



**RAMAKRISHNA MISSION HOME OF SERVICE**  
**(GENERAL HOSPITAL)**  
LUXA, VARANASI, U.P.-221 010, India  
(A Branch Centre of the Ramakrishna Mission, Belur Math, Howrah)  
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**VIVEK SANJIVANI**  
**An Initiative for Healthcare and Education**  
**Annual Report 2020-21**

**VIVEK SANJIVANI: An Overview**

VIVEK SANJIVANI is An Initiative for Healthcare and Education of Ramakrishna Mission Home of Service, Luxa, Varanasi, India. It provides General Healthcare through five Telemedicine units and three Mobile Medical units along with Mother-Child Primary Health Care, Adolescent Healthcare, Community Mental Healthcare, Care for the Differently-abled persons, Visual Health Check-up, General movement Assessment in Neonates and infants, and distribution of Nutritional Food Supplements. It is also engaged in Gadadhar Abhyudaya Prakalpa (GAP), Value Education Programs, Health Education and Promotion, Health Education-based film Development, publication of books and research programmes. It conducts Foundation courses in Science and Mathematics, online teachers' training and teachers' workshops. It is already in the process to start multimedia-based online classes for the rural children.

<b>VIVEK SANJIVANI</b>			
<b>Work At A Glance April 2020- March 2021</b>			
<b>Telemedicine Units:</b>		<b>Non-Communicable</b>	<b>Bene</b>
Online Check up: 3 days/week		<b>Disease Screening:</b>	<b>ficiaries</b>
Expert Centre	1	Hypertension	3988
No. of Remote Centres	5	Diabetes	3974
Total Number of Patients	17,067	Oral Cancer	2744
<b>Mobile Medical Units:</b>		Breast Cancer	313
No. of sites	3	Vaccination	1559
Total Number of Patients	14,750	Community Mental	895
<b>Programs:</b>		Health screening	
Gadadhar Abhyudaya Prakalpa	196	3Nethra Visual	102
Distribution of Nutritional Food		Check up	
Supplements to poor women	2,310	General movement	
and children		Assessment in	
Value Education Program	461	Neonates and infants	369
Health Education Films show	1700	Ante-Natal care	586



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**1. Telemedicine Services:** Our Real-time telemedicine solutions offers a virtual alternative to the in-person doctor's visit. It expands access to quality patient care, especially to regions and underserved populations that need it the most. It provides a way to cut down on healthcare spending and keep connected patients throughout the year. It is gradually showing the potential to change the healthcare delivery system for the better especially at the rural areas.

**Telemedicine Units (TMUs) of Vivek Sanjivani:** Five Telemedicine units are established at different locations viz., Majhawan, Kalwari and Naugawan (district Mirzapur), Lohara (district Sonbhadra) and Lalganj (district Azamgarh) of Eastern Uttar Pradesh for providing medical services to the poor, needy and underserved people. These centres provide telemedicine services weekly three days on regular basis. In our Telemedicine services we use internet communications and Cloud-based Realtime software solution to provide clinical services to patients without an in-person visit at the Doctor's chamber. It is frequently used for primary healthcare, mental healthcare, follow-up visits, management of chronic conditions, medication management, health education and other clinical services. Our telemedicine programs of Vivek Sanjivani are backed with a 195 bedded referral hospital of our Ashrama at Varanasi.

The physician's consultations are done from the Expert centre of Vivek Sanjivani at Varanasi or from the Doctor's dwelling place. Several Physicians from Kolkata, Anand (Gujarat), and Noida are extending help in treatment of patients. Specialist Doctors are providing free services. **The total number of people treated during 2020-21 was 17,067.** All received free medicine from the remote TMUs except in a few cases. Pathological tests like Blood Pressure, haemoglobin% by colour card and Sahali method, Random Blood Sugar (RBS) are done for the patients above 30 years of age.

New Patients	Old Patients	Male	Female	Child Male	Child Female	Total
3525	13542	6896	8483	838	850	17,067

**Specialist Services offered through Telemedicine at the door step of village people:** Psychiatrist, Gynaecologist, ENT, Rheumatologist, Oncologist, Medicine.

**Four fundamental benefits from Vivek Sanjivani Telemedicine services:**

- ❖ **Improved Access** – For the last three years, telemedicine has been used to bring healthcare services to patients in distant locations of Eastern Uttar Pradesh. Not only does telemedicine improve access to patients but it also allows physicians including specialists and health facilities to expand their reach, beyond their own working places. Our telemedicine has a unique capacity to increase service to many numbers of new patients.
- ❖ **Cost Efficiencies** – Reducing the cost of healthcare is one of the most important reasons for funding and adopting telemedicine technologies. Our Telemedicine has shown reduction in cost of healthcare and increase efficiency through better management of chronic diseases, shared health professional staffing, reduced travel times specially for the specialist doctors who can provide treatment from far of places.



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- ❖ **Improved Quality** – Our experiences have consistently shown that the quality of healthcare services delivered via telemedicine are as good those given in traditional in-person consultations.
- ❖ **Within the reach of Patients** – Over the last three years, our study and experiences have shown satisfaction about recovery of the patients through our telemedicine services. The services offer to our patients at the rural areas might not be available to them otherwise at their door steps, and they have to travel long distances.

## 2. Mobile Medical Units (MMUs): Health on Wheels:

In the rural Uttar Pradesh nearly 60 per cent of the total rural population lives below the poverty line. Our Mobile Medical Units offer flexible and viable options for treating these vulnerable groups. Our Mobile Medical Units help to conduct screenings, basic diagnosis and provide primary healthcare services to complex medical treatments closer to people's homes.

Our Mobile Medical Units use to visit to several parts of Mirzapur, Sonbhadra and Azamgarh districts of Uttar Pradesh. Total number of patients treated in villages through Mobile Medical Units during 2020-21 is given in a table:

New Patients	Old Patients	Male	Female	Child Male	Child Female	Total
3146	11604	6462	6583	834	871	14,750

**3. Non-Communicable Disease Screening (NCDS):** Screening done for Hypertension (HTN), Diabetes (DM), Oral Cancer (OCE), and Breast Cancer (BCE) among the target age group of 30 years and above through Telemedicine Units (TMU) and Mobile Medical Units (MMU) on the first day of the registration of the patient. Below are the details of screenings done:

	Hypertension	Diabetes	Oral Cancer	Breast Cancer	Total
No. NCD Screening	3988	3974	2744	313	11,019

## 4. Manasik Soundarya (मानसिक सौंदर्य) (Community Mental Health Program):

The community Mental Health Program is devoted to the evaluation and improvement of public mental health of poor people affected by mental disorders, emotional disturbances and/or addictions. The patients from **Patewar, Kalwari, Naugawan, Lohara, Majhawan, Lalganj, Manikpur, Ramnagar Sikari, Gaura and Amoi** and other villages are receiving 3 tiered comprehensive psychiatric and neurological treatment for (i) Common Mental Disorders like Depression, Anxiety, Obsessive Compulsive Disorder (OCD) (ii) Severe Mental Disorders including Psychosis, Bipolar Disorder and Major Depression and (iii) Epilepsy.



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**Common Mental Disorders (CMD):**

New Patient		Old Patient		Improved		Rehabilitation		Disengage		Re-Engage	
M	F	M	F	M	F	M	F	M	F	M	F
21	46	9	38	10	40	4	10	9	17	2	2

Improved- No Symptoms for Common Mental Disorder, Social Interactions Start

**Severe Mental Disorders (SMD):**

New Patient			Old Patient			Remission		Relapse		Residual				Rehabilitation		Disengage		Re-Engage	
M	F	C	M	F	C	M	F	M	F	M	F	C	C	M	F	M	F	M	F
3	2		4	2		2	0	3	5	9	6	2	1	2	12	12	6	2	2
4	3	1	6	9	2									0	12				

Remission- Reduction or disappearance of symptoms for at least 6 months

Relapse- Reappearance of symptoms after a period of well being

Residuals- Continuing symptoms at a low intensity

Disengage- Without any medicine, psychoeducation or counselling in last 2 months

Rehabilitation- Activities of daily living (ADL) improved, social interactions start, understanding own responsibilities, Earning money etc.

**Epilepsy (EPI):**

New Patient				Old Patient				Improvement Level 1				Improvement Level 2				Improvement Level 3				Rehabilitation		Disengage		Re-Engage	
M	F	CM	CF	M	F	CM	CF	M	F	CM	CF	M	F	CM	CF	M	F	CM	CF	M	F	M	F	M	F
16	12	6	4	33	23	10	8	1	0	0	0	3	2	4	0	16	12	4	2	9	1	9	11	0	1

Improvement Level 1- Seizures without unconsciousness

Improvement Level 2- Reduce Seizures (50%)

Improvement Level 3- Totally Controlled (No seizures in 1 year)

Disengage- Medicine discontinuity for more than 2 months

Rehabilitation- Earning Money, Proper Domestic work

**5. Visual health Check-up**

The new cutting-edge technology **3nethra** (a compact, portable, and easy-to-use non-mydratic digital imaging device) is used in visual check-up for diabetic and hypertensive patients. It is designed to acquire, display, store, and transmit images of the posterior, and anterior surfaces of the human eye. It assists clinicians in the evaluation, diagnosis, and documentation of visual health. The number of patients investigated with the help of 3nethra 102 diabetic and hypertensive patients in this year.

	Male	Female	Total Beneficiaries	Diabetes	Hypertension	Diabetes and Hypertension
<b>Patients</b>	<b>55</b>	<b>47</b>	<b>102</b>	<b>42</b>	<b>48</b>	<b>12</b>



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**Eye refraction checking for diseases:**

	Male	Female	Total Beneficiaries	Cataract Problem	Other Problem	No Problem/ Normal
<b>Patients/ Beneficiaries</b>	173	215	388	159	170	51

**Eye refraction checking for lens power:**

New Patients	Old Patients	Male	Female	Child Male	Child Female	Total Patients
164	485	311	261	28	49	649

**6. General movement Assessment in Neonates and infants for Early intervention, family Support and Health awareness (G.A.N.E.S.H.)**

The unique feature of this project is General Movement Assessment of children especially up to 5 months of age. In this year a total of 369 GMs Screening took place and 34 infants suspected for abnormal development were detected, 8 infants were followed up, all 8 infants were recovered to normal development and 9 referred to Paediatrician or Neurologist for special treatments and advice. Having pioneering works in this field in rural India, we submitted a paper in international journal, BMJ open to document this work. This has been published in that journal

We are collaborating with **General Movement Trust** of Austria for this work. **Prof. Christa Einspieler** of this organization is providing us the special training and guidance to our Health workers and assisting in writing of paper in reputed journals.

**7. Distribution of Nutritional Food Supplements**

Distribution of Nutritional Food Supplements are continuing uninterrupted till date as detailed below:

1. Nutritional food supplement items (Bajra, Soyabean, Besan, Ground Nut, Jaggary and Mustard Oil) are regularly being distributed on monthly basis to on an average **231** poor, pregnant, lactating mothers and malnourished children of villages of Mirzapur and Sonebhadra districts which provide 750 kcal/day and 37 gm of additional proteins every day to each woman and child.

	Pregnant and Lactating Mother	Malnourished Child under age 5 yrs.	Others	Total Beneficiaries
<b>No. of times given Food Supplement to Beneficiaries</b>	2192	111	7	2,310



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### 8. Promotion of Health Education

The purpose of our Health education is to positively influence the health behaviour of individuals and communities as well as the living and working conditions that influence their health and empower them to lead healthy lives. Health education activities should enhance the overall goal of the health promotion and disease prevention program. It can trigger far-reaching health improvements in serving vulnerable groups. Films are developed for health education programs which are culturally appropriate and tailored for the rural populations to ensure acceptance of the messages. In developing films, we are addressing cultural and linguistic differences, potential barriers to health promotion and disease prevention in rural areas to increase control over and improve their health through attitudinal, behavioural, social and environmental changes. Films based on Health education developed by our department and screened in different areas which were viewed by villagers including students during 2020-21:

Health Education Films	No. of Villagers viewed
Acute Respiratory Infections	375
Control Diarrhoea	186
Exercise – The True Bodyguard	209
Food for Health	269
Hygiene & Sanitation	178
Nutrition and Aspiration	32
Schizophrenia	367
Tobacco Use Prevention	84
<b>Total</b>	<b>1700</b>

### 9. Adolescent health education and Iron supplement provided:

	Girls (New Registered)	Boys (New Registered)	Girls (Previously registered)	Boys (Previously registered)	Total Adolescent Beneficiaries
<b>No. Adolescent</b>	19	0	600	89	708

### 10. Health Education Aids Development

We have published a translated book in Hindi 'Schizophrenia- A Manual To work with Schizophrenic people and their families', and a booklet in Hindi 'Janman Swasthya' - which can be used as a supportive document for Middle Level Health workers engaged in Mental healthcare. One video in Hindi on *Schizophrenia* has been developed to create awareness about the Severe Mental Disorders among vast majority of rural and urban people.

**11. Gadadhar Abhyudaya Prakalpa (GAP):** Under this program a total of **196** children of poor families of Rampur, Gaura (district Mirzapur), Lalganj (district Azamgarh) and Lohara (Sonebhadra) districts have been enrolled in our four child-friendly holistic non-



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formal schooling units. These kids receive holistic education and also nutritional snacks and milk on daily basis along with free learning and literacy materials, hygiene and sanitation items, uniforms and school bags for overall growth and development.

**12. Jivansudha (Value Education Program):**

Inculcation of higher human values is one important objective of the Vivek Sanjivani programmes particularly in the youth. Values imbibed and practised in one's own life makes life valuable and living joyous. To inculcate the attitude of practising higher ideals in life and to influence young minds right from the school days, Vivek Sanjivani has taken up this *Jivansudha*- value education programme, which used multimedia presentations to illustrate Ramakrishna-Vivekananda teachings for students and adults of various age groups.

Value Education Films	No. of Villagers viewed
Hari – The Lion	207
Go Forward	254
<b>Total</b>	<b>461</b>

**13.** Total number of patients treated through Community Health Workers (CHW): **2,210**

**14.** Total number of Ante-Natal Care (ANC) given to 586 in 12 villages. We provided minimum five check-ups in respect to Ante-Natal Care, two Tetanus Toxoid injections, minimum 90 iron tablets with folic acid, minimum 90 calcium tablets, training regarding nursing of infants to **222 would-be mother** which are required for a complete Ante-Natal Care.

**15.** Total number of vaccines administered in villages

BCG	P0	P1	P2	P3	PB1	PB2	PT1	IPV1	PT2	PT3	IPV2
76	75	74	78	68	53	30	74	46	70	73	31

R1	R2	R3	T1	T2	M	TT	Total
85	98	108	44	25	88	363	1559

P0 to P3=Polio, PB1 & PB2= Polio booster, PT1 to PT3= Penta, T1&T2= Triple booster one and half year, TT= Tetanus toxoid, R = Rota Virus, IPV = inactivated polio vaccine

**16.** Our trained women Health Educators and Assistant Health Educators provided **61** women with gynaecological examination and treatment.



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### 17. Staff Team Training and Development

During the year our team members benefited from the following special programs (Number of participants given in brackets after each program):

<b>Date</b>	<b>Subject</b>	<b>Resource Person</b>	<b>No. of participants</b>
14.04.20	Class on Medicine	Swami (Dr.) Varishthananda ji Mj	7
15.04.20	Class on Exercise	Swami (Dr.) Varishthananda ji Mj	7
16.04.20	Class on JMSP	Swami (Dr.) Varishthananda ji Mj	7
11.07.20	Class on Checklist of CMD	Swami (Dr.) Varishthananda ji Mj	13
22.08.20	Class on English Typing	Ms Kanchan Vishwakarma	5
22.08.20	Class on Malnutrition	Mr. Sanjay Kumar Karn	11
24.08.20	Class on Protein Energy Malnutrition	Mr. Sanjay Kumar Karn	12
29.08.20	Class on Protein Energy Malnutrition	Mr. Sanjay Kumar Karn	11
31.08.20	Class on Protein Energy Malnutrition	Mr. Sanjay Kumar Karn	10
02.11.20	Class on Auscultation (Lungs)	Dr. Abhishek Mishra	19
28.11.20	Training on GMs and Video Review	Dr. Christa Einspieler	7
05.12.20	Class on GMs	Mrs Akanksha Singh	9
12.12.20	Class on GMs	Mrs Akanksha Singh	9
09.01.21	Computer Training	Amit Maharaj ji	12
08.03.21	GM's Training and Abnormal Video Review	Dr. Christa Einspieler	13
15.03.21	Presentation on Community Work	Mr Amol	10
16.03.21	Presentation on Community Work	Mr Amol	4
20.03.21	Workshop on Filariasis	Miss Savita	13
22.03.21	GM'S Training and Normal and Abnormal video review	Dr. Christa Einspieler	13



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### **18. Relief Work:**

Total of 500 affected families in the village Lohara, Sonebhadra (U.P.); 4350 in the villages Patewar Amoi, Manikpur, Ramnagar Sikari, Naugawan and Bami of Mirzapur (U.P.); 4500 migrant workers from the different parts of India who were headed to Bengal, Jharkhand, Bihar and various districts of Eastern UP and 253 GAP student's families of Lalganj, Gaura, Rampur, and Lohara (U.P.) were benefited.

In the last year 2020, in all 5000 kg rice, 5700 kg dal, 500 kg chana, 250 kg chickpea, 500 kg potato, 1375 kg sattu, 1930 litres mustard oil, 27.50 kg salt, 375 kg onion, 65 kg green chili, 5350 packets of multigrain butter cookies, 196.70 kg sweet of pure khawa, 7850 pcs bread buns of pure wheat, 10877 pcs hand-washing soaps and 14037 pcs masks were distributed.

Whereas in late 2020 and early 2021, a total of 9000 poor patients in the village of Lohara (Sonebhadra district); Patewar, Kalwari, Manikpur, Gaura, Majhawan and Naugawan (Mirzapur district); and Lalganj (Azamgarh district); 271 pregnant and lactating mother and children benefited from the village of Lohara; 1051 of Manikpur, Patewar, Guara, and Naugawan of Mirzapur; 90 of poor villager of Naugawan, received lentils; 54 of Lohara, 33 poor families of Mirzapur and Sonebhadra, 196 GAP student's families of Lalganj, Guara, Rampur, and Lohara received blankets i.e., all together 283 families were supported with winter relief items.

In all approx. 80 types of medicines, 500 packet multigrain cookies, 500 pcs pure khawa sweet, 500 pcs whole wheat bread bun, 391 pcs masks, 162 pcs hand washing soaps, 550 pcs blankets for 283 people, 3182.95 kg millet, 578.05 kg peanut butter, 566.75 kg mustard oil, 740.05 kg jaggery, 2289.2 kg soya bean, 289.6 kg gram flour, 180 kg lentils and 25 kg soya bean bari have been distributed on various occasions.