

○ ANNUAL REPORT ○

1ST APRIL 1999 TO 31ST MARCH 2000

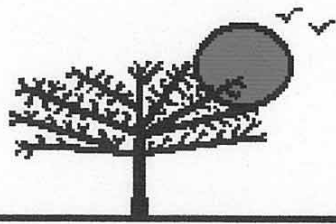
Final Report

for

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and

99-268-080



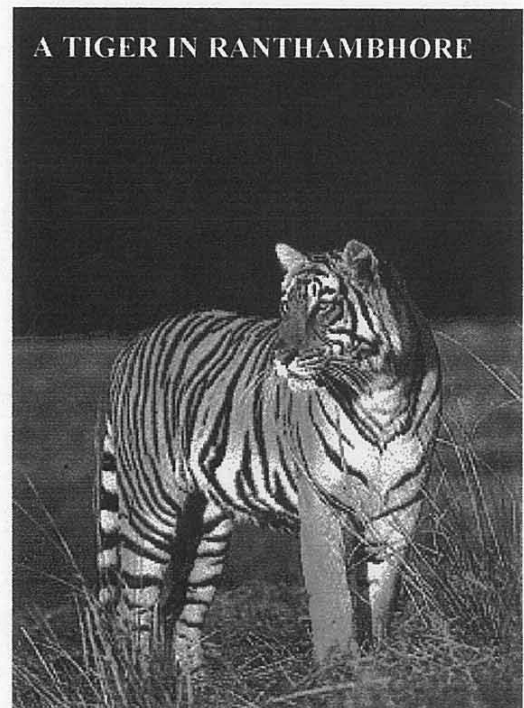
PRAKRATIK SOCIETY

Patients operated at the Clinic being given seedlings to plant by Mr & Mrs Mahadevia.



While it is important that the Tiger survives inside Ranthambhore National Park let us not forget that it is equally important for local people to coexist in harmony. Help us help them find alternatives.

A TIGER IN RANTHAMBHORE



**PRAKRATIK SOCIETY
RANTHAMBHORE SEVIKA
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ANNUAL REPORT

ENCOURAGING COMMUNITY PARTICIPATION IN ENVIRONMENT CONSERVATION THROUGH INNOVATIVE SOCIAL AND ECONOMIC DEVELOPMENT PROJECTS AROUND THE RANTHAMBHORE NATIONAL PARK.

BACKGROUND : Ranthambhore National Park is a fragile island of dry deciduous forest situated in the south-eastern region of Rajasthan. It is surrounded on two sides by the Chambal and Banas Rivers. The Aravali and Vindya Hill Ranges meet in Ranthambhore making the terrain hilly. As a result of this a vast majority of villages are difficult to reach due to a lack of motorable roads. Majority of the people living around the Park make their living through agriculture and animal husbandry. As a result there is a great amount of dependence on the National Park for fuel wood and fodder. In 1973 when India launched its first major Tiger Conservation project called "Project Tiger" approximately 70,000 people lived in the 96 odd villages and two townships surrounding the park. Today over 200,000 people inhabit the same area. Although forest produce extraction continues to remain at a subsistence level the sheer number of people make even this unsustainable. Though the population has multiplied many fold virtually no development (social or economic) has taken place in the area. Literacy is an appalling 6% among girls and 36% among boys. Hundreds of children continue to be crippled by polio and other preventable diseases. Maternal child mortality remains very high. The human population continues to grow at a staggering 3.2%. Tuberculosis is rampant along with other diseases like malaria. Malnutrition is very common in children.

Considering the above socio-economic parameters it would be virtually impossible to even begin talking to the local people about the environment and the Tiger. For the average person the most pressing worry is tomorrow's bread, the Tiger probably does not even exist in his brain.



A scene of Ranthambhore National Park with the Fort in the backdrop.

It was considering these very issues that the group of people that today form Prakratik as an organisation started their work with the people in 1989. They latter formed Prakratik Society in 1994 as a registered charitable society.



Degraded landscape outside the Park due to overgrazing by non-productive cattle.

INTRODUCTION :

Prakratik Society is a registered charitable society working around the Ranthambhore

National Park for the past six years. Its objective is to provide

Primary Health Care and Family Planning services to the local communities living around the Ranthambhore Tiger Reserve and to promote environment conservation through the implementation of projects like Dairy Development, Alternate Energy and Afforestation. In doing so not only has the living conditions of these people improved but as a result of our activity there

is a perceptible increase in the awareness regarding the Tiger and its habitat in the minds of the local people. This has helped them understand and actively participate in the protection of this beautiful forest and its bio-diversity. They are very much aware of the fact that without the existence of the Park they would become environmental refugees seeking employment in the already overcrowded cities.

Unfortunately the staggering population growth in the region is putting increasing pressure on the people to illegally extract forest produce from this fragile ecosystem at unsustainable rates. Soil erosion and land degradation is already taking its toll by decreasing productivity. Underground water levels are falling and land is becoming more and more fragmented. With the birth of each child the land per person is becoming less and less requiring more and more intensive farming which needs expensive fertilisers and pesticides for which there is no support. The result is that with each year passing more and more people that were once self-employed on their lands are becoming unemployed. This is further putting pressure on the park as increasing numbers of people are going in everyday to extract fuel wood and fodder to help supplement their income.

Prakratik Society in its efforts of sustainable development through good quality Health Care, Family Planning, Dairy Development and Alternate Energy services hopes to do two things firstly, improve the existing living conditions of the people and secondly, use the trust thus generated to create a better understanding of the environment thus helping the local people in making the right choices with regard to their environment. Our programs are designed to help the local people to adopt lifestyles that will help them become economically more self-reliant while at the same time being less detrimental to their immediate environment.

Through the health care program Prakratik Society has been actively promoting family planning programs in the region. With current population growths it will be impossible for any developmental project to keep up. It is estimated that one person requires a minimum of 1.1 kg of fuel wood per day to meet his energy need for cooking alone. Considering that an average Indian will live for 60 years, 24 tons of wood could be saved with each birth that is averted. Using this argument one does not have to try hard to understand the devastation that the 6000 odd births every year around Ranthambhore will cause in the future if no effort at reducing this rate is made today.

Prakratik Society has for the past one year been maintaining a Dairy Demonstration farm on the periphery of the Park. The objectives of the farm are to educate the local people in adopting better animal husbandry practices through hands-on experience at the farm. In this way they learn about growing different kinds of fodder and about better quality cattle that can give them 10 times more milk as compared to the existing cattle. By doing so not only the productivity per cattle increases but this in turn reduces the need to have as many cattle to produce the same quantity of milk, an important factor for the reduction in the number of cattle per person. At the same time this encourages stall feeding which in turn means less cattle going into the Park for grazing.

This project of Dairy Development has been linked with alternate energy using biogas. Once the cattle are stall fed cow dung becomes easily available for use in creating methane for cooking.

To help further promote environment conservation in the region Prakratik Society works very closely with the Ranthambhore Foundation in promoting afforestation and non-formal environment education.

THE TARGET AREA AND BENEFICIARY POPULATION :



MAP OF RANTHAMBHORE NATIONAL PARK

The target area is situated along all around the Park comprising a total population of over 200,000 people.

Most of these people depend on agriculture and animal husbandry for their lively hood, 32% belong to the Meena tribe , 25% are Gujjars, 13% are Berwas, 6% are Muslims, 5% are Jats and Rajputs and the rest are miscellaneous.

STAFF :

Prakratik Society is made up of a very small team of 12 permanent staff and 16 honorary Village Health Workers (VHW's). The permanent staff comprises of one doctor, one nurse, one auxiliary

nurse midwife, one laboratory technician cum optometrist, three field educators, one project coordinator cum accounts officer, two nursing-aids, one driver and one peon cum watchman.

The Society is headed by Dr. G. S. Rathore who has grown up in Ranthambhore and seen first hand the metamorphosis of the Park from being unknown in the early seventies to becoming the most famous Tiger reserve by the mid eighties. As the son of the most famous Park Director in Ranthambhore, aptly referred to as the father of Ranthambhore, Dr. Rathore's commitment to the Park and its people goes beyond the call of duty. He started his work with the Ranthambhore Foundation in 1989 in an honorary capacity as Field Director. In this position he has guided and administered the Foundations field work in the region which has been pioneering in nature. He latter joined Parivar Seva Sanstha (PSS), the Indian branch of Marie Stopes International in 1990 taking over their mobile health care project serving thirteen villages along the northern periphery of the Park. In 1994 as a result of policy differences with PSS Dr. Rathore launched his own Society called Prakratik Society which took over from the PSS project and now serves 40 villages directly using a mobile van. Dr. Rathore also works in an Honorary capacity as Chairman of the Ranthambhore School of Art and Convenor of INTACH two NGO's working in the area promoting Art and Culture.

SERVICES RENDERED

GENERAL OPD :

During the year over 17000 people were seen in the out patient department. The main ailments were diarrhoea, malaria, scabies, amoebiasis, boils, middle ear infectious, URTI, UTIs, skin disease (mainly ringworm infestations) etc. Some people have been given treatment for Pulmonary Tuberculosis using the short course chemotherapy for six-months.

These services were provided mainly at our newly constructed Health Centre in Sherpur Village. We have also been providing health care to remote villages using two vehicles. The mobile service

was able to reach 33 villages most of which are situated in very remote forest villages with out access to any road.

SPECIALITY CLINICS :

For the first time speciality related health services were provided at our Health centre situated in Sherpur village. It has two Operating Theatres and two wards and enough extra space to house more than 200 patients during an eye camp. At this centre we were able to provide highly specialised surgical care using state of the art equipment to patients suffering from a wide range of ailments ranging from Kidney Stones, Hernia, Hydrocele, Prostrate enlargement, perforated ear drums etc. For the first time Laproscopic Surgery is also being provided in the District with a population of 2 million people. In this manner 61 Surgeries were provided in four surgical camps. Specialised microsurgical reconstruction and other ENT Surgeries was provided to another 15 people. (See enclosures)

Since one year this centre is the only Ophthalmic Hospital providing much needed Ophthalmic care to the hundreds of people living in the region. In the past one year we have been able to provide highly sophisticated Ophthalmic Surgery to 706 people of which 512 were Intra-ocular Lens Implant Surgeries for Cataract.

FAMILY PLANNING :

This has been an activity which has been the main thrust of the project. Although we distribute condoms and Oral Pills supplied by the Government free of cost, we do not quantify the Condom distribution in terms of user benefit as it is extremely difficult to asses how much of it is actually used and how much of it is blown into balloons. Therefore we have been trying for some years to introduce a scheme were condoms and oral pills are sold to the beneficiary at a subsidised rate. By this it can be said with certain conviction that the products were used for family planning only. For this we use the Pearl brand of oral pill and the 'Masti' brand of condoms.

Masti :During this period we have been able to sell 2279 packets of 'Masti' condoms to an average number of 97 beneficiaries per month. A total of 118 people used Masti during the year of these 21 did not continue regular use. Of those that used it regularly 22 were new couples added during the year while 75 were those carried over from previous years.

Mala N : 2357 cycles of Mala N were given to an average of 196 women per month and 911 cycles of Oral Pill Pearl was sold to an average of 76 women per month. total of 270 women used Mala N during the year of which 83 stopped use during the year. Of those who continued to use Mala N 58 were new additions during the year and 129 were carried over from the previous year.

Pearl Oral Pill : During the year 100 women chose to use Pearl as their method of oral contraception. Of these 30 stopped in between and of the remaining 21 were new users and 49 were carried over from the previous year. In total 911 packets of pearl were distributed to an average of 75 women per month.

CuT :Another 42 women were protected through the use of CuT an Intrauterines Contraception Device. The number of individuals who opted for the permanent method of contraception i.e. Sterilisation during the year was 185. In this manner the over all protection of eligible couples

during this year was 8% of all eligible couples, effectively providing protection to 597 eligible couples in the area.

If all CuT insertions since the start of the program are considered taking into consideration 25% drop out rate each year approx. 181 women or 2 % of all eligible couples in the target area are protected using CuT. This has effectively averted 356 births considering the Age-specific birth rate in Rajasthan as published in - "Rajasthan - The Health Scenario by IHMR, 1987."

Sterilisation : During the year 185 people chose to use sterilisation as their method of contraception.

Since the start of the program, 898 or 11 % of all eligible couples have been sterilised with the average age being 28 years. Considering Total Fertility Rates of Rajasthan as published in "Rajasthan - The Health Scenario by IHMR, 1987 " a total of 835 births have been averted as of 31st March 2000 and a cumulative total of 3242 births have been averted by sterilisation if total fertility of each woman is considered.

In this manner total Eligible couple protection in the target area is approximately 17.1% through our effort, without considering Nirodh distribution and 23.1% if Nirodh is considered.

Effectively this means that more than one entire years population growth has been stopped considering the span of a decade or one large village has been prevented from being added to the immediate vicinity of the Park.

VACCINATION :

During this period 666 children were given BCG, 616 children OPV & DPT 1st dose, 551 children were given OPV & DPT 2nd dose, 488 children were given OPV & DPT 3rd dose and another 420 children were given Measles. Through this effort we have effectively been able to provide full immunisation cover to 55% of all the children under one year of age in the target population.

Of the women seen for Ante-natal check-ups 380 were given TT I and another 195 were given TT II.

The vaccination program suffered a small set back due to a short fall in qualified manpower. As the health centre became busy with indoor patients the same man power was being used. We have put out an advertisement for nurses and hopefully this should not be a problem in the forthcoming year.

SCHOOL HEALTH :

Our team of Field Educators regularly visit different schools in the area to examine the children for signs of malnutrition, vit. A deficiency, anaemia etc. At the same time they talk to the children about preventive health care with emphasis on Malaria, Diarrhoea, Nutrition, Vaccination, Hygiene, Sanitation, Tuberculosis etc. During this year 181 such school visits were made in the area.

IEC ACTIVITIES :

During this period a team of dedicated Health Workers supported by Village Health Worker's (VHW's) have regularly visited peoples homes organisation small group meetings, mother's meetings etc. to explain to the people using flip charts about preventive health care and family planning. Our team visited more than 32831 homes and organised 707 mother's meetings and 695 group meetings.

TRAINING :

- **VHW Training :**

Monthly training workshops are organised at our base office in Sawai Madhopur and latter at the newly constructed clinic where all the VHW's and Field Educators come together and are taught about the various aspects of preventive health care and family planning methods by a Doctor. In this way 13 VHW's were given basic training in primary health care with special emphasis on child nutrition, pregnancy and delivery, immunisation first aid and Family Planning. These workers form the back bone of our outreach project.

ALTERNATE ENERGY :

This year for the first time a Project was launched with the Help of the Save the Tiger Fund to construct 50 bio-gas units in the villages situated along the periphery of the Park. To do this a format was created to help identify the farmers. This format was created to identify farmers according to land holding, number of cattle, number of family members, whether the cattle are stall fed or not, and whether water was available near by. Once these criteria were full filled then the farmer was asked to dig the pit and provide a trolley of sand for construction as his contribution to the project. He is also required to provide all the labour other than the mason for the construction of the plants.

Once this was done we would provide the trained Mason along with all the materials like bricks, cement, pipes, stoves and lamp.

In this manner 50 bio-gas units have been built and they are all working well. As a result of this activity alone 50 families have become self sufficient in their fuel wood requirement. As a result of this approximately 14.5 tons of fuel wood per year s saved considering the average consumption of 6.6 kgs of wood per person per day. (See enclosed Map and chart for details of Bio-gas plant sight and beneficiary list)

CONCLUSION :

It is only when the average persons most pressing and basic needs of food, education, health care and employment are taken care of that it is possible for him to consider saving the environment. Until this happens issues like the Tiger and its environment will continue to remain commodities that are to be used to make ends meet.

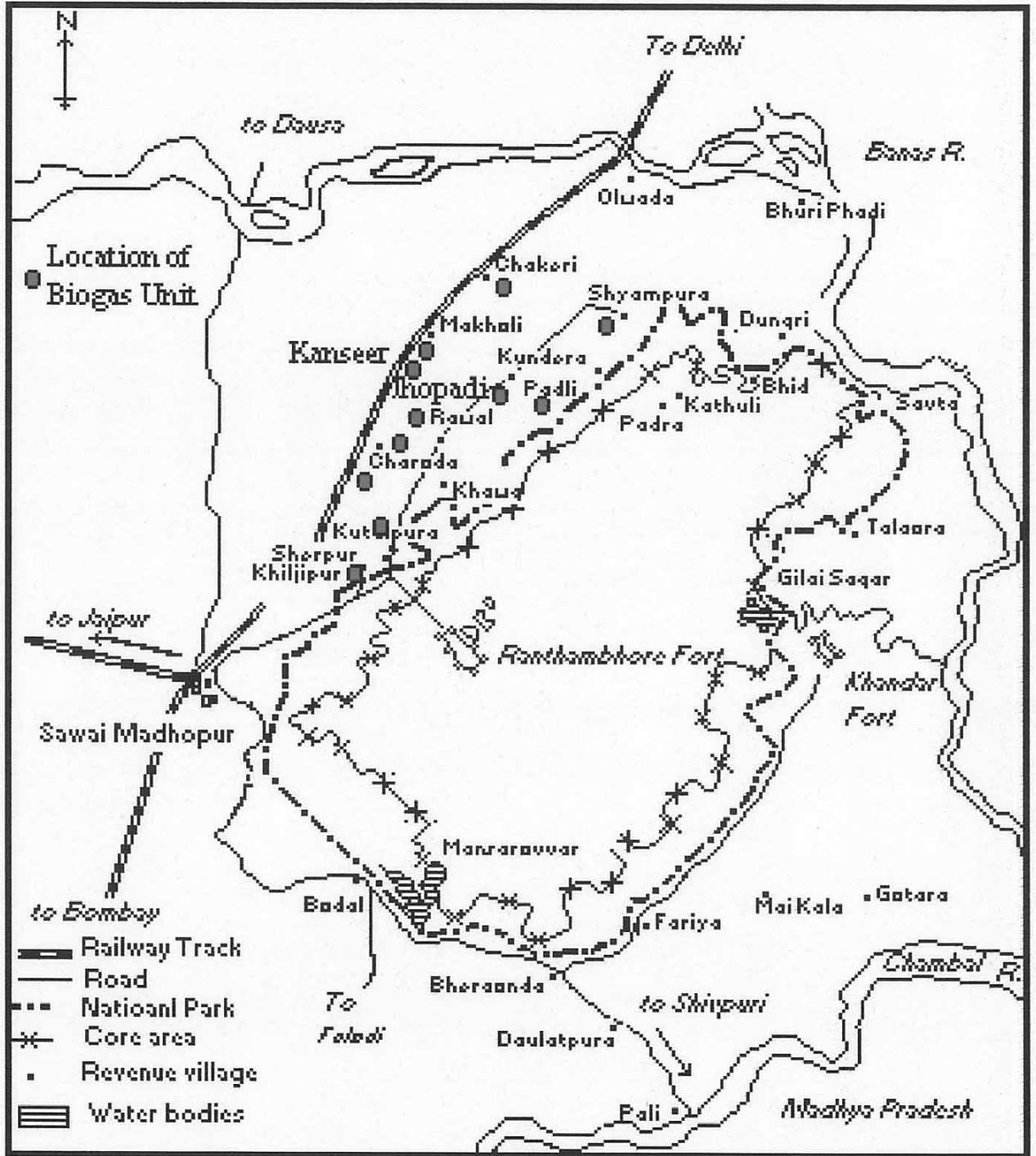
Prakratik Society in its efforts around the National Park aims to first address these very issues of survival by providing much needed health care and family planning, environment education,

alternate energy and income generation through better animal husbandry management. As the effects of environment degradation due to habitat destruction cannot be felt on a day to day basis it requires for a person to be far sighted to realise its true danger. Unfortunately for most people who struggle to even understand the complication of day to day existence looking into the distant future seems almost impossible.

It has been our experience that because of our concern for the well being of the local people with respect of their immediate needs we have been able to help them look into the distant future. Today an increasing number of people are participating in our environment conservation programs like dairy development, afforestation, alternate energy etc. and this we feel is the key to the long term survival of our endangered species like the Tiger and its habitat.

RANTHAMBHORE NATIONAL PARK

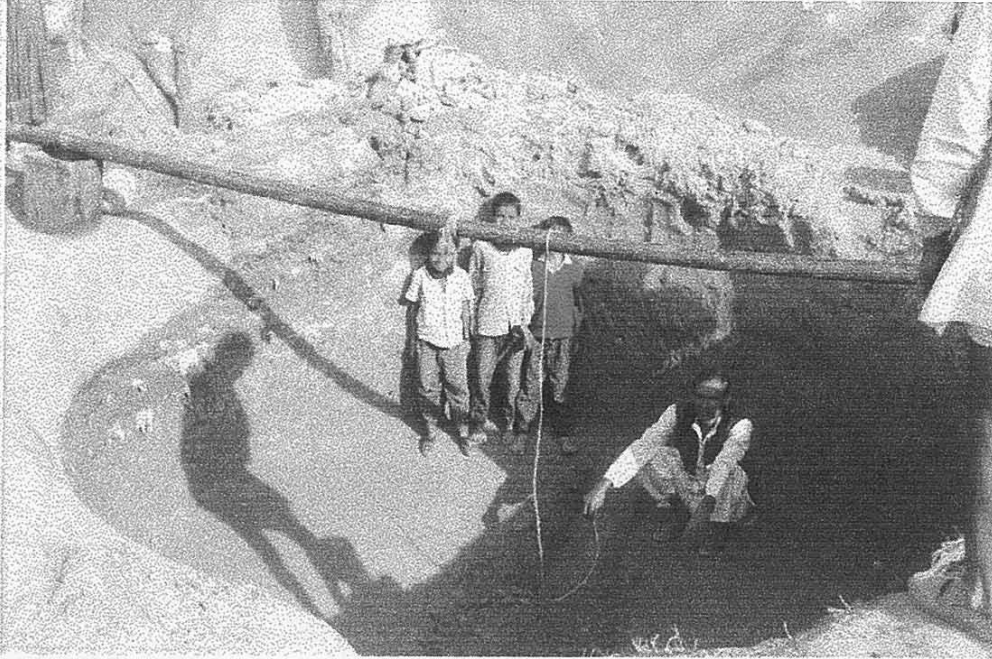
MAP SHOWING DETAILS OF BIO-GAS UNIT CONSTRUCTION : APRIL 1999 TO MARCH 2000



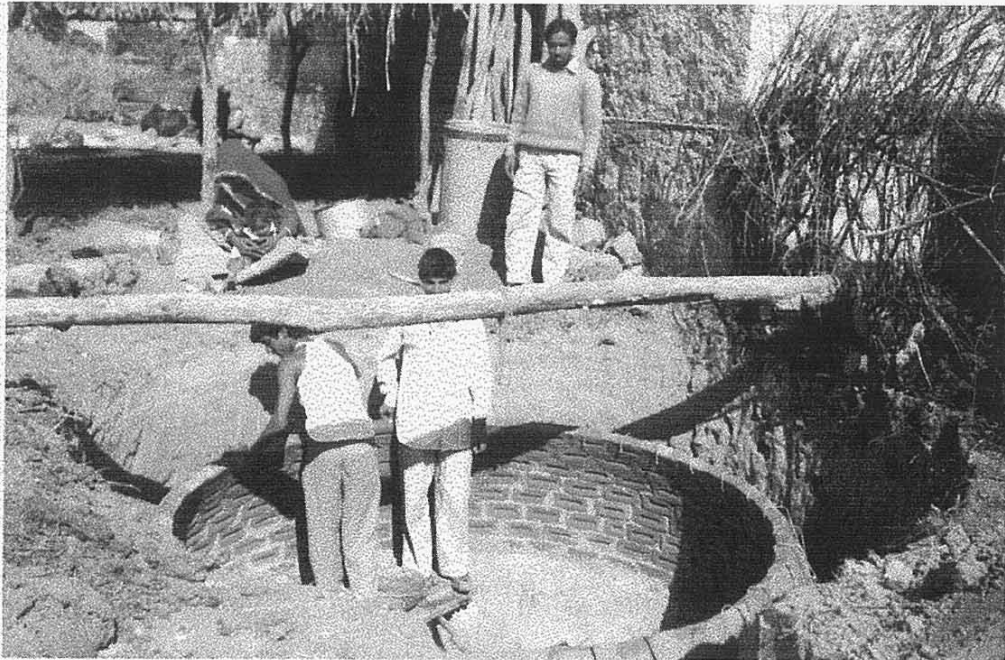
LIST OF BIO-GAS BANEFICIALS - April 1999 to March 2000

S.No	Village	Name of Farmer	Size Cu. mt
1	PARLI	Ramphool Meena	3
2		Prithvi Raj Meena	3
3		Ramesh Sharma	3
4		Kunjbihari Sharma	3
5		Pooni Ram Bairwa	2
6		Gajanand Nath	3
7		Budhi Prakash Sharma	2
8		Vishnu Sharma	2
9		Kanta Sharma	2
10	RAWAL	Pawan Kumar Sharma	3
11		Rajmal Meena	3
12		Kailash Meena	3
13		Jamana lal Meena	3
14		Kamlesh Meena	3
15	CHAKERI	Devendra Singh	3
16		Hajari lal meena	3
17		Kailash Meena	2
18		Radhy Shyam Sharma	3
19		Ramji Lal Shurma	3
20		Chiranji lal Bairwa	3
21	SHYAMPURA	Ramswaroop Meena	3
22		Shanti Sharma	2
23		Gopal Meena	3
24		Shriphool meena	3
25		Ramdhan mali	3
26		Asha Ram Meena	2
27	CHARODA	ShriRam Meena	3
28		Ram Kishan Meena	3
29	KANSEER	Ibrahim	2
30		Sartaj	2
31	JAMOOOL KHEDA	Today Meena	2
32		Hanuman Meena	2
33		Kistura Mali	2
34		Ramdyal mali	3
35		Kailash Meena	2
36	JHOPARI	Mohan lal Meena	3
37		Hanuman Meena	3
38		Ramji Lal Meena	3
39		Ramniwas Meena	3
40		Moolchand Meena	2
41	Kutaipura	Nagina Mali	4
42	Sherpur	Ramphool Mali	2
43		Babulal Mali	2
44		Laxman Mali	2
45		Kailashchand Mali	3
46		Madan Mohan Mali	2
47		Hazarilal Mali	3
48		Motilal Mali	3
49	Makholi	Shabir Khan	2
50		Razak Khan	2

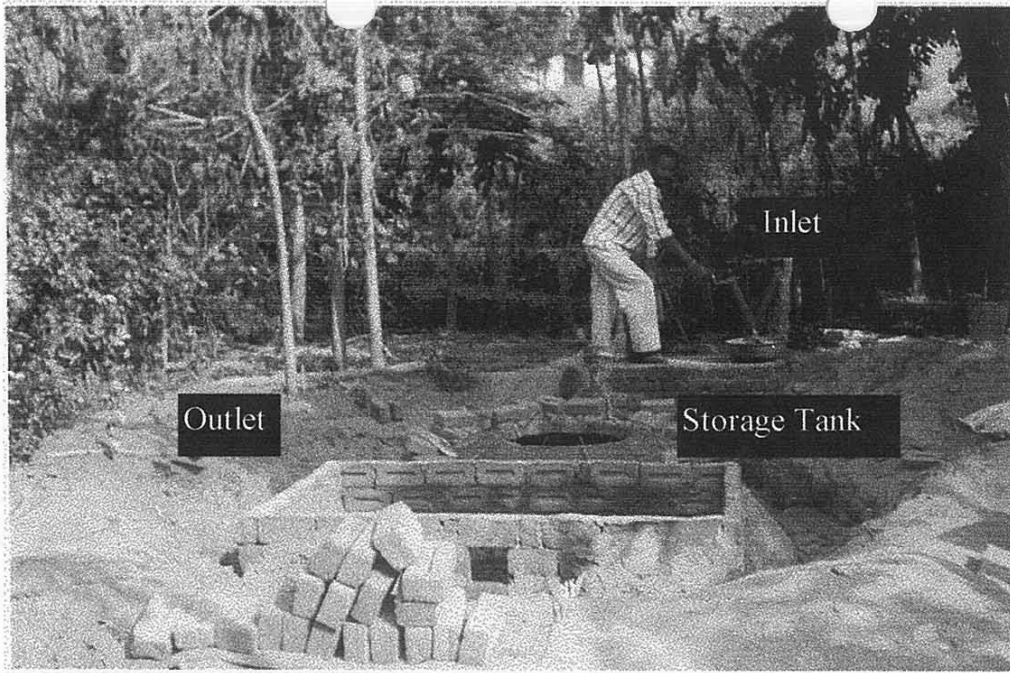
STAGES OF BIO-GAS UNIT CONSTRUCTION RANTHAMBHORE NATIONAL PARK



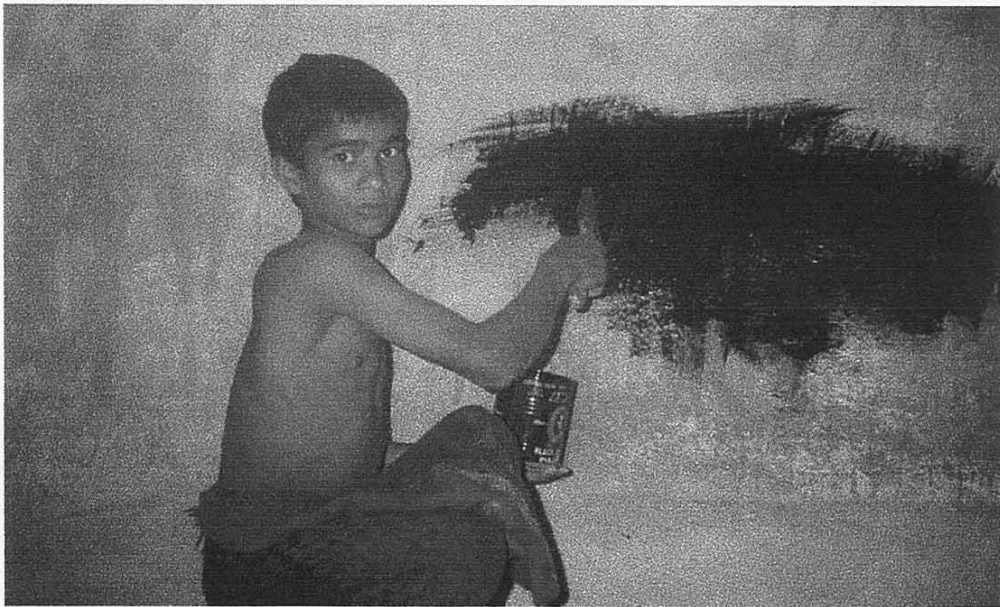
DIGGING THE PIT



CONSTRUCTING THE STORAGE TANK



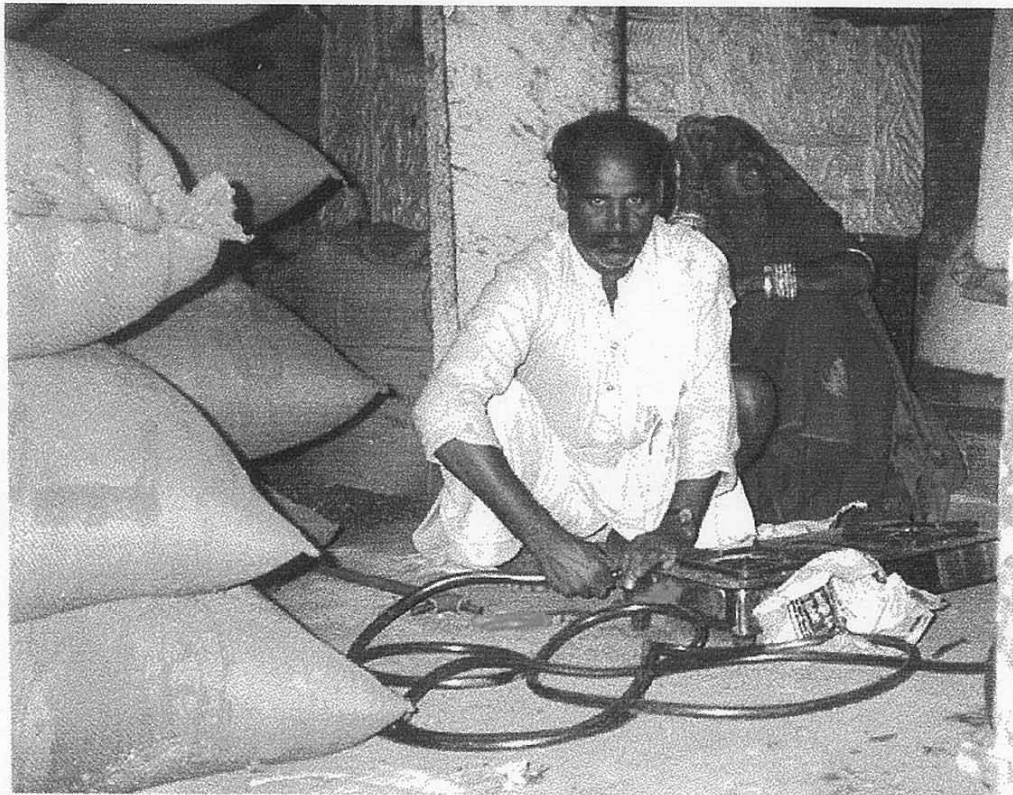
INLET OUTLET CONSTRUCTION



PAINTING THE INSIDE OF THE TANK



FILLING COW DUNG FOR THE FIRST TIME

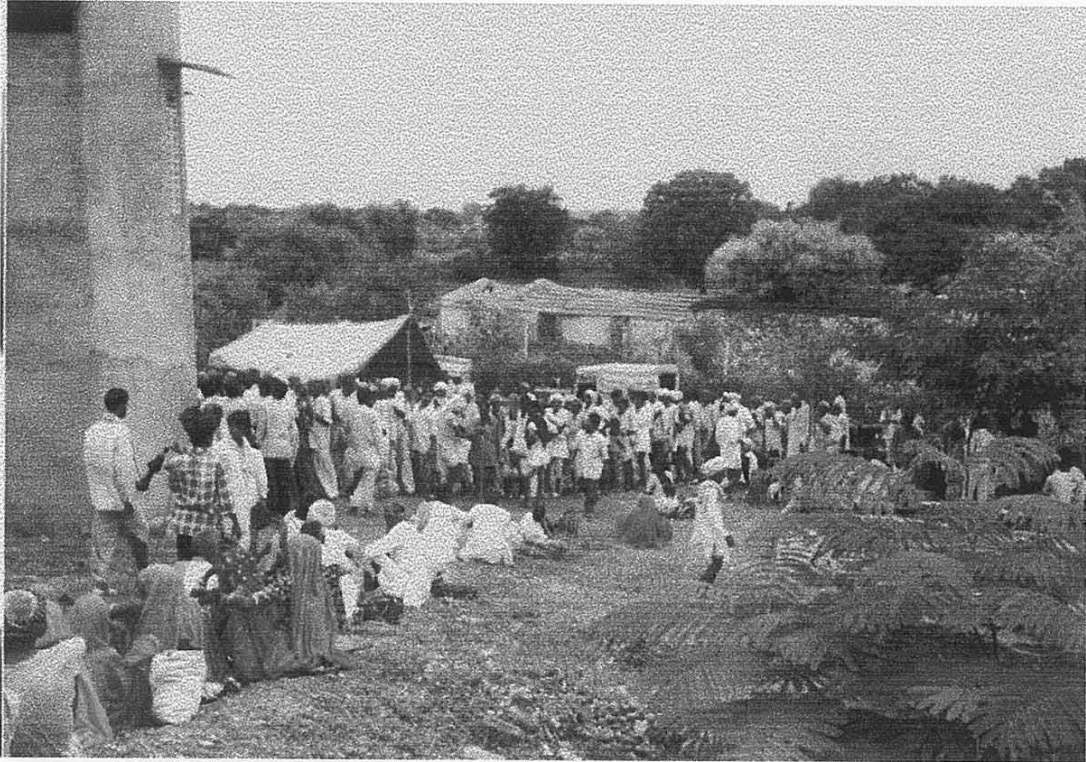


PIPING THE GAS TO THE STOVE



MAKING THE FIRST CUP OF TEA

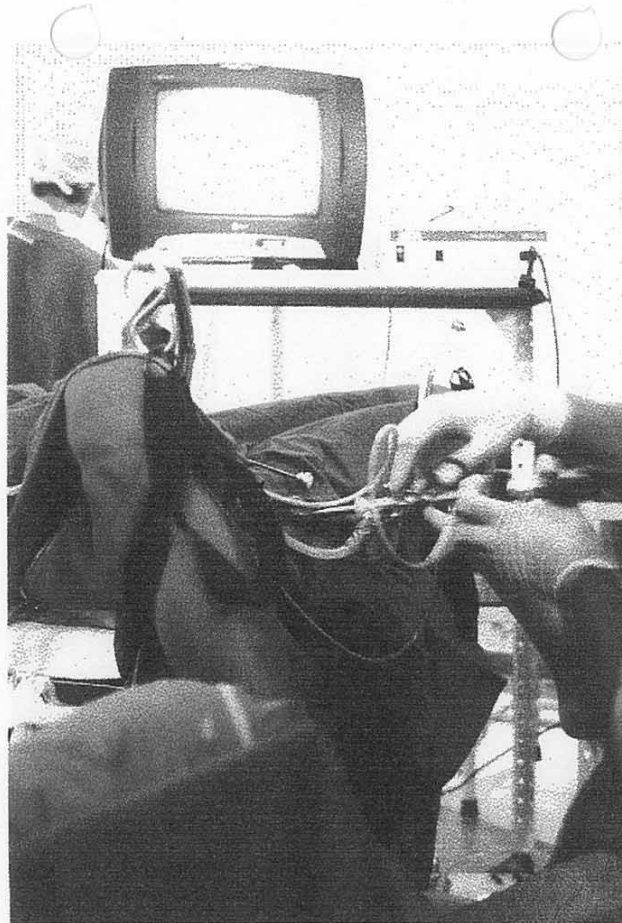
GENERAL PICTURES OF HEALTH CARE PROJECT



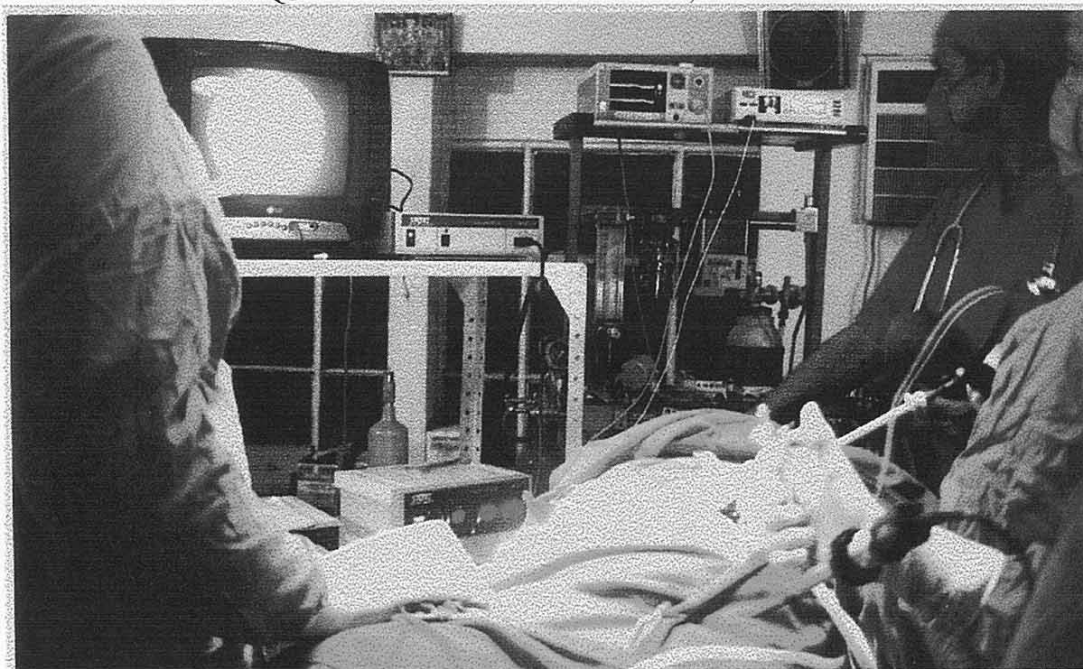
LARGE CROWDS OF PEOPLE WAITING TO BE SEEN OUTSIDE THE CLINIC



LAPROSCOPIC STERILISATION BEING DONE : EQUIPMENT DONATED BY :
THE EMILY DAVIE AND JOSEPH S. KORNFELD FOUNDATION, USA



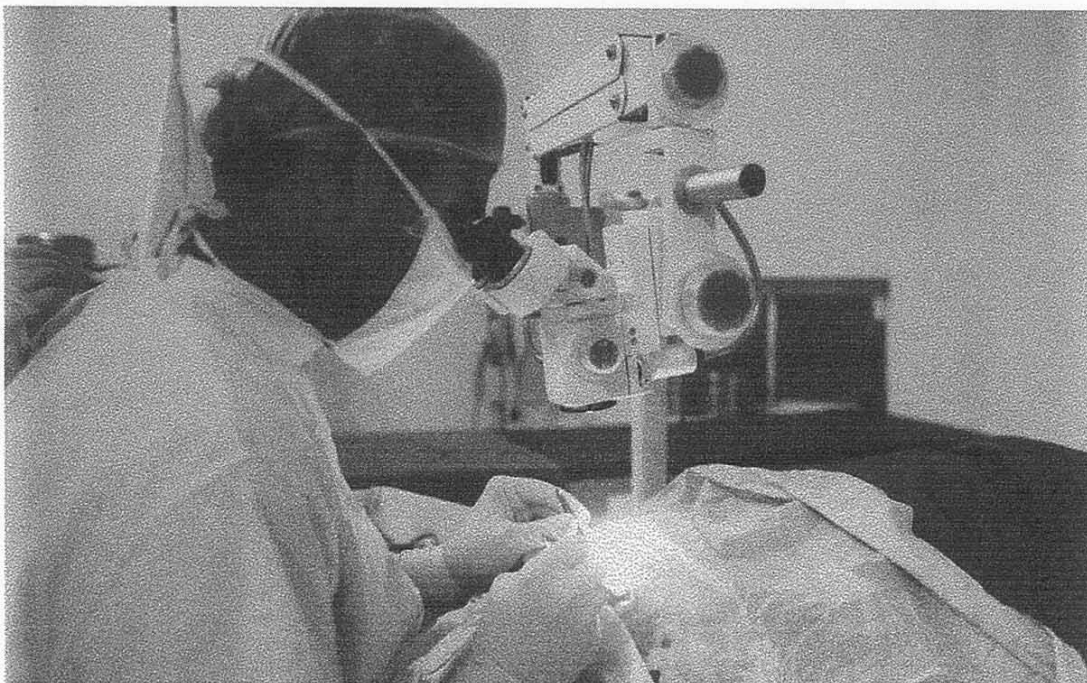
TRANSRURETHRAL RESECTION OF PROSTATE
EQUIPMENT DONATED BY IRISH AID, NEW DELHI



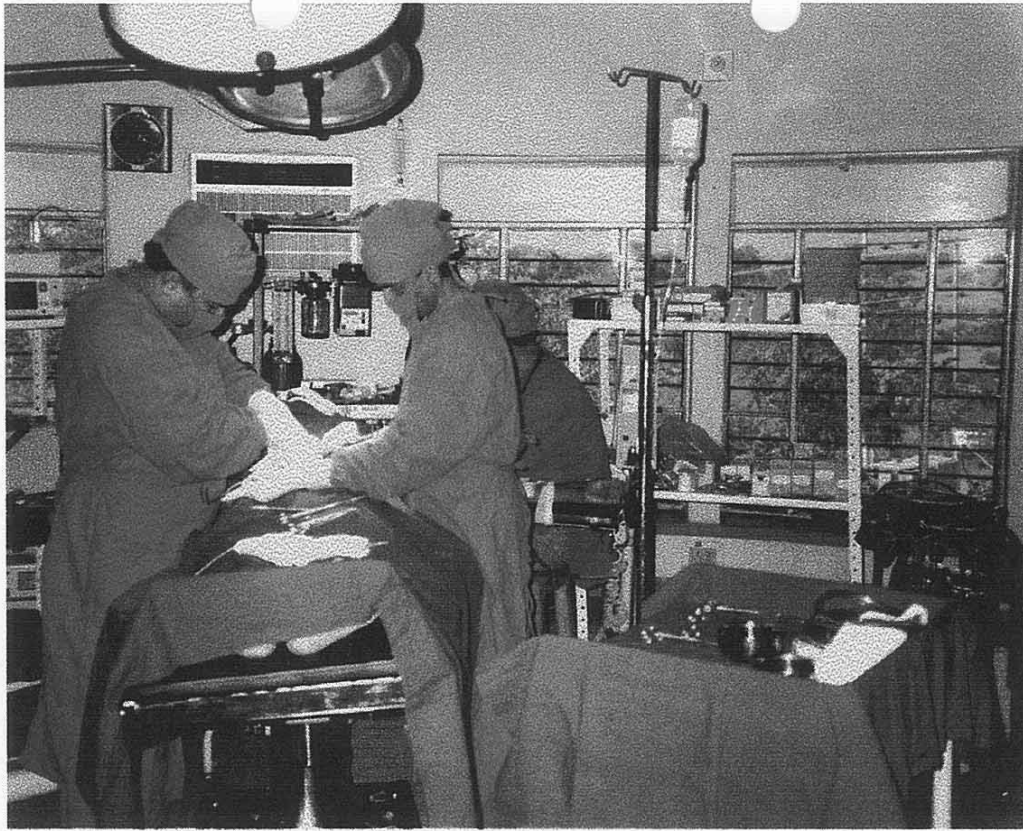
LAPROSCOPIC REMOVAL OF THE GALL BLADDER BEING DONE
EQUIPMENT DONATED BY IRISH AID, NEW DELHI



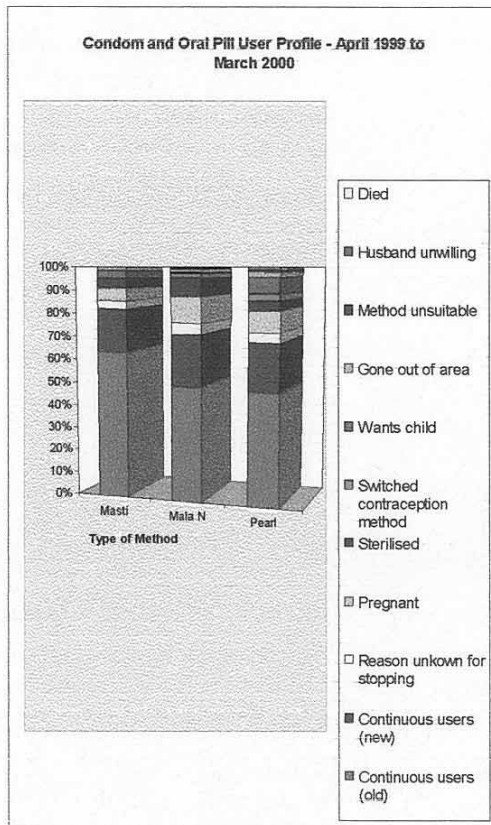
MICROSCOPIC RECUNSTRUCTION OF TYMPANIC MEMBRANE BEING DONE
MICROSCOPE DONATED BY ODA, NEW DELHI AND SAS, SINGAPORE



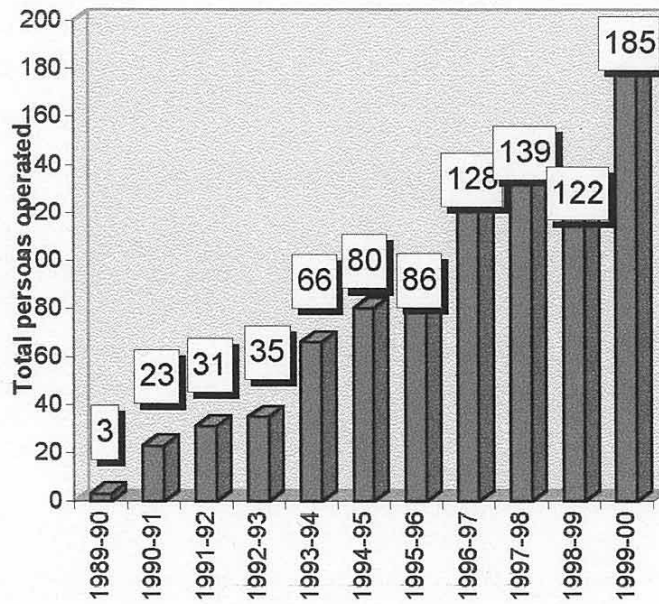
MICROSCOPIC REMOVAL OF CATARACT AND INTRA-OCULAR LENS IMPLANTING.
MICROSCOPE DONATED BY CRISTOFFEL BLINDNESS MISSION, GERMANY

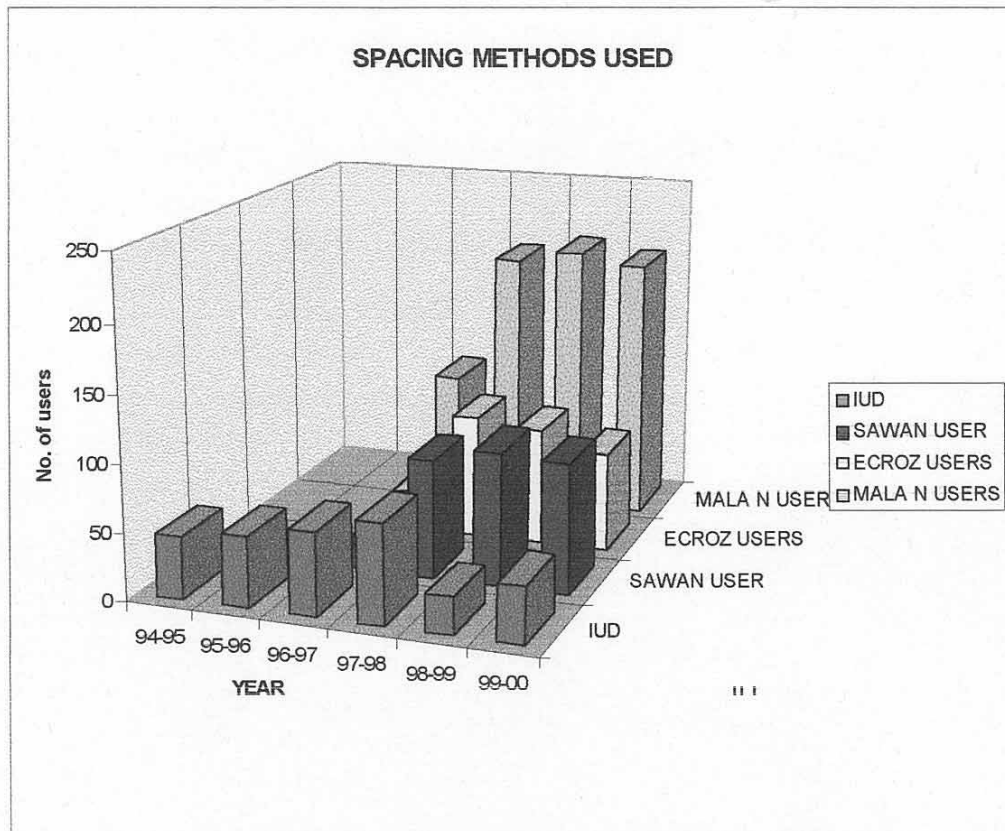


GENERAL SURGERY OPERATION BEING DONE , EQUIPMENT DONATED BY :
THE EMILY DAVIE AND JOSEPH S. KORNFELD FOUNDATION, USA

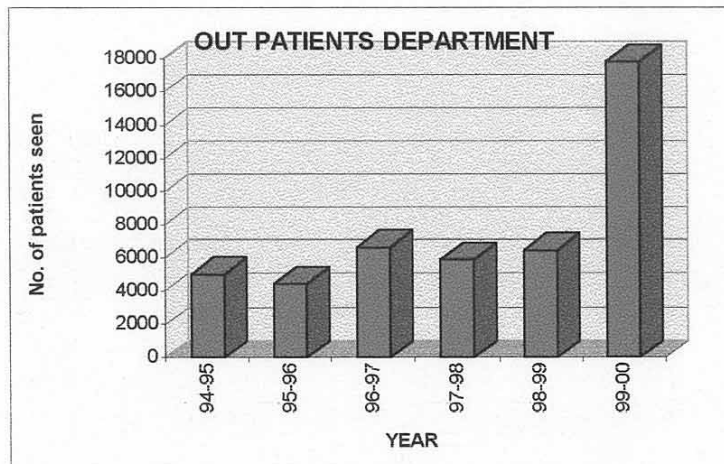


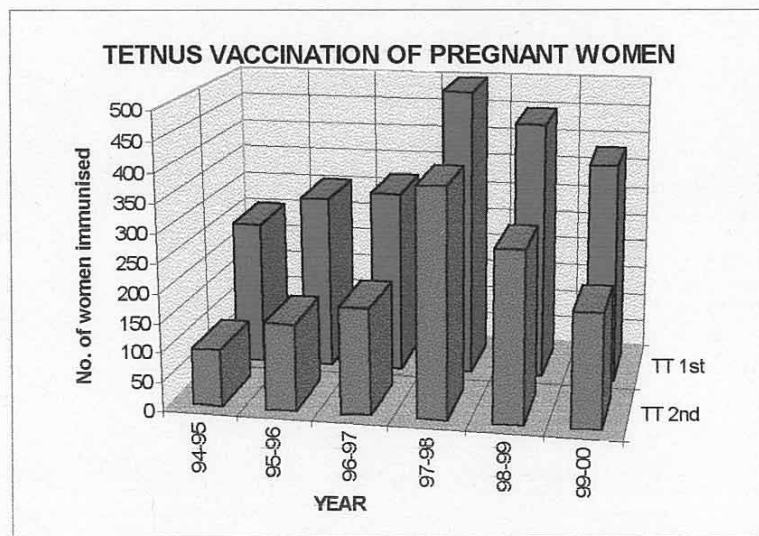
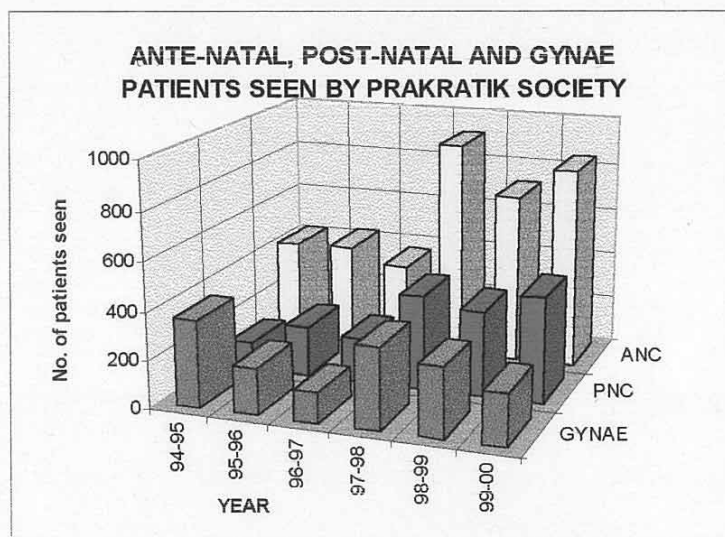
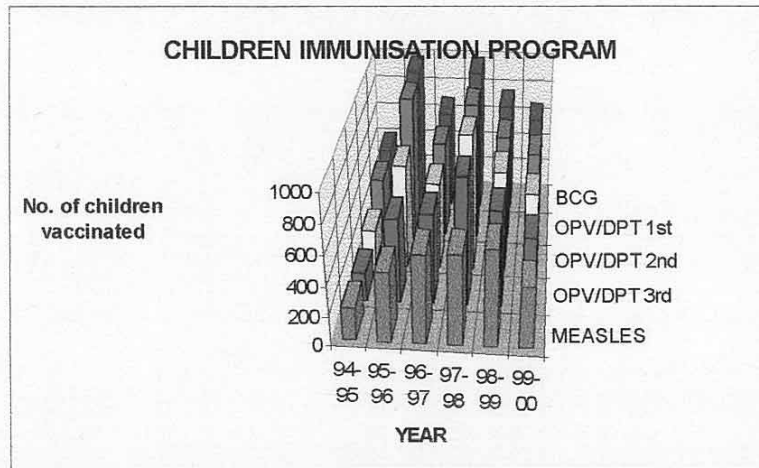
STERILISATIONS DONE BY PRAKRATIK SOCIETY





IUD= Intra-uterine contraceptive device; MalaN=Oral pill for free distribution; Ecroz=Oral Pill for sale(Pearl is another brand which is used) Sawan=Condom for sale(Masti is another brand used)





DETAILS OF EYE OPERATIONS DONE FROM APRIL 1999 TO 2000

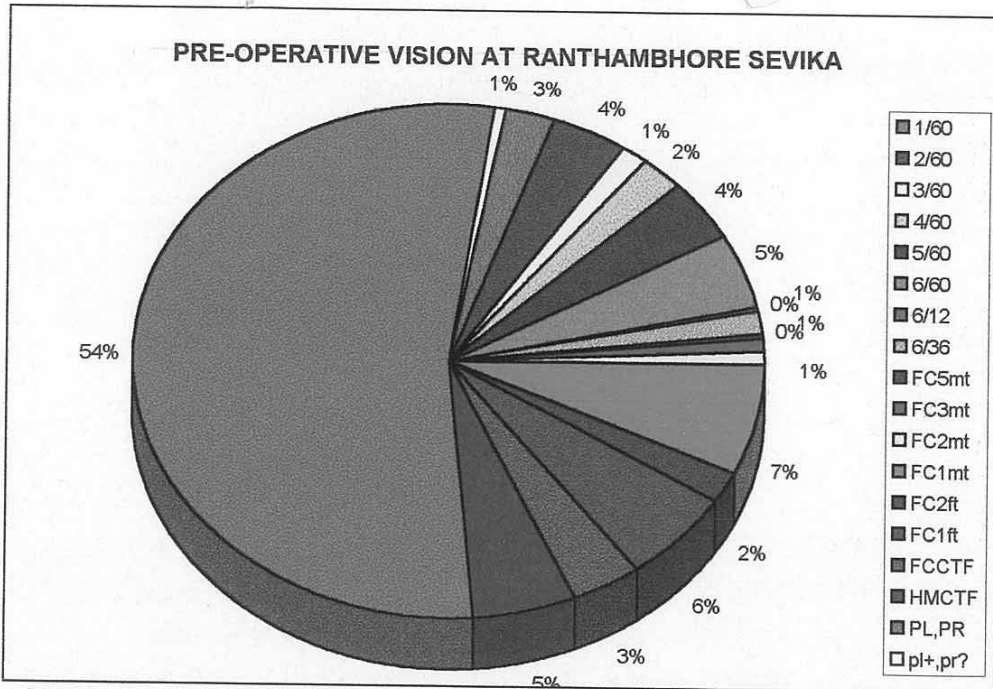
Details	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Male	4	10	34	43	35	42	57	35	34	19	22	35	370
Female	7	7	24	33	23	33	40	35	44	21	24	45	336
	11	17	58	76	58	75	97	70	78	40	46	80	706
Rt. Eye	6	9	34	38	35	38	60	38	45	26	21	30	380
Lt. Eye	5	8	24	38	23	37	37	32	33	14	25	50	326
	11	17	58	76	58	75	97	70	78	40	46	80	706
ICCE	0	0	0	0	0	0	1	0	0	0	0	1	2
ECCE	9	8	17	7	20	20	18	10	8	7	6	10	140
ECCE c Trab	0	0	0	0	0	0	0	0	1	2	0	0	3
ECCEcPI	0	2	0	0	1	1	0	0	0	0	0	0	4
ECCE with PC IOL	0	3	35	63	34	43	75	56	65	27	34	57	492
ECCE with PC IOL c PI	0	0	1	0	0	1	0	0	0	0	1	1	4
ECCE with PC IOL c Trab	0	0	2	0	0	0	0	0	1	0	0	1	4
ECCE with PC IOL c Sphincterectomy	0	0	1	0	0	0	0	0	0	0	0	0	1
ECCE with AC IOL	0	0	0	3	0	1	1	1	0	0	1	2	9
ECCE with AC IOL with 2ndy im	0	0	0	1	0	0	0	0	0	0	0	0	1
ECCE with AC IOL with PI	0	0	0	0	0	1	0	0	0	0	0	0	1
Pterygium	0	4	0	2	2	1	1	0	2	4	4	3	23
Chalazion	0	0	0	0	0	0	0	0	1	0	0	0	1
Entropion	1	0	0	0	0	0	0	1	0	0	0	0	2
Trabectomy	0	0	0	0	1	0	0	0	0	0	0	2	3
Iridectomy	0	0	0	0	0	0	0	0	0	0	0	0	0
Peripheral Iridectomy	0	0	0	0	0	0	0	1	0	0	0	0	1
Surgical Capsulotomy	0	0	0	0	0	0	1	0	0	0	0	0	1
Iris Abscision	1	0	0	0	0	1	0	0	0	0	0	0	2
Tarsoraphy	0	0	1	0	0	0	0	0	0	0	0	0	1
AC Wash	0	0	1	0	0	1	0	0	0	0	0	0	2
Resuturing	0	0	0	0	0	1	0	0	0	0	0	0	1
I & C	0	0	0	0	0	2	0	0	0	0	0	0	2
Redialing	0	0	0	0	0	2	0	0	0	0	0	0	2
Tear repair	0	0	0	0	0	0	0	1	0	0	0	0	1
IP Repair	0	0	0	0	0	0	0	0	0	0	0	1	1
Sphecterectomy	0	0	0	0	0	0	0	0	0	0	0	1	1
Foreign Body removed	0	0	0	0	0	0	0	0	0	0	0	1	1

Total Operations/procedures	11	17	58	76	58	75	97	70	78	40	46	80	706
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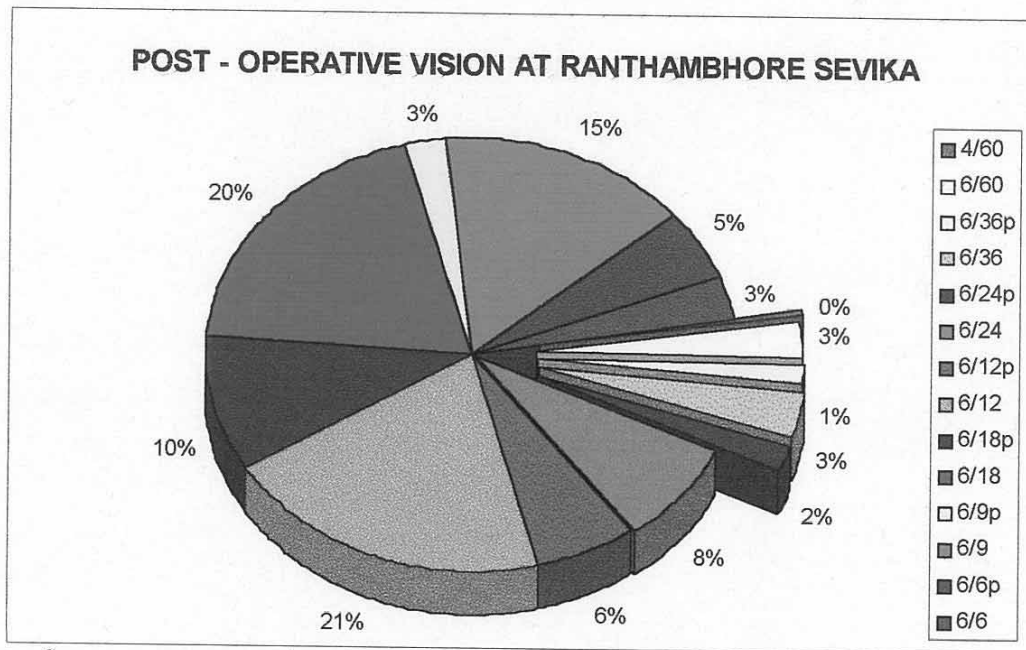
SUMMARY OF OPERATIONS

Total Other Operations	2	4	2	2	3	8	2	3	3	4	4	8	45
IOL total	0	3	39	67	34	46	76	57	66	27	36	61	512
Plain Total	9	10	17	7	21	21	19	10	9	9	6	11	149

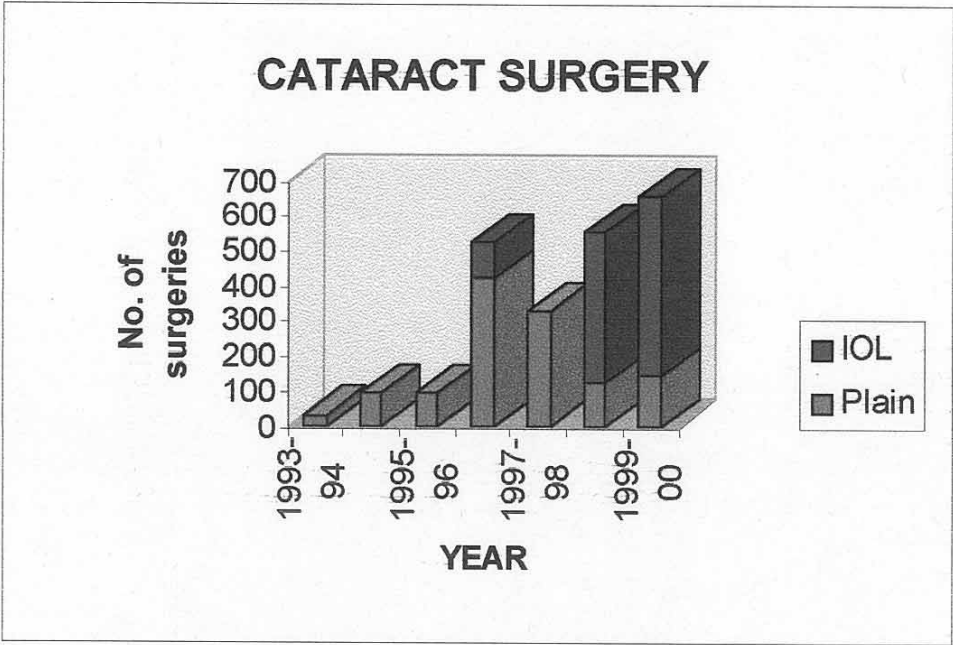
TOTAL OPERATIONS	11	17	58	76	58	75	97	70	78	40	46	80	706
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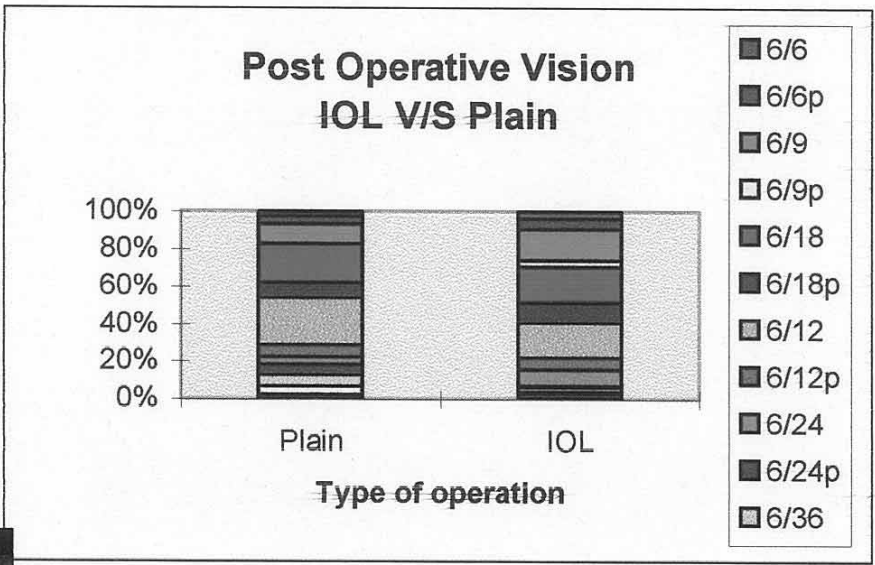
FC1mt=Figure counting at 1mt; HMCTF: Hand movement close to face; PL,PR = Perception of light and pupillary reflex (54% of the patients could only perceive light before the cataract operation); The above figure represents 352 patients operated for cataract surgery.



The above figures are a representation of 352 patients who's post operative vision was recorded.



IOL = Intraocular Lens Implant Surgery Plain : Without Lens Surgery



No. of Plain cases : 76
 No. of IOL Case : 275

SUMMARY OF GENERAL SURGERY OPERATIONS APRIL 1999 TO MARCH 2000	
PARTICULARS	Nos.
Appendectomy	1
Circumcision	2
GB Stone	1
Urinary Bladder Stone	3
Excision cyst / Lumps	9
Excision Haemangioma	1
Excision of Lipoma	3
Ovarian Tumour	1
Excision of tongue tie	1
Excision sinus tract neck	1
Piles / Fistula repair	6
Hernia Repair	7
Hydrocele Repair	2
Transurethral Resection of Prostate	9
Urethral Calibration	2
TUBNI	1
Renal Stone	6
Optical Urethrotomy	2
Amputation of 6th digit both hand	1
McPee's urethroplasty single stage	1
Urethrolithotomy	1
TOTAL OPERATIONS	61

SUMMARY OF ENT OPERATIONS DONE - APRIL 1999 TO MARCH	
Antral Puncture and wash	1
Hemithyroidectomy Rt	1
Excision of submandibular salivary gland	1
Modified Radical mastoidectomy c Type III reconstruction	2
Submucosal resection of nasal septum	1
Type 1 Tympanoplasty	8
Type II B Tympanoplasty	1
TOTAL OPERATIONS	15

HEALTH & FAMILY PLANNING SERVICES PROVIDED BY PRAKRATIK SOCIETY
APRIL '99 TO MARCH 2000

	APR 99	MAY 99	JUN 99	JUL 99	AUG 99	SEP 99	OCT 99	NOV 99	DEC 99	JAN 00	FEB 00	MAR 00	TOTAL
G OPD	564	608	440	715	2104	2922	5295	944	1165	937	1151	998	17843
E GYNAE	6	15	8	11	12	6	0	4	50	45	49	9	215
N ANC	38	34	60	50	56	37	294	32	54	64	74	51	844
	42	40	43	45	40	18	25	40	44	43	30	28	438
PNC													
TB	1	2	2	2	3	4	5	5	3	0	3	4	2.8
F NIRODH	3000	3200	5000	1000	800	4000	3000	4000	4000	4000	0	3500	35500
	418	420	425	430	430	425	430	450	450	460	460	455	525.3
P SAWAN	183	189	188	182	187	187	193	197	201	188	191	193	2279
SAWAN	96	99	100	95	95	95	98	101	101	94	97	97	97.3
MALAN	208	206	218	206	193	193	191	190	198	188	178	188	2357
MALAN	206	208	218	201	198	191	193	190	199	186	180	187	196.4
ECROZ	78	80	83	77	74	72	75	76	78	76	71	71	911
ECROZ	81	80	83	76	75	72	75	76	78	73	71	71	75.9
IUD	1	8	4	4	2	1	0	1	8	6	6	1	42
STERILISATION	0	0	4	0	0	3	6	25	41	45	44	17	185
BCG	35	79	51	55	52	42	35	72	90	57	56	42	666
O D 1ST	36	83	58	50	37	30	36	73	80	46	48	39	616
P & P 2ND	26	72	62	42	39	46	24	49	53	66	38	34	551
V T 3RD	29	57	42	35	33	42	28	39	53	51	43	36	488
MEASLES	39	45	42	35	27	26	15	56	40	25	36	34	420
T 1ST	30	34	42	39	36	24	11	27	43	43	30	21	380
T 2ND	13	12	26	26	26	16	6	6	27	7	21	9	195
I H VISIT	1843	3957	3390	3922	2670	3482	1787	1870	2920	2000	2865	2125	32831
E SC VISIT	7	6	0	39	14	25	12	15	18	7	24	14	181
M MEETING	43	72	53	95	51	67	37	33	70	59	69	58	707
C GRP MEETING	41	71	52	94	50	68	37	32	69	54	69	58	695