

Universal access to healthcare remains a challenge for low middle-income countries like India, especially in the rural areas. Cost-effective surgical solutions for common problems, like uterine prolapse, is the need of the hour.

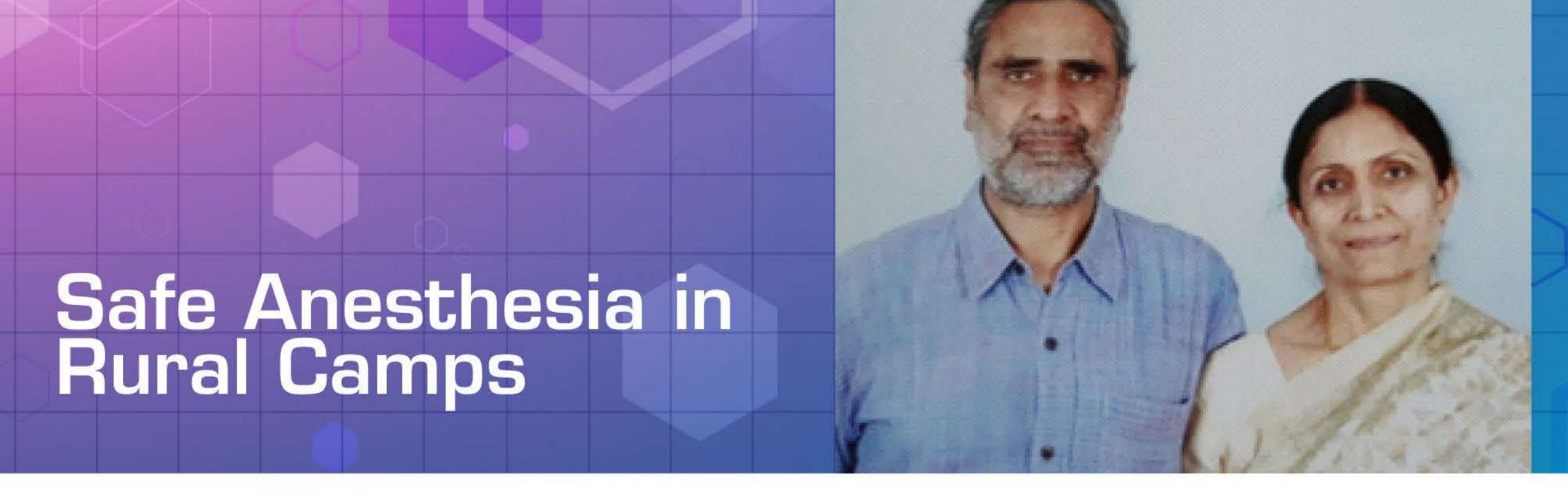
The Okti foundation, which is a nongovernmental organization, has been effectively working in the remote areas of rural India to provide surgical relief to women with prolapse uterus for past 10 years under the "Project Prolapse". The surgical team has conducted 5301 surgeries over 97 rural surgical camps between 2009 to 2019 in areas such as Shillai, Raxaul, Sendhwa, Kachhwa in the remote areas of Himachal, Bihar and Uttar Pradesh. There was no access to surgical treatment locally and the poor socio-economic status of these patients refrained them to get treatment in tertiary care hospitals in neighbouring cities.

Currently, graduate students are given postings in rural areas for the purpose of their skill development, and the system has been the same for many decades now. This has certain disadvantages. The graduates are left to their own devices under little supervision, which refrains them from functioning effectively.

Moreover, the youth look for opportunities in the city and are hesitant to go to far off places. Needless to say, the system has become stagnant.

As we know, India is facing a demographic dividend and an unemployment crisis. Instead of sending amateur graduates who have yet to master surgery, we should consider sending skilled, elderly doctors or volunteers to rural postings. Medical infrastructure in many of these areas is already well developed, what is required is the presence of specialists. Hence skill should be mobilized to villages to achieve the goal of Universal Health for All and we at Okti Foundation strongly recommend this Model.....

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Secretary General Okti Foundation, Delhi



Timely access to safe anesthesia and surgery is an important component of any health care system. It is estimated that over 234 million major surgical procedures are performed annually worldwide, with the maximum numbers being performed in China followed by Russia and India. As per World Health Organization (WHO) and World Bank estimates, by the year 2026 the burden of diseases requiring surgery and anesthesia will overshadow that of HIV, tuberculosis and malaria. The WHO and the global health community at large now recognizes that anesthesia and surgical services are an integral component of the right to health.

Surgical care is essential for several diseases and accounts for 11% of global disease burden. Even then, the general impression is that essential surgery and anesthesia poses only a limited global burden of disease. Despite this, safe surgery and anesthetic care have long been neglected, and are not considered as part of program towards improving global health. Approximately one third of the global population has no access to basic surgical care. It is especially true for the remote, rural areas where non-permanent surgical programs or camps have become an effective method of expanding access to surgical services. Surgery camp programs have been reported in rural India, primarily in ophthalmic field and for family welfare procedures. However, provision of general surgical services in these settings is largely unknown. OKTI

foundation has been trying to fill this gap by 'reaching the unreached' to provide quality surgical care to the rural masses.

The Problem

More than 3/4th of Indian population resides in rural, often far flung areas. Rural and remote populations across the world are older, sicker, poorer, and more accident prone than their urban counterparts. They face different health issues and different set of problems than people who live in towns and cities. Multiple hurdles in getting good healthcare in remote areas include, not being able to get to a hospital quickly in an emergency, travelling long distances and the transportation cost to get routine checkups and screenings. Patients, especially women have to overcome challenges of leaving home and children and the family dynamics where their medical needs are largely ignored. This leads to delay in seeking care, delay in reaching a care giver and delay in receiving care. Because it can be hard to get timely care, health problems in rural residents may be more serious by the time they are diagnosed. Patients have to surmount access challenges beyond simply cost of care.

Despite large number of primary health centers and rural hospitals, India's health service suffers from an urban bias and neglect of rural masses. According to an estimate, only 31.5% of hospitals and 16% hospital beds are situated in rural areas to serve 75% of total Indian

population. Rural India faces a significant shortage of anesthesiologists and surgeons mostly because doctors are unwilling to serve in rural areas mostly due to lack of adequate infrastructure and facilities. As a result, many people do not receive i13.8mpact. When evaluating the costs of timely access, the economic costs of not providing such access must be considered. For example, a lack of access to anesthesia and surgical obstetrical services, specifically timely cesarean delivery, can have devastating consequences for the mother, her infant, and the community at large. This situation can be improved only if affordable surgery is available near the homes of the patients. In this scenario, where institution based services are unable to meet the healthcare needs of Indian rural population spread across a wide area, a camp based approach has the advantage and flexibility of delivering healthcare to the patients at their doorsteps. A surgical camp is a temporary establishment that provides surgical facilities by a group of medical experts who are routinely not available in that region or center. Delivering quality surgical care and minimizing complications are the prime concern in this model of health service delivery.

Challenges to Providing Safe Anesthesia in Surgical Camps

Developing safe anesthesia services in surgical camps has several limitations which can broadly be divided into:

- Patient selection
- Technical resources
- Professional Skill.

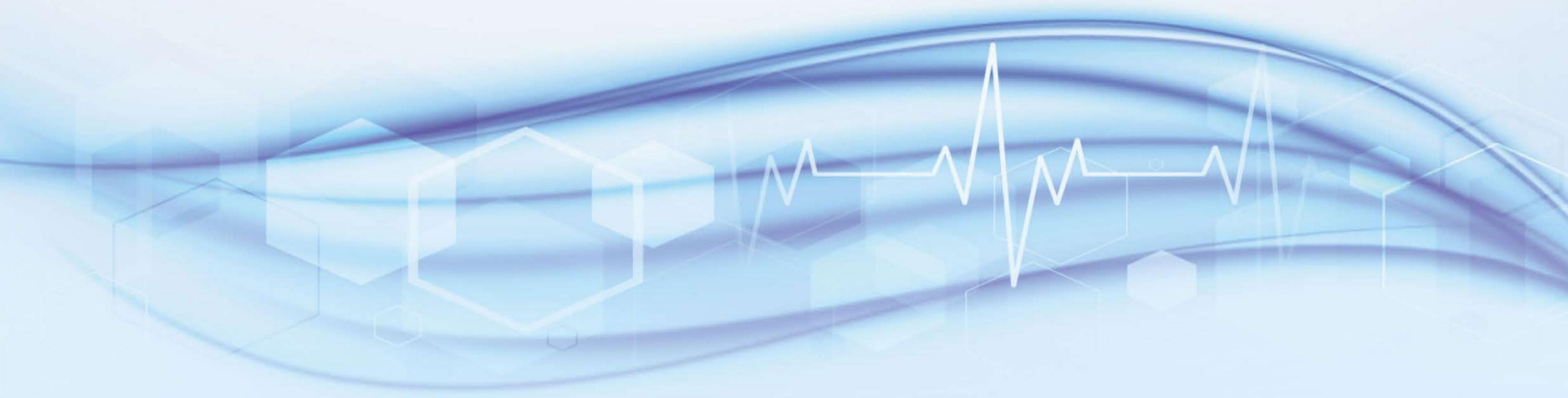
Patient Selection and Anesthesia

Proper patient selection is an important aspect of safe anesthesia. Camps are

usually conducted in collaboration with the local medical practitioners who advertise and recruit prospective patients requiring surgery. The anesthesiologist as the perioperative physician assures the wellbeing of patients right from the pre, intra to postoperative period. He conducts a thorough preoperative assessment of patients to evaluate their suitability to undergo anesthesia and surgery. He also assures patient wellbeing in the postoperative period by continuous monitoring. Providing pain relief is an important aspect of anesthesia care as it facilitates breathing and coughing to reduces respiratory complications. It also promotes early ambulation, recovery and rehabilitation.

Technical Resources

There is acute shortage of proper functional operation theaters in rural setups. Anesthetic machines, or basic airways management such as adult endotracheal tubes and laryngoscopes, are also scarce in most rural setups. This peri-operative equipment is essential for the provision of safe anesthesia. Our camps are conducted in local hospitals and OKTI foundation assures the availability of resuscitative equipment, airway devices, suction machine and basic intraoperative monitoring equipment. Their regular maintenance and servicing is also assured. The monitoring equipment includes blood pressure monitors, ECG monitors and pulse oximeters. Pulse oximeter is an essential anesthetic equipment which is used to monitor patients' oxygenation status and to detect any sign of deterioration during operations. Because of their usefulness, pulse oximeters have been included as essential components of the WHO's



Guidelines for Safe Surgery.

The other factors which significantly affect anesthesia and surgical services are the lack of or unreliable supply of basic utilities like electricity, water, oxygen and blood bank. The availability of oxygen is paramount in preventing hypoxemia. Due to paucity of oxygen cylinders in the rural setup, we use oxygen concentrators to fulfill this demand.

Unsafe anesthesia has the potential to contribute to perioperative mortality but anesthesia today is extremely safe and that mortality due to anesthesia has declined considerably over the last few decades. In its "Safe Surgery Saves Lives" campaign World Health organization (WHO) lists "safe anesthesia" as one of the four areas which can make dramatic improvements in the safety of surgical care In 10 years of surgical camps having operated on 5308 patients, we can proudly say that there has been no mortality till date.

Wherever possible, regional or local anesthesia is preferred over general anesthesia due to its simplicity, costeffectiveness and safety. The distinct advantage of regional anesthesia in prevention of airway-related complications is well documented. Most intra abdominal procedures can be performed under spinal anesthesia with mild sedation provided the surgeon is gentle with tissue handling and knows the time limit of the block. Most anesthetic drugs required for

general anesthesia, except narcotic analgesics, are available but are reserved for children and for procedures not possible under regional anesthesia.

Professional Skill

The single most important factor is the professional knowledge, skill and expertise of the operating team. In the era of super specialization, having a general surgeon who has knowledge and skills for different specialties and who can multitask is a boon. He should also have good clinical judgement as he cannot lean on other people or medical technology for diagnosis. He should know his limitations and when to refer cases to bigger hospitals. Having a trained anesthesiologist forms the core of safe anesthesia. India does not have trained nurse anesthetists and using the services of untrained nurse or technician can prove catastrophical.

Conclusion

The year 2019 has passed and clearly, we have not attained Health for All. Nowhere is this more evident than in the rural and remote areas where 75% of our people live. Timely access to safe anesthesia and surgery is an indispensable component of a functioning health care system. Surgical camps can fulfil the deficiency in our health care delivery system. Safe and effective surgical care reduces human suffering and the burden of disease and also supports emerging economies and infrastructure for growing communities.

Dr Vinod Kalla

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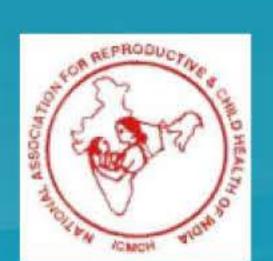
Dr Raminder Sehgal

MBBS,MD Ex Director Professor, Maulana Azad Medical College,Delhi

January-December 2019 I) Surgical Ventures









Okti Foundation, Delhi in collaboration with Sant Parmanand Hospital, Rural Committee of Indian Menopause Society, RCOG (NZ), NARCHI Delhi Chapter & Association of Obstetrician and Gynaecologist of Delhi (AOGD) organized 12 Surgical Ventures in Five Indian states in the year 2019. A total of 344 patients in remote locations, got benefited last year. The dedicated team of professionals involved in voluntary services included Dr George Verghese, Dr Shiela Verghese, Dr T C Sharma, Dr Sonal Bathla, Dr Vinod Kalla, Dr Naresh Singla, Dr Preeti Yadav, Dr Shailesh, Dr Uttam Mohapatra, Dr Prabhu, Dr Mandeep, Dr Chingmak, Dr Babitha, Dr Tova, Dr Temsula, Dr Bhanupriya, Dr Shailesh, Dr Akansha, Dr Serin, Dr Mittali, Dr Anju Bala, Dr Sampat, Dr Dinesh, Dr Raju, Dr Shalu Jain, Mr Dilip Singh & Mr Harish. These ventures were financially supported by Oil & Natural Gas Corporation, Shree Cement Ltd and many friends of Okti Foundation.

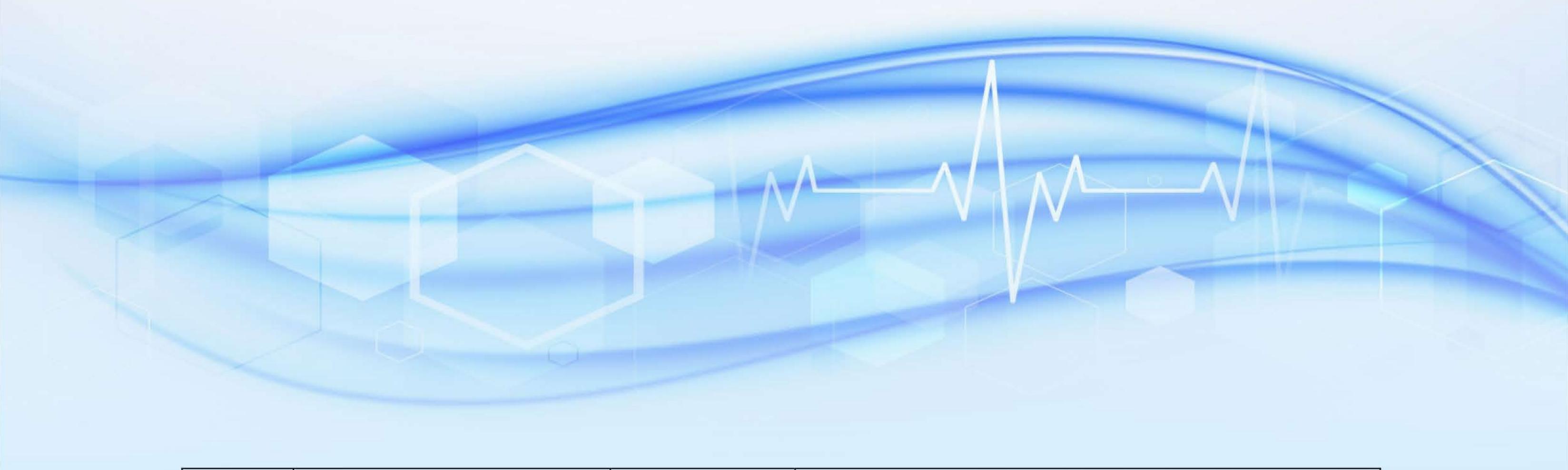
Shri Narayan Dasji Hospital, Sendhwa M.P - April 11-14, 2019

Supported by Navjeevan Community Development Society, New Delhi, a total of 40 patients were operated. The surgical team included Dr George Verghese, Dr Babitha, Mr Shiju and Mr Harish. All the patient did well and no complication was encountered.

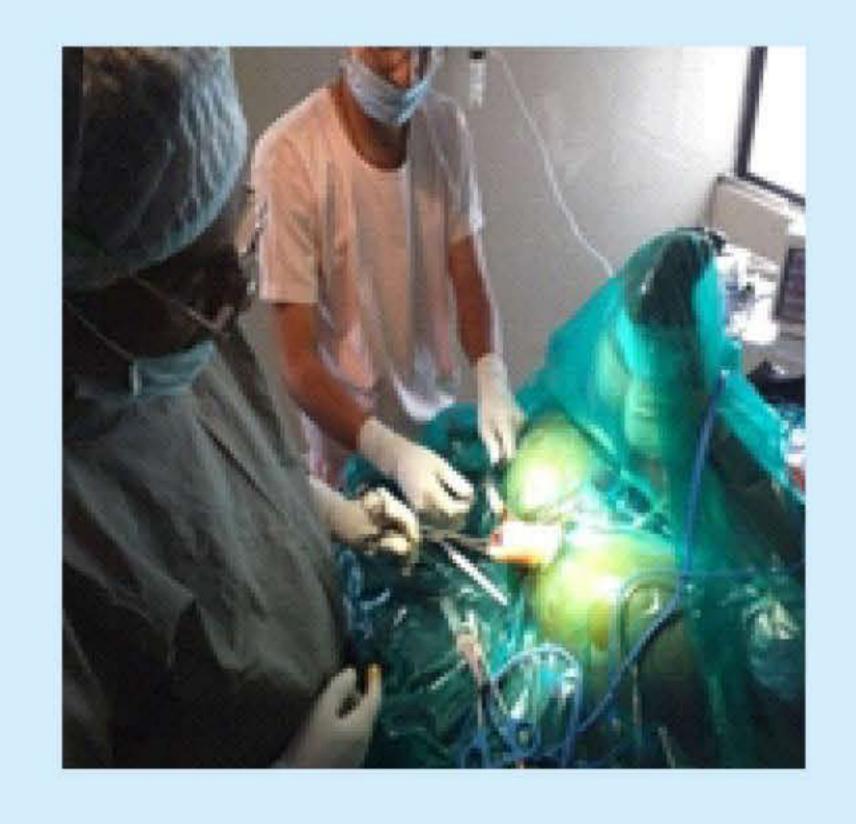
List of Patients

| | | ř- | |
|------|------------------|---------|-------------------------------|
| S.NO | NAME | AGE/SEX | PROCEDURE |
| 1 | Mrs. Fuglibai | 40/F | Vaginal Hysterectomy |
| 2 | Master Ashwin | 5/M | Herniotomy |
| 3 | Mrs. Revali | 45/F | Vaginal Hysterectomy |
| 4 | Mrs. Rajya Bai | 50/F | TAH+ Lipoma Removal |
| 5 | Mr. Dhursing | 48/M | Hernioplasty + Lipoma removal |
| 6 | Mrs. Kamli Bai | 42/F | Vaginal Hysterectomy |
| 7 | Mr. Subash Dudwe | 40/M | B/L Hernioplasty |
| 8 | Mrs. Surekha Bai | 50/F | Vaginal Hysterectomy |
| 9 | Mrs. Lakdi Bai | 20/F | Excision tumor of palate |
| 10 | Mrs.Sawitri Bai | 38/F | Vaginal Hysterectomy |
| 11 | Mrs. Rekha Bai | 40/F | Lumpectomy breast ® |
| 12 | Master Prakash | 12/M | Hydrocelectomy |

| 13 | Mr. Ashish | 28/M | Herniotomy |
|----|--------------------|-------|------------------------------------|
| 14 | Mrs. Binka | 50/F | Vault suspension |
| 15 | Mrs. Parli Bai | 32/F | TVH& PFR |
| 16 | Master ankush | 4/M | Herniotomy |
| 17 | Mrs. Maya | 60/F | TVH& PFR |
| 18 | Master Vikas | 2.6/M | Circumcision |
| 19 | Mrs. Smruti rai | 43/F | TVH & PFR |
| 20 | Mrs. Sephli Bai | 50/F | TVH & PFR |
| 21 | Mrs. Santra Bai | 35/F | TAH |
| 22 | Mrs. Yasodha | 55/F | TAH |
| 23 | Mrs. Ganga Bai | 40/F | TAH |
| 24 | Mr. Habib Khan | 50/M | Hernioplasty |
| 25 | Mrs. Sunita Naik | 42/F | TAH |
| 26 | Mr. Tika Kanoj | 55/M | Hernioplasty |
| 27 | Mr. Dharmesh patel | 32/M | Haemorrhoidectomy |
| 28 | Mrs. Fulbai | 25/F | Haemorrhoidectomy |
| 29 | Mrs. Kashi Bai | 40/F | TVH & PFR |
| 30 | Ms. Mahin | 8/F | Appendectomy |
| 31 | Mrs. Seema | 25/F | Appendectomy |
| 32 | Mr. Kanuda | 50/M | Lipoma Removal |
| 33 | Mr. Puniya Chouhan | 50/M | Multiple Lipoma Removal |
| 34 | Mr.Rameshwar | 70/M | Wound debridement of leg- Diabetic |
| 35 | Mr.Ganesh Dawar | 30/M | Lipoma Removal |
| 36 | Mrs. Nuri | 30/F | Dermoid Cystectomy |
| 8 | | | |



| 37 | Mr. Asharam | 32/M | Lipoma removal |
|----|--------------------|------|-------------------------------------|
| 38 | Master Amit jadhav | 10/M | Lipoma removal |
| 39 | Mr. Shivram Dudwe | 32/M | Tonsillectomy |
| 40 | Mrs. Jyoti | 26/F | Manual removal of Retained Placenta |



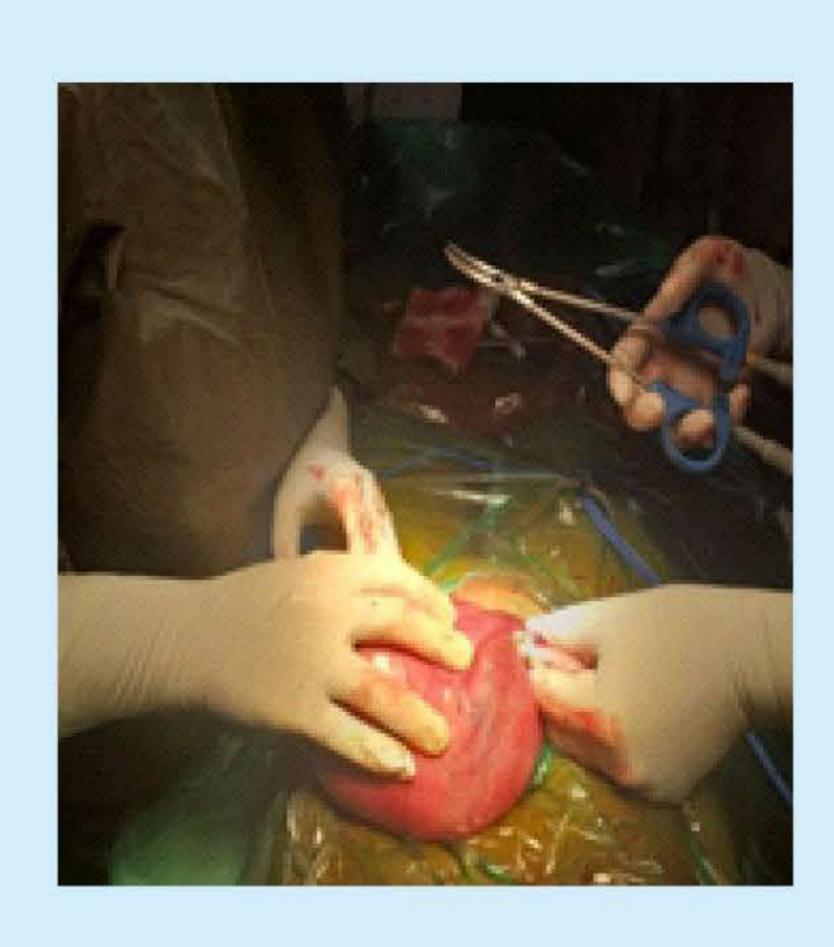










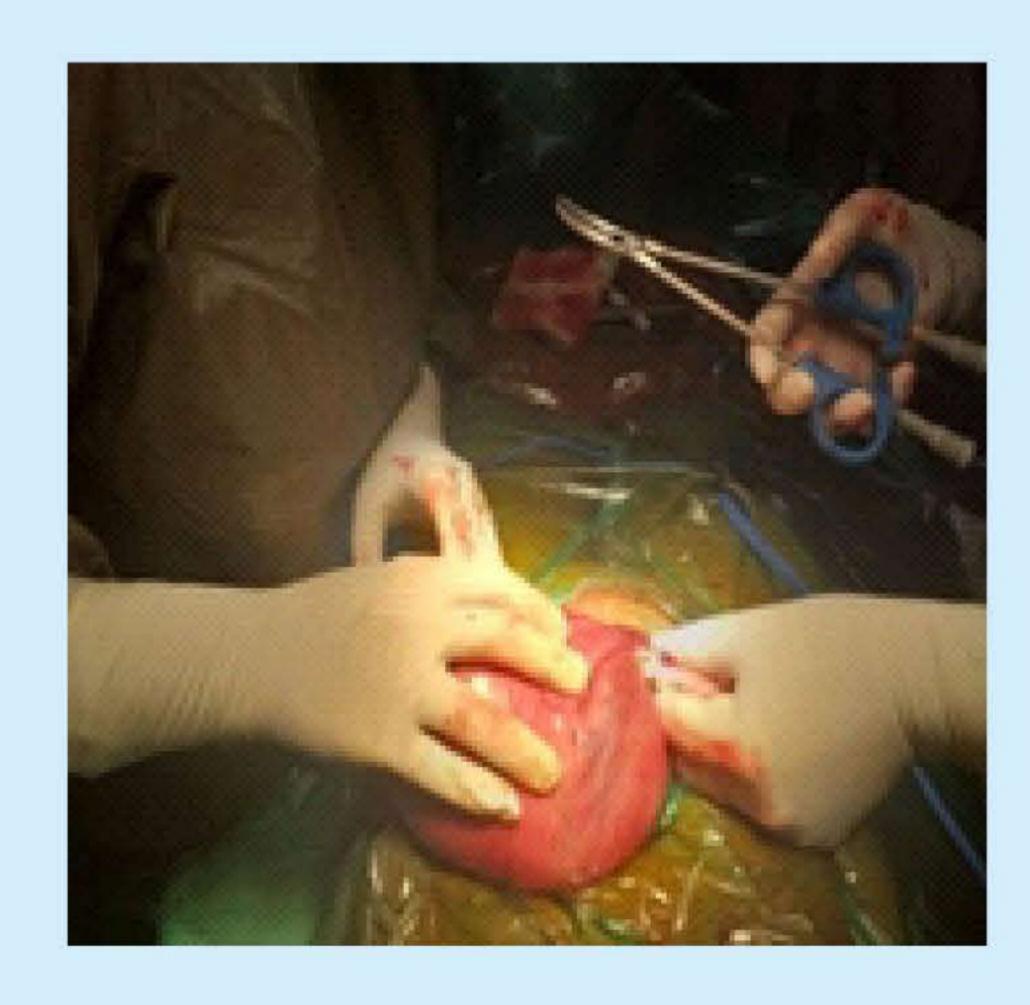


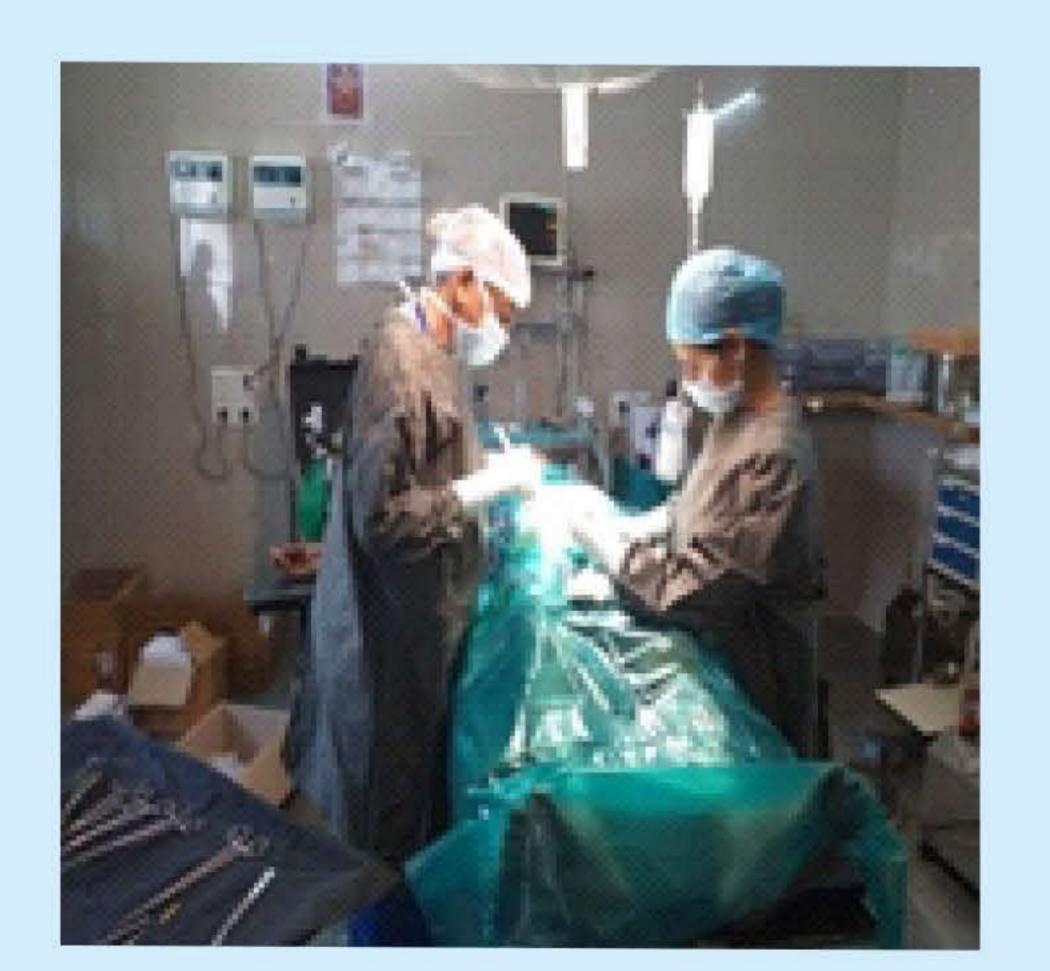
ECS Hospital, Longpang, Tuensang, Nagaland March 2019

A Surgical Venture was organized at ECS Hospital Longpang, Nagaland by ECS Society in collaboration with Okti Foundation in March 2019. Total of 68 patients were operated free of cost. The surgical team included Dr George Verghese, Dr Sheilah Verghese and Dr Tova. The following type of surgeries were conducted.

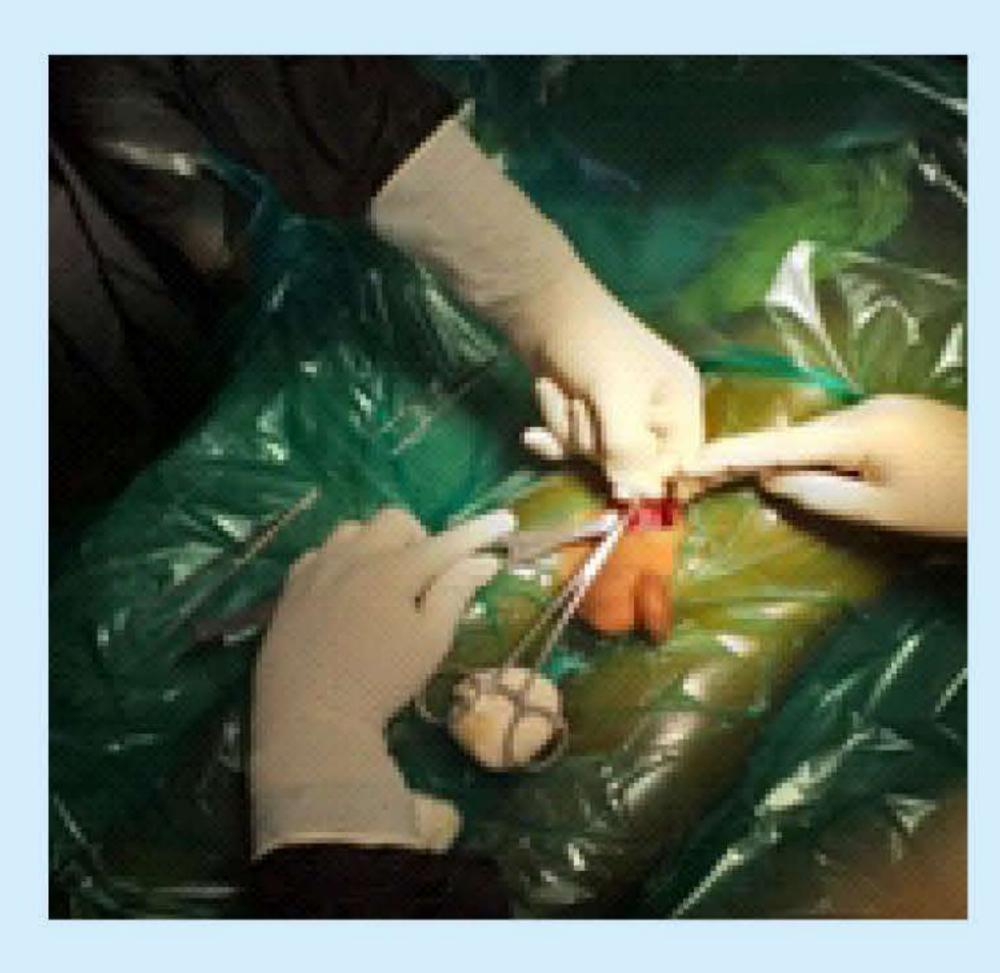
| S.N | Obs and Gynae | Plastics and paediatric | Orthopa edics | Genitourinary | General | Minor |
|-----|-------------------------------------|--|---|---|--|------------------------------------|
| 1 | Ovarian cystectomy and hysterectomy | Cystic hygroma neck | Knee Synovial excision | Ureterolithotomy | Laparotomy for Perforated bowel | Lipoma shoulder |
| 2 | Ectopic pregnancy | Z- plasty with grafting for contracture | Soft tissue tumour excision –leg | Pyelolithotomy right | Cholecystecto | Excision node neck |
| 3 | Vaginal hysterectomy | Colostomy for imperforated anus | Disarticu lation left and right hips | Circumcision | Eversion of Hydrocoele sac | Excision breast mass |
| 4 | Tubectomy | hernia repair | | Urethral stricture with end to end repair | Laparotomy for Gastric Perforation | Excision mass- upper neck |
| 5 | LSCS with Tubectomy | bilateral cleft lip repair | | Cystolithotomy | laprotomy | Excision lipoma |
| 6 | Abdominal hysterectomy | cleft lip /palate repair | | | Herniorraphy | Supracond ylar # reduction |
| 7 | Ovarian cystectomy | cleft lip repair | | | Laparotomy for Perforated appendix with peritonitis intestinal obstruction | Excision of skin tags |
| 8 | LSCS | | | | Cholecystecto my and tubectomy | Excision sebaceous cyst |

| 9 | Abdominal | | Gangrene toe | .Varicose |
|----|--------------|--|---------------|-------------|
| J | Hysterectomy | | Excision | veins |
| | | | | |
| 10 | | | Thyroid | Extrafinger |
| 10 | | | lobectomy | excision |
| | | | Appendectom | Inclusion |
| 11 | | | n <u>-</u> | |
| | | | y and | cyst |
| | | | tubectomy | removal-lip |
| | | | Parotid | Tooth |
| 12 | | | adenoma | Tooth |
| | | | excision | extraction |
| | | | | |
| | | | Bilateral | Skin |
| 13 | | | direct hernia | grafting |
| | | | repair | 39 |
| | | | | |









Referral Hospital, Dimapur, Nagaland March 2019

A Surgical Venture cum Teaching Program was organized at Referral Hospital, Dimapur, Nagaland. Capacity building of young surgeons was done. The surgical team included Dr George Verghese, Dr Sheilagh Verghese and Dr Temsula.

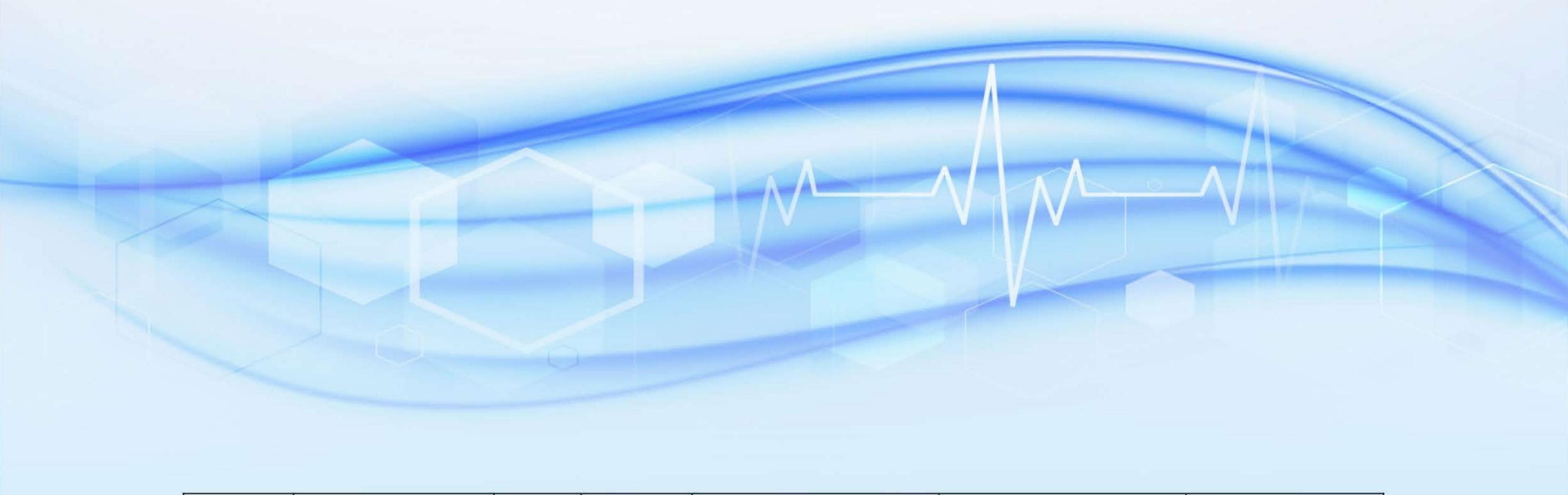
Christian Hospital Makunda, Assam March 2019

A Surgical Venture cum Teaching Program was organized at Christian Hospital Makunda, Assam in collaboration with Okti Foundation in March 2019. The surgical team included Dr George Verghese, Dr Sheilah Verghese and Dr Temsula.

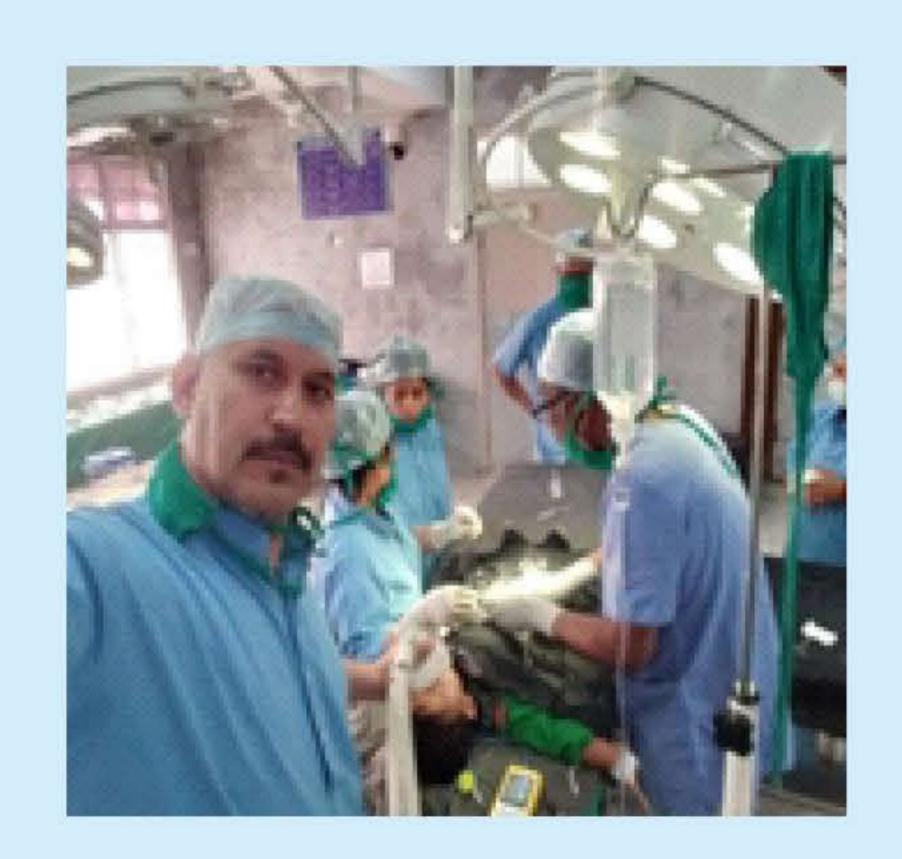
Civil Hospital, Joginder Nagar, Himachal Pradesh June 14-16, 2019

With financial assistance from Shree Cement Ltd., a Surgical Venture was organized at Civil Hospital JoginderNagar, Mandi, Himachal Pradesh. The surgical team included Dr George Verghese, Dr Bhanupriya and Mr Harish. Twenty three surgeries were conducted in this camp which was supported by the Rotary Club.

| S.No | Name | Sex | Age | Diagnosis | Procedure | Anasthesia |
|------|------------------|-----|-------|-------------------------|-------------------------|------------|
| 1 | Avni | | 3yrs | Left inguinal hernia | Herniotomy | GA |
| 2 | Rami Devi | F | 50yrs | 3rd degree prolapse | Vaginal Hysterectomy | SA |
| 3 | Sarla Devi | F | 46yrs | Fibroid uterus | Vaginal Hysterectomy | SA |
| 4 | Phagni Devi | F | 50yrs | Gall stones | Cholecystectomy | SA |
| 5 | Geeta Devi | F | 60yrs | Prolapse uterus | Vaginal Hysterectomy | SA |
| 6 | Manish Kumar | М | 39yrs | Left inguinal hernia | Herniorrhaphy | SA |
| 7 | Bhagwati Devi | F | 70yrs | Prolapse uterus | Vaginal Hysterectomy | SA |
| 8 | Chandani | F | 67yrs | Prolapse Uterus | Vaginal Hysterectomy | SA |
| 9 | Chamari Devi | | 45yrs | Gall stones | Cholecystectomy | SA |
| 10 | Pinki | F | 48yrs | Gall stones | Cholecystectomy | SA |
| 11 | Khima Devi | F | 81yrs | Gall stones | Cholecystectomy | SA |
| 12 | Kanta Devi | F | 63yrs | Gall stones | Cholecystectomy | SA |
| 13 | Khuri Devi | F | 48yrs | Gall stones | Cholecystectomy | SA |
| 14 | Neema Devi | F | 47yrs | Fibroid uterus | Vaginal Hysterectomy | SA |
| 15 | Rekha Devi | F | 44yrs | Prolapse Uterus | Vaginal Hysterectomy | SA |
| 16 | Parvati Devi | F | 46yrs | Cervical Polyp | Polypectomy | GA |
| 17 | Sumna Devi | F | 35yrs | Small fibroid | Vaginal Hysterectomy | SA |
| 18 | Seema Devi | F | 43yrs | Gall stones | Cholecystectomy | SA |



| 19 | Khem Chand | M | 58yrs | Left inguinal hernia | Herniotomy with mesh | LA |
|----|------------|---|-------|--------------------------|----------------------|----|
| 20 | Mago Devi | F | 53yrs | Gall stones | Cholecystectomy | SA |
| 21 | Gopal | М | 63yrs | Right inguinal Hernia | Herniotomy with mesh | SA |
| 22 | Kamla Devi | F | 70yrs | Gall stones | Cholecystectomy | SA |
| 23 | Baldev | M | 41yrs | Perineal Abscess | I&D | SA |



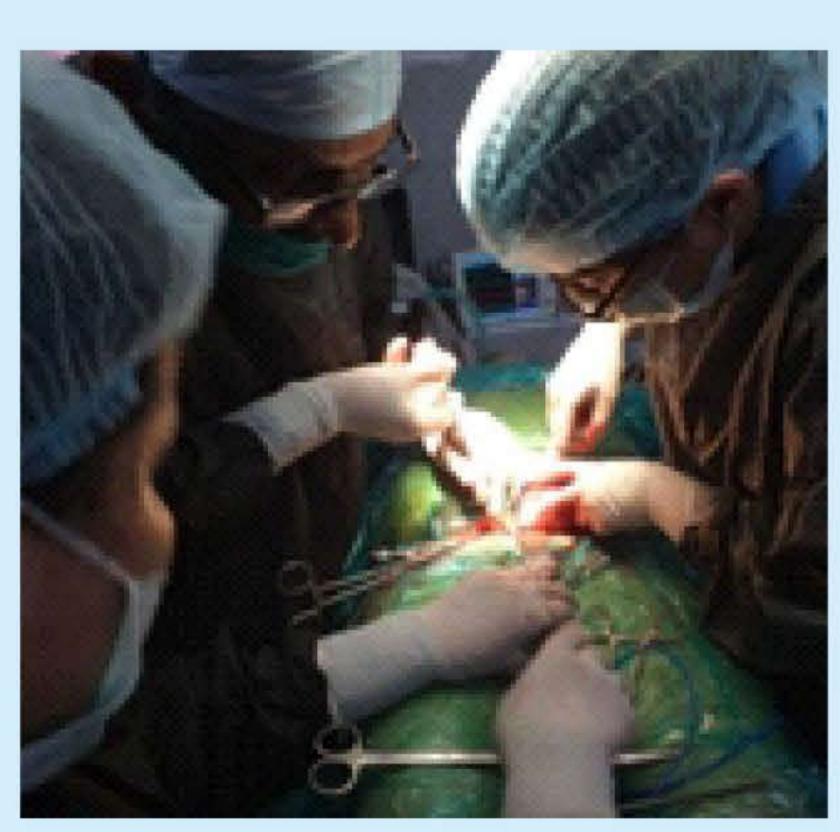




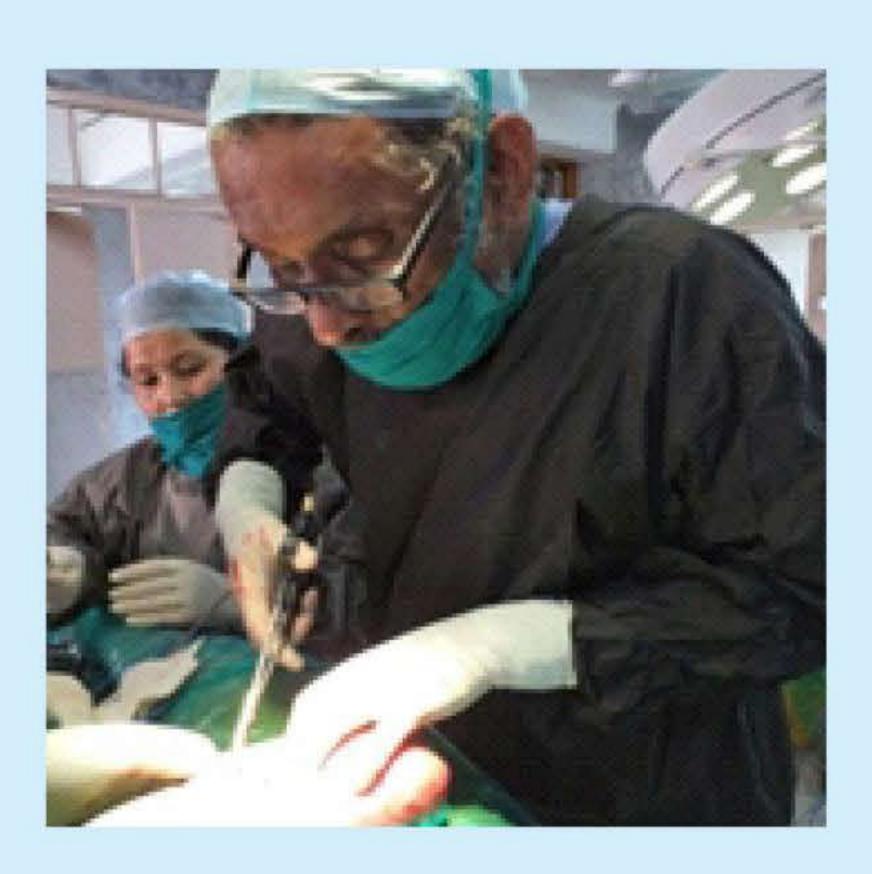


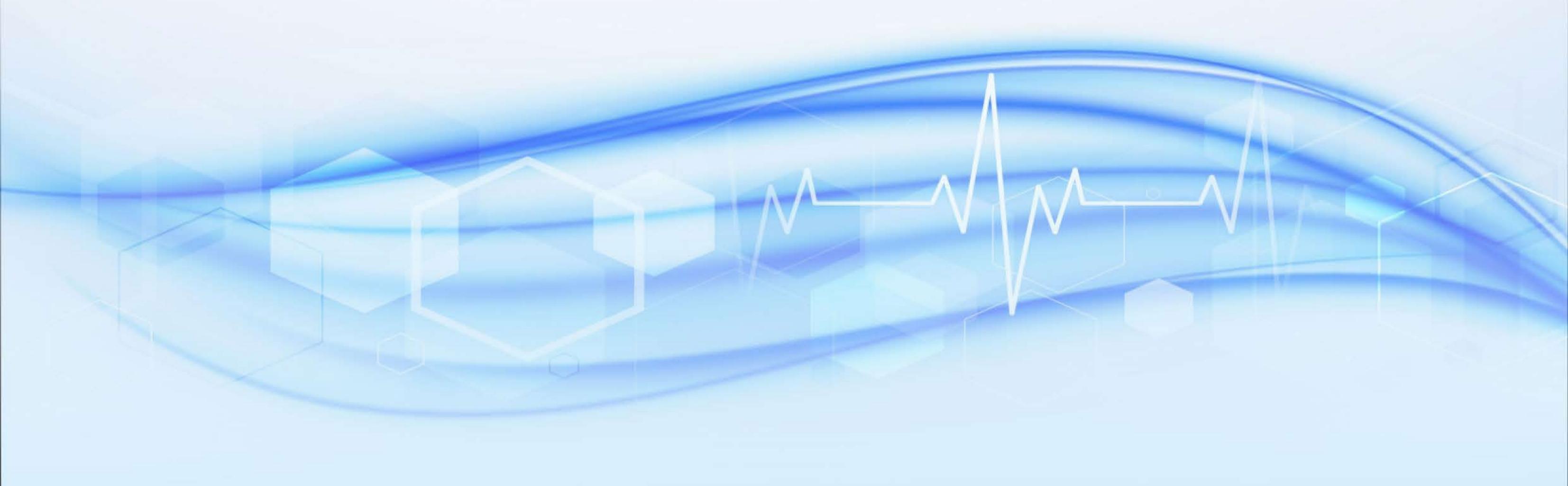












Rotary Club of Joginder Nagar, Distt. Mandi (H.P.)

Dr Bhag Chand Theba

The Joginder Nagar free surgical camp was sponsored by Okti Foundation and Shree Cement with the support of Rotary Club of Joginder Nagar. The surgical teams could perform 25 surgeries of the needy patients.

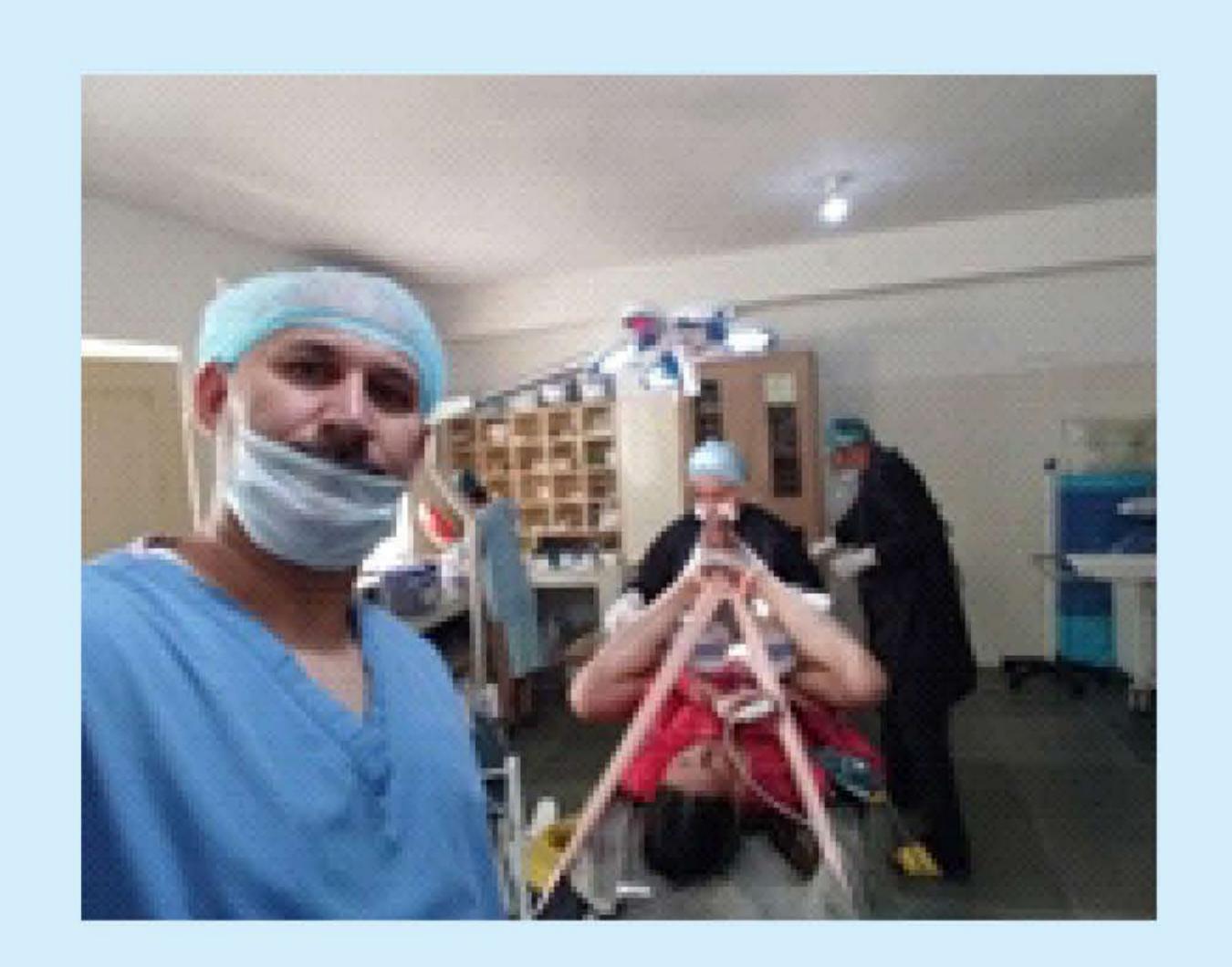
Rotary Club did the local arrangements and helped to have a smooth camp. Local community is grateful to Okti Foundation, Shree Cement and Rotary Club of Joginder Magar for all the help and financial contributions.

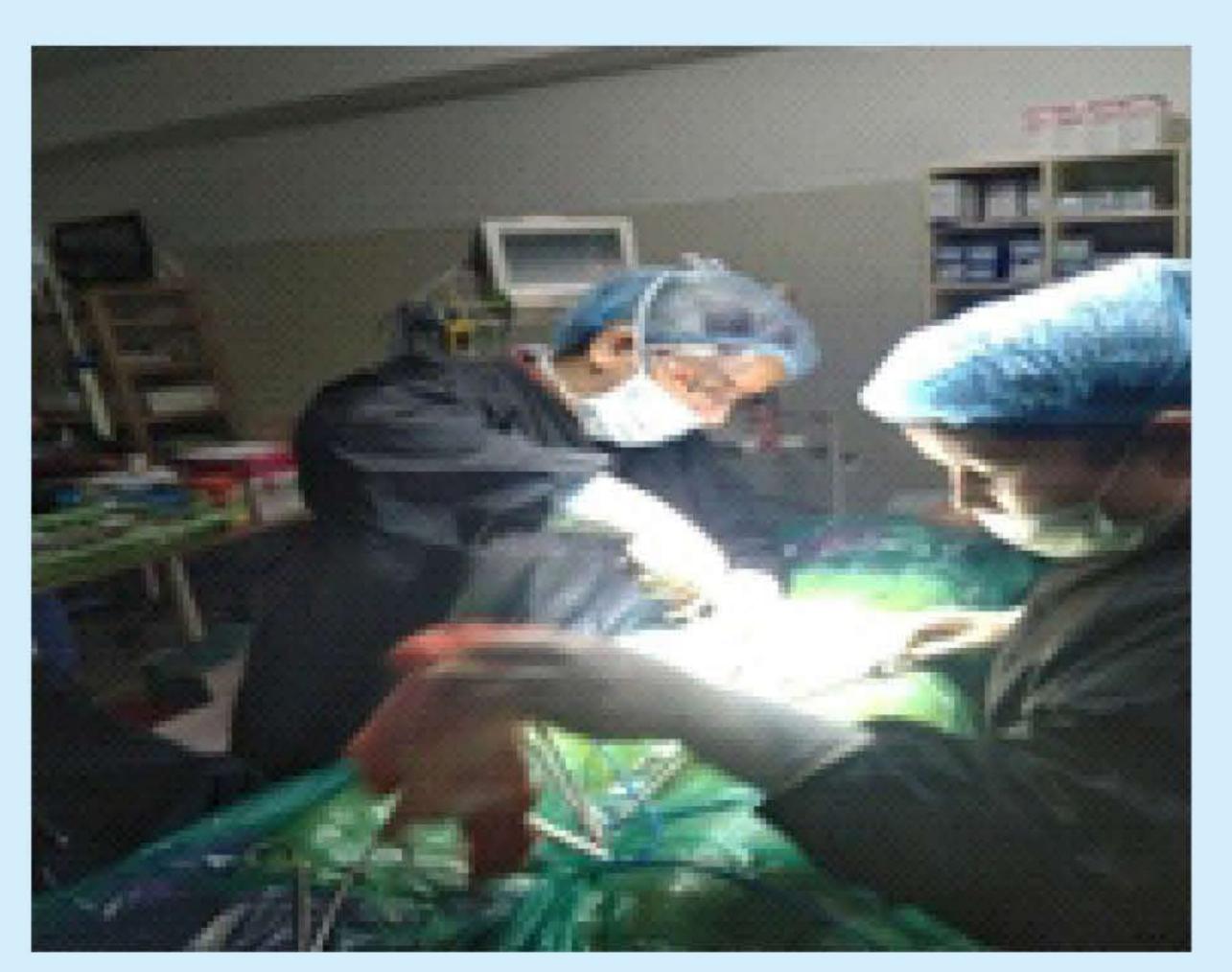
Sahayak Surgical Centre, Manali, Himachal Pradesh-August 23 -25, 2019

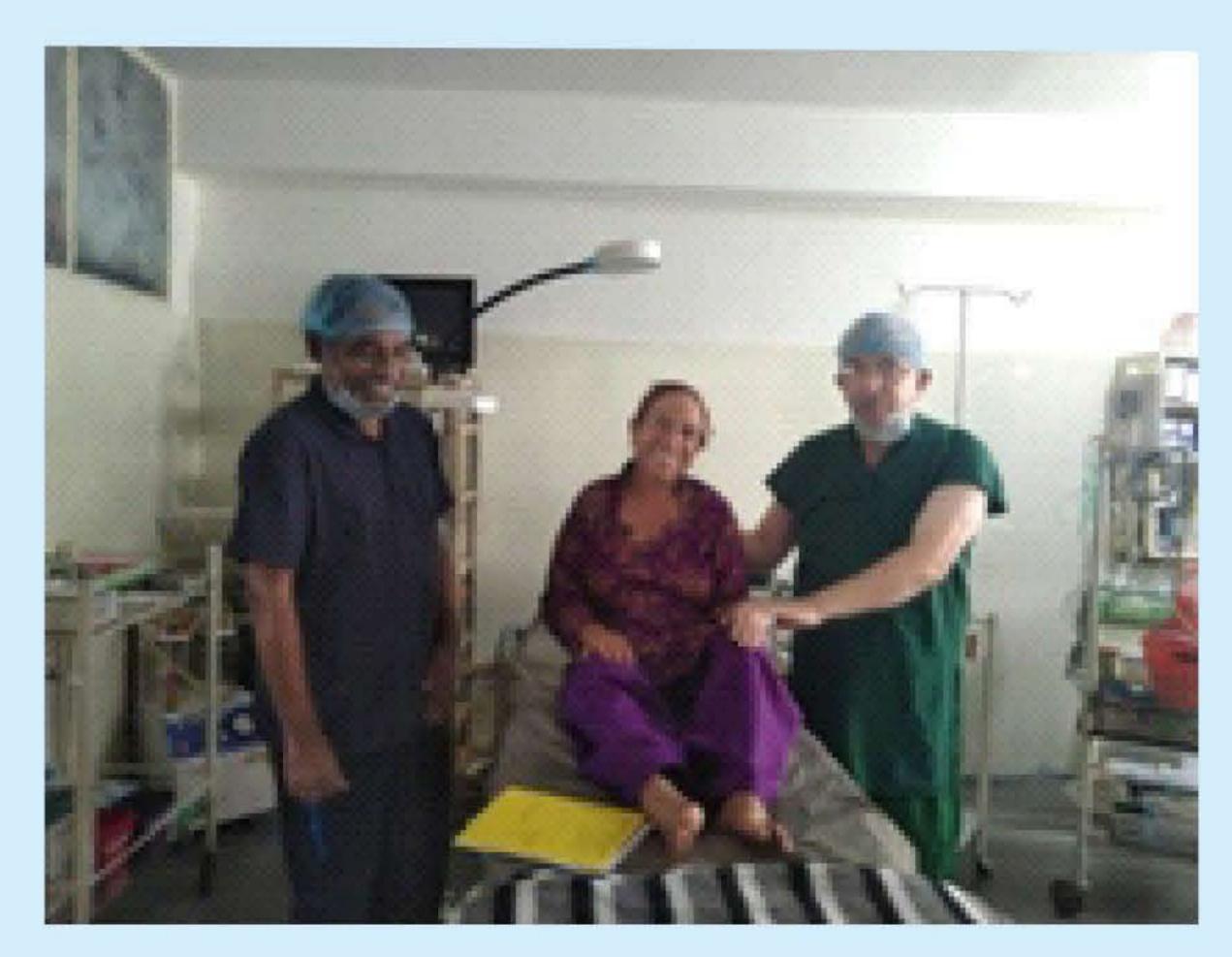
A total of 27 patients were operated free of cost with financial support from Oil and Natural Gas Corporation (ONGC). The Surgical team included Dr George Verghese, Dr Shiela Verghese, Dr T C Sharma, Dr Sonal Bathla, Dr Tova and Mr Harish.

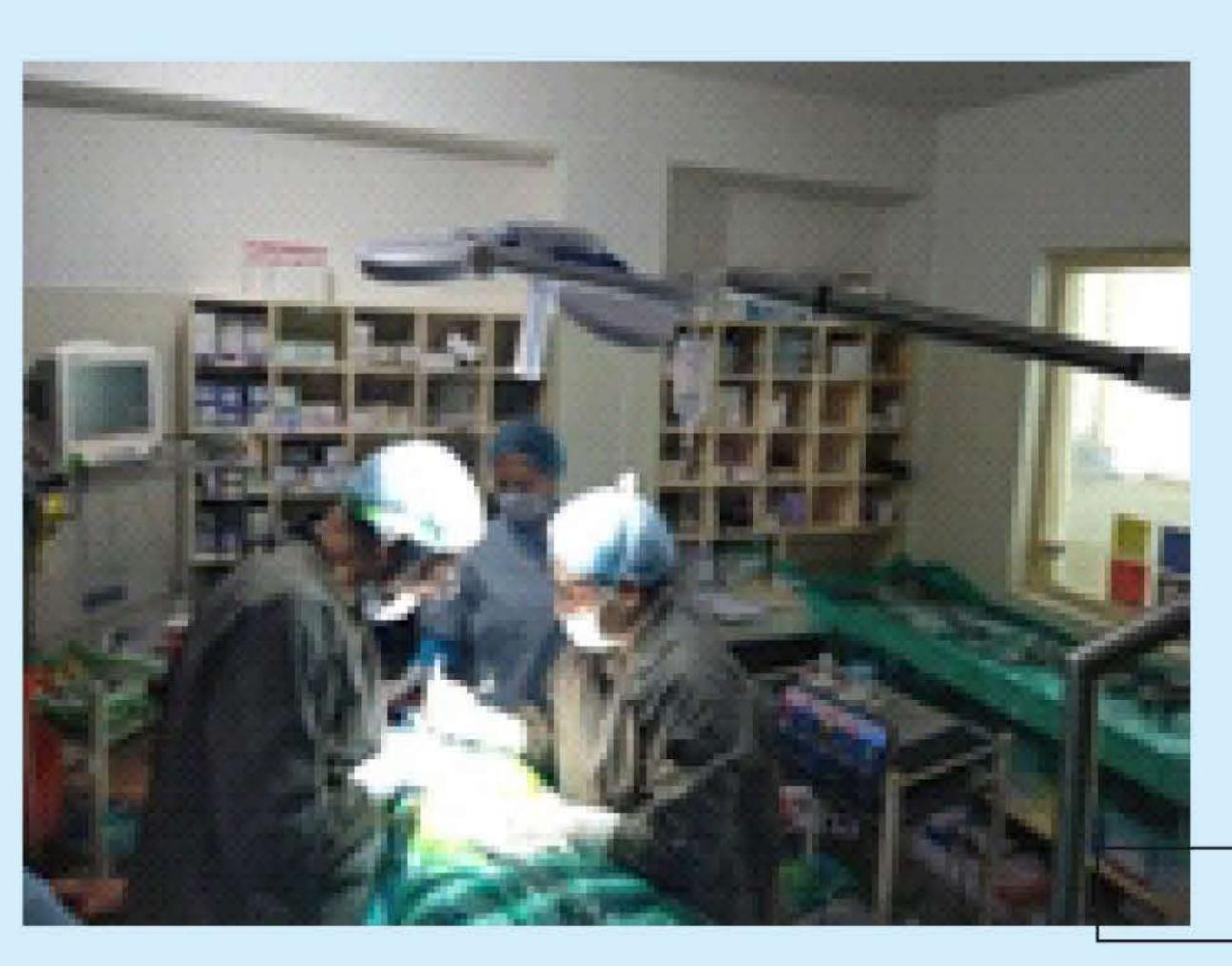
| S.No | Name | Age | Sex | Diagnosis | Surgery | Anasthesia |
|------|-----------------|-------|--------|----------------------|--------------------------------------|------------|
| 1 | Meena | 35yrs | Female | Ovarian | Ovarian Cystectomy | SA |
| 2 | Jamuna | 31yrs | Female | Gall Stones | Cholecystectomy | SA |
| 3 | Sharda | 34yrs | Female | Gall Stones | Cholecystectomy | SA |
| 4 | Amra Devi | 59yrs | Female | Gall Stones | Cholecystectomy | SA |
| 5 | Moni Devi | 30yrs | Female | Gall Stones | Cholecystectomy | SA |
| 6 | Krishna | 45yrs | Female | Gall Stones | Cholecystectomy | SA |
| 7 | Indira | 51yrs | Female | Prolapse Uterus | Vaginal Hysterectomy & repair | SA |
| 8 | Ruplal | 44yrs | Male | Gall Stones | Cholecystectomy | SA |
| 9 | Chering Lama | 53yrs | Male | Gall Stones | Cholecystectomy | SA |
| 10 | Ahmad | 60yrs | Male | Stricture Urethra | OIU | SA |
| 11 | Veena | 38yrs | Female | Prolapse Uterus | Vaginal Hysterectomy & repair | SA |
| 12 | Shama Devi | 42yrs | Female | Gall Stones | Cholecystectomy | SA |
| 13 | Tara Devi | 53yrs | Female | Gall Stones | Cholecystectomy | SA |
| 14 | Sapna | 30yrs | Female | Ureteric stone | Uretero Lithotomy and stenting | SA |
| 15 | Bhumi Devi | 60yrs | Female | Gall Stones | Cholecystectomy | SA |
| 16 | Bhume Ram | 65yrs | Male | BPH | TURP | SA |
| .17 | Bhimi Devi | 40yrs | Female | Gall Stones | Cholecystectomy | SA |
| 18 | Kusuma Devi | 30yrs | Female | Fibroid uterus | Vaginal Hysterectomy | SA |
| 19 | Bimla Devi | 50yrs | Female | Gall Stones | Cholecystectomy | SA |
| 20 | Uma | 38yrs | Female | Gall Stones | Cholecystectomy | SA |
| 21 | Bhuvneshwari | 49yrs | Female | Gall Stones | Cholecystectomy | SA |
| 22 | Chering Lama | 26yrs | Female | Appendicitis | Appendectomy | SA |
| 23 | Dev Kala | 42yrs | Female | Endometrial Polyp | Abdominal hysterectomy | SA |

| 24 | Saunki Ram | 76yrs | Male | BPH | TURP | SA |
|----|------------|-------|--------|-------------------|------------------------|----|
| 25 | Tenzin | 37yrs | Female | Gall Stones | Cholecystectomy | SA |
| 26 | Kaushalya | 39yrs | Female | Fibroid uterus | Abdominal hysterectomy | SA |
| 27 | Ajay | 29yrs | Male | Gall Stones | Cholecystectomy | SA |









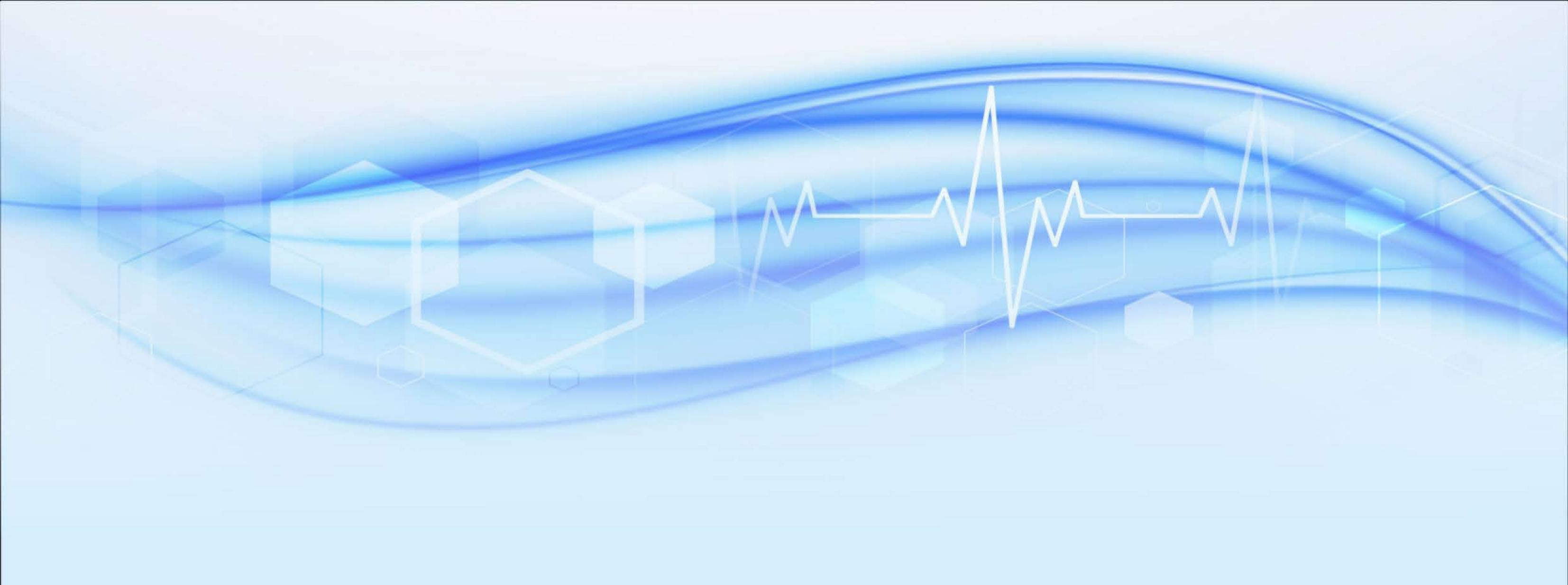




Duncun Hospital, Raxaul, Bihar October 5 - 8, 2019

A total of 25 patients were operated using funds given by Oil & Gas Corporation of India. The surgical team included Dr Sonal Bathla, Dr T C Sharma, Dr Uttam Mahopatra, Dr Shailesh, Dr Akanksha, Dr Serin, Dr Mittali.

| S.No | Patient Name | Age | Sex | Diagnosis | Procedure |
|------|---------------------------|-----|--------|----------------------------------|-----------------------------|
| 1. | "Shila Singh | 49 | Female | Prolapse Uterus | VH with PFR |
| 2. | "Mina Devi | 50 | Female | Prolapse Uterus | VH with PFR |
| 3. | "Vidhyawati Devi | 35 | Female | Prolapse Uterus | VH with PFR |
| 4. | "Koraisa Khatoon | 52 | Female | Prolapse Uterus | VH with PFR |
| 5. | "Bijalipati Devi | 55 | Female | AUB | NDVH |
| 6. | "Poonam Devi | 22 | Female | Prolapse Uterus | VH with PFR |
| 7. | "Hahka Bahadur | 73 | Male | Renal Calculus | PCNL |
| 8. | "Ramdev Ram | 60 | Male | BPH | TURP |
| 9. | "Shashi Bhushan | 21 | Male | Renal Calculus | URS |
| 10 | . Alugu S ah | 62 | Male | BPH | TURP |
| 11 | Nagendra Singh | 35 | Male | Vesical Calculus | Cystolitholapexy |
| 12 | Abhinav Paswan | 28 | Male | Vesical calculus | Cystolitholapexy |
| | Phulsu'nar Devy | 55 | Female | Renal calculus | PCNL |
| 14 | Kritika,, Chandravasi | 2 | Female | Gross hydronephrosis | Nephrectomy |
| | . Rajesh' Prasad | 40 | Male | Renal calculus | PCNL |
| 16 | . Rajan Kumar | 18 | Male | Renal calculus | PCNL |
| 17 | . Aman 'Kumar | 32 | Male | Stricture Urethra | OIU |
| 18 | Samsuddin Ansari | 55 | Male | Renal calculus | PCNL |
| 19 | . MD Gäyasudin | 62 | Male | Stricture Urethra | OIU |
| 20 | . Pappu"Thakur | 22 | Male | Renal calculus | PCNL |
| 21 | Prabhu Kushwaha | 38 | Male | Right VUJ Calculus | Cystoscopy B/L RGP |
| 22 | . Rinki Kumari | 19 | Female | Renal Calculus Hydronephrosis | Percutaneous Nephrostomy |
| 23 | . Ajit Kulmar Giri | 22 | Male | Stricture Urethra | OIU |
| | . Hiralal"Bhagal | 31 | Female | Stricture Urethra | OIU Meatoplasty |
| 25 | Jay Shiv Shankar Kumar | 33 | Male | Stricture Urethra | BNI |







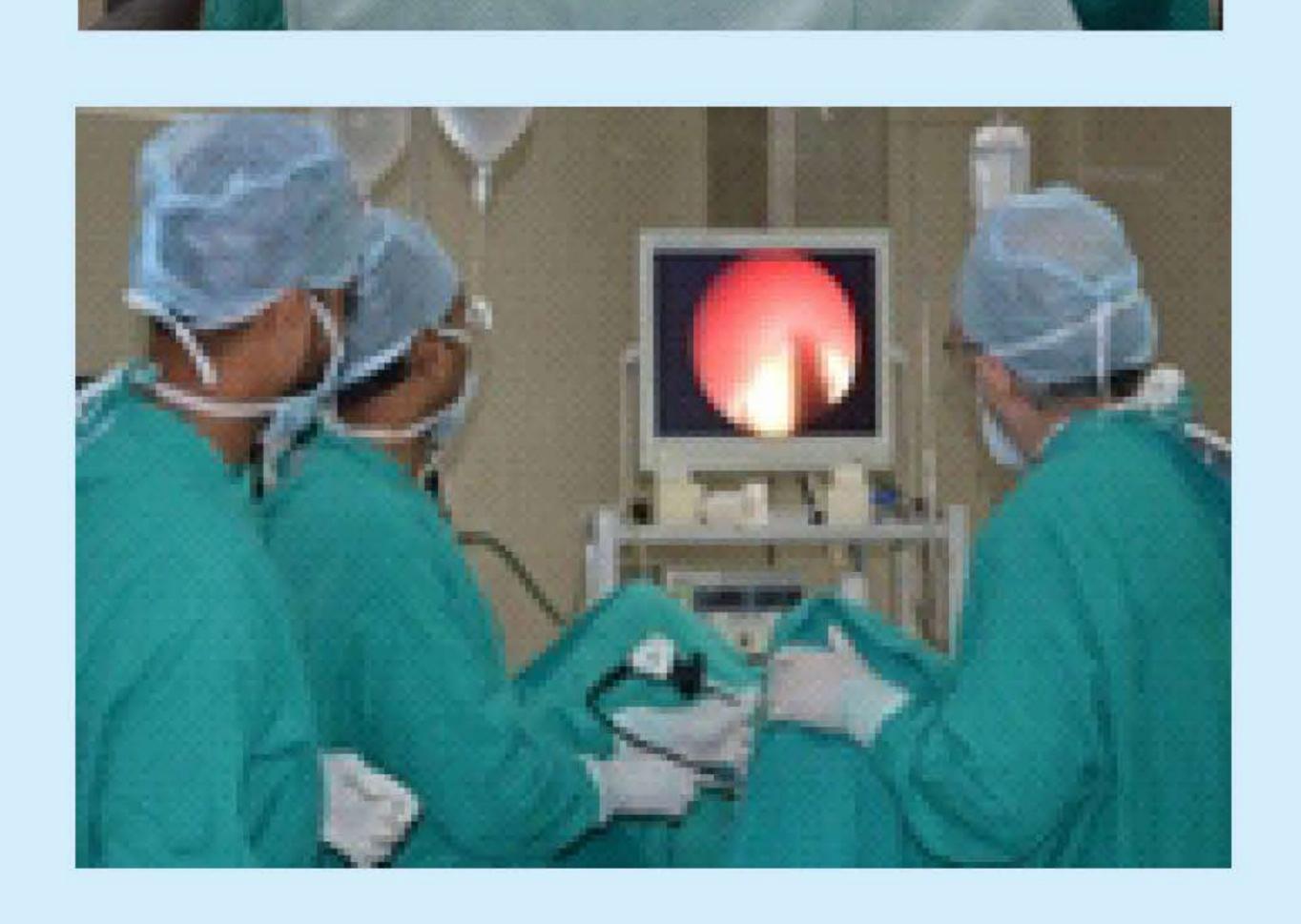


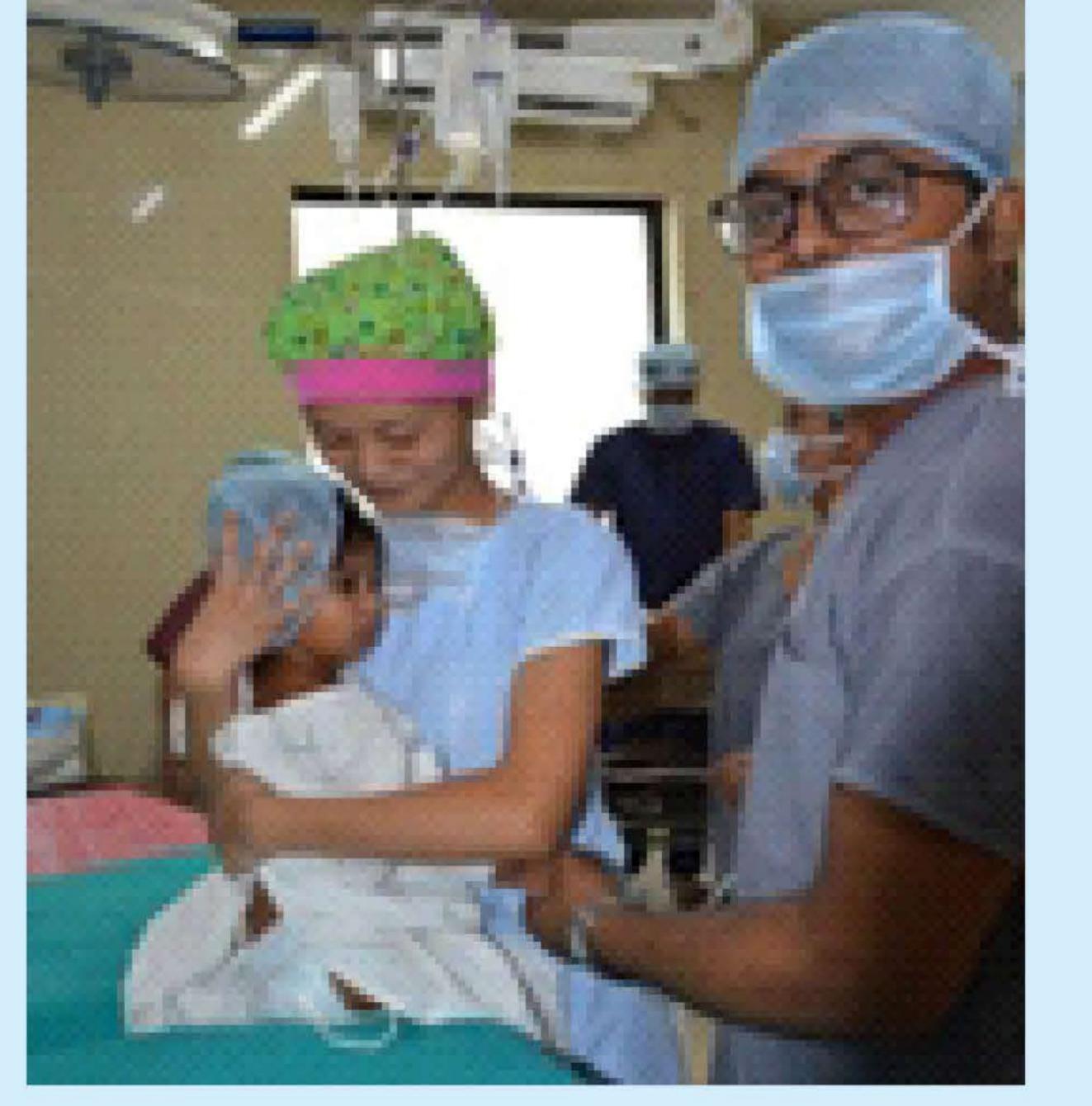












Dr Prabhudas' Hospital, Totu, Shimla November 6-8, 2019

With financial support by the Oil &Natural Gas Corporation, 25 patients were operated at Totu, Shimla in Himachal Pradesh. The surgical team included Dr Prabhu Das and Dr Mandeep. All the patients were discharged in satisfactory condition.

| S No. | Name | Age/Gender | Diagnosis | Procedure |
|-------|-------------------|------------|---|---------------------|
| 1 | Vivek Sharma | M/35 | Lt Inguinal Hernia | Open mesh repair |
| 2 | Manjeet | M/36 | Lt Renal Calculus | Nephrolithotomy |
| 3 | Perm Chand | M/50 | Scrotal Mass (STS) | Wide excision |
| 4 | Bharat Bhushan | M/44 | Scrotal Mass (STS) | Wide excision |
| 5 | Dalip Kumar | M/31 | Lt Ureteric Calculus | Ureterolithotomy |
| 6 | Tarawati | F/58 | Rt Ureteric Calculus | Ureterolithotomy |
| 7 | Swati Sharma | F/34 | Cholelithiasis | Lap Cholecystectomy |
| 8 | Devi Sara | F/45 | Appendicitis | Lap Appendicectomy |
| 9 | Ashu | F/26 | Haemorrhoids | Haemorrhoidectomy |
| 10 | Mansara | F/56 | Epigastric Hernia | Open mesh repair |
| 11 | Naveen | M/27 | Haemorrhoids | Haemorrhoidectomy |
| 12 | Khadak Bahadur | M/28 | Painful Floating rib | Rib resection |
| 13 | Het Ram | M/55 | B/L Inguinal Hernia | Open mesh repair |
| 14 | Zareena | F/66 | Cholelithiasis | Lap Cholecystectomy |
| 15 | Savitri | F/56 | Fibroid Uterus | Hysterectomy |
| 16 | Prem Singh | M/52 | Rt Inguinal Hernia | Open mesh repair |
| 17 | Bhagat Ram | M/50 | Acute Cholecystitis with Cholelithiasis | Lap Cholecystectomy |
| 18 | Sulochana | F/40 | Cholelithiasis | Lap Cholecystectomy |
| 19 | Veer Bahadur | M/45 | B/L hydrocoele | Hydrocelectomy |
| 20 | Sulekh Kumar | M/40 | Rt Inguinal Hernia | Open mesh repair |

| 21 | Dropti | F/52 | Cholelithiasis | Cholecystectomy |
|----|-----------|------|------------------------------|--|
| 22 | Ashima | F/26 | TO Mass | Rt salpingectomy |
| 23 | Sita | F/21 | B/L Ovarian Endometriosis | Partial Cystectomy |
| 24 | Dechan | F/30 | CIN 111 | TAH with Conservation of ovaries |
| 25 | Prem Lata | F/50 | Lt Renal Calculus | Pyelolithotomy |

Civil Hospital Jogindernagar Himachal Pradesh November 1- 4, 2019

Total 30 patients were operated with support given by the the Oil &Natural Gas Corporation (ONGC). The Surgical team included Dr George Verghese, Dr Anju Bala, Mr Harish, Mr Dilip Singh, Sister Raksha and Somlata. All the patients were discharged in satisfactory condition.

| S.No | Name | Age | sex | Diagnosis | Surgery | |
|------|-------------------|-----|--------------------------------|------------------------------------|----------------------------|--|
| 1 | Anju Kumari | 23 | F | Cholelithiasis | Cholecystectomy | |
| 2 | Vyash devi | 30 | | Cholelithiasis | Cholecystectomy | |
| 3 | Yog raj | 53 | | Cholelithiasis | Cholecystectomy | |
| 4 | Rani | 44 | | Cholelithiasis | Cholecystectomy | |
| 5 | Meena devi | 33 | F | Cholelithiasis | Cholecystectomy | |
| 9 | Shakuntla Devi | 60 | | Cholelithiasis | Cholecystectomy | |
| 7 | Kanchana devi | 36 | F | Cholelithiasis Cholecystect | | |
| 8 | Kaushalya devi | 32 | | Post tubal ligation for tuboplasty | Tuboplasty | |
| 9 | Rajni | 24 | F | Cholelithiasis | Cholecystectomy | |
| 10 | Satya devi | 33 | | Cholelithiasis | Cholecystectomy | |
| 11 | Puranchand | 33 | M | Anal fistula | Fistulectomy | |
| 12 | Vicky | 21 | Right indirect inguinal hernia | | Herniorraphy | |
| 13 | Rita devi | 32 | F | Cholelithiasis | Cholecystectomy | |
| 14 | Sweta | 27 | F | Cholelithiasis | Cholecystectomy | |
| 15 | Ishwar das | 43 | Ē | Cholelithiasis | Cholecystectomy | |
| 16 | Kala devi | 47 | | Cholelithiasis | Cholecystectomy | |
| 17 | Gurdei | 52 | | Cholelithiasis | Cholecystectomy | |
| 18 | Guddi devi | 52 | | Cholelithiasis | Cholecystectomy | |
| 19 | Bhawna devi | 37 | | Cholelithiasis | Cholecystectomy | |
| 20 | Abhishek | 8 | Μ | Hydrocoele | Eversion of hydrocoele sac | |

| 1 | r | | i . | | |
|----|----------------|----|-----|---|--|
| 21 | Shanti devi | 34 | | 3rd degree UV prolapse with cystocoele | Vaginal hysterectomy with anterior colporraphy |
| 22 | Jaya devi | 58 | F | Cholelithiasis | Cholecystectomy |
| 23 | Tripta Devi | 32 | F | AUB(L) | Total Abdominal Hysterectomy with bilateral salpingectomy |
| 24 | Pooja | 19 | F | Cholelithiasis | Cholecystectomy |
| 25 | Sushma | 58 | F | Cholelithiasis | Cholecystectomy |
| 26 | Gargi Devi | 61 | | 3 degree UV prolapse with cystocoele with recocoele | Vaginal hystectomy with anterior and posterior perineorraphy |
| 27 | Dhruv Verma | 10 | | Acute appendicitis | Appendectomy |
| 28 | Asha devi | 24 | F | Cholelithiasis | Cholecystectomy |
| 29 | Hada Ram | 77 | М | BPH | Suprapubic prostectomy |
| 30 | Asha devi | 24 | F | Cholelithiasis | Exploration of CBD |

















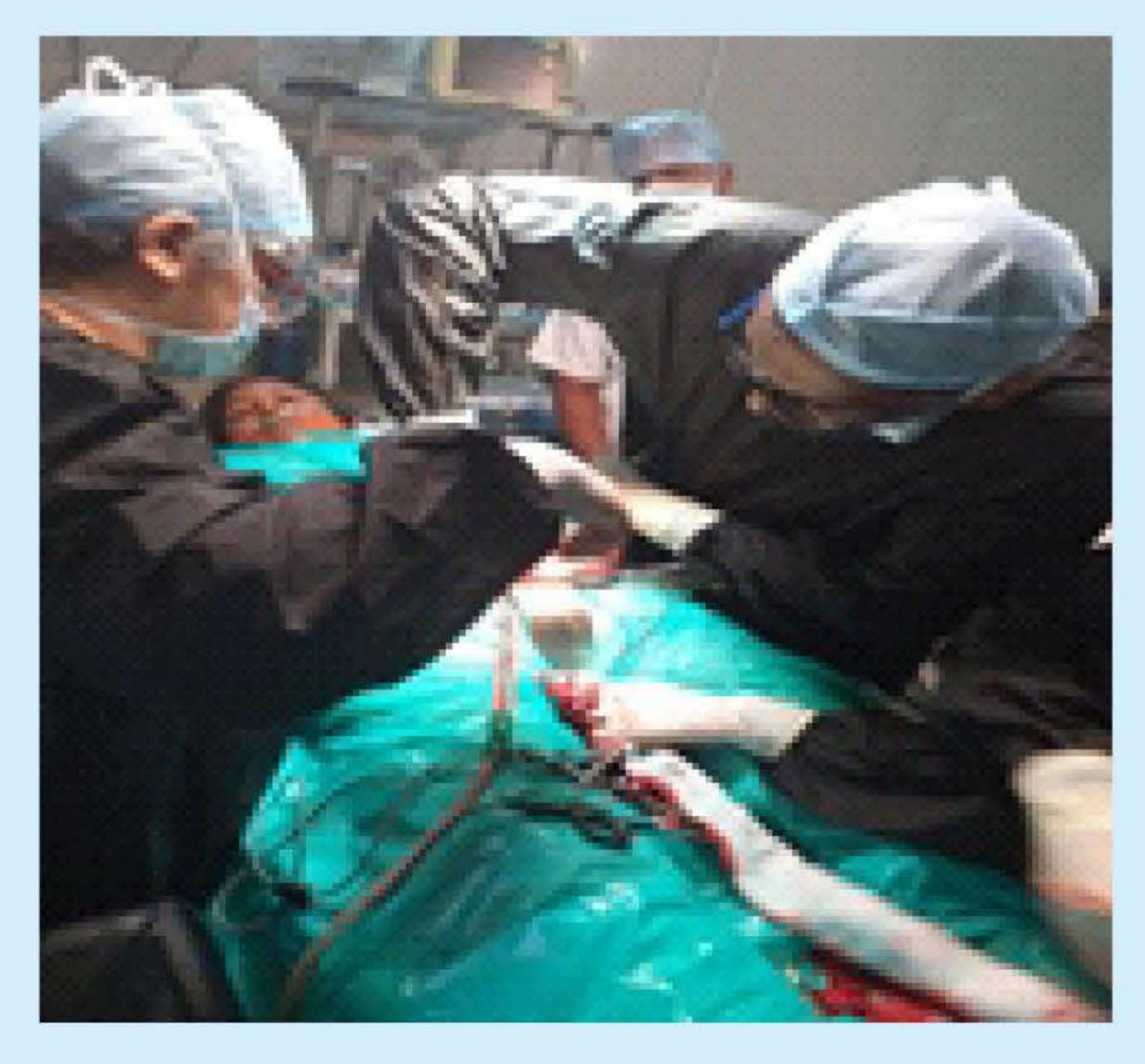


Shri Narayan Dasji Hospital, Sendhwa M.P. November 23-27, 2019

Supported by Shri Digamber Jain Divya Deshna Trust and Navjeevan Community Development Society New Delhi, a total of 63 patients were operated. The surgical team included Dr George Verghese, Dr Sampat , Dr Sonal Bathla, Dr Babitha and Mr Harish. All the patient did well and no complication was encountered.

| S.No | Patient Name | Procedure | | |
|------|--------------|----------------------------------|--|--|
| 1 | Balki | TVH+AC+Perineorrhaphy | | |
| 2 | Salu bai | TVH+AC+PC | | |
| 3 | Rajkumar | Circumcision | | |
| 4 | Karia Bai | NDVH | | |
| 5 | Nandki Bai | TVH | | |
| 9 | Badal | Herniotomy | | |
| 7 | Suman Rai | NDVH | | |
| 8 | Nuri bai | NDVH | | |
| 9 | Sheetal | Gland Removal | | |
| 10 | Raju barela | Removal of lipoma | | |
| 11 | Hinda bai | TVH | | |
| 12 | Seeta bai | NDVH | | |
| 13 | Aladi bai | TVH+ AC | | |
| 14 | Savitri | Tubal Ligation | | |
| 15 | Rekha | Tubal Ligation | | |
| 16 | Mankiya | Hernioplasty | | |
| 17 | Putiya | Removal sebaceous cyst | | |
| 18 | Devisingh | Haemorrhoidectomy | | |
| 19 | Chouwdas | Removal sebaceous cyst | | |
| 20 | Manya bai | TVH+AC+Perineorrhaphy | | |
| 21 | Murli bai | Gland Removal | | |
| 22 | Aditi | Circumcission | | |
| 23 | Subrata | NDVH | | |
| 24 | Dropati | Open cholecystectomy | | |
| 25 | Jeela bai | TVH+AC+Perineorrhaphy | | |
| 26 | Prem | Herniotomy | | |
| 27 | Yammura bai | Open Cholecystectomy | | |
| 28 | Revali bai | TVH+AC+PC | | |
| 29 | Aryan | Circumcision | | |
| 30 | Rasabai | NDVH | | |
| 31 | Keni bai | TVH+AC+ PC | | |
| 32 | Meera bai | NDVH | | |
| 33 | Nursiya | TAH | | |
| 34 | Mehanti bai | TVH+AC+Perineorrhaphy | | |
| 35 | Lalita | NDVH | | |
| 36 | Surmiya bai | TVH | | |
| 37 | Rambal | NDVH | | |
| 38 | Shubham | Contracture release & Skin craft | | |
| 39 | Lalliram | Herniotomy | | |
| 40 | Foppy | Anal tag removal | | |

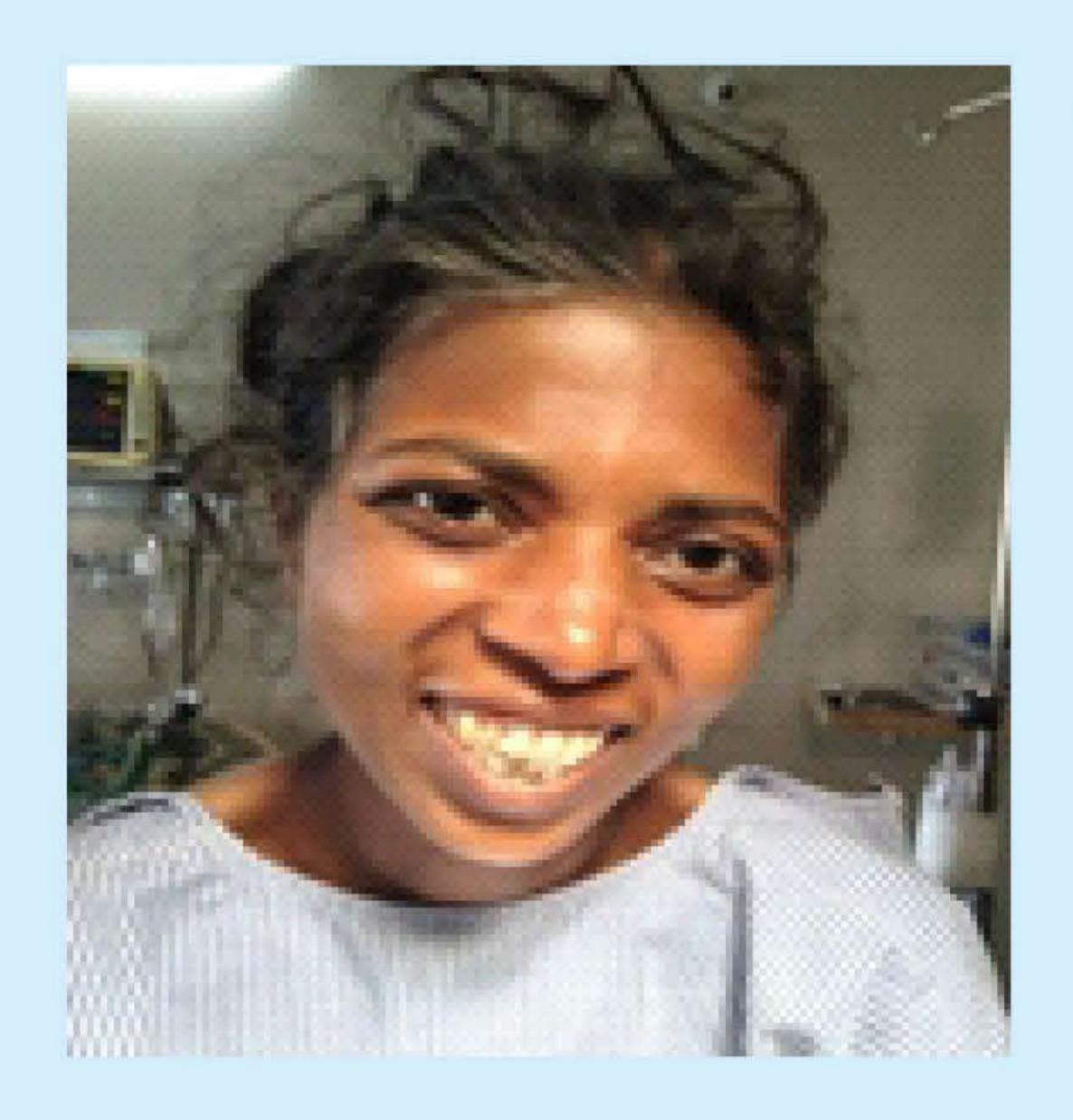
| 41 | Remulibai | Lump removal | | |
|----|-------------------|-------------------------|--|--|
| 42 | Fizal | Excision of Lipoma | | |
| 43 | Chouwdas | Haemrhoidectomy | | |
| 44 | Surekha | Sebaceous cyst Excision | | |
| 45 | Urmila | Excision+Skin Graft | | |
| 46 | Leela bai Tukuram | NDVH | | |
| 47 | Leela bai jagdish | NDVH | | |
| 48 | Batirai | TVH+AC+Perineophaphy | | |
| 49 | Bistan Rupsingh | Hydreocele repair | | |
| 50 | Subha | Anal Tag Removal | | |
| 51 | Subi bai | Anal tag Removal | | |
| 52 | Amna bai | Lump Removal | | |
| 53 | Sakuntala kotla | Sebaceous cyst Removal | | |
| 54 | Siyani bai | Lump Removal | | |
| 55 | Raisa bai | Anal tag Removal | | |
| 56 | Sawadi | TVH | | |
| 57 | Parikshith sharma | Herniorrhaphy | | |
| 58 | Sardar | Haemorrhoidectomy | | |
| 59 | Zami | Lump Removal | | |
| 60 | Tukuram | Lump Removal | | |
| 61 | Bhagawati | Anal tag Removal | | |
| 62 | Bharti | Sebaceous cyst Removal | | |
| 63 | Sahib Rao | Anal tag Removal | | |







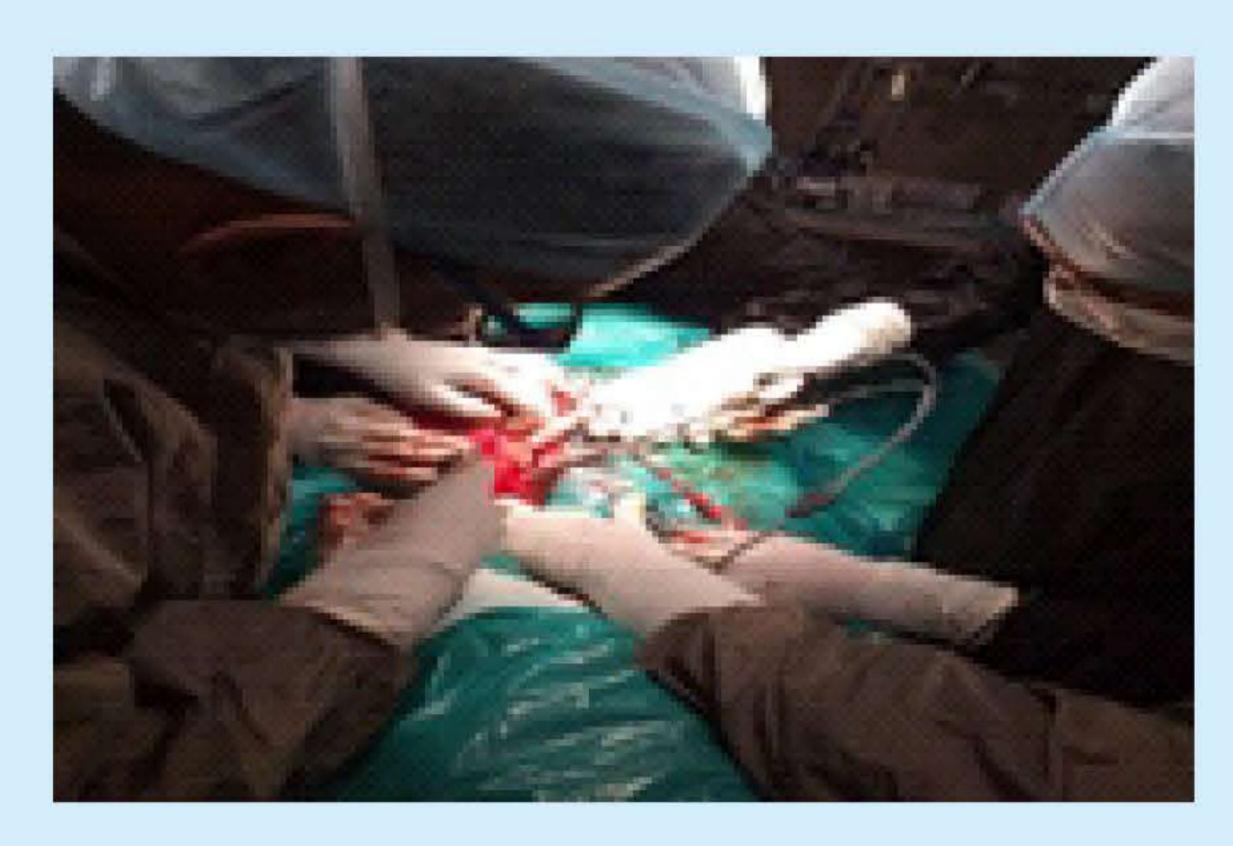


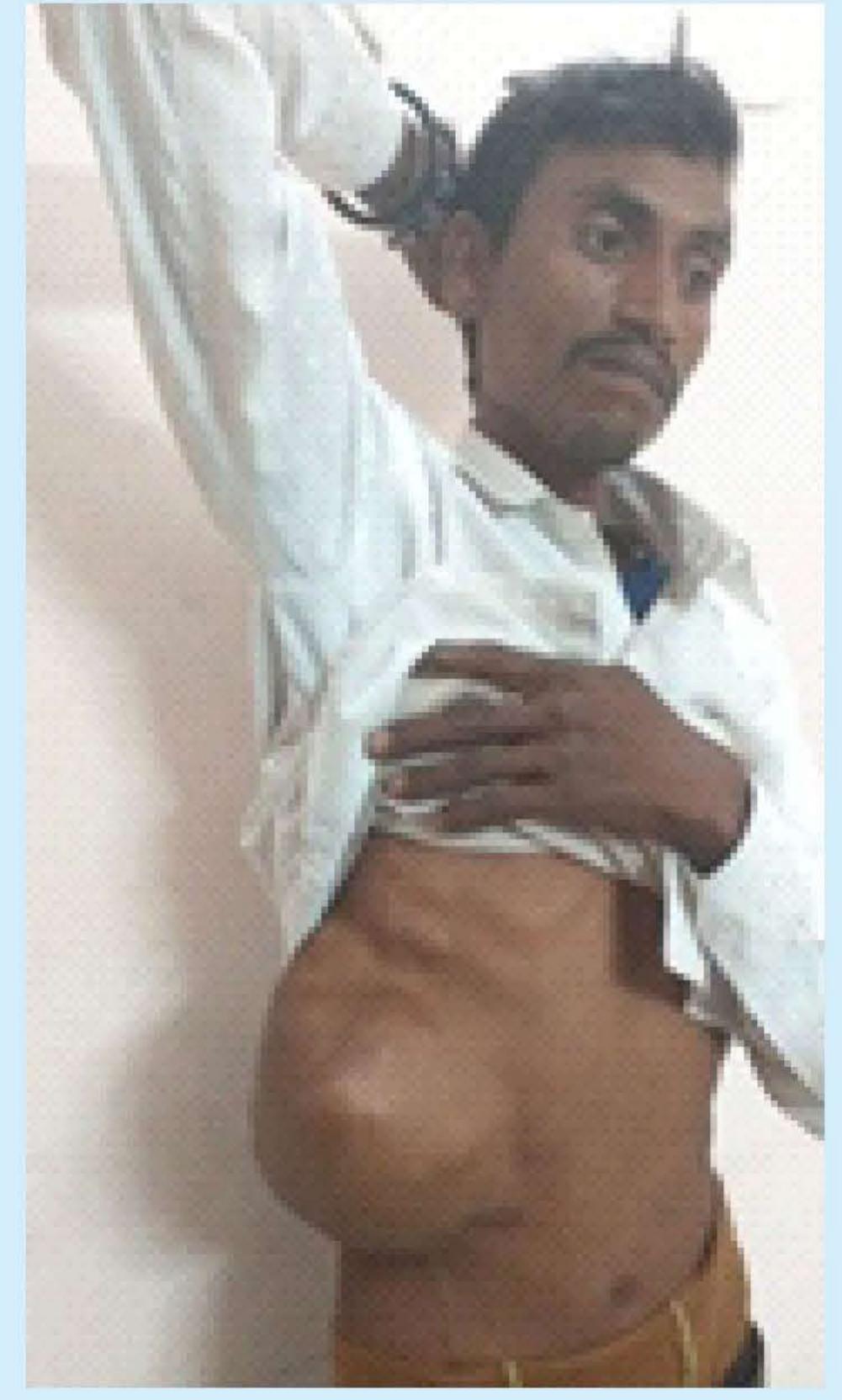




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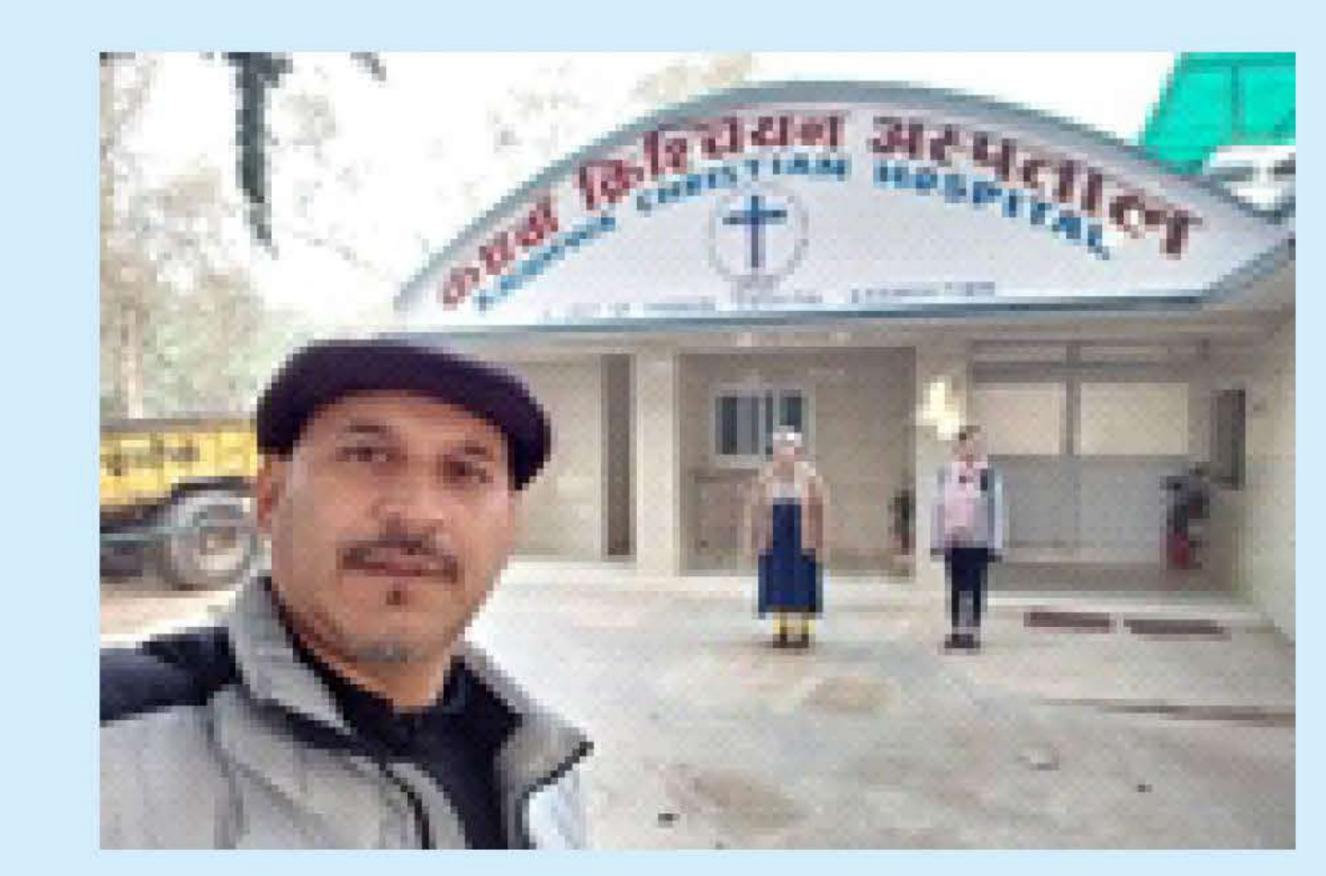
Kachhwa Christian Hospital, Kachhwa, Varanasi December 16-22, 2019

A total of 25 patients were operated using funds given by Oil & Gas Corporation of India at the 125 year old hospital in Kachhwa. The surgical team included Dr Sonal Bathla, Dr T C Sharma, Dr Dinesh, Dr Raju, Mr Harish, Sister Somlata and Dolma.

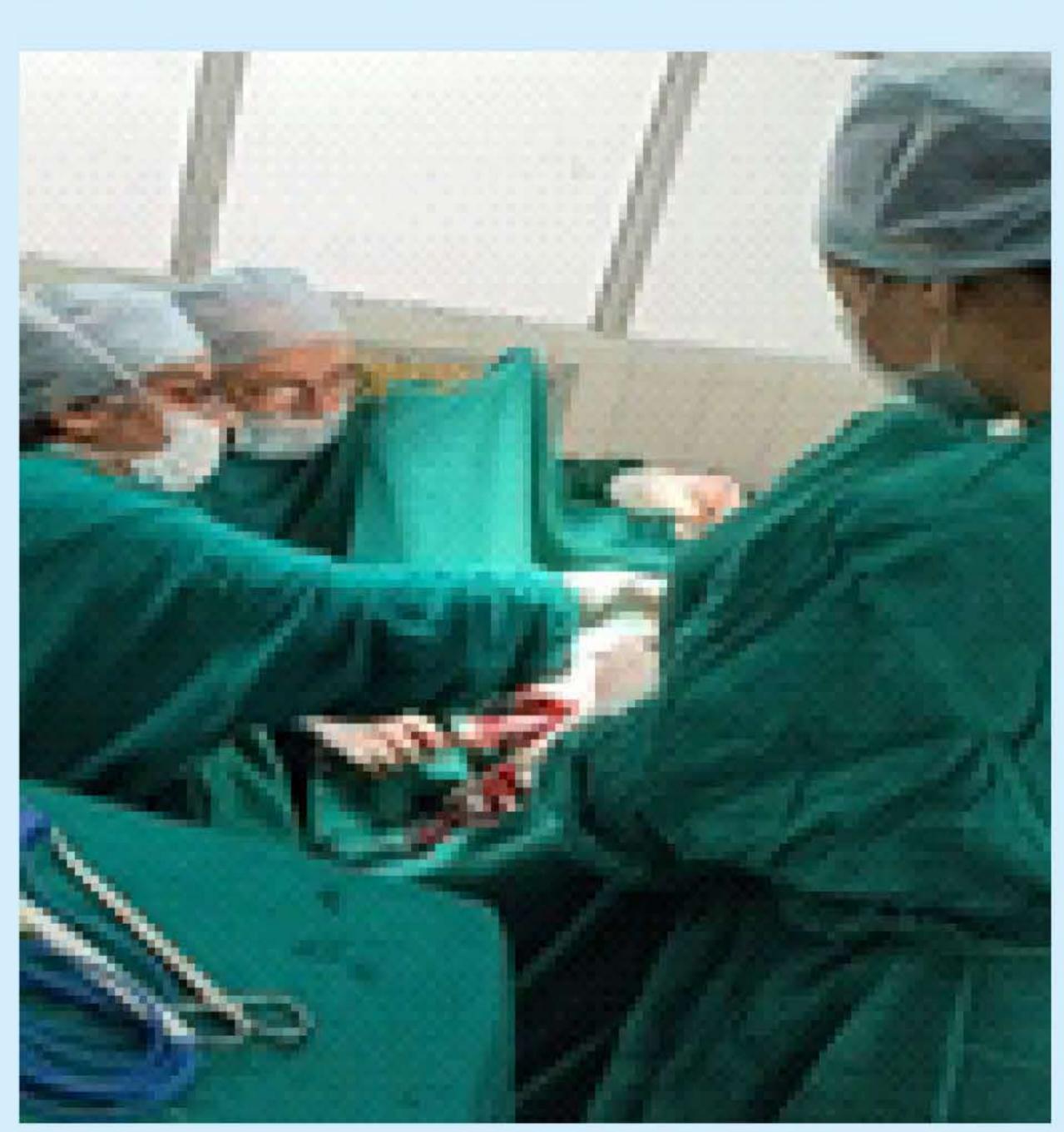
| S.No | Name | Age | Sex | Add | Diagnosis | Proceture |
|------|-----------|-----|--------|----------|-------------------------------|--|
| 1 | Reeta | 38 | Female | Mirzapur | Prolapse | Vaginal hysterectomy with anterior & posterior colporraphy |
| 2 | Pushpa | 38 | Female | Mirzapur | Prolapse | Vaginal hysterectomy with anterior & posterior colporraphy |
| 3 | Sumita | 35 | Female | Mirzapur | Prolapse | Vaginal hysterectomy |
| 4 | Lakhami | 52 | Female | Mirzapur | Vault Prolapse | Vault suspention |
| 5 | Sona | 55 | Female | Mirzapur | Procidentia | Vaginal hysterectomy with anterior & posterior colporraphy |
| 6 | Sushila | 45 | Female | Mirzapur | Cystocoele & Rectocoele | Anterior & posterior repair |
| 7 | Ratna | 43 | Female | Mirzapur | Prolapse | Vaginal hysterectomy with anterior & posterior colporraphy |
| 8 | Radha | 48 | Female | Mirzapur | Prolapse | Vaginal hysterectomy with anterior & posterior colporraphy |
| 9 | Kera Devi | 56 | Female | Mirzapur | Prolapse | Vaginal hysterectomy with anterior & posterior colporraphy |
| 10 | Gulabi | 45 | Female | Mirzapur | Prolapse | Vaginal hysterectomy with anterior & posterior colporraphy |
| 11 | Kunti | 45 | Female | Mirzapur | Prolapse | Vaginal hysterectomy with anterior & posterior colporraphy |
| 12 | Gita | 58 | Female | Mirzapur | Prolapse | Vaginal hysterectomy with anterior & posterior colporraphy |

| 13 | Nilesh | 23 | Male | Bhadohi | Right hydrocele | Right hydrocelectomy |
|----|------------------|----|--------|----------|--------------------|--|
| 14 | Munara | 50 | Female | Bhadohi | Prolapse | Vaginal hysterectomy |
| 15 | Raj Kumar | 32 | Female | Bhadohi | Polyp | Polypectomy |
| 16 | Heera Mani | 50 | Female | Varanasi | Prolapse | Vaginal hysterectomy |
| 17 | Chandra wati | 55 | Female | Mirzapur | Prolapse | Vaginal hysterectomy with anterior & posterior colporraphy |
| 18 | Geeta | 32 | Female | Varanasi | Prolapse | Vaginal hysterectomy with anterior & posterior colporraphy with culdoplasy |
| 19 | Manju Devi | 38 | Female | Mirzapur | Prolapse | Vaginal hysterectomy with anterior & posterior colporraphy |
| 20 | Sushila | 48 | Female | Bhadohi | Prolapse | Vaginal hysterectomy with anterior & posterior colporraphy |
| 21 | Shiv Devi | 70 | Female | Bhadohi | Prolapse | Vaginal hysterectomy with anterior & posterior colporraphy |
| 22 | Lalmati | 36 | Female | Mirzapur | Fibroid uterus | Non Descent vaginal hysterectomy |
| 23 | Jai Devi | 50 | Female | Allahbad | Prolapse | Vaginal hysterectomy with anterior & posterior colporraphy |
| 24 | Khedana Devi | 48 | Female | Kachhwa | Prolapse | Vaginal hysterectomy with anterior & posterior colporraphy |
| 25 | Hirawati Devi | 45 | Female | Kachhwa | Prolapse | Vaginal hysterectomy with anterior & posterior colporraphy |















Sant Parmanand Hospital, Delhi

Low risk patients were selected for surgeries at remote locations while the high risk patients were brought to Sant Parmanand Hospital, Delhi for effective surgical management in collaboration with the ONGC. During 2018, 12 such patients were operated at Sant Parmanand Hospital by Dr Sonal Bathla, Dr T.C Sharma, Dr Shalu Jain, Dr Anju Bala, Dr Akanksha, Dr. Kalla, Dr B.N. Seth & team. The administration of the hospital including Sh B.G.Bangur, Dr Shekhar Agarwal and Dr Nirmala Agarwal were ever encouraging.

List of Patients

| S.NO | Name | Age | Sex | Diagnosis | Surgery |
|------|----------------------|-----|--------|---|---|
| 1 | Sulekha | 39 | Female | Secondary infertility | Laparoscopy proceed laparotomy with adhesiolysis with hysteroscopy |
| 2 | Rakhi | 32 | Female | AUB with fibroid uterus | NDVH with conservation of ovaries |
| 3 | Radha | 36 | Female | Primary infertility on ATT with moderate anemia. | Diagnostic laparoscopy + Operative hysteroscopy with vulval tumor resection |
| 4 | Dechen Wangm o | 30 | Female | Pregnancy with CIN III on cervical biopsy with atypical glandular cells in LBC. | Termination of Pregnancy |
| 5 | Samina | 21 | Female | Secondary infertility with left adnexal cyst with right tubal block. | Laparoscopy with Hysteroscopy |
| 6 | Afroja Khatoon | 25 | Female | Primary infertility on ATT with hypothyroidism | Hysteroscopy with Laparoscopy with Left ovarian drilling |
| 7 | Asha | 52 | Female | P3 L3 post hysterectomy (TAH) with vesico vaginal fistula | Cystoscopy + Left DJ stenting with VVF repair |
| 8 | Nafeddin | 36 | Male | Right ureteric stone with Moderate HDUN with Acute renal failure | Right URS + D.J.Stenting |
| 9 | Heena | 26 | Female | Primary infertility. | Diagnostic Laparoscopy Hysteroscopy |
| 10 | Sukh Devi | 40 | Female | P4 L4 with hypothyroidism with IUCD in situ. | Hysterscopic guided CuT removal |
| 11 | Babli Sharma | 54 | Female | Gall Stone disease | Lap. Cholecystectomy |
| 12 | Julita Tirki | 34 | Female | G3 Ab2 with 38wks pregnancy with breech presentation | LSCS |

B. OKTI's Other Ventures toward Rural Wellbeing

1. Awareness & Screening Camps

Project: Cervical Cancer Awareness, Screening & Vaccination-Phase 1-August 23, 2019

The Project "Cervical Cancer Awareness, Screening & Vaccination" was a joint effort of Okti Foundation and ONGC, Delhi. The first phase of "Cervical Cancer Awareness" was organised on August 23, 2019 at District Kullu, Himachal Pradesh.

The purpose of this project was to reach out to women and adolescent girls from the low income strata in remote locations and educate them about the prevalence of cervical cancer in India, its risk factors, and symptoms and spread awareness on the importance of screening and vaccination against it.

Awareness Talks were organized at various locations both for young girls and married women aiming at prevention and screening for cervical canc

- Haripur School Kullu, where health talks were given by Dr Shiela Verghese and Dr Sonal Bathla and about 100 young girls were encouraged for registration for vaccination.
- 2. Day Star School, Manali where counselling of 100 young girls regarding sanitation, menstrual hygiene contraception and protection against cervical cancer was conducted.

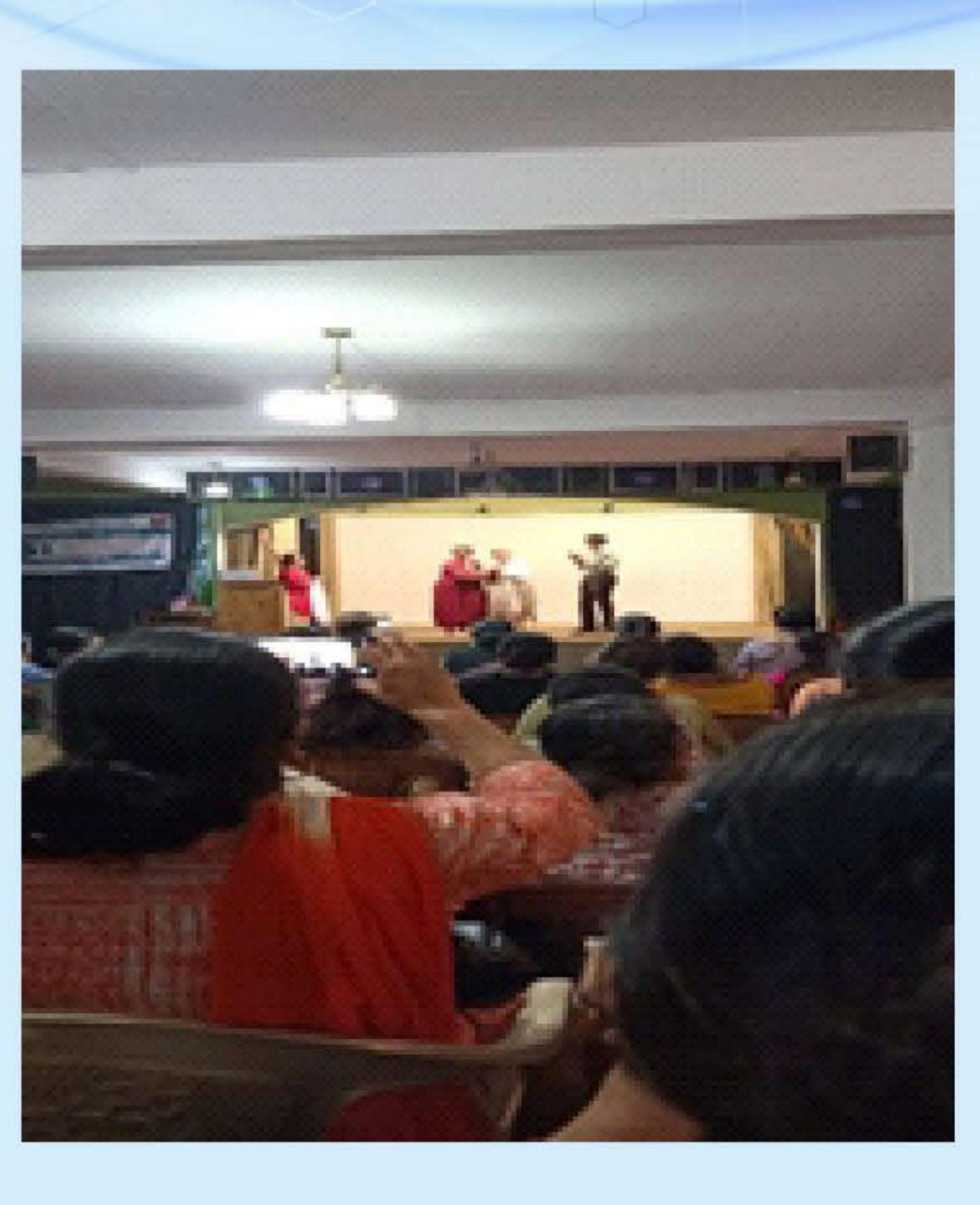
- 3. Day Star School, Manali where perimenopausal women were counselled about perimenopausal health issues and screening against breast and genital cancers. The event was followed by refreshment. Registration for screening for screening against cervical cancer was initiated.
- 4. Village Saharan where 180 women were counseled by Dr George Verghese on August 6, 2019 regarding personal hygiene, menopausal issues, prevention of cervical cancer and harmony in family.

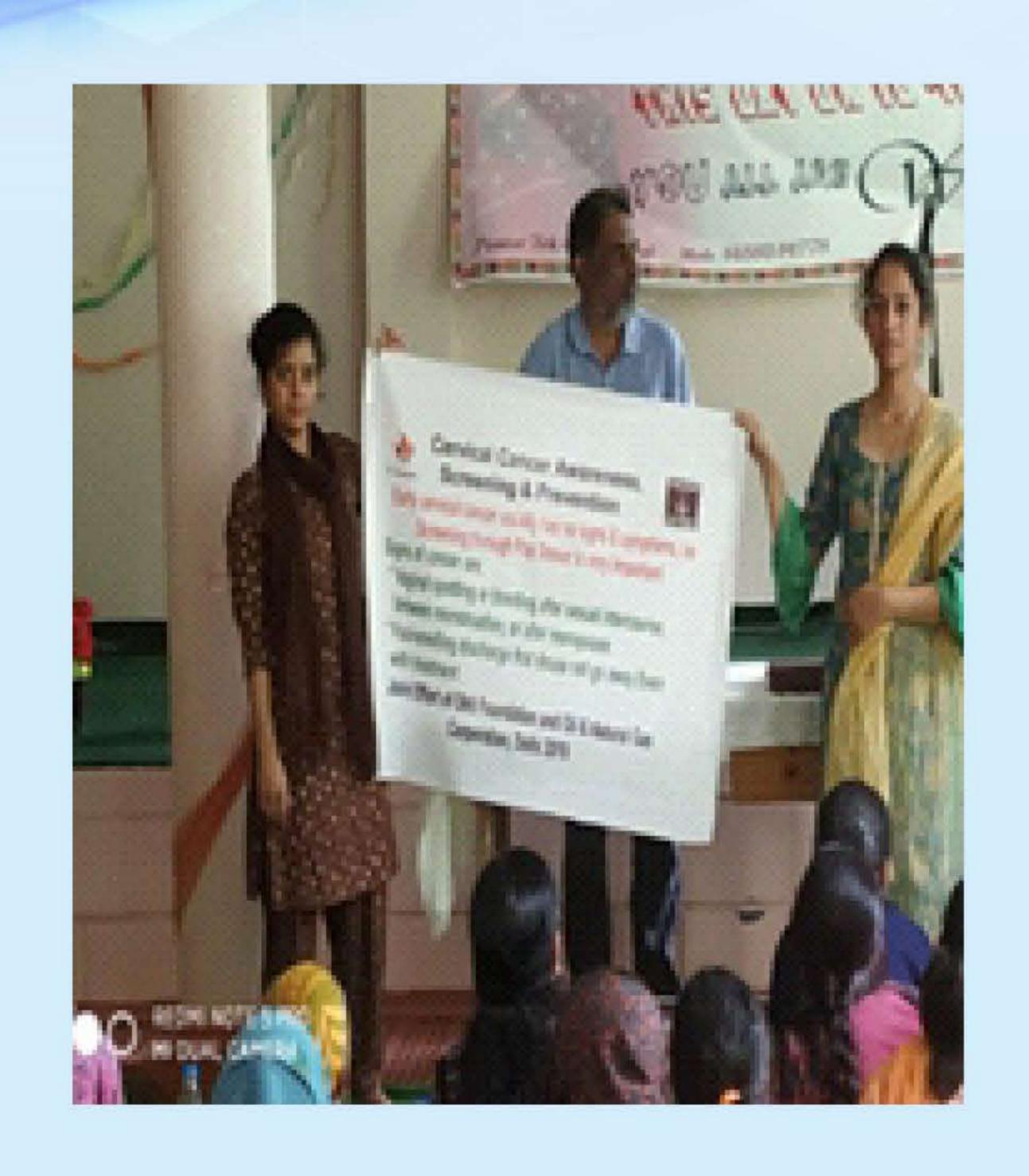
An overwhelming response was seen. Many women had emotional outburst after the event and they requested for another round of talks. The concept of vaccination was also welcomed by them. Some women had health queries which were promptly attended. A total of 150 women were addressed .They were encouraged to take part in phase two, where screening and vaccination was to be executed. Enrolment for check-up was free and voluntary. With the help of volunteers, large number of women and girls were enrolled. The Information Booklets were distributed.



















Cervical Cancer Screening and Vaccination Drive Manali – Phase II September 29-30, 2019

With the commitment of dedicated team, Phase 2 of Cervical Cancer Screening and Vaccination Drive was accomplished on 29th and 30th September 2019 at The Sahayak Surgical Centre in Manali, Himachal Pradesh. A team of 4 doctors, 4 staff nurses, 2 laboratory technicians, 4 paramedics conducted the event, where a total of 226 women came for check-up and 160 girls came with guardians for vaccination

An overwhelming response was observed as women and school principals brought their daughters/young female relatives/students between 9 to 13 years for HPV vaccination. 160 girls were immunized with first dose of HPV vaccine after parental/guardians written and informed consent. It was informed that second dose will be given after 6 months.

Women of age group 21 to 70 years attended the camp. On the spot weight, Blood Pressure, random blood sugar was recorded to screen for obesity, hypertension and diabetes. Breast and abdominal examination was done for all. Per speculum examination was done forall women who were willing. Liquid based cytology was performed in 130 women. Thirty three women had unhealthy cervix who were subjected to HPV DNA testing on the same sample. Bimanual pelvic examination was done

and where ever suggestive of pelvic pathology, USG pelvis was advised. Women in whom unhealthy cervix was identified on speculum examination, visualisation after application of Acetic acid and Lugol's iodine was done. There were 17 such patients who were subjected to VIA/VILLI, 5 of them required biopsy followed by electrocautery under "SEE and TREAT" Program. Four punch biopsies and one polypectomy specimen were sent for histopathological examination.

There were 6 hysterectomised and 7 unmarried women. Uncontrolled hypertension (140/90 mm of Hg) was recorded in 27 women, 4 had high blood sugar (200mg/dL) and 10 were found to be anaemic. Syndromic treatment for Pelvic Inflammatory Disease and Vaginitis was given to 70 and 25 women respectively. Basic drugs like Iron, Calcium, Antibiotics, Vaginal pessaries were dispensed wherever indicated. On clinical examination 4 patients had pelvic pathology, for which they were referred for ultrasonography.

LBC showed atypical glandular cells in one patient, vaginitis in 10 and rest all were normal. Out of the 33 HPV samples, 6 came positive. One cervical intraepithelial neoplasia grade 3 was detected among 5 biopsy samples and the patient is being worked up for hysterectomy.

All the tests were done free of cost with financial support from ONGC. LBC, HPV testing and histological testing were done by Onquest Laboratory. We are thankful to Dr Sheila Verghese for conducting ultrasonography for the patients in need.

The venture was successful in terms of active participation of the healthcare volunteers and the women from and around Manali. The Venture was helpful in spreading awareness, serve and heal the women in the unreached area.

We are grateful to the volunteers, participants, ONGC, Okti Foundation, Sahayak Hospital and the supporting organizations for making this venture a success.

The team of doctors Dr George Verghese, Dr Sheila, Dr Sonal Bathla, Dr Preeti Yadav, Dr Dolkar and the paramedical staff including Ms Dolma, Ms Kulpreet, Ms Sweety, Ms Nirmala, Ms Raksha, Ms Somlata, Ms Kamla, Ms Cherring, Mr Dharam, Mr Dilawar put in their sincere efforts towards the cause.









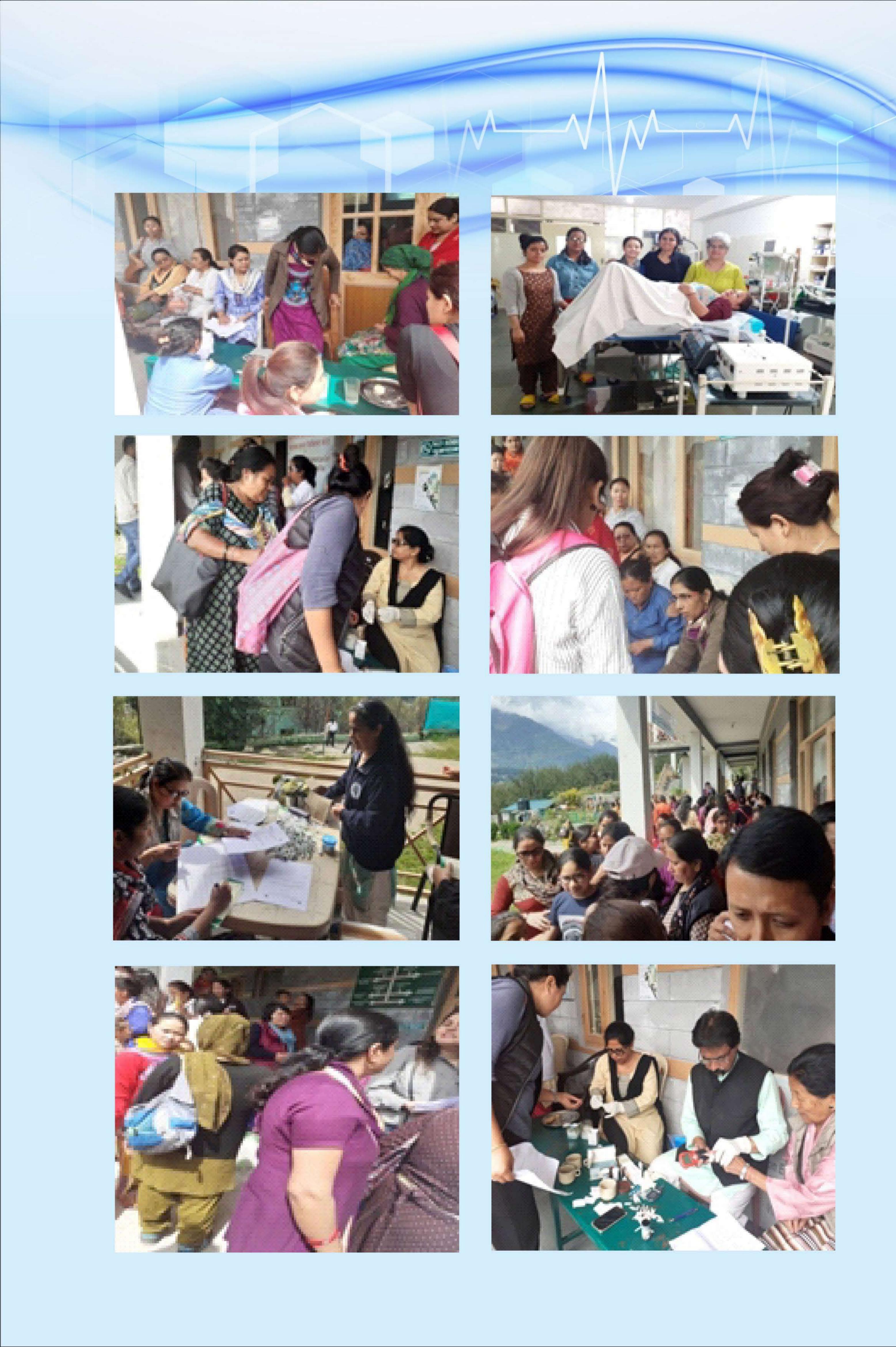








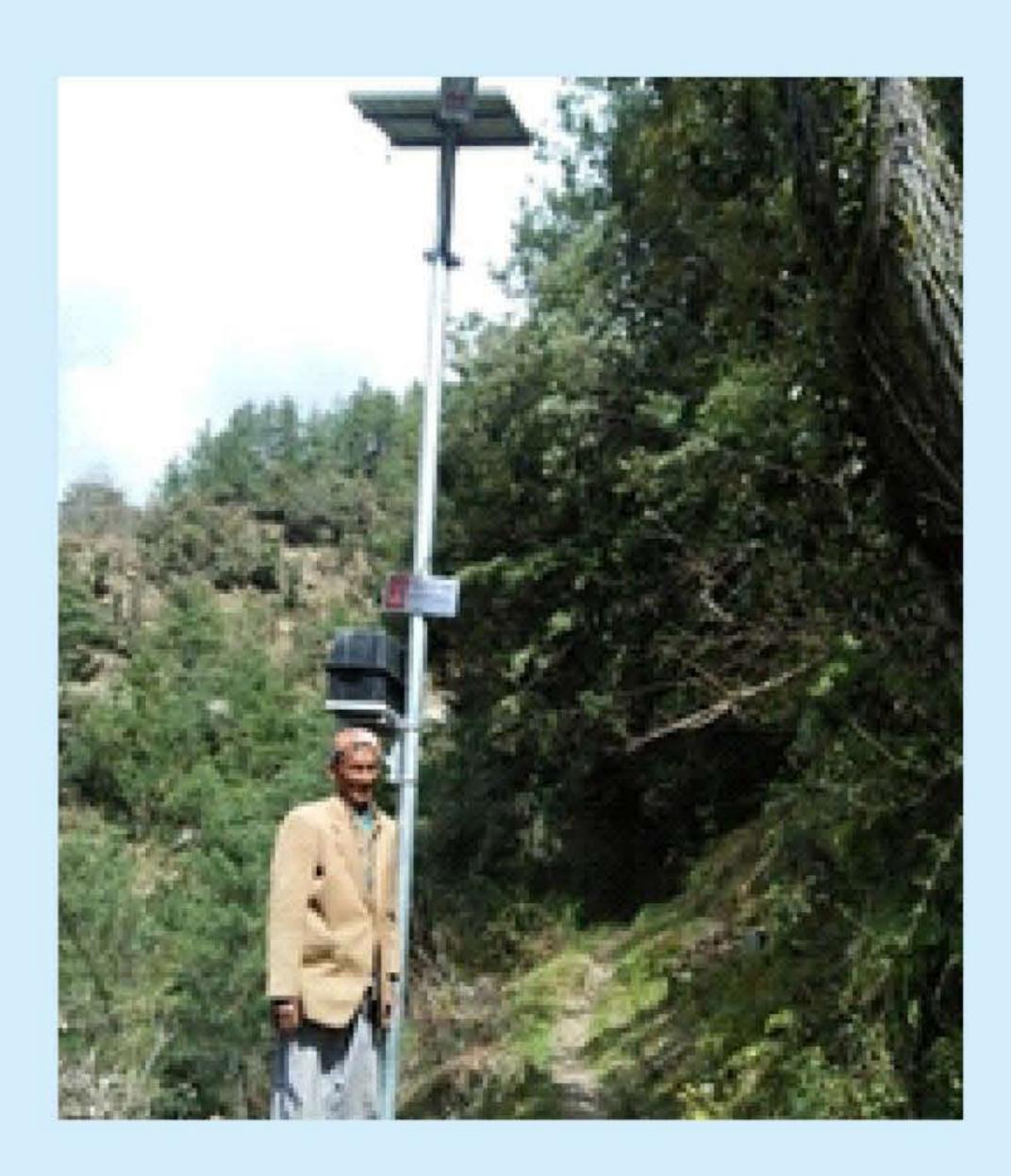


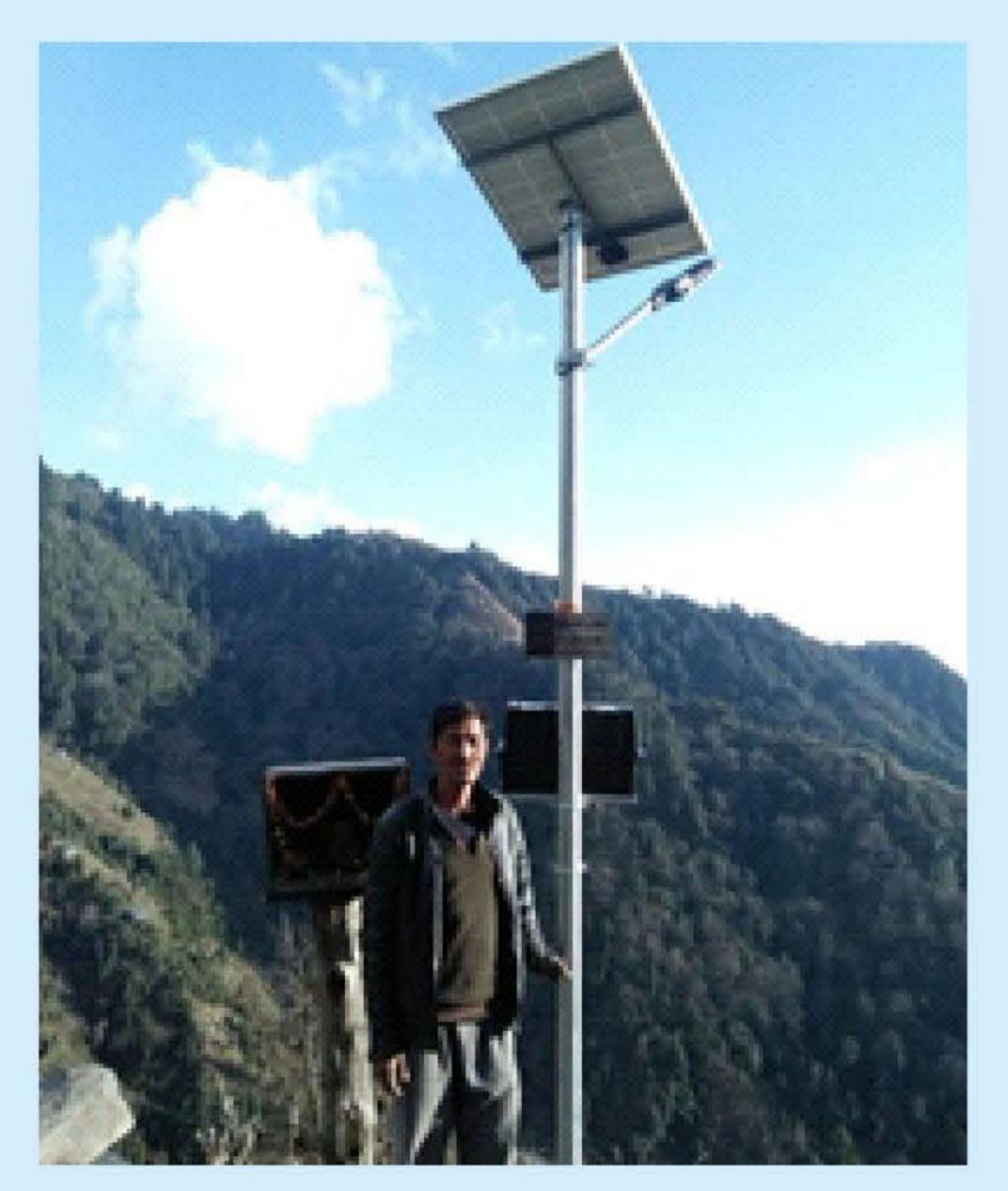


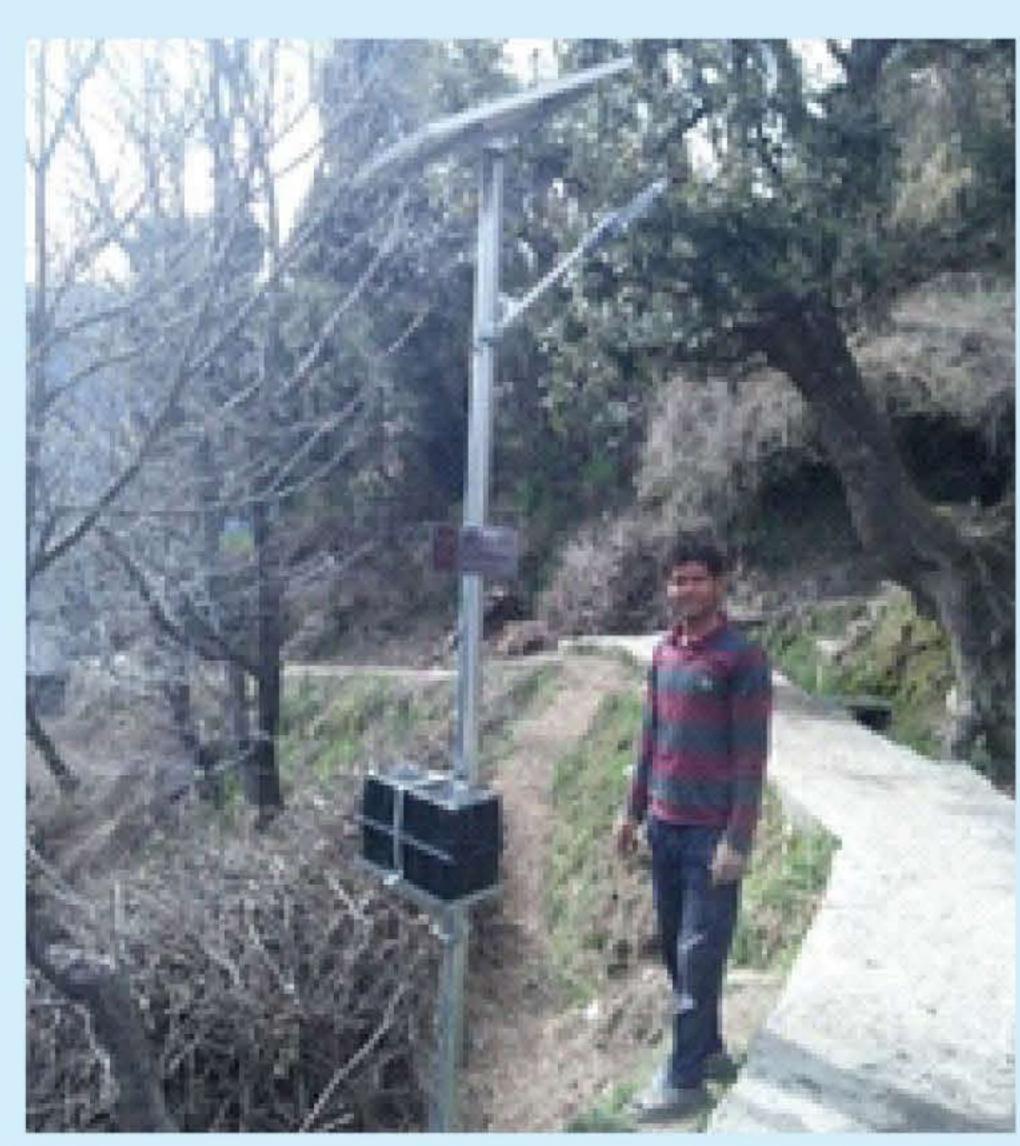
1. Solar lights in Chuhar Valley, Mandi, Himachal Pradesh

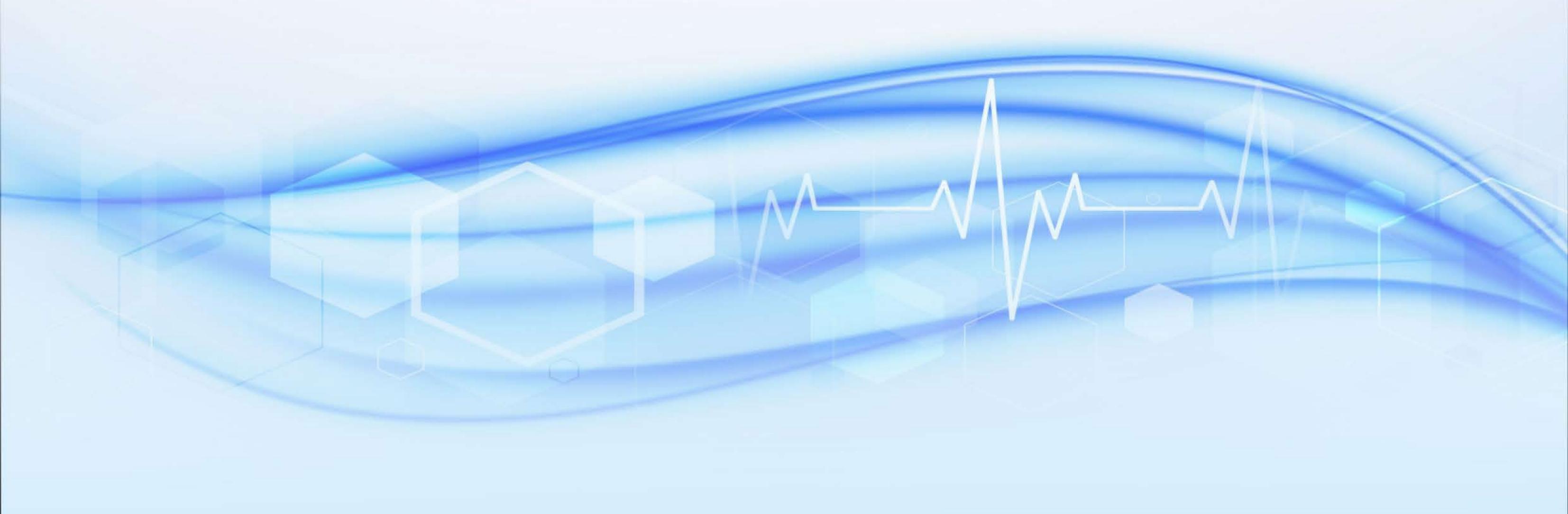
Solar powered street lights were installed in twelve villages of Chuhar Valley, Joginder Nagar Distt Mandi in Himachal Pradesh in March 2019 by Okti Foundation. One hundred twenty lights were financially sponsored by The ONGC to lighten up the dark villages. Small children were found to be sitting, studying under those lights. The lights brought awareness to the villagers regarding the usage of renewable source and energy.











Workshop on Personel Hygiene and Sanitation: Springdales School Pusa Road April 2019

Talk on 'Personal Hygiene and Sanitation' at Sprindales School Pusa Road in April 2019 to students from Govt Schools

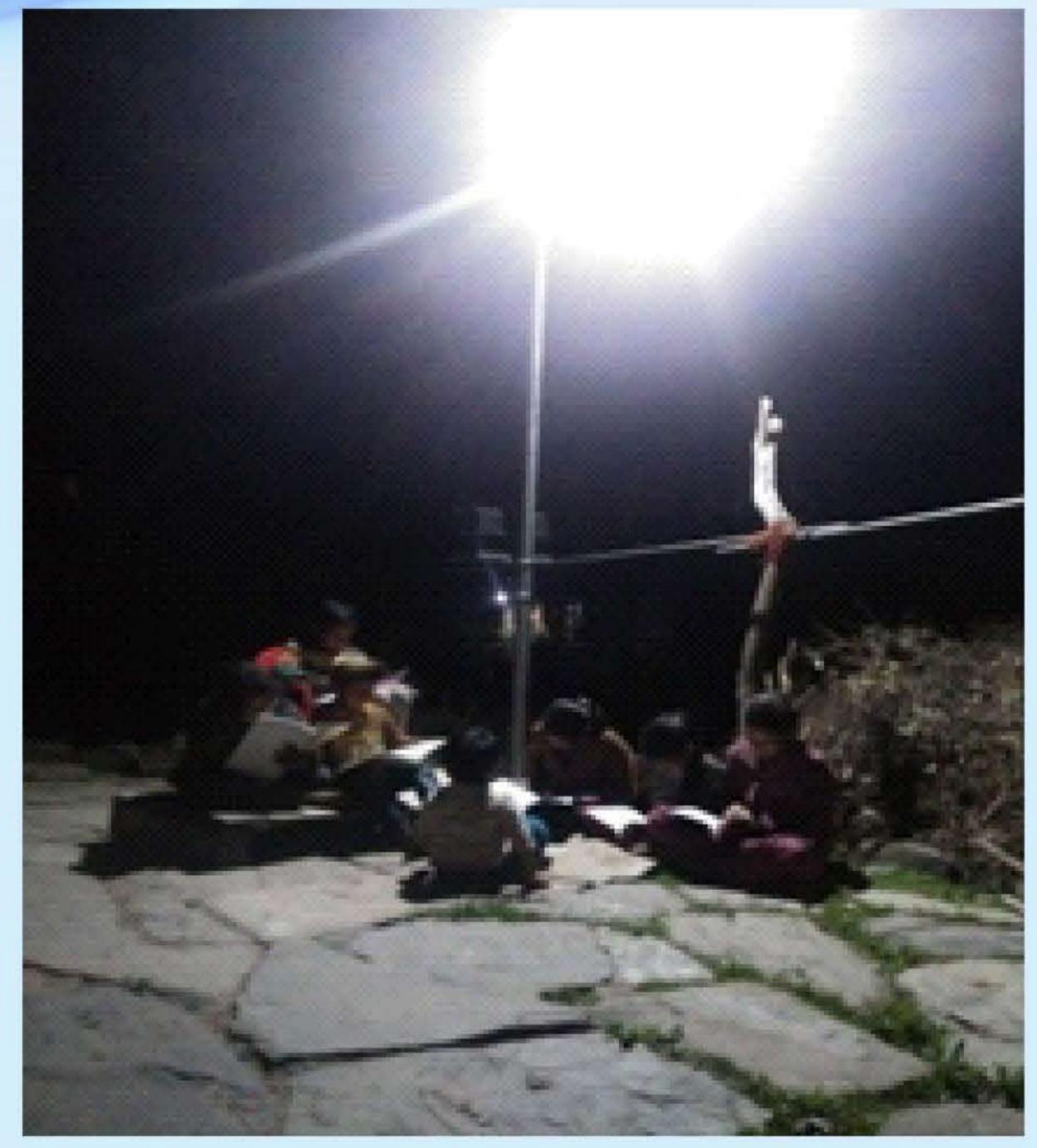














चौहारघाटी में लगाई 120 सोलर लाइटें



मधेवनपन, सरहयान, प्रमानन, का अन्तर जनान है।

हिमादल दश्तक। एका वक्षण, रावद, धार्माद, धार, बुलंब, रावदण्या, रावदण, रावदण और बोत्तरकारी की तरसकार पंचायत तथारी तथारी याँ है। प्राचीन सुधाय के कई वर्षों में अंधेर से विवादी वर्षों में अंधेर से विवादी को सुधाय को सुधाय को हिए 120 मोला तबादे तथाई को सुधिया मिली है। फाउडितान के को सुधाय माली के मोला माला और खेकरर टीमी का को सुधाय माला को सुधाय माला के का स संभाव के पाया है। वहीं स्थानिय त्येत सुभाव पंट, रेक्टर त्यत, जन वित, राज् राज, संज, परिचल और क्रमी राज ने अंतिक पार्शकर

Antenatal Physiotherapy, Yoga and Awareness Sessions

Awareness Sessions for Antenatal Women were organized monthly at Dr Sonal's Urogynae Clinic throughout the year where the antenatal women were counseled about ante, intra and postpartum care, supplementation of haematinics and Garbh Sanskar by Dr Sonal Bathla, Dr Shalu Jain and Dr Anju Bala. Training in yoga and antenatal exercises was given by Dr Divya and Ms Sakshi.





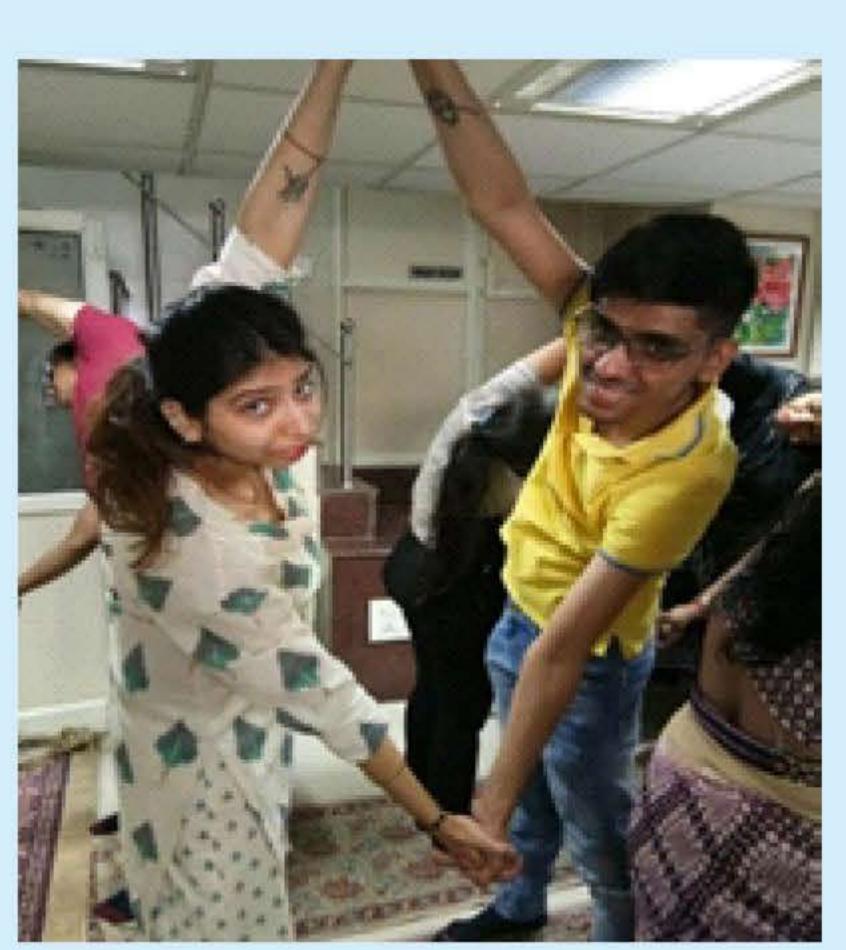




















III Awards

Felicitation of Dr Sonal Bathla by Delhi Chapter IMS, FOGSI Midlife and Education Committee in Delhi towards services to women in remote locations and work for Menopausal Health in 2019.







"Compassion Extra Ordinaire" by Sh J P Nadda, honourable Health Minister of India and FOGSI President Dr Jaideep Malhotra for the surgical services and capacity building at remote villages pan India by the dedicated Team of Doctors in 2018.





The Okti Foundation Surgical Team represented by Dr George Verghese (Surgeon), Dr Vinod Kalla (Anaesthetist), Dr T.C Sharma (Urologist), Dr Sonal Bathla (Gynaecologist) was Nominated for the "Best Surgical Team "Award in South East Asia BMJ Awards in 2018 amongst nine countries and 1595 entries for contribution towards the Surgical Services and Capacity Building in Rural India







"Woman of the Year Award - 2019"
by "Delhi Gynaecologist Forum" and 'Wow India' to
Dr Sonal Bathla in 2019 in Delhi for





Acknowledgement

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