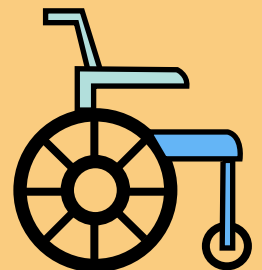
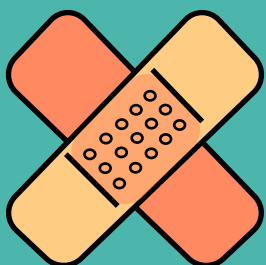
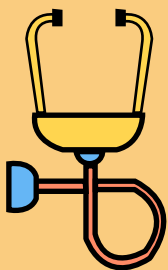
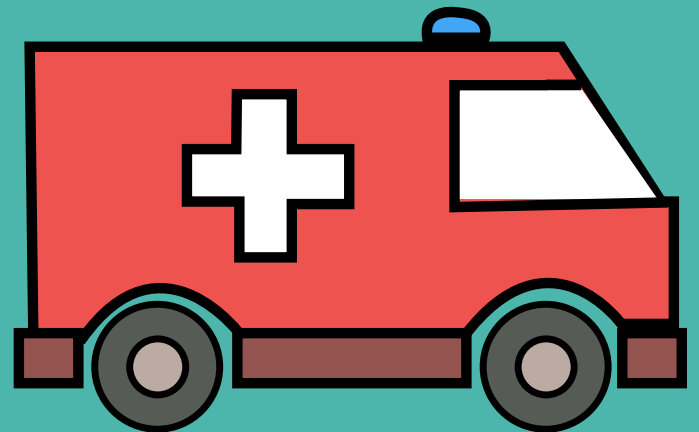
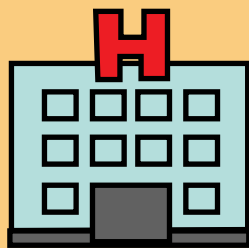
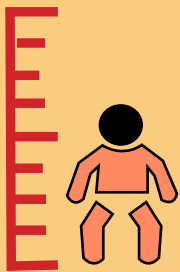




PROVIDING HEALTHCARE TO UNDER SERVED COMMUNITIES

Sun Pharma Community Healthcare Society Annual Report 2022-2023





Awareness programme at school, MHU Paonta Sahib

Our Sunology

Sunology- a combination of two words: Sun & Ideology is our guiding principle. Humility, integrity, Passion & Innovation form Sunology. It is way of life for all of us at Sun Pharma.

Humility

- Under promise and over deliver
- Let your work speak for you
- Always put 'we' before 'me'
- Learn from mistakes

Innovation

- Strive to implement new ideas & technologies to meet unmet needs
- Encourage others to think out-of-the-box
- Do not limit yourself
- Believe in raising the bar every time

Passion

- Infuse energy in everything that you do
- Walk that extra mile
- Inspire others
- Do your best in every situation

Integrity

- Do the right thing with conviction & without fear
- Practice honesty, impartiality & fairness at all times
- Adhere to strong ethical and moral standards
- Courage to call-out what is not right

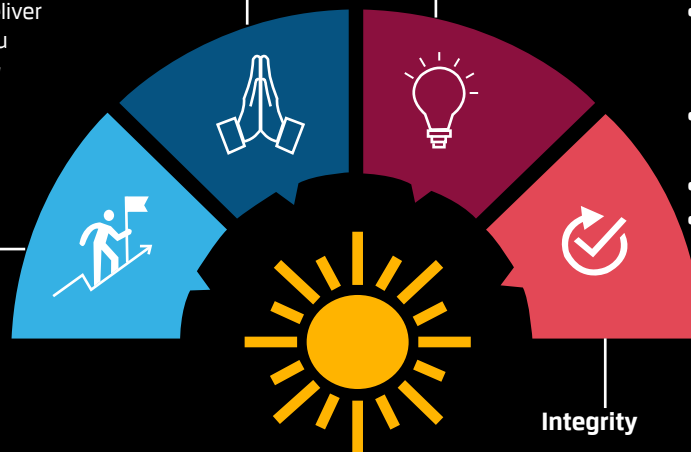
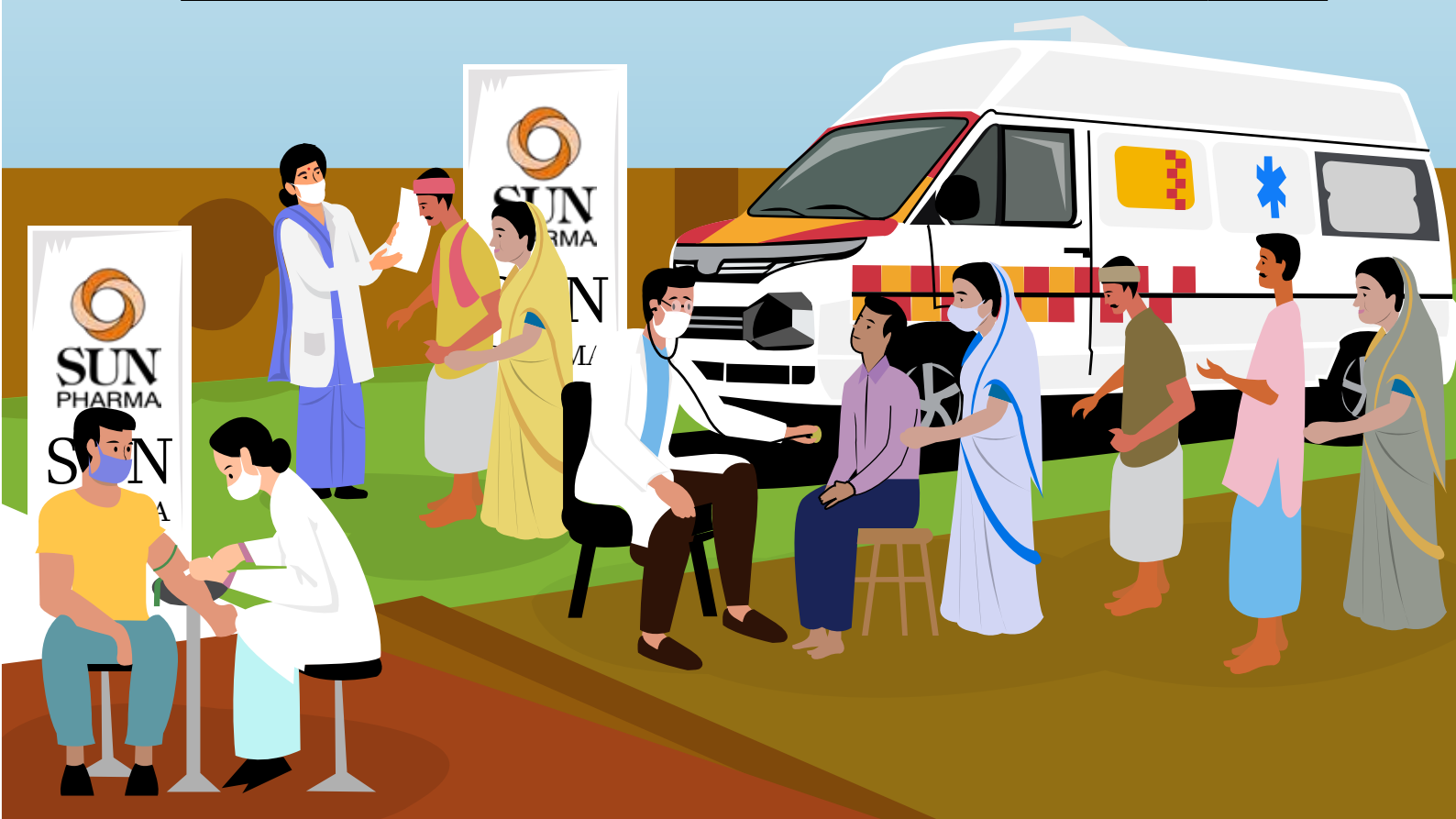


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AANCHAL

“Swasth Maa Se Shishu Tak”



Curative care being provided at Karunkuzhi village, MHU Maduranthakam



SUN PHARMA
COMMUNITY HEALTHCARE SOCIETY
MADURANTHAKAM

The selfsame patient put to test
Two doctors, Fear-the-worst and Hope-the-best.
The latter hoped; the former did maintain
The man would take all medicine in vain.
By different cures the patient was beset,
But ere long cancell'd nature's debt,
While nursed
As was prescribed by Fear-the-worst.
But over the disease both triumph'd still.
Said one, 'I well foresaw his death.'
'Yes,' said the other, 'but my pill
Would certainly have saved his breath.'

Jean de la Fontaine

OUR LEADERSHIP

SPCHS's senior management and governing council is dedicated to the belief that health care has to reach the last mile and that every human being has an absolute right to quality health care.

SENIOR MANAGEMENT



Mr. Dilip Shanghvi
*Managing Director,
Sun Pharma*



Dr. Azadar Khan
*Sr. Vice President,
Corporate Relations & CSR,
Sun Pharma*



Dr. Upma Sharma
*Chief Medical Officer,
SPCHS*

GOVERNING COUNCIL



Dr. Altaf Lal
*Chairperson,
Governing Council*



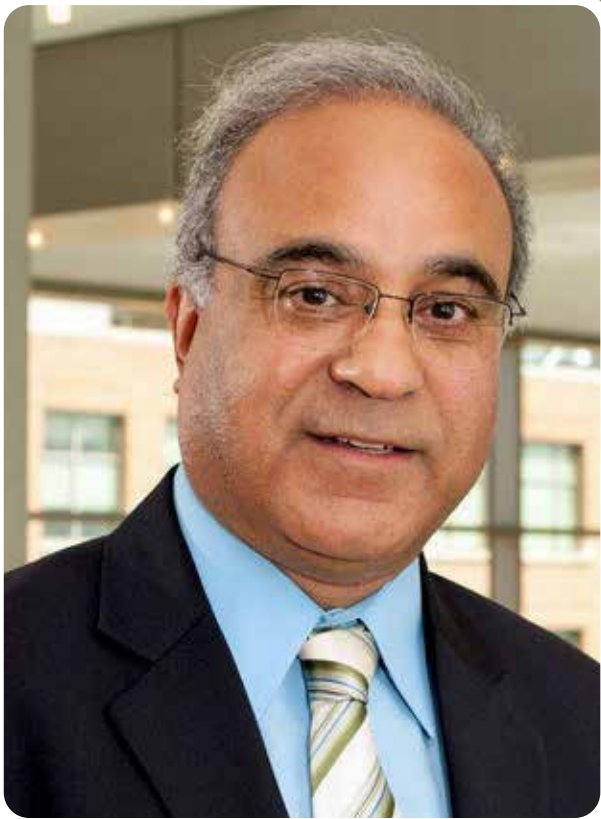
Dr. Azadar Khan
*Member,
Governing Council*



Dr. Vivek Ahuja
*Member,
Governing Council*



Dr. Suyog Mehta
*Member,
Governing Council*



Dr. Altaf Lal
Chairman,
Sun Pharma Community Healthcare Society

Building a Therapeutic Relationship

Reading a piece in *The New Yorker*, I came across an article by Dr. Ofole Mgbako, a medical doctor, where he relates to a compliment he received from a patient of his, *"Compassion and the will to see the individual apart from the disease are skills not easily acquired and kept; they are specialties too."* These lines have remained with me ever since, for they aptly describe the doctors and the medical staff accompanying our Medical Healthcare Units (MHU).

Ask our MHU doctors; they will tell you that a fair amount of their clinical practice involves listening to their patients. This is not only about the clinical symptoms but also about family matters, their hopes, aspirations, and the challenges of daily living. The ability of our doctors to understand the patient's situation, perspective, and feelings and to be able to communicate that understanding to the patient is what makes our MHU doctors stand out. Empathy is a medical specialization in which our MHU doctors excel.

Practicing empathy is not easy. Our doctors work in very trying conditions. Every day, they manage the rough and tumble of field-level practice-braving, the elements of the weather, the tyranny of geography, understanding various dialects and conversation styles of patients, remaining sensitive to the social mores and societal conventions and managing the expectations of being the only doctor available miles together; in many cases, it is they or no one.

Our doctors are called upon to advise on issues they have not been trained for at medical school. This may include a young bride's angst against her in-laws, a neglected old parent's woes, or a young girl who strolls in to ask one of our lady doctors what it takes to don the white coat. Our medical staff has learned to answer these questions on the job, and they do it well.

We live in an age where the science of medicine, with its focus on technical, statistically underpinned, evidence-based medicine, goes into the training of doctors at medical school. Our experience from the MHUs reveals that more than knowledge of the latest clinical guidelines and best practices is needed to practice effectively as a doctor. A therapeutic relationship with the patient must be formed. This humanizes the practice of medicine for both the patient and the doctor. Our doctors take pride in being experts in establishing and using therapeutic relationships with their patients.

We will remain true to our core value of empathy and 'talk and listen' to our patients to help the medicines we prescribe work to their potential.



Dr. Upma, CMO, taking feedback from beneficiaries on service quality, MHU Toansa



Dr. Upma Sharma
Chief Medical Officer,
Sun Pharma Community Healthcare Society

Our Approach

Our work at MHU consistently exposes us to various challenges in our society. During our service in the rural villages and urban slums, we come face to face with poverty and its diverse facets - deprivation, undernutrition, poor sanitation, lack of access to safe drinking water, education, health care and other social services, abuse, neglect, trauma, absence of voice and opportunity. This is to say nothing of the ailments we are called upon to treat in patients..

Keeping a humane outlook amidst all this is a difficult job that the MHUs teams have learned to acculturate. For them, pathology and disease are in the context of patient reality. At the other end of the stethoscope is a person living under challenging circumstances and not merely a host to a pathogen.

To be effective in the communities we work with, we have to contextualize a patient's clinical condition in the background of their socio-demographics, family, and culture. This requires empathy, the ability to listen, and patience. For us, the '*art*' of medicine runs concurrently with the '*science*' of medicine.

This year, we increased our footprint by starting the fourteenth MHU at our Jammu site. This has brought an additional 40,000 population under coverage, taking the total population covered by MHUs to 566,502. Of this, about 40% are direct beneficiaries of MHU services.

This year, we have entered a collaboration with Dr. B.R. Ambedkar State Institute of Medical Sciences (AIMS Mohali). Under the partnership, a village has been jointly adopted where MHU, Mohali, and the Preventive and Social Medicine Department, AIMS, will together provide health services. The collaboration would also undertake an adolescent project in the community..

Our approach towards abating the high incidence of adolescent anemia through IFA supplementation (prophylactic and for treatment) under direct observation has shown promising results.

With COVID-19 behind us, the promotive and preventive healthcare has been ramped up. Home visits for post-natal care, school health programs, community health awareness, and special health camps were undertaken.

The Bhagavad Gita espouses the path of '*Nishkama Karma*' (action without desire), and we at SPCHS try to imbibe this principle in our service to the community.



SUN PHARMA



સક્રિય નિયંત્રિત ટેકવિનિયાયે ઉપાય

- આવશ્યકતા સ્ત્રી, પુરુષ વચ્ચે સ્વચ્છતા અને સ્વાસ્થ્યને જાળવવા
- સાવધાન શાસ્ત્ર, પાકી, પાણી અને શાસ્ત્રીય પ્રવાહને જાળવવા
- કોઈપણ અસ્વચ્છતા અને સ્વચ્છતા જાળવવા
- સ્વચ્છતા અને આનંદને જાળવવા
- આવશ્યક કાર્યકરને મુલાકાતે લેવા
- સમાજના સભ્યોને સ્વચ્છતા અને આનંદની જાણ આપવા
- સક્રિય નિયંત્રિત સમયોચિત કાર્યકરને પ્રોત્સાહન આપવા

સક્રિય નિયંત્રિત ટેકવિનિયાયે ઉપાય

ઉપર સક્રિય નિયંત્રિત ટેકવિનિયાયે ઉપાયને આધારે સ્વાસ્થ્ય અને આનંદને જાળવવા

સક્રિય નિયંત્રિત ટેકવિનિયાયે ઉપાય

સક્રિય નિયંત્રિત ટેકવિનિયાયે ઉપાય

Aanchal
Swasth Maa s...

SUN PHARMA
HEALTH...



શ્રેણી - I
શ્રેણી - II
શ્રેણી - III
શ્રેણી - IV

OPD at MHU, Ahmednagar

COMMITMENT TO COMMUNITY HEALTH

Sun Pharma implements a diverse portfolio of CSR projects, primarily for rural communities, encompassing healthcare, education, water, sanitation, and environment conservation. In FY 2022-23, the company's CSR initiatives touched the lives of more than one million people in over 1000 habitations across 14 states. Our CSR spends on healthcare are about 91% of the total CSR spends for 2022-2023, making it a flagship intervention sector for us. Our healthcare programs are in sync with the unmet health demands of the communities reached and in sync with national health priorities..

MOBILE HEALTHCARE UNITS [MHUs]

Provide doorstep curative and preventive healthcare to underserved communities in plant locations through 14 MHUs across eight states, reaching out to a population of 5.66 lakhs.

INITIATIVE ON DRY EYE AMELIORATION [IDEA]

Set up a state-of-the-art Dry Eye Disease (DED) clinic, temperature and humidity-controlled chambers, and an advanced DED laboratory for research, screening, and treatment of DED.

UPGRADING HEALTH INFRASTRUCTURE

Provide critical medical equipment to health facilities and manage select primary health centres.

ACTION RESEARCH ON MALNUTRITION

Assess the acceptability and efficacy of Microbiota-directed food supplement (MDCF) in Indian children aged 6-18 months with moderate acute malnutrition (MAM).

CANCER AND EYE CARE FACILITY

A not-for-profit facility for delivering high-quality cancer and eye care treatment.

Clinic On Wheels

Sun Pharma operates 14 Mobile Healthcare Units (MHUs) that provide primary healthcare and reproductive child health services to the underprivileged communities around its plant locations. These full-fledged clinic-on-wheels with an on-board doctor provide consultation, medicines, and create awareness about preventive healthcare. The project is implemented through Sun Pharma Community Healthcare Society (SPCHS). The MHU builds on Sun Pharma's vision of 'Reaching People, Touching Lives'.

Sun Pharma Community Healthcare Society (SPCHS) has its origin in Ranbaxy Rural Development Trust (RRDT) and was established in 1978 when "Health for All" was adopted as a national objective in India. RRDT was rechristened as Ranbaxy Community Healthcare Society (RCHS) in 1994 and renamed Sun Pharma Community Healthcare Society (SPCHS) in 2016.

UN Sustainable Development Goals



MISSION

To be a leading community-based organization in primary health care to achieve positive health for all in our service areas.

AIM

To deliver primary healthcare services to unserved and underserved rural and urban slums at their doorsteps. Also, achieve Sustainable Development Goals in the medical domain and positive health for all.

VALUES

- Service to community is fundamental to our work
- Provide quality services
- Treat all without discrimination
- Monitor achievements and continually improve
- Promote active community participation to achieve our goals

OBJECTIVE



WOMEN & CHILD HEALTH

To reduce infant & maternal mortality and improve the health of adolescent girls



PREVENTION OF COMMUNICABLE DISEASES

Prevention and control of communicable diseases (diarrhea, pneumonia, malaria, and tuberculosis) and non-communicable/ other prevalent diseases



HEALTH AWARENESS

Promote awareness on HIV/ AIDS and female feticide



Healthy baby contest, MHU, Dewas. The participating children are judged on personal hygiene, growth, development, immunisation status and mother's knowledge about nutrition and vaccination.

HEALTH RELATED CHALLENGES IN STUDY AREA

- Difficulty in access to health care services
- Low antenatal coverage
- High IMR & MMR
- Limited focus on adolescent reproductive health
- Gender discrimination
- Unmet need for family planning
- Low immunization coverage
- Low awareness level about HIV/AIDS, Reproductive Tract Infections (RTIs)/ Sexually Transmitted Infections (STIs)/ NCDs

HEALTH PRIORITIES FOR MHU

- Deliver primary health care services to the underserved rural and urban slum areas, staying close to plants and other establishments and achieve positive health for all
- Reduce infant and maternal mortality and improve the health status of adolescent girls
- Prevention and control of communicable diseases (with a focus on Diarrhea, Pneumonia, Malaria & Tuberculosis) and non-communicable/ other prevalent diseases
- Promote awareness on HIV/AIDS and female foeticide.



OPD at MHU, Ahmednagar

WHY MHU ?

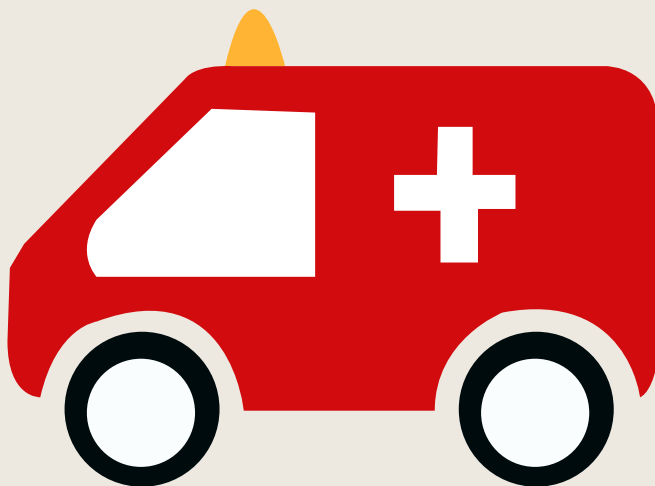
The healthcare options available to the rural population are limited due to several circumstances. These may include (i) non-availability of healthcare facilities; (ii) lack of financial means, (iii) high transportation expenses for accessing medical services that in many cases are located at a distance, (iv) inability to afford the loss of wages to avail health services, (v) low confidence in ability to communicate with healthcare providers, (vi) low awareness of preventive healthcare practices, and (vii) doubts about receiving quality care. Such conditions lead to either postponing availing of healthcare services till the ailment is severe or accessing practitioners not qualified to practice medicine. This contributes to high disease incidence in rural areas..

MHUs, by reaching the doorsteps of the most vulnerable households with free medical consultation and medicines, address the aforementioned friction points and makes healthcare accessible, equitable, and affordable.

TARGET GROUP

- Adolescent Girls (10-19 years) in schools and dropouts
- Antenatal mothers
- Postnatal mothers
- Children (0-5)
- Eligible women (15-49 years)
- For all age groups (Curative/ control of communicable and non-communicable diseases)

SERVICES PROVIDED



CURATIVE HEALTH SERVICES

Provide OPD consultation, point of care diagnostics and medicines as required. Screen for non-communicable diseases.



MATERNAL HEALTH SERVICES

Provide antenatal care, motivate for institutional delivery, screening for high risk pregnancy, referral of high-risk cases to secondary & tertiary care hospitals, provide postnatal care through home visits.



SERVICES TO ADOLESCENT GIRLS

Monitoring of hemoglobin levels for detection of anaemia and providing iron supplements- both prophylactic and for treatment of anaemia.



REPRODUCTIVE HEALTH

Distribution of oral contraceptive pills and condoms, insertion of Copper-T, motivation / referral for sterilization.



IMPROVING CHILD HEALTH

Home based neonatal care, growth monitoring, awareness about prevention of childhood diseases, infant & young child feeding practices, and deworming.



HEALTH AWARENESS

Behaviour change communication through awareness camps, school health programs and door-to-door visits.



SCREENING FOR NCDs

Screening of at risk population for Cardiovascular diseases, Cancer, Respiratory diseases, and Diabetes

2,33,223

Beneficiaries have received health services

228

Habitations covered across 9 states

INR 41.4 million

Spending in 2022-23

14

Medical Healthcare Units



Health awareness to elderly by MO, MHU, Mohali

Programme Effectiveness

Key Outcomes	Study Area			National
	2023	2009	1998 (Baseline)	NFHS V (2019-21) (National)
Infant Mortality Ratio	1.1	39	44.5	28.3
Maternal Mortality Ratio	26.6	-	450	130
Birth Rate	6.6	17	23	17.8

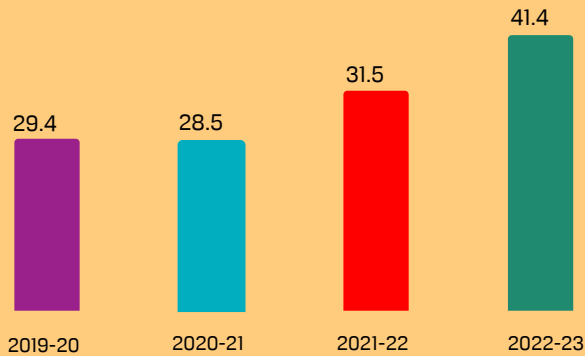
- IMR had reduced to 1.1 in March 2023 from 2.7 in March 2021, from 39 in March 2009 and 44.5 in 1998 baseline.
- MMR is 26.6 in March 2023, was zero in March 2022, it was 76.5 in March 2021 which had reduced from 450 in 1998 baseline & was zero in March 2009 and March 2020.
- Steady fall in BR which is 6.6 in March 2023 from 23 in 1998 baseline and 17.1 in March 2009, 6.2 in March 2020 and 6 in March 2022.



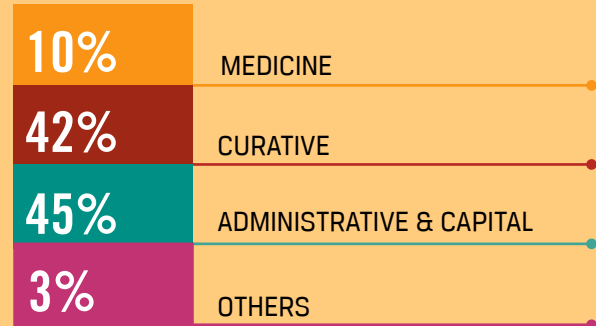
Awareness session for lactating mothers by ANM, MHU, Dewas

Our Social Commitment

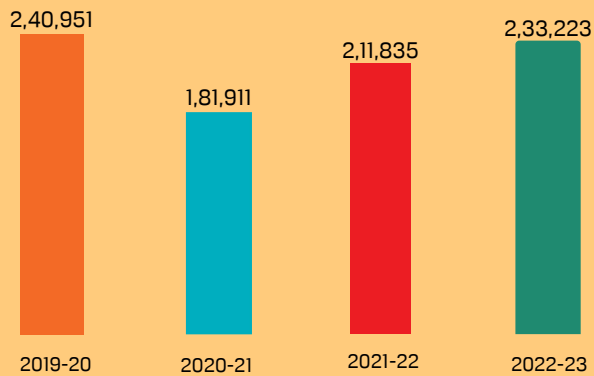
SPENDING TRENDS (INR Million)



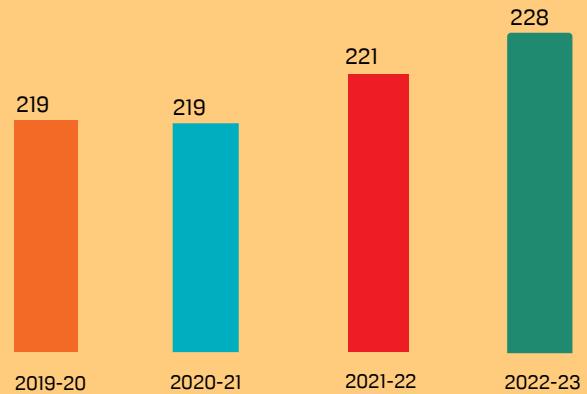
THEMATIC SPENDING (2022-23)



BENEFICIARIES SERVED



HABITATIONS REACHED



1,99,175

Patients availed curative treatment in clinic by doctors

19,329

Participants availed health promotive and preventive services during IEC Camps

14,719

Eligible women availed services during home visits by ANMs

2,33,223

Total Beneficiaries

41.2%

%age of total population in catchment who got medical services

58

Manpower: 1 Chief Medical Officer, 14 Medical Officers, 28 ANMs, 1 Program Coordinator and 14 driver cum ambulance assistants

14

Medical care units across **9** states

How We Reach Our Beneficiaries

Our MHUs deliver care to some of the country's most vulnerable populations. MHUs traverse hard-to-reach locations and habitations with relatively sparse healthcare services.

1

HEALTH CARE VAN

Force motors ambulance, 3350 WB, AC, these vans are equipped with a doctor's table chair for general check-ups of patients, an examination table, storage cabinets, and a pharmacy. Depending on the location, each van caters to around 12-20 villages and has a 45,000 to 50,000 population catchment.



2

PERSONNEL

Each mobile van has one doctor, two ANMs, and one driver cum ambulance assistant. In addition, each team is assisted by two community health assistants per village, drawn from the community.



3

TIME TABLE

A fixed schedule of field visits for the selected villages for every mobile healthcare van is worked out in consultation with the Gram Panchayats and the district health authorities. Each van covers two villages in one day. Each village is visited every fortnight to provide treatment for common ailments, lab tests, free medicines, and referral services.



4

CURATIVE CARE- OPD

The mobile healthcare unit provides curative and health-promotive services. Free medicines are provided. Referral to a secondary or tertiary care centre, if required, is made (district hospital or state medical colleges and institutes).



5

PROMOTIVE CARE- AWARENESS

A number of awareness campaigns are held, that include Adolescent health camp | Anti Diarrhea campaign | Anti Malaria/ Dengue campaign | Breast feeding campaign | Nutrition month campaign | World AIDS Day | School health education program.



6

COLLABORATION

Collaboration is ensured with the Government, i.e. ANMs/ ASHAs/ Anganwadi workers from the public health system to develop synergies. To improve efficiency, family records available to Government healthcare workers are used. Health education and IEC materials, vaccines, oral pills, condoms, Copper- Ts, vitamin A solution, iron-folic acid tablets, etc are procured from the Government health department wherever available.



7

MONITORING

Chief Medical Officer does day-to-day monitoring of the project for key performance indicators. Statistics on patient/ beneficiary interaction are generated through a mobile-based application. Third-party assessment of the impact of the project is regularly commissioned.



GEOGRAPHICAL REACH



● SPIL Plant Locations (11)

● SPLL Plant Locations (3)

TARGET LOCATIONS

A mix of rural and urban slum population of District Mohali and Nawanshehar (Punjab), District Sirmour (Himachal Pradesh), District Dewas & Bhind (Madhya Pradesh), District Bharuch, Vadodara and Panchmahal (Gujarat) District Chengalpattu (Tamil Nadu), Ranipool (East Sikkim), Guwahati (Assam), Ahmednagar (Maharashtra) & Jammu (Jammu and Kashmir)

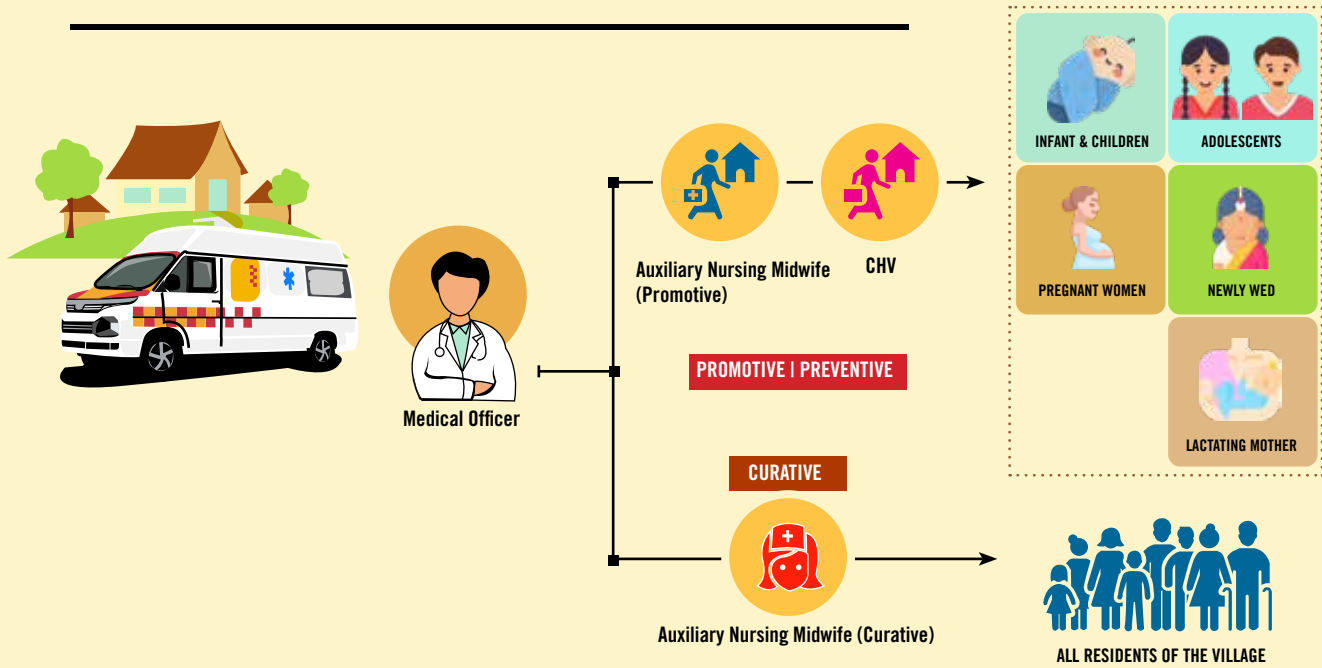


OPD at MHU, Jammu

Project catchment details

S.No	Plant Locations	No. of Villages	Catchment Villages	Population Covered
1	Mohali, Punjab	12	Mohali, Durali, Madanpur, Bakharpur, Sahauran, Kurdi, Raipur khurd, Manakmajra, Shahimajra, Balongi, Swara, Sukhgarh	56,133
2	Toansa, Punjab	17	Jalalpur, Toansa, Banah, T.Wal, Raipur, Sudha majra, Bharthla, Kangna bait, Rail Majra, Mutto Hadon, Paniyali, Majra Jatta, Kathgharh, Guhoon, Ashron, Bagowal, Premnager	27,289
3	Paonta Sahib, Himachal Pradesh	18	Puruwala, Batawali, Bhuppur, Misherwala, Jamaniwala jeewala, Badripur, Kiyarda, Surajpur, Amarkot, Gondpur, Pataliyon, Kishanpura, Gulabgarh, Kedarpur, Bhagwanpur, Khara, Batamandi ghutanpur, Pipliwala, Ganguwala	32,570
4	Dewas, Madhya Pradesh	17	Amona, Sanjay Nagar, Rasulpur, Shantinagar, Rajivnagar, Anvatpura, Amarpura, Rupakhedi, Patlawda, Singawda, Bangar, Nagukhedi, Mendhki dhakad, Lohana, Amlawati, Chhotamalsa, Palnagar	43,443
5	Maduranthakam , Tamil Nadu	29	Melavalampettai, Melavalam, Melavalamseshmanagar, Settippetai, Karunguzikizhakkunagar, Kinar, Parvatharajakulam, Karunguzhikizhakku pillaiyar theru, Thumbulavar veethi, Malaipalayam, Bangalanagar, Anumathanagar, Earinagar, Periyannagar, Aathivasinagar, Pallapettai, Pudhupattu, Sathammai, Pasumbur, Pillanchi, Kunnavakkam, Andavakkam, Vedavakkam, Melma, Soorai, Chithalamangalam, Kathiricheri	26,776
6	Panoli, Gujarat	12	Kharod, Sanjali, Alonj, Umarwada, Karmali, Ravidra, Adadara, Bharan, Ghodadara, Bakrol, Motwa, Kathodara	26,992
7	Ankleshwar, Gujarat	18	Boidra, Juna Sarfudin, Telva, Nava Borbaththa, Mothiya, Juna Diva, Kosmdi, Nava sarfudin, Digas, Nagal, Pungam, Khalapia	34,017
8	Karkhadi, Gujarat	9	Karkhadi, Fatepura, Majatan, Tithod, Chitral, Dudhwada, Chokari, Piludra, Sandha	36,547
9	Malanpur, Madhya Pradesh	20	Tukeda, Tudila, Gurikhal, Malanpura-1, Malanpura-2, Hariram ka pura, Lehchura, Baretha, Ghirongi, Dang guthina bharat market, Latkan ka pura, Kakrari, Ekehara, Singwari, Badwari, Khuman ka pura, Lehchura ka pura, Kheria, Tiloni, Kachpura	53,500
10	Ranipool, Sikkim	14	Rongey, Middle syari, Nandok, Chota Singtam, Radang, Chuba, Tumbalabong, Gairigoan, Lingzey, Ranipool, Saramsa, Smileland	13,916
11	Halol, Gujarat	20	Tarkhanda, Varsda, Trikampura, Ganeshpuri, Ujeti, Kumpadia, Ghansar, Alanshi, Nurpura, Aanandpura, Kotamedia, Vintoj, Chellakaramsiya, Muvadi, Abhetva, Intwadi, Pratappura	29,398
12	Ahmednagar, Maharashtra	13	Dehere, Vilad, Karjune khare, Islak, Nimblak, Manjarsumbha, Pimpalgaon malvi, Shendi, Pimpalgaon Ujjaini, Pokhardi, Saroda kisar, Navnagarapur	65,453
13	Guwahati, Assam	19	Bajrapara, Kokjar, Mirjapur, Hudumpur, Palashbari, Monpur, Boratali, Bijoynagar, Parly, Rongamati, Majirgaon, Agchia, Garal, Nahira, Rampur, Bhagabatipara, Haropara, Gamerimura, Kukuria, Borkuchi, Uparhali	81,390
14	Jammu, Jammu & Kashmir	10	Kartholi, Sarore, Badhori, Tarore, Palli, Meersarkar, Chak murar, Bagla, Patti, Smailpur	39,178
Total		228		5,66,602

THE MHU STRUCTURE



Medical Officer(MO)

- MO has overall responsibility for the effective functioning of the MHU. The other staff of the MHU work under his/her supervision
- MO provides OPD services. She/he issues referral slips if patient needs consultation at secondary or tertiary health facility.
- MO (MHU) supports and works in collaboration with MO i/c of the PHC during outbreaks of diseases and epidemics.
- MO ensures that the MHU works in coordination and cooperation with the health staff of the department, local authorities, Village Health Sanitation and Nutrition Committee (VHSNC) etc.
- Provide health awareness



ANM (Curative)

- Dispenses medicines to the patients prescribed by the MO.
- Maintains all adequate stock, inventory and service registers.
- Carries out diagnostic tests/ laboratory tests as per the requirement and feasibility.
- Prepares monthly reports and submits to the MHU MO.
- Carries out all other tasks as assigned by the MO of the MHU.



ANM (Promotive)

- Generates awareness regarding the availability of MHU services.
- Mobilizes through home visits and VHSNC meetings.
- Disseminates IEC in coordination with MHU staff and government ANM/ Anganwadi Workers.
- Identifies community groups / patients who would particularly benefit from the services of MHU.
- Undertakes preliminary screening and/or bring for medical advice and get the diagnostics of suspected cases of TB, HIV, diabetes, hypertension and severe malnutrition.
- Ensures regular follow up checkups of patients on long term treatment for chronic diseases.
- Works closely with the Sub-Centre ANM, ASHA and Anganwadi worker.



Community Health Volunteer

- Chosen from the village to assist the ANM (Promotive) in outreach.

OUR DOCTORS



Dr. Indraneel Roy
Medical Officer,
Guwahati MHU



Dr. Rana Zahoor Ahmed
Medical Officer,
Jammu MHU



Dr. Nakulkumar Sayta
Medical Officer,
Karkhadi MHU



Dr. Harbirendar Gill
Medical Officer,
Mohali MHU



Dr. Bhargavkumar Vala
Medical Officer,
Ankleshwar MHU



Dr. Sahil Mansuri
Medical Officer,
Panoli MHU



Dr. Neena Sablok
Medical Officer,
Paonta Sahib MHU



Dr. Abhishek Malu
Medical Officer,
Ranipool MHU



Dr. Yogananth P
Medical Officer,
Maduranthakam MHU



Dr. Romesh Lal
Medical Officer,
Toansa MHU



Dr. Milind Joshi
Medical Officer,
Ahmednagar MHU



Dr. Nirajkumar Singada
Medical Officer,
Halol MHU



Dr. Sandeep Jatwa
Medical Officer,
Dewas MHU



Dr. VNS Tomar
Medical Officer,
Malanpur MHU

WE THE DOCTORS

Unlike children of our age,
innocence fading into a sage;
Lost in a horde of books,
eluding everyone's cynical looks;
Burning midnight oil,
unaware of the upcoming toil;
Time seemed to be on our side,
loveably rogued the good life;

Skipping scores of meals,
rolling tirelessly on foot wheels;
Deprived of sleep,
as patients came in heaps;
Working twenty-four-seven,
far from life's haven;
Amidst ailment and anguish,
we could never relinquish;
Winds of sorrow came in gusts,
relatives of dying often outburst;

Once listed next to God,
we now stand in the witness box;
Questions on our sincerity,
our knowledge, our interests;
Our reputation is at stake,
Some soul searching,
and we can prove them all fake;

Worthy of faith, beyond any doubt,
Dedicated, candid inside out,
Kindest of souls, no personal goals,
Humanity, sole objective;
With power of commitment,
Power of healing, power of words,
Power of logic, power to serve;

We are the doctors
that you be most proud of;
Humble and selfless
as one can ever be;

Serving at your doorsteps,
Defying comforts of hospitals
and conditioned offices;
Sitting under a tree,
Sun doesn't scorch;
Winter doesn't chill;
Whenever you need,
Always on our feet;

Be it an ailment
or a social cause,
An ear to listen
A zeal to heal,
Whether the bright sun
or the heavy downpour;
Even if a road block
or a Covid havoc;
We have a verve
are committed to serve;
By the head and the heart,
soulful emotions apart;
You can count on us;

We need no money,
just subtle words sweet as honey;
A drop of gratitude,
a sublime attitude;
We are happy to be here,
for ones no access to healthcare;
With such selfless intent,
our Sun sets in content;
Sending smiles through the day,
no one can measure or weigh;

We, the doctors,
are just humans like ya all;
Thy trust is what we seek,
We play no God.

Dr. Upma Sharma
CMO, SPCHS





50,000th PATIENT

Mr. Tulshi Das, 90 years old, was felicitated by Mr. Bhupesh Patel, Head of Plant, with a Phulum Gamosha for being the 50,000th patient to visit MHU, Guwahati for medical consultation.



JAMMU UNIT INAUGURATION (SEPT 22, 2022)

Mobile Health Unit Jammu Site Inauguration under CSR done by DC Samba, Mrs. Anuradha Gupta (JKAS) in the presence of Dr. Vidhi Bhatiyal, CMO Samba, Mr. Lalit Mahajan, President BBIA and Mr. Viraj Malhotra, G Secretary, BBIA. SLT members and employees of SPLL.

4 दैनिक जागरण जम्मू, 23 सितंबर, 2022

सार संक्षेप

ग्रामीण क्षेत्रों के लिए मोबाइल स्वास्थ्य सेवा शुरू



पंपुलेंस को झंडी दिखाकर रवाना करती सांबा की डीसी अनुराधा गुप्ता • जागरण
जम्मू : बड़ी ब्राह्मणा स्थित सन फार्मा लेबोरेटरीज ने अपनी कम्प्युनिटी हेल्थकेयर सोसायटी के तत्वावधान में ग्रामीण क्षेत्रों के लिए मोबाइल स्वास्थ्य सांबा की डीसी अनुराधा गुप्ता ने बड़ी ब्राह्मणा इंडस्ट्रीज एसोसिएशन के प्रधान ललित महजजन, सीएमओ डॉ. विधि भरतियाल, डीएसपी मोहम्मद





Locally, wherever I go, I am recognized and greeted. The immense love and respect I get are due to the value placed by the community in the services we provide. MHU has given me a sense of purpose by enabling me to use my medical skills for the most marginalized. In my experience, one of the most significant contributions of MHU has been to arrest postponement in seeking medical advice by patients. Given that the healthcare facilities are at a distance and the out-of-pocket expense of seeking healthcare is high, patients tend to ignore an ailment when the symptoms are minor. MHU brings healthcare to the doorstep and provides free medicines, meeting the patients' critical needs.

Dr. Yogananth P
MO, Maduranthakam MHU



Evidence suggests that healthier children have improved academic achievements. We regularly go to schools and impart awareness on preventing diseases like malaria, dengue, TB, worm infestation, diarrhoea, and vaccine-preventable diseases. I have found the children to be attentive in these sessions. Using anecdotes and a participative learning approach helps get the message across. The students become health ambassadors and carry healthy behavior learning to their families and community.

Dr. Neena Sablok
MO, Paonta Sahib MHU



In my experience, older people are most vulnerable to low affordability and poor access to quality healthcare services. Older persons often work in low-paying jobs, live off family support or assets, or receive limited income from pensions. Where health care is not provided universally and at no or low cost, many older persons avoid preventive care and even treatment or pay medical fees at the expense of other basic needs. In rural areas, where many older persons live, accessibility is another significant barrier to health care, particularly for those older persons with limited mobility and rural areas with poor transportation infrastructure and where long distances must be traveled to reach health facilities. MHU provides free healthcare at the doorsteps, bridging the accessibility and affordability bottlenecks for the elderly.

Dr. Milind Joshi
MO, Ahmednagar MHU



The biggest benefit that MHU provides to the community is guidance on the appropriate treatment. Most patients with moderate-to-serious ailments are not aware of the further course of medical action. We guide them on which specialists they may consult and provide referrals. The patients consider the MHU doctor a trusted advisor on medical issues.

Dr. Romesh Lal
MO, Toansa MHU

CURATIVE CARE



Of the total beneficiaries of MHU service, 85% received curative healthcare. More than 1.9 lakh patients were provided OPD consultation and medicines as required.



Free Medicines: Each MHU carries medicines as per the essential medicine recommended by the World Health Organization (WHO). All the medicines are provided free-of-cost to the patients.



Management of communicable diseases: Each MHU carries medicines as per the essential medicine the World Health Organization (WHO) recommended. All the medicines are provided free of cost to the patients.



OPD services: Treatment of minor and chronic ailments like hypertension, diabetes, ARI, diarrhea, urinary tract infections, skin infections (scabies, abscesses), acute gastritis, etc. Symptomatic care for arthritis and myalgias.



NCD screening: Early detection, management and referral of diabetes, hypertension and other cardiovascular diseases through simple measures like history taking, measuring blood pressure and measuring weight height and calculating BMI.



Geriatric care: Management of common geriatric ailments, counseling, supportive treatment, and pain management.



Point of care diagnostics: Hb test for adolescent girls, Hb, ABORh, VDRL, HIV, urine-albumin sugar, blood sugar for pregnant mothers and diabetics.



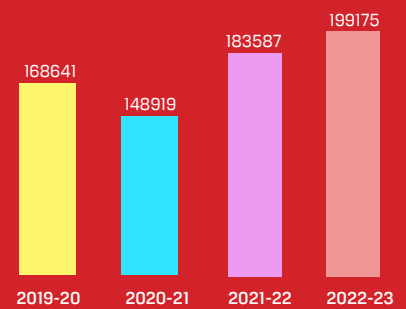
Referral services: The referral by the Medical Officer of the MHU is accepted by the secondary/ tertiary public health facility in the area.



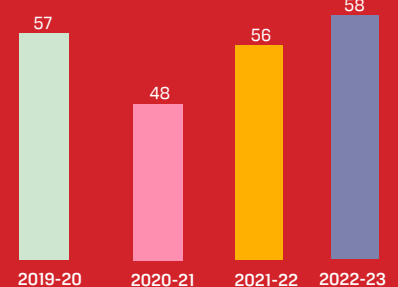
Monitoring BP of hypertensive patients

Patients given curative care	199175
Average patient/clinic/day	58.75
No. of OPD Clinics	3390
% of population served (curative care)	35%
Serious ailments referred/treated	4186
Number of persons screened for NCD	4537
Incidence of NCD	1075 (24%)

PATIENTS GIVEN CURATIVE CARE



PATIENTS PER CLINIC PER DAY



सन फार्मा

युनिटी हेल्थ केअर सोसायटी
अहमदनगर युनिट



निरोगी

M
53



Particulars	Cases
Cases of childhood diseases handled at MHU	
Vaccine preventable diseases (Diphtheria, Pertussis, Tetanus, Polio & Measles)	2 (measles)
Acute Respiratory Infections	133
Diarrhoea	1400
Tuberculosis cases identified and treated at MHU	
Suspected cases referred for AFB to microscopy centers	85
Positive put on DOTS	44
Number completed DOTS	24
Malaria cases identified and treated at MHU	
Cases of fever and chills reported and referred for Plasmodium falciparum test	537
Positive completed Rx	9
RTI/STI identified and treated at MHU	
No of women received Rx-SCM	956

Shaya, 24 years old, a resident of Chak Murar village, Jammu, came for a consultation at MHU with a history of weakness, giddiness, and pain in legs. She was found to have Hb of 8gm/dl. She was given iron folic acid tablets and medicine for deworming. Since the beginning of treatment, the symptoms have abated. **(MHU Jammu)**



Yasoda Subba, 46 years old, from Nandok village, visited the OPD with symptoms of headache, dizziness, and tiredness. She was diagnosed with hypertension, and medication started. She was advised to have a low-salt diet, no fried foods, and regular exercise. Her condition has significantly improved, and she has been advised to avail of regular follow-up at MHU. **(MHU Ranipool)**

Jaya (name changed), female, 64 years old, resident of Muvadi village, was found to have a severe deformity in the fingers of the hand. She was a MB Leprosy treatment dropout. MHU convinced Jaya to restart her treatment at the PHC. Applicable whitefield ointment, vitamin supplements BC forte tablets were provided to limit further damage and aid in nerve regeneration. On the advice of MHU, Jaya has started treatment. MHU is closely tracking her compliance with antileprosy treatment. **(MHU Halol)**

Jyoti, 35, female, resident of Mehmoodpur village, attended OPD with complaints of off and on discharge in both ears for over two years. She was prescribed antibiotics, antihistaminics, and ear drops and advised to keep her ear dry. Jyoti's symptoms have subsided, and she is cured of the ear infection. Many patients procrastinate reaching out to a doctor for chronic ailments. Easy access to health services through MHU helps reduce such probability. **(MHU Toansa).**

A 50-year-old patient from Kathiricheri village, Maduranthakam, attended MHU OPD with complaints of swelling, pain, and redness above the left great toe for the last two weeks. He had sought treatment from a native medicine centre, but his condition did not resolve. At MHU, he was diagnosed with a tender Metatarsophalangeal joint (toe knuckle) of the left great toe; the range of movement was painful and restricted. The patient was advised to do a blood serum test that revealed high uric acid concentration and was provisionally diagnosed with Gout. The patient was started on non-steroidal anti-inflammatory drugs (NSAIDs) for pain and referred to Government Chengalpattu Medical College for further evaluation and management. The patient was followed up and reviewed on his next visit to MHU. He was on allopurinol and uricosuric agent and felt much better. He thanked the MHU team for timely intervention and referral. **(MHU Maduranthakam)**

MATERNAL CARE



ANM examining ANC in MHU van

Of the total beneficiaries of MHU service, 85% received curative healthcare. More than 1.9 lakh patients were provided OPD consultation and medicines as required.



Early diagnosis of pregnancy: Early diagnosis and registration of pregnancy and issuing of ID number and Mother and Child protection card. This ensures early registration for antenatal care or for availing of safe abortion services in time if the pregnancy is unwanted.



Early registration - Mother and Child Health Card: Helps track each child right from conception till three years of age by community health workers. A well-versed healthcare provider (HCP) can deliver the services efficiently to the beneficiaries



Birth planning: Help mothers and families in remote areas plan for safe and comfortable delivery and care after delivery. This also includes promoting institutional delivery



Regular antenatal care: Involves education on diet, rest, danger signs, screening of diseases putting pregnancy at risk, treatment of minor ailments, and immunization services for pregnant women



Screening of pregnancy induced problems like diabetes, eclampsia, twin pregnancy, abnormal lie etc



Identification and referral of high risk pregnancy: Refer the woman to the nearest facility that is equipped to manage complications in pregnancy



Enabling Take Home Rations (THR) for pregnant woman through Anganwadi Centre



Session on nutrition for expectant women and their family members, MHU Maduranthakam

Institutional delivery	100%
Completed antenatal care	98%
Incidence of anaemia in antenatals	34.2%
% of antenatals diagnosed with anaemia showed improvement	23%



Pramila was found hypertensive on regular ANC checkups, and her urine was positive for protein. She had swelling in her body. MHU advised salt restriction and referred her to the District Hospital, Dewas, for specialized treatment. She delivered a healthy female child weighing 3.36 kg. Both mother and child are healthy. Early intervention by MHU ensured a happy outcome. (MHU Dewas)



A 23-year-old was found sickle cell positive during antenatal care (after low Hb at MHU and later positive for sickle cell anaemia at PHC). The MHU advised her to take IFA regularly during the entire pregnancy and to have a nutritious diet as there was a risk of premature birth and a low birth weight baby. MHU also ensured she gets regular health checkups. She was referred to CHC, Halol, for delivery. She delivered a healthy baby weighing 3 kg. She is thankful to MHU for timely advice and regular follow-up. **(MHU Halol)**

Rama (name changed) is a migrant labourer and could not go to PHC regularly for ANC due to loss of wages if she took a day off. MHU was much more accessible, and she would regularly get her checkups at the MHU OPD, where her weight, BP, and Hb were monitored. She expressed feeling at home when the MHU ANM would counsel her on the importance of eating nutritious food and desired lifestyle practices during pregnancy. Expressing her appreciation, Rama said, *"The nurses at MHU take care of me like a sister would."* **(MHU Paonta Sahib)**



Sangeeta registered for antenatal care with MHU. On examination, she was found hypertensive. She was prescribed an iron-folic acid supplement and advised a low salt and iron and protein-rich diet. She was also advised to consult a gynecologist and referred to the district hospital, Dewas. Despite the advice, Sangeeta did not consult the gynecologist, and as the pregnancy progressed, she developed swelling and other complications. On repeated counseling, she agreed to take specialist advice. She delivered a healthy female child (2.7 kg) by planned lower segment cesarean section (LSCS). Both mother and child are healthy. MHU ensures early pregnancy registration, leading to the timely detection of high-risk pregnancies and their proper management. **(MHU Dewas)**.

NEWBORN CARE



The MHU reaches the newborns through home visits by the MHU ANM and the community health volunteer (CHV). The first 28 days after birth are crucial for an infant (called the neonatal period). A baby during this period may die due to not getting immediate attention to congenital conditions or infectious diseases after delivery. The MHU follows the protocol under the Home Based Neonatal Care (HBNC) program of the Government of India.



Information and skills to the mother and family of every newborn to ensure better health outcomes



An examination of every newborn for prematurity and low birth weight. Extra home visits for pre-term and low birth weight babies, and referral for appropriate care as defined in the protocols



Vaccination: Ensuring BCG, 1st dose of OPV and DPT vaccination through Government vaccination centers



Early identification of illness in the newborn and provision of appropriate care at home or referral as defined in the protocols



Follow up for sick newborns after they are discharged from health facilities



Counseling the mother on postpartum care, recognition of postpartum complications and enabling referral



Counseling the mother for adoption of an appropriate **family planning method**



Counseling and support for early **breastfeeding**



Post-natal care (% of total deliveries)

84%

Low birth weight (% of total live births)

<10%

Total number of home visits (post-natal)

14,719

CHILD HEALTH



The Government of India follows the Continuum of Care approach towards child health which emphasizes care during critical life stages in order to improve child survival and well-being. The MHU has adopted their recommended practices.



Growth monitoring, Prevention through IYCF counseling



Promote personal hygiene



Detection & treatment of nutritional and other deficiencies



Early detection of growth abnormalities, delays in development and disability.



Pre-school and school child: Biannual screening, school health records, eye care, de-worming, etc.



Promote use of iodized salt



Access to food supplementation-convergence with ICDS.



Deworming, immunization, prompt and appropriate treatment of diarrhea/acute respiratory infection, and referral where needed.



Detection of severe acute undernutrition, referral and follow up care.



Number of children (0-3 years) monitored on growth charts 5487

Children found undernourished 800 (14%)

Number of children showing improvement in nutrition status 320



Krish Kumar, 7 years old, from village Ghodadara, complained of skin allergy on his elbows for four to five days. An examination was done, and he was given antibiotics, antihistaminics, and ointment for local application. After one week, he came with clear elbows. His family is delighted with our treatment. Had medical advice not been available to Krish within easy reach, there was a possibility of his treatment being postponed, given that health institutions are at a distance from Ghodadara village. **(MHU Panoli)**

Hetal Kumari, 12 years old, from village Bakrol, complained of headache, dizziness, and fainting a few days back in school. She looked pale, and Hb testing was done, which showed 8.6 gm/dL. She was given IFA supplementation. Regular follow-up was done, and after 2.5 months, her Hb increased to 9.8 gm/dL. At first, she was not taking medicine timely, prompting counseling and regular follow-ups. Her mother was also advised to make specific dietary changes to ensure adequate protein intake for her. Her family is happy and satisfied with our services. **(MHU Panoli)**



Madhusmita Kalita, 17 years old, from Kokjhar village, attended SPCHS OPD complaining of tiredness and weakness. Her Hb was found to be 7.3 gm/dl (severe anemia). She was prescribed IFA tablets BD and counseled intake of iron-rich foods. Tab albendazole was also prescribed for deworming. On subsequent visits, she was given IFA tablets. On her last visit after five months of diagnosis, her Hb was checked and found to be 12.5 gm/dl (normal). She and her parents are thankful to Sun Pharma for the early detection and correction of adolescent anemia. **(MHU Guwahati)**

ADOLESCENT GIRLS HEALTH

PHARMA



સન કાર્ગ
કોમ્યુનીટી હેલ્થકેર
હાલોલ - યુ

ANM testing Hb of adolescent girls, MHU Halol

Adolescents are reached mainly through the school and door-to-door visits for out-of-school girls. The newly married women are reached through door-to-door visits by the ANM under the promotive component of the program.



Iron supplement to prevent iron-deficiency anaemia, and improve hemoglobin of adolescent girls. Under the Weekly Iron and Folic Acid Supplementation (WIFS) Programme, it is recommended that teenage girls (10-19 years) be provided a weekly dose of 100 mg of elemental iron and 500 mcg of folic acid.



To provide age-appropriate information about health and nutrition to the children in schools and health check-ups.



To inculcate healthy foods and eating behaviors among children for life.

No of adolescent girls tested for Hb 5982

No. of adolescent girls found anaemic 2283 (38.2%)

No. of Adolescent girls given Iron 10515

No. of newly-weds given Iron 806



Ms. Rima Rabha, daughter of Bijoy Rabha, aged 16 years of Gamerimura village, was detected as moderately anemic (Hb-8.4 g/dl) at a special health camp conducted at Gamerimura High School by MHU Guwahati. She was prescribed iron tablets, and deworming was also done. She was counseled regarding the intake of iron-rich foods and proper nutrition. She has received iron tablets every month since. Her Hb was again checked after three months and was found to be 12.7 g/dl (normal value). She is thankful to SPCHS for the timely detection and intervention of adolescent anemia. **(MHU, Guwahati)**

Priya Bhagat, 18 yrs attended OPD with a complaint of fatigue. Her Hb was 8.2gm% (moderate anaemia), and she was prescribed IFA twice a day and deworming done. She was counseled on protein rich diet and the importance of regular IFA intake. At a point during treatment, she refused to take her medicine and was counseled to continue her treatment. Her Hb has risen to 9.5 gm% after two months of therapy and is being continued. The team will do regular follow-ups, and Hb will be tested after three months.**(MHU, Jammu & Kashmir)**



Study on Efficacy of Screen and Treat Approach for Anaemia Control

Anemia control has been through prophylaxis with weekly iron-folic acid (IFA) in Indian women of reproductive age (WRA). Recently, a more precise approach has been proposed that uses a 'screen and treat with IFA' approach for anemic WRA, combined with continued prophylactic IFA in non-anemic WRA. Some important questions remain to be addressed. First, the efficacy of this 'screen and treat' regimen has not been evaluated for reducing anemia and iron deficiency (ID) in WRA population groups. Second, it is not known for how long the IFA treatment effect might persist following its cessation.

Sun Pharma approach

Ten years back, in 2010, Sun Pharma started an intervention for the prevention & management of Iron deficiency anaemia in adolescent girls and newlyweds. The components included - Screening for anaemia, IFA supplementation (prophylactic & for treatment) under direct observation, deworming, and education on iron-rich foods. With this intervention, the Iron reserves of girls and newlyweds are built, and any anaemia-induced complication during pregnancy is minimized. Ferimon XT was chosen to be distributed to target groups instead of Ferrous Sulphate, which had Ferrous Ascorbate with better absorption. Ferimon XT quickly controlled mild, moderate & severe anaemia amongst adolescent girls, newlyweds & antenatal mothers.

Objective of the study

We, therefore, conducted this study in adolescents residing in Sun Pharma CSR catchment villages to field test the 'screen and treat' program for iron deficiency anemia reduction through IFA supplementation under a corporate-sponsored CSR program.

Study Methodology

The study assessed the efficacy of screening and treatment methodology in a sample of 800 adolescent girls. 50 girls were chosen from two villages, each from the catchment of eight mobile healthcare units. Girls with similar socioeconomic strata were included in the study to control for dietary intake. A Digital Haemoglobinometer was used to estimate Hb (normal Hb level = >12 gm% as per WHO recommendation). The control group was given no Iron, only education on diet, the need for deworming, and IFA intake. The experiment group was given IFA, deworming was done, and they were educated on a diet. The WHO classification grade of anaemia was adopted- Mild (10-11.9 gm%), Moderate(8-9.9 gm%) & Severe (< 8 gm%).





Results

MHU	Control Group			Experiment Group			Comments
	Total	Baseline	Endline	Total	Baseline	Endline	
Mohali	50	22	22	50	19	8	Controls remained 100% anaemic (22 Vs 22) while in experiment, 11 anaemic improved (8 Vs 19)
Poanta	50	28	22	50	23	11	6 Controls improved (22 Vs 28) while in experiment, 11 anaemic improved, one could not be traced (11 Vs 23)
Toansa	50	28	18	50	26	4	10 Controls improved with Govt Iron (18 vs 28), while in experiment, 22 anaemic improved in (4 Vs 26)
MKM	25	24	24	25	25	14	Controls remained 100% anaemic (24 Vs 24) while 11 cases improved (14 Vs 25).
Dewas	50	40	26	50	32	22	Controls anaemia improved in 14 as they took IFA from Govt. (26 anaemic out of 40) while in experiment 9 anaemic improved, one could not be traced (23 Vs 32).
Ahmednagar	50	2	1	50	5	1	Controls remained 50% anaemic (1 Vs 2) while 4 anaemic improved (1 Vs 5).
Karkhadi	34	28	22	50	37	28	Controls remained anaemic (22 Vs 28) while in cases, 9 anaemic improved (28 Vs 37).
Halol	50	31	18	50	41	21	13 Anaemic in Controls improved with Govt Iron (18 Vs 31), while 20 cases improved (21 Vs 41).
Total	359	203	153	375	208	109	

With oral IFA, mild to moderate Anaemia is treatable. There has been a significant improvement in the degree of Anaemia - improved from moderate to mild and many mild to normal. If IFA is given right from adolescent age to newlyweds to pregnant mothers, it can prevent the problem of low birth weight babies and premature births and hence contribute significantly in reducing IMR and MMR.

REPRODUCTIVE HEALTH



This program is run in coordination with the ASHA worker and the PHC. Spacing and limiting methods are provided through the government system. Given that the MHU ANMs are in contact with the women in the community on a regular basis, many confide with the ANMs about issues like gender-based violence, insistence on male children, and other forms of coercion & abuse. The MHU ANMs provide counseling and involve the available government machinery for redress.



Identifying eligible couples, motivating for Family Planning, delaying first-child, and spacing between two children



Access to spacing methods- OCP, ECP, condoms, IUCD insertion and removal, RTI treatment- Syndromic management/partner treatment



First aid for Gender-Based Violence (GBV)- link to a referral centre and legal support centre

Family Planning Counselling

Under the National Health Mission, the ASHA is expected to provide counseling on family planning to eligible couples per a laid-out protocol. The MHU ANM supplements the effort of the ASHA by providing family planning counseling during home visits as per the following protocol:

- Newly married couples - Identify newly married couples in the community and counsel them on contraceptive methods and the concept of birth spacing.
- Married couples with more than three children - after the birth of a couple's third child, speak with them about the possibility of sterilisation or use of contraception to prevent further pregnancies.
- Couples who refuse to use contraception - Couples identified as non-users of contraception are repeatedly counseled to make them understand the importance of contraceptive use.

The households are identified per the requirements and demographics of each family available with the MHU and ASHA worker.

HEALTH AWARENESS



No. of IEC camps held in community 1148

No. of Participants in IEC Camps 19,329

Awareness of desirable health behaviour is one of the main pillars of the MHU intervention strategy. The MHU team engages the community through health and awareness camps, school health programs, and door-to-door visits. Behaviour change communication has been found to be a powerful input in reducing the disease burden in the community. The program also engages the community leader to further the message of healthy living.



Education to post-natal mothers on exclusive breastfeeding, child immunization, family planning, spacing methods, weaning, balanced diet to prevent undernutrition, and essential newborn care



Education on prevention and management of anaemia, danger signs during pregnancy and childbirth, and motivation for institutional delivery



Education to the community on communicable and non-communicable diseases



Gender equality and problems related to adolescence

Health camps for outreach and awareness in the community

S.No	Health Camp	Plant Location
1	Adolescent Health	Paonta, Halol, Guwahati, Panoli, Ranipool
2	Women/Child Health Awareness Camp(including ANC , Growth monitoring & Immunization)	Mohali, Toansa, MKM, Ranipool, Ahmednagar, Malanpur, Halol, Guwahati, Panoli
3	Healthy Baby Show	Paonta, Karkhadi
4	Adarsh Mata Contest	Mohali, Paonta, Panoli
5	Camp on NCD	Mohali, Toansa, MKM, Karkhadi, Guwahati, Panoli
6	Awareness on Dengue/ Malaria Prevention	MKM, Guwahati, Dewas, Paonta
7	Tuberculosis Awareness	Guwahati
8	ORS Demonstration	Paonta
9	Global Handwashing Day	Paonta
10	Oral Hygiene Camp	Malanpur, Panoli
11	World Diabetes Day	Mohali, Karkhadi
12	World Hypertension Day	Paonta
13	No Tobacco Day	Paonta, Mohali, MKM
15	Breast Cancer Awareness	Mohali, MKM, Dewas, Guwahati
16	Nutrition Week	Toansa, Panoli, Paonta, Karkhadi, Mohali,
17	Directly Observed IFA Distribution	Toansa, Paonta, Ahmednagar, Malanpur, Karkhadi, Dewas, Guwahati, Ranipool, Karkhadi
18	World Health Day	MKM
19	Breast Feeding Week	MKM, Guwahati, Paonta
20	CPR Day	Paonta
21	Deworming Camp	Ahmednagar, Karkhadi, MKM
22	Iodine Deficiency Day	Dewas
23	Newborn Week	Dewas
24	Women's Day	Karkhadi

Anti-Malaria Campaign (June month)

- Group talks
- Lecture on vector control
- Exhibition

1. Education on mosquito-borne disease, MHU Toansa
2. Education on dengue, MHU, Madurantakam
3. Malaria/ Dengue awareness in school, MHU Paonta Sahib



1



2



3

Breast Feeding Week (August month)

- Group talks
- Lecture
- Exhibition

- 1 & 2. Education on breast feeding, MHU, Dewas



1



2

Nutrition Week (1-7 Sept)

- Group talks for mothers and school children
- Live demo of nutritional recipes
- Growth monitoring of 0-3 years old children
- Apprising mothers about under nutrition

1. Education on healthy foods and live demo on homemade baby food at Madanpur village, MHU Mohali

2. Demonstration on ORS by MHU Toansa



1



2

Global Handwashing Day (16 Oct)

- Live demos by ANM in community
- Lectures by MOs in Community

1. Demonstration on proper hand washing technique at Batawali village, MHU Paonta Sahib



1

World Diabetes Day (14 Nov)

- Group talks
- Awareness camps

1. Talk on Diabetes at village Palasbari, MHU Guwahati



1

World AIDS DAY (1 Dec)

- Group talks by ANMs
- Lectures by MOs in community
- Competitions held in schools for adolescents

1. Awareness session, MHU Dewas



1

Celebrating Girl Child (Jan month)

- Group talks by ANMs
- Lectures by MOs in community
- Celebrating Lohri of girl child
- Celebration of save the girl child campaign

1. Lohri celebration for girl children and mothers at village Sohara, MHU Mohali

2. Lohri celebration of Girl child, MHU Toansa



1



2

World TB Day (25 March)

- Lectures by MOs in community

1. TB Awareness by MHU Halol

2. TB awareness by MHU Dewas



1



2

Measles Day Campaign (16 March)

- Lectures by MOs in community

1. Awareness session at MHU, Toansa



Education/ Drawing/ Quiz competitions in schools

- Group discussions by MO
- Lectures by MO
- Drawing / Quiz competitions

1. Awareness session on health with environment conservation on the occasion of Earth Day, MHU Toansa, Punjab



2. Health awareness for girl students, MHU Paonta Sahib



JOINT VENTURE WITH AIMS MOHALI

SPCHS has collaborated with Dr. B.R. Ambedkar State Institute of Medical Sciences (AIMS Mohali). Under the partnership, the village Jayanti Majri, Majri block, Mohali district, has been adopted. Health personnel from MHU, Mohali, and the Preventive and Social Medicine Department, AIMS, jointly provide health services in the village.



AIMS Mohali accompanies MHU Mohali team to hold clinic



MEETING THE STAKEHOLDERS



MO interacting with ministers of Govt of Sikkim and explaining activities at SPCHS



Meeting local leaders/BO/Ex MLA, Village Badhuri, Jammu Unit



Meeting with MLA Santosh Kataria - Toansa unit



Meeting Dr. Minakshi Bordoloi, SDMO & Dy. Suptd. Mirza CHC – Guwahati Unit



Meeting with Dr. Shakti Gupta, Director AIIMS, Samba, who conveyed interest and support for medical camps and deputing a specialist for it (J & K Unit)



Meeting with village Sarpanches, Ankleshwar Unit



Meeting with Assistant Commissioner, Sarpanch and stake holders, Kartholi village, Jammu Unit



Meeting with President and Government Executive officer Karunkuzhi Town Panchayat, Maduranthakam Unit

PROJECT MONITORING

Monthly

- Self-monitoring is done by all MOs in the quantitative work and services being provided to the beneficiaries, IEC activities held and referrals made.
- All units send monthly reports to CMO. Health indicators are evaluated and compared amongst various units. Feedback is given to all units for further strategic planning.

Quarterly

- Meetings of MOs with CMO are held to review the targets achieved and problems faced.
- Recommendations are implemented for improving the programme to benefit the community.

Half yearly

- Half yearly meetings of MOs, CMO with CEO are held. Performance review of activities and achievements of all the units is undertaken.
- GC Meeting is held half yearly to review the activities and achievements under the programme.

Annual

- Annual GC meeting is held for review of activities and budget approval for next year. Impact of services/achievements and success stories are shared.
- Improvements on various health indicators in comparison to baseline & district level are assessed for various locations.



Dr. Azadar Khan, Senior VP, Corporate Relations & CSR and Governing Council Member, interacts with beneficiaries at Mohali Village

RECOGNITION



'Gold' for Best Project

SPCHS was adjudged the 'Best CSR Project' at the National CSR Summit & Awards under the auspices of Vision India Forum. Dr. Upma Sharma, CMO, SPCHS, collected the award.

RECOGNITION




Dr. Upma Sharma, CMO, SPCHS presents the best unit award to Dr. Neena Sablok and her team, MHU Paonta Sahib

Best Unit Award

MHU, Paonta Sahib was awarded the 'Best unit award' for the year 2022-23

TESTIMONIALS



GOVERNMENT OF SIKKIM
OFFICE OF THE BLOCK DEVELOPMENT OFFICER
BLOCK ADMINISTRATIVE CENTRE
NANDOK, EAST SIKKIM


LETTER OF APPRECIATION.

This Letter of Appreciation is conferred to the following selfless souls of Sun Pharma Community Health Care Society, Sun Pharma Unit II for diligently providing Free Medical Services to the local populace under Nandok Block.

1. Doctor Abhishek Malu.
2. Sister Semara Tamang.
3. Sister Shanti Sharma.
4. Mr. Bal Bahadur Mukhia (Driver).

We wish them success in their endeavour in providing Free Medical Services to the mankind.

Venue: BAC Nandok.
 Date: 26.04.2022.


Tashi Wangyal Bhutia,
 Block Development Officer,
 BAC - Nandok,
 Block Administrative Centre
 Nandok, East Sikkim


Appreciation letter from Block Development Officer, Nandok, Sikkim (Sikkim Unit)

OLD AGE HOME, RANIPOOL

Letter of Appreciation

The weekly Health check-up being carried out by Sun Pharma Community health care society, Ranipool team is regular ever since started and till date. Thus, the health of Indigent Senior Citizens in the Home is fully protected medically.

The incumbents entrusted on duty towards Old Age Home, Ranipool, East Sikkim are serving with sincere diligence. Hence, conferred a big Appreciation.



Sikkim Unit
 Care Giver

Appreciation letter, Old age home (MHU Ranipool)

OFFICE OF THE GRAM PANCHAYAT BARETHA DISTRICT
 GUNJOUR MADHYA PRADESH

The Sun Pharma industries Ltd, Malanpur is giving the medical & health services without any charge to the peoples of 20 villages around the Malanpur Industrial area since 2018 including Village BARETHA through their MOBILE Hospital Unit. Without any interruption in any whether, climate. The poor peoples of this area getting Medical aid at their door step. This work of SUN PHARMA COMMUNITY HEALTH CARE SOCIETY MALANPUR deserve a very good appreciation to their work.

We all appreciate this good Humanitarian health services provided by Sun Pharma Malanpur & hope to continue in future.


 Sarpanch
 Baretha Gram Panchayat
 Gunjour Madhya Pradesh

Appreciation letter from Sarpanch, Baretha Gram Panchayat (MHU Malanpur)

गाम पंचायत घोदरा
GAM PANCHAYAT GHODARA
 गुवाहाटी, असम, भारत

महोदय,
 सूर्य फार्मा कम्युनिटी हेल्थ केयर सोसायटी,
 सूर्य फार्मा इकाई-2,
 नन्दोक, उत्तर सिक्किम।

हमारे गांव में आपकी टीम द्वारा निरंतर रूप से मुफ्त चिकित्सा सेवाएं प्रदान की जा रही हैं। हमें आपकी सेवाओं के लिए बहुत धन्यवाद है।

आपकी टीम के सदस्यों का निरंतर प्रयास और समर्पण हमारे गांव के लोगों के स्वास्थ्य को सुरक्षित रखने में मदद करता है।

आपकी सेवाओं के लिए हमें बहुत धन्यवाद है। हमें आशा है कि आपकी सेवाएं हमारे गांव के लोगों के लिए जारी रहेंगी।


 Sarpanch
 Gam Panchayat Ghodara
 Guwahati, Assam, India

Gram Panchayat, Ghodara (MHU Panoli)

Govt. Sr. Sec. School Nihalgarh
 Teh. Paonta Sahib, Distt. Sirsa (Haryana)

हमारे स्कूल में आपकी टीम द्वारा निरंतर रूप से मुफ्त चिकित्सा सेवाएं प्रदान की जा रही हैं। हमें आपकी सेवाओं के लिए बहुत धन्यवाद है।

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 Sarpanch
 Govt. Sr. Sec. School Nihalgarh
 Teh. Paonta Sahib, Distt. Sirsa (Haryana)

Appreciation letter from Government School Nihalgarh for adolescent education and Hb testing for anaemia (MHU Paonta Sahib)


सरपंच, गांवबुरा ग्राम पंचायत
 गुवाहाटी, असम, भारत

महोदय,
 सूर्य फार्मा कम्युनिटी हेल्थ केयर सोसायटी,
 सूर्य फार्मा इकाई-2,
 नन्दोक, उत्तर सिक्किम।

हमारे गांव में आपकी टीम द्वारा निरंतर रूप से मुफ्त चिकित्सा सेवाएं प्रदान की जा रही हैं। हमें आपकी सेवाओं के लिए बहुत धन्यवाद है।

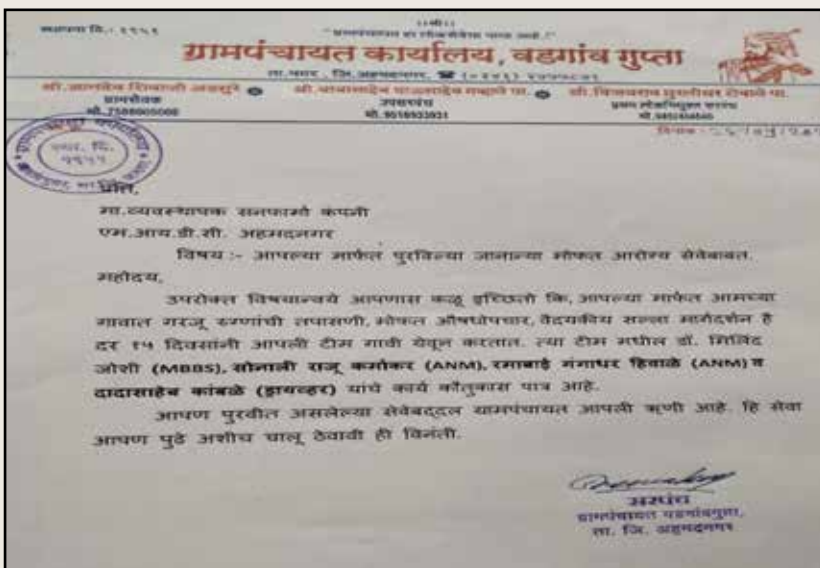
आपकी टीम के सदस्यों का निरंतर प्रयास और समर्पण हमारे गांव के लोगों के स्वास्थ्य को सुरक्षित रखने में मदद करता है।

आपकी सेवाओं के लिए हमें बहुत धन्यवाद है। हमें आशा है कि आपकी सेवाएं हमारे गांव के लोगों के लिए जारी रहेंगी।


 Sarpanch
 Gaonbura Gram Panchayat
 Guwahati, Assam, India

Appreciation letter from Sarpanch, Gaonbura Gram Panchayat (MHU Guwahati)

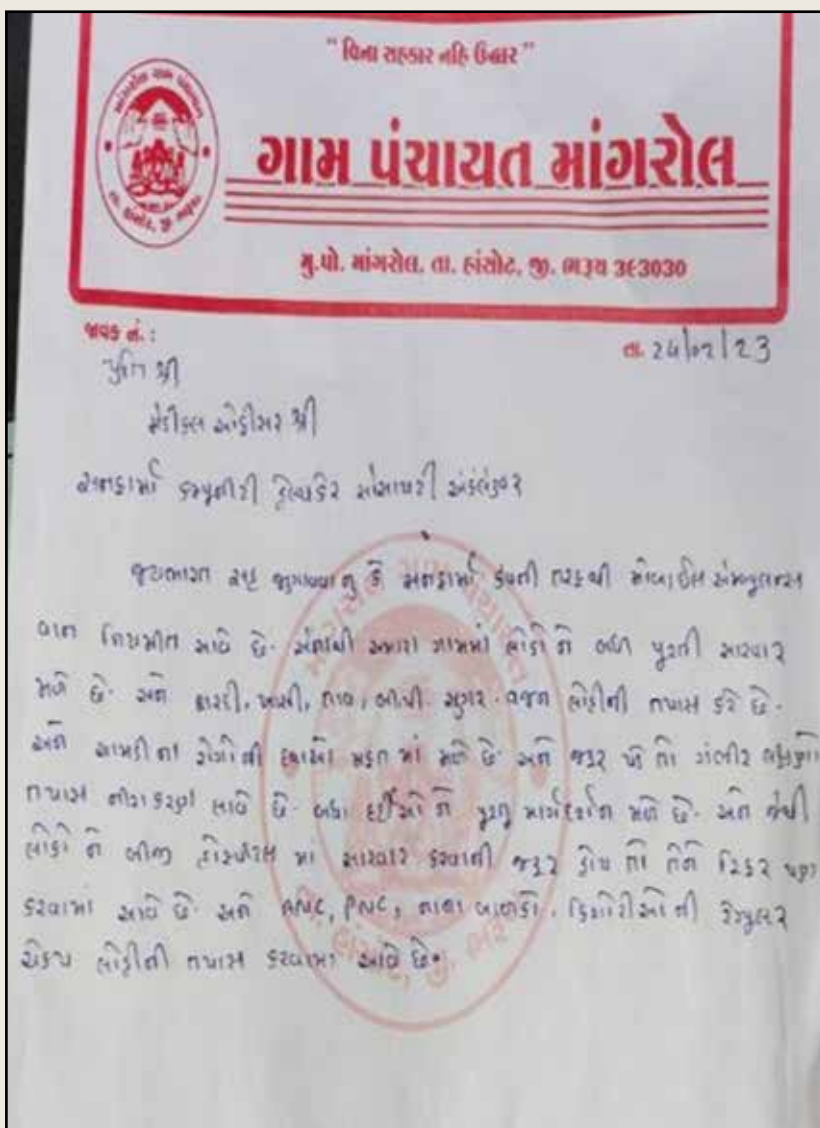
TESTIMONIALS contd...



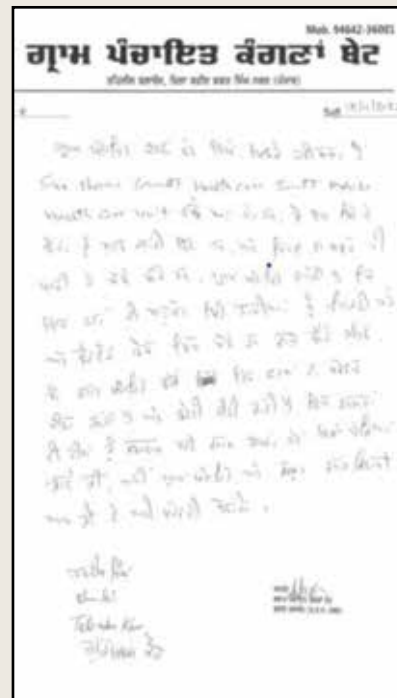
Appreciation letter from Gram Panchayat Badgaon Gupta (Ahmednagar Unit)



Appreciation letter from Namli Gram Panchayat (Ranipool Unit)



Appreciation letter from Gram Panchayat, Mangrol v (Ankleshwar Unit)



Appreciation letter from Gram Panchayat, Kangna bet (Toansa Unit)



Appreciation letter from Gram Panchayat (Ankleshwari Unit)

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ગોંડલોડ, ૧૯૭ માર્કેટ, મણ્ડીનગર, તા. ૬મીએ, જી. પંચમથા ૩૮૨૧૪૦

હાલોલ સનફાર્મા કોમ્યુનીટી હેલ્થકેર સોસાયટી દ્વારા વલ્ડ હાઈપરટેરશન દિવસ નિમિત્તે કેમ્પનું આયોજન કરવામાં આવ્યું



ચાંપાનેર ગામ ખાતે લોકોનાં બીપી, ડાયાબીટીસ જેવાં બીન ચેપી રોગોનું વિનાં મુલ્યે સારવાર તથાં તપાસ કરવામાં આવી. કંપની દ્વારા લોક સેવાર્થે દર ૧૫ દિવસે ગામમાં એમ્બ્યુલન્સ મોકલવામાં આવે છે. જેમાં સ્ટાફ ડો. નિરજ સંગાડા, નર્સ પ્રિયંકા અને શિલ્પા તથાં ડ્રાઈવર કૌશિકભાઈ દ્વારા આ રીતે વિવિધ કેમ્પ તથાં માહિતી સભાનું આયોજન કરવામાં આવે છે. જેથી ગામનાં ગરીબ અને જરૂરીયાત મંદોને વિનાં મુલ્યે ઘર આંગણે સારવાર મડી રહી છે.

માટીનીમહિમા

વિશ્વ તમ્બાકૂ નિષેધ દિવસ પર જાગરૂક કર દિલાઈ શપથ



માટીનીમહિમા ન્યૂજ/દેવાસ। વિશ્વ તમ્બાકૂ નિષેધ દિવસ પર સન ફાર્મા મોબાઇલ હેલ્થ યૂનિટ કે દ્વારા ગ્રામ પટલાવડા મેં એક કાર્યક્રમ આયોજિત કર લોગોં કો જાગરૂક કિયા ગયા। કાર્યક્રમ પ્રભારી ડૉ. રવિ પટેલ ને બતાયા કિ ઇસ અવસર પર ગ્રામ કે લોગોં કો તમ્બાકૂ સે હોને વાલે ભયાવહ નુકસાન કે બારે મેં બતાતે હુએ તમ્બાકૂ કા સેવન ના કરને કી શપથ બી દિલાઈ ગઈ। કાર્યક્રમ મે બડી સંખ્યા મેં ગ્રામીણ જન ઉપસ્થિત થે। ગ્રામ કે સરપંચ, ગણમાન્ય નાગરિકોં કે સાથ હેલ્થ ટીમ કે સહયોગી મીનાશ્વી, મોહની, સતીશ આદિ કા વિશેષ સહયોગ રહા। ડૉ. પટેલ ને બતાયા કિ સનફાર્મા કમ્યુનિટી હેલ્થ કેયર સોસાઈટી પિછલે 25 વર્ષો સે નિરંતર સ્વાસ્થ્ય સેવાર્ પ્રદાન કર રહી હૈ। ઇન કાર્યો મેં દેવાસ પ્રશાસન કા બી નિરંતર સહયોગ પ્રાસ હોતા રહતા હૈ, જિસસે સેવા કે યે કાર્ય નિરંતર જારી હૈં।

દેનિક અગ્રિ **ભારત સમાચાર** **ABIS**

ગુજી કા સમગ્ર સી સુખ કે સુખને મેં સમાવવા કે અર્થકે સિદ્ધાંત સુખ કે સુખે મેં હોવા કે સ્વચ્છતા સુખે

ગોંડલોડ, ૧૯૭ માર્કેટ, મણ્ડીનગર, તા. ૬મીએ, જી. પંચમથા ૩૮૨૧૪૦

વિશ્વ તમ્બાકૂ નિષેધ દિવસ પર જાગરૂક કર દિલાઈ શપથ

દેવાસ। વિશ્વ તમ્બાકૂ નિષેધ દિવસ પર સન ફાર્મા મોબાઇલ હેલ્થ યૂનિટ કે દ્વારા ગ્રામ પટલાવડા મેં એક કાર્યક્રમ આયોજિત કર લોગોં કો જાગરૂક કિયા ગયા। કાર્યક્રમ પ્રભારી ડૉ. રવિ પટેલ ને બતાયા કિ ઇસ અવસર પર ગ્રામ કે લોગોં કો તમ્બાકૂ સે હોને વાલે ભયાવહ નુકસાન કે બારે મેં બતાતે હુએ તમ્બાકૂ કા સેવન ના કરને કી શપથ બી દિલાઈ ગઈ। કાર્યક્રમ મે બડી સંખ્યા મેં ગ્રામીણ જન ઉપસ્થિત થે।



ગોંડલોડ, ૧૯૭ માર્કેટ, મણ્ડીનગર, તા. ૬મીએ, જી. પંચમથા ૩૮૨૧૪૦

સનફાર્મા કંપની દ્વારા પોષણમાહની ઉજવણી કરવામાં આવી



(તસવીર:વનરાજસિંહ સોલંકી ધોધંબા)

સનફાર્મા કંપની દ્વારા પોષણમાહ સપ્ટેમ્બર-22 ની ઉજવણી ના ભાગરૂપે એમ્બ્યુલન્સ સ્ટાફ દ્વારા અલગ-અલગ ગામો જેવાં કે તરખંડા, ચાંપાનેર, ગંભીરપુરા ની આગણવાડી ખાતે પોષણ યુક્ત ખોરાકની માહિતી આપવામાં આવી. જેમાં મુખ્ય તત્વે પુખ્ત વયની બાળકીઓ, સ્વગર્ભા માતાઓ ને લાભાર્થી તરીકે સમાવેશ થાય છે. આ રીતે અનેક વિષાયો પર માહિતી સભાનું આયોજન સનફાર્મા કંપની દ્વારા કરવામાં આવે છે.

नवजात शिशु स्वस्थ होगा तो देश का भविष्य होगा मजबूत : रानी सिंह

राजीव टाइम्स • देवास

आंगनवाड़ी केंद्र राजीव नगर अक्टूबर में 19 नवम्बर को सन फार्मा के डॉ. रवि प्रेमल के निदेशन में नवजात शिशु की देखभाल के संकेत में जानकारी देने के लिए विशेष कार्यक्रम आयोजित किया। सन फार्मा कम्युनिटी केयर की चीफ़ेक्जी सिस्टर तथा आंगनवाड़ी कार्यकर्ता रानी सिंह ने क्षेत्र की गर्भवती तथा धार्मिक महिलाओं एवं किशोरी बालिकाओं को आंगनवाड़ी में बुलाकर जानकारी दी। सस्ब ही जो मडिल्लर, किशोरियां केंद्र तक नहीं आ सकीं, उनके क्षेत्र में जाकर जानकारी साझा की गई।



आंगनवाड़ी केंद्र में गर्भवती, धार्मिक व किशोरियां को दी विशेष जानकारी

इन्हें बताया गया कि स्तनपान का क्या महत्व है और नवजात शिशु की देखभाल कैसे की जाए। रानी सिंह ने संशोधित करते हुए कहा कि आज के दौर में अनेकों बीमारियां चल रही हैं। उस बीमारी से अगर अपने बच्चे को बचाना है तो मां का पहला चोला गाढ़ा दूध बच्चे को जन्म के तुरंत बाद पिलाना है, क्योंकि बच्चे का पहला टीका सिर्फ और सिर्फ मां का दूध होता है। तबकि बच्चा हमेशा स्वस्थ रहे और जब शिशु स्वस्थ होगा तो उसका शारीरिक और बौद्धिक विकास तेजी से होगा और यही सरकार भारत निर्माण में हमारा योगदान होगा।

नवजात शिशु स्वस्थ होगा तो देश का भविष्य होगा मजबूत



आंगनवाड़ी केंद्र में गर्भवती, धार्मिक व किशोरियां को दी गई विशेष जानकारी

नवा मराठा



शेंडी (ता. नगर) येथे सन फार्मा कंपनी व आरंभ पॅलिटिक्स कॅन्सर केअर सेंटर यांच्यामार्फत आयोजित कॅन्सर जनजागृती कार्यक्रमास उपस्थित महिला व पुरुष.

शेंडी येथे महिला दिनानिमित्त कॅन्सर जनजागृती कार्यक्रम

नगर - शेंडी (ता. नगर) येथे सनफार्मा कंपनी व आरंभ पॅलिटिक्स कॅन्सर केअर सेंटर यांच्यामार्फत महिला दिनानिमित्त कॅन्सर जनजागृती कार्यक्रम पार पाडण्यात आला. तसेच सनफार्मा मोबाईल मेडिकल अॅम्बुलन्सच्या माध्यमातून महिलांचे हिमोन्सोबिन व शरीरतालील साखरेचे प्रमाण याची तपासणी मोफत करण्यात आली. या कार्यक्रमाप्रसंगी दोन कॅन्सर योद्धांनी स्वतःचे मनोगत व्यक्त केले, तसेच कॅन्सरने सामोरे जायचे, याबद्दल मार्गदर्शन व आवाहन केले. तसेच आरंभचे अध्यक्ष सुधीर लांडगे व सनफार्मा कम्युनिटी हेल्थथेअर सोसायटीचे डॉ. मिलिंद जोशी यांनी कॅन्सरबद्दल चर्चेतून जनजागृती करण्याचे काम केले. यावेळी शेंडी गावच्या सरपंचे परिघाताई लोंडे, सनफार्मा कंपनीचे सीएसआर हेड सोमनाथ दडस, आरंभ संस्थेचे प्रदीप काकडे, सुधीर पुराणिक, शिल्पाताई देवडे, ज्योतीताई साबळे व

सुरक्षित मातृत्व जागरूकता दिवस मनाया



सुरक्षित मातृत्व जागरूकता दिवस मनाया

सन फार्मा कंपनी द्वारा लगाया गया निशुल्क स्वास्थ्य शिविर



रिपोर्टर गिरार्ड वेंसान्दर

गाम पंचायत टुडीला में सन फार्मा कंपनी के द्वारा 11 साल से 19 वर्ष की उम्र की बालिकाओं का हीमोग्लोबिन टेस्ट किया गया खुद बचाने की दवाइयां निशुल्क दवा वितरण की गई जिससे ग्रामीणों को स्वास्थ्य संबंधित शहर नहीं जाना पड़ता है लोगों खांसी जुकाम खुंखार अगदि सभी की दवाइयां निशुल्क वितरण की

सुरक्षित मातृत्व जागरूकता दिवस मनाया



सुरक्षित मातृत्व जागरूकता दिवस मनाया



Television coverage of meeting held at Bajarapara village to felicitate Mr. Tulsi Das, the 50,000th patient at MHU, Guwahati. The function was attended by Mr. Bhupesh Patel, Head of Plant and other officials from Sun Pharma and the village panchayat.



यहां भर्ती करो बच्चों को और पैसा भी मिलेगा इन महिलाओं को। नवजात शिशु की देखभाल संबंधी...
यहां भर्ती करो बच्चों को और पैसा भी मिलेगा इन महि...
www.youtube.com

👉 DRN: यहां भर्ती करो बच्चों को और पैसा भी मिलेगा इन महिलाओं को। नवजात शिशु की देखभाल संबंधी विशेष कार्यक्रम। दैनिक राष्ट्रीय नवाचार <https://youtu.be/HtKZy3Pae2U>

👉 #rashtriyanavachar
#राष्ट्रीय_नवाचार से जुड़ने के लिए वॉट्सअप ग्रुप जॉइन करें <https://chat.whatsapp.com/IUjZmPUQffoGr9j8q4XAGN>



देवास: आंगनवाड़ी केन्द्र में डॉक्टरों के निर्देशन में नवजात शिशु की देखभाल के संबंध में दी जा...
www.publicvibe.com

https://www.publicvibe.com/post/16688862419097174002?utm_source=share&utm_medium=android&userid=1661225711565310594

मैं अपने क्षेत्र के तमाम लेटेस्ट लोकल वीडियो देखने के लिए पब्लिक वाइब ऐप यूज कर रहा हूँ। आप भी अभी करें डाउनलोड <https://mapp.publicvibe.com/jysv/bd86f6f5> 9:55 pm ✓

20 November 2022



नवजात शिशु स्वस्थ होगा तो देश का भविष्य होगा मजबूत आंगनवाड़ी केंद्र में गर्भवती, धात्री ...
Hamara Dewas is such a News Platform f...
www.hamaradewas.com

Hamara Dewas

नवजात शिशु स्वस्थ होगा तो देश का भविष्य होगा मजबूत आंगनवाड़ी केंद्र में गर्भवती, वा किशोरियों को दी गई विशेष जानकारी

http://www.hamaradewas.com/2022/11/blog-post_896.html

देवास के समाचारों के लिए "हमारा देवास" व्हाट्सअप ग्रुप से जुड़ने के लिए लिंक को क्लिक करें 👉 <https://chat.whatsapp.com/HFa56F7HaU3I20KE2TiX8m>



Dr Azadar Khan
*Senior VP (Corporate Relations and CSR)
Sun Pharma*

Moving Forward

Healthcare in recent years has seen a spurt of innovations, including new drugs, vaccines, devices, and diagnostics, as well as new techniques in process engineering and manufacturing, management approaches, software, awareness dissemination, and policies in health systems and services. However, only some of these innovations make it to the door of the poorest, thereby limiting the potential of advances in technology and care to make a transformative impact.

There are many reasons why the latest innovations have yet to be widely adopted and integrated into care. Low affordability makes it difficult or impossible for many patients to pay for the best care. For other patients, personal circumstances, such as distance from clinics or hospitals or lack of mobility, may prevent them from receiving the necessary care.

Our MHUs can act as means to ensure innovations in healthcare reach to the poorest people living in remote areas. Our work in the field gives us an intimate knowledge of healthcare issues in the communities we serve. We need to select appropriate innovations in health tech,

information dissemination, patient tracking, and point-of-care diagnostics. Much literature is available on out-of-the-box ideas and good practices in healthcare, which have been successfully implemented globally in complicated field settings for the poor and the marginalized. The key is to identify and implement the most appropriate ones through our MHUs.

Going forward, we intend to introduce successful healthcare innovations in our work with the community. Our health managers will be called upon to shortlist innovations that address a felt need, are frugal, and are relevant to the context of the community's health needs under our charge.

What we intend to embark upon takes work. This will call upon us to be receptive to change and be expert negotiators as we pilot innovation and encounter local structures, embedded processes, and conditioned patterns (relationships, mental models, etc.). However, this would be worthwhile, for this will help serve our communities better.

FINANCIAL STATEMENT



SUN PHARMA COMMUNITY HEALTHCARE SOCIETY
BALANCE SHEET AS AT 31 MARCH 2023

	Schedule	As at 31 March 2023 (Rs.)	As at 31 March 2022 (Rs.)
SOURCES OF FUNDS			
Corpus fund		2,13,25,504	2,13,25,504
		2,13,25,504	2,13,25,504
APPLICATION OF FUNDS			
Investments	1	1,16,37,500	1,16,37,500
Fixed assets	2		
Gross block		1,80,21,891	1,57,70,455
Less: Accumulated depreciation		99,94,745	1,09,25,637
Net block		80,27,146	48,44,818
Current assets, loans and advances			
Cash and bank balances	3	37,92,843	24,57,445
Loans and advances	4	3,98,874	3,83,056
		41,91,717	28,40,501
Less: Current liabilities and provisions			
Trade payables	5	66,215	1,09,124
Other current liabilities	6	2,80,747	3,37,366
Provisions	7	26,19,046	23,82,747
		29,66,008	28,29,237
Net current assets		12,25,709	11,264
Deficit as per income and expenditure account		4,35,149	48,31,922
		2,13,25,504	2,13,25,504
Significant accounting policies and notes to the financial statements	10		

The schedules referred to above form an integral part of the financial statements.
This is the Balance Sheet referred to in our report of even date.

For Sharma Sudhir & Associates
Chartered Accountants
Firm Reg. no. 033878N

per Sudhir Sharma
Proprietor

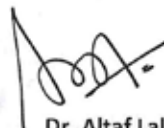
Membership No. 097380

UDIN : 23097380BGTLR01039

Place : NEW DELHI
Date : 03/08/2023

✓

On behalf of the Governing Council


Dr. Altaf Lal
Chairman


Dr. Azadar Khan
Member

Place : NEW DELHI
Date : 03rd August 2023

Place : NEW DELHI
Date : 3rd August 2023

SUN PHARMA COMMUNITY HEALTHCARE SOCIETY
INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2023

	Schedule	Year ended 31 March 2023 (Rs.)	Year ended 31 March 2022 (Rs.)
INCOME			
Membership fees		5,00,300	5,00,300
Interest income		9,86,157	10,03,783
Donations received		3,76,70,000	3,24,30,000
Profit on sales of Assets		2,85,000	-
Misc Income		-	1,04,040
		3,94,41,457	3,40,38,123
EXPENDITURE			
Medicines		33,41,590	33,52,954
Personnel cost	8	53,13,942	50,95,058
Outsource staff cost		95,39,000	83,10,634
Administrative and other expenses	9	1,57,22,068	1,43,92,705
Loss on Redemption of Investment		-	58,125
Loss on sales of Assets		1,22,413	-
Depreciation		10,05,671	7,70,195
		3,50,44,684	3,19,79,671
Surplus/ (Deficit) for the year		43,96,773	20,58,452
(Deficit)/surplus as per last balance sheet		(48,31,922)	(68,90,374)
Accumulated deficit carried forward to balance sheet		(4,35,149)	(48,31,922)
Significant accounting policies and notes to the financial statements	10		

The schedules referred to above form an integral part of the financial statements.
This is the Income and Expenditure account referred to in our report of even date.

For Sharma Sudhir & Associates
Chartered Accountants
Firm Reg. no. 033878N

per Sudhir Sharma
Proprietor
Membership No. 097380
UDIN : 23097380BGTLR01039

Place : NEW DELHI
Date : 03/08/2023

On behalf of the Governing Council


Dr. Altaf Lal
Chairman


Dr. Azadar Khan
Member

Place : NEW DELHI
Date : 3rd August 2023

Place : NEW DELHI
Date : 3rd August 2023

REGISTERED OFFICE

8-C, 8th Floor, Hansalaya Building, 15 B. K. Road, New Delhi-110001

PROJECT OFFICE

A-41, Industrial Estate, Phase VIII-A

S.A.S. Nagar, Mohali -160071

Punjab, India

Tel. +91 172-6678722

MOBILE HEALTH CARE UNITS

**PUNJAB (Mohali, Toansa) ■ HIMACHAL PRADESH (Paonta Sahib) ■ MADHYA PRADESH (Dewas,
Malanpur) ■ GUJARAT (Panoli, Halol, Ankleshwar, Karkhadi) ■ TAMIL NADU
(Maduranthakam) ■ SIKKIM (Ranipool) ■ MAHARASHTRA (Ahmednagar)
■ ASSAM (Guwahati) ■ JAMMU & KASHMIR (Jammu)**