



ARMS OF LOVE

A Project as a Course requirement for Sri Sathya Sai National Leadership Program for Self-Transformation Course Completion

D A ANAND
SSSNLPST-2020-S-M009

S.SANGEETHKUMAR
SSSNLPST-2020-S-M080

VIVEKANANDAN
SSSNLPST-2020-S-M112



Sri Sathya Sai Seva Organisation India

In association with Sri Sathya Sai Institute of Higher Learning

(Deemed to be University)

Vidyagiri, Prashanthi Nilayam Campus

December, 2020



SRI SATHYA SAI
NATIONAL LEADERSHIP PROGRAM FOR SELF TRANSFORMATION
SRI SATHYA SAI SEVA ORGANISATIONS, INDIA
BUILDING LEADERS FOR NATION THROUGH INDIVIDUAL CHARACTER

DEDICATED AT THY LOTUS FEET...



TAMIL NADU

SRI SATHYA SAI NATIONAL LEADERSHIP PROGRAMME FOR
SELF TRANSFORMATION

CERTIFICATE

This is to certify that this Project titled “**ARMS OF LOVE**” completed by the participants for the Sri Sathya Sai National Leadership Programme for Self-Transformation Batch 2020 from the STATE Tamil Nadu, is a bonafide record of the original work done under the supervision of the undersigned as a Course requirement for the completion of the National Leadership Program.

.....
Mr.S.R.Chandrasekaran
(Project Director - SP)

.....
Mr. S. KushBhardwaj
(National Team Member)

.....
Mr.R.S Rajesh
(Project Guide - SYC)

.....
Mr. J. Venugopal
(Project Director - SP)

.....
Dr. R. Prasannavenkatesh
(Project Guide - SYC)

Place: Tamil Nadu
Date: 20th December 2020



DECLARATION

The Project titled “**ARMS OF LOVE**” was carried out by the team under the supervision of the State President, the National Team Member, State Youth Coordinator for the Certificate Programme as a part of the Course requirement for completion and has not formed the basis for the award of any degree, diploma or any other such title by this or any other University.

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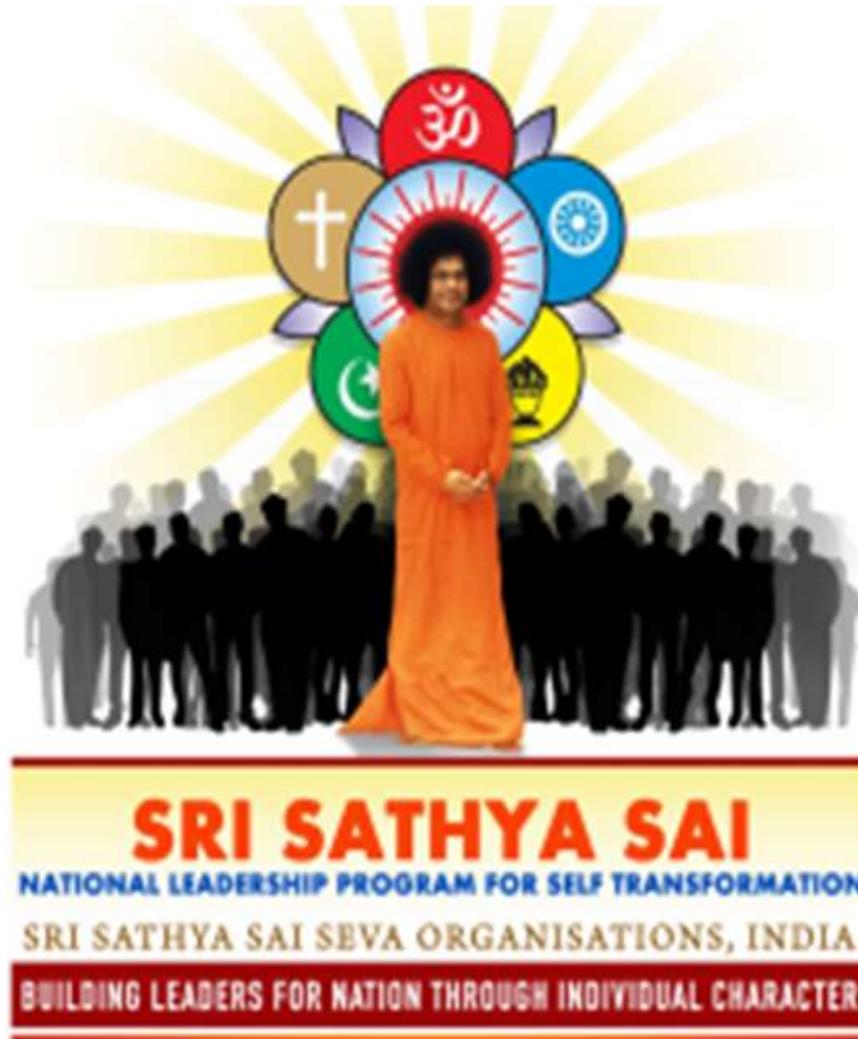
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We are deeply indebted to our family members, for instilling confidence and positive energy in us when it was most required.

Thanks a lot!

Jai Sairam!



Project Report: **ARMS OF LOVE**

(To study the impact of Health Care activities conducted by SSSSO, Tamil Nadu)

Project Title	ARMS OF LOVE
Batch	SSS National Leadership Program Batch 2019-2020
Duration	9 months
Team Composition	D A ANAND S SANGEETHKUMAR VIVEKANANDAN
State	Tamil Nadu.



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1 Project Background

Everything started just to fulfill the noble desire of Mother Eshwaramma, who just wanted a small hospital to be constructed in the village of Puttaparthi, which is now turned into a massive mission as an ideal healthcare unit to the whole world. Bhagawan fulfilled His mother's wish by setting up two **Sri Sathya Sai Institute of Higher Medical Sciences at Puttaparthi and Whitefield, Bengaluru** respectively; which offers Medicare completely FREE to over 3 million patients irrespective of the differences in their economic, social or religious background.

There are hospitals that function with costly equipment, expert doctors, huge buildings, spick-and-span interiors, but concentrate more on commercial aspect. Due to this, the access to their services becomes restricted only to the people with a high-end socioeconomic status. On the other hand, people with poor economic status like those of villagers, needy patients highly hesitate to visit these hospitals.

Bhagawan says "Make love the capsule that you offer to your patients... anything you do with love will be rewarding." And with this, His Divine direction to lead Medicare in the 21st century, Bhagawan has amply demonstrated to the world, through practical examples, what should be done and how it can be achieved, the results are very positive healing from every patient and with their family too.

2 Objectives

- To study the extent of Healthcare initiative of SSSSO, TN which are targeted towards the needy and delivered at satisfactory level.
- To analyze and suggest the components of healthcare delivery in consonance with field reality and leveraging Organisational strength.
- To study the healthcare initiatives which are spiritually driven in its entirety.

3 Scope

3.1 Within Scope (area, beneficiaries, timeline, others)

In any medical activity, there are four stake holders who play a vital role

- Patients
- Doctors
- Paramedics
- Sevadals (Organisation)

All the stake folders should work together in a combined manner to make our health care delivery system in a more proficient way.

To ensure the reachability of the best health care practices to transform medical treatment into a healing sadhana to reach all the objectives.

To check the effectiveness of our health care delivery system, a study was undertaken in the selected activities in our state to enable us to understand it better.



- Sai Krupa, Chennai
- Mobile Hospital, Chennai.

This project is completely a study work. Discussion with stake holders & Annual Reports were the data collection tools and techniques that are used.

3.2 Out of Scope (tasks not included in the Project Charter)

We did not explore any out of scope activities. We strictly followed our scope of action.

4 Roles & Responsibilities (of team members)

Name	Role	Responsibility
D A Anand	Project content supervisor	Ensuring progress and actions within scope. Ensuring and tracking stake holder participation
S Sangeethkumar	Project Coordinator	Ensuring circulation of survey forms and solving technical problems
Vivekanandan	Team mentor	Tracking and Documenting.

5 Project Flow (phase-wise details, using project checklist pointers provided earlier)

5.1 Phase 1: Conception & Initiation

By Developing Project Charter, direct link between Project and Strategic objectives of the Organisation was obtained.

Following are the initiated modules



5.2 Phase 2: Definition & Planning

The key benefit of Developing Project management plan was to define the basis of the project work and work structure that is to be performed throughout the project life cycle. The project management plan describes how the project will be executed, monitored, controlled, and closed.

- A. **Subsidiary management Plans:** Scope, Schedule, Quality, Risk, Communication, and stakeholder engagement were used in our project work.



- B. **Baselines:** Scope, Schedule were used in this project for finding out the development approach.
- C. **Defining Scope:** Scope was defined by considering the timeline and key deliverables
- D. **WBS (Work Breakdown Structures):** Decomposition is used for dividing and subdividing the project scope and deliverables into smaller, more manageable parts.
- E. **Identifying Risk:** Identifying individual project risk as well as sources of overall project risk, this process is performed throughout the project.
- F. Root cause analysis, SWOT analysis and type data analysis were used in this project work.

5.3 Phase 3 & Phase 4: Launch/Execution & Performance/Control

Phase-3: Launch

During the launch – We started data collection of Sai Krupa in Chennai, and Dharmapuri and Krishnagiri medical camps. These data include Number of Camps conducted in a Year, Month, Week, Number of patients (beneficiaries) attending each camp, Number of Doctors attending each camp, Number of Sevadals participating in the camps.

To identify the grey area and other concerns in the camp, we used questionnaire survey method as data gathering technique. (Due to Covid pandemic we couldn't gather information from many patients). Circulation, monitoring and noting the general feedback about the survey was also done in this project by sending the Questionnaire survey via phone calls and personal interviews.

Phase-4: Execution.

Frequent Conference calls were arranged with the stakeholders to be in uniform and to achieve the objectives of project deliverables. After detailed telephonic and personal conversations with the stakeholders, a deeper idea of the medical activities and risks involved in conducting them was obtained.

Core objective of the survey is to receive data in the following aspects.

1. Personal Understanding of each stakeholders concern.
2. Analyzing various camp parameters through statistical data.
3. Impact and challenges faced while conducting a medical activity.

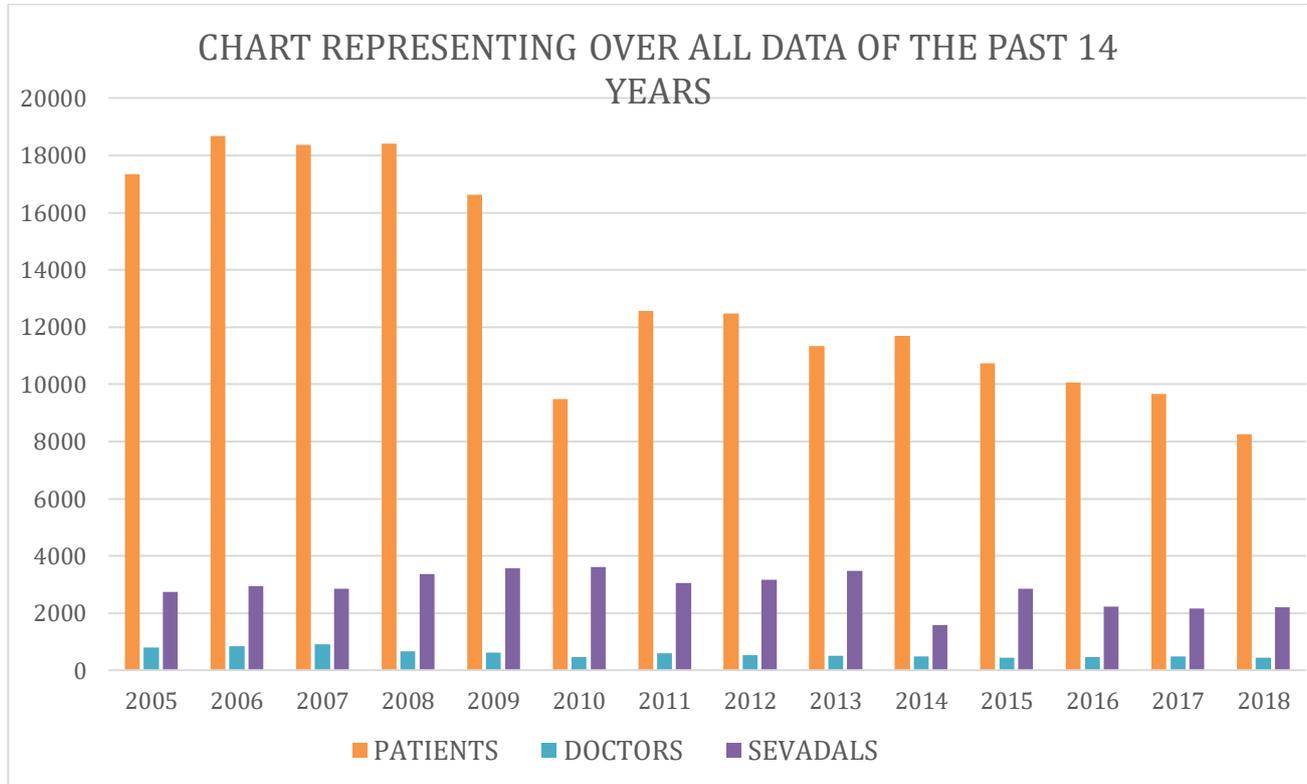
5.4 Phase 5: Project Closure & Evaluation

Project closure is the process of how project information is archived; the planned work is completed. In this phase, we completed an analysis of camp statistics and response from stakeholders



SAIKRUPA CHENNAI STATISTICS

OVERALL DATA OF 14 YEARS (2005-2018)



Following are the inference from the above statistics.

In the initial sample year, we have a slight increase in the number of beneficiaries (patients), correspondingly a gradual increase in the number of doctors and sevadals too. Where as in the next few years there is a drop in number of patients attending camps.

This is due to following reasons

- Relocation of patients-

Due to personal reasons and other reasons like allotment of a new residence for slum dwellers, tsunami rehabilitation camps and Chennai floods many of our target audience have relocated to various remote locations because of which there was a significant reduction in the number beneficiaries in the camp.

- Relocation of doctors-

Few doctors who regularly attended camps were unable to participate actively since they got relocated (outside India or TN). Due to this many of their patients too dropped.

- Very few patients from certain departments like orthopedics, eye and doctors who handle these departments have started to limit their visits which eventually made the patients also turn out less.



- Mobile hospital.

The one strategy for taking healthcare to the doorsteps of the needy is the introduction of mobile hospitals. After the introduction of mobile hospital camps in Chennai, many long-distance patients started to shift themselves to mobile hospital camps that take place near their locality. This is yet another reason where the number of patients treating at Saikrupa gradually reduced.

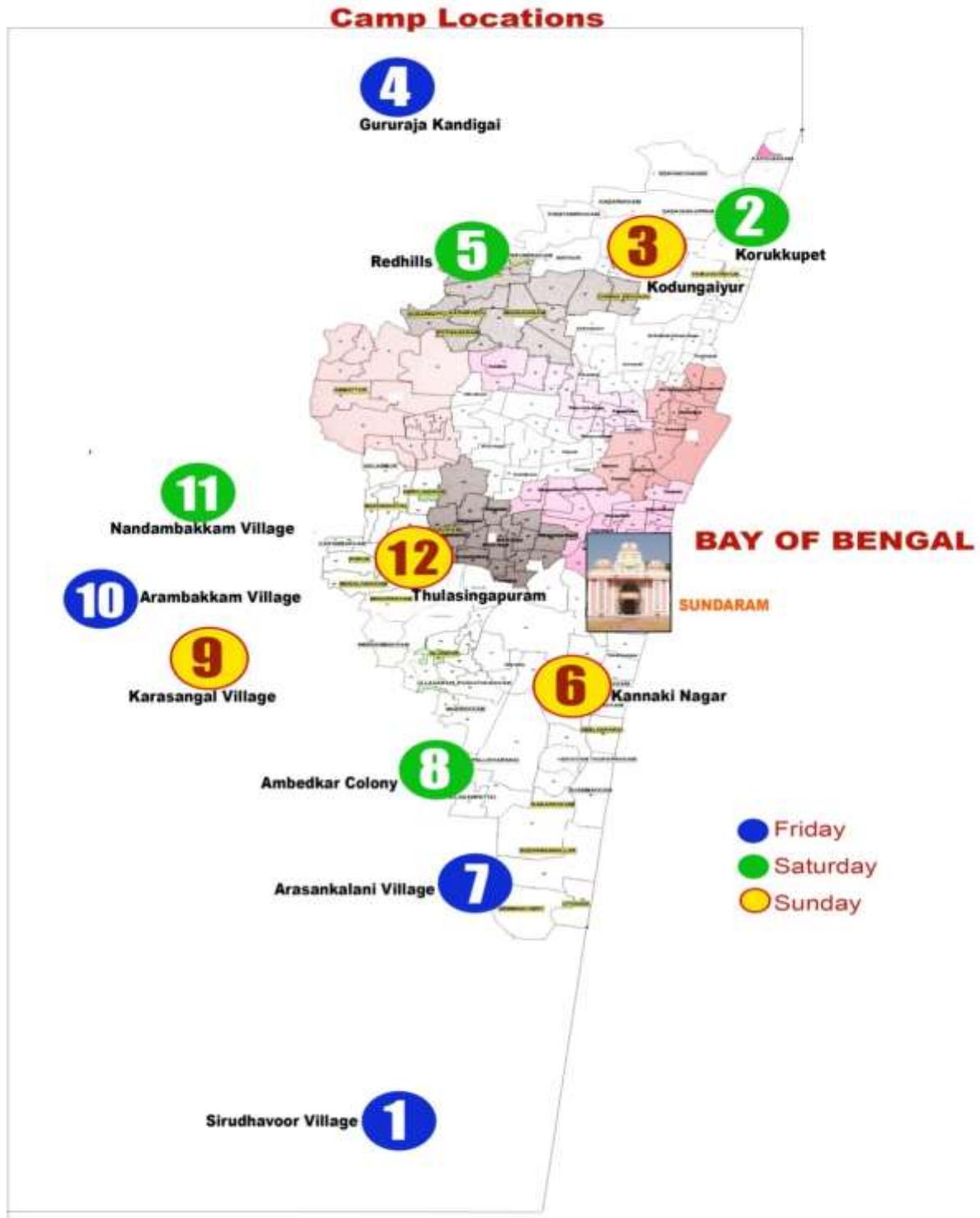
Mobile hospital camps data for the year 2018-2019

Number of camps conducted	129
Total patients attended	33287
Average patient per camp	258
Total number of Doctors attended	1372
Total number of Paramedics attended	911
Total lab Investigation	16928
Total number of Sai protein distributed for mal-nutrient child	1237

List of specialties covered in Mobile hospitals	List of lab facility in Mobile hospital
General medicine	X-Ray
Diabetes	FBS, PPBS.
Pediatrics	RBS
Ortho	Hb
Gynaecology	Creatine
Dental	Cholesterol
Ophthalmic	Urine Albumin, Urine Sugar
Cardiac	Scan
ENT	ECG
Dermatology	Blood Urea.

The various locations of mobile Hospitals are as follows.

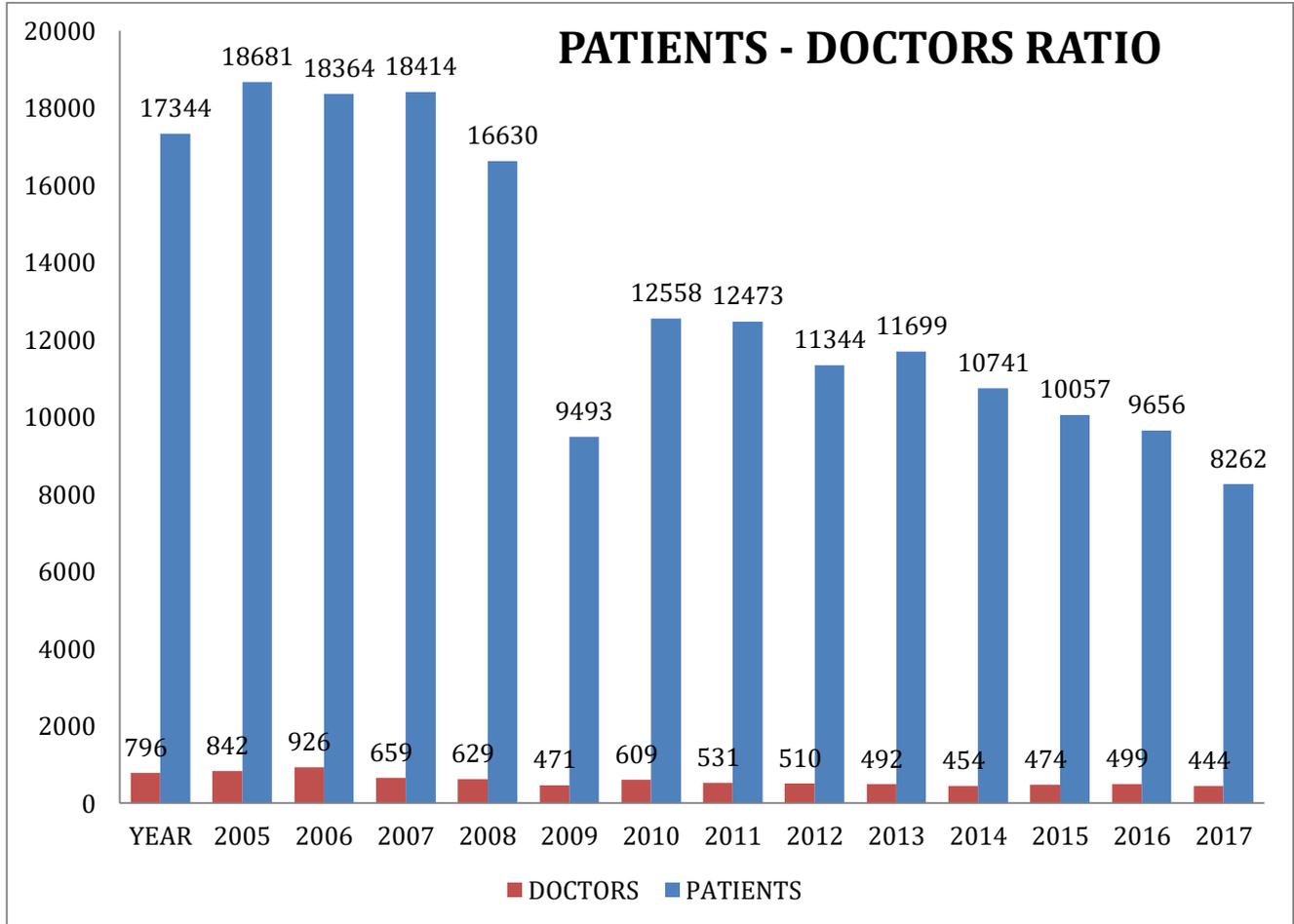
District	Location 1	Location 2
Chennai Metro North	Kodungaiyur	Korukkupet
Chennai Metro West	Nandambakkam	Thulasisingapuram
Chennai Metro South	Kannagi Nagar	Siruthavoor
Kanchipuram North	Ambedkar Colony	
Kanchipuram South	Arambakkam	Karasangal
Thiruvallur	GuruvarajaKandigai	Redhills





STATISTICS OF SAIKRUPA, CHENNAI –

PATIENTS PER DOCTOR RATIO.

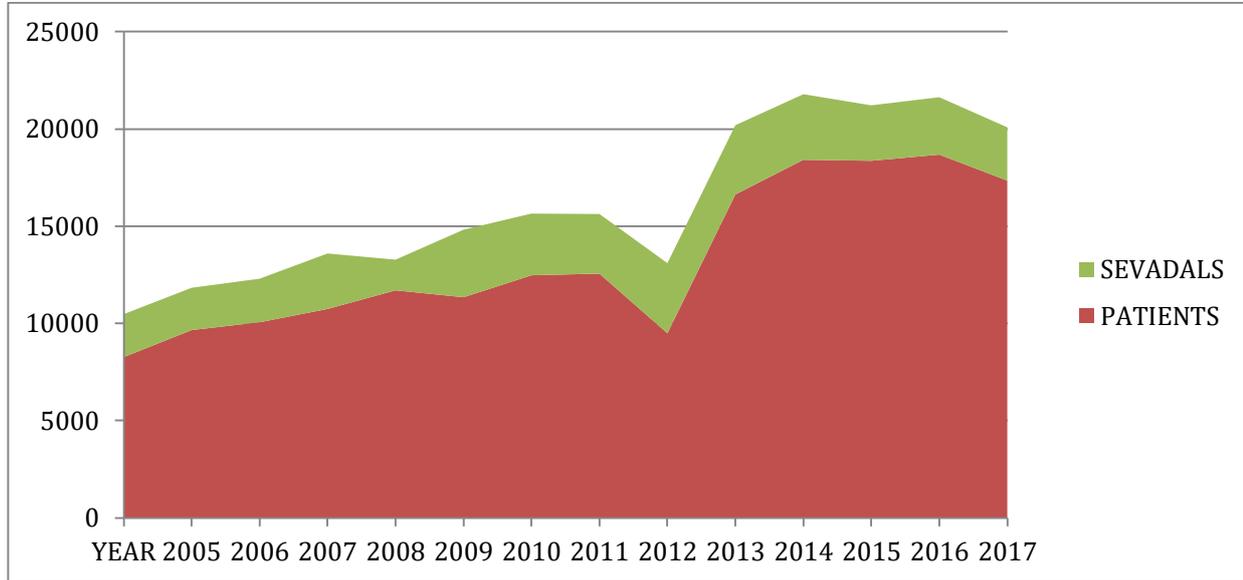


On average, in Chennai Saikrupa one doctor examines nearly 20 to 23 patients in a camp. Despite the changes in patients' strength and in the number of doctors, the average ratio of number of patients per doctor remains quite stable. This is the most important factor which contributes to the quality of our Healthcare delivery. Thus, the value system and its purpose are preserved and taken to the next generation with both Doctors and Patients. The average time taken for patients to get examined by doctors is always kept within limits. Therefore, patients spend only a little essential time of theirs in the camp.



STATISTICS OF SAIKRUPA CHENNAI

PATIENT PER SEVADALS RATIO



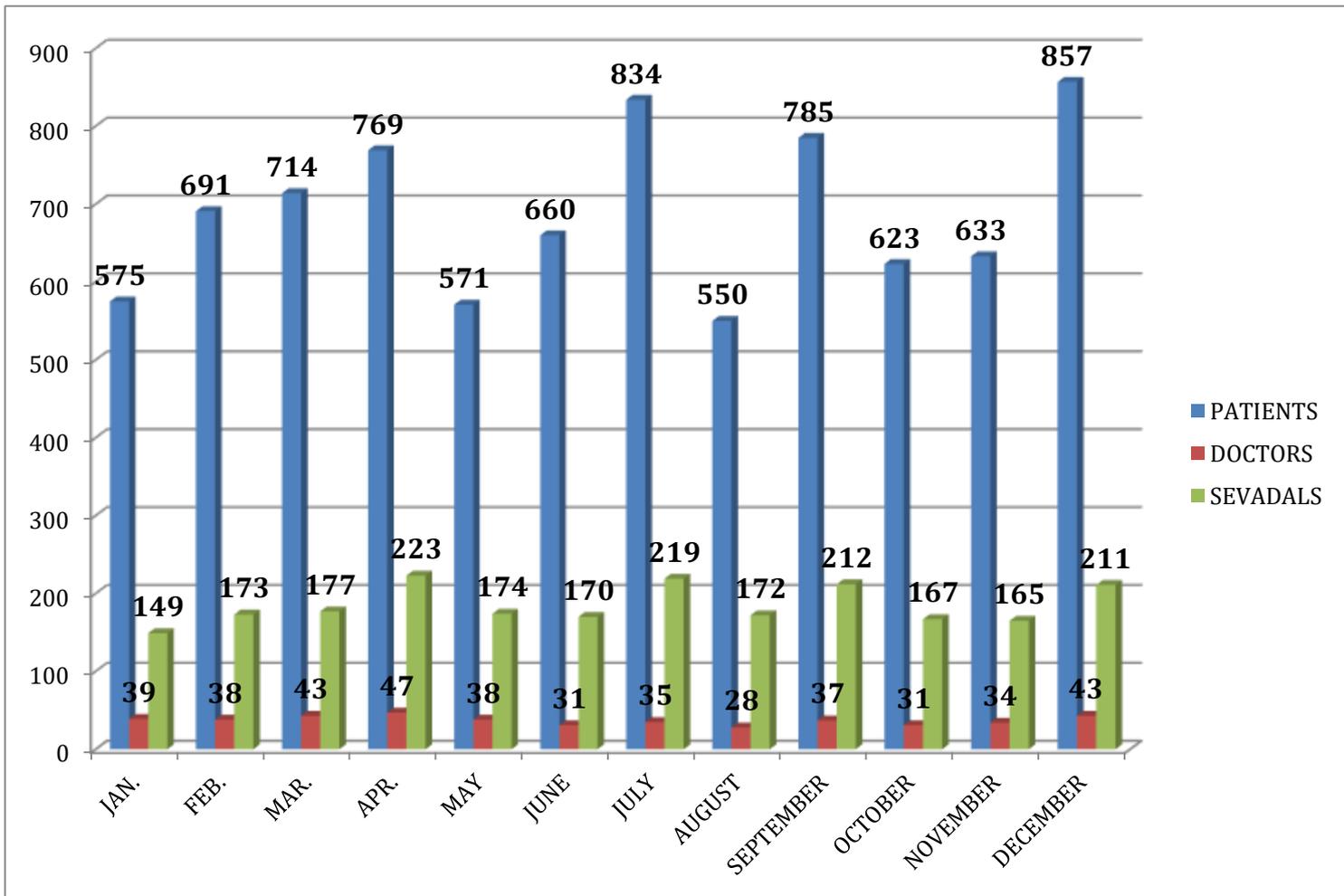
Initially sevadals played a vital role in ensuring stability, their workload was nearing 6.3 which on latter days reduced 3.75; this expresses the increase in the strength of sevadals, which actually enables us to ensure a very effective delivery of the mechanism which is more focused and qualitative.

This is another important factor which contributes to the quality of our Healthcare delivery. An increased number of sevadals for the given patient strength will reduce the burden on fellow sevadals so that all sevadals will enjoy doing Seva and also deliver their best which enhances the overall delivery.

Since sevadal strength is more, the initial organizing part like Setting up of Registration, Pharmacy, Lab, etc., can be speeded up. So, patients need to spend lesser time in the camp.



**SAIKRUPA CHENNAI STATISTICS –
2018 MONTH WISE REPORT.**



From the above table we can clearly see a rise in patient strength every month in the year 2018. Starting from 575 patients in the month of January to 857 patients in the month of December.

RESPONSES FROM STAKE HOLDERS:

A questionnaire-based discussion was conducted via telephonic conversations and personal discussions, as our data gathering technique. (Due to Covid pandemic we couldn't collect data from many patients)

A separate questionnaire was prepared for all our stakeholders (Patients, Doctor, Paramedical, Sevadal) to understand each of them



QUESTIONNAIRE FOR PATIENTS:

1. On a scale of 1 to 10, how healthy do you consider yourself?
 - 70 % of them rated themselves in the range of 5 -7,
 - 12 % of them rated themselves in the range of 7- 9,
 - 10 % of respondents rated themselves below 5,
 - 8 % of respondents gave nil response.

2. Do you currently suffer from any chronic diseases?
 - currently 70% of them are not suffering from any chronic disease
 - 30% of them are suffering from chronic diseases

3. Do you have any hereditary diseases?
 - 90% of them don't have any hereditary diseases
 - 10% of them are facing hereditary diseases.

4. Are you habituated to drugs or alcohol?
 - 85% of them are nonalcoholic
 - 15 % are habituated to drugs or alcohol.

5. How did you come to know about these medical camps?
 - 60% of them got to know about this medical camp from Sai devotees (Organisation members)
 - 35% of them got to know from their friends and family (old patients or beneficiaries).

6. How long do you travel to reach the camp location?
 - 50% of them travel less than 30 minutes.
 - 35% of them travel less than 60 minutes.
 - 15% of them travel more than 60 minutes.

7. If this camp were not conducted, where do you generally go for treatment?
 - 60% of them will go to Public health units (Govt.)
 - 38% will go to private clinics for treatment.
 - 2% of them will remain untreated.

8. How easy was it to meet a doctor at our camp?
 - 85% of them felt very easy to meet a doctor at our camp.
 - 10% of them felt somewhat easy.
 - 5% felt difficult.



9. How long did you wait to consult with doctor?
 - 70% of them wait for less than 20 Minutes.
 - 15% of them wait for less than 40 minutes.
 - 15% of them wait less than 60 Minutes.
10. How well do you feel the doctor listened to your health concerns?
 - 99% of them felt that the doctor listened carefully about their health issues.
11. How were our pharmacy sevadals helpful in explaining the medicine course?
 - 95% of them have felt that the sevadals were highly helpful in well explaining the medicine course.
12. How much are you satisfied by the care which was given in the camp?
 - 95% of them are very happy.
 - 5% of them felt somewhat satisfactory.
13. How health education awareness helped you in being healthier?
 - 100% of them felt health education awareness very helpful for being healthier.
14. How likely are you to recommend our camps to your friends and family?
 - 100% of them are likely to recommend our camps to their friends and family
15. Are you willing to be part of SSSSO in serving the people?
 - 10% of them are willing to be a part of SSSSO in serving the people.
 - 85% of them might join in the future.
 - 5% of them were not willing to join.

Questionnaire for Doctors:

1. How do you feel in Participating in SSSSO medical activities?
 - 99% of them felt highly happy.
 - 1% of them felt happy.
2. How did you come to know about these camps?
 - 90% of the doctors are already members of SSSSO.
 - 10% of them came to know from fellow doctors.
3. Arrangements made in camps are _____
 - 90% of them are satisfied with the arrangements made in the camp
 - 10% of them suggested that arrangements need to be improved.



4. Any problems faced in the camps.
 - 100% of them haven't faced any problems in the camps.
5. Will you refer other doctors that you know to serve in these camps?
 - 95% of the doctors were ready to refer other doctors to the camps.
 - 5% of them said they might do so in future.
6. What you feel about sevadal volunteering in camps?
 - 95% of them felt very happy.
 - 5% of them felt satisfied
7. Do patients follow the given instructions?
 - 90% of them feel patients follow the given instructions.
 - 10% of them feel patients do not follow the given instructions.
8. How do you rate our camps from 0 to 5?
 - 90% of them rated 5 points.
 - 10% rated 4 points.
 - 0% rated below 3 points for the camp.

Questionnaire for Paramedics

1. How do you feel in Participating in SSSSO medical activities?
 - 100% of them feel very happy in Participating in SSSSO medical activities.
2. Rate the availability of basic lab equipment's for conducting medical camps.
 - 60% of them 5 out of 5 stars
 - 40% rated 4 out of 5 stars
3. How effective are the lab equipment's in diagnosis?
 - 90% of them felt very good and effective about the lab equipment's in diagnosis.
4. Rate the availability of reagents and other chemicals in camps
 - 100% reagents and other chemicals in camps are readily available.
5. Are Bio waste and lab waste disposed using proper methods?
 - 100% of them responded that all bio waste and lab waste are disposed using proper methods.
6. Frequency of lab equipments servicing and calibration are well within the manufacture norms?
 - 95% of them felt that the frequency of lab equipments servicing and calibration are well within the manufacture norms.
 - 5% of them did not feel so.



7. Rate supporting sevadals' awareness level in handling equipments?

- 60% of them rated 5 points.
- 35% of them rated 4 points.
- 5% of them rated 3 points.

Questionnaire for Organising committee or team

1. Are you aware of the aim and objective of the camp?

- 60% of them are aware of the aim and objective of the camp.
- 40% of them are not.

2. Are all Governments' norms followed in conducting these camps?

- 100% all Governments' norms are followed in conducting these camps.

3. Do you know where patients go for their treatment if camps are not conducted?

- 80% of them are aware of it.
- 20% of them are unaware of it.

4. Do we maintain any documents or records in camps?

- 99% of them said that they do maintain the documents and records in camps.
- 1% said they don't

5. Do you check the availability of basic lab equipments before conducting a camp?

- 95% of them told that they do check the availability of basic lab equipments before conducting a camp.
- 5% do not.

6. Are the lab equipments serviced and calibrated frequently?

- 95% told that the lab equipments are serviced and calibrated frequently.
- 5% of them said they are not serviced / calibrated.

7. Do we have a separate team for creating health awareness and counseling the patient?

- 50% of them responded saying yes,
- 50% of them said No.

8. Do we have scope for implementing preventive measures in case the camp is conducted in SSSVIP?

- 95% of them felt we have scope for implementing preventive measure in case the camp is conducted in SSSVIP

9. Are supporting sevadals well versed in handling equipments?

- 99% of them felt that supporting sevadals are well versed in handling equipments
- 1% of them felt they're not.



10. Do we use proper Biowaste disposal methods in our camps?
 - 95% of them said that we use the proper Bio waste disposal methods in our camps
 - 5% felt we don't
11. Are sevadal strength requirements fulfilled in all camps?
 - 80% of them felt sevadals strength requirements are fulfilled in all camps
 - 20% of them haven't felt so.
12. Do all the sevadals have general briefing about the camps?
 - 40% of them felt that all the sevadals have general briefing about the camps
 - 60% of them felt they don't.
13. Is every sevadal in the camp well aware about the dos and donts in the camp?
 - 70% of them found that every sevadal in the camp is well aware about the dos and don'ts in the camp
 - 30% felt that they're not well aware.
14. Do we have any mechanism to get feedback from doctors, paramedical team & patients?
 - 5% of them agreed that we have a mechanism to get feedback from the doctors, paramedical team & patients
 - 95% of them haven't agreed.
15. In your opinion, do doctors feel happy in the way we conduct our camps?
 - 99% of the doctors feel happy in the way we conduct our camp.
16. In your opinion, do Patients feel happy in the way we conduct our camps?
 - 99% of the sevadals felt that the patients feel happy in the way we conduct our camps.
17. Do we have any kind of follow up mechanism for delivering secondary and tertiary healthcare to the patients?
 - 40% of them responded saying we have follow up mechanisms for delivering secondary and tertiary healthcare to the patients
 - 60% of them felt we don't have.
18. What are the long term issues faced in conducting the camps?
 - 90% of them felt the fluctuating strength among sevadals to be the drawback
 - 5% of them felt change of doctors to be an inconvenience
 - 5% of them had miscellaneous reasons.



6. Resources and Tools Used (finance, manpower, hardware, software, technology, etc.)

TOOLS & TECHNIQUES USED:

I. Data Collection:

1. Brainstorming
2. Check list
3. Stake holder's discussion.
4. Statistical sampling
5. Interviews

II. Data analysis:

1. SWOT Analysis
2. Variance analysis

III. Data Representation:

1. Tables
2. Bar graphs

IV. Interpersonal and Team Skills:

1. Active listening
2. Team building
3. Facilitation
4. Motivation
5. Leadership
6. Expect Judgment
7. Decomposition
8. Meetings.

7 Project Findings & Recommendations

a. Recommendations implemented in the current project

Sri Sathya Sai Seva Organisation (SSSSO), TN delivers free health care services through various means like Saikrupa in many of the district, frequently conducting specialty camps in various locations across the state, Mobile hospital in around Chennai and adjoining district.



From the above questionnaire surveys conducted with the entire stakeholder, the majority of stakeholders are happy with the way we conduct our camps.

These Saikrupa and other camps are conducted with the following specialties.

- General medicine
- Diabetes
- Pediatrics
- Ortho
- Gynecology
- Dental
- Ophthalmology
- Cardiology
- ENT
- Dermatology
- Radiology
- Pulmonology
- General Surgery

Based on the available infrastructure and resources lab and other intervention are carried out in these camps.

While selecting camp locations and scope of intervention many factors are taken into account and finally a camp is fixed.

The factors for consideration

- Nearest Govt Primary Health Unit.
- Distance between target audience and Primary Health Unit.
- Accessibility of public transport to reach Primary Health Unit.
- Disease pattern.
- Availability of physician and paramedics.
- Scope of intervention.
- Need for more Sevadals

Dissemination of information regarding camps are very well carried out through door to door campaign by sevadals, announcement with health of PA systems in target audience area, fixing banners, and circulating pamphlets. By all these measures, in most of the camps we get on an average of 200 patients.

We found out another important point that there are many doctors who are Swami's devotees who have a willingness to serve the needy, at the same time they are part of some other medical institution. So, these doctors may not attend our camps but they insist on our Organisation people to refer needy patients to the hospitals where they work. These doctors through their influence in their respective hospitals, take care of diagnosis and treatment and even medicines at free of cost.

SSSSO, TN has tie-ups with many major hospitals to allot one/two beds for patients referred to them through the Sri Sathya Sai Health Care Programme. Because of this initiative we are delivering good healthcare in a cost-effective manner.



According to WHO study in India, nearly 30% of children are malnourished. This is a very big problem that may put the whole future of India at stake. So to address this issue SSSSO, TN has initiated a Sai Proteins distribution programme for the malnourished children. Because of this initiative, there is a very good result, and many children are benefited.

There sample case study for the above-stated initiative was done. A total of 40 malnourished children from “Irular Colony” were provided with regular Sai Protein for a period of six months. Out of 40 children, 38 were out of malnourished state and were very healthy too. (For more details regarding this study, do refer Annexure 10.4)

We also want to share another important point which is the Govt. of TamilNadu has initiated a special medical insurance program for people below poverty level which is known as Chief Minister's Comprehensive Health Insurance Scheme. Many people who are eligible for this Medi-claim Policy don't have proper awareness regarding this scheme. So, in our medical camps, we have special sevadals who create awareness to the people regarding this scheme and we also assist the patient to get registered in the policy via online registration. This is done at our camp location itself and more than 500 families have benefited till now because of this.

By just being a bridge between patients and the Govt, we have cost-effectively delivered healthcare to the needy.

Overall State Statistics for the year 2018-2019

Camp types	No. of Camps	No. of beneficiaries	No. of Doctors	No. of Paramedics	No. of Sevadals
SSSMH	129	31930	1392	1060	4426
General Camps	562	29790	786	1468	2129
Eye Camps	120	9494	120	192	418
Dental	3	321	2	4	9
Diabetic	35	8610	15	45	113
Mental Health	7	907	11	11	114
Others	27	3331	19	48	69
Total	754	52453	2345	1768	2852

SSSSO, TN has served 52453 beneficiaries annually across the state through various SaiKrupa, Mobile hospital, and other camps. Through a widespread outreach programme in SSSSO, TN has extensively served the needy

b. Recommendations parked for future scale up.

- ❖ The core strength of SSSSO is the selfless, devoted sevadals. They are biggest asset of our Organisation as well as for our healthcare delivery mechanism. Utilizing sevadals in optimum way will fetch us a better result in our healthcare delivery system.
- ❖ In the state of Tamil Nadu, we have robust primary healthcare delivery from the state government and other NGOs to concentrate in this area.
- ❖ So to avoid duplication of work and serve the needy in a better way we must change our focus from primary healthcare and concentrate on secondary, tertiary, and rehabilitation care.



- ❖ We must improve in certain areas like preventive healthcare initiatives in the camps and focusing more on secondary and tertiary healthcare deliveries.
- ❖ To achieve the above-stated goal we must have strategies to take health care to the doorsteps of the patients.
- ❖ Separate groups with a strength of 5 (3 Gents and 2 Mahilas) should be formed for accessing basic health-related issues in a various remote location and in SSSSVIP villages to identify beneficiaries
- ❖ These groups should be trained by core central team in handling equipment like BP apparatus, pulse oximeter, Glucometers for monitoring random blood sugar, thermometer, etc.
- ❖ This team should have constant touch with the target audiences and collect all health-related data from the audience to identify beneficiaries.
- ❖ Then based on the collected data and inputs from this field team, the central core team will plan for a specialty camp in the selected location once in every quarter based on their requirements.
- ❖ The screened patients from these camps will be administrated in Sai Krupa in case of severity these patients will be referred to other hospitals through our network of doctors and other resources.
- ❖ We can shift our focus towards addressing malnourishment, anemic mothers and preventable blindness below 14yrs children due to vitamin A deficiency.
- ❖ These three areas can be easily intervened without big infrastructure and medical expertise.
- ❖ Well trained and devoted sevadal team with the guidance of doctors, can deliver more seva.
- ❖ These three problems are non-communicable at the same time we can experience the result very easily, quickly and cost-effectively.
- ❖ If a new camp is going to be initiated, we can try to leverage the experiences from the senior sai devotee physicians in the respective districts, to have a better understanding about the ground level reality and healthcare demands.
- ❖ A separate sevadal should be designated in each district for taking care liaison work between networks of doctors who are willing to serve the patients in their institution. If these resources are tapped very well we can further serve the poor better and cost effectively.
- ❖ We should make sure all the sevadals are aware of the entire system flow in the camps so that they can be very clear in their dos and don'ts
- ❖ Camp briefing is a must for new sevadals.
- ❖ Sevadas must be well trained in advance, in handling lab equipments as well as IT infra which are going to be used in a camp location.
- ❖ We should have a group of senior sevadals and youth members for creating awareness among patients in camp location on preventive healthcare and personal hygiene.
- ❖ This preventive healthcare awareness can also be created through means of charts, pamphlets, PPT presentation, and Special talks through doctors and medical professionals.
- ❖ A separate team must be created for winding up the camp and special focus must be given for handling all medical and IT infra-assets.
- ❖ A feedback mechanism should be initiated in the camp to get genuine feedback from all the stakeholders of the camp. (refer annexure 10.3)
- ❖ Doctors and organizing committee should engage on essential key points and on non-medical points to improve the effectiveness of the camp and these points should be taken into consideration.
- ❖ We should leverage the Role of IT enabled services in the diagnosis, follow up and counselling.
- ❖ Patient's prescription register must be compulsorily maintained.
- ❖ If registration and patient's prescriptions are digitally maintained, then backups for these data must be taken and stored separately. This is to be done to avoid data loss.



- ❖ Lab equipments must be calibrated at periodic intervals as per manufacture instructions.
- ❖ In case of SSSVIP village we must prepare two or three village people for collecting basic health-related data of and each and every family in the village.
- ❖ These collected will serve the core team in deciding what kind of intervention is needed.
- ❖ In case of conducting special camps in the village or some other locations we must be sure that we don't give false promises to the patient.
- ❖ Organising team should be clear in their scope of intervention. And the same must be communicated to the sevadals so that there is no communication gap and workflow gap in the system.
- ❖ While conducting gynecology camps in SSSVIP villages we must have a separate private (closed) place for doctors for diagnosing the patients.
- ❖ Proper bio waste disposal methods must be handled. (refer Annexure 10.7)
- ❖ Lab reagents must be kept in adequate stock, and a special register for monitoring and maintaining this is must.
- ❖ Patient feedback must be collected in regular intervals so that we can have self-introspection.
- ❖ As the proverb says "Prevention is better than cure" we must ensure that the field groups and specially nominated villagers, who know ground-level information about the target audience, must engage themselves with people in spreading preventive health education.
- ❖ To achieve this, small skit or talks or PowerPoint presentation can be arranged in their locality. (please refer annexure 10.5 for a sample PPT on preventive healthcare)
- ❖ If new camps are initiated then we must strictly adhere to the Govt norms and proper permission for conducting camps must be obtained from Govt agencies, well in advance.
- ❖ For better understanding of patients needs, if needed we can collect the socio-economic details of the patients.
- ❖ Due to advancement of IT-enabled services we can create separate health profiles for each and every patient, where all the data will be maintained for future intervention.
- ❖ Food habits play a vital role in the health of every individual. So whenever possible with the help of dieticians we can have special talks with target audience to make them aware about the role of food that they eat in improving their health.
- ❖ Mental strength, positive will power, self-confidence is needed for patients to fight the disease. So to achieve this we must teach simple yoga exercises, Jyothi mediation and other forms of simple physical exercises to the target audience to keep them physically as well as mentally healthy.
- ❖ Checklist must be prepared well in advance and role and responsibilities for each and everyone should be clearly stated to avoid problems in the camps. (refer Annexure 10.6 for sample checklist while conducting a medical camp).

8 Lessons Learnt (success & failure stories)

8.1 Collective learning (Project)

During entire project cycle, we learnt about the practical implications of conflict management. Team building spirit was almost maintained. This project facilitates group self-transformation as team members are the aspirants for practical life. We learnt how to please God via our action and extend our love. However, we accepted our mistakes and learnt how to rectify them.



Ultimately, we learnt how to develop, manage, and enhance the future projects through this project. Honestly, even though, we are not able to give 100%, we are offering 80% of our efforts at His Divine lotus feet by promising Him that we would strive for 100% in future.

8.2 Individual learning (Self Transformation)

Name	Self-Transformation <i>(Learning/Experiences during the Project Lifecycle)</i>
D A ANAND	<ul style="list-style-type: none">● Efficient time managing skills, Techniques regarding the personality traits and am able to face hardships and handle it in more proficient way.● Transformation through Bhagawan’s service is always unique and special.● Inspired me to travel in the path of self-awareness which helped me to refine my thought and action.
S SANGEETH KUMAR	<ul style="list-style-type: none">● Started to love myself more and learnt to spread love.● Infused me to be a good and active listener which improved my decision-making skills.● Learnt to behave well in the interview process and can communicate in a crisp and brief way.
VIVEKANANDAN	

9. References (documents, links, etc.)

- Swami quotes,
- Annual report of Sai Krupa ,
- Mobile hospital website <https://www.sssmobilehospitaltn.org/>
- Annual report of SAI Rehabilitation Programme (SRP)
- Annual report of SSSSO TN 2018-2019.
- <https://www.who.int/data/nutrition/nlis/country-profile>
- <https://www.nhm.tn.gov.in/about-nhm-tn/vision-and-strategy>
- <http://app.eaglesoftware.in:8084/CMCHIS/showsearchbyurn.do?method=showSearchByUrn>
- <https://claim.cmchistn.com/Payer/PayerMemberPolicyInfoDetails.aspx>



10. Annexure

1. Detailed Project plan

Project Conception & Initiation	Task Owner	State date	End date	Status
Project Charter	ANAND	20-07-2020	20-07-2020	100%
Project Charter Revisions	SANGEETHKUMAR S	20-07-2020	22-07-2020	100%
Research	ANAND	21-07-2020	24-07-2020	90%
Discussion with state team about project feasibility	ANAND	25-07-2020	28-07-2020	80%
Stakeholders Identification	SANGEETHKUMAR S	24-07-2020	28-07-2020	70%
Sign off from state team about project	ANAND	21-07-2020	29-07-2020	100%
Guidelines	VIVEKANANDAN	21-07-2020	29-07-2020	0%
Project Initiation	NLP TEAM	31-07-2020	04-08-2020	100%
Project Definition & Planning				
Scope & Goal Setting	SANGEETHKUMAR S	01-08-2020	04-08-2020	80%
Budget	ANAND	01-08-2020	02-08-2020	50%
Project management plan	TEAM MEMBERS			
Data collection - Annual Reports of Mobile hospitals and Sai krupa clinics in and around Chennai Metro.	ANAND	15-08-2020	18-08-2020	100%
Data collection - Annual Reports of Sai Rehabilitation Programme, Sai Krupa in Dharmapuri and overall healthcare activities in Tamil Nadu.	SANGEETHKUMAR S	15-08-2020	23-08-2020	100%
Data collection - Annual Reports of Eye camps and weekly medical camps at Vellore	VIVEKANANDAN	15-08-2020	22-08-2020	0%
A detailed study on various facts, problems identified and variables involved.	TEAM MEMBERS	15-08-2020	22-08-2020	75%
Preparation of Questionnaire in view of various stake holders.	TEAM MEMBERS	15-08-2020	19-08-2020	78%
Communication Plan	TEAM MEMBERS	15-08-2020	28-08-2020	50%



Risk Management- Consolidating the entire questionnaire form to review with SYC'S & NLP PROJECT COORDINATOR	TEAM MEMBERS	26-08-2020	29-08-2020	50%
Getting approval from SPs for WBS	TEAM MEMBERS	29-08-2020	30-08-2020	100%
Submission of WBS & GANTT CHART to NLP Team	TEAM MEMBERS	31-08-2020	31-08-2020	100%
Project Launch & Execution				
Status & Tracking	VIVEKANANDAN	02-09-2020	22-09-2020	0%
KPIs	ANAND	05-09-2020	28-09-2020	70%
Monitoring	VIVEKANANDAN	05-09-2020	28-09-2020	0%
Forecasts	SANGEETHKUMAR S	15-09-2020	29-09-2020	90%
Project Updates	SANGEETHKUMAR S	07-09-2020	29-09-2020	90%
Chart Updates	ANAND	25-09-2020	29-09-2020	100%
Project Performance / Monitoring				
Project Objectives	ANAND	02-10-2020	10-10-2020	85%
Quality Deliverables	SANGEETHKUMAR S	05-10-2020	15-10-2020	100%
Effort & Cost Tracking	VIVEKANANDAN	05-10-2020	10-10-2020	0%
Project Performance	ANAND	25-10-2020	29-10-2020	70%
Project closure & Evaluation				
Identification of Lessons Learnt During the project	VIVEKANANDAN	02-11-2020	03-11-2020	0%
Finding out the significant impact was created by this project	SANGEETHKUMAR S	04-11-2020	06-11-2020	100%
To ensure the reach ability of best health care practices in order to transform medical treatment into a healing sadhana to reach all the objectives.	ANAND	07-11-2020	10-11-2020	100%



2. Personal hygiene check list

Health education on Personal hygiene	
	Personal hygiene
1	Brush teeth daily in the morning and after dinner.
2	Have bath daily with warm water (mix hot water + cold water) and soap. Avoid taking bath in pond or rivers
3	Scrub the areas like groins, axilla, in between fingers and toes and finger nails and toe nails.
4	Apply soap lather and clean at and around the surgical incision site.
5	Shampoo the hair and clean the head while bathing.
6	When travelling in train use a small basin, small towel, soap and water and have sponge bath.
7	Change dress daily after bath. To the extent possible, wear cotton clothes for comfort and better absorption of heat.
8	Wash your clothes regularly and dry under the sunlight.
9	When low grade fever is present have body bath. When High grade fever is present have sponge bath.
10	Have bath with soap and water when there is superficial wound infection.
11	Have warm foods. Avoid cold food.
12	The attender to wash hands with soap and water before preparing food.
13	Wash and dry the vessels, plates and spoons used for serving or eating food.
14	Use boiled water for drinking. Use purified or mineral water while travelling.
15	Wash hands with soap and water after using toilet.
16	Avoid entertaining too many visitors at home after surgery
17	Avoid moving along with people who are infected, to prevent cross infection.
18	Wear slippers while walking (especially important for Diabetic patients)



3. Feedback form for Doctors

1. Rate the way camp was conducted from 1 to 5

1	2	3	4	5
---	---	---	---	---

2. Rate the cleanliness of camp from 1 to 5

1	2	3	4	5
---	---	---	---	---

3. Rate the arrangements made in the camp from 1 to 5

1	2	3	4	5
---	---	---	---	---

4. Rate the sevadal coordination between doctors and patients in the camp from 1 to 5

1	2	3	4	5
---	---	---	---	---

5. Rate the pharmacy setup in the camp from 1 to 5

1	2	3	4	5
---	---	---	---	---

6. Rate the lab setup in the camp from 1 to 5

1	2	3	4	5
---	---	---	---	---

7. Any other specific matter which is needed to be addressed or shared with the organizing team. _____

8. Overall feedback about the camp or any suggestion to improve our camps to serve the needy better _____

4. WHO data on malnutrition, vitamin deficiency and other related data.

The screenshot displays the WHO Nutrition Dashboard for India, providing a comprehensive overview of the country's nutrition status. The dashboard is organized into several key sections:

- Child Malnutrition:** A line graph showing the prevalence (%) of four indicators from 1990 to 2020: Stunting (WAZ <-2), Wasting (WHZ >2), Overweight (WHZ >2), and Underweight (WAZ <-2). The graph shows a general downward trend for stunting and underweight, while wasting remains relatively stable.
- Malnutrition in Women:** A line graph showing the prevalence (%) of three indicators from 1990 to 2020: BMI < 18.5 kg/m², BMI < 20 kg/m², and BMI < 30 kg/m². The graph shows a steady increase in the prevalence of low BMI over the period.
- Vitamin and Mineral Deficiencies:** A table listing various indicators such as Anaemia (history of <math>Hb < 110 \text{ g/L}</math> (%)), Anaemia in women of reproductive age (%), Anaemia in non-pregnant women (<math>Hb < 120 \text{ g/L}</math> (%)), Anaemia in pregnant women (<math>Hb < 110 \text{ g/L}</math> (%)), Subclinical vitamin A deficiency in preschool-age children (serum retinol <math>< 0.70 \mu\text{mol/L}</math> (%)), Clinical vitamin A deficiency in women (history of night blindness during most recent pregnancy) (%), and Median urinary iodine concentration in children 5-12 years ($\mu\text{g/L}$).
- Health Services:** A table listing indicators such as Any antenatal iron supplementation (%), Births attended by skilled health personnel (%), Births in baby-friendly facilities (%), Mothers of children 0-23 months receiving counseling support or messages on optimal breastfeeding at least once in the last year (%), and Children aged 1 year immunized against measles (%).
- Food Security:** A table listing indicators such as Population below minimum level of dietary energy requirement (undernourished) (%), Households consuming adequately substantial (15 parts per million or more) (%), and Population below the international poverty line (%).



SRI SATHYA SAI NATIONAL LEADERSHIP PROGRAMME FOR SELF TRANSFORMATION



Sr. No.	Name	Sex	DOB	Address - Door No	Address St	Village	Mother's Name	Parent hood	Birth History	Perinatal Period	Sibling history	Height (cms)	Weight (kgs)	Initial Survey - Food Habits	Initial Survey - Overall Hygiene	Initial Survey - Alcoholism (father)	Pending Immunization	Doctor's Examination	Doctor's Advice
1	Remya	F	2005	589	MGR Nagar	Inular Clny	Kalyani	Consang	LSCS	N	1 brother	105	15	Poor appetite, Eats little amount of biscuits and drinks tea. Skips breakfast	Average	Regular		Fairly Nourished	
2	Thinmalai	M	2008	93	MGR Nagar	Inular Clny	Surali	Nonconsan	ND	N	1 brother	90	11	NA			Measles, DPT & OPV I Booster		Boy dressed as girl. To be changed
3	Ajith	M	2004	93	MGR Nagar	Inular Clny	Surali	Nonconsan	ND	N	1 brother	100	14	NA			Measles, DPT & OPV II Booster	Cavities	Brush teeth twice a day Boy dressed as girl. To
7	Pachiappan	M	2006		MGR Nagar	Inular Clny	Murugan	Nonconsan	ND	N	2 brother, 1 sister	93	14	NA			Card lost	Well Child	
8	Prashanth	M	2006	244	MGR Nagar	Inular Clny	Saravanan	Consang	ND	incubated	1 sister	100	14	Was motherfed upto 2.5 yrs. Is playful and skips meals.	Average	Regular	DPT & OPV II Booster	Under Nourished Impetigo (skin infection)	Apply ointment.
11	Gokul	M	14/7/2007	589	MGR Nagar	Inular Clny	Kalyani	Consang	LSCS	N	1 sister	89	14	Poor appetite. Skips breakfast	Average	Regular	DPT & OPV I Booster	Well Nourished	Avoid giving tea
14	Santhosh	M	30/1/04	575	Paramaniaman Koil St	Inular Clny	Vijaya	Consang	ND	N	1 sister	98	15	Doesn't skip meals Was motherfed till age of 2.	Good	Regular	DPT & OPV II Booster	xerosis conjunctiva - abnormal dryness of eye membrane (conjunctiva)-	Eyes require additional nutrition
25	Kumaran	M		256	Paramaniaman Koil St	Inular Clny	Mani	Consang	LSCS	incubated		65	8.5	NA			Given but not documented	Upper Respiratory Infection	

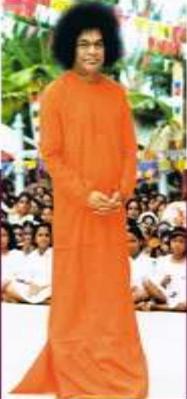
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25	Kumaran	M		256	Paramaniaman Koil St	Inular Clny	Mani	Consang	LSCS	incubated		65	8.5	NA			Given but not documented	Upper Respiratory Infection	



Sai protein ingredients

Sai Protein Ingredients			DO NOT add sugar in the Drink. Add jaggary. Boil and drink
Sl No	Quantity	Ingredient	Roasting Duration
1	6 Kg	Whole Wheat	1 Hr 30 Min
2	1.5 Kg	Boiled Rice	20 Min
3	1.5 Kg	Green Moong (Payathem Payaru -Tamil)	20 Min
4	1.5 Kg	Roasted Broken dal (Pottukadalai/udaitha kadalai - Tamil)	No Roasting
5	1 Kg	Ragi (Kel Varagu - Tamil)	14 Min
6	0.5 Kg	Jwari (Cholam - Tamil)	7 Min
7	1 Kg	Ground Nut (Without Skin) (nila kadalai - T	20 Min
8	0.5 Kg	Soy Beans	10 Min
9	100 Gms	Sago (Javvarisi- Tamil)	5 - 8 Min
10	50 Gms	Barley grain	2 Min
11	25 Gms	Cardomom	No Roasting
12	2.5 Kg	White Oats	No Roasting
13	0.5 Kg	Thil Seeds (Vellai Ellu - Tamil)	7 Min

5. Preventive Healthcare Presentation

  <p>HEALTH , HYGIENE & PREVENTIVE HEALTH EDUCATION.</p>	<p>BHAGAWAN'S VISION</p> <ul style="list-style-type: none">▪ Health Care problem – Universal▪ Irrespective of Socio-economic status <p>Selfless Love – Selfless Service</p>
<p>DIVINE ROLE</p> <ul style="list-style-type: none">▪ Doctor treats the Patient▪ God cures him.	<ul style="list-style-type: none">▪ DIVINE SENSE + COMMON SENSE▪ Divine Protection is Natural
<p>PREVENTION OF FEAR OF GETTING INFECTED</p> <ul style="list-style-type: none">▪ Natural History of Covid Infection▪ 20 % Asymptomatic▪ 60 % Very mild Symptoms (mild cough / Low fever) (Recover without Treatment / No need for Hospitalizations)▪ So, 80 % Self limiting▪ 15 % Moderate Symptoms / Require Hospitalization / Recover with Symptomatic Treatment / No I C U care▪ 5 % Require I C U care	<p>PREVENTION OF INFECTION</p> <ul style="list-style-type: none">▪ Brush your teeth twice / Salt water gargling thrice daily▪ Stay at Home▪ Maintain Safe social Distance▪ Follow 3 H Rule<ul style="list-style-type: none">➢ Hand wash➢ Hand sterilize➢ Hands off face▪ Wear Face mask , when ever you move outside.▪ Take a bath soon after you return home▪ Wash your outdoor clothes immediately



CORONA VIRUS INFECTION

- Prevention of
 - Infection
 - Fear of getting infected

PHYSICAL ACTIVITY & EXERCISE

- Daily walking 15 to 30 minutes twice daily
- Simple Physical Exercise
- Yoga – Surya Namaskaram
- Breathing Exercise

ANGER & FOOD

- Anger exhaust Energy saved from intake of food for 3 months.
- Anger leads to all other Negative qualities
- {Lust / Greed / Egoism / Jealousy / Hatred}
- Anger predisposes to Stroke / Heart Attack / Accidents

So, Avoid getting Angry

AVOID ADDICTIVE SUBSTANCES

- Avoid using Tobacco (Nicotine) Products (Chewing / Snuffing / Smoking Tobacco products)
- Avoid / Reduce Caffeine Products (Coffee/ Tea / Cola drinks)
- Avoid Alcoholic Beverages
- Avoid using all other Addictive Substances

DO NOT WASTE

- God Given
 - Food
 - Water
 - Energy
 - Time
 - Money

PERSONAL HYGIENE

- Keep the body and mind clean and pure
- Brush the Teeth twice daily
- Daily Bath
- Periodic Nail Cutting once in a week
- Clean dress
- Wash the hands before & after food
- Wash your hands whenever you use Rest Room
- Drink pure water
- Take pure, sacred, Sattvic food

Personal Hygiene



ENVIRONMENTAL CLEANLINESS

- Avoid
 - Pollution of Water/Air/Earth/Food.
 - Using Artificial Fertilizer/Chemical insecticide
 - Using plastic
 - Water Stagnation
- Prefer - Natural Manures / Natural Insecticides
- Obey - Rules of Garbage disposal

Environmental cleanliness



FOOD & SERVICE

- Transform Food into service
(Think Good / See Good / Hear Good / Speak Good / Do Good)
- Cultivate sharing of food with needy people

PRACTICE MODERATION IN

- Food
- Drink
- Sleep
- Exercise

FEED ALL LIVING BEINGS

- Feed birds with Grains
- Feed pet animals which give Happiness
- Feed the ants with rice flour Kolam
- Feed the Animals which help by their toil
- Feed the needy people



WHILE EATING

- **Avoid**
 - Watching TV
 - Speaking
 - Crying / Laughing
- **Practice**
 - Silence
 - Concentrate only on food



FASTING - UPAVASA

- **Once in week (at least once in 15 days)**
- **No thought about food.**
- **Contemplate on God only.**
- **Water alone is allowed.**

FOOD PRAYER

- **Sanctification of food.**
 - Earned out of righteous means.
 - Consecration to God before partaking.
 - Chant "Brahmarpanam".
 - Recite the Gayatri Mantra.
 - Also repeat Shanti – thrice at the end.



CONSECRATION OF FOOD

Offering of Food

- **To God**
- **To hungry persons**
 - Before eating
 - With Devotion & Humility
- **Makes food**
 - Free from evil vibrations
 - Free from impurities

PREVENTION OF HEART DISEASES

- **Avoid Hurry / Worry / Curry**
- **After the age of 50, reduce the quantity of Food**
- **Do Physical exercise / Walking**



WHITE SUGAR

Avoid

- **Increases proneness to many diseases / Cancer**
- **Prefer Unrefined Jaggery / Palm sugar**



VEGETARIAN VS NON-VEGETARIAN FOOD

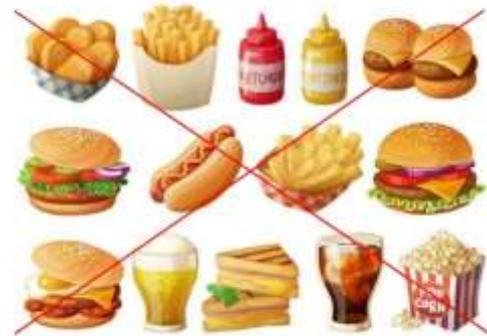
- Prefer vegetarian food
- Non-vegetarian food
 - Vulnerability to diseases.↑
 - Promotes animal qualities.

PREFERRED QUANTITY OF FOOD

- Divide the stomach into 4 parts.
- Fill 2 parts with food.
- Fill 1 part with water.
- Leave 1 part for air.

PREFERRED FOOD

- Always take Sattvic food.
- Avoid Rajasic and Tamasic food.
- Avoid Food items made of Maida (**Paratta, Bakery Items**)
- Prefer food available in natural form.
- Prefer freshly cooked food.
- Moderation in Quantity.



TAMASIC FOOD

- Food which are
 - Too much Fat
 - Too much starch
 - Old stale food



RAJASIC FOOD

- Food which are too hot / too salty / too bitter / too spicy / too sour
- Fried food
- Excessive consumption of Milk & its products
- Alcoholic drinks
- Intoxicating substances
- Non-vegetarian food





SATTVIC FOOD

- Diluted fat free Milk / buttermilk
- Jaggery
- Moderation in sweet, salt, sour, hot, bitter
- Moderation in quantity



SATTVIC FOOD

- Uncooked food
- Steam cooked food & Vegetables
- Half cooked vegetables and greens
- Sprouting pulses / Peas / Beans / Lentils
- Nuts
- Fruits/coconuts

TYPES OF FOOD & INFLUENCES

- Sattvic - Promotes love/virtue/happiness/strength/cognition/action/sensory regulation/skill.
- Rajasic
 - Inflames/arouses emotion/intoxicates/increases hunger and thirst/promotes negative qualities.
- Tamasic
 - Depresses/causes disease and laziness/induces sloth, inactivity, sleep.

FACTORS INFLUENCING FOOD

- Materials used for cooking – Padartha suddhi
- Person who cooks - Sattvic
- Vessels used for cooking – Pathra suddhi
- Process used for cooking - Pada suddhi
 - Should be pure / Sattvic
 - Have subtle influence

NATURE OF FOOD

- Determines
 - Physical health.
 - Mental health (thought / feelings / actions / cognition).
 - Social Health
 - Spiritual Health

CONSUMPTION OF FOOD

Should be Sattvic, Sacred & Pure



Nutrition & Dietary Habits



PREVENTION VS CURE

- Prevention is better than cure
 - Nutrition & Dietary habits
 - Environmental Cleanliness
 - Personal Hygiene

BHAGAWAN'S ADVICE

- Talk Reassuringly with soothing words.
- Treat them as if there are your Kith & Kin.
- Radiate Compassion & Love.

BHAGAWAN'S ADVICE

- Be with a smiling face.
- Have patience with Patients.
- Listen to the problems.
- Show your concern.
- Infuse courage in patients.

BHAGAWAN'S ADVICE

- Concentrate on preventive aspects.
- Educate practice of Personal Hygiene.
- Emphasize Environmental Cleanliness.
- Explain in detail about Nutrition.
- Avoid heavy use of drugs.

SERVICE AND SEVA

- Service:
 - Patients come to you
 - You render Service.
- Seva:
 - You go to patient
 - You offer Service.



PRAYER AND SERVICE

“Hands that help are holier than lips that Pray”



DIVINE PROTECTION

- Seva and Service
 - Done with pure Love and Sincerity.
 - Gives **Divine Protection.**

BEST SEVA

- Provide
 - **Food, Water, Dress, Health, Peace**
 To the needy People with Devotion / Compassion / Humility

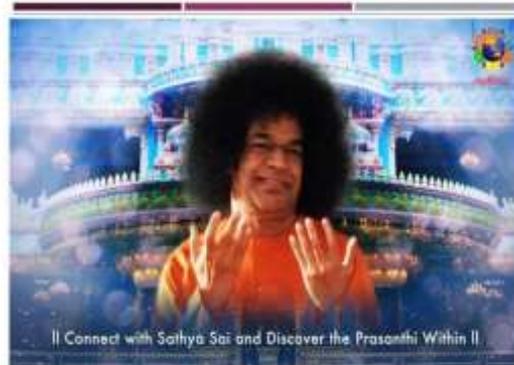
PURPOSE OF HUMAN BIRTH SELF REALIZATION

- **Sattvic Food yields Good Health.**
- **Good Health Promotes Long Life.**
- Long Life provides more chance for Service.
- Service leads to **Self Realization.**
(Bliss of Realization of Divinity within)

“Atmananda”

PURPOSE OF HUMAN BIRTH & ROLE OF FOOD / HEALTH / HYGIENE

- Good & Bad of Mankind.
- Decided by Behavior.
- Behavior depends on Thoughts.
- Bundle of Thoughts = Mind.
- Mind is influenced by **Food.**



Thank you



6. Camp checklist and system flow.

Pre-Camp Day:

- Necessary Hygiene & Sanitation of Camp Site Rooms and Surroundings should be inspected.
- The arrangement team must ascertain, the number of shaminas , their specification and their respective locations.
- The arrangement team must ascertain necessary tables, chairs, benches, etc.
- In order to create awareness among the target audience regarding the camp, necessary campaign through pamphlets, PA system, & door to door must be adopted.
- Banners/Illustrative Charts/Posters, Signage for Doctors Cabin/Swami's Sayings should be necessarily arranged.
- Drinking Water arrangement for Doctors/Sevadals, Patients should be provided.

1. Camp Day – Waiting Hall/Registration Hall:

- What time do the Sevadals assemble at Camp Spot?
- Necessary refreshments for all sevadals must be arranged in the camp, inclusive of breakfast, tea, snacks, lunch.
- General briefing, do's & don'ts about the camp must be highlighted to sevadals.
- Necessary arrangements like Swami's Photograph, Garland, Puja Materials, and etc should be arranged.
- The time of arrival of patients and the time of registration to be specified.
- Proper mechanism must be adopted for crowd control in registration area.
- If token system is introduced, whether Specialty wise system will be implemented or general numbering of NEW & OLD Patients wise will be implemented?
- What time does the Bhajan start, how long is the Bhajan, who will be singing?
- Distribution of Swami's Photos/Vibhidhi / Sai Proteins etc must be given after Doctor's Consultation.
- There must be separate registration counters for gents and mahilas.
- BP machines, Weighing scales, must be kept along with these registration counters
- What type of Registers used to fill up Patients Details?
- Are Pedestal Fans provided in Waiting/Registration/Doctors Cabin or any Ceiling fan provision, Lighting, Speakers Etc?
- How many Patients Attendants can accompany each Patient?
- Separate restroom for gents and mahila patients to be ascertained.
- At what time does the Registration of Patients STOP?



2. Doctors Consultation:

- How many Doctors Cabin are required?
- What are all Specialties needs to be considered?
- How many Male & Lady Doctors are needed?
- How many Senior & Junior Doctors are required?
- Necessary requirements on Doctor's table to be followed like: Stethoscope, BP M/c, Scales/Torch, Writing /Prescription Pads, Pens, Paperweights, Gloves, X-Ray screen Panels etc
- Are Patients Examination Couches are provided and what Size?
- Sanitizers must be placed in each doctors table.
- If required, Necessary privacy room for examining the Lady Patients must be arranged.
- When the Patient returns from Tests, does he has to wait or sent in on special entry for Doctor's review?
- What procedures are performed in Doctors Cabin for cuts/stitches etc
- Necessary first aid kit, to be arranged to handle the emergency situations.
- Necessary refreshments for all doctors must be arranged in the camp, inclusive of breakfast, tea, snacks, lunch.
- Are the Patients first screened by Junior Doctors before sent to Specialist (if required?)
- Arrangements must be made for doctor's transportation.
- Referrals and follow ups for test and treatments should be taken care in utmost manner.
- Are Patients allowed to come with Foot ware here?

3. Diagnostic Support:

- How many Paramedics are required for the Pathology/Imaging Sections?
- How many sevadals needed to assist paramedics in the lab?.
- Necessary arrangements for Urine Test must be arranged, if required?
- if we have any Imaging Sections ,then necessary arrangement for Changing Rooms, Coat Hangers to hang Clothes, Storage of Aprons should be governed.
- Lab reports must be managed in a meticulous way; it can be leveraged by digitalization of reporting system.
- Bio Waste must be disposed in a proper manner.
- if Any Consumables used in the lab testing's, ensure, how it will be stored/used/replenished for the next day /Camp.



4. Pharmacy:

- Where is the Pharmacy located?
- How big is the place and how many Sevadals man the Pharmacy
- Minimum one or two pharmacist is required in medicine dispensing.
- Do we have any License to dispense medicines?
- How are the medicines kept in Plastic boxes or containers?
- How are the names of MEDICINES WRITTEN ON TOP to view before issue?
- Medicine issue record must be compulsorily maintained in each camp.
- How are the Medicines replenished for the next day of Camp?
- What registers are maintained for Patients details.
- How are the issues tallied at end of the day for accounting?
- Doctors must be given with a list of Medicines available at Pharmacy
- How many Sevadals are posted to explain the Patients the Dosage of Medicine prescribed to consume daily/at timings etc
- Proper mechanism to be adopted to regulate the crowd in the pharmacy
- How are the Medicines issued in Plastic Bags/Ziplock/paper Bags?

5. Closure of Camp:

- How is the Camp closed at end-any special function or prayer?
- Proper winding-up mechanism must be adopted
- Display materials like banners, posters, pamphlets and other presentation materials must be replaced as per regular the setup.
- What about the removal of Sheds?
- How about cleaning up the Spot

7. Bio Waste handling methods

Are you segregating waste correctly?

The Bio-medical Waste (Management and Handling) Rules, 1998 prescribe segregation of waste at source for better waste management. Coloured bins are recommended for different kinds of waste. Make sure you are putting the right waste in the right bin.



8. Chief Minister comprehensive health insurance scheme - policy registration for needy people.

In our camps we have initiated special desk for providing registration assistance for needy people to get them enrolled in Chief Minister comprehensive health insurance scheme

A sample registration policy copy is attached below.



Laptop No.

Card ID No.

தேதி: 11/2/2020

வாரிய உறுப்பினர் அலை

முதலமைச்சரின் விரிவான மருத்துவக் காப்பீட்டுத் திட்டம்
உறுப்பினர் விண்ணப்ப படிவம்

(ஆண்டு வருமானம் ரூபாய் 72,000/- குறைவானவர்களுக்கு மட்டும்)

1. குடும்பத் தலைவர் பெயர் : S. Narayanan
 2. தகப்பனார் / கணவர் பெயர் : G. Srinivasan
 3. ஆண் / பெண் : Male பிறந்த தேதி / வயது : 9-9-1952
 4. தொழில் : Tailor
 5. குடும்ப அட்டைஎண் (Ration Card No.) : 02/H/0034807
 6. நிரந்தர முகவரி : கதவிலக்கம் / தெரு ... H1 ... Colony
 ஊர் ... Vaideeswaram, Narsaraipet
 வட்டம் ... Kanchi
 மாவட்டம் ... Tiruvallur
 தபால் குறியீட்டு எண் (Pin Code) ... 600056

7. குடும்ப உறுப்பினர்கள் விவரம்

வ.எண்.	உறுப்பினர் பெயர்	ஆண்/பெண்	வயது	உறவு முறை
1.	S. Anza George	Female	49	wife
2.	N. San Prem Kumar	Male	20	son

S. Narayanan
 உறுப்பினர் கையொப்பம் / கி.த.கை பெருவீரல் ரேகை
 அங்கீகரிக்கப்பட்ட அலுவலர் சான்றிதழ்

திகு / திருமதி..... S. Narayanan..... மேற்கூறியபிள்ளை தம் குடும்ப
 உறுப்பினர்களுடன் மேற்கண்ட முகவரியில் வசித்து வருகிறார். அவருடைய குடும்ப ஆண்டு
 வருமானம் ரூபாய்... 72,000.../- (ரூபாய்... 72,000... மட்டும்)
 என்று சான்றளிக்கிறேன்.
கிராம நிர்வாக அலுவலர்
 45, பூவந்தவல்லி கிராமம்,
 அமைச்சரின் அலுவலகம் மற்றும்
 உறுப்பினர் அலுவலகம்
 அலுவலர் குத்தகை

11/2/2020
கிராம நிர்வாக அலுவலர்
 கையொப்பம்
 45, பூவந்தவல்லி கிராமம்,
 46, அமைச்சரின் அலுவலகம்
 பூவந்தவல்லி வட்டம்.

கலை தொலைபேசி எண். : 1800 425 3993

இந்த விண்ணப்பம் விற்பனைக்கு அலை

