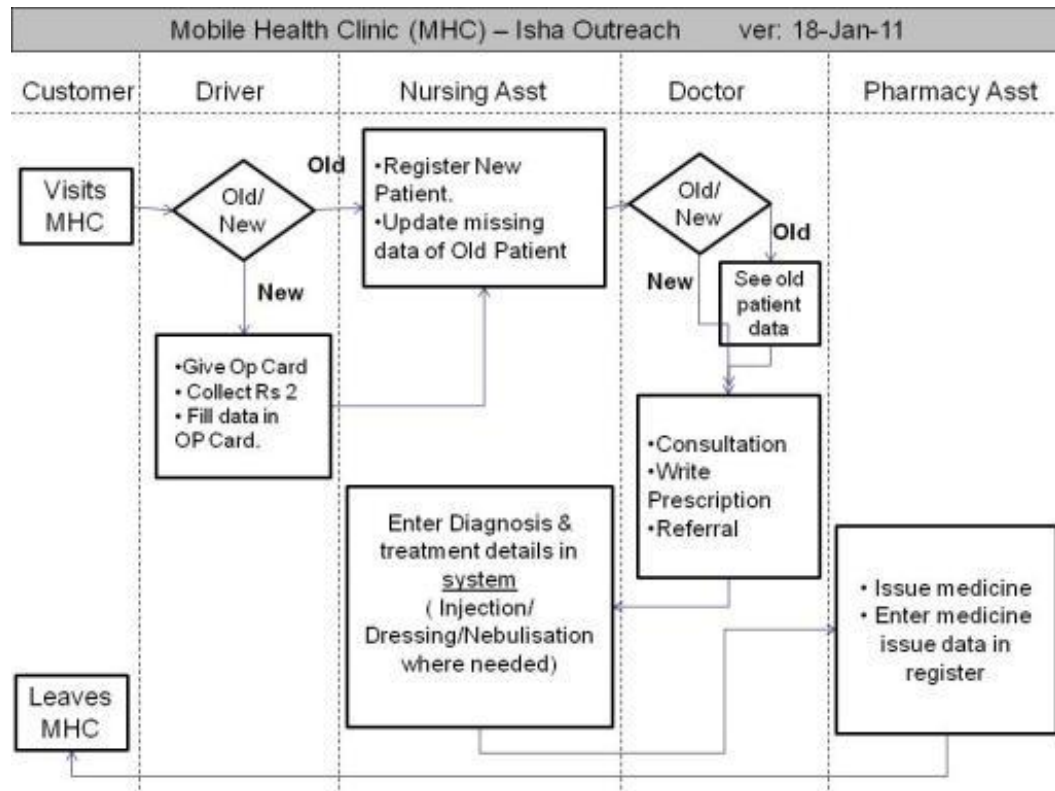
Fever, Generalized body pain, Osteoarthritis, Hypertension and Upper Respiratory tract infection are the most highly prevalent chief complaints in the localities where MHC1 serves. The above graph shows, in case of generalized body pain, osteoarthritis, hypertension, are showing increase trends of prevalence amongst the patients who have made more than one repeat visit to avail the MHC1 services. This can be indicative of efficacy of health services provided by MHC1 in case of patients suffering illness over prolonged periods are able to avail health services. But in case of Upper Respiratory tract infection and Fever, decreasing trend of incidence can be observed amongst the patients who made repeat visits. In case of Upper respiratory tract infection, the decreasing trend of incidence can be basically because of this chief complaint is seasonal. Data of this quality over the time can be highly valuable to provide better health services and also conduct public health research.

### 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 January 2011.

1. **Process 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 in the earlier results document. Follow this link to read earlier results document. [http://www.yousee.in/images/UC-RC-Isha\\_Outreach\\_Oct2010.pdf](http://www.yousee.in/images/UC-RC-Isha_Outreach_Oct2010.pdf)

Below published is the revised process flow , which has introduced patient registration process and digitization of the patient data.



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 Digitization:** 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

stabilized, 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. So far the data was captured in Open Spreadsheet.

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 for the diagnosis of patients for the period from October to December 2010 is presented below.
5. **Labeling of workstations :** All the work stations in the mobile health clinic have been labeled. This is to ensure better communication about the concerned work station to the patients and also to ensure better patient flow. Below picture highlights the labeling of workstations.



6. **Donor Acknowledgements :** A new process has been introduced to acknowledge the donors who are supporting this project by making post-paid donations. Below picture is snapshot of how currently donors are acknowledged on the ISHA Mobile Health Clinic.



## Acknowledging Post-paid Donors



7. **New Data Analysis:** made possible from the early digitization efforts is presented below. This analysis was done for the period 01-Nov-2010 to 01-Dec-2010 for Chennai MHC1. More reports will be made available in Result Documents in subsequent months:

The medicines given for the period between Oct to December, 2010 is given below. It shows that the top 5 medicines account for 60% of the consumption followed by the next 10 medicines accounting for 33% and the rest of the 8 medicines only account for 7% 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.

S No	TABLETS	Nov 1 - 30	Dec 1 - 31	Grand Total	%	Group %
1	DICLOFENAC	3,954	4,997	8,951	15%	60%
2	ANTACID	3,569	5,348	8,917	15%	
3	MVT	2,912	4,263	7,175	12%	
4	CPM	2,728	3,028	5,756	9%	
5	PARACETAMOL	2,176	3,715	5,891	10%	
6	CIPROFLOXACIN	1,139	2,030	3,169	5%	35%
7	DOXYCYCLINE				5%	

		1,093	1,752	2,845		
8	DEXAMETHASONE	1,290	1,767	3,057	5%	
9	AMOXICYCLIN	1,011	1,579	2,590	4%	
10	AMILODIPINE	895	956	1,851	3%	
11	DERIPHYLLINE	741	937	1,678	3%	
12	FIVE PHOS	534	1,311	1,845	3%	
13	ATENOLOL	937	712	1,649	3%	
14	PELVORIN	620	940	1,560	3%	
15	MAG PHOS	600	411	1,011	2%	
16	SUVASAKUDORI	401	329	730	1%	5%
17	PONNAVARAI	305	484	789	1%	
18	GLIBENCLAMIDE	334	405	739	1%	
19	METRONIDAZOLE	236	425	661	1%	
20	COTRIMOXAZOLE	242	-	242	0%	
21	METOCLOPRAMIDE	76	51	127	0%	
22	LOPERAMIDE	45	79	124	0%	
23	ALBENDAZOLE	10	16	26	0%	
	<b>Total</b>	<b>25,848</b>	<b>35,535</b>	<b>61,383</b>	<b>100%</b>	<b>100%</b>

## 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	Instrument Type, No, Date	Amount Transferred to Isha Outreach (INR)	Debited to Project	Amount Spent for Project (INR)	Closing Balance with Isha Outreach (INR)
1	12-Oct-10	Cheque: 462158, dated 01-Oct-10	75,000			75,000
2	31-Oct-10			Mobile Health Clinic-1 at Chennai for October 2010	52,267	22,733
3	19-Nov-10	Cheque: 462164, dated 03-Nov-10	75,000			97,733
4	30-Nov-10			Mobile Health Clinic-1 at Chennai for November 2010	51,621	46,112
5	21-Dec-10	Cheque: 462172, dated 21-Dec-10	10,000			56,112
6	31-Dec-10			Mobile Health Clinic-1 at Chennai for December 2010	53,384	2,728
<b>Total</b>			<b>1,60,000</b>		<b>1,57,272</b>	

## How was the fund spent on the project?

### Statement for the Period of November-2010:

Number of OutPatient Visits attended by MHC 1 in November 2010: **1,713**

Cost Item	Cost	MHC1 Monthly Cost	%	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	2,500	2,500	5%			
Pharmacy Assistant	3,150	3,150	6%			
Driver	4,750	4,750	9%			
Acting Driver	2,000	2,000	4%			
	<b>21,400</b>		<b>41%</b>	<b>12</b>		
<b>Medicines Consumed</b>	<b>11,850</b>		<b>23%</b>	<b>7</b>	<b>29,210</b>	<b>17</b>
<b>Fuel</b>	<b>3,950</b>		<b>8%</b>	<b>2</b>		
<b>Overheads</b> (50% of the overheads for 2 mobiles clinics is assigned to MHC 1)						
Cook for Chennai Office	2,867	1,434	3%			
Office Admin	2,650	1,325	3%			
Office Vehicle - Fuel Cost	1,000	500	1%			
Office Admin and Maintenance	22,325	11,163	22%			
	<b>14,421</b>		<b>28%</b>	<b>8</b>		
<b>Total Operating expenses incurred (i)</b>			<b>51,621</b>	<b>100%</b>	<b>30</b>	
<b>Consultation Fee</b>				<b>Free</b>	<b>1,71,300</b>	<b>100</b>
<b>Total Estimated Market Cost for OutPatient Visits</b>					<b>2,00,510</b>	<b>117</b>
<b>Value Created by Your Donation (B/A):</b>				<b>4 times</b>		
<b>Total Cost Incurred during Nov 2010</b>						
			<b>51,621</b>			

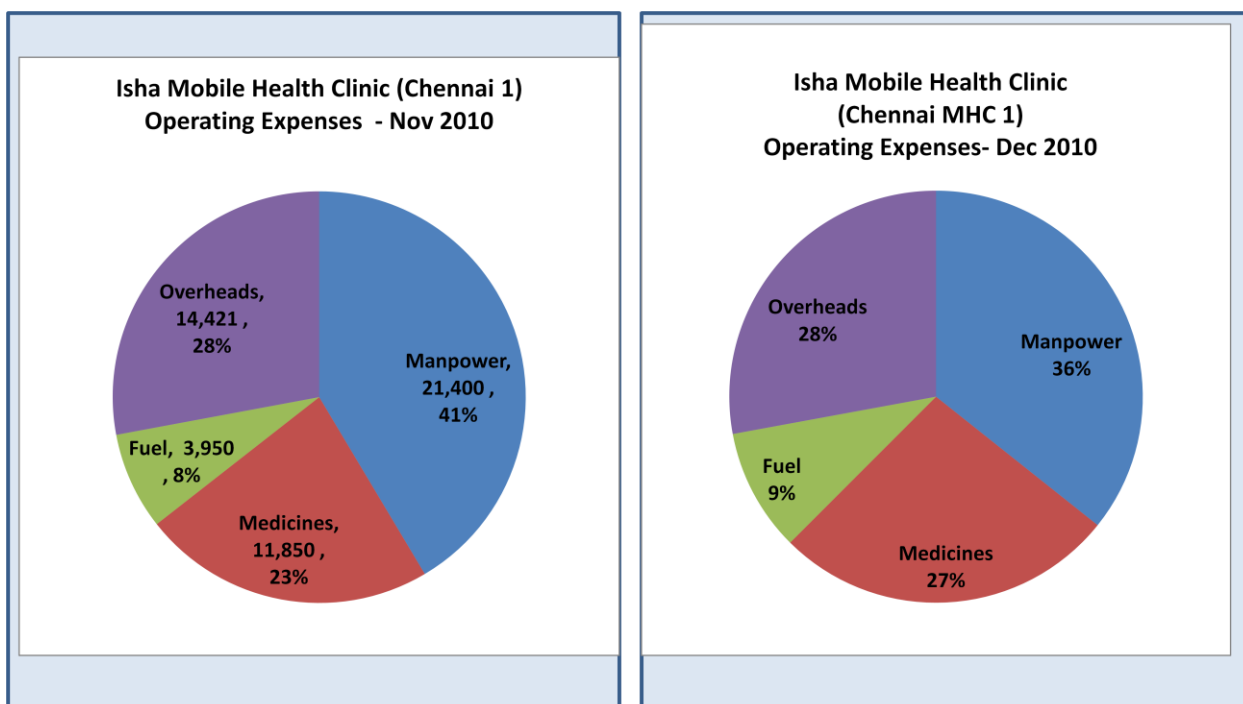
## Statement for the Period of December-2010:

Number of OutPatient Visits attended by MHC 1 in December 2010: 2,192

Cost Item	Cost	MHC1 Monthly Cost	%	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	1,917	1,917	4%			
Pharmacy Assistant	3,150	3,150	6%			
Driver	5,000	5,000	9%			
		<b>19,067</b>	<b>36%</b>	<b>9</b>		
<b>Medicines Consumed</b>		<b>14,282</b>	<b>27%</b>	<b>7</b>	<b>47,525</b>	<b>22</b>
<b>Fuel</b>	5140	<b>5140</b>	<b>10%</b>	<b>2</b>		
<b>Overheads</b> (50% of the overheads for 2 mobiles clinics is assigned to MHC 1)						
Cook for Chennai Office	3,500	1,750	3%			
Office Admin	2,650	1,325	2%			
Office Vehicle - Fuel Cost	1,000	500	1%			
Office Admin and Maintenance	22,640	11,320	21%			
		<b>14,895</b>	<b>28%</b>	<b>7</b>		
<b>Total Operating expenses incurred</b>		<b>53,384</b>	<b>100%</b>		<b>24</b>	
<b>Consultation Fee</b>				<b>Free</b>	<b>2,19,200</b>	<b>100</b>
<b>Total Estimated Market Cost for OutPatient Visits</b>					<b>2,66,725</b>	<b>122</b>
<b>Value Created by Your Donation (B/A):</b>				<b>5 times</b>		
<b>Total Cost Incurred during Dec 2010</b>		<b>53,384</b>				

It is evident from the above table 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 incurred for the month of November and December 2010 is provided below.



### 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 documented through direct visits by UC team. UC team has visited MHC1 operations in Chennai and as well visited Isha Outreach Head office at various points of time.

Month of Visit	Date	Visit to
September	1st Sep,10	Chennai MHC 1
September	20th & 21st Sep,2010	ISHA Outreach Head Office
October	6th Oct,2010	Chennai MHC 1
October	19th Oct,2010	Chennai MHC 1
October	12th & 13th Oct, 2010	Chennai MHC 1
October	27th Oct,2010	Chennai MHC 1
November	12th & 13th Nov, 2010	Chennai MHC 1
December	1st Dec, 2010	Chennai MHC 1
December	21st & 22nd Dec,2010	Chennai MHC 1
January	21st Jan, 2010	Chennai MHC 1

During these visits, UC team has audited the fund utilization statements and also reviewed the operations and captured the data needed for analysis of the services.

## Conclusion

This is the second 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 three months of the project. We hope to further work on deploying database solutions for the Chennai MHC 1 . A simple Database application is now being deployed in 2 of the mobile health clinics in Chennai. This software is provided by Swasthindia, Mumbai based Social enterprise. The digitization of data is now going to permit a much higher level of data analysis of the health services being provided. 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 Battary	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	Astalakhmi 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 November 2010

Chennai- Medicines Consumption Report - Nov' 2010							
M. No	Tablets	Packs	Consumed Qty	Rate	MRP	Cost	Cost at MRP
1	Amoxycilline D.T.	250mg	1266	0.62	4.80	784.92	6076.80
2	Doxycycline.T	100mg	1388	0.50	0.55	694.00	763.40
3	Ciprofloxacin.T	500mg	1148	1.00	6.36	1148.00	7301.28
4	Calcium.T		0	0.0448	0	0.00	0.00
5	Metronidazole.T	400mg	407	0.40	0.66	162.80	268.62
6	Cotrimoxazole.S.T	80+400	341	0.40	0.55	136.40	187.55
7	Multivitamin.T		3622	0.07	0.15	253.54	543.30
8	Ferrous Sulphanate.T		0	0.00	0.00	0.00	0.00
9	Paracetamol.T	500mg	2089	0.16	0.36	334.24	752.04
10	Dicyclomin + Paracetamol T		0	0.00	0.00	0.00	0.00
11	Lopramide.T	2mg	68	0.06	0.14	4.08	9.52
12	Metoclopramide.T	12mg	104	0.07	0.16	7.28	16.64
13	CPM.T	4mg	3000	0.02	0.04	60.00	120.00
14	T.Diclo	50mg	4258	0.07	0.20	298.06	851.60

15	Dexa.T	0.5mg	1302	0.09	0.15	117.18	195.30
16	Antacid.T	500+250	3872	0.16	0.31	619.52	1200.32
17	Deriphylline.T	100mg	765	0.11	0.22	84.15	168.30
18			0	0.00	0.00	0.00	0.00
19	Albendazole.T	400mg	61	0.70	0.80	42.70	48.80
21	Amilodipine	5mg	900	0.15	0.41	135.00	369.00
22	Atenolol	50mg	937	0.23	1.46	215.51	1368.02
23	Glibenclamide	5mg	400	0.07	1.72	28.00	688.00
24	Merformin.T		0	0.00	0.00	0.00	0.00
25	Genta E/E drops	5ml	152	4.00	14.00	608.00	2128.00
26	Cough Syrup	4.5lts	8	135.00	210.00	1080.00	1680.00
27	Anatacid - gel	180ml	4	230.00	480.00	805.00	1680.00
28	Para Susp	4.5lt	0	235.00	480.00	58.75	120.00
29	Metro F	4.5lts	0	0.00	0.00	0.00	0.00
30	Povidine Iodine	250g	2	57.00	120.00	114.00	240.00
31	Whit Field ointment	900g	0	0.00	0.00	0.00	0.00
32	Silver Sulpha	250g	1	78.00	150.00	78.00	150.00
Total Amount						7869.13	26926.49
<b>Injections</b>							
1	Diclofenac.inj	30ml	16	4.75	26	76.00	416.00
2	CPM	30ml	2	3.50	15.00	7.00	30.00
3	Paracetamol.inj	30ml	1	6.80	18.00	6.80	18.00
4	Dexamethasone.inj	30ml	2	18.00	35.00	36.00	70.00
5	Deriphylline.inj	2ml	14	1.00	2.00	14.00	28.00
6	Dicyclomine .inj	30ml	0	4.75	30	0.00	0.00
7	Xylocaine	30ml	0	5.00	0.00	0.00	0.00
8	Metoclopramide.inj	30ml	0	5.00	20.00	0.00	0.00
9	Gentamycin.inj	30ml	9	13.75	52	123.75	468.00
10	B Complex	6ml	12	3.75	18	45.00	216.00
11	Disposable syringe	3ml	650	1.16	5.5	754.00	3575.00
12	Asthalin Solution		0	0	0		0.00
13	Needle (23&24Gauge)		13	0.43	2	5.59	26.00
	<b>Surgical Medicine</b>	<b>Dosage</b>	0				0.00
14	Cetrimide	450ml	0	33.65	50	0.00	0.00
15	Cotton big bundle	450gm	0.25	56.38	183	14.10	45.75
16	Hydrogen peroxide	450ml	0	5.18	15	0.00	0.00
17	Savlon	1 ltr	0	0.00	0.00	0.00	0.00
18	Surgical Gauze	100cm	1	0.5	5.6	0.50	5.60
19	Surgical Plaster	10cm	0.5	70.02	190	35.01	95.00
20	Surgical Spirit	450ml	0.25	23.50	60.00	5.88	15.00
21	Povidone Iodine Solution	450ml	1	17.50	78.00	17.50	78.00

	<b>Emergency Medicine</b>		0				0.00
22	5% dextrose	500ml	0	10.25	0	0.00	0.00
23	Adrenaline.inj	1ml	0	0.00	0.00	0.00	0.00
24	Atropine.inj	1ml	0	0.00	0.00	0.00	0.00
25	Diazepam.inj	10ml	0	0.00	0.00	0.00	0.00
26	DNS	500ml	0	11.07	0	0.00	0.00
27	Dopamine.inj	10ml	0	0.00	0.00	0.00	0.00
28	Hydrocortisone	250mg	0	0.00	0.00	0.00	0.00
29	I.V.Set		0	4.00	0.00	0.00	0.00
30	Frusemide	2ml	0	0.00	0.00	0.00	0.00
31	NS	500ml	0	11.07	0	0.00	0.00
32	Scalpvan needle		0	3.50	0.00	0.00	0.00
	<b>Total</b>					<b>1141.12</b>	<b>5086.35</b>
Alternative Medicines							
A1	Pentapause		940	0.0612	0.26	57.53	244.40
A2	Wormorid		0	0.00	0.00	0.00	0.00
A3	Swasakudori		484	0.1755	0.26	84.94	125.84
A4	Pelvorin		1144	0.05896	0.09	67.45	102.96
A5	Mag Pause		1700	0.04215	0.08	71.66	136.00
A6	Aloes Compound		0	0.00	0.00	0.00	0.00
A7	FP 200		54	0.1474	0.24	7.96	12.96
A8	Ponnavarai		416	0.4455	0.69	185.33	287.04
A9	Himcocid .T		0	0.00	0.00	0.00	0.00
A10	Himcocid Gel		0	0.00	0.00	0.00	0.00
A11	Kof Off		0	0.00	0.00	0.00	0.00
A12	Pinda Thylam		1.75	600.00	600.00	1050.00	1050.00
A13	Punga Thylam		0.5	650.00	650.00	325.00	325.00
A14	Calendula Ointment		11	90.00	90.00	990.00	990.00
						<b>2839.86</b>	<b>3274.20</b>

## Medicines Given in Chennai MHC1 during December 2010

Chennai- Medicines Consumption Report - Dec' 2010							
M. No	Tablets	Packs	Consumed Qty	Pur Rate	MRP	Cost	Cost at MRP
1	Amoxycilline D.T.	250mg	1680	0.62	4.80	1041.60	8064.00
2	Doxycycline.T	100mg	1812	0.50	0.55	906.00	996.60
3	Ciprofloxacin.T	500mg	2252	1.00	6.36	2252.00	14322.72
4	Calcium.T		0	0.0448	0	0.00	0.00
5	Metronidazole.T	400mg	391	0.40	0.66	156.40	258.06
6	Cotrimoxazole.S.T	80+400	174	0.40	0.55	69.60	95.70
7	Multivitamin.T		4431	0.07	0.15	310.17	664.65

8	Ferrous Sulphanate.T		0	0.00	0.00	0.00	0.00
9	Paracetamol.T	500mg	3719	0.16	0.36	595.04	1338.84
10	Dicyclomin + Paracetamol T		0	0.00	0.00	0.00	0.00
11	Lopramide.T	2mg	50	0.06	0.14	3.00	7.00
12	Metoclopramide.T	12mg	67	0.07	0.16	4.69	10.72
13	CPM.T	4mg	3158	0.02	0.04	63.16	126.32
14	T.Diclo	50mg	5326	0.07	0.20	372.82	1065.20
15	Dexa.T	0.5mg	1780	0.09	0.15	160.20	267.00
16	Antacid.T	500+250	5254	0.16	0.31	840.64	1628.74
17	Deriphylline.T	100mg	1115	0.11	0.22	122.65	245.30
18			0	0.00	0.00	0.00	0.00
19	Albendazole.T	400mg	73	0.70	0.80	51.10	58.40
21	Amilodipine	5mg	1000	0.15	0.41	150.00	410.00
22	Atenolol	50mg	815	0.23	1.46	187.45	1189.90
23	Glibenclamide	5mg	585	0.07	1.72	40.95	1006.20
24	Merformin.T		0	0.00	0.00	0.00	0.00
25	Genta E/E drops	5ml	117	4.00	14.00	468.00	1638.00
26	Cough Syrup	4.5lts	8	135.00	210.00	1080.00	1680.00
27	Anatacid - gel	180ml	4	230.00	480.00	920.00	1920.00
28	Para Susp	4.5lt	0	235.00	480.00	58.75	120.00
29	Metro F	4.5lts	0	0.00	0.00	0.00	0.00
30	Povidine Iodine	250g	2	57.00	120.00	114.00	240.00
31	Whit Field ointment	900g	0	0.00	0.00	0.00	0.00
32	Silver Sulpha	250g	1	78.00	150.00	97.50	187.50
Total Amount						10065.72	29476.85
<b>Injections</b>							
1	Diclofenac.inj	30ml	11	4.75	26	52.25	286.00
2	CPM	30ml	1	3.50	15.00	3.50	15.00
3	Paracetamol.inj	30ml	1	6.80	18.00	6.80	18.00
4	Dexamethasone.inj	30ml	3	18.00	35.00	54.00	105.00
5	Deriphylline.inj	2ml	32	1.00	2.00	32.00	64.00
6	Dicyclomine .inj	30ml	0.75	4.75	30	3.56	22.50
7	Xylocaine	30ml	0	5.00	0.00	0.00	0.00
8	Metoclopramide.inj	30ml	0	5.00	20.00	0.00	0.00
9	Gentamycin.inj	30ml	9	13.75	52	123.75	468.00
10	B Complex	6ml	12	3.75	18	45.00	216.00
11	Disposable syringe	3ml	991	1.16	5.5	1149.56	5450.50
12	Asthalin Solution		0	0	0		0.00
13	Needle (23&24Gauge)		10	0.43	2	4.30	20.00
	<b>Surgical Medicine</b>	<b>Dosage</b>	0				0.00
14	Cetrimide	450ml	0	33.65	50	0.00	0.00

15	Cotton big bundle	450gm	0.5	56.38	183	28.19	91.50
16	Hydrogen peroxide	450ml	0	5.18	15	0.00	0.00
17	Savlon	1 ltr	0	0.00	0.00	0.00	0.00
18	Surgical Gauze	100cm	2.5	0.5	5.6	1.25	14.00
19	Surgical Plaster	10cm	0.5	70.02	190	35.01	95.00
20	Surgical Spirit	450ml	0.75	23.50	60.00	17.63	45.00
21	Povidone Iodine Solution	450ml	0	17.50	78.00	0.00	0.00
	<b>Emergency Medicine</b>		0				0.00
22	5% dextrose	500ml	0	10.25	0	0.00	0.00
23	Adrenaline.inj	1ml	0	0.00	0.00	0.00	0.00
24	Atropine.inj	1ml	0	0.00	0.00	0.00	0.00
25	Diazepam.inj	10ml	0	0.00	0.00	0.00	0.00
26	DNS	500ml	0	11.07	0	0.00	0.00
27	Dopamine.inj	10ml	0	0.00	0.00	0.00	0.00
28	Hydrocortisone	250mg	0	0.00	0.00	0.00	0.00
29	I.V.Set		0	4.00	0.00	0.00	0.00
30	Frusemide	2ml	0	0.00	0.00	0.00	0.00
31	NS	500ml	0	11.07	0	0.00	0.00
32	Scalpvan needle		1	3.50	0.00	3.50	0.00
	<b>Total</b>					<b>1560.30</b>	<b>6910.50</b>
Alternative Medicines							
A1	Pentapause		923	0.0612	0.26	56.49	239.98
A2	Wormorid		0	0.00	0.00	0.00	0.00
A3	Swasakudori		408	0.1755	0.26	71.60	106.08
A4	Pelvorin		2256	0.05896	0.09	133.01	203.04
A5	Mag Pause		344	0.04215	0.08	14.50	27.52
A6	Aloes Compound		0	0.00	0.00	0.00	0.00
A7	FP 200		82	0.1474	0.24	12.09	19.68
A8	Ponnavarai		446	0.4455	0.69	198.69	307.74
A9	Himcocid .T		0	0.00	0.00	0.00	0.00
A10	Himcocid Gel		0	0.00	0.00	0.00	0.00
A11	Kof Off		0	0.00	0.00	0.00	0.00
A12	Pinda Thylam		1	600.00	600.00	600.00	600.00
A13	Punga Thylam		2	650.00	650.00	1300.00	1300.00
A14	Calendula Ointment		3	90.00	90.00	270.00	270.00
						<b>2656.38</b>	<b>3074.04</b>