



Arogyavardhan Project

From 1st April 2024 to 31st March 2025

Implemented by

Seva Arogya Foundation

Under the CSR activity of

Bekaert Industries Pvt. Ltd.

Report Submitted by Team Arogyavardhan



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Seva Arogya Foundation Transforming Lives in Urban Slums

Seva Arogya Foundation embarked on its journey in 2016 with a mission to bring holistic change to the lives of the underprivileged living in urban slum areas of Pune. The foundation aims to empower these communities by fostering health, happiness, and resilience to navigate life's challenges effectively.

Key Initiatives in Healthcare and Education

Seva Arogya Foundation has implemented four transformative projects that focus on healthcare and education

Arogyavardhan Project

This initiative addresses primary healthcare needs through 21 weekly Primary Healthcare Clinics (PHCs), a thrice-weekly Ayurvedic clinic, two ophthalmology clinic (in collaboration with Sanjeevan Hospital and Deenanath Mangeshkar Hospital), and five physiotherapy clinics (in partnership with Brijlal Jindal College of Physiotherapy).

Ghe Bharari Adolescent Girls' Empowerment Initiative

Adolescence is a critical phase in a young girl's life. Unfortunately, many girls in Seva Vastis face challenges such as lack of guidance, peer pressure, and social insecurity. This initiative empowers by providing education, life skills training, career guidance, emotional support.

Bal Samrudhi Varga

Designed for children, this program instils good habits and foundational life skills through engaging activities like storytelling, singing, and drawing.

Sangati – Mentoring & Academic Support for Talented Students

Many bright students in underprivileged communities struggle due to financial constraints and lack of proper guidance. The Sangati initiative is designed to mentor and support academically talented students, ensuring they receive the right opportunities, financial aid, and career guidance to reach their full potential.

Registered under the Trust Act, Seva Arogya Foundation operates transparently and ethically. It serves communities in Karve Nagar, Warje, Kothrud, Paud Road, and Uttamnagar shivane focusing on bridging healthcare disparities in urban slums. Through collaborations with reputed institutions, the foundation enhances the accessibility and quality of its healthcare services. By blending traditional and modern medical approaches and aligning efforts with community needs, Seva Arogya Foundation makes a profound impact on vulnerable populations.

Vision for the Future Commitment to Healthcare and Community Development
Seva Arogya Foundation remains steadfast in its commitment to addressing healthcare challenges and educational disparities in urban slum communities. Its comprehensive programs and partnerships provide a model for sustainable development, positively transforming lives and fostering hope among the underprivileged.

Arogyavardhan Project The Flagship Program of Seva Arogya Foundation (SAF)

Arogyavardhan is the cornerstone of Seva Arogya Foundation's mission to deliver accessible and comprehensive healthcare to underprivileged communities in Pune's urban slums. This flagship program is designed to cater specifically to the lower socioeconomic strata, addressing their critical healthcare needs through a holistic and sustainable approach.

Program Highlights and Services

Health Surveys

The program begins with detailed surveys conducted across 25 slums in Pune. These surveys help identify prevalent health issues, determine community needs, and tailor interventions to address specific challenges and connect patients to weekly clinics.

Weekly Clinics

Arogyavardhan runs a network of 30 weekly clinics, ensuring consistent and localized healthcare access

Allopathy Clinics

21 weekly clinics providing modern medical consultations and treatments. In the clinic, we treat acute cases as well as chronic cases. Common cold, fever, gastric issues, different musculoskeletal pain, and skin infections are the common health problems for which people visit the clinic. During patient check-ups, we have identified many cases of nutritional deficiencies. We ensure the provision of good quality medicines and valuable health advice to all patients.



Weekly Allopathy Clinic

Physiotherapy Clinics

In the slum majority of people suffer from musculoskeletal problems and took painkillers which offer only temporary relief. Paralysis patients, in particular, require long term physiotherapy treatment which they cannot afford. To support patients, we conduct 5 physiotherapy clinics in collaboration with Brijlal Jindal college. We provide physiotherapy exercises to patients and many patients have shown good improvement.



Weekly Physiotherapy Clinic

Traditional Ayurvedic Clinic

Ayurved is a science gifted to the world by India. It is a traditional medical science and focuses not only on the body but also mind and spirit. Its holistic approach helps patients to cure in total. The Seva Arogya Foundation runs an Ayurvedic clinic four times a week. Monday, Thursday, and Saturday are days of clinic. The timings of the clinic are 3 pm to 6 pm. Various illnesses acute and chronic are treated here by experienced Ayurvedic doctors.



Weekly Ayurvedic Clinic

Ophthalmic clinic and yearly camp

Collaborating with Sanjeevan Hospital, Uttam Nagar and Deenanath Mangeshkar Hospital, the foundation operates two Ophthalmology (Ophthalmic) Dispensaries. This collaboration enhances the capacity to address eye care needs within the urban slum population, ensuring specialized services are readily available. In eye camp, we screen all patients for various eye problems, distribute eye drops, spectacles, and refer patients for surgery. With the collaboration of the hospitals, we do cataract surgeries of the patients. Arogya Maitrin assists elder patients in hospital and at after care as well.



Eye Clinic

Yearly Health Check-up Camps

Comprehensive health camps are organized annually, where community members undergo screenings for chronic conditions, general health assessments, and preventive care. These camps are pivotal in early diagnosis and treatment.

Awareness Sessions

The program prioritizes health education by conducting regular awareness sessions on topics like hygiene, nutrition, preventive healthcare, and lifestyle diseases. These sessions empower individuals with knowledge to make healthier life choices.

Follow-ups and Referrals

Arogyavardhan emphasizes continuity of care by tracking patient progress through follow-ups and ensuring timely referrals to specialized healthcare providers when needed.

Impact and Reach

Operating in 25 urban slum areas, the program brings vital healthcare services to marginalized communities who often face barriers to accessing medical care due to financial constraints or lack of awareness. The integration of allopathy, physiotherapy, ayurvedic practices, and ophthalmology ensures a comprehensive approach to meeting diverse healthcare needs. By bridging gaps in healthcare delivery and fostering a preventive care mindset, Arogyavardhan not only improves health outcomes but also enhances the overall quality of life for these communities. This program stands as a testament to Seva Arogya Foundation's unwavering commitment to building healthier and more resilient societies.

Arogyavardhan Project Transforming Health, Transforming Lives

Understanding the Need, the Arogyavardhan Project was conceived to tackle the stark healthcare challenges faced by women in urban slums. Many of these women work as domestic helpers or labourers, starting their day as early as 6 am and juggling household responsibilities alongside their demanding jobs. Despite their resilience, systemic barriers hinder their access to timely medical care, exacerbating health issues that could otherwise be managed effectively.

Key Challenges Identified

Lack of Health Awareness and Preventive Care

Illiteracy and low health literacy prevent these women from adopting healthy habits. Minor ailments are often ignored, leading to complications that require more time, money, and advanced medical intervention.

Economic Constraints and Dependency

Many women work to supplement family incomes due to unemployment or addiction-related issues among male family members. Single mothers bear the dual responsibility of earning and caregiving, making healthcare a low priority unless a condition becomes critical.

Barriers to Healthcare Access

Private clinics are unaffordable, while government hospitals are overcrowded and require long wait times, which daily wage earners cannot afford. Reliance on over-the-counter medication due to a lack of convenient healthcare options often delays proper treatment.

Lack of Awareness of Government Schemes

Despite numerous government healthcare initiatives, limited education and awareness prevent these women from utilizing these resources effectively.

Health and Living Conditions

Challenges such as economic hardships, unhygienic living conditions, and addiction further worsen health outcomes in slum communities.

The Arogyavardhan Solution

To address these multifaceted challenges, the Seva Arogya Foundation launched the Arogyavardhan Project, a holistic initiative aimed at improving health outcomes and promoting well-being among women in urban slums.

Accessible Healthcare through Weekly Clinics

Operates within slum communities, running from 330 pm to 530 pm to accommodate the schedules of working women. Women can access quality medical consultations, good medications, and valuable healthcare guidance.



Specialized Programs Based on Needs Assessment

Using data from surveys and weekly clinics, targeted programs have been designed to address common health concerns such as Anaemia Eradication Providing screenings, supplements, and nutrition counseling. Musculoskeletal Disorders Providing bone density measurement screening, supplements nutrition counselling and physiotherapy

The Uniqueness of Arogyavardhan Project Driving Success through Innovative Strategies

The success of any public health initiative depends on meticulous planning that caters to the unique needs of the community, coupled with efficient execution to achieve optimal outcomes. At Arogyavardhan, our commitment to continuous assessment, community feedback, and an in-depth analysis of our strengths and challenges empowers us to refine our strategies and deliver maximum impact. Our distinctive strategies in clinic location, timing, and human resource engagement set it apart, ensuring tailored solutions that resonate with the needs of the community.

Here's what sets the Arogyavardhan Project apart

Strategic Location

Most clinics are hosted in vasti temples or samaj mandirs, with minimal reliance on rented spaces. These locations are strategically situated within the community itself, making healthcare services easily accessible to residents.

Convenient Timing

Clinics operate from 3 PM to 6 PM, a schedule carefully chosen to suit the needs of working women in the slum areas, many of whom are employed as domestic workers.

Robust Organizational Structure and dedicated human resources

Arogyavardhan thrives on a well-defined organizational framework designed to enhance efficiency, responsiveness, and seamless coordination. This ensures that healthcare services are delivered effectively and consistently meet the community's needs.

Arogya Maitrin The project employs *Arogya Maitrins* (Community Mobilizers), who serve as vital links between the community and the project. Living within the slum, they possess an intimate understanding of the residents' challenges and needs. They conduct surveys to identify patients. Also, encourage people to visit the clinic. They assist clinic staff, including the *vasti samnvayak* (community coordinator) and doctors during clinic day and later on take follow up with patients for continued care.

Personalized Home Visits and Follow-Ups

Arogyavardhan Project surpasses traditional healthcare by incorporating personalized home visits and follow-ups. Our Arogya Maitrin who herself lives in same slum engage directly with individuals in their homes, enabling a deeper understanding of living environments, daily challenges, and specific health needs.

This approach promotes a holistic view of health, addressing immediate medical needs and the broader social determinants of health. Direct engagement fosters trust, encourages dialogue, and strengthens the bond between the community and healthcare providers. Tailored interventions that align closely with each individual's unique circumstances.



Dual Focus on Preventive and Curative Care

Our strategy bridges prevention and treatment to foster long-term wellness.

Preventive Care

Yearly health camp emphasizes community education, awareness campaigns, and lifestyle coaching to equip individuals with tools for proactive health management.

Curative Care

Focuses on early diagnosis and treatment to prevent disease progression, reducing the need for complex interventions and improving overall community health.

Through these innovative strategies, the Arogyavardhan Project creates a sustainable, impactful healthcare model that aligns seamlessly with the unique circumstances of the communities it serves. This balanced approach reflects our dedication to cultivating a culture of wellness while addressing existing health concerns.

Arogyavardhan Project in collaboration with Bekaert Industries Pvt. Ltd. 2024-2025

Bekaert Industries Pvt. Ltd. sponsored the Arogyavardhan Project to improve healthcare in several urban slums of Pune. The project was implemented in the following areas: New Kopare Gaon, Vasantnagar, Megha City, Hanuman nagar, Shramik, New Shivane Gavthan, and Nadadeep (where only an eye camp was conducted).

We conducted the following activities in the slums as a part of Arogyavardhan Project from 1st April 2024 to 31st March 2025.

Weekly Clinic

We operate 32 weekly clinics across 25 slum areas in Pune offering a range of services 21 Allopathy, 4 Ayurvedic, 5 Physiotherapy, and 2 eye clinics. These clinics are conveniently located in community centers such as Samaj mandir, and Ganpati/Vithhal temple within the vasti making an accessible to residents. This proximity saves the cost and reduces travel time. Also, it is very useful for senior citizens as they can visit independently. Our clinics provide quality services, effective medication, and personalized follow-ups. The clinics run in the afternoon from 3 pm to 6 pm, a time chosen to accommodate women who work as maids and have free time then. Women ignore health issues and didn't take time for herself. Keeping this point in mind we decided this time of clinic so maximum people can avail benefits of the clinic. In the clinic, we treat acute as well as chronic cases. Common cold, fever, different musculoskeletal pain, gastric issues and skin infections are the common health problems for which people visit the clinic. During patient check-ups, we have identified many cases of nutritional deficiencies. We ensure the provision of good quality medicines and valuable health advice to all patients.

In every slum weekly clinic is conducted on a fixed day, time, and place.

Sr. No	Name of Slum	Day of Clinic
1	New Shivane Gavthan	Monday
2	Shramik	Monday
3	New Kopare Gaon	Tuesday
4	Vasant Nagar	Wednesday
5	Megha City	Thursday
6	Hanuman Nagar	Friday

Pre-Clinic Activities Conducted by Arogya Maitrin

Before clinic days, the *Arogya Maitrin* undertakes the following essential activities in the *vasti* area

Surveys

Conducts household surveys to assess the community's medical needs.
Identifies individuals requiring medical attention.

Patient Identification and Referral

Encourages identified patients to attend the weekly clinic for further evaluation and care.

Home Visits

Engages with residents through home visits to better understand their health concerns and ensure timely connection to the clinic.

These proactive measures help bridge the gap between the community and healthcare services, ensuring that medical needs are met efficiently.



Arogya Maitrin conducting a survey

Activities on Clinic Day

On clinic days, the following key activities are carried out to ensure efficient and effective healthcare delivery.



Arogya Maitrin preparing case paper

Patient Documentation

New patients are registered, and case papers are prepared.

Existing patients' case papers are organized and ready for follow-up consultations.

Medical Examination and Treatment

The doctor examines patients, provides diagnoses, and prescribes appropriate medications.

Counselling Services

Patients receive counselling to address their health concerns, provide guidance on treatment adherence, and promote overall well-being.

These steps ensure a smooth workflow and comprehensive care for all attendees.



The doctor examining patient



Post-Clinic Day Activities

After the clinic day, the following tasks are carried out to maintain continuity of care and ensure effective follow-ups

Organizing Records

Case papers are handed over to back office for record maintained and then filed alphabetically for easy retrieval and future reference.

Inventory Management

Medicine stock is checked and replenished as needed.

Patient Follow-Up

The *Arogya Maitrin* conducts home visits to follow up with patients, ensuring they adhere to prescribed treatments.

Provides counselling to encourage medication compliance and address any concerns.

Referral to Hospital

During home visits and weekly clinics, we encounter cases requiring advanced investigations, specialized consultations, or hospital admissions. Conditions such as renal calculus and gynecological problems necessitate blood tests and sonography. For these, we refer patients to nearby centers offering free or low-cost services. *Arogya Maitrins* play a crucial role in this process, explaining the importance of the tests, guiding patients on where they can be done, and assisting with required documentation.

At our weekly clinics, we do not treat major conditions such as hypertension and diabetes mellitus. Instead, we refer these patients to physicians for specialized care, and *Arogya Maitrins* ensure regular follow-ups. Additionally, we provide first aid and CPR training to our staff to handle emergencies effectively.

In cases requiring medical or surgical hospital admissions, residents from slums often seek assistance from *Arogya Maitrins*. We guide them in availing government schemes like the Urban Poor Yojana to reduce hospital costs. Unfortunately, awareness of such schemes is limited, and some patients resort to taking loans or discontinuing treatment due to financial constraints. To address this, we have established tie-ups with hospitals such as Deenanath Mangeshkar Hospital, Navale Hospital, and Sanjeevan Hospital, ensuring affordable treatment for referred patients.

Many elderly residents in the slums live alone, with limited support from their children or after losing a spouse. As they age, they often develop conditions like cataracts. During our community surveys, *Arogya Maitrins* identify such cases, and we screen individuals for eye problems during health check-ups. Patients diagnosed with cataracts or other eye issues are referred for surgery. In rare congenital disorders and other specialized conditions like ear problems and gynecological health issues, we refer patients to the specialist and assure they get medical aid.

We prioritize genuine cases and ensure all referred patients belong to economically disadvantaged groups. Referral letters from our office enable them to access treatment at concessional rates. Whether dealing with ear problems, gynecological issues, or other medical concerns, we connect patients with specialists who often offer free or subsidized services.

By facilitating access to investigations, specialized consultations, and hospital admissions, we ensure patients receive continuous support and the resources necessary for comprehensive healthcare.

Data of OPD Patients in the year April 24 to March 25

Table 2: No. of OPDs conducted & No. of patients received treatment in weekly clinics.

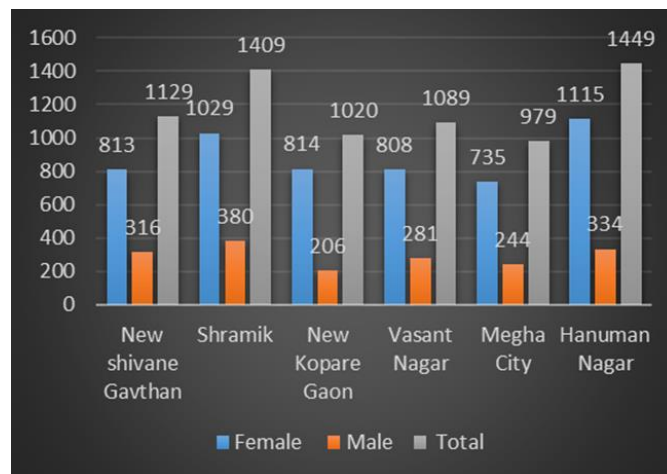
Sr No	Vasti Name	No. of OPD	Female	Male	Total
1	New shivane Gavthan	51	813	316	1129
2	Shramik	52	1029	380	1409
3	New Kopare Gaon	48	814	206	1020
4	Vasant Nagar	46	808	281	1089
5	Megha City	47	735	244	979
6	Hanuman Nagar	50	1115	334	1449
	Total	294	5314	1761	7075

Highest OPD Count

Hanuman Nagar recorded the highest number of OPD patients (1,449), followed closely by Shramik (1,409).

Gender Distribution

In all localities, the female patient count is consistently higher than male patients. The difference is most significant in New Shivane Gavthan, New Kopare Gaon, and Hanuman Nagar.



Lowest OPD Count

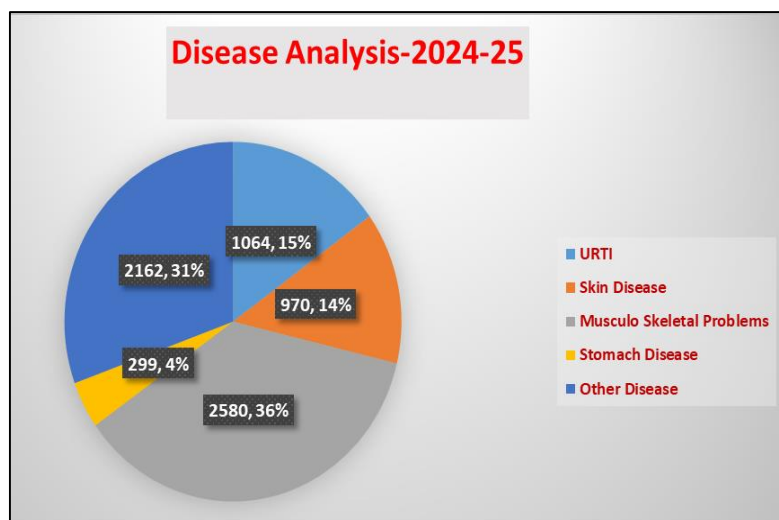
Megha City had the lowest total OPD count at 979, though still maintaining a higher female-to-male ratio.

Balanced Vasti

Vasant Nagar showed a more balanced distribution compared to others but still had a noticeable female majority.

Total Overview: Across all areas, out of 7,075 total OPD visits, 5,314 were females (approximately 75%) and 1,761 males (25%).

Prevalence of disease in the OPD 2024-25



Musculoskeletal Problems – 2,580 cases (36%)

This category forms the largest proportion of OPD visits. It indicates a high prevalence of joint, muscle, and bone-related issues—due to lifestyle, occupational stress, aging population.

Other Diseases – 2,162 cases (31%)

A significant portion falls into this category including chronic illnesses, general fatigue.

URTI (Upper Respiratory Tract Infections) – 1,064 cases (15%)

Common in areas with high pollution and seasonal weather changes.

Skin Diseases – 970 cases (14%)

Skin issues are relatively common, due to unhygienic, climate conditions, or allergies.

Stomach Diseases – 299 cases (4%)

Though the smallest group, gastrointestinal issues still require attention and linked to diet, water quality and, awareness about healthy practices.

Success Stories of Weekly Clinic

Success story 1

Age: 42 yrs

Gender: Female

Residence: New Kopare Gaon

Diagnosis: Corn

Before Treatment: Tai lives in Koparegaon with her family and works as a laborer on a farm. While working, she often stepped on thorns, which led to small corns on her feet. When we met her during a survey, she was walking with a limp. Concerned, we asked what had happened. She explained her condition and mentioned that she had visited the hospital before, but due to financial constraints, she couldn't afford repeated treatments. Understanding her struggle, Arogya Maitrin encouraged her to visit the clinic, where she could receive free treatment and proper care.

After Treatment: When Tai visited the OPD, the doctor conducted a thorough examination and took a detailed history. She was prescribed both homeopathic and allopathic medicines and was advised to do hot fomentation regularly. She diligently followed up and took the prescribed treatment as instructed. Over time, her foot corns softened, and the pain significantly reduced. She was able to walk comfortably and work properly in the fields again. Grateful for the affordable treatment and the care she received, she expressed her heartfelt thanks to the Arogya Maitrin and doctor.



Before Treatment



After Treatment

Success story 2

Age: 55 yrs

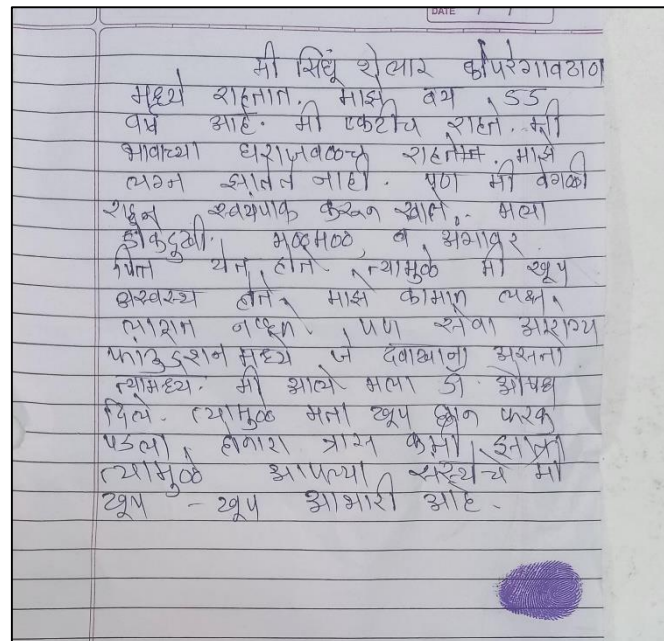
Gender: Female

Residence: New Kopare Gaon

Diagnosis: Acidity and weakness

Before Treatment: The 55-year-old woman lives alone with no one to care for her. She works as a maid and manages by cooking and doing household chores. During the survey, we met her, and she shared her health issues, including weakness, fatigue, body pain, acidity, and dizziness. Despite consulting other clinics earlier, she saw little improvement. The Arogya Maitrin provided her with clinic details, including the day, time, and location. On the clinic day, Arogya Maitrin followed up with her and encouraged her to consult the doctor.

After Treatment: She then visited the clinic, where the doctor took a detailed medical history and conducted a thorough examination. After assessing her condition, the doctor prescribed medication. *Mavashi* came to the clinic for a follow-up consultation, where the doctor took a detailed dietary history. He concluded that her food habits were affecting her digestion, leading to acidity. This, in turn, impacted nutrient absorption, causing nutritional deficiencies that contributed to her weakness and pain. The doctor prescribed medication and counseled her on the importance of diet. He advised her to avoid tea, spicy food, and painkillers without medical consultation. Initially, she was hesitant to make dietary changes. However, *Arogya Maitrin* followed up and provided counseling on healthy eating habits. During her next clinic visit, the doctor observed some improvement and prescribed homeopathic medicine. Additionally, he dispensed vitamins to address her nutritional deficiencies. Within a month, she showed significant progress and willingly committed to maintaining her new dietary habits. She followed the doctor's advice, made dietary changes, and consistently took the prescribed medication every week as instructed. She thanks Arogya Maitrin who took regular follow up and motivated her to good healthy habits.



Patient's feedback

Success story 3

Age: 70 yrs

Gender: Female

Residence: Vasant Nagar

Diagnosis: Fungal Infection

Before Treatment: This elderly woman lives in Vasant Nagar slum and was suffering from a severe fungal infection around her waist, causing her extreme discomfort and itching. Whenever she attended social gatherings or family functions, people would notice the infection and frequently ask her about it, making her feel embarrassed and self-conscious. As a result, she started avoiding such events, fearing that others would look at her differently. The itching was so severe that it led to wounds, and over time, she developed anxiety about the infection. She was particularly worried about her two young grandchildren, fearing they might also get infected because of her condition. At home, family members would constantly remind her to wash her hands, adding to her distress. The discomfort from the infection made it difficult for her to focus on daily tasks. Her neighbour, who regularly visited the OPD, suggested her to visit Seva Arogya Foundation clinic where she gets good treatment. Hearing that many patients had fully recovered from similar infections after treatment, she felt reassured. She was encouraged to visit the OPD on Wednesday to consult the doctor and receive proper medication. Gaining confidence from this, she agreed to come to the clinic and get treated.

After Treatment- The elderly woman visited the OPD and explained her struggle with the fungal infection to the doctor. The doctor advised her to take medication consistently for three months and emphasized the importance of taking homeopathic medicines on time. Additionally, she was instructed to maintain hygiene, wash her clothes in hot water, dry them properly in sunlight, and follow cleanliness practices strictly. The doctor reassured her that by following these precautions and taking her medication regularly, her fungal infection could be completely cured. Hearing this, she felt very relieved and promised to follow all the instructions carefully. After taking the prescribed medication for eight days, she returned to the OPD for a follow-up. The wounds caused by the fungal infection had started healing, and she could see noticeable improvement compared to the previous week. Feeling happy and relieved, she excitedly shared that she was experiencing a significant difference in her condition. She was grateful to the doctor and Arogya Maitrin for their kindness and support, especially when others looked at her differently.



Before Treatment



After Treatment

Success story 4

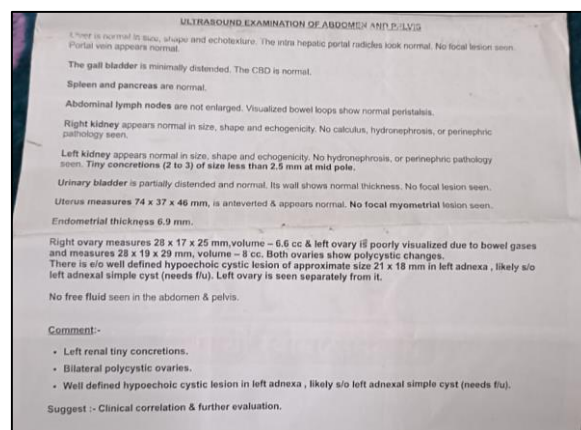
Age: 22 yrs

Gender: Female

Residence: Hanuman Nagar

Diagnosis: PCOD

Before Treatment: This 22-year-old woman lives in Hanuman Nagar with her husband and in-laws. She works as a domestic helper. One day, Arogya Maitrin met her, and she shared her struggles with menstruation. She was hesitant and afraid to talk to a doctor about it. Her periods were irregular, occurring only once every 2 to 3 months. Coming from a rural background, she feared that visiting a doctor in a big city might be expensive and could uncover a serious illness, so she avoided seeking medical help. The fact that she married two years back and had no children added to her worries. Over time, her condition worsened, and she began experiencing severe abdominal pain, especially during her periods. When she finally visited a clinic, she was given temporary medication, but it did not provide much relief as she had not fully disclosed her problem. After repeated follow-ups by Arogya Maitrin, she was encouraged to visit our weekly clinic for proper consultation and treatment.



After Treatment: It was a great decision for her to share everything with the doctor. She realized that if she didn't speak up now, her condition might worsen in the future. After consulting the doctor, she had undergone a sonography, which revealed that she had PCOD (Polycystic Ovarian Disease). The doctor explained that small fluid-filled cysts had developed inside, which required proper medication for management. The doctor advised her to continue both allopathic and homeopathic medicines from the OPD for two months. She followed the treatment consistently without missing any doses. Additionally, she received counselling and was encouraged to make lifestyle changes, such as taking regular walks and reducing stress. After two months of medication and lifestyle changes, she experienced a 70% improvement. Her menstrual cycle became regular, occurring every month on time, and her abdominal pain significantly reduced. Fortunately, with the right treatment and lifestyle changes, she saw remarkable improvements in her health. The most joyful moment came when she was finally able to conceive, something she had been struggling with for a long time. She felt extremely relieved and happy, and her face was glowing with joy. She wholeheartedly thanked Arogya Maitrin and the doctor for their support and care.

Success story 5

Age: 65 yrs

Gender: Female

Residence: Shramik Vasahat

Diagnosis: Urinary Tract Infection

Before Treatment: During the survey, Arogya Maitrin met a 65-year-old elderly lady living in Shramik Vasahat. She shared her difficulties with Arogya Maitrin, explaining that she felt a sudden urge to urinate but was unable to control it, accompanied by a burning sensation. On one occasion, she even ended up urinating in her clothes before reaching the bathroom. She felt embarrassed to discuss her condition with a doctor and was hesitant to seek medical help. Additionally, she had developed a fever, and although her son bought medicine from a pharmacy, she did not feel any relief. Arogya Maitrin reassured her and encouraged her to visit the Seva Arogya Foundation clinic and explain her symptoms to the doctor to receive proper treatment. Eventually, next day was the OPD day, she visited the doctor and described her problem.

After Treatment: The doctor took her medical history and observed that her urine was yellow in colour. She was diagnosed with a urinary tract infection. Considering her overall condition, the doctor prescribed medication from the clinic, advised her to increase her water intake, and recommended reducing spicy food. Homeopathic treatment was initiated, and she was instructed to visit the clinic weekly to report her progress while continuing the prescribed medicines. Within 15 days, she experienced a 70% improvement in her symptoms and mentioned feeling much more comfortable while urinating. She continued the medication for the full month as advised. Now, she feels completely recovered and can urinate with ease, just like before.

Success story 6

Age: 13 yrs

Gender: Female

Residence: Hanuman Nagar

Diagnosis: Fungal infection

Before Treatment: A family residing in Bhugaon had relatives living in Hanuman Nagar. Their school-going daughter was suffering from itching on her abdomen along with black spots. They had been seeking treatment from a local doctor but found little relief, as the cost of ointments and medicines was high. Due to financial constraints, they skipped follow-ups and couldn't continue the treatment consistently. One day, while visiting their relatives in the Hanuman Nagar, they learned about the weekly health clinic and were advised to bring the girl to the Seva Arogya Foundation clinic. The girl struggled to focus in class because her attention was constantly drawn to the affected area. The dark patches on her stomach deeply worried her mother, who was concerned not only about her daughter's recovery but also about the possibility of the infection spreading to younger children in the family. Despite taking medication from an external clinic, there was no improvement. Eventually, they decided to visit the clinic and consult the doctor for proper and free treatment.

After Treatment: Upon visiting the clinic, the doctor advised taking the prescribed medication regularly and without fail. They were instructed to collect the medicines every week and make certain lifestyle changes for diet and hygiene. Additionally, counseling was provided on maintaining personal hygiene. The doctor recommended adding Dettol to bathwater, taking a bath twice a day, using a separate towel and soap, and washing clothes in hot water then drying them in direct sunlight. They were also advised to apply the prescribed ointment daily and continue taking medicines on time. Following these instructions, they diligently adhered to the treatment plan. As a result, the mother's worries gradually eased. The girl consistently took the medication for three months, which led to significant improvement. The itching completely subsided, allowing her to sleep peacefully at night. She now eats properly, including fruits and milk, and felt much better overall. The family expressed their gratitude to the organization for the support and treatment.



Before Treatment



After Treatment

Annual Preventive Health Check-up Camp

Pre-Camp Preparation

Survey and Patient Identification

During health camps, we conduct comprehensive blood tests to assess haemoglobin levels and identify anemic patients. Eye check-up to diagnose problems related to eye. Additionally, bone density measurements are taken to diagnose osteoporosis and osteopenia. Arogya Maitrins actively survey the community to identify individuals in need of health check-ups.

Those experiencing weakness, dizziness, or musculoskeletal issues are connected to the camp for further evaluation. The date, location, and time of the camp are communicated to them, and a list of participants is prepared to ensure proper care and follow-up.



Arogya Maitrin doing survey

Camp Day

The date, location, and time for the health camp are scheduled to ensure convenience for the target population. A community hall or temple is selected as the venue. The Arogyavardhan team arranges for all necessary medical equipment and supplies, including weighing machines, blood pressure apparatus, bone density measurement devices, and essential medicines.

Activities on Camp Day

Registration

Participants register at the front desk, where their case papers are prepared. Basic details such as name, age, and gender are collected, along with contact information address, education, occupation, and the date of the camp.



Front desk for registration

Basic Anthropometric Measurements

As part of the health assessment, the team conducts essential anthropometric measurements to evaluate participants' overall health status. These measurements include:

Height and Weight: Used to calculate Body Mass Index (BMI), which helps assess whether an individual is underweight, within a healthy weight range, overweight, or obese.



Arogya Maitrin measuring height and weight

Pulse Rate

Measured to monitor heart rate and detect any irregularities, which could indicate underlying cardiovascular conditions.

Blood Pressure (BP)

Checked to identify cases of hypertension or hypotension, both of which can have significant health implications if left unmanaged.

These fundamental health indicators provide valuable insights into an individual's well-being and help in the early detection of potential health risks. The collected data supports healthcare professionals in offering appropriate guidance, lifestyle recommendations, and medical referrals if necessary.



Blood pressure is measured

Laboratory Tests

Complete Blood Count (CBC) and Random Blood Sugar (RBS) Tests

To assess participants' overall health status, Complete Blood Count (CBC) and Random Blood Sugar (RBS) tests are conducted on-site during the health camp. These tests provide critical insights into an individual's health and help identify potential medical conditions at an early stage.



Blood sample collected by a lab technician

Complete Blood Count (CBC): The CBC test is a comprehensive blood test that evaluates different components of blood, including:

Haemoglobin (Hb) Levels: Determines if an individual is anemic, which can indicate iron deficiency, chronic disease, or other underlying health conditions.

Red Blood Cell (RBC) Count: Assesses the oxygen-carrying capacity of the blood and detects abnormalities such as anemia or polycythemia.

White Blood Cell (WBC) Count: Helps identify infections, inflammation, or immune system disorders.

Platelet Count: Evaluates blood clotting ability, which is crucial for diagnosing bleeding disorders or thrombocytopenia.

This test plays a vital role in diagnosing various conditions, including infections, anaemia, and blood-related disorders.

Random Blood Sugar (RBS) Test: The RBS test measures blood glucose levels at any given time, regardless of when the participant last ate. It is an important screening tool for:

Diabetes Detection: High blood sugar levels may indicate diabetes or prediabetes.

Hypoglycaemia: Low blood sugar levels can cause dizziness, confusion, and fainting.

Both tests are quick, convenient, and essential for identifying potential health risks. Based on the results, participants receive medical advice, lifestyle recommendations, or referrals for further evaluation and treatment.

During eye check-up

All participants are registered. An ophthalmologist doctor screened all for near vision, distance vision and, any other eye problem. Those who require further detailed examination are referred to the hospital. Eye drops and medicine are given as per the need. Spectacles for near vision are distributed. Patients with cataracts or other eye conditions that require surgery are referred to the hospital for treatment. Counselling on proper eye care and how to use spectacles is also provided.



Screening of eye and spectacles distribution

Bone density measurement

A basic bone health assessment is conducted using a Bone Density Check-Up machine to evaluate bone strength and detect early signs of bone-related conditions. This test helps identify individuals at risk of osteoporosis and osteopenia, both of which increase the likelihood of fractures and bone fragility.

Procedure of Bone Density Measurement

Participants undergo a non-invasive and painless bone density screening. The Bone Density Check-Up machine measures bone mineral density (BMD) and records the T-score, which is an indicator of bone health. The results are documented in the participant's case paper for further medical evaluation and reference.

Understanding the T-Score

The T-score compares an individual's bone density to that of a healthy young adult of the same gender. The classification is as follows:

Normal Bone Density: T-score ≥ -1.0

Osteopenia (Low Bone Mass): T-score between -1.0 and -2.5

Osteoporosis (Severely Low Bone Mass): T-score ≤ -2.5

Significance of Bone Density Testing

Helps in the early detection of osteoporosis and osteopenia.

Assists healthcare providers in recommending dietary changes, exercise, and medications to improve bone health.

Identifies individuals at higher risk of fractures, enabling timely preventive measures.

The collected data allows healthcare professionals to guide participants toward better bone health management, ensuring appropriate lifestyle modifications and medical interventions if needed.



Bone density checking of patients

The doctor check-up

Team of doctors enquires participants' medical past history, current health problems. Based on this, they provide appropriate medical advice and prescription.



The doctors checking patients



Medicine dispensing

Essential medications such as anti-worm tablets, iron, calcium, B-complex vitamins, and Vitamin C are distributed to participants, along with instructions on how to take them properly.

Nutrition counselling

A nutritionist provides counseling on maintaining an iron-rich diet, increasing calcium intake, and following a balanced, healthy diet overall.

This comprehensive approach aims to promote the well-being of participants through medical assessments, treatment, and dietary guidance.

Post-Camp Activities

Recording and Analysis

All details from case papers and lab reports are meticulously recorded. A thorough analysis is conducted for anemia and osteoporosis based on the collected data.

Distribution and Follow-up

After 10 days, reports are distributed to all participants. Medicines are dispensed to patients diagnosed with anemia and low bone density. Nutritional and hygiene counseling is provided to patients, with a focus on improving overall health and managing their conditions effectively.

After the eye camp

All patient information is entered into the system. Arogya Maitrin follows up with patients to ensure they are using their spectacles correctly and also checks in with those who have undergone surgery. Additionally, she educates patients on the importance of eye care and provides counseling to students and parents on reducing mobile screen time. Arogya Maitrin also promotes healthy eating habits, encouraging the consumption of green leafy vegetables, fruits, carrots, and pumpkins. For elderly or vulnerable patients, she assists with hospital visits and maintains ongoing communication with the hospital team to ensure the patient's well-being.

100 days Anaemia Eradication Programme

In 2018, the Government of India launched the Anaemia Mukta Bharat (AMB) strategy with the target to reduce anaemia in the vulnerable age groups such as women, children and adolescents. The prevalence of anaemia among six groups as per the National Family Health Survey 5 (2019-21), is 25.0 percent in men (15-49 years) and 57.0 percent in women (15-49 years). 31.1 percent in adolescent boys (15-19 yrs), 59.1 percent in adolescent girls, 52.2 percent in pregnant women (15-49 years) and 67.1 percent in children (6-59 months).

To raise awareness and treat anemia, we screen approximately 100 women during our annual health camp. After reviewing the lab reports, we identify women with anemia. On the 10th day of the camp, we distribute the lab reports to all participants and provide medication to those diagnosed with anemia. The medical officer conducts a detailed history, performs an examination, and recommends further investigations, if necessary, along with a 45-day course of medication.



We also educate the women on iron-rich diets, recommending seasonal fruits and vegetables, and emphasize the importance of good hygiene practices. After 45 days, we schedule the first follow-up. During this follow-up, we check the hemoglobin levels of the anemic women. The majority show significant improvement, as the Arogya Maitrin has been consistently following up with them on medication adherence, diet, and the cessation of any harmful habits, such as the consumption of mishri, tobacco if present.

For those who show minimal improvement and have not reached normal hemoglobin levels, we prescribe another 45-day course of medication and schedule a second follow-up. During follow-up, almost all participants show good improvement. Only about 4 to 5 women, who have not reached normal hemoglobin levels, likely due to skipping medication or other reasons, remain below the normal range. We are actively working to address these issues and ensure better compliance. Our ultimate goal is to cure all the anemic women who attend our health camp.

Low Bone Density Awareness and Treatment Program

The Seva Arogya Foundation is committed to promoting the health of women. Like anemia musculoskeletal health problems are common in Indian women. A significant concern among Indian women is low bone density, with approximately one in four women over the age of 50 suffering from this condition. Common complaints such as back pain and knee pain are often linked to low bone density (LBD). LBD is a leading cause of osteoporosis. Osteoporosis has become a major public health issue among Indian women. It is exacerbated by factors such as inadequate calcium intake with widespread vitamin D deficiency, increasing longevity, sex inequality, early menopause, genetic predisposition limited access to diagnostic facilities. Moreover, poor awareness of bone health contributes to the high prevalence of this condition. To address these challenges, particularly among women in underserved communities, Seva Arogya Foundation conducts a Low Bone Density Awareness and Treatment Program. During our annual health check-up camp, we screen all women for low bone density. We have a portable machine which used to measure bone density at peripheral sites, such as the heel. Our trained staff uses this device to assess bone health and record the findings on individual case papers. On the day of the health camp, we provide essential medications such as iron, calcium, and vitamins to all participants for a week. All health records are maintained in our back office for further analysis. After reviewing the data, we identify women with low bone density and schedule follow-up activities. Once lab reports are received, we organize report distribution and follow-up consultations. During follow-up visits, a medical officer reviews the patient's history and prescribes a 45-day course of calcium supplements, as calcium and vitamin D are key components in managing osteoporosis. In cases where additional support is needed, such as physical therapy, patients are referred to our physiotherapy clinic. We emphasize the importance of a calcium-rich diet and regular exercise in conjunction with medication to promote bone health.

This comprehensive program aims to raise awareness, improve treatment, and ensure better bone health for women, especially those in vulnerable communities.



Results of Annual Health Check-up Camp from April 2024 to March 2025

We organize an annual health check-up camp to promote preventive healthcare. A total of 603 individuals were screened across six slums during the health camp out of which 484 were screened for anemia and 567 were screened for low bone density.

Table No 2 Total number of people screened during health check -up camp

Sr.No	Name of Slum	Attendees	Screened for Anemia	Screened for LBD
1	New Shivane gavthan	92	72	88
2	Shramik	105	89	99
3	New Kopare Gaon	99	70	93
4	Vasant Nagar	102	84	99
5	Megha City	92	73	85
6	Hanuman Nagar	113	96	103
	Total	603	484	567

Prevalence of Anemia in Vasti

The total prevalence of anemia across all vastis is 44%. Among the areas surveyed, Vasant Nagar has the highest anemia prevalence (57.14%), while Mega City has the lowest (32.88%).

Highest Prevalence

Vasant Nagar has the highest anemia prevalence among all surveyed areas, with more than half of the screened population affected.

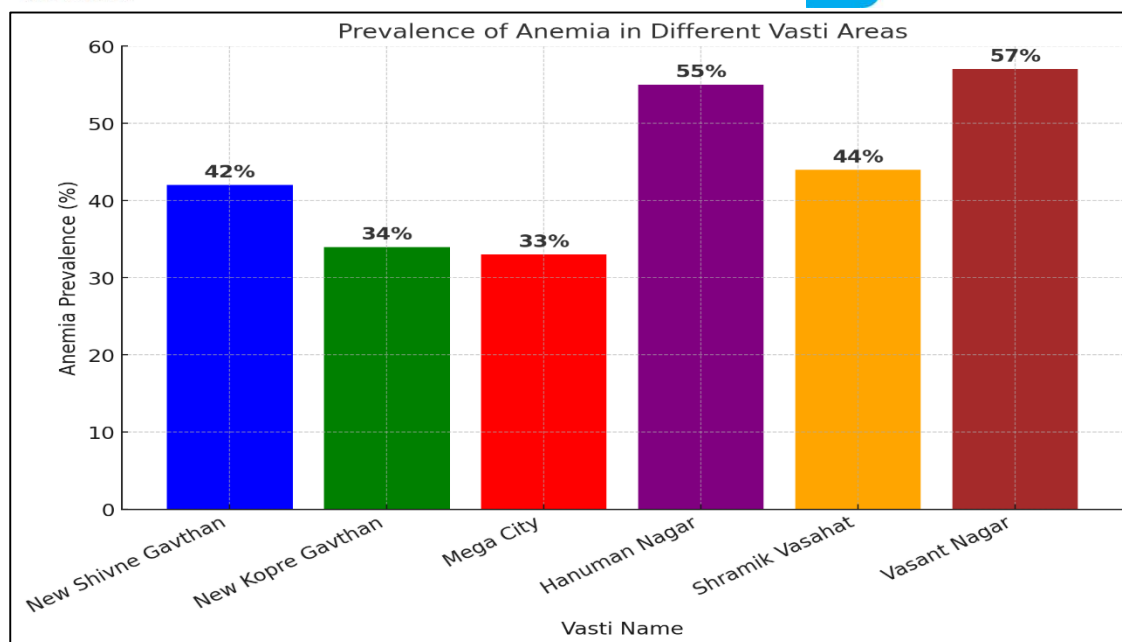
Lowest Prevalence

Among all areas, Mega City has the lowest prevalence of anemia (33%). However, even at this level, one-third of the population is affected, signifying the need for continued health support.

Moderate Prevalence:

New Shivne Gavthan (42%) and Shramik Vasahat (44%) have moderate anemia levels, indicating a substantial yet relatively lower burden compared to Hanuman Nagar and Vasant Nagar. New Kopre Gavthan (34%) has a slightly lower prevalence but is still concerning.

Sr. No	Name of Slum	Screened for Anemia	Anemic Patients	Anemic Patient (%)
1	New Shivane gavthan	72	30	42
2	Shramik	89	39	44
3	New Kopare Gaon	70	24	34
4	Vasant Nagar	84	48	57
5	Megha City	73	24	33
6	Hanuman Nagar	96	53	55
	Total	484	218	44



Classification of Anaemia in Vasti

Anaemia can be classified by severity into mild, moderate and severe as per haemoglobin level following the WHO guidelines. Following is the table.

Group	No Anaemia	Mild	Moderate	Severe
Non-pregnant Women	≥ 12	11 – 11.9	8 – 10.9	< 8

Source: Haemoglobin concentration for the diagnosis of anaemia and assessment of severity. WHO

Anemia Severity Distribution and Comparison Between Slums

Highest Total Anemia

Hanuman Nagar (53 cases) has the highest number of anemic individuals. Vasant Nagar (48 cases) follows closely behind.

Mild Anemia

Vasant Nagar (28 cases) has the highest mild anemia cases. Shramik Vasahat & Hanuman Nagar (26 cases each) also show high mild anemia levels.

Moderate Anemia

Hanuman Nagar (25 cases) has the highest moderate anemia cases, indicating more serious cases that require medical attention. Vasant Nagar (18 cases) and New Shivne Gavthan (16 cases) also have moderate levels.

Severe Anemia

New Kopre Gavthan, Hanuman Nagar, Shramik Vasahat, and Vasant Nagar (2 severe cases each). New Shivne Gavthan and Mega City report no severe cases, suggesting a relatively better anemia status.

Conclusion & Recommendations

Hanuman Nagar and Vasant Nagar have the highest burden of anemia, requiring nutrition awareness programs, iron supplements, and medical support and follow ups.

Mild cases are highest in Vasant Nagar and Shramik Vasahat, highlighting the importance of early intervention and better diet awareness.

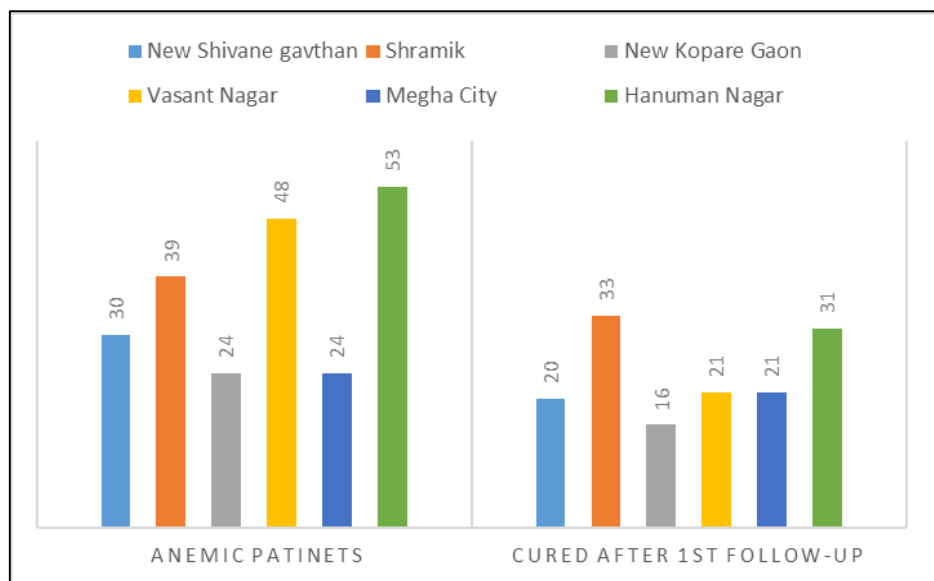
Severe anemia cases are spread across multiple areas, indicating the need for targeted healthcare interventions. Mega City and New Shivne Gavthan show better anemia management, but prevention strategies should continue.

Table No 4 Classification of Anemia in vasti

Sr. No	Name of Slum	Total Number	Mild	Moderate	Severe
1	New Shivane gavthan	30	14	16	0
2	Shramik	39	26	11	2
3	New Kopare Gaon	24	13	9	2
4	Vasant Nagar	48	25	21	2
5	Megha City	24	13	11	0
6	Hanuman Nagar	54	26	26	2
	Total	218	117	93	8

First Follow up

After 45 days of treatment, haemoglobin levels are reassessed to monitor improvement. Depending on the severity of the cases, some individuals undergo testing in a laboratory setting, while others are tested at the clinic level using a finger prick test for a quicker assessment. A total of 218 anemic individuals from six slum areas received treatment and follow-up care. The results of the intervention are as follows



Out of a total of 218 anemic women identified across six slum areas, 142 women were cured following the first round of intervention. This reflects an overall recovery rate of



approximately 65.1%, suggesting a generally positive response to the implemented strategies, which included iron supplementation, dietary guidance, regular follow-ups, and health education.



High-Performing Areas

Megha City and Shramik emerged as the most successful areas, reporting recovery rates of 87.5% and 84.6%, respectively. These outcomes likely stem from stronger community engagement, consistent treatment adherence, and higher compliance with medical advice. The success in these areas offers a valuable model for replication in other communities.

Areas of Concern

Vasant Nagar recorded the lowest recovery rate at 43.8%, despite having one of the highest numbers of anemic patients. Hanuman Nagar, contributing the largest patient pool (53 women), showed a moderate recovery rate of 58.5%.

These figures suggest the need for enhanced support and further investigation into potential barriers to recovery, such as irregular medication intake, poor nutritional practices, limited hygiene, or lack of follow-up. Personalized and targeted interventions necessary in these locations.

Moderate-Performing Areas

New Shivane Gavthan and New Kopare Gaon both reported a 66.7% recovery rate, slightly above the overall average. While these results are encouraging, there is still room for improvement through focused health education and closer community support.

Recommendations

Strengthen Follow-Up Mechanisms in lower-performing areas with more frequent home visits, individualized counseling, and adherence tracking.

Replicate Best Practices observed in Megha City and Shramik, adapting their successful approaches to local contexts in underperforming communities.

Enhance Nutritional Awareness by

Distributing iron cookware (e.g., iron kadhais), Promoting affordable, iron-rich local foods

Educating communities on how to improve iron absorption, addressing common barriers such as excessive tea consumption or use of mishri, intensify Community Awareness Campaigns that focus on the risks of untreated anemia and emphasize the importance of ongoing dietary and medical care. Reinforce Monitoring & Evaluation Systems to ensure timely tracking of individual progress and adjust strategies where needed.

Conclusion

The results of the first follow-up reveal a meaningful impact of the anemia intervention



program, with over 65% of affected women showing signs of recovery. However, the uneven distribution of outcomes across slum areas underscores the importance of tailored, community-specific strategies. With continued commitment, resource allocation, and adaptive approaches, there is strong potential to significantly improve the health and well-being of these vulnerable populations.

Results of Low Bone Density tests

Sr. No	Vasti Name	Attendees	Screened for LBD	Normal	Osteopenia	Osteoporosis
1	New Shivane gavthan	92	88	17	52	19
2	Shramik	105	99	8	56	35
3	New Kopare Gaon	99	93	19	57	17
4	Vasant Nagar	102	99	5	44	50
5	Megha City	92	85	16	50	19
6	Hanuman Nagar	113	103	20	63	20
	Total	603	567	85	322	160

Analysis Based on Severity Level

The screening results reveal a high prevalence of bone health issues, with 482 out of 567 individuals (85%) diagnosed with either osteopenia or osteoporosis. The severity of the condition varies across different locations, with Vasant Nagar showing the most concerning trends.

1. Most Severe Vasant Nagar (Highest Osteoporosis Cases, Lowest Normal Cases)

Vasant Nagar recorded the highest number of osteoporosis cases (50) and the lowest number of normal cases (5). This suggests a severe bone health crisis, where most individuals have already progressed to advanced bone deterioration. The direct progression to osteoporosis instead of being diagnosed at the osteopenia stage indicates long-term nutritional deficiencies, poor lifestyle habits, and a lack of early intervention.

2. High-Risk: Shramik Vasahat (Second-Highest Osteoporosis Cases) and Hanuman Nagar (Highest Osteopenia Cases) Shramik Vasahat reported 35 osteoporosis cases, the second highest after Vasant Nagar, showing a significant portion of the population is at risk of fractures and other bone-related issues. Hanuman Nagar had the highest number of osteopenia cases (63), meaning a large at-risk population could progress to osteoporosis if preventive measures are not taken.

3. Moderate Risk: New Kopre Gavthan, Mega City, and New Shivne Gavthan

These locations reported a fairly balanced distribution between osteopenia and osteoporosis, with New Kopre Gavthan (57 osteopenia, 17 osteoporosis), Mega City (50 osteopenia, 19 osteoporosis), and New Shivne Gavthan (52 osteopenia, 19 osteoporosis). While osteoporosis cases are lower here compared to Vasant Nagar and Shramik Vasahat, the high number of osteopenia cases suggest a need for early intervention to prevent worsening conditions.



4. Mild Concern: Locations with Higher Normal Cases. While all surveyed areas reported cases of low bone density, some regions had relatively better bone health. For example, Hanuman Nagar had 20 normal cases, the highest among all locations. This indicates that while bone health is a concern, a portion of the population still maintains normal bone density, possibly due to better dietary habits or awareness.

Action taken

The data highlights a critical need for intervention, especially in Vasant Nagar and Shramik vasahat, where osteoporosis cases are highest. We provide calcium and vitamin D supplements to at-risk individuals. Conduct nutrition and lifestyle awareness programs to promote healthy eating habits. Also, we Encourage them to physical activity to improve bone strength. Ensuring early screening in high-risk areas to prevent osteopenia from progressing into osteoporosis.

Addressing these issues proactively will help reduce the growing burden of osteoporosis and osteopenia, ensuring better bone health for the affected communities.

Spectacles Distribution and surgery done per slum

Sr. No	Vasti Name	Near Vision	Distant Vision	Surgery
1	Shramik	41	11	10
2	Vasant Nagar	47	14	10
3	Megha City	35	12	6
4	Hanuman Nagar	50	18	6
5	Nadadip	30	8	7
	Total	203	63	39

During the eye camp, individuals undergo a thorough screening process conducted by a qualified doctor. Based on their specific refractive error, the doctor and team distribute the appropriate spectacles. Along with the distribution, they provide detailed counseling to ensure that the participants understand the correct usage of their new glasses. For example, the doctor explains that distance vision glasses should not be worn while reading, and for activities requiring close vision, such as reading, near-vision spectacles should be used instead. This guidance is important to enhance their vision and alleviate symptoms like headaches and eye-watering, which can arise from improper use.

Following the eye camp, Arogya Maitrin takes on the responsibility of following up with each participant. She checks whether they are consistently using their spectacles and ensures they are comfortable with them. Special attention is given to senior citizens, with Arogya Maitrin offering additional support and guidance on how to use the spectacles correctly, ensuring they feel confident and comfortable in incorporating them into their daily routine. This follow-up helps ensure that the spectacles are being used effectively, leading to improved vision and overall well-being.



Success Story 1

Name: XXX

Age: 40 yrs

Gender: Female

Residence: Vasant Nagar

Diagnosis: Anemia

Hb Readings:

Initial	After first follow up
6.3	11

Pre-Treatment: She is a 40-year-old woman living in Vasant Nagar with her two sons, following the passing of her husband last year. Since his death, she has lost her appetite due to constant worry about raising her children. To make ends meet, she works as a maid. However, she often feels fatigued, tires easily, and experiences frequent leg cramps and hair loss. She has also lost a significant amount of weight. During a health camp survey, an Arogya Maitrin met her and encouraged her to attend the camp, where she could undergo a blood test to determine the cause of her fatigue and irritability. Additionally, she would receive free medication to support her health.

After Treatment: She visited the camp and registered herself for lab tests. The doctor examined her and, after taking her medical history, identified that she was suffering from nutritional deficiencies. To address this, the doctor prescribed iron and folic acid tablets along with vitamin C to enhance iron absorption. Additionally, the doctor counseled her on the importance of self-care, emphasizing that her children depend on her well-being.

She was advised to include fresh fruits, green leafy vegetables, eggs, and sprouts in her diet.

The doctor also explained that adopting healthy eating habits would not only improve her health but also benefit her family. During follow-ups, the Arogya Maitrin provided further guidance on hygiene and nutritious food choices. She encouraged her to wash fruits and vegetables before cooking, minimize the consumption of packaged foods like chips and snacks, and manage her expenses effectively to prioritize nutrition.

Her lab reports revealed that her hemoglobin level was 6.3 gm/dl, requiring at least three months of medication. She began taking her prescribed medicines and made small improvements in her diet, including reducing tea consumption. Over time, she started feeling much better and expressed her gratitude to the Arogya Maitrin for her support.

TEST		UNIT		BIOLOGICAL REF RANGE
COMPLETE BLOOD COUNT				
Sample Type		gm/dl		12-16
Hemoglobin	6.3	/cmam		4000-11000
Total WBC Count	7400	/cmm		150000-450000
Platelets Count	273000			
RED CELL ABSOLUTE VALUES				
R.B.C. Count	3.64	mil/cmm		3.8-5.8
Packed Cell Volume (PCV)	22.5	%		35-47
Mean Corpuscular Volume	61.9	cu micron		76-96
Mean Corpuscular Hemoglobin	17.2	picograms		27-32
Mean Corpuscular Hb Conc	27.9	g/dl		32-36
Red Cell Distribution Width (RDW)	18.1	%		11.5-14.5
Mentzer Index	17.01			
DIFFERENTIAL COUNT				
Neutrophils	50	%		40-75
Lymphocytes	45	%		20-45
Eosinophils	03	%		0-6
Monocytes	02	%		0-8
Basophils	00	%		0-1
PERIPHERAL SMEAR EXAMINATION				
Anisopoikilocytosis++, Microcytes++, Hypochromia++				
Within Normal Limits				
RBC Morphology				
WBC Morphology				

Hb readings:		
Initial	FU 1	FU 2
6.3 g/l.	11.11	

Report Distribution: 16/07/25.

C/O -

RX -
 TB therapy 1-2
 TB. 1000 mg 1-2
 TB. Calcein 1-2
 TB. 1000 mg 1-2
 Dietary and Life style changes - 1-2

FU 1: 01/08/2025

C/O - Acft. Bodyweight Gained 5.5

RX -
 TB. H3Bmp } 400 mg / day
 TB. Bismarck }
 TB. Nitro }
 TB. Cmt 1 & 2 }

Dietary and Life style changes -

FU 2:

Success Story 2

Name: XXX

Age: 45 yrs

Gender: Female

Residence: Hanuman Nagar

Diagnosis: Anemia

Hb Readings:

Initial	After First Follow up
6.8	11.5

Pre -Treatment: This woman lives in Hanuman Nagar. During the camp survey, we met her, and she shared her health concerns. She experiences heavy bleeding, weakness, and abdominal pain during menstruation. Additionally, as a maid, she often suffers from lower back, hand, and leg pain, leading to extreme fatigue. Her family consists of four members, including her husband, who works as a driver, and their two school-going children. Despite her health issues, she has no option but to continue working as a domestic helper, washing clothes and utensils. Arogya Maitrin provided her with complete information about the camp and encouraged her to participate.

Post Treatment: The doctor examined her and, after reviewing her medical history, discovered that she had two children at a very young age. The closely spaced pregnancies had prevented her body from recovering its nutritional reserves. The doctor advised ultrasound sonography of abdomen and pelvis to rule out cause of heavy bleeding during menses. As report was normal the doctor prescribed iron and folic acid tablets along with vitamin C to enhance iron absorption. She was also advised to include fresh fruits, green leafy vegetables, eggs, and sprouts in her diet. The doctor explained that adopting healthy eating habits would not only benefit her but also improve her family's well-being. During follow-ups, Arogya Maitrin counseled her on hygiene and nutritious food choices. She emphasized the importance of washing fruits and vegetables before cooking and encouraged her to reduce the consumption of packaged snacks like Kurkure and chips. Her initial hemoglobin (Hb) level was 6.8 gm/dl. After 45 days of consistently taking her medication, it improved to 11.5 gm/dl. She felt significantly better and expressed her gratitude to the doctor and the Arogya Maitrin for their guidance and support.

HAEMATOLOGY			
TEST	RESULT	UNIT	BIOLOGICAL REF RANGE
COMPLETE BLOOD COUNT			
Sample Type: WHOLE BLOOD EDTA			
Hemoglobin	6.8	gm/dl	12-16
Total WBC Count	7500	/cmm	4000-11000
Platelets Count	401000	/cmm	150000-450000
RED CELL ABSOLUTE VALUES			
R.B.C. Count	4.43	mil/cmm	3.8-5.8
Packed Cell Volume (PCV)	24.7	%	35-47
Mean Corpuscular Volume	55.8	cu micron	76-96
Mean Corpuscular Hemoglobin	15.4	picograms	27-32
Mean Corpuscular Hb Conc	27.5	g/dl	32-36
Red Cell Distribution Width (RDW)	18.7	%	11.5-14.5
Mean Corpuscular Volume	12.6		
DIFFERENTIAL COUNT			
Neutrophils	50	%	40-75
Lymphocytes	48	%	20-45
Eosinophils	01	%	0-6
Monocytes	01	%	0-8
Basophils	00	%	0-1
PERIPHERAL SMEAR EXAMINATION			
RBC Morphology	Anisopoikilocytosis++, Microcytes++, Hypochromia++		
WBC Morphology	Within Normal Limits		

Report Distribution:	
C/O-	B.Hsup (ots)
RX-	B.vit-C (ots) x 45 days
Dietary and Life style changes - B.Hsup (ots)	
FU 1:	B.vit-C (ots) x 45 days
C/O-	
RX-	



Success Story 3

Name: XXX

Age: 44 yrs

Gender: Female

Residence: Megha City

Diagnosis: Anemia

Hb Readings:

Initial	After First Follow up
10.4	12.8

Pre-Treatment: This woman lives in Megha City and works as a school helper. She frequently suffered from fatigue, dizziness, body pain, and weakness. Since taking leave meant losing her daily wages, she often ignored her health and only visited the Seva Arogya Clinic occasionally. The Arogya Maitrin advised her to visit the clinic regularly and follow the doctor's prescribed treatment. However, due to her work schedule, she only sought medical help when her symptoms became severe or when she could find time off. She neglected her health, skipped meals, and avoided necessary medical tests despite the doctor's recommendations. Financial constraints also made it difficult for her to afford medical tests, leading to repeated delays. Recognizing her situation, we informed her about the Seva Arogya Health Camp in Megha City, where all medical tests were available free of cost.

We encouraged her to make time and attend the camp, explaining that these tests would help diagnose the cause of her persistent health issues. After our discussion, she finally agreed to participate in the health camp.

Post Treatment: During the health camp, Tai consulted the doctor and underwent a blood test, which revealed her hemoglobin (Hb) level was 10.4 gm/dl. When questioned, she reported experiencing fatigue, palpitations, and headaches but had no diagnosed health conditions. During follow-ups, it was observed that she frequently consumed stale food and excessive tea, which hindered nutrient absorption. The doctor prescribed iron supplements along with vitamin C to enhance absorption and guided her to consume iron-rich foods that were both affordable and easily accessible. The Arogya Maitrin counseled Tai to reduce her tea intake and reminded her to take her medications regularly. She followed all the instructions, and after 45 days, her Hb level improved to 12.8 gm/dl. Her symptoms, such as weakness and headaches, had significantly reduced. With all her symptoms resolved, she felt energetic, took fewer leaves from work with renewed strength and confidence.

HAEMATOLOGY			
TEST	RESULT	UNIT	BIOLOGICAL REF. R.
COMPLETE BLOOD COUNT			
WHOLE BLOOD EDTA			
Sample Type	10.4	gm/dl	12-16
Hemoglobin	8800	/cmm	4000-11000
Total WBC Count	286000	/cmm	150000-450000
Platelets Count			
RED CELL ABSOLUTE VALUES			
R.B.C. Count	4.69	mil/cmm	3.8-5.8
Packed Cell Volume (PCV)	32.4	%	35-47
Mean Corpuscular Volume	69.0	cu micron	76-96
Mean Corpuscular Hemoglobin	22.2	picograms	27-32
Mean Corpuscular Hb Conc	32.2	g/dl	32-36
Red Cell Distribution Width (RDW)	16.5	%	11.5-14.5
Mentzer Index	14.71		
DIFFERENTIAL COUNT			
Neutrophils	63	%	40-75
Lymphocytes	34	%	20-45
Eosinophils	01	%	0-6
Monocytes	02	%	0-8
Basophils	00	%	0-1
PERIPHERAL SMEAR EXAMINATION			
RBC Morphology	Anisopoikilocytosis++, Microcytes++, Hypochrom		
WBC Morphology	Within Normal Limits		

Hb readings:		
Initial	FU 1	FU2
10.4	12.8 mg/dl	

Report Distribution: Bekaert, Bekaert, Bekaert

C/O - Tech - ~~A - 0.1~~ - 0.1 cm + 0.3 7.5

RX - Tech - 1 - 0.1

Tech - ~~A - 0.1~~ - 0.1 cm + 0.3 7.5

1 - 0.1

Dietary and Life style changes -

FU 1: OB/12

C/O - Pallor

RX - Bekaert 100

Bekaert 100

Bekaert 100

Bekaert 100

(15) 100

7



Success Story 4

Name: XXX

Age: 45 yrs

Gender: Female

Residence: Shramik vasahat

Diagnosis: Anemia

Hb Readings:

Initial	After First Follow Up
7.9	10.2

Pre-Treatment: This woman resides in Shramik Vasahat. She is 45 years old and works as a caregiver for patients. During the camp survey, Arogya Maitrin met her and informed her about the health camp. She lives with her son, as her husband has passed away. Managing both her son's education and household expenses alone has been challenging. To support her family, she continues working as a caregiver. She shared that she had been experiencing severe weakness, dizziness, leg cramps, and breathlessness while climbing stairs. After hearing her concerns, she was invited to attend the health camp for further evaluation. Arogya Maitrin reassured her that all check-ups, tests, doctor consultations, and treatments would be provided free of cost.

Post Treatment: Upon attending the health camp, she underwent various tests, including a complete blood count to check for anemia and infections, a random blood sugar test, an eye examination, and a bone density test. Afterward, she explained her symptoms to the doctor, who initially prescribed medication for 10 days. Once her reports were reviewed, it was confirmed that she had low hemoglobin levels, measuring 7.9. Since she had no other significant symptoms or major health concerns, the doctor prescribed medication for one and a half month to help raise her hemoglobin count and advised her to take it regularly.

She was further informed that she would need to continue the treatment for at least three months. The doctor also recommended incorporating iron-rich foods into her diet, such as beets, jaggery and, peanut ladoos, leafy vegetables, and dates. Additionally, she was advised to cook leafy vegetables in an iron pan to enhance iron absorption. During a follow-up visit with Arogya Maitrin, she expressed concern that food cooked in an iron pan often turned dark and had a different taste. To address this, Arogya Maitrin counseled her, explaining that if leafy vegetables or non-vegetarian food were cooked in the iron pan has to take out in another pan, they wouldn't turn excessively dark, and the taste would remain unchanged. More importantly, this method would help improve iron intake, aiding in increasing hemoglobin levels. After consistently following these recommendations for a month, she reported a noticeable reduction in her symptoms and felt much better.

HAEMATOLOGY			
TEST	RESULT	UNIT	BIOLOGICAL R
COMPLETE BLOOD COUNT			
Sample Type	WHOLE BLOOD EDTA		
Hemoglobin	7.9	gm/dl	12-16
Total WBC Count	10400	/cmm	4000-11000
Platelets Count	297000	/cmm	150000-450000
RED CELL ABSOLUTE VALUES			
R.B.C. Count	4.29	mil/cmm	3.8-5.8
Packed Cell Volume (PCV)	25.7	%	35-47
Mean Corpuscular Volume	59.9	cu micron	76-96
Mean Corpuscular Hemoglobin	18.4	picograms	27-32
Mean Corpuscular Hb Conc	30.7	g/dl	32-36
Red Cell Distribution Width (RDW)	17.3	%	11.5-14.5
Mentzer Index	13.96		
DIFFERENTIAL COUNT			
Neutrophils	69	%	40-75
Lymphocytes	28	%	20-45
Eosinophils	01	%	0-6
Monocytes	02	%	0-8
Basophils	00	%	0-1
PERIPHERAL SMEAR EXAMINATION			
RBC Morphology	Anisopoikilocytosis++, Microcytes++, Hypochromia		
WBC Morphology	Within Normal Limits		

Hb readings:

Initial	FU 1	FU2
7.9	10.2	

Report Distribution: 2711112020

C/O - Acute HbV

RX - 1st. HbV up X 45 days
2nd. B. count + 23
3rd. vit C

Dietary and Life style changes -

FU 1: 18/03/20

C/O - Acute

RX - 1st. HbV up (18 days)
2nd. B. count + 23
3rd. vit C

Dietary and Life style changes -

Success Story 5



Name: XXX

Age: 27 yrs

Gender: Male

Residence: Vasant Nagar

Diagnosis: Low Bone Density

Before Treatment: Vasantnagar is where Dada lives. He got married last year, and now he and his wife live together. His parents reside in the village. His wife is a homemaker, while Dada works at a mental health institution located within the same community. He serves as a project coordinator for local initiatives and also takes on responsibilities to support his family. Dada's working hours are from 10 AM to 6 PM, and his job keeps him to do surveys within the neighborhood. Lately, he had been experiencing constant fatigue, body aches, and knee pain, making it difficult for him to do surveys in his working area. One day, during a community survey, Arogya Maitrin met Dada and informed him about an upcoming health camp and OPD service. On the day of the camp, Dada took a leave from work and attended. During the examination, his bone health was assessed, revealing a T-score of 3.23 and a BQI of 43.8, indicating bone fragility.

After Treatment: Afterward, Dada showed his reports to the doctor. The doctor informed him that his bones were fragile and expressed concern about how this could happen at such a young age. The doctor advised Dada to make changes to his diet and lifestyle. Following the doctor's recommendations, Dada began making dietary adjustments. He included sesame seeds, flaxseed chutney, milk and dairy products, peanuts, fruits and, leafy green vegetables in his meals. Additionally, the doctor recommended that he spend 15 minutes in the morning sunlight for vitamin D. Dada was also prescribed calcium supplements and was instructed on how to take them properly. Arogya Maitrin maintained regular follow-ups with Dada. Within 15 days, he began to notice slight improvements. After consistently taking the prescribed medication for three months, Dada experienced significant relief. He was able to return to work without the constant discomfort. Grateful for the support, Dada expressed his heartfelt thanks to the organization. He mentioned that, although he worked at the community level like them, his job required him to be outdoors all day, which contributed to his condition. Now that his health had improved, he felt much better and was able to manage his responsibilities effectively. Dada also acknowledged how his work with mental health patients had left him little time to focus on his own well-being, making him even more appreciative of the organization's support.

Sr. No.	Medicine	Time	Frequency
1	Tab Alendazole (400 mg)	Immediate	Stat
2	Tab Ferrous Fumarate	Once in the morning post breakfast (Do not consume tea/coffee/tobacco products 1 hour before and after taking medicine)	10 Days
3	Tab Vit C 100 mg	Once in the morning post Breakfast with Ferrous Tablet	10 Days
4	Tab B-complex	Once in the afternoon post lunch (Do not consume tea/coffee/tobacco products 1 hour before and after taking medicine)	10 Days
5	Tab Cal D3	Once in the evening post Dinner (Do not consume tea/coffee/tobacco products 1 hour before and after taking medicine)	10 Days
6	Tab Aceclo + paracetamol		5 days

Initial	FU1	FU2
13.2		

Report Distribution: 22/01/28
C/O - B. Cal + B (0-07)
RX - B. B-complex (ats) x 45 days

Dietary and Life style changes -
02/03/28
C/O - B. Cal + B (0-07)
RX - B. B-complex (ats) x 45 days



Name: XXX

Age: 33 yrs

Gender: Female

Residence: Shramik Vasahat

Diagnosis: Low Bone Density

Before Treatment: Tai, a 33-year-old resident of Shramik Vasahat, was met during a camp survey. She shared that she spends her entire day doing housework as a maid. She lives with her husband, son, and daughter and was married at an early age, having children soon after. For a long time, she had been suffering from persistent back pain, which gradually extended to her knees and hands. Concerned about her condition, Arogya Maitrin advised her to visit the health camp for a free check-up to assess bone density. She also assured Tai that she would receive the necessary medication to help manage her condition.

Post Treatment: Tai attended the health camp and underwent a complete check-up. Her bone density test revealed a score of -2.58 , and her Bone Quality Index (BQI) was 55.9 indicating weakened bones. After reviewing her reports, the doctor diagnosed her with bone loss and prescribed calcium supplements. She was also given dietary counseling, emphasizing the importance of a calcium-rich diet and vitamin D intake. Additionally, the doctor advised her to start physiotherapy sessions once her pain subsided. Following the doctor's recommendations, Tai diligently took the prescribed calcium supplements for two months, made necessary dietary changes, and began early morning sunbathing to improve her vitamin D levels. As her condition improved, she started physiotherapy and regularly practiced the exercises recommended by the doctors. Over time, she experienced significant relief from her pain. Now, she can continue her daily work comfortably and earn a stable income to support her family, bringing her a renewed sense of well-being and independence.

0

निरोधी

-1

कमकुचत

-2

-2.5

-3

ठिसूळ हाडे

-4

T - निर्देशांक :
-2.58

हाडाचा गुणवत्ता निर्देशांक:
55.9

Treatment plan

Sr. No.	Medicine	Time	Frequency
1	Tab. Albendazole (400 mg)	Immediate	Stat
2	Tab Ferrous Fumarate	Once in the morning post breakfast (Do not consume tea/coffee/tobacco products 1 hour before and after taking medicine)	10 Days
3	Tab Vit C 100 mg	Once in the morning post breakfast with Ferrous Tablet	10 Days
4	Tab B complex	Once in the afternoon post lunch (Do not consume tea/coffee/tobacco products 1 hour before and after taking medicine)	10 Days
5	Tab Cal D3	Once in the evening post Dinner (Do not consume tea/coffee/tobacco products 1 hour before and after taking medicine)	10 Days

<p>Report Distribution: 25/11/2025</p> <p>C/O - Acta 1cm 4B ↓</p> <p>RX - Tab. cal D3 Tab. B-complex Tab. Vit C Tab. Vit E</p> <p>45 day</p>	
<p>Dietary and Life style changes - Debat pain</p> <p>FU 1:</p> <p>C/O - (1) Tab. cal D3 (20)</p> <p>RX - (2) Tab. B-complex (20) (3) Tab. Vit C (20) (4) Tab. Vit E (20)</p>	

Success Story 7

Name: XXX



Age: 20 yrs

Gender: Female

Residence: Megha City

Diagnosis: Refractive error

Prior Condition: She lives in Megha City Vastee with her family and is currently studying BCS in College. Lately, she has been experiencing eye strain, blurred vision, and watery eyes while studying and using her mobile phone. These vision problems have started to impact her studies, making it difficult for her to see the board clearly in class, take notes, and understand lessons, ultimately affecting her academic performance. She frequently visited our clinic, where the doctor examined her and took her medical history. Suspecting an eye problem, the doctor advised her to visit an eye specialist for a check-up. When she visited an optical shop to check her spectacle number, the shopkeeper informed her that the glasses would cost around 3,000 rupees. Her mother decided to postpone the purchase until the next month due to financial constraints. During a survey, an Arogya Maitrin met her mother and, upon inquiry, learned about her condition. She then advised her mother to take her to an upcoming eye camp, where she could receive a free eye check-up and get spectacles at minimum cost.

Later Condition - Later, both the mother and daughter visited the eye camp for a check-up. The doctor screened her and recommended a detailed examination at the hospital. The Arogya Maitrin assured them that the hospital would not charge any fees. After a thorough check-up at the hospital, she was prescribed spectacles as her distant vision was poor. The doctor counselled her on the importance of wearing them regularly to reduce issues like eye strain and watering. Additionally, she was advised to minimize mobile use, reduce screen brightness, and include fresh green vegetables, fruits, and carrots in her diet for better eye health. She agreed to follow the doctor's advice and started using her spectacles regularly. Over time, she became accustomed to them, and her difficulties gradually decreased. Both she and her mother were happy and relieved to receive proper consultation and treatment. With her vision improved, she could now focus better on her studies.





Name: XXX

Age: 48 yrs

Gender: Female

Residence: New Kopare Gavthan

Diagnosis: Cataract

Prior Condition: Tai lives in the New Kopre Gaothan area. She has two daughters and her husband passed away last year. She works on a contract basis as a sanitation worker, sweeping and cleaning. During a camp survey, Arogya Maitrin met her. She shared her concern, saying, "My eyesight has become very blurry. I often can't see the garbage properly while sweeping. Because of this, the contractor frequently scolds me, saying I miss spots. But I haven't told him about my vision problem. If I do, he might replace me with someone else, and I'll lose my job." She asked if the camp could provide treatment for her eyes and inquired about the cost. We explained the details of the camp and assured her that the doctors would assess her condition. She was also informed about the camp's schedule, including the date, time, and location.

Later Condition: On the day of the camp, Tai took a leave from work and attended an eye check-up. After a thorough examination, the doctor diagnosed her with cataracts in both eyes and recommended immediate surgery to prevent complete vision loss. Concerned, she asked about the cost of the procedure. Understanding her financial struggles, the Arogya Maitrin approached a foundation for assistance. With their support, Tai was referred to Sanjeevani Hospital for the necessary surgeries. Her right eye was operated on first, followed by the left eye fifteen days later. After both procedures, her vision was restored, and she was overwhelmed with joy. Expressing her heartfelt gratitude, she said, *"I never imagined I would be able to see this clearly again. Your organization has truly been a blessing, giving me a new chance at life through free surgery. I am deeply thankful."* With her vision restored, Tai returned to her work performing her duties confidently and efficiently. Free from the fear of losing her job, she even took on an additional two-hour job, increasing her income. Feeling empowered and content, she remains grateful for the support that transformed her life.



Post Operation



Before Surgery



After Surgery



Success Story 9

Name: XXX

Age: 52 yrs

Gender: Female

Residence: New Shivane Gavthan

Diagnosis: Myopia

Prior Condition: Tai lives in New Shivane Gavthan and has been working as a tailor for the past 10 years to support her family. Now 50 years old, she has recently started experiencing difficulty seeing small objects, making it hard for her to thread a needle. She often needs assistance to insert the thread, and at times, the needle pricks her fingers. This issue has slowed her work, requiring extra time to complete tasks, ultimately reducing her productivity and income. Feeling disheartened, she believed that aging had affected her efficiency. While discussing her struggles with a neighbour, they suggested she meet the Arogya Maitrin from Seva Arogya Foundation. Upon meeting her, the Arogya Maitrin advised Tai to visit the Annual Health Camp for a consultation with a doctor, where she could receive proper guidance and support for her vision problems.

Later Condition - During the camp, Tai received a consultation from the doctor, who examined her eyes and performed vision tests. The results confirmed that she had poor near vision and needed spectacles to see close objects clearly. The doctor placed a pair of spectacles on her and asked her to look again—this time, she could see everything sharply.

When she returned home, she tested her vision while working and, to her surprise, she could easily thread the needle without assistance. Overjoyed, she realized her problem was resolved. With her improved vision, she could now work efficiently, regain her lost productivity, and restore her income. Not only did it help her in tailoring, but it also made her daily household tasks easier. Relieved that her vision was not permanently lost, she felt a renewed sense of confidence. Grateful for the support, she happily thanked the Arogya Maitrin for her guidance and help.



Success Story 10

Name - XXX

Age – 65 yrs

Gender – Male

Location – Vasant Nagar

Diagnosis – Cataract

Prior Condition - This elderly man resides in Kishkindha nagar and works as a waste collector. After the passing of his wife, he was left to fend for himself, as his sons do not take care of him. Struggling with poor vision, he frequently suffers injuries from broken glass, sharp metal pieces, and other hazardous objects found in the garbage, resulting in wounds on his hands and feet. To sustain himself, he continues working despite his deteriorating eyesight. During a survey conducted by Arogya Maitrin for our eye camp, she came across him and informed him about the camp and its services. Expressing his distress, he said, "I cannot see anything. I want to get my eyes checked. Can anything be done to treat my eyes here?" The Arogya Maitrin reassured him, saying, "Please visit the camp for an eye examination, and we will do our best to provide you with the necessary treatment."

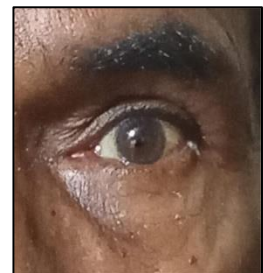
Later Condition: The elderly man visited our eye camp, where his eyes were examined. The doctor immediately recommended surgery, warning him that if the operation was not performed soon, the mature cataracts in both eyes could rupture, leading to permanent blindness with no chance of recovery. Upon hearing this, he broke down in tears. Arogya Maitrin consoled him and assured him that he would receive the necessary treatment. When she asked him about proceeding with the surgery, he explained his difficult situation—he lived alone, with no one to care for him or accompany him to the hospital. His financial condition was dire, as he earned a meager livelihood by collecting waste. Understanding his struggles, the Arogya Maitrin reached out to the organization and shared his case. Further coordination was done with Sanjeevan Hospital to include him in their surgery program at a reduced cost. Thanks to these efforts, both of his eyes were successfully operated on at minimal expense. The Arogya Maitrin personally accompanied him throughout the process. Now, his vision has significantly improved. He no longer suffers from injuries while working, as he can clearly see his surroundings. Grateful beyond words, he expressed his heartfelt thanks to our organization, saying, "My life has now become much easier and happier. I can finally see the world again!"



Before Surgery



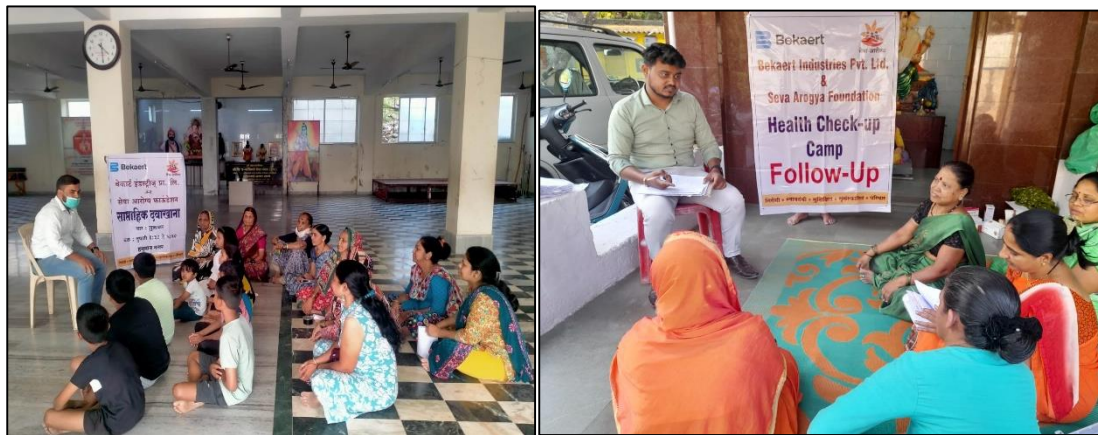
After Surgery



Awareness sessions

Public health is a multidisciplinary field that involves collaboration between communities, private sectors, government agencies, and NGOs, all working together to promote the health and well-being of society. It focuses on disease prevention, improving quality of life, and creating environments where individuals can enjoy good health. Health awareness sessions play a critical role in achieving these goals by educating the community about health risks and preventive measures. These sessions are designed to protect and promote health or prevent illness in individuals and communities through awareness. We focus on women as our primary audience, recognizing that they are often the caretakers of the household. We carefully schedule the day and time for each session to ensure maximum participation. The Arogya matrix communicates the session details to the residents in our OPD area. Our medical officers and nutritionists conduct the awareness sessions in our weekly OPD clinic in the slum providing valuable information and guidance to the community.

The primary goal of an awareness session is to address gaps in knowledge, hesitations, and misconceptions surrounding diseases, nutrition, hygiene, and overall health. Issues such as poor food choices, inadequate hygiene practices, economic constraints, and living conditions often contribute to poor health outcomes. These factors must be addressed through effective communication and education. To maximize the impact of these sessions, health topics are selected based on seasonal relevance, focusing on common health concerns such as skin diseases, nutritional deficiencies, and musculoskeletal problems. The sessions are designed to be interactive, encouraging community participation in discussions, sharing information, and answering questions.



The doctor conducting an awareness session

The impact of these sessions is significant. By providing valuable information, we help participants understand the importance of good health practices and disease prevention. While not everyone may immediately adopt all the suggested changes, the knowledge shared often leads to healthier choices and improved habits. Additionally, the information spreads through word-of-mouth, extending the reach of the campaign within the community.

Each session concludes with a Q&A segment, allowing attendees to clarify any doubts and gain a deeper understanding of health-related issues. This ensures the information is not only understood but also actionable. By raising awareness of health issues, we empower individuals to make informed choices and take proactive steps toward maintaining their health.



Nutrition, hygiene, and lifestyle improvement counseling

Nutrition Counseling

In the vasti (slum), many people lack education and awareness about nutrition. Financial constraints often prevent them from choosing nutritious foods. Women, in particular, tend to neglect their own needs, eating very little or skipping meals to prioritize their families. Many women work as domestic helpers, leaving home early without breakfast and relying on tea instead of proper meals.

At clinics and during health check-up camps, we frequently encounter cases of nutritional deficiencies. Tests such as hemoglobin levels and bone density assessments reveal the true extent of health issues. Nearly half of the women in the community suffer from anemia and low bone density.

Our approach extends beyond merely dispensing medicines; we focus on educating people about healthy eating habits. Doctors counsel patients about incorporating specific foods into their diets to aid recovery. During OPD follow-ups, Arogya Maitrin Tai guides patients on making healthier food choices, emphasizing seasonal eating habits and the inclusion of fresh fruits and vegetables. In health camps, nutritionists educate participants about iron-rich and calcium-rich diets, while follow-ups Arogya maitrin ensure continued guidance and encouragement of healthy food choices.

Regular follow-ups play a crucial role in keeping women motivated to adopt and maintain healthier eating habits. With consistent support, many women begin including leafy greens, fruits, pulses, and dairy products in their meals. This creates a ripple effect, as women who learn about good nutrition often prepare healthier meals for their families, improving overall household health.

Nutritional counseling helps identify deficiencies or imbalances in the diet that may impact health. By analyzing current eating habits and medical history, nutrition experts recommend dietary changes or supplements to meet the body's nutritional requirements. Incorporating foods that are enjoyable and easily accessible makes it easier to stick to the plan and foster long-term changes. Educating women about nutritious food not only transforms their health but also enhances the well-being of their families.

Health and Hygiene Counselling

As urbanization increases in India, so does the number of urban slums, where people live in small, densely packed houses. In these areas, awareness of good hygiene practices is often lacking.

Hygiene refers to the practices that promote good health by maintaining cleanliness for oneself and the environment. However, many residents in these communities are unaware of or reluctant to adopt even basic practices such as handwashing or taking daily baths. During our weekly clinics, we frequently encounter cases of skin infections, and in some instances, entire families suffer from fungal infections. These issues are exacerbated during the rainy season when clothes do not dry properly, leading to the use of damp clothing. Women wearing tight clothing are particularly susceptible to fungal infections.

Doctors in our clinic educate patients on good hygiene practices, such as taking daily baths, washing infected individuals' clothing separately, and avoiding the sharing of personal items like soap and towels. Patients are also advised to wear dry clothes and, if possible, iron them to ensure they remain dry.

During follow-up home visits, Arogya Maitrins (community health workers) reinforce these hygiene guidelines. They emphasize the importance of handwashing after using the toilet and

before meals, washing fruits and vegetables before consumption, and properly disposing of garbage to keep the area clean. During the rainy season, they also encourage residents to clean the surroundings, avoid water stagnation to prevent mosquito breeding, and maintain overall sanitation.

We work to raise awareness about the critical relationship between hygiene and health. We stress the importance of using clean drinking water, practicing proper sanitation, and maintaining good hygiene as fundamental to good health. Despite living in the modern era, these practices remain the primary defense against many diseases. Unfortunately, due to a lack of education and awareness, people often fail to understand the connection between health, water, sanitation, and hygiene.

Densely populated urban slums frequently lack access to essential services such as clean water, proper sanitation, and waste management. Through continued education and support, we strive to bridge this gap and promote healthier living conditions in these communities.

Lifestyle improvement counseling

Lifestyle encompasses habits, attitudes, and values that define one's way of living. A lack of formal education and unemployment often lead individuals to adopt poor lifestyle choices. Addiction, a prevalent issue includes problems like alcoholism, tobacco use, and smoking, all of which contribute to unhealthy living.

At Seva Arogya Foundation, we firmly believe in the principle that prevention is better than cure. We emphasize the need to spread awareness about lifestyle modifications, particularly in slum areas. To address these challenges, we provide consistent counseling through weekly clinics, annual health check-ups, and follow-up home visits.

Addressing Tobacco Addiction

We conduct various training sessions for our staff. For instance, we screen a short film highlighting the harmful effects of tobacco and explain its drawbacks. Many women in these areas use mishri, which adversely affects oral health, digestion, and overall well-being. Our Arogya Maitrin works closely with these women, educating them on the health hazards of mishri and guiding them to quit its use. In follow-ups with anemic women, we often encounter cases where their health does not improve despite dietary adjustments. Upon investigation, it becomes evident that mishri use is a contributing factor. In such situations, we provide tailored guidance to help them quit this harmful habit



Screening of Tobacco addiction film



Addressing Alcoholism

While we do not work directly on alcoholism, we invite teams from Alcoholics Anonymous to guide our staff on addressing this issue. During these sessions, individuals share their journeys of addiction and recovery, offering valuable insights. This knowledge equips our staff to guide individuals who wish to overcome alcohol addiction.

Encouraging Nutritious Diets: We educate the community about cost-effective, nutritious options such as seasonal fruits and vegetables. This helps them make healthier dietary choices while staying within their budget.

Managing Non-Communicable Diseases

For conditions like hypertension and diabetes, we provide guidance on maintaining a balanced diet, scheduling regular check-ups, and following up with physicians. Empowering patients to make positive lifestyle changes improves the management of chronic conditions, enhances their quality of life, and ensures better long-term health outcomes.

Addressing Women's Health Issues

Musculoskeletal problems like backache and knee pain, PCOD are common among women, often exacerbated by nutritional deficiency, obesity, and a lack of exercise. Our team encourages simple activities like walking and, in specific cases, connects individuals to our physiotherapy clinic.

Promoting Healthy Behaviors

We educate the community on the importance of adopting healthy behaviors, such as maintaining a balanced diet, exercising regularly, and avoiding addictive substances.

Our Impact

By promoting lifestyle modifications during patient counseling, we empower individuals to take charge of their health, reduce disease risks, and enhance their overall well-being. These efforts contribute significantly to improving long-term health outcomes and quality of life within the communities we serve.

Iron Utensil Distribution

Need

Anemia is a major public health concern in India. More than 40% of the population are suffering from anaemia. Women and children particularly vulnerable to this condition. The primary cause of nutritional anemia is insufficient dietary iron intake and its poor absorption. Many people do not prioritize consuming iron rich foods along with vitamin C rich food to aid absorption. Additionally, excessive consumption of tea, coffee, and habits like misri and tobacco hinder iron absorption. Women often neglect their health and do not spend money for their wellbeing. In a country like ours, we require simple, cost-effective strategies to combat anemia. It should be action oriented with minimal requirement for active compliance. In our culture we use iron pot for cooking. This use of iron pot for cooking is a practical solution to address anemia benefiting the entire family. Indian women typically prioritize family welfare over their own and do every possible thing for family.

Food cooked in iron kadhai is better absorbed by the body as iron from kadhai is in the form of heme iron. This enhances body's ability to absorb dietary iron. Significant improvement in amount of iron in food and iron bioavailability was also observed when food was cooked using iron pots. This can be used as a strategy for reduction of iron deficiency anemia. It can be inferred that cooking food in iron pot escalates the levels of blood hemoglobin and iron content of the food, and thus reduces the incidences of iron deficiency anemia.

What we do

Given the numerous benefits of cooking with an iron kadahi we distribute iron kadai to women who are anemic. Sometimes medicines given to increase iron can cause side effects like acidity and constipation, and some patients are reluctant to take medicine for longer period of the time. Along with iron kadhai distribution to anemic women we educate women on its proper use and explains benefits of cooking with iron. The food when heated in iron cookware, reacts and absorbs some iron from the utensil, fortifying its nutritional value.

However, there are important considerations when using iron kadhai. Since iron cookware retains heat for a long time, food continues cooking even after the gas is switch off. we insist not to overcook food which ruins the nutrients in food. After cooking its important to transfer the food to another pot for serving. Food might get stuck to unseasoned kadhai so it is important to keep iron kadhai seasoned. We have to brush some oil on the kadhai and heat it well. To ensure long lasting benefits from the kadhai, proper cleaning is crucial. We guide women to avoid using hard scrub while cleaning iron cookware. It may erode the seasoning, further making it difficult to cook next batch of dishes. Instead, the best method of cleaning is to rub some salt and some baking soda on the kadhai, then rinse it thoroughly it helps to maintain its seasoning and efficiency for long term use.





Anaemia Mapping at Vadar Vasti

Purpose

In India, nearly 57 % of women suffer from anemia. To raise awareness about anemia and reach vulnerable populations, a mapping of the vasti for anemia is planned. During a health camp, we screened around 100 women. However, due to limitations, we could not check all the women of vasti on the camp day. Therefore, we planned to visit every house in the selected vasti to check haemoglobin levels of every woman.

Implementation

Seva Arogya Foundation, in Collaboration with Smt Bakul Tambat Institute of Nursing Education run this pilot project in the month of October 2024. GNM students visited every house in the vasti to collect data and check hemoglobin levels. We prepared a Google form to gather demographic information, medical history and to record current Hb levels.

Our target population was women aged 18 years and above, excluding pregnant women. Dr. Vaishali and Mrs. Vandana visited the college to brief the students about the project. We also shared a Google form with the students and explained how to fill it out. The students visited the vasti, collected the data and checked hemoglobin levels using prick method. We followed WHO guidelines to diagnose anemia. During the survey, we shared information about anemia with all the women.



GNM students checking Hb



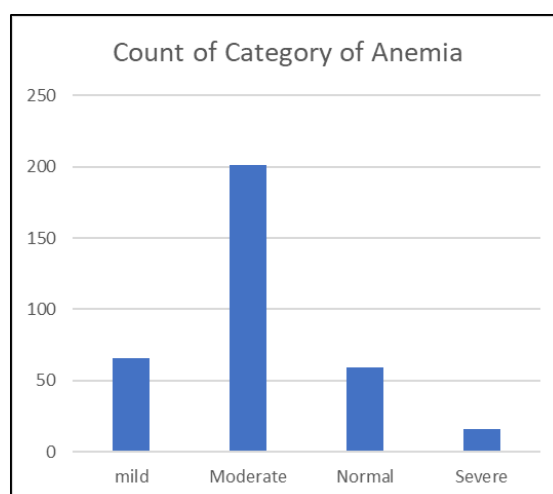
We also emphasized the importance of hand hygiene and the need to wash fruits and vegetables thoroughly. Women were advised to include green leafy vegetables, seasonal fruits, beetroot, and salads like tomatoes in their meals. All cases of anemia were referred to the Seva Arogya Foundation clinic, with details about the clinic's day and timings provided to the women.

Hemoglobin levels to diagnose Anaemia (g/dl) as per WHO guidelines

Population	Mild	Moderate	Severe
Non-pregnant women (15 years of age and above)	11 – 11.9	8 – 10.9	< 8

Analysis of data:

We screened 342 women in Anaemia mapping survey. Most of the women are below 40 years of age.



Category of Anaemia	Total Number of patients	Percentage
Normal	59	17.3%
Mild	66	19.3%
Moderate	201	58.7%
Severe	16	4.6%

Out of 342 women, 59 were found to be healthy with hemoglobin levels above 12 gm/dl. The remaining 283 women were identified as anemic. Among them, 4.6% had severe anemia, 58.7% had moderate anemia, and 17.3% had mild anemia.

Advantages and Disadvantages of the Capillary Blood Test

One of the main advantages of the capillary blood test is that it is easy to perform and requires only a minimal amount of blood. It is especially suitable for home visits, as it provides instant results. Generally, the difference in results between capillary blood and plasma is minimal. However, certain parameters, such as hemoglobin levels, may show some variation.

Follow-up of patients: A few women visited the clinic for further treatment within the same week. The remaining women were contacted by Arogya Maitrin over the phone to encourage them to visit the clinic and begin their medication.