

LUXA, VARANASI, U.P.-221 010, India

(A Branch Centre of the Ramakrishna Mission, Belur Math, Howrah) Website: www.rkmkashi.in Email: viveksanjivani.kashi@gmail.com

VIVEK SANJIVANI An Initiative for Healthcare and Education Annual Report 2022-23



VIVEK SANJIVANI: An Overview

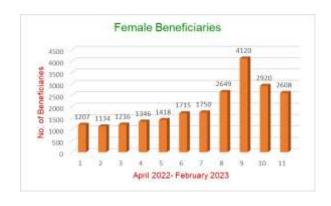
VIVEK SANJIVANI is An Initiative for Healthcare and Education of Ramakrishna Mission Home of Service, Luxa, Varanasi. This department offers **Telemedicine services through** Twelve Centres in which six Stationary Telemedicine Units (STUs) are fixed at a place and six Mobile Telemedicine Units (MTUs) are roaming. During 2022-23 we served 27,875 patients through our Stationary Telemedicine Units and Mobile Telemedicine Units and conducted Noncommunicable Disease Screening (NCDS) for 18,878 patients. So, altogether we offered services to 46,753

patients which covered three districts including one aspirational district of Eastern Uttar Pradesh and one aspirational district of Uttarakhand.

We extended our Telemedicine services to patients among which 55.25% were women and 83.93% were needy and under-privileged people from OBC, SC, and ST communities. NCDS were done for 18,878 New Beneficiaries in which 12015 were women. Psychiatrist's consultations for Common Mental Disorder and Severe Mental Disorder (SMD) patients were done for 4432 in which 1930 were women patients.

Treatments offered to epilepsy patients who visited 2306 times. 556 women received Antenatal care (ANC). Most of the patients saved nearly Rs. 600 per visit for Doctor's consultation, diagnostic tests, and medicine. We tried to propagate Value Education to bring Overall Wellness in life for all the people. We extended Health education to promote healthy living among the rural mass.

Vivek Sanjivani is also engaged in "Shishu Tirth"- A Non-formal Primary Education programme to cater holistic education to kids, Health Education-based and Value education-based film Development, publication of books and research programmes. It conducts Foundation courses in Science and Mathematics, online teachers' training,







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and teachers' workshops. Multimedia-based Online Science and Communicative English classes are now being regularly conducted for rural children.

VIVEK Work At A Glance		NJIVANI 2022 to Marc	ch 2023
Stationary Telemedicine Units Online Check up: 3 days/week		Non-Communicable Disease Screening:	Bene ficiaries
Expert Centre	1	Hypertension	6326
No. of Remote Centres	6	Diabetes	6199
Total Number of Patients	16,079	Breast Cancer	679
Mobile Telemedicine Units: No. of sites	6	Oral Cancer	5674
Total Number of Patients Programs:	11,796 Bene ficiaries	Manasik Soundarya (Mental Healthcare)	6738
Shishu Tirth	113	Eye care	694
Distribution of Nutritional Food Supplements to poor women	1275	General movement Assessment	92
and children	2390	Antenatal care	556
Value Education Audio-Visual Health Education Program	2243 4375	Online Education in Rural areas	2853

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 remote areas 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 in the rural areas.

Stationary Telemedicine Units (STUs) of Vivek Sanjivani: Six Stationary Telemedicine Units (STUs) have been established at different locations viz., Majhawan, Kalwari and Naugawan (district Mirzapur), Hinauta (district Sonbhadra) and Kashi (district Varanasi) of Uttar Pradesh and Bakhpur (district Udham Singh Nagar) of Uttarakhand for providing medical services to the poor, needy and underserved people. These centres except Kashi provide telemedicine services generally three days per week on a regular basis. In our Telemedicine services we use internet communications and Cloud-based Realtime software solutions to provide clinical services to patients without an in-person visit at the Doctor's chamber. In Kashi centre, we offer services like Tuberculosis, Mental Healthcare etc.



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Psychiatric Doctor Consultation in Majhawan STU

Gynaecologist Doctor Consultation in Kalwari STU



Prefabricated Stationary Telemedicine Unit (STU) at Kalwari

Prefabricated Stationary Telemedicine Unit:

One Prefabricated Stationary Telemedicine Unit with CSR funding received from Tata AIG has been installed at Kalwari, District Mirzapur. It is powered by Solar Power Backup system.

https://www.rkmkashi.in/gallery.php?gld=65

Telemedicine Database Software:

IIT Kharagpur has developed 'Matri Seva'- a database software, free of cost for keeping patients' details. The software has been hosted in the Microsoft Cloudbased server to provide easy access to all our centres and doctors.



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The physician's consultations are done from the Hub of Vivek Sanjivani in Varanasi or from the Doctor's dwelling place. Several Physicians from Kolkata, Anand (Gujarat), Pune and Noida are extending help in treatment of patients. **The total number of people treated during April 2022 to March 2023 was 16079 through STUs**. All received free medicine from the remote STUs except in a few cases. Pathological tests like Blood Pressure, haemoglobin% by colour card, Random Blood Sugar (RBS) are done for the patients above 30 years of age. Total number of patients treated in villages through Stationary Telemedicine Units (STUs) during April 2022 to March 2023 is given in a table:

STUs	Male	Female Child Child Total		ОВС	SC	ST		
			Male	Female				
6	7026	8001	522	530	16079	6305	6943	297

Outcome: 3890 New patients started while 12189 old patients continued to receive telemedicine services in the year 2022-23 from STUs. We extended our Telemedicine services through STUs to patients among which 49.76% were women and 84.24% were needy and under-privileged people from OBC, SC, and ST communities.

Specialist Services offered through Telemedicine at the door step of village people: Psychiatrist, Gynaecologist, ENT, Medicine, Oncologist, Community 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 increased 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 off places.
- Improved Quality Our experiences have consistently shown that the quality of healthcare services delivered via telemedicine are as good as 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 offered to our patients at the rural areas might not be available to them otherwise at their door steps, and they must travel long distances.



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Output Analysis: 2022-23:

Key Output Indicators	Unit of measurement	Target
Through	Enrollment and follow up visits.	to provide
Telemedicine	6613 New patients started while 21262	accessible,
Services, 27875	old patients continued to receive	affordable, and
patients received	telemedicine services in the year 2022-	quality
consultations with	23.	healthcare to the
General and	Among the patients 55.25% were women	rural population,
Specialist Doctors	and 83.93% were needy and under-	especially the
during 2022-23	privileged people from OBC, SC, and ST communities.	vulnerable groups
Enabled frontline and	NCDS of Patients increased.	To offer Services to
middle level	18,878 NCDS done for New	New Beneficiaries
Healthcare personnel	Beneficiaries in which 12015 were	
for doorstep service	women.	
delivery to 18,878		
beneficiaries during		
2022-23		
Improved access to	Increase in early intervention	To have Healthy
General Movement in	Services offered to 92 babies including	babies
neonates and infants	52 female babies	

Outcome/Impact Analysis: 2022-23:

Key Outcome / Impact Indicators	Unit of measurement	Target
[I] Quantitative		
Improved access to primary healthcare	Sustainability in Telemedicine services to patients. 21262 old patients continued to receive telemedicine services during 2022-23.	Sustainability in Telemedicine Services. More than 20000 old patients to be provided primary healthcare support.
Reduction in out- of-pocket expenses on health	Most of the patients saved nearly Rs. 600 per visit for Doctor's consultation, diagnostic tests, and medicine	Patients are to pay less for healthcare
More access to Mental healthcare treatments	Increase in patients' visit. Severe Mental Disorder (SMD) patient-consultations were 3259 in which 1117 were with women patients.	Better Mental Healthcare Service at rural areas



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Provide Antenatal care (ANC) services and to link Eligible families to ASHA	Increase in beneficiaries' number. 556 women received ANC and many added with ASHA.	Better Mother-child care
[II] Qualitative		
Key Outcomes /	Description	Goal
Impacts		
Propagation of	To inculcate values and practice	To have Overall
Value Education	them in daily life	Wellness in life
Extend Health	To encourage to adopt good habits	Healthy living
education and		
promote a healthy		
lifestyle		

2. Mobile Telemedicine Units (MTUs): Health on Wheels:

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



Mobile Telemedicine Unit (MTU)

New Mobile Telemedicine Unit vans: Two new Mobile Telemedicine Unit vans have been inaugurated to strengthen the Telemedicine services in rural areas of Eastern Uttar Pradesh. The vans are purchased with financial support from the CSR fund of Tata AIG General Insurance Company Limited.

Currently we have six Mobile Telemedicine Units (MTUs) touching several parts of Mirzapur district of Uttar Pradesh. Total number of patients treated in villages through Mobile Telemedicine Units (MTUs) during April 2022 to March 2023 is given in a table:



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MTUs	Male	Female		Child Female		OBC	SC	ST
6	5180	5815	315	486	11796	4768	3859	1017

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 Stationary Telemedicine Units (STUs) and Mobile Telemedicine Units (MTUs) on the first day of the registration of the patient and some cases NCDS were done in the villages. Below are the details of screenings done during April 2022 to March 2023:

Types of NCDS	Hypertension	Diabetes		Oral Cancer	Total
No. NCD Screening	6326	6199	679	5674	18878

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

The community Mental Health Programme 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, Hinauta, Majhawan, Manikpur, Ramnagar, Gaura, Jalalpur and Deepnagar 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, Schizophrenia and Major Depression and (iii) Epilepsy. During 2022-23 we offered treatments to 6738 mental health and neurological patients among which 2360 OBC, 2897 SC and 516 ST patients were served. A tabular representation is added for better understanding:

Common Mental Disorders (CMD): Visit-wise

Units		CMD													
	Male	Female	Child Male	Child Female	Total	OBC	SC	ST							
STU	267	374	0	17	658	291	263	20							
MTU	76	439	0	0	515	178	194	12							
Total	343	813	0	17	1173	469	457	32							



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Severe Mental Disorders (SMD): Visit-wise

Units			SMD					
	Male	Female	Child Male	Child Female	Total	OBC	SC	ST
STU	1139	704	7	36	1886	670	771	50
MTU	959	413	0	1	1373	554	606	113
Total	2098	1117	7	37	3259	1224	1377	163

Epilepsy (EPI): Visit-wise

Units		EPI													
	Male	Female	Child Male	Child Female	Total	OBC	SC	ST							
STU	475	199	63	62	799	241	421	43							
MTU	765	516	67	159	1507	426	642	278							
Total	1240	715	130	221	2306	667	1063	321							

Common Mental Disorders (CMD): No. of Patient-wise

	New Old Patient			Initial t Stage			Recovered Patient		Maintenance		ners	Planned discharge	
М	F	М	F	М	F	М	F	М	F	М	F	М	F
10	49	19	52	4	13	2	25	11	14	12	48	0	1

Severe Mental Disorders (SMD): No. of Patient-wise

	New Patient		Old Patient		Initial Stage		Relapse		Residual		Remi- ssion		9- 9	Others			anned charge
М	F	М	F	М	F	М	F	М	F	М	F	М	F	М	F	М	F
49	27	85	39	18	9	0	1	36	16	19	8	25	18	35	13	1	1

Epilepsy (EPI): No. of Patient-wise

N	lew l	Patie	nt	O	ld P	atieı	nt	ı	nitia	-	Impro me Leve	111			ement el 2			veme vel 3	nt		Ot	hers	
М	F	CM	CF	М	F	СМ	CF	М	F	CM	М	F	М	F	CF	М	F	CM	CF	М	F	CM	CF
22	16	2	3	52	30	3	6	6	3	1	3	3	13	6	3	45	24	1	5	7	10	3	1

5. Eye care:

Cataract and refractive errors are two major public health problems in the context of ocular health in developing countries like India. Currently, India is the second highest country next to China in contributing to the total burden of world blindness. Cataract is



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the most common cause of blindness (62.4%) followed by uncorrected refractive error (16.65%). Of this total burden of blindness more than eighty five percent of them are preventable if appropriate eye care services are provided.

The new cutting-edge technology **3nethra** (a compact, portable, and easy-to-use non-mydriatic 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. During 2022-23 with the help of 3nethra 37 patients were investigated in which 5 patients were detected with Retinopathy. They were advised to get further investigation and treatments from Eye specialist.

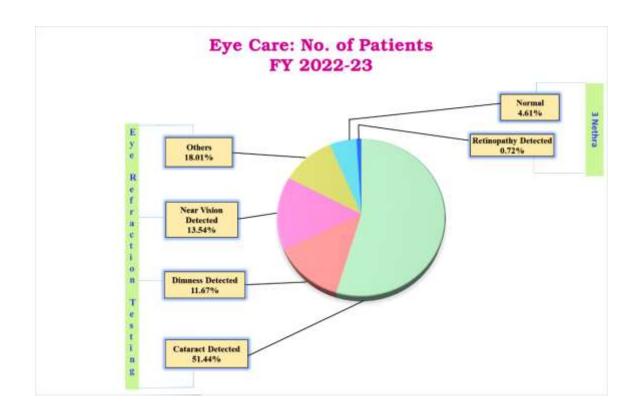
Eye Care: No. of Patients

	April	202	2 To M	arch	2023		
Types Testing	Types of Detection	Male	Female	Child Male	Child Female	Total	Total No. of Testing
	Cataract Detected	171	184	1	1	357	
Eye Refraction	Dimness Detected	41	39	0	1	81	657
Testing	Near Vision Detected	47	47	0	0	94	
	Others	34	72	8	11	125	
3Nethra	Normal	17	15	0	0	32	
Testing	Retinopathy Detected	3	2	0	0	5	37
T	otal	313	359	9	13	694	694



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	Еу	e Refraction Testir	ng
Sr No.	Group Names	Age Span	No. of Beneficiaries
1	Kishor	5 - 16 yrs.	22
2	Young	17 - 29 yrs.	47
3	Adult	30 - 60 yrs.	305
4	Old	61 - 70 yrs.	156
5	Old Senior	>70 yrs.	127
		Total	657

Eye Camps for Cataract Surgery:

Types	Male	Female	Total
Eye Camp for Cataract Surgery	17	12	29



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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 92 GMA Screening took place and 6 infants suspected for abnormal development were detected, 13 infants were followed up, and referred to Neurologist for special treatments and advice. **Prof. Christa Einspieler** of Austria is providing the special training and guidance to our Healthcare workers.

7. Distribution of Nutritional Food Supplements

Distribution of Nutritional Food Supplements are continuing uninterrupted till date. Nutritional food supplement items (Kaju, Bajra, Soyabean, Besan, Ground Nut, Jaggery and Mustard Oil) are regularly being distributed on a monthly basis to on an average 270 poor, pregnant, lactating mothers, and malnourished children of villages of Mirzapur and Sonbhadra districts which provide 750 kcal/day and 37g of additional proteins every day to each woman and child.

	Pregnant and Lactating Mother	Malnourished Child under age 5 yrs.	Others	Total Beneficiaries
No. of Beneficiaries	2176	102	112	2390

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 were screened in different areas, which were viewed by villagers including students during 2022-23:

S.N.	Health Education Topics	Session	Male	Female	Child Male	Child Female	Total
1	Acute Respiratory Infection	12	83	103	17	18	221
2	Amulya Jivan	5	53	47	2	6	108
3	Child Health Part I	2	2	19	10	14	45
4	Control Diarrhoea (DD)	15	166	192	5	30	393
5	Dental Care (Dental)	5	28	36	11	16	91
6	DM and HTN	29	206	277	17	14	514



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		_					
7	Exercise-The True Body Guard	8	39	83	10	22	154
8	Food for Health (FFH)	27	287	401	99	119	906
9	Hygiene & Sanitation	13	39	42	177	204	462
10	Nishabd Ghatak	7	37	90	19	27	173
11	Non-Nutritional Child Health 0-3	6	10	59	17	9	95
12	Non-Nutritional Child Health 3-10	3	0	34	11	8	53
13	Nutrition and Aspiration	6	101	110	10	13	234
14	Roll Back Malaria	3	26	70	0	0	96
15	Schizophrenia	5	32	54	0	0	86
16	Stop Tuberculosis (TB)	3	24	21	5	11	61
17	Tobacco Use Prevention (TUP)	4	236	170	3	14	423
18	Women Health (Menstrual Health)	8	0	56	0	56	112
19	Women Health- Mala (ANC)	2	12	50	0	5	67
20	Women Health (Gender)	4	23	50	2	6	81
		167	1404	1964	415	592	4375

9. Vivek Sanjivani Website:

There are several salient features of our website which are: 1. Trilingual: The site is in English, Bangla and Hindi. 2. Online Examinations: The site provides opportunities for students and interested persons to take practice tests in different Science subjects, Mathematics and literatures on Sri Ramakrishna, Ma Sarada and Swami Vivekananda at various levels. 3. Video Lessons: Some edited videos of our online Science classes are available here. 4. Films on Value Education and Health Education: The links of several films developed by our department are provided here. 5. Viewing 360° Studio: Provides a panoramic views of different places.

10. Vivek Sanjivani Elibrary Website:

At present people are interested to read books or articles online or in the softcopy format. We have started Elibrary to fulfil the current need and to promote easy and fruitful reading with pleasure. The main features of this site are:

1. Reading of Authentic books: It provides an opportunity to read some valuable books on Sri Ramakrishna, Ma Sarada and Swami Vivekananda in an illustrated manner with more pictures and supporting information from latest research. 2. Cross references: Different books related to Sri Ramakrishna and Swamiji have been added with cross references to have easy reading, finding and research.

11. Vivek Sanjivani Shiksha:

We try to provide quality and relevant secondary level education to rural children. During teaching-learning programs we follow the 'Constructivism' method which enables each learner to build their understanding in an individualistic way and to find different personal



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connection points of relevance in their learning. We have Online classes for various groups at secondary level. Our educational programmes emphasise on concept-based learning, trying to bridge social, regional and gender gaps and minimizing digital divide among the urban and rural children.

Online Classes in Rural Areas:

	Online Classes in Rural Areas							
Class VI	Subject	No. of Session	Boys	Girls	Total			
VI	Science	48	267	304	571			
VII	Communicative English	49	360	781	1141			
	Total	97	627	1085	1712			

On-site Computer Classes:

On-site Computer Classes						
No. of Session	Boys	Girls	Total			
174	448	618	1066			

12. "Shishu Tirth" (Non-formal Schools for Primary Education): Under this program a total of 113 children of poor families of Rampur (Mirzapur), Lalganj (district Azamgarh) and Lohara (Sonbhadra) districts have been enrolled in our three child-friendly holistic non-formal schools. 69 students of Classes II and III are learning onsite. 22 students of class IV and 22 students of class V are learning through Online class. These kids receive holistic education in their natural environment. They get healthcare support, nutritional snacks daily along with free learning and literacy materials, hygiene and sanitation items, uniforms and school bags for overall growth and development.

13. Book Publication: 'The Gospel of Sri Ramakrishna Part l'- A book translated in English from Bangla:

'Sri Sri Ramakrishna Kathamrita' is an immortal book that has been continuously inspiring spiritual aspirants of all paths and showing them the way to God-realization. The English translation of a few pages at beginning of this original Bangla book is our 'The Gospel of Sri Ramakrishna Part I.' We hope that this illustrated, information-rich publication of the 'Vivek Sanjivani' edition of 'The Gospel of Sri Ramakrishna Part I' will make its regular study enjoyable and inspiring to all devotees, admirers, and enthusiasts, and make their daily spiritual practice increasingly vigorous and fruitful.

14. Jivansudha (Value Education Programmes):

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



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presentations to illustrate Ramakrishna-Vivekananda teachings for students and adults of various age groups. We have started Online Value Education classes for students to foster positive thinking. Sri Ramakrishna's sayings are the inspirations for living daily life based on eternal values. Keeping this in mind, we have developed five films in Hindi and one film in Bangla based on stories told by Sri Ramakrishna. All the six films are dubbed in English. These films are shown from time to time in rural areas.

S.N.	Value Education Topics (On-site)	Session	Male	Female	Child Male	Child Female	Total
1	Ahankar Sarvanash ka Karan hai	5	21	42	27	44	134
2	Be fearless	1	7	5	0	0	12
3	Childhood Story of Sw. Vivekananda	1	7	11	0	0	18
4	Dhayanyoga	10	79	116	25	43	263
5	Fearless	3	16	36	10	12	74
6	Gamala Ka Rang	38	198	428	56	82	764
7	God is in Every Particle	3	15	29	3	5	52
8	Inspiring Short Story of Swami Vivekananda ji	2	55	59	0	0	114
9	Introduction Of Thakur Ji, Maa Swami ji	11	41	93	27	56	217
10	Introduction Swami ji	1	3	0	2	5	10
11	Life story of Thakur ji	1	15	10	0	0	25
12	Lion Story	1	0	0	7	6	13
13	Rahgir Bhakt	13	128	120	6	9	263
14	Reason to Vanity and Destruction	1	0	0	6	4	10
15	Self-Dependent	6	40	55	25	18	138
16	Story of Lion and Deer	1	12	5	2	3	22
17	What Is Education	2	58	54	0	2	114
		100	695	1063	196	289	2243

Online Value Education							
Session	Boys	Girls	Total				
127	285	683	968				

15. Empowering Rural Women (ERW):

Our aim is to empower rural women to claim their rights to land, leadership, opportunities, and choices, and to participate in shaping policies and programmes at



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least at the local level. We hope that this programme can enhance growth and improve development prospects for current and future generations. Our initiative also promotes equal rights, opportunities, and participation so that rural women can benefit from trade and finance, market their goods and make a strong contribution to inclusive economic growth.

We have started our work in Lohara village of District Sonbhadra of Eastern Uttar Pradesh, an under-developed area with an 'Aspirational District' status. We made groups of ladies in each locality of Lohara village. We have provided financial support to some of the ladies of the Lohara village to start some business of their own. We have regular discussions with the members of the women groups about several rights given to them by the constitution. We discuss Microfinance in the groups to work together and save money and use it for other purposes like raising animals, starting small scale businesses - weaving, fishery etc.

ERW Groups	Discussion Sessions	Women Participants
4	52	506

- **16. Antenatal Care:** Total number of Antenatal Care (ANC) given to 556 in 7 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 **80 would-be mother**.
- **17. Gynecare:** Our trained women Health Educators and Assistant Health Educators provided **269** women with gynaecological examination and subsequent treatments offered by the doctors.

19. Tuberculosis Patients: These patients received free medicine and other Govt. benefits from our department.

Total Patients	Male	Female	Child Male	Child Female	ОВС	SC
289	98	155	8	28	117	83

20. Relief Works:

2390 pregnant, lactating mothers and others, 102 malnourished children, 1884 students of Shishu Tirth, 6 Shishu Tirth teachers, and 248 patients with epilepsy and severe mental disorder, diabetes, hypertension, poor and old women were supported with essential food items and blankets.

Overall, 248 blankets, 4660.5 kg millet, 2270.5 kg soyabean, 1075.5 kg jaggery, 836.5 kg peanut butter, 836.5 kg gram-flour, and 836.5 kg edible oil were distributed on various occasions to poor villagers of Manikpur, Patewar, Gaura, Kalwari, Majhawan, Deepnagar, Devahin, Jalalpur and Naugawan of Mirzapur, Lalganj of Azamgarh of Uttar Pradesh, Bakhpur of Udham Singh Nagar district of Uttarakhand.