

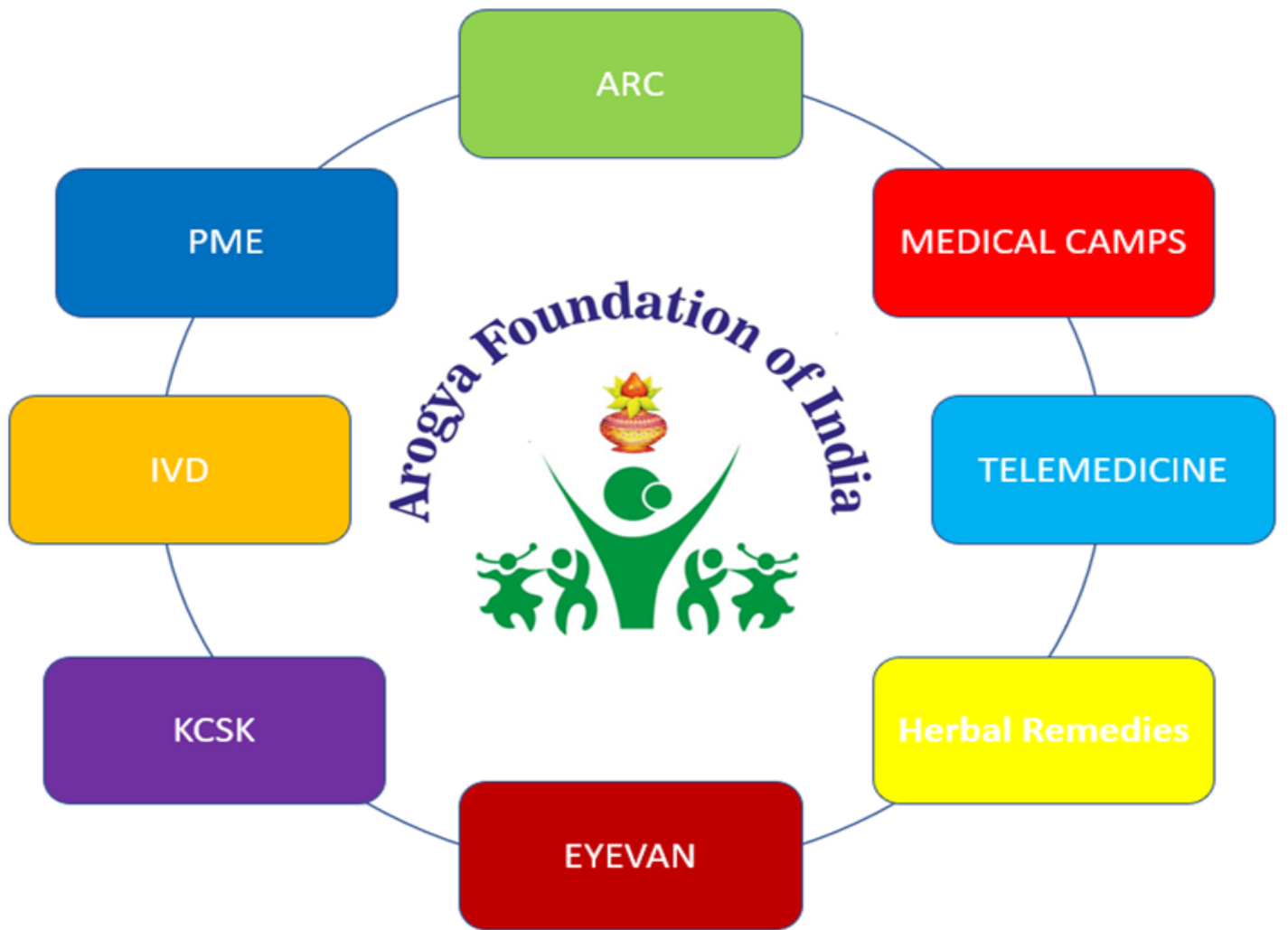


Arogya Foundation of India

Annual Report

2021-2022





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VISION AND MISSION OF EKAL AROGYA YOJNA

A healthy nation is a wealthy nation. But where majority of the people lives in villages and all medical facilities are confined to urban areas, healthy nation becomes a distant dream. Already complex, medically deprived rural India is heading towards another health disaster in the post covid era, due to huge migration of population from cities to their native villages. As a contrast to this, ancient India which was more rural than today had never suffered from deprivation of health services. All the health providers- Vaidya, Rishis, Munnis were rural based. Even kings had to send their messengers to villages to call Vaidya, in the times of illness. Medical profession in India was never a business. Rising amidst this dark shadow of modern health system of India, comprising of exploitative private health sector and grossly deficient government health systems, Arogya Foundation of India is striving hard to lit a small lamp of hope for our tribal and rural brethren with the philosophy of our mentor Swami Vivekananda, who said that ancient cultural values and knowledge combined with modern science is the only way of true progress without destruction.

- Demonstrate and establish the values of ancient herbal remedies of Ayurveda, Yogasan and Dincharya.
- Teach hygiene and sanitation as barriers of transmission of communicable diseases along with preventive methods of diseases.
- Eat with the villagers in their homes the right type of food in right proportions, grown in nutritional gardens.
- Make them learn modern first aid.
- Take curative services of modern Allopathy as well as Ayurveda to their door steps through camps, eye vans and tele-medicine.
- Main philosophy is to take knowledge and means wherever they are available and deliver them to the deprived rural and tribal brethren, through 'Arogya Sevikas', the trained ladies, belonging from the same village.

Introduction

Ekal Arogya Foundation of India (EAFI) is a nonprofit organization working for the betterment of the remotely residing villagers of India, under the umbrella of Ekal Abyiyaan. EAFI provides preventive urban based free health care services to the people of remote areas through Telemedicine, Eye Diagnostic Van, Porta Clinic etc. We initiated it as pilot in two clusters of 30 villages each, in Jharkhand in the year 2012 and by now we have been able to cover 1,690 villages of 12 states. We plan to spread our services in all needy & remote places of the country and to make every citizen strong and healthy.

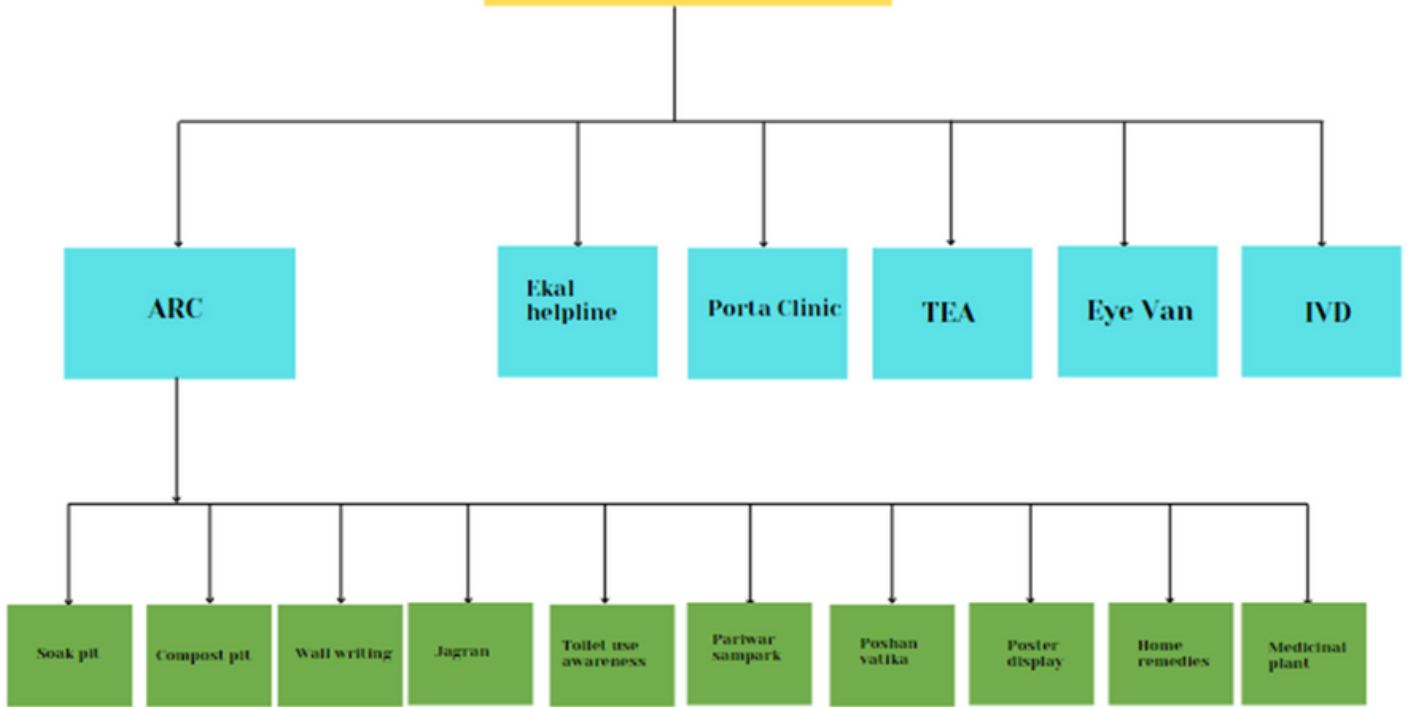
Our all plans are executed under the guidance of committees formed at all levels starting from village to nation. Members of the committees are volunteers from all walks of life including doctors, Engineers, Chartered Accountants etc. We are already having Central level committee, State level Committee, District level Committee, Sanch Level Committee and Village level committee run by learned and philanthropic members. Karyakartas are anchor of all the programs.

The working model is-each village has one Sevika, who is at least a matriculate. She is able to read and write, and is a married women so that she can continue to serve for longer period. They are trained as per the syllabus developed by a team of learned doctors. To facilitate their work, 10 Sevikas are looked after by one Sanyojika/Sanyojak. Then there are Karyakartas at sanch, anchal, state and central level.

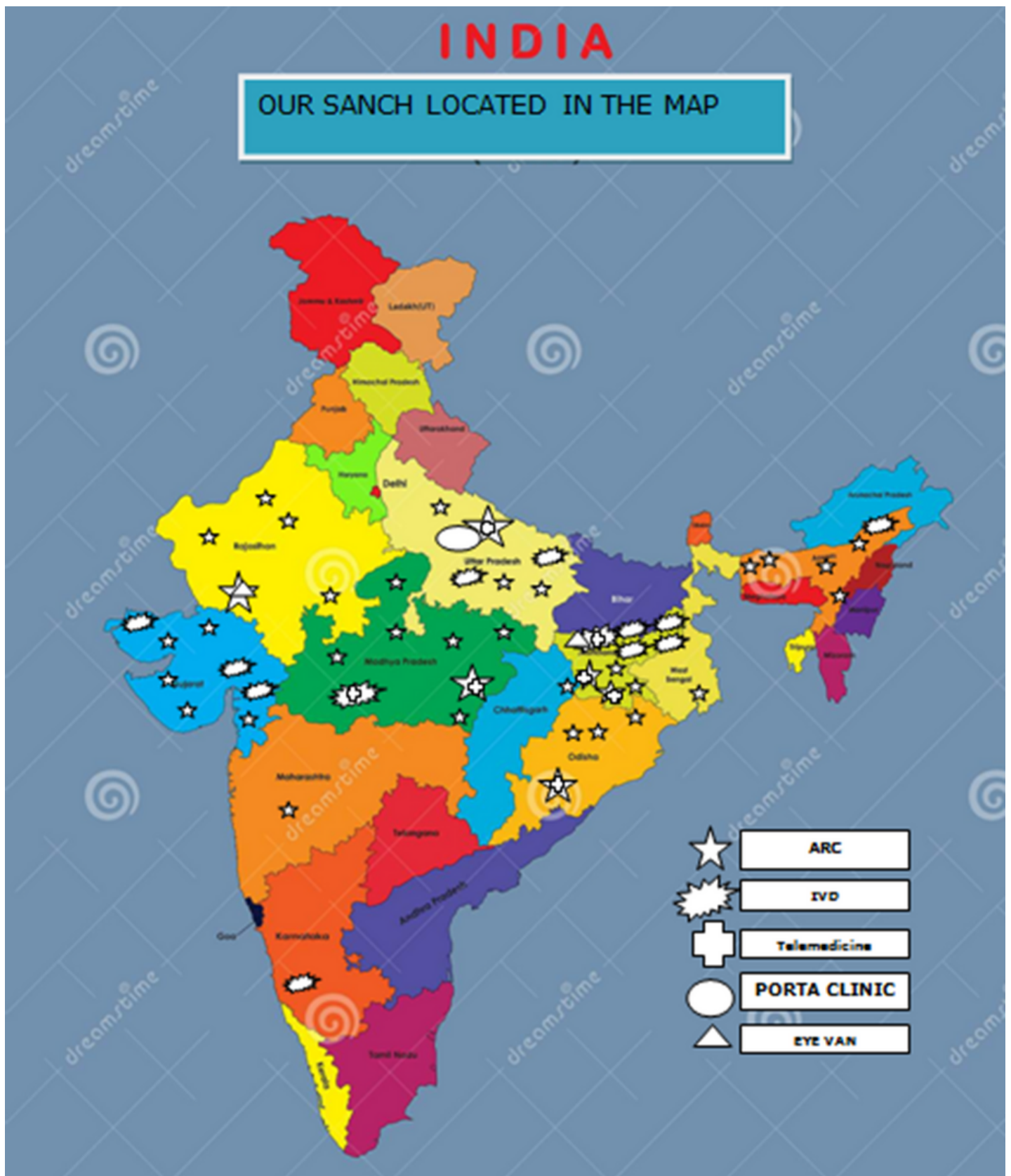
The society is now full of philanthropic people. Collection of money, distribution and accounts are maintained properly. Management Information System is maintained on regular basis and shared with the donors and our work is also available on the website. Donors wishing to visit to see the project towards which he/she has donated is always welcomed. We have facility of 80G of IT act for benefit of donors along with FCRA.

In the section of activities please add the below given chart for further clarity:

Ekal Arogya Yojna



MAP: -



ARC – 39, IVD- 13, TELEMEDICINE – 4, PORTA CLINIC – 1, Eye van - 2

Projects running throughout India

SN	STATE	NAME OF SAMBHAGS	NAME OF ANCHAL	NAME OF SANCHS	AROGYA RESOURCE CENTRE(ARC)
1	Assam	North Purvottar	Dibrugarh	Naharkatia	ARC
2			Majuli	Balichapori	ARC
3			Golaghat	Sarupathar	ARC
4		South Purvottar	Tejpur	Thelamara	ARC
5			Silchar	Dholai	ARC
6			Majuli	Bordubi	IVD
7	Odisha	Odisha	Kyonjhar	Telkoi	ARC
8			Angul	Khamar	ARC& TEA
9			Rirangpur	Karanjia	ARC
10			Rourkela	Jarangloi	ARC
11	Jharkhand	North Jharkhand	Deoghar	Dumma	IVD,TEA & EYE VAN
12			Govindpur	Govindpur	ARC
13			Giridih	Sikharji	IVD
14			Govindpur	Parasnath	IVD
15			Deoghar	Chandan	IVD
16			Deoghar	Rikhia	IVD
17	Jharkhand	South Jharkhand	Ranchi	Silli	ARC & TEA
18			Ramgarh	Gola	ARC & TEA
19			Lohardaga	Bhandra	ARC
20			Palamu	Barwadih	ARC

21	Uttar Pradesh	East UP	Chunargarh	Durgamandir	ARC
22			Renukut	Myorpur	ARC,TEA & Porta Clinic
23			Yamunapar	Chaka	IVD
24	Madhya Pradesh	Brajmandal	Shivpuri	Pichhore	ARC
25			Gwalior	Dabra	ARC & TEA
26			Govardhan	Fatehpur Sikri	ARC
27			Mathura	Nandgaon	IVD
28			Agra	Edmatpur	ARC
29	Uttar Pradesh	South UP	Kanpur	Bithur	ARC
30			Kanpur	Maitha	ARC
31	Rajasthan	Rajasthan	Alwar	Viratnagar	ARC & EYE VAN
32			Alwar	Thanagazi	ARC
33			Karoli	Masalpur	ARC
34			Jhadol	Jhadol	ARC
35			Bara	Kishanganj	ARC
36	Madhya Pradesh	Madhya Bharat	Khandwa	Khalwa	ARC
37		Madhya Bharat	Khargaon	Jhiriya	ARC
38		Madhya Bharat	Ratlam	Bajna	ARC
39		Madhya Bharat	Khargone	Karai	IVD &TEA
40	Madhya Pradesh	Mahakoshal	Narsingpur	Midli	ARC
41	Maharashtra	Maharashtra	Nashik	Jogmodi	ARC

42	Gujarat	Gujarat	Dhaod	Kharsana	IVD
43		Gujarat	Narmada	Mathamogar	IVD
44		Gujarat	Dang	Pampasarovar	IVD
45		Gujarat	Dang	Hanmatmal	ARC
46		Gujarat	Dang	Dhamani	ARC
47		Gujarat	Dang	Sabri	ARC
48		Gujarat	Narmada	Pat	ARC
49		Gujarat	Tapi	Ukai	ARC
50	Karnataka	Bangalore	Mysore	Gaddige	IVD
51	West Bangal	Malda	Purulia	Man Baajar	ARC
52	Chhatisgarh	Chhatisgarh	Kanker	Charama	ARC

AROGYA RESOURCE CENTRE(ARC)

Since the inception of Ekal Abhiyan Arogya has been a serious concern of all the Policy makers of the organization. After an Experience of 26 years of Ekal Arogya Yojana a new concept has evolved by the name of Arogya Resource Centre or ARC in which the experience gained in previous years through preventive health initiatives, including hygiene & sanitation, anemia control pilots, first aid, medical camps, home remedies, based on herbs and Chikitsa Sahayata Kendra – all have been amalgamated to make it more intensive and effective model so that with the experience gained in a limited area may be implemented in all the Ekal vidyalaya sanchs. This is presented here not only for those who are implementing it in the field but also for those who monitor it as well as those who want to support the Health Plan, aiming to mitigate the sufferings of our rural brethrens, whether they are in or out of the Abhiyan.

Health cannot be considered either in parts or in isolation. It is integral part of every sphere of life. So is the Ekal Arogya Yojana. It encompasses all the other fields of the Abhiyan whether

a.Preventive Health initiatives.

b. Malnutrition with specific plan for Anemia in women of child bearing age (10-45 yrs.) and children (2-10 yrs.)

c. Home remedies for common ailments.

d. First Aid.

e. To link the complicated health problems of rural people with secondary and tertiary level health facilities in cities in government and private sector through medical camps in villages and Chikitsa Sahayata Kendra in big cities.

AROGYA RESOURCE CENTRE REPORT

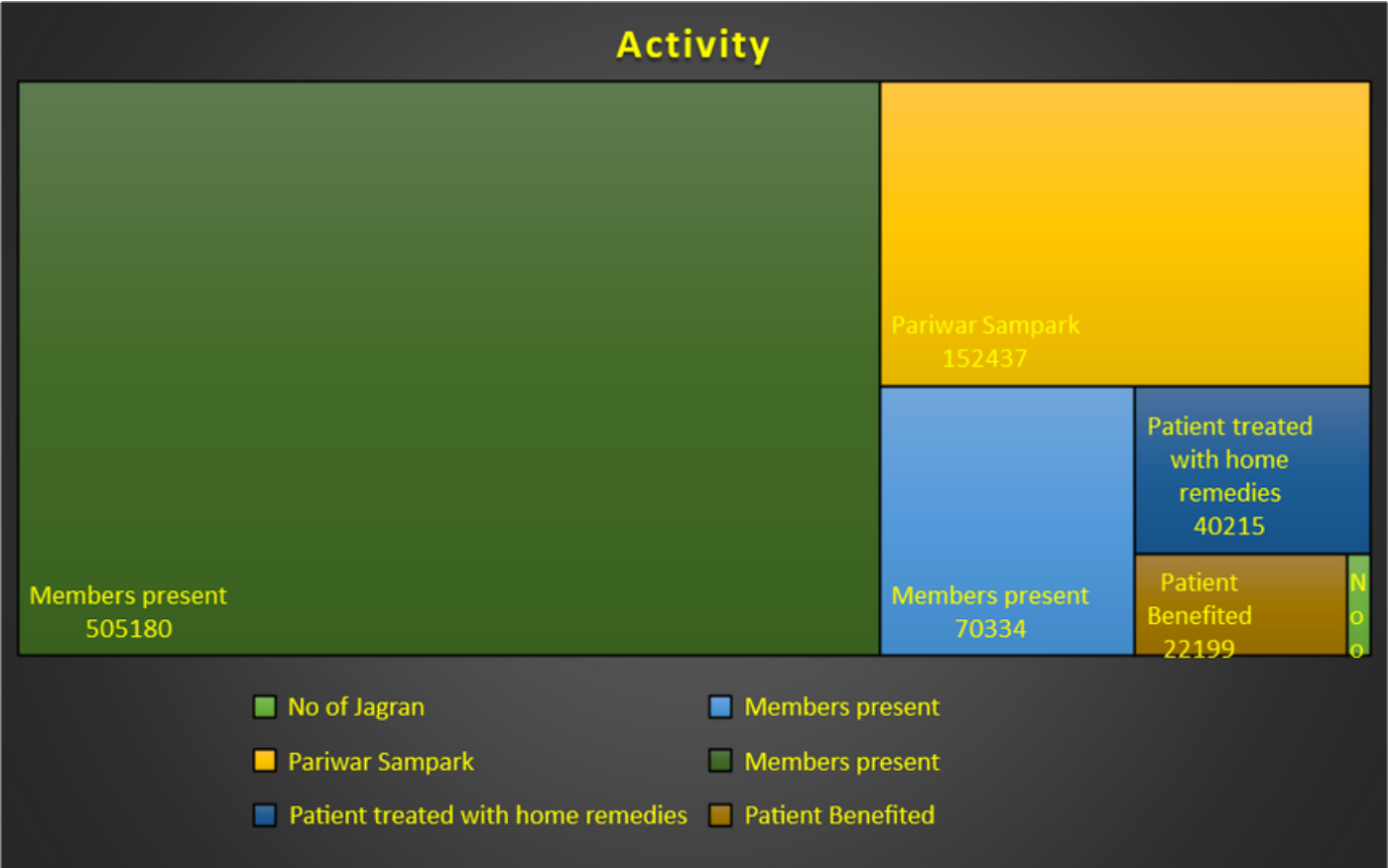
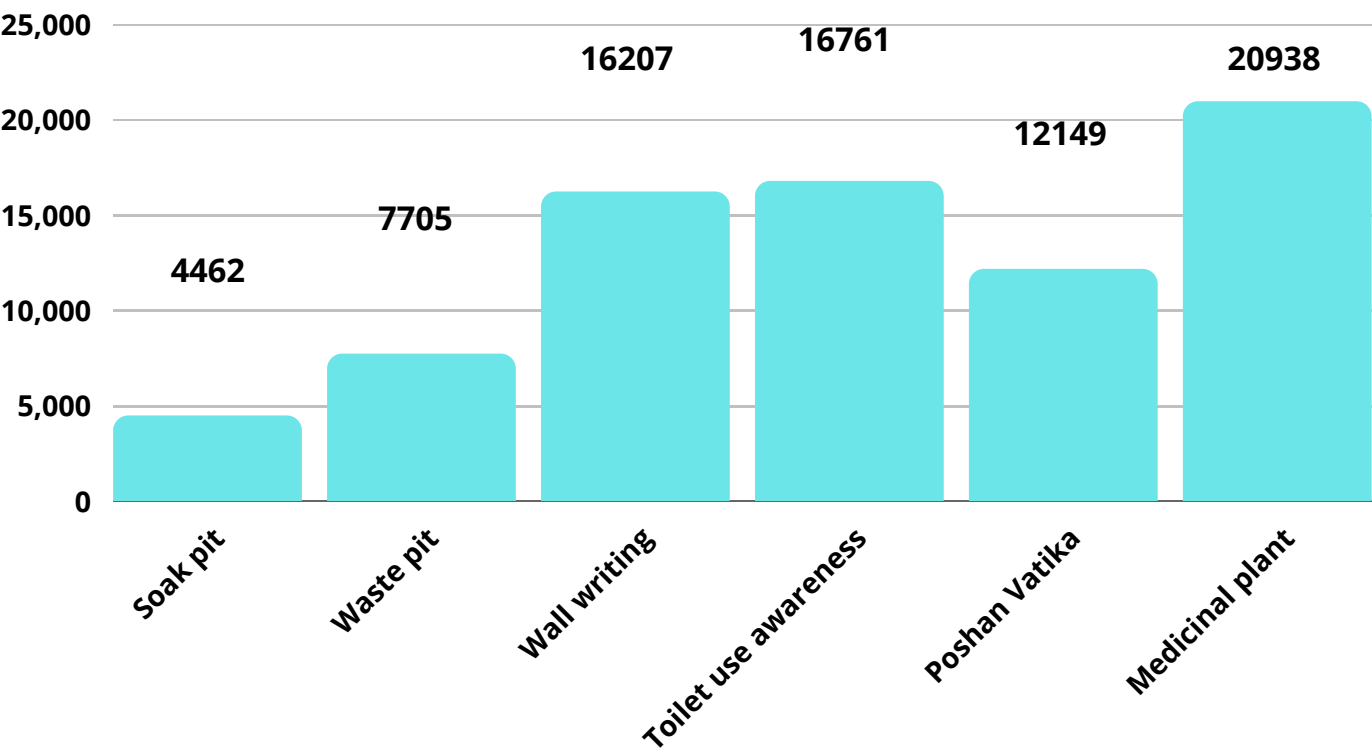
April 2021 – March 2022

The benefits provided to the society through ARCs are depicted below:

April & May 2021 work not done due to corona pandemic.

Sambhag	Jharkhand	East up	Odisha	Assam	Madhyabharat	Rajasthan	Brajmandal	Mahakaushal	Maharashtra	Gujrat	Total
Sanch	5	2	4	5	3	5	6	1	1	2	34
Village	137	60	120	119	90	150	178	30	30	60	974
Soak pit	417	761	1328	379	420	193	115	449	328	72	4462
Waste pit	595	2175	731	1160	1737	283	95	397	342	190	7705
Wall writing	3135	550	1013	1796	5401	2061	1208	300	685	58	16207
Toilet use awareness	7191	679	540	310	4637	2130	527	0	661	86	16761
Poshan vatika	507	1663	2256	2335	1551	1147	650	985	895	160	12149
Medicinal plant	2885	4389	2416	9403	0	0	1317	0	528	0	20938
No. of Jagaran	710	643	286	243	236	177	58	38	12	0	2403
Members present	17859	24086	10369	4675	4668	5375	2267	734	301	0	70334
Pariwar Sampark	37231	21092	37513	17795	8613	7903	12129	1457	3298	6000	152437
Members present	95294	64777	126553	71755	28815	33516	44508	7114	10183	22665	505180
Patient treated with Home remedies	3161	3637	6572	5520	4011	7693	5767	1512	1989	353	40215
Patient benefited	2131	3582	1716	3332	3681	3928	1692	684	1225	228	22199

Activity chart: -

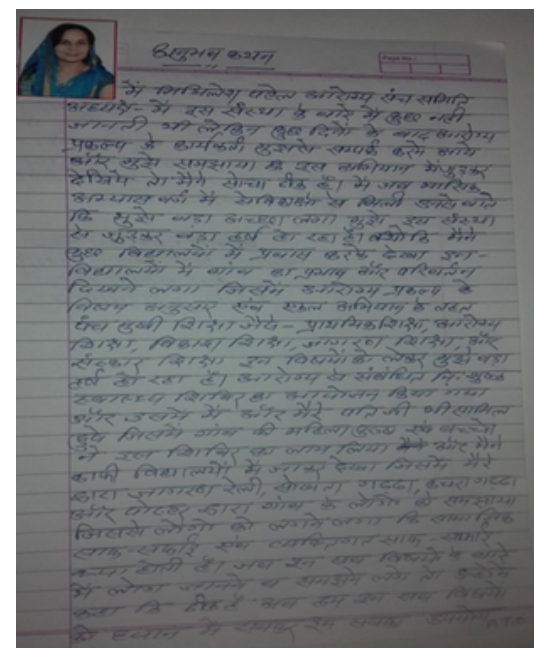
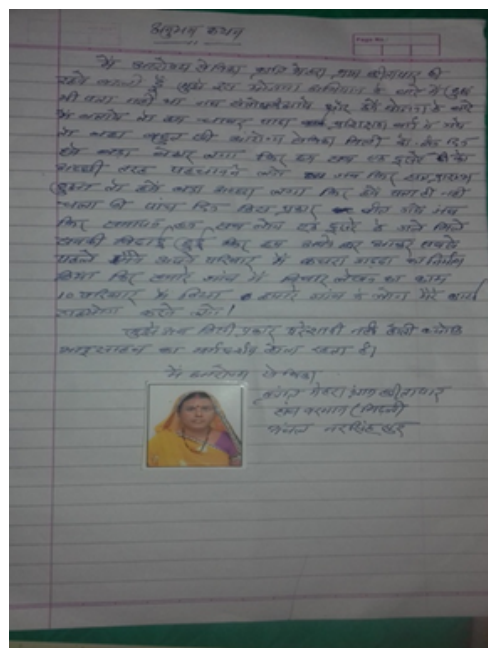
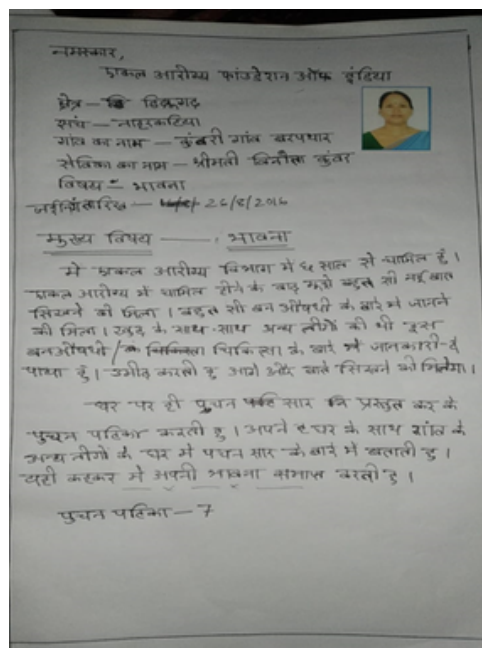
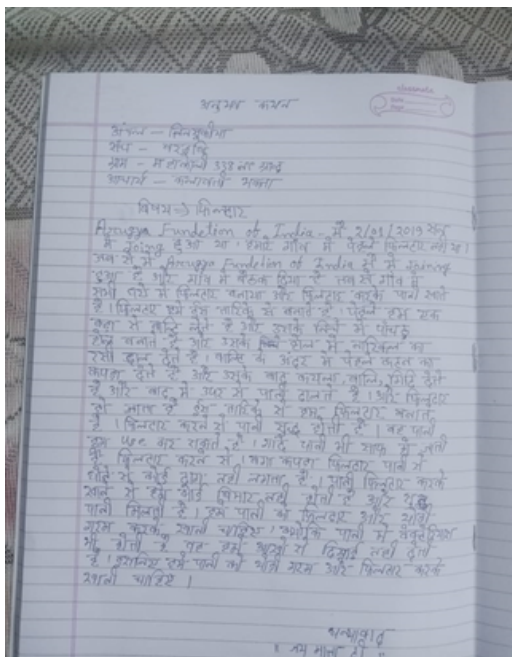


Photos: -

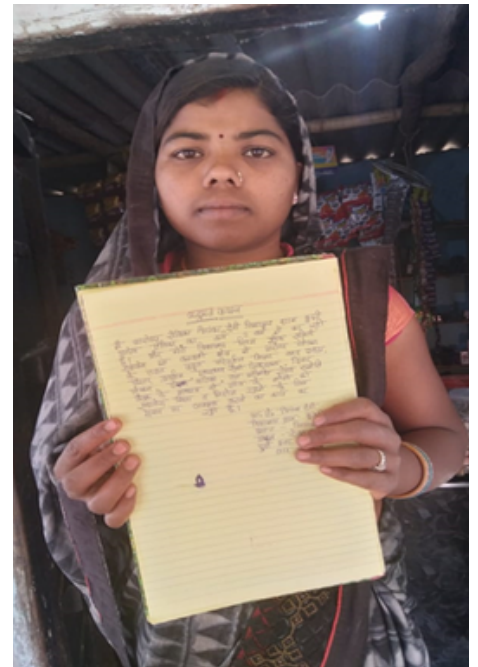




Anubhav Kathan:-



* जय श्री राम *
 अनुभव -> मैं अरोग्य सेविका रेखा गहली
 विधानसभा बाग चौखोरा में अरोग्य पथ
 पर 2 वर्षों से कार्यरत हूँ।
 इसी रटकर हम विचारियों से बचने के
 लिए बहुत से घरेलू उपचार के बारे में
 जानकारी दे रहे हैं।
 जैसे -> सर्दी, जुकाम, खासी, बुखार होने पर तुम्ही,
 पत्राइन, शोभा मरिच, आदि, गुड़, का चाय बनाकर
 पीने से इन बिमारी से बड़ा राहत मिलती है।
 नाम -> रेखा
 वि० -> सिन्धोरा
 संघ -> दुर्गा मन्दिर
 अंचल -> सुनार घट



मेरा अनुभव
 नमस्ते,
 मेरा नाम रीना है। मैं एक अभियान
 आयोगी बनना कलर प्रकल्प अभियान
 बनाने पर संचालित हो रही हूँ। मेरे काम के लक्ष्य
 सिने स्कूल में पढ़ाने के लिए आ रही हूँ।
 पिछले वर्ष में पाठों के वित्त लोग बिना
 दिया करते थे, क्योंकि हमारे गाँव के लोग
 फिल्टर नहीं करके बनाए थे। मेरे गाँव में
 संयमक करके लोगों अभियानों के जानी
 फिल्टर करके बनाए कर वित्तगत (धर्म) करने
 बनाने पर। तब हम वित्तगत को देखने से बच
 सकते हैं। अभी हमारे गाँव में गाँव में बड़ी
 घरों में फिल्टर हो गया है। और अब हम
 गाँव में बिमारी बचाने काम हो गया है।
 इसके अलावा मेरे दोस्त गाँव की
 बनाने की सलाह दी। हमारे घर पानी के 100
 20 फुट के डब में दोस्त गाँव के लोग बचाने
 हो सकते हैं। नतीजे में जाना पानी में अंश
 की बड़ी बना है, और प्रयोग में - बिमारी
 के, निम्नतमवर्ग, अति बिमारी का प्रतिक होता
 है। अभी हमारे गाँव में बिमारी के लोग
 दोस्त गाँव की निमोनिया बने रहे हैं।
 हमारे गाँव में पानी में वित्तगत, फिल्टर
 बिमारी काम हुआ है। लोग अभी कार्य
 रही - हमारी छोटी सी अनुभव है।



अनुभव काप
 नाम - मधु
 संघ - फतेहपुर सीकरी
 आरोग्य संपादन - प्रियंका
 आज मैं इस गुरु लेटर सावा में गया था तो मैंने देखा कि लोग
 अंदर बाजार के लिए जा रहे थे तो मैंने उनसे अपने पास बुलाया
 और समझाया कि अंदर बाजार जाने मत जा आपका
 अच्छी से बूझा। फलतः ही और बातचीत करायो तो और हम
 तुम लोग फिर बड़ी-बड़ी बीमारियों के शिकार हो जाते हो
 और मैंने उनसे बीमारियों का उपचार करने का प्रयास
 किया।
 आरोग्य संपादन
 प्रियंका



INTEGRATED VILLAGE DEVELOPMENT(IVD)

Integrated Village Development Planning is the process by which all aspects (sectors) of local life are addressed systematically, including their interconnections and overlaps. Most of the rural communities in low-income in India are isolated from the mainstream national economy and suffer numerous deprivations that impact the quality of life of their inhabitants. Poor infrastructure, degraded local natural resources and inadequate linkage to markets combine to create a poverty trap which village economies usually find difficult to escape.

While there are probably no simple interventions or 'silver bullets', that could enable the rural communities to break out of a systemic traps of poverty and deprivation, it is possible to devise relatively simple packages of processes and practices that promote triple bottom wellbeing for a small initial investment. Such packages and practices can set the rural economy onto a new trajectory of socio-economic development that sustains itself into the future. Developmental alternatives - Integrated Village Development (an etymology that emphasizes people's right to decide their development pathway as informed and empowered communities) targets issues related to the economy, environment and society systemically, as a whole, helping communities realize the benefits of integrated development. The program inspires ownership amongst the villagers, designs rational environmental management systems, promotes diversified and dynamic local economies and fosters social harmony. It also ensures people's participation which guarantees prioritization of issues by the community and responsiveness of village level interventions.

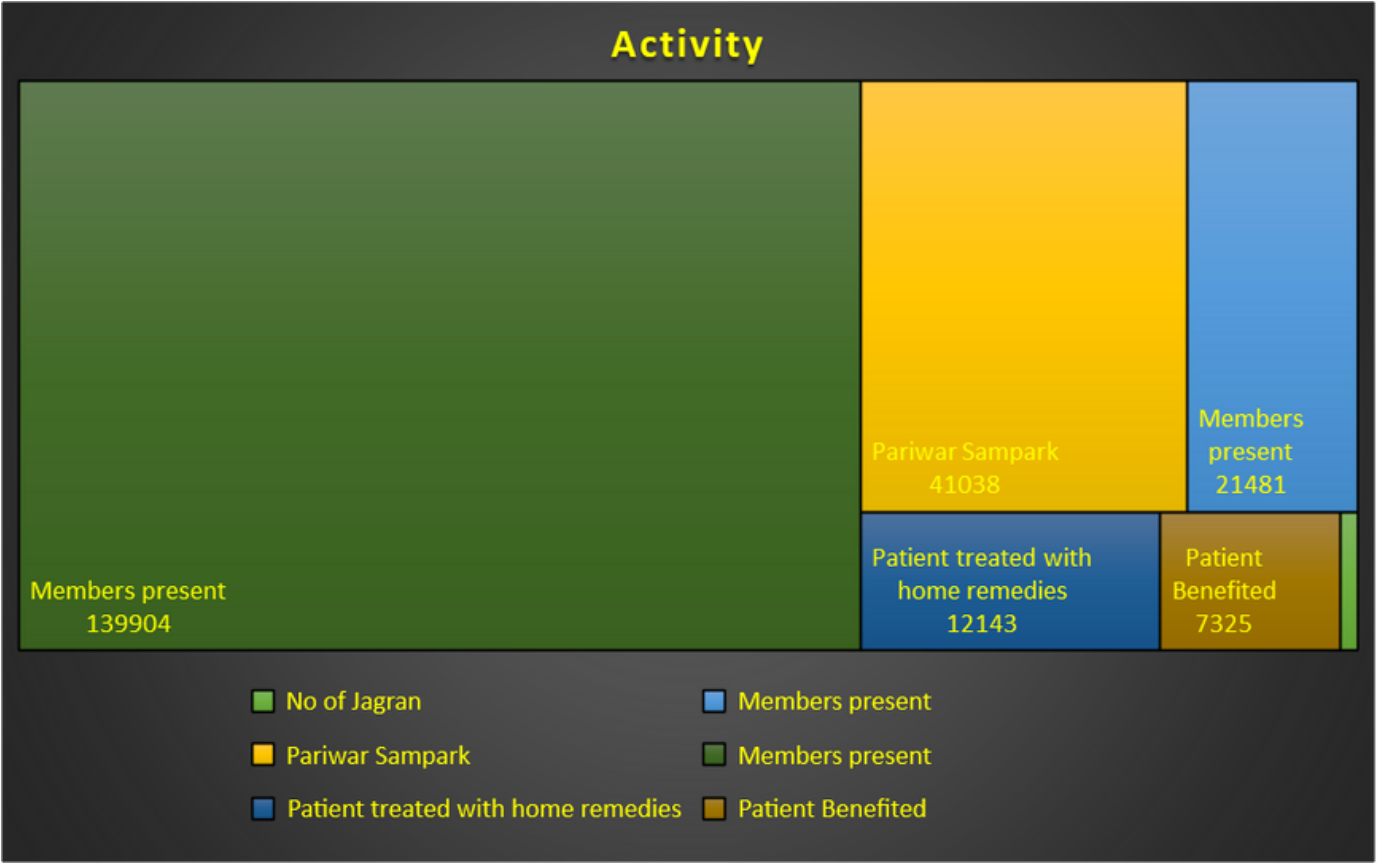
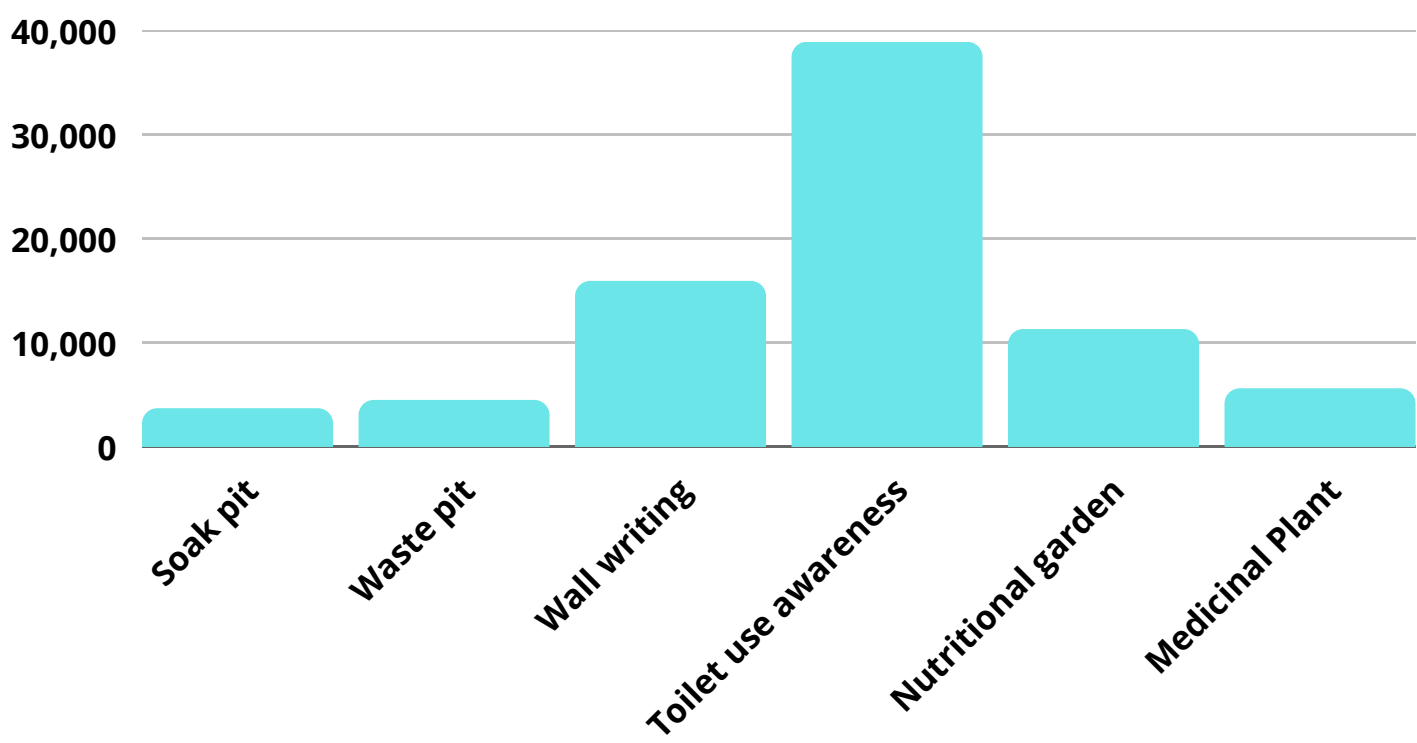
INTEGRATED VILLAGE DEVELOPMENT

April 2021 – March 2022

April & May 2021 work not done due to corona pandemic

Sambhag	Jharkhand	East up	Assam	Madhyabharat	Brajmandal	Gujrat	Karnataka		Total
Sanch	5	1	1	1	1	3	1		13
Village	160	30	16	22	30	90	17		365
Soak pit	495	378	48	64	24	2518	102		3629
Waste pit	644	1122	156	380	9	1992	125		4428
Wall writing	3488	271	314	2044	538	8791	425		15871
Toilet use awareness	3247	366	45	1147	71	33432	555		38863
Poshan vatika	2004	352	237	1057	73	7443	77		11243
Medicinal plant	727	2158	1477	0	286	0	896		5544
No. of Jagaran	184	287	24	56	30	2	76		659
Members present	6674	10920	435	1346	905	293	908		21481
Pariwar Sampark	11201	11719	2436	2356	3247	6914	3165		41038
Members present	43814	33322	8876	7736	11927	23451	10778		139904
Patient treated with Home remedies	3444	1806	674	1067	1463	3068	621		12143
Patient benefited	2450	932	377	840	739	1872	115		7325

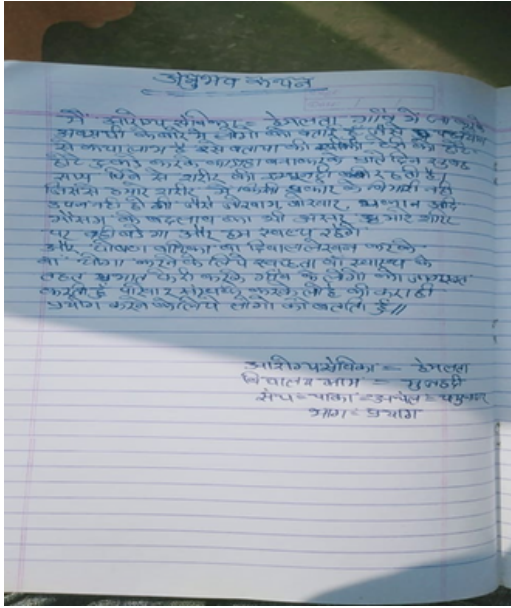
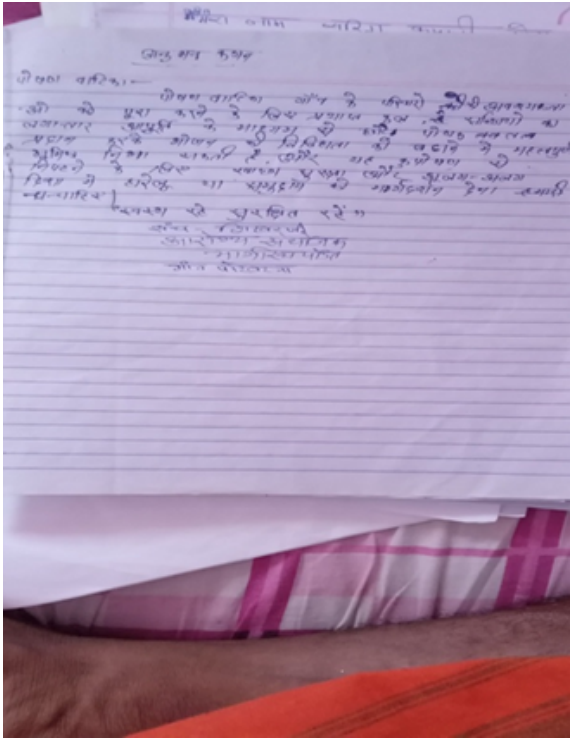
Activity chart: -



Photos: -



Anubhav Kathan:-

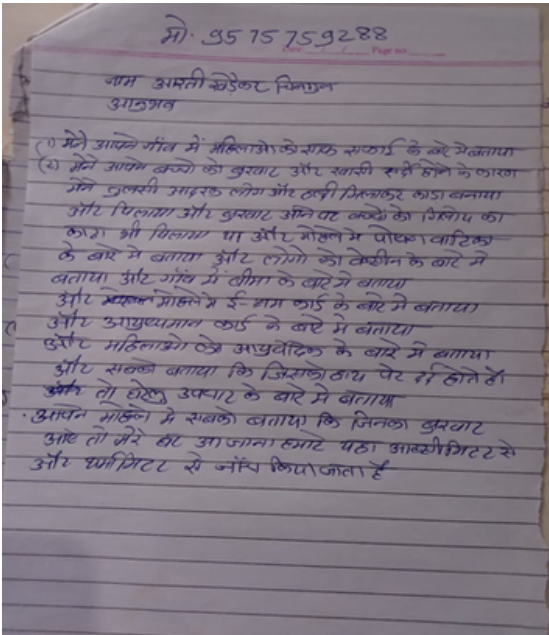


आरोग्यो संच:-खरसाणा

संविधान-समावेशन प्रक्रिया
गाम-खरसाणा



संविधान-समावेशन प्रक्रिया
गाम-खरसाणा
आरोग्यो संच:-खरसाणा
संविधान-समावेशन प्रक्रिया
गाम-खरसाणा



EKAL AROGYA ON WHEELS

EYE DIAGNOSTIC VAN PROJECT

Introduction

The Eye Diagnostic Vans have been successfully running in Viratnagar in Rajasthan and Dumma in Jharkhand since More than two years. The aim of undertaking this project is to detect blindness and difficult vision (DV), in villagers and school going children. The school children and the needy villagers will be provided with free spectacles too. The sufferers of blindness as well as other diseases will be referred for further treatment to charity eye hospitals. . We hope by adopting this project of “Eye diagnostic van”, we will be able to extend help in eradication of blindness as well as difficult or impaired vision, thereby we will be able to integrate a large number of population in national productivity.



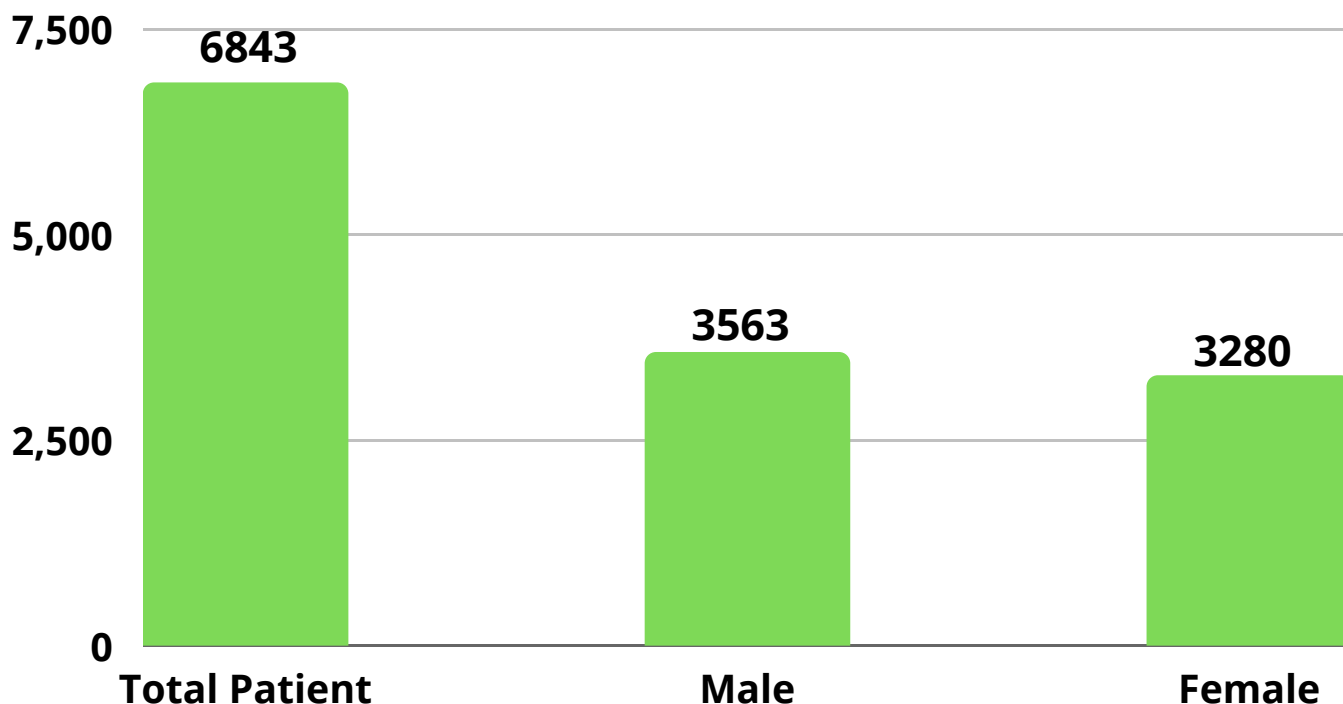
Total Registration
2093

Total Village
covered
55

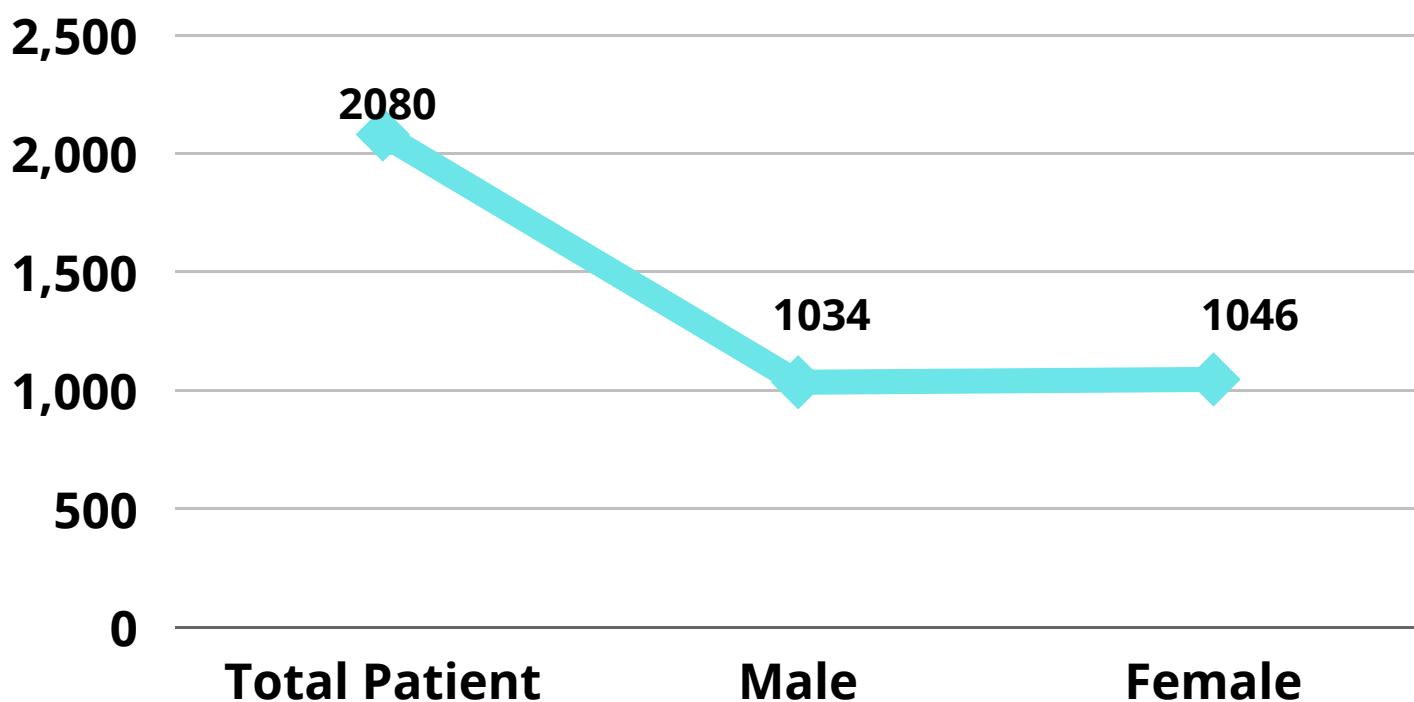
Total Glass
distributed
211

Reffered to
Hospital
60

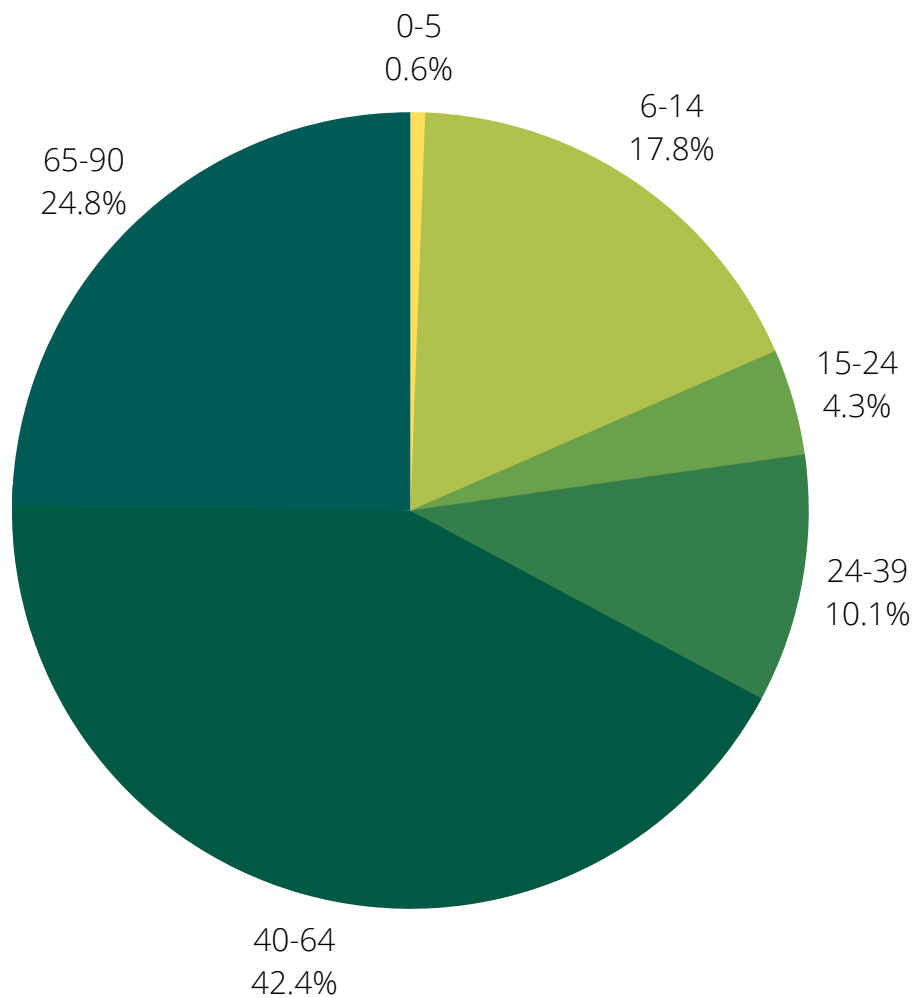
Patient screened by Sevika



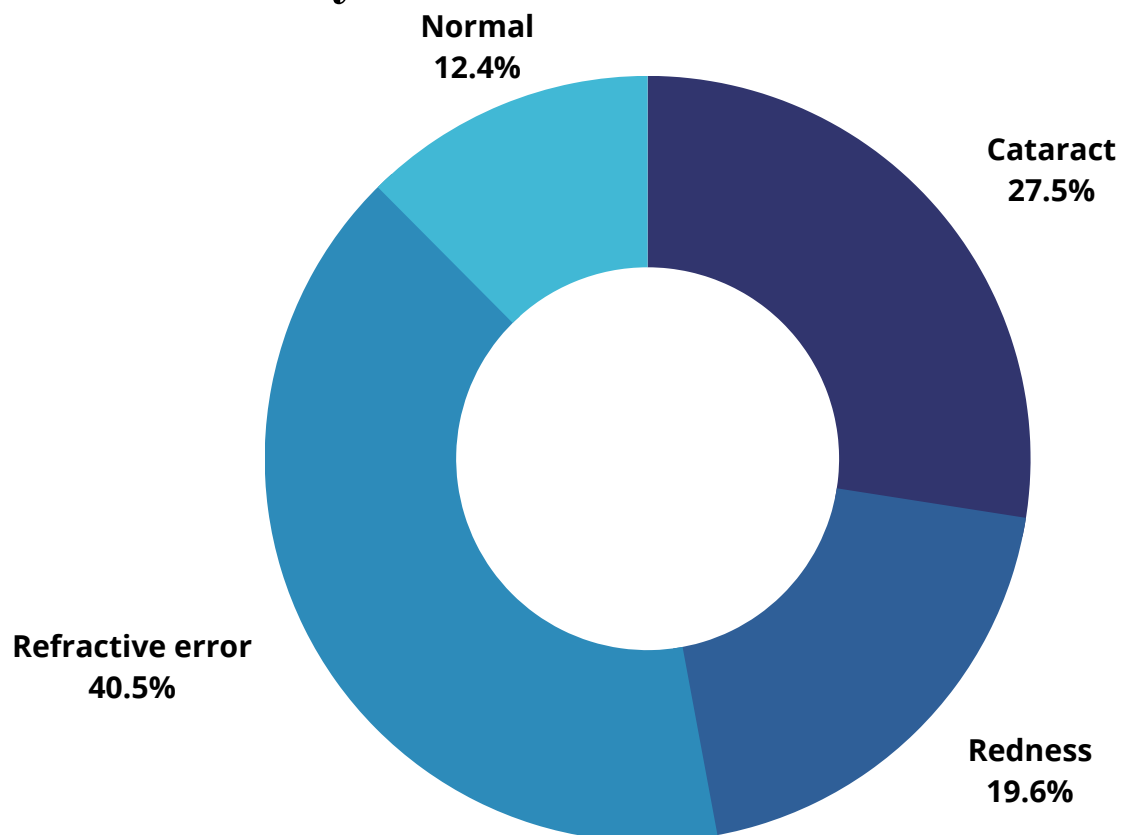
Patient screened by Eye van



Registered Patient age wise



Symtoms wise cases



Village survey Photos:



Photos(Eye check up in Eye van):



Anubhav Kathan: -

आरोग्य ग्राम - चान्दन

* मेरा नाम सुनना श्रमानी है। मैं बहुत दिनों से अपनी आँखों को लेकर परेशान रहता था। बाजरी की वस्तु की देखने में और पढ़ने में बहुत परेशानी होती थी। मैं ना कुछ देख पाता था और ना ही पढ़ पाता था।

पहले मेरे गाँव की एक सक्रिय बालिका जो कि आरोग्य फाउंडेशन की आरोग्य सेविका है। जिन्होंने मेरी परेशानी सुनी और आज सेविका जी और स्कूल आरोग्य फाउंडेशन की बहुत-बहुत चान्दनवादा देता है। जिन्होंने मुझे मेरी आँखों की रूढ़ि लीटा की अब मैं सभी चीजों को अच्छे से देख पाता हूँ और पढ़ पाता हूँ।

स्कूल आरोग्य फाउंडेशन की मैं फिर से दिल से चान्दनवादा देता हूँ और वो बहुत ही अच्छा कार्य कर रहे हैं। इनसे मुझे भी सभी कार्यकर्मीयों और चिकित्सकों की चान्दनवादा जी निःशुल्क आँखों की सेवा कर रहे हैं।



एकल आरोग्य फाउंडेशन

मेरा नाम सोनी कुमारी है। मैं गाँव में रहती हूँ। मैं बार-बार आँखों में आँसू आता था। मैं बहुत दिनों से अपनी आँखों को लेकर परेशान रहती थी। मैं ना कुछ देख पाती थी और ना ही पढ़ पाती थी।

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Porta Clinic project

Porta Clinic is a project run by Ekal Arogya Prakalp under the auspices of the Arogya Foundation of India. Rural communities have long struggled to maintain access to quality health care services in India. With this in mind, The PORTA CLINIC Project was initiated to prepare healthdata for rural areas in India.

This miniature lab in a bag is the main tool of an ambitious plan of Arogya Foundation to screen our rural and tribal brethren, sister and children for all those diseases which can be treated well if diagnosed early. In the Porta clinic team there are 3 Sanyojika and 2 Paramedics. A two wheeler is provided to each Sanyojika and Paramedic for visiting the families in the villages for screening with the Porta bag. The pilot of the project is underway in Myorpur block of Sonbhadra dist. of East UP since June 2021. Afteran extensive training session, 5 members of the team - 2 Paramedics and 3 Sanyojikas were appointed to carry out 110 different types of tests using the Porta Clinic Bag - consisting of all essential medical equipment.



Training: Under the guidance of Dr Umesh Paliwal - Trustee, Arogya Foundation of India, Dr Manish, chief trainer, AFI, Dr Akash Aboti, in charge of the project, Dr Premchand and Dr HC Pandey and from JaviX Life – Niranjana, Dixsh and Jyoti trained the team of Porta. In 18 sessions, spread across 5 days, the training was conducted.

Type of Test	Test to Perform	Remarks/ Tools required
Routine	Pulse Rate	Pulse Oxymeter
Routine	Blood Pressure	Blood Pressure Machine
Routine	Nutritional status of children below 5 years by arm circumference and weight.	Weighing Machine& Measuring tape
Routine	BMI of all above 10 years by measuring height and weight.	Weighing Machine
Routine	Body Temperature	Infra Red Thermometer
Routine	O2 Saturation	Pulse Oxymeter
Routine	ECG (only lead 2) for all (Electro Cardiogram)	JaviX CardioSleeve
Routine	Reading Tests	Vision Chart/ Text on Chart
Rapid Test	Routine urine for all.	URS 10 (Urinalysis Meter)
Rapid Test	HB% for all	Hemoglobin Test Meter
Rapid Test	HB% for all	Bio Sense
Rapid Test	A1C for all above 20 years.	Blood Glucose Meter
Rapid Test	Lipid panel Tri-glycerides, HDL, LDL, Glucose, Cholesterol for all above 20 years.	Cholestrol Test Meter
Additional Tests		
Advanced Tests	Kids- Heart murmur for all below 20 years (Auscultation- Pulmonary)	JaviX CardioSleeve
Advanced Tests	Adult above 50 years – Heart disease (Cardiac Function Test- Pulmonary)	JaviX CardioSleeve
Additional Rapid Test		
Rapid Test	Fever – Rapid test for Malaria	
Rapid Test	Fever – Rapid test for Dangué	
Rapid Test	Fever – Rapid test for Flue	
Rapid Test	Fever – Rapid test for Typhoid	
Rapid Test	Bilirubin – For Hepatitis	
	Skin lesion – photo by otoscope	Free with Otoscope
	Ear problem – photo by otoscope	Free with Otoscope
	Cataract - photo by otoscope	Free with Otoscope

PORTA CLINIC INVENTORY LIST		
Accessories received from Javix life		
SL NO.	ITEM	UNITS
1	Blood pressure meter	4
2	Infrared Thermometer	4
3	Pulse Oximeter	4
4	Spirometer	4
5	Blood Glucose meter	4
6	Hemoglobin Meter	4
7	Cholesterol (Lipid panel) Check meter	4
8	Digital Stethoscope (Eko Device)	4
9	Electronic Weighing Machine	4
10	Charging Station of Stethoscope	4
11	Samsung A7 Tablets	5
12	Charging Cable	4
13	Samsung tablet Charger with type C Wire	5
Consumable received from Javix Life		
14	Glucose Test Stripes (1 unit = 25 qty)	4
15	Pencil Batteries	16
Devices Received from Javix Life		
16	Sample Container 30ml	8
17	Sterile Swabs	40

Name of Investigator:			
Name of Pathologist:			
Name of Laboratory :			
Contact Details of Laboratory:			
Phone No :			
Fax :			
Email ID :			
LAB PARAMETERS	Normal Values		
	Male	Female	Unit
Haematology			
Hemoglobin	13.00 - 17.00	11.50 - 15.00	g/dL
RBC	4.50 - 5.50	3.80 - 4.80	mill/mm3
Platelets	150.00 - 450.00	150.00 - 450.00	thou/mm3
WBC-Total count	4.00 - 10.00	4.00 - 10.00	thou/mm3
Neutrophils	40.00 - 80.00	40.00 - 80.00	%
Lymphocytes	20.00 - 40.00	20.00 - 40.00	%
Eosinophils	1.00 - 6.00	1.00 - 6.00	%
Monocytes	2.00 - 10.00	2.00 - 10.00	%
Basophils	<2.00	<2.00	%
Serum Electrolyte			
Sodium	136.00 - 146.00	136.00 - 146.00	mEq/L
Potassium	3.50 - 5.10	3.50 - 5.10	mEq/L
Chloride	101.00 - 109.00	101.00 - 109.00	mEq/L
Calcium	8.50 - 11.00	8.50 - 10.10	mg/dL
Lipid Profile			
Cholesterol Total	<200.00	<200.00	mg/dL
Triglycerides	<150.00	<150.00	
HDL Cholesterol	>40.00	>50.00	
LDL Cholesterol, Direct	<100.00	<100.00	
VLDL Cholesterol	<30.00	<30.00	
Non-HDL Cholesterol	<130.00	<130.00	
Blood Glucose			
Random Blood Sugar	70.00 - 140.00	70.00 - 140.00	mg/dL
Fasting Blood Sugar	70.00 - 100.00	70.00 - 100.00	mg/dL
PP Blood Sugar	70.00 - 140.00	70.00 - 140.00	mg/dL



Training Photos: -

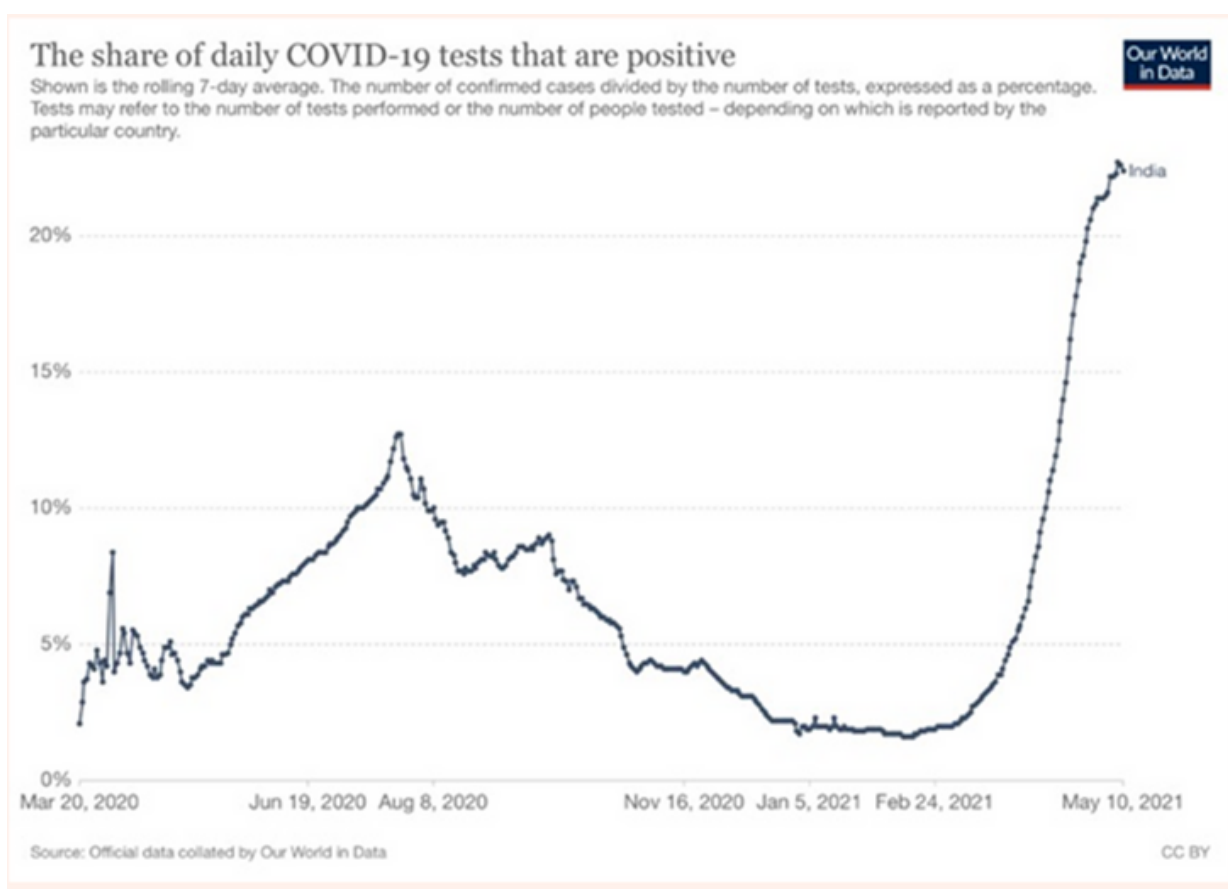


SWASTHYA SAMPARK PROJECT

It was noticed that an increasing number of people experienced symptoms after their initial recovery from the disease in the second wave. Hence providing Post COVID-19 recovery services to patients recovering from COVID-19 was crucial.

The Swasthya Sampark Project is specifically dedicated to providing Post COVID-19 care to patients in the states of Chhattisgarh, Jharkhand and Madhya Pradesh.

Patients can utilise this platform to receive counselling, knowledge, access to specialists, doctor follow-ups and vaccination advice.



GOALS OF THE PROJECT:

1. To provide telemedicine-based health services to patients needing post-COVID recovery services.
2. To provide post-COVID patients with correct, authentic and evidence-based information.
3. To address mental health issues, anxiety & create a positive mindset on their road to recovery.

4. To provide post-COVID patients with information about symptoms and signs to look out for and prompt their health-seeking behavior.



THE TEAM:

Under the leadership of Dr Akash Aboti, a team of specialists/doctors and Telecallers are engaged in the daily activities of this project. Dr Akash along with the support of Dr Manish and Dr Premchand are managing the entire team to ensure smooth operations.

The operations began on 15th June 2021 with 6 Telecallers managing inbound and outbound calls. Further 3 doctors were added to the existing team of Telecallers on 15th July 2021 on demand of Intelehealth. a team of 9 doctors manage the Telecalling activities on a daily basis.

TELECALLERS DOCTORS

Dr Shruti Jha(MBBS)
(Joined from 15th June 2021)

Dr Lohit Sakpal(MBBS)
(Joined from 15th June 2021)

Dr Pranav Tripathi(MBBS)
(Joined from 15th June 2021)

Dr Pammi Kumari(MBBS)
(Joined from 15th June 2021)

Dr Sheetal Chauhan(MBBS)
(Joined from 15th June 2021)

Dr Vipul Agarwal(MBBS)
(Joined from 15th June 2021)

Dr Himanshu Singh(MBBS)
(Joined from 15th June 2021)

Dr Vidyawanti Kumari(MBBS)
(Joined from 15th June 2021)

THE TEAM:

SPECIALISTS DOCTORS

Dr. Prateek Mathur
(Pulmonologist)

Dr. Krishna Mohan
(Psychologist)

Dr. Rahul Mavi
(Medicine)

Dr. Rajendra Mehta
(Pulmonologist)

Dr. Manisha Kumari
(Dietitian / Nutritionist)

Dr. S. K. Kalra
(Medicine)

Dr. Kusum Chopra
(Gynecologist)

Dr. Raj Mohan
(Ophthalmologist)

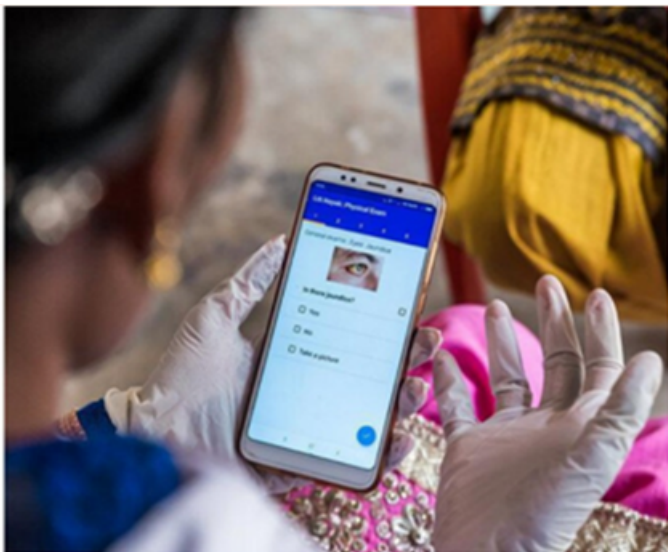
Dr. R. S. Tiwari
(ENT specialists)

Dr. Atul Karande
(Cardiologist)

Dr. Arvind
(Physiotherapist)

Dr. Amit Mohan
(Pediatrician)

Dr. Arti Gupta



PROCESS:

STEP 1 - OUTBOUND / INBOUND CALLS

ACCOMPLISHED TILL JULY 31ST 2021

TOTAL CALLS : 3061

INBOUND CALLS : 1036

OUTBOUND CALLS : 2025

STEP 2 – REGISTRATION

PATIENTS REGISTERED : 519

REGISTERED PATIENTS RESOLVED BY TELECALLERS :

STEP 3 - CONNECT TO SPECIALIST

REGISTERED PATIENTS RESOLVED BY SPECIALISTS : 181

DIFFICULTIES FACED BY TELECALLERS

Numbers At A Glance (15th June-31st July)

	Proposed Targets (for 6 Months)	Accomplished till July 31st 2021	% of Target
IVRS Call outreach	30000	18898	62%
Telecaller Calls	6000	3061 Inbound - 1036 Outbound - 2025	51%
Patients registered		519	



Mistrust due to a previous bad experience /
Considered as a fraud caller

Not willing to disclose personal information/disease history

Infuriated family members of a deceased patient

Patients who cannot afford medications

Technological issues

Language barrier

Rude or harsh response /
Disconnection / No response /
In valid number

Fear of the government and public health systems fueled by news and reports of people dying

RESPONSE TOWARDS THE PROJECT

TOTAL OUTBOUND CALLS: 3871

CALLS ANSWERED SUCCESSFULLY : 2025

PATIENTS REGISTERED : 331

TOTAL INBOUND CALLS : 4058

CALLS ANSWERED SUCCESSFULLY: 1036

PATIENTS REGISTERED : 175

TOTAL PATIENTS RESOLVED BY TELECALLERS : 297

TOTAL PATIENTS RESOLVED BY SPECIALIST : 181

DIRECT TO PATIENT APP

PATIENTS WHO HAVE DOWNLOADED THE APP : 263

PATIENTS REGISTERED THROUGH APP : 9

Overall patient response varies depending upon the current condition of the patient:

- An extremely severe case does not wish to opt for an online consult similarly a current stable condition case also does not show any interest.
- Patients with mild to moderate symptoms have shown interest and a willingness to register

PROJECT TIMELINE

14th June 2021

- > Training for Telecaller doctors on how to receive and send Incoming and outgoing calls to the patient via Swasthya Sampark Nurse application.
- > Training for all the Specialist doctors on complaints and protocols to be followed.

15th June 2021

The flow of operations began as Telecallers start outbound calls.

10th July 2021

Refresher training for all the Telecaller doctors on communication and patient counselling.

14th July 2021

SAMVAD meet for appreciating the efforts of all team members.

16th July 2021

Started informing the patients about the Swasthya Samapark android application, where patients can connect directly to the doctors after self-assessment

ACKNOWLEDGEMENTS

"COMING TOGETHER IS A BEGINNING. KEEPING TOGETHER IS PROGRESS.
WORKING TOGETHER IS A SUCCESS."

- HENRY FORD

EKAL HELP LINE

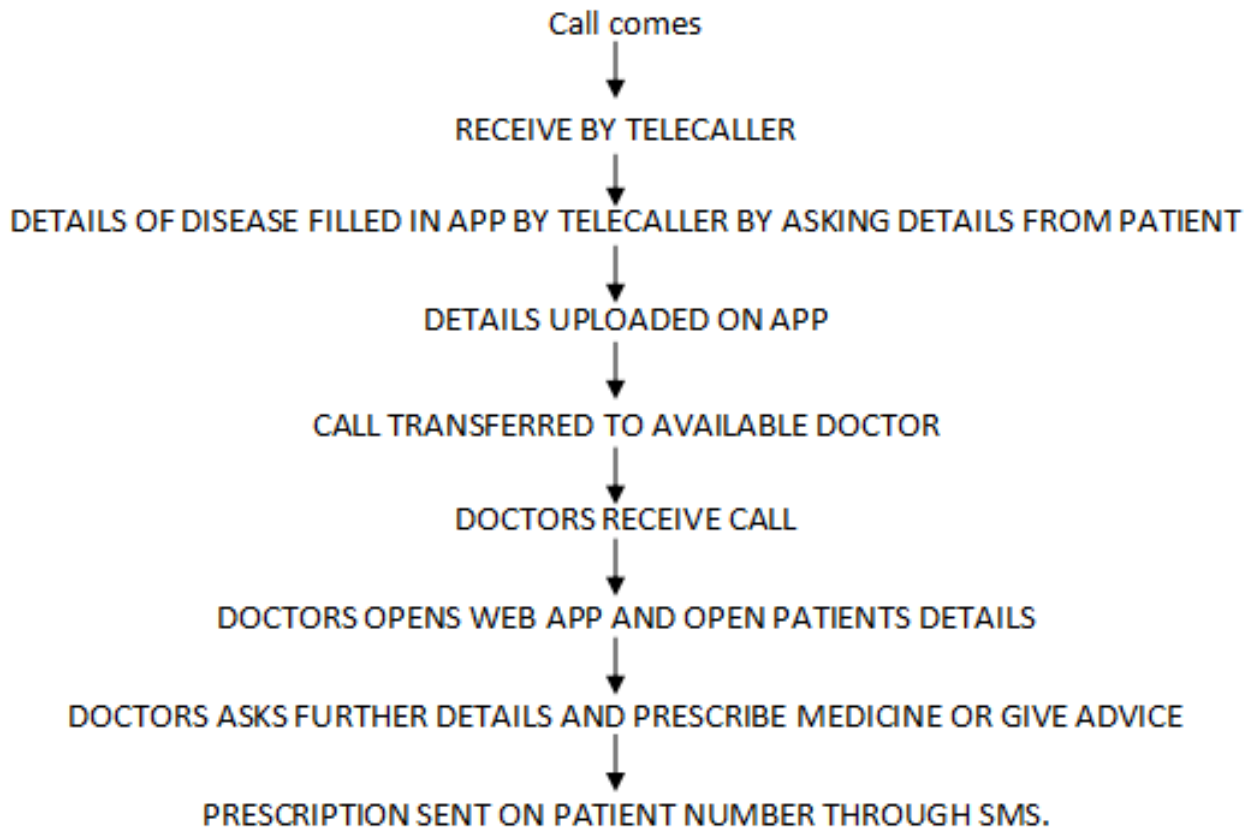
During the second and the third wave of Corona pandemic when no doctors were available in the PHCs, OPDs are totally closed. In this situation Arogya Foundation took the initiative to help the patients belongs to remote villages. It was generated to help the people of urban as well as rural area by connecting them with the specialized doctors belongs to different cities of India.

Arogya foundation started Ekal help line with the help of its hardworking Karyakartas and doctors belongs to cities of different states. Through Ekal help line, people can get free of cost consultation regarding various disease in their local languages from the different field of expert doctors (Ayurved, Homeopathic, Allopathic etc) through phone calls and video calls.

The working procedure of the ekal helpline was as follows:

- 1.Ekal's karyakartas sitting at the call center have been trained by our expert trainers.
 - 2.First of all Patients' calls are attended by the karyakartas sitting at our call center.
 - 3.Required information related to the disease is taken by the patients by the Karyakartas.
 - 4.Karyakartas send the collected information to the doctor and also transfer the call to the doctor.
 - 5.Prescription is prepared on the basis of the conversation with the patients by the doctors and send the prescription to the Karyakarta.
- The Prescription received from the doctor by the Karyakarta is sent to the patient on his phone.

Work Flow Chart



State:26

Karyakartas:117

Doctors: More than 100

Beneficiaries: 1976

Total call came in different languages are as follows:

Total calls – 7328

Hindi – 3393,

Oriya – 1406

Bengali – 578,

Kannada – 402

Tamil – 376,

Telegu – 78

Marathi – 192,

Malayalam – 24

Assamia – 879

No. of beneficiaries – 1961

Ayurved – 739

Allopathy – 915

Homeopath – 307

Telemedicine Enhanced Arogya

Telemedicine-Enhanced Arogya is a community health program that provides rural villages with critical medical services and health education. Through telemedicine and preventative health trainings, TEA gives people living without sufficient healthcare resources the information and support to thrive. It works by training local women to be community health workers, called Arogya Sevikas. Arogya Sevikas serve their local community, providing on-the-ground resources and connecting patients to doctors via telemedicine. Arogya Sevikas are able to charge affordable costs for their services. This means that in addition to providing rural villages with healthcare, TEA is also empowering women healthcare entrepreneurs. It not only provides people in rural villages with top-level care; it also teaches how to prevent illness and promote wellness for long-term, lasting impact.

The sevikas use an open source digital health & telemedicine platform developed by Intelhealth (intelehealth.org) to deliver their services. The platform consists of a mobile app for health workers and a cloud based electronic health record system as a backend (Open MRS). The app works with very low bandwidth connection as well as offline.

Karyakarta: Arogya sevika – 15

Project Supervisor – 1

Samiti – A group of voluntary socially oriented honorable personnel who are resident of that very block and district constitute a monitoring team of the project. They monitor the project from day one.

Selection - Selection of Sevikas and Supervisor is done by the above mentioned Samiti members through written test and interview.

Methodology -

■Arogya Sevikas equipped with the Tele-health Telemedicine toolkit visit families in the village and provide health checkups.

■She is able to check & record all Vitals.

■Triage health conditions

■Connect sick patients to remote doctors via the Tele-health platform for consultations

- Give prescription for non serious ailments via the Tele-health platform to the patients
- For more serious cases, connect them to nearby credible health centers to get treatment at the lowest cost (free if possible at Government facilities)

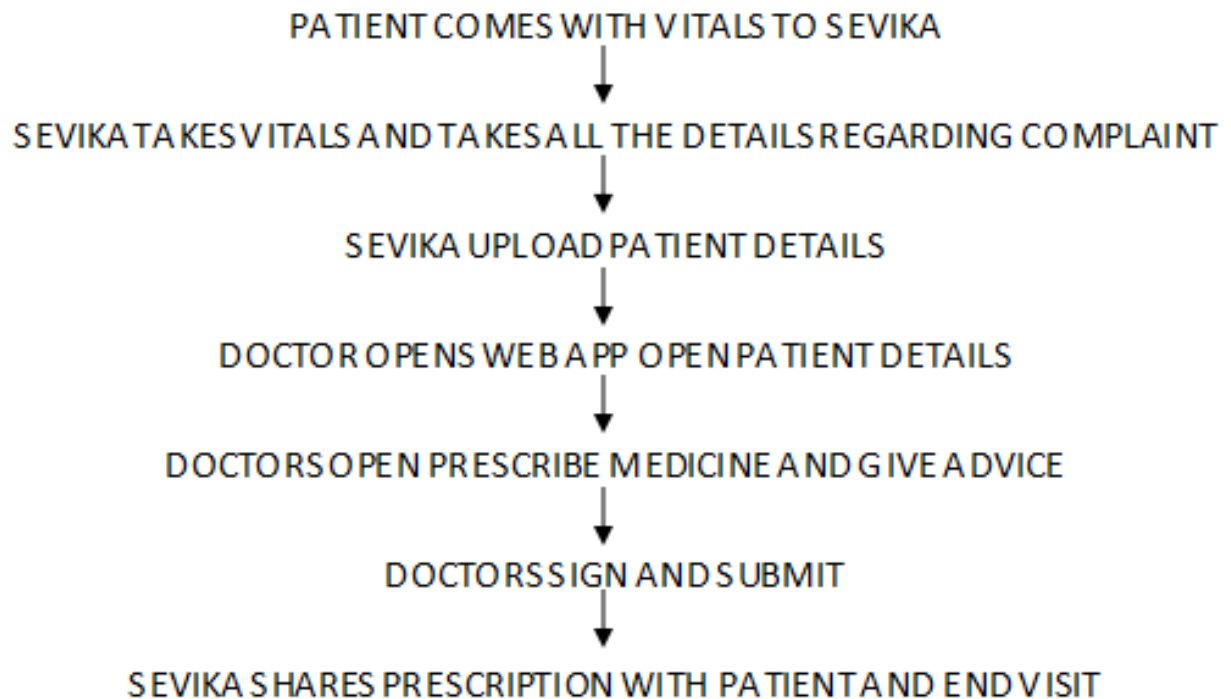
The platform contains modules for:

- Healthcare provider decision support using a knowledge enabled digital assistant.
- Telemedicine to facilitate transmission of medical data to remote doctors and set up audio or video Tele-consultations in a low bandwidth environment.
- Point of care diagnostic tests using low cost devices connected to a Smart Phone driven by apps.
- Prescription and medication forwarding.
- Referral coordination by guiding patients to the right next level of care.
- Patient Health Care education and counselling through video resources.
- Longitudinal patient management using electronic health records

Data reporting

Volunteer doctors:- Providing services through the telemedicine portal. Doctors from the urban areas who are willing to connect via the telemedicine platform are used to provide direct consultation. We have a network of such doctors that we have identified and will ensure that these doctors are trained in Telemedicine and are connected to the Arogya Sevikas.

TELEMEDICINE ENHANCED AROGYA WORK MODEL



TELEMEDICINE DATA – 2021-22

Total Telemedicine Sanch – 5 (One covered to Porta)

Total working Sanch – 4

Survey Data – 6564 Families

- 24818 members

Patient Data

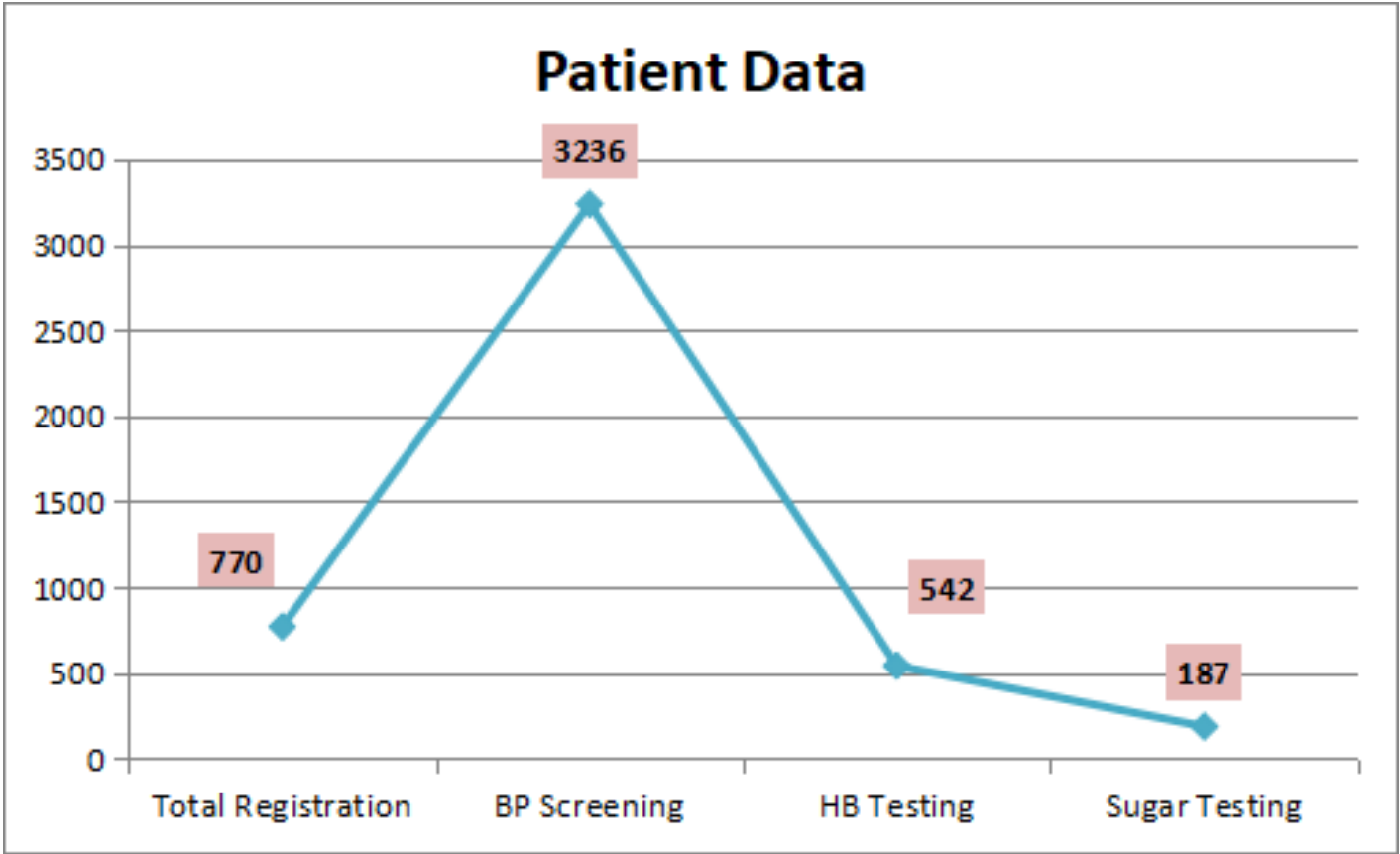
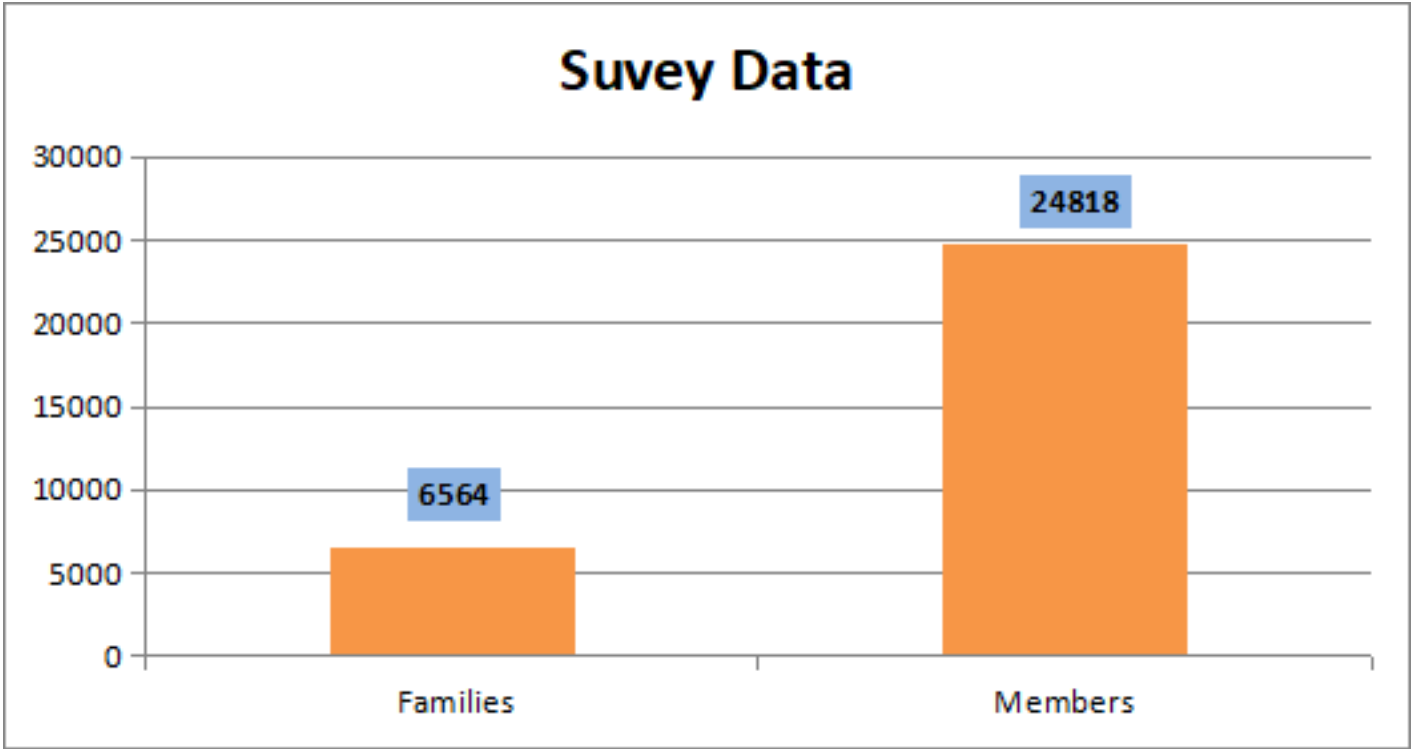
Total Registration – 770

BP Screening – 3236

HB Testing – 542

Sugar Testing – 187

Chart: -



Photos:



New Sanch Sevika Training

Sl no	Sambhag	Anchal	Sanch	Trainers	Date
1	North Jharkhand	Deoghar	Chandan	Dr. Premchand, Sri Rajnath Mahto, Sri Govind Das,	April 2021
		Deoghar	Rikhiya	Dr. Premchand, Sri Rajnath Mahto, Sri Govind Das,	April 21
2	South UP	Kanpur	Bithoor	Dr. Premchand, Dr Vani Ahluwalia , Dr Umesh Paliwal & Sri Amresh Chaube	25th to 29th Aug 2021
		Kanpur	Maitha	Dr. Premchand, Dr Vani Ahluwalia, Dr Umesh Paliwal & Sri Amresh Chaube	25th to 29th Aug 2021
3	Brajmandal	Mathura	Nandgaon	Dr. Premchand, Dr Sammi Kalra, Sri Ramdev Sharma, Sri Manoj Sharma, Dr Arun Chaturvedi, Sri Amresh Chaube , Dr Abhishek Prakash, Sri Satish Gupta, Sri Vinod Gupta	27th oct to 2nd Nov 2021
		Agra	Edmatpur	Dr. Premchand, Dr Sammi Kalra, Sri Ramdev Sharma, Sri Manoj Sharma, Dr Arun Chaturvedi, Sri Amresh Chaube , Dr Abhishek Prakash, Sri Satish Gupta, Sri Vinod Gupta	19th Oct to 23rd Oct 2021
4	West Bengal	Purulia	Manbazar	Sri Rajnath Mahto, Sri Govind Das, Dr. Jatin Das, Sri Tripurari Pramanik	17th Feb to 24 th Feb.2022
5	Chattishgarh	Kanker	Charama	Sri Rajnath Mahto, Sri Govind Das, Sri Rajesh Panika.	
6	Gujrat	Dang	Sabri	Sri Dhiren Harne, Dr Bharat Hathila, Sri Shankar Parmar, Sri Yogesh Kandolia,	10th March to 14th March 2022
		Dang	Hanmatmal	Sri Dhiren Harne, Dr Bharat Hathila, Sri Shankar Parmar, Sri Yogesh Kandolia,	27th Nov to 1st Dec 2021
		Dang	Dhamni	Sri Dhiren Harne, Dr Bharat Hathila, Sri Shankar Parmar, Sri Yogesh Kandolia,	2nd Dec to 6th Dec 2021

Training photos: -



Addressing the inaugural program, Dr. Umesh Paliwal



Deep Kumar - Central Head Arogya Yojana, taking the session Amresh Chobe- State Cordinator Arogya, taking the





Edmatpur Training photos:



MEDICAL CAMPS IN JAMMU

“Health Awareness and Medical Camps at Migrant Colony”

Held on 19th March 2021 to 14th March 2022

Organised

by

AROGYA FOUNDATION OF INDIA (AFI)

**Supported by ALTRUISTA HEALTH SERVICES PRIVATE LIMITED
(under Corporate Social Responsibility)**

Arogya Foundation of India under Ekal Abhiyan with support of ALTRUISTA HEALTH SERVICES PRIVATE LIMITED organized 25 Medical and Health Awareness Camps in Union Territory of J&K. First on 19/03/2021 at Talwara Reasi and last 25th Camp on 14th March 2022 at Nagrota, Jammu.

The Inaugural ceremony of these Medical camp series was organized at community center Talwara, Reasi in Jammu region on 19/03/2021.

Dr. Harish Anand of Arogya Foundation of India, that Medical Camps are being organized AT Migrant Colony in Jammu. We have provided not only medicines but also performed different types of blood tests free of costs.



The services provided in these camps included general medical Examination, monitoring of BP, Blood Sugar Levels along with treatment of common ailments followed by dispensing free medicines to all the patients by Dr. Seema Vaishnavi, Dr. Povinder Singh, Dr Vishal Gupta, Dr Vikrant, Dr Upender Singh and other para-medical staff under overall guidance of Dr. Harish Anand, the coordinator of this Project. Masks and sanitizers were distributed to all the patients and others as well.

In addition to the Health treatment, general public and patients were advised to take all precautionary measures against the Covid-19. It was made clear to them that any carelessness at this point could drag us down again. Therefore, all Covid-19 safety norms should be taken such as mandate masking, Social Distancing, Vaccination, avoid spitting in public places, Frequent Sanitization, Face coverings etc. People were also advised to improve hygiene, sanitation and adopt practices to prevent common ailments like Anaemia, Malaria, Skin Disease, Tuberculosis, Aids, Fever, Cough and Cold etc.

During primary health checks participants were found to be suffering from diseases in following categories:

Fever, Cough cold, Diarrhea, Gastritis, Body ache, ENT, Eye, Scabies, Anemia, BP and Sugar.

Activities undertaken:

- Villagers were invited in camps for free medical check-up by qualified and experienced doctors.
- Free medicines were dispensed to ailing/needy patients.
- Creating general health awareness amongst the villagers to introduce sense of well being.
- Educating volunteers/participants about First Aid and to enhance their skill towards precautionary and preventive care and handling of emergencies.

Snapshot of Camps and Outcome

- More than 10 Doctors & 70 Para Medical Staff & Volunteers, all volunteers of AFI with support of the field workers of Arogya Foundation of India and help of local villagers, successfully organized these medical camps, in 25 Migrant Colony and near villages at Jammu under the overall guidance of Dr. Harish Anand, the coordinator of this project.

- The services provided in these camps included general medical examination, monitoring of BP, Blood Sugar levels, along with treatment of common ailments, followed by dispensing of medicines.
- Most of them suffered from illness due to unhygienic environment & lack of health awareness.
- 5172 patients were benefited from these camps.

340 Patients were identified who needed treatment at higher centers; they were accordingly referred to different nearby hospitals.

Photos:



EKAL ISOLATION CENTRE

When patients of corona are increasing there was no places to keep corona patients. In this situation the Ekal Arogya established 210 beds isolation centres combining its all sanchas. Oxygen concentrators facilities were available in 175 beds out of 210 beds, along with 24 hours medical services. Healthy and nutritional Food, medicine etc were provided free of cost.

No of Doctors:10

No of Nurses:12

No of Karyakartas: 36

No. of Patients admitted: 45

No. of Patients cured:43

No. of Patients referred to higher centre:2

MEDIC SETU

Medic Setu is a initiative that aims to connect doctors to the patients currently under home quarantine due to COVID-19 pandemic. In that days the number of cases in India has increased drastically putting load on the current infrastructure. Ekal Arogya came forward to fight back and coordinating by getting groups of doctors available for the reach of common people who may not be able to afford fees. In this initiative Doctor's were contribed voluntarily in association with different groups to help out those who were not able to afford or reach other establishments.

No. of Patients Consulted:1330

No. of Doctors Involved: 45

DISTRIBUTION OF OXIMETER AND THERMOMETER

There have been always a risk of Covid-19 spreading from one person to other family members staying in the same home. Their doctors precautionary advice includes monitoring of body temperature and oxygen saturation. The coronavirus pandemic has seen an unprecedented and uncountable number of heartwarming incidents where good Samaritans have come out to try and help those reeling under the effects of the virus. We received oximeter and thermometer for distribution from many donors. Ekal provided oximeter and thermometer to its workers so that they could help the corona patients of the remote villages. Also they were given training to use them.

No of Oximeter and Thermometer distributed by

Arogya Foundation of India : 1330

Youth Club of Grammothan : 2000

Pragati Sangh of Ekal : 3000

YOGA PROGRAM

Social distancing, wearing a mask and eating a healthy diet are among the few things you should do to up your immunity during the Covid-19 pandemic. Yoga is one way you can naturally uplift your vitality without having to step out of the comfort of your home during this lockdown. Yoga has been used for centuries in keeping the body functioning fit and fine, holistically. However, the benefits of yoga are not just limited to stress relief and mental wellness. To increase immunity to escape from corona. Ekal Arogya had been organized yoga program in two sessions morning and evening continuously for a month under the aegis of Ministry of AYUSH Mantralaya. Where online yoga program was organized by Sri Devendra Singh ji disciple of Yoga Guru Dr. Ram Avtar.

Total Program Organized: 44

Sessions : ` Morning and Evening

Member Present : 9,549

WALL WRITING

Wall writing is an art movements where work is displayed in public rather than a gallery setting. Arogya sevikas displayed their work in public, generally speaking are not interested in the public understanding their work. Wall writing is an important way to create awareness. People are being made aware of corona through wall writing by Arogya Sevikas

Total village: 1230

Total Wall writing: 39,987

YOUTUBE

The use of You Tube channel by Ekal, the Karyakartas are given information and training about various types of schemes run by Ekal Arogya. Apart from this, the social work being done by Ekal put on it from our social media team, so that anyone other than the donor can see and get information about our projects.

PREPARATION FOR 4TH WAVE

It is prepared to face a possible fourth wave of the coronavirus infection in the villages required medical facilities to deal with a surge in cases.

1. Mahila Samiti and Ekal Karyakartas have started their preparation for the 4th wave of corona pandemic. During this period, a target has been set to reach about 1 lakh villages.
2. 100 Oxygen concentrators kept in stock for emergency during 4th wave of Corona pandemic.
3. 6,330 Pulse Oximeter and Thermometer were distributed among the karyakarts at field level. Continuous training regarding operating these instruments still going on by our expert groups. 5000 Oximeter and thermometers kept in stock for distribution among the Karyakartas if required.
4. Before 4th wave of corona pandemic Arogya going to implement Telemedicine Enhanced Arogya in all our 39 ARC and IVDs.

Arogya Foundation of India

Executive committee Trust Board

Effective from 1st June,2021

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5	Shri Subba Rao	Bhagya Nagar	9849017036	subbarao@ananthtech.com
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Arogya Foundation of India

Working committee

Effective from 1st June,2021

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Eye Camp Report																
Sambhg :-Purbattar(Assam)																
Date:- April -2021 to March-2022																
SN	Sanch Name	Plase	Date	Gen eral	Eye	Den tal	Total	No of Patients				Doct ors	Reffered	Gov. hosp ital	Catara ct	Surger y
								Male	Fema le	Chil d	Tota l		Private hospital			
1	NAHARKATI A	Borbam T.E	03-04-21		1		1	62	71	2	135	2	Lions K.K. Saharia Eye Hospitel		27	22
2	Other	Rukchig-2, (Arunachal)	7,9,/10/2 1		2		2	281	302	5	588	4	Lions K.K. Saharia Eye Hospitel		58	47
3	Other	Rangaliting T.E,	23-10-21		1		1	65	73	1	139	2	Lions K.K. Saharia Eye Hospitel		28	20
4	Other	Madarkhat T.E	26-10-21		1		1	54	62	2	118	2	Lions K.K. Saharia Eye Hospitel		19	16
5	Other	Chabua T.E)	27-10-21		1		1	68	59	2	129	2	Lions K.K. Saharia Eye Hospitel		23	22
6	Other	Arunachal- Namsai-2	12,13/11 /21		2		2	142	156	5	305	4	Lions K.K. Saharia Eye Hospitel		37	31
7	NAHARKATI A	Lengrijan T.E	23-11-21		1		1	37	44	2	81	2	Lions K.K. Saharia Eye Hospitel		17	12
8	NAHARKATI A	Assamia Goan	09-12-21		1		1	81	69	3	153	2	Lions K.K. Saharia Eye Hospitel		39	33
9	Bordubi	Chabua T.E	23-01-22		1		1	54	67	2	121	2	Lions K.K. Saharia Eye Hospitel		37	30
10	NAHARKATI A	NAHARKATIA - T.E	27-03-22		1		1	27	39	2	66	1	Lions K.K. Saharia Eye Hospitel		9	9

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