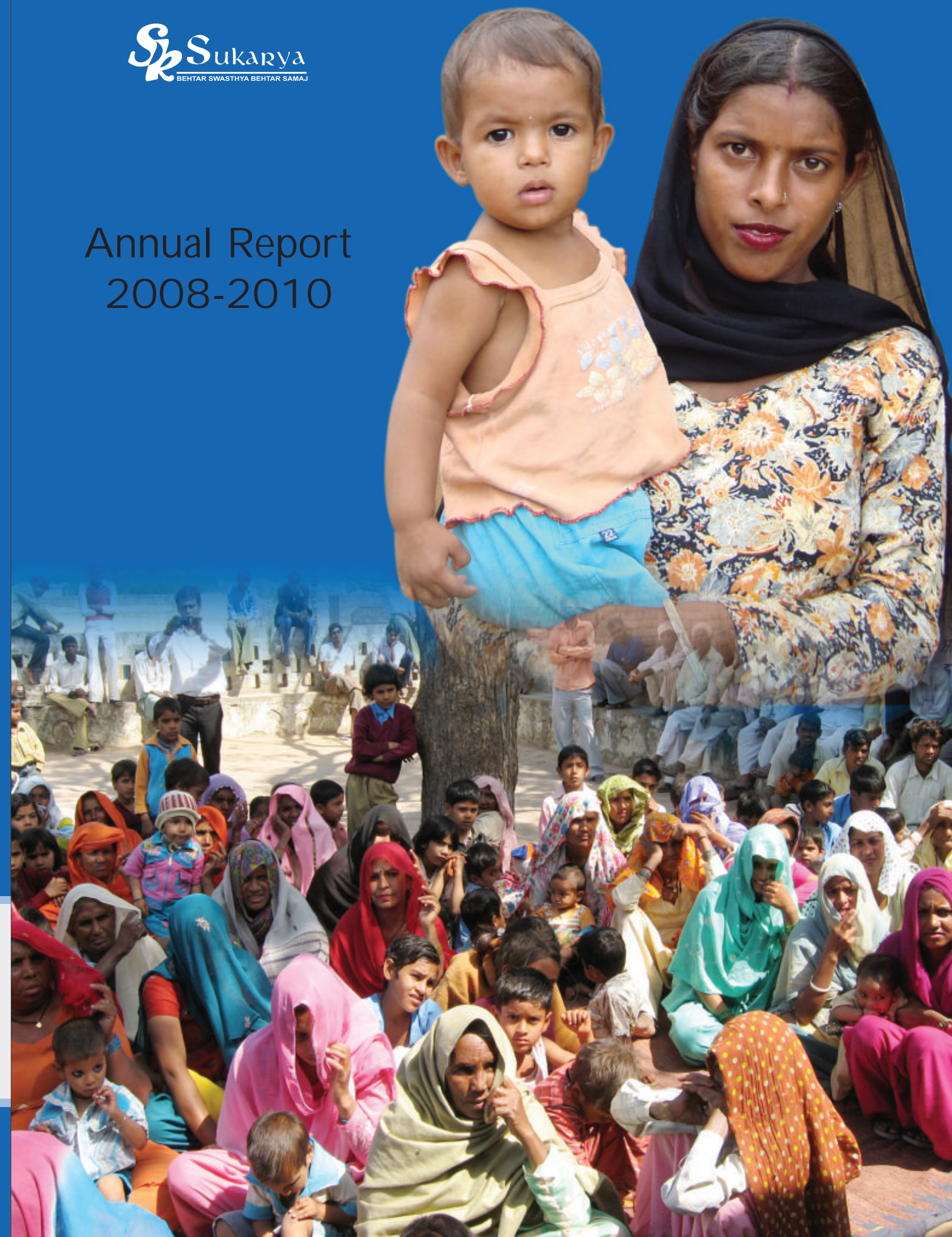


## Annual Report 2008-2010





BEHTAR SWASTHYA BEHTAR SAMAJ

**Annual Report**

**2008-2010**



## CONTENTS

	Page nos.
<b>1. Message</b>	<b>4</b>
<b>2. Board of trustees and advisory committee</b>	<b>6</b>
<b>3. Introduction</b>	<b>7</b>
1. Sukarya- Striving for a better Society	8
2. Vision and Mission	8
3. Objectives	9
4. Legal Status	9
5. Organization Structure	9
6. Approaches and Strategies	10
7. Sukarya Team	10
<b>4. Making Health a Reality- Health interventions of Sukarya</b>	<b>13</b>
<b>1 Grassroot Community Based Health Interventions In Rural Areas</b>	<b>14</b>
1.1 Assessment, prevention and control of iron deficiency anaemia among adolescent girls, pregnant women and lactating mothers in rural Gurgaon, Haryana	14
1.2 Promoting rural health through Mobile health services	17
1.3 Men as partners in improving the health status of the rural communities	19
1.4 Better health through community based health centre	21
1.5 Knowledge Based Intervention for Reproductive Health Advocacy and action( KIRAN)- Improving reach and access of RCH and FP services with quality of Care.	22
<b>2 Peri-Urban Health Interventions</b>	
2.1 Reaching Out to the Urban Slums - Sukarya Sehat Centre	23
2.2 Physiotherapy Unit	24
2.3 Pahal Project	25
<b>5. Empowering women for improving health-building economic self reliance through income enhancement initiatives</b>	<b>27</b>
1. Spice and cereal processing unit for economic self-reliance of women	28
2. Empowerment of women by self help groups and micro enterprise development	29
3. Celebrating and sharing inspiring stories of women- International Women's Day Celebration	31

<b>6. Promoting behavioural change: strategizing on capacity building, communication and IEC activities</b>	<b>33</b>
1 Behavioral Change Communication	34
2 Information, Education and Communication Activities	34
3 Capacity Building of stakeholders	35
<b>7. Resource Mobilization</b>	<b>41</b>
1 Delhi half Marathon	42
2 Individual Donors	42
3 Funding agencies, corporate and institutional donors	42
<b>8. Creating Synergies: Building partnerships, networking and convergence</b>	<b>43</b>
1 Working in cooperation and collaboration with Government Departments	44
2 Coordination and networking with other like minded organizations	45
3 Anniversary Celebrations- Reaffirming Partnership	45
<b>9. Looking forward: challenges and future programmes</b>	<b>47</b>
1 Concluding thoughts	48
2 Moving forward- some emerging areas of concern	48
<b>10. Working towards the vision of Sukarya - partners and supporting agencies</b>	<b>51</b>
1 Partners and funding agencies	52
<b>11. List of Annexures</b>	
1 List of Abbreviations	54
2 List of Funding agencies, Corporates and Institutional Donors	55
3 List of Individual Donors	56
<b>12. Statement of Accounts 2008-2010</b>	<b>57-72</b>



# M E S S A G E

The last two financial years (2008-10) were especially significant for Sukarya in terms of some major programmatic breakthroughs it was able to achieve through its health interventions focusing on improving reproductive health and well-being of communities. A NCW report on 'A Situation Analysis of Women and Girls in Haryana' states that almost every second woman in Haryana is anaemic. The infant and maternal mortality rates are high in the state because of the lack of health awareness among the people, including information about prenatal care and consequently their inability to seek medical attention on time. Through our project interventions in Gurgaon focusing on anaemia prevention and control, 82% of adolescent girls in the project population were made fully aware of the adverse effects of anaemia.

A key reason for high disease burden among women is lack of timely access to the health care system due to distance, economic implications and socio-cultural barriers. According to the National Commission on Macroeconomics and Health, a villager needs to travel over 2km to reach the first health post. The non-availability of medical/Para-medical and supporting staff beyond normal working hours and also lack of proper attention to patients is an important reason for reducing their preference for institutional deliveries. As a result most of the women in the villages deliver at homes, with the help of untrained village women and seek refuge from local untrained practitioners as they do not have access to quality medical services (NFHS II)

It is thus clearly evident that accessibility to quality health care services is imperative to bring about improvement in the health status of communities. The objective behind Sukarya's multiple health interventions has therefore been

to make basic health care services accessible to the underserved and marginalized in remote areas. Women and the girls are the neglected population across the country, as far as health, education and the other basic facilities are concerned. The primary focus of our intervention is therefore women health concerns wherein reproductive health care forms a core area of Sukarya's community health efforts.

Sukarya's interventions are primarily in certain priority areas that are under developed and deficit in 'health' as per socio-demographic and reproductive health indicators and therefore require immediate attention. Sukarya's major health programs are therefore being implemented in Mewat region; one of the most backward districts of Haryana. This has been particularly challenging, keeping in view the socio-economic, demographic profile and poor development conditions prevailing in the region. While tackling the issue of reproductive health, we have been focusing on enhancing the position of women to improve their accessibility to prevailing health services on the one hand and extending health care facilities in areas where these are inadequate or non-existent, on the other.

Rising against odds, in a socially challenging environment; Sukarya through its modest but spirited efforts has been able to impact the lives of hundreds of families in Haryana. It was heartening to witness the participation of community stakeholders including the men, women, adolescents, and youth of project villages in the process of change. Their validation and support of our efforts; continues to define and inspire our work.

The efforts of Sukarya, were conspicuous, in the small but definite changes visible in the lives of its women stakeholders. While some became entrepreneurs, some others learned to express their views. Inspired by the credo of Sukarya, some became community workers contributing with amazing commitment and zeal to the development of their communities. However, whatever the immediate outcome, most of the interventions have directly or indirectly culminated in positive health outcomes, the mainstay behind all Sukarya's initiatives. These journeys of small changes in the lives of women are our reason to persevere and the biggest validation of our efforts.

I would like to thank the staff, partners and stakeholders without whose unstinted support, commitment and cooperation these achievements would not have been possible and look forward to their on-going association with us.

Ms. Meera Satpathy  
Chairperson



# INTRODUCTION

Ms. Meera Satpathy, Chairperson

She is a media professional and owns an accredited advertising agency. With a high level of social awareness for the distressed section of society; she has been actively working in the development sector for over a decade.



Ms. Kumkum Bhatia, Trustee

She is an entrepreneur in the travel trade and the trustee of the Sai Prakash Spiritual and Charitable Trust. She is a social worker by choice with a keen commitment to the larger issues of society.



## BOARD OF TRUSTEES

Mr. Debabrata Satpathy, Trustee

He is a professional in the field of finance. He is currently working in the power generation sector on project financing and management.

### Advisory Committee

Mr. C. B. Satpathy, I. P. S. Retd. Director General.

Mr. S. K. Kains, I. P. S. Retd. Director General, ITBP.

Dr. Aasha Kapur Mehta, Professor of Economics, Indian Institute of Public Administration, New Delhi.

Mr Suraj Kumar, National Programme Officer, United Nations, India Country Office, New Delhi.





## 1. SUKARYA- STRIVING FOR A BETTER SOCIETY

Sukarya is a non-profit development organization that started its operation in Delhi in 2001. It slowly expanded its outreach to parts of Haryana and presently has its corporate office in Gurgaon. Initially, Sukarya's motto "Better health-better society" guided its health related programs in the slums and villages of Gurgaon. Starting with limited means, Sukarya initially focused on curative health by providing health services to the needy. However, in a society characterized by widespread social, economic, and gender inequalities, and a society with inequitable distribution of development, there exists a disparity in access to resources. Therefore, it was felt that focused efforts are needed to address the broader socio-cultural and economic factors impacting on affordability and accessibility of health services to ensure that 'health' does not remain elusive to the underprivileged.

This perspective has guided our efforts to expand and develop broad-based activities rather than retain an exclusive focus on direct 'health' programmes. Apart from direct health programmes, Sukarya is therefore also implementing program focusing on healthy practices, life skill development, economic empowerment through entrepreneurship building, vocational training and educational programs for women.

The focus of Sukarya so far has been primarily on urban and rural poor in Gurgaon and Mewat districts of Haryana. Building from its project learnings emerging out of implementing health programmes in Haryana and Delhi; Sukarya is currently gearing up to expand, its outreach in the adjacent state of Rajasthan. Sukarya out of humanitarian considerations has also been engaged in relief work in out of project locations in Orissa, Gujarat and Tamil Nadu during natural calamities and disasters

## 2. VISION AND MISSION

The vision of Sukarya is health for all- 'Behtar Swasthya Behtar Samaj'; a society where the fundamental development needs including health, of its citizens are adequately met. A society in which



citizens enjoy holistic health and well-being and can as healthy and productive citizens contribute actively to the development of their communities and society.

The mission of Sukarya is to ensure equitable access to quality health services for all including the poorest sections of the society, especially women, adolescents and children, serving the health needs of the underserved and un-reached communities through provision of comprehensive health care services. To promote health by running mobile diagnostic clinics, health camps, awareness building and addressing public health concerns as a means to promote efficient and affordable ways of disease prevention and enjoying holistic well-being.

## 3. OBJECTIVES

- To improve the health status of rural and peri-urban communities by making integrated medical, preventive and referral services available through mobile diagnostic clinics and centers.
- To promote holistic health and well-being by advocating, encouraging and guiding positive health-seeking behaviour among the project population.
- To improve the mother and child health through integrated reproductive, maternal and child health care services.
- To improve the health status of women in project communities through an integrated approach focusing on economic empowerment of women through livelihood enhancement programs along with specific health intervention targeting women's health issues.
- To provide humanitarian assistance in areas affected by natural calamities such as cyclones, earthquakes and floods.

## 4. LEGAL STATUS

Trust deed Registration Number: 7373 dated 3rd August, 2000FCRA Registration No.: 231660689 dated 31st March 2006Income Tax Act 80 G Registration Number: DIT (E) 2008-2009 / S - 2784 / 790Income Tax Act 12 A Registration Number: 645 dated 15th January 2001

## 5. ORGANIZATION STRUCTURE

With a humble start in 1999, Sukarya has evolved and expanded into new and challenging areas of work, delivering greater outreach and coverage.

Sukarya has a rare combination of volunteers, driven by spiritual and emotional commitment and knowledgeable professionals.

Sukarya has an advisory committee of eminent persons who have excelled in their respective fields. The advisory committee plays an instrumental role in guiding efforts towards Sukarya's vision. The team at Sukarya is headed by the chairperson, supported by



Doctor examining patient at Sukarya 'Sehat' Centre



committed professionals including development professionals, medics and administrative staff. Sukarya follows a participative model of implementation and believes in building community stake and ownership of projects. At the grass root level, therefore most of its projects are implemented by community workers and grass-root committees comprising of local community members.

## 6. APPROACHES AND STRATEGIES

One of the strategies to ensure need based programmatic interventions is to involve the community stakeholders in the planning process. To create synergy of efforts among different players, Sukarya engages with multiple stakeholders and interest groups at various levels. Transparency and accountability in operations are maintained through information sharing and exchange of ideas between different constituencies and interest groups.

Keeping in view the slow change process that requires a long term engagement with stakeholders, it is imperative that interventions are sustainable on a long term basis. One of the challenges of any social development intervention is to ensure its long-term sustainability. Sukarya believes that effort can be made sustainable by involving the community stakeholders to be active partners and creating in them a sense of ownership of projects. It therefore implements its projects in partnership with the local community. The community mobilizers and the village committees are an important part of our planning and implementation process.

Sukarya believes in nurturing the spirit of volunteerism and supporting those concerned citizens who feel for a social cause and wish to contribute meaningfully to their local communities and wider society. Sukarya provides a platform for concerned citizens to become a part of its social efforts through volunteering for its various activities. We work in close partnership with the concerned citizenry and active citizens groups.

## 7. THE SUKARYA TEAM

The team running our various projects comprises of the following members.

### Project Professionals

- |                         |  |
|-------------------------|--|
| 1. Mr. Shahnawaz Shahid | - BCC Coordinator [RCH Project]                        |
| 2. Mr. Dharmveer Yadav  | - Assistant BCC Coordinator [RCH project]              |
| 3. Mr. Satnam Singh     | - Programme Manager [SHG & Health Initiative Projects] |
| 4. Ms. Renu Bisht       | - Coordinator [SHG Project]                            |
| 5. Mr. Devendra Sharma  | - Accounts cum Administration Officer                  |
| 6. Mr. Fahad khan       | - Field Supervisor [RCH Project]                       |
| 7. Mr. Pawan Kumar      | - Field Supervisor [ RCH Project]                      |
| 8. Mr. Bunyad Ahmad     | - Field supervisor [ RCH project ]                     |
| 9. Mr. Naresh Kumar     | - Field supervisor [ RCH Project]                      |
| 10. Mr. Mohd. Iqbal     | - Field Supervisor [ RCH Project]                      |
| 11. Ms Geeta Sharma     | - Field supervisor [SHG Project]                       |



## Volunteers

The following volunteers have been involved in various projects.

Their contribution and efforts are immense.

Their accessibility is as and when required.

- |                         |                        |
|-------------------------|------------------------|
| 1. Mr. Asit Tarkhad     | 7. Ms. Rashmi Narayan  |
| 2. Mr. D. S. Kataria    | 8. Ms. Renu Sood       |
| 3. Ms. Madhu Kataria    | 9. Ms. Reva Puri       |
| 4. Mr. Naresh Wadhawan  | 10. Ms. Santosh Sharma |
| 5. Ms. Neelam Kapur     | 11. Ms. Shipra Shukla  |
| 6. Ms. Pushpa Indernath | 12. Ms. Varsha Tarkhad |

Our health efforts in the field are supported and guided by a team of doctors and nutritionists.





**Doctors on our panel**

1. Dr. Anshu Dwivedi
  2. Dr. Asif Iqbal
  3. Dr. Banerjee
  4. Dr. Baweja
  5. Dr. Deshraj
  6. Dr. Hemlata
  7. Dr. Indira Khedkar
  8. Dr. Jyoti Utkar
  9. Dr. K. K. Singh
  10. Dr. L. B. Jethra
  11. Dr. Mayank Kapoor
  12. Dr. Monalisa Bora
  13. Dr. Neelam Guleri
  14. Dr. Prasant Mittal
  15. Dr. Rakesh Mishra
  16. Dr. Rajpal Saini
  17. Dr. R. K. Guleri
  18. Dr. Sandeep Singh Saini
  19. Dr. Saroj Sharma
  20. Dr. Priyanka
  21. Dr. Shilpa Luthra
  22. Dr. Sunita Joshi
  23. Dr. Suhasini Rawat
  24. Dr. Sumedha Verma
  25. Dr. Usha Sethi
  26. Dr. Vandana Yadav
- Consulting doctor GP- private practice
  - Consulting doctor GP -Neel kanth hospital DLF Phase -1
  - Consulting doctor GP- private practice
  - Consulting doctor GP- private practice
  - Consulting doctor GP- Retd. medical officer Govt hospital Gurgaon
  - Consulting doctor GP- Pushpanjali hospital - civil lines Gurgaon
  - Consulting doctor GP - Paras Hospital
  - Consulting doctor GP with diploma in RCH - Columbia Asia, Palam Vihar, Gurgaon
  - Consulting doctor GP- Anand Medical Hospital, Gurgaon, Sec -56
  - Consulting doctor GP- Retd. Chief Medical Officer from CGHS
  - General Physician - Medicity Vedanta, Gurgaon
  - Consulting doctor GP- Paras Hospital, Gurgaon
  - Consulting doctor GP- Private practioner
  - Consulting doctor GP- Artemis Hospital, Gurgaon
  - Consulting doctor GP- Columbia Asia, Palam Vihar, Gurgaon
  - Consulting doctor GP- Lok Nayak Jai Prakash hospital -New Delhi
  - Consulting doctor GP- Private Practioner
  - Consulting doctor GP- Artemis Hospital, Gurgaon
  - Phsiotherapist, Sukarya
  - Consulting doctor GP- Govt Hospital Chhabla Camp
  - Gyneacologist Private Practioner
  - Consulting doctor GP with diploma in RCH - Apollo Hospital, Gurgaon
  - Consulting doctor GP with diploma in RCH- Apollo Hospital, Gurgaon
  - Consulting Gynecologist with diploma in RCH - Artemis Hospital , Gurgaon
  - Consulting doctor GP-Columbia Asia, Palam Vihar, Gurgaon

**Nutritionists on our panel**

1. Ms. Anshu Kumra - Consultant Nutritionist
2. Ms. Aruna Chandrakar - Consultant Nutritionist
3. Ms. Jyoti Arora - Consultant Nutritionist
4. Ms. Monica - Consultant Nutritionist
5. Ms. Priti Kulshrestha- Consultant Nutritionist
6. Ms. Shushma - Consultant Nutritionist

# MAKING HEALTH A REALITY - HEALTH INTERVENTIONS OF SUKARYA





Health interventions of Sukarya are primarily in the rural areas. However, it has a few health interventions for the peri urban population in and around Gurgaon city, in need of supportive health services.

#### 1. GRASSROOT COMMUNITY BASED HEALTH INTERVENTIONS IN RURAL AREAS

The prevailing development scenario is characterized by lop-sided resource allocation wherein accessibility to health facilities among other resources is skewed in favor of the urban, educated and privileged masses. In order to address this imbalance, efforts of Sukarya are especially geared towards making affordable and quality health services accessible to the marginalized and those on the fringes. Sukarya, through its key health interventions is focusing on impacting health status of rural communities through a composite of preventive and curative health initiatives. The efforts are directed at underprivileged, deprived and underserved communities.

Sukarya has been operating community development projects with an explicit focus on health in Gurgaon and Mewat districts of Haryana.

A brief description and achievements of our major projects and programs is placed below;

##### 1.1 ASSESSMENT, PREVENTION AND CONTROL OF IRON DEFICIENCY ANAEMIA AMONG ADOLESCENT GIRLS, PREGNANT AND LACTATING MOTHERS IN RURAL GURGAON, HARYANA

Anaemia is a public health problem that affects population in both rich and poor stratas of the society. The anaemic condition makes one vulnerable to diseases and is one of the most common disorders affecting Indian population. Although the primary cause of anaemia is iron deficiency, it seldom occurs in isolation. In most cases it frequently coexists with a number of other causes, such as malaria, parasitic infection, nutritional deficiencies and haemoglobinopathies. It can occur at all stages of the life cycle, but is more prevalent in young children, pregnant women and lactating mothers.

Under its reproductive child health program, Sukarya implemented a pilot project to reduce the prevalence of anaemia among the high risk groups comprising of pregnant women, lactating mothers and adolescents. The project covered ten villages in Gurgaon and Sohna blocks belonging to two Integrated Child Development Schemes (ICDS) circles i.e. Nathupur and Jharsa with an approximate population of 30,000. Out of these ten project villages, three villages namely Bandhwari, Gwal Pahari and Waliawas were from the Nathupur ICDS circle and seven villages namely village Ghata, Kanhai, Samaspur, Tigra, Wazirabad, Sainikhera and Silokhra lay in the Jharsa ICDS circle.

The project was initiated in May, 2006 for a period of three years with the support of Population



Foundation of India, New Delhi.

The overall objective of the project was to reduce the prevalence of anaemia among the project population. The first step in this direction was a base-line assessment of existing prevalence of anaemia in the focus groups. This was followed by developing an understanding of the knowledge, attitude and practices of the project population surrounding the issue. Based on the findings of the initial assessment specific interventions were planned at the preventive and curative levels.

The project focused primarily on behavior change communication to effectively motivate the project population to adopt health practices to reduce the risk of anaemia. This involved promotion of knowledge, encouraging the adoption of appropriate healthy practices and making provision of needed health products and services at the community level for anaemia reduction.

##### 1.1.1 KEY STRATEGIC INTERVENTIONS

###### (a) Promoting use of Double Fortified Salt

One of the key interventions for anaemia prevention was the launching of the double fortified salt



(Health salt) in all the ten project villages. This product under the brand name of "Health Salt" was tested at National Institute of Nutrition, Hyderabad under ICMR, New Delhi and also by Food and Nutrition Board laboratory under Women and Child Development Department of Government of India. The product is also certified by the Bureau of Indian Standard (BIS). Fortified salt is a common salt to which iodine and iron components are added. Fortified salt looks, tastes and smells exactly like common salt and yet provides the daily iron and iodine requirements. The use of double

fortified salt on a regular basis as a substitute of cooking salt results in improved well being and contributes to better health.

###### (b) Reinforcing Iron Karahi

According to a study made by the department of Studies in Food Science and Nutrition, University of Mysore, it has been observed that the total and ionisable iron contents of greens ranged from 3 to 13 mg/100 g and 0.43 to 2.7 mg/100 g, respectively, and increased on cooking in iron utensil to 9.7 to 17.5 mg/100 g and 1.50 to 8.56 mg/100 g, respectively. The availability of iron, in relation to total iron of greens cooked in iron utensils is either comparable or marginally higher than those cooked in other metallic utensils. Since the total iron content of greens cooked in iron utensils is high, the actual amount of available iron also increases. Thus, cooking in iron utensils increases the total as well as the available iron content of greens.

Promoting use of an iron pan for cooking was thus one of the significant program strategies for anaemia prevention. Sukarya promoted the importance of the iron karahi extensively through group meetings, one-on-one interactions and counselling. Nutrition demonstration workshops were the major platform to





build awareness on the usage of iron karahi and iron ladle.

### (C) Nutrition workshops at the Community level

It has been seen that malnutrition is the most common and critical health problems prevailing among the rural and urban poor that impacts their overall health and well-being. Through nutrition demonstrations and workshops information and knowledge were imparted on balanced diet that can be prepared from cheap, nutritive, locally available food. The demonstrations held under the guidance of a nutritionist were organized to showcase healthy cooking methods to encourage people to adopt healthy cooking practices. Since women are primarily responsible for cooking in the household, a change in their eating and cooking habit would result in positive change in the dietary habits at the household level. Thus the focus of the intervention was especially to sensitize the women in order to bring about a change in the cooking methods of the community.

#### 1.1.2 KEY PROGRAMMATIC ACTIVITIES AND COVERAGE



Nutrition Demonstration in Village Kanhai

- 1720 pregnant women, 2135 lactating mothers and 2984 unmarried adolescent girls were identified as potential beneficiaries of the project interventions.
- A total of 8033 one-to-one meeting with adolescent girls, 3473 with pregnant women, 5091 with lactating women were held for individualized services.
- To bring convergence and work in tandem with the existing players, there were regular meetings and information-sharing. A total number of 13 meetings with ICDS, 6 meetings with the Deputy Commissioner (DC), Gurgaon, 9 meetings with the CMO, Gurgaon, 13 meetings with the PHC personnel, 5 meetings with the DEO, 3 meetings with the block office, 160 meetings with the village health workers including the AWWs and ANMs, 54 meetings with the village panchayats, 75 meetings with local school authorities, 51 meetings with the local youths were organized for coordination, building networking and developing linkages with existing local and community based health resources.
- 22 training and capacity building programmes were organized for village community mobilizers and field assistants to enhance their effectiveness in program deliverance in the field.
- As part of the IEC activities, 8501 leaflets/pamphlets on anaemia and tips for better nutrition, 72 banners, 850 posters, 200 recipe books were printed and distributed in the project area.
- In order to spread awareness on the issue of anaemia, 22 street plays, 30 film shows, 59 slogan and poster competitions, 37 quiz competitions, 21 cooking competitions, 27 baby shows, 106 nutrition demonstration workshops, 8 anaemia rallies with school children were organized.

- A project population of 4645 was covered through the various health camps organized during the project. A project population of 2785 was covered under the IFA tablet distribution.

#### 1.1.3 SPECIFIC OUTCOME AND PROGRAM IMPACT

- Of the 389 respondents contacted under the field survey, 61.6% pregnant women, 62.5% lactating mothers and 55.7% unmarried adolescent girls indicated that due to sufficient awareness and knowledge acquired under the project on the significance of eating meals regularly, they had started eating three complete meals everyday.
- 49.5% pregnant women, 50% lactating mothers and 35.2% unmarried adolescent girls were consuming Swasthya Namak or double fortified salt
- Among the project population, not only awareness and knowledge regarding type of food to be consumed to reduce prevalence of anaemia increased but also corrective practices were adopted after the intervention. This was visible in respondents stating that to keep anaemia at bay they have made it a habit to consume green leafy vegetables regularly. 69.7% pregnant women, 60% lactating mothers and 56.7% unmarried adolescent girls fully subscribed to this practice.
- 40.4% pregnant women, 32.5% lactating mothers and 33.8% unmarried adolescent girls stated that after the project intervention they have been consuming one lemon every day.
- 34.3% pregnant women 30% lactating mothers and 28%unmarried adolescent girls reported consuming fruits thrice a week

Changes noticed in the respondents' dietary habits and consumption pattern			
	Pregnant Women	Lactating Mothers	Adolescents
Eating three complete meals in a day	61.62%	62.5%	55.71%
Regularly taking green leafy vegetable	69.7%	60%	56.67%
Consuming one lemon every day	40.4%	32.5%	33.81%
Consuming fruits at thrice a week	34.34%	30%	28.1%
Consuming swasthya namak daily	49.49%	50%	35.24%
Other	20.2%	27.5%	25.71%
Sample size	99	80	210

#### 1.2 PROMOTING RURAL HEALTH THROUGH MOBILE HEALTH SERVICES

Mobile health care units are one of the more effective strategies for improving access to vital health care in rural areas especially for the homebound women and girls. The biggest advantage of a mobile health clinic is that it addresses the socio- cultural and economic barriers that prevent women and girls from seeking timely health care. Often poor people especially women do not seek treatment until they are critically ill and require hospitalization.

With this backdrop in mind, Sukarya implemented a project focusing on delivering health services through a mobile diagnostic clinic in six villages of Pataudi block from April, 2007 to May, 2008. The



objective of the Mobile Health Diagnostic Clinic was to reach the underserved population with hardly any access to basic medical care. The mobile van was stationed at predesignated locations where no primary health care facility was located within a 5 kms radius. This marked the beginning of mobile health services in rural areas of Haryana, by Sukarya. The planning phases of the intervention saw a series of meetings with govt. officials, local health functionaries and other stakeholders including the District commissioner, District Development and Panchayat officer and Chief Medical Officer in order to understand the health needs and gaps existing in the project area and explore ways in which Sukarya could help bridge these. The idea was to link up with existing services wherever possible to avoid duplication of efforts and ensure maximum coverage through optimum deployment of resources.

#### Project village and its population

The mobile diagnostic clinic comprises of a team of doctor,

S.No	Name of the village	Population
1	Bapas	1110
2	Titarpur Dhani	317
3	Pahari	2011
4	Nanukhurd	1033
5	Daulatabad	1066
6	Khetiawas	1068

Source of data: CHC, Pataudi

nurse and a laboratory assistant extending medical help and health education support in project villages through weekly visits. The focus of the intervention therefore goes beyond providing medical treatment to patients to performing critical preventive functions. This involves implementing health education interventions focusing on behavioral change and encouraging health seeking behaviour among the population.

Since the services were meant for the poor it was therefore subsidized. However, in order to make the initiative financially sustainable and building community stake and ownership, a very nominal and affordable fee was levied in return for the services.

#### Outcome

During the project period of one year eighteen camps were



organized covering 651 men and 738 women. Significant improvement in health seeking behavior was observed in the community. Health education focusing on nutrition, personal health and hygiene, community sanitation, safe deliveries and immunization was conducted. The awareness-building led to an increase in number of expectant women going for prenatal checkups, taking the TT injections and opting for institutional deliveries. The community became more cognizant about nutritive diet. 600 community members availed of the lab test facilities like the blood, stool, urine, ECG and X- Ray during the project period. Free haemoglobin check ups were organized for women to understand the anemia status in the villages and those identified as anaemic were given proper advice and medication. The project helped in building a referral system wherein serious patients were referred to the Civil Hospital in Gurgaon. Reproductive health camps were conducted by Gynaecologists from Max and Artemis hospital. Through these camps 800 women with problems such as leuchhoria, anaemia, pre and post natal care, infertility and family planning were treated and advised. Also, special eye camps were held wherein 500 people were provided free eye checkup, consultation and referral services.

### 1.3 MEN AS PARTNERS IN IMPROVING THE HEALTH STATUS OF RURAL COMMUNITIES

It is a known fact that Haryana is characterized by a male dominated society where most of the decisions are taken by men. The potential benefit of involving men on health and specially reproductive and sexual health issues are immense. It includes, expanded rights for women, improved family health, better communication between partners encouraging joint and informed decision making within households. Most importantly it helps to create channels of communications between both the sexes on issues that have a huge impact on women's health and well-being.

The project focused on developing male partnership and participation in improving the overall health status of rural communities was started in Mewat district of Haryana in June, 2008.

Mewat district is one of the most backward and underdeveloped districts in the state. One of the reasons for selecting Mewat was the strategic consideration of trial testing interventions in a project setting that was perhaps the most socially challenging and therefore critical to validate the feasibility of replicating similar project interventions in less challenging socio-cultural setting.

Mewat district in this sense provided a unique setting with its distinct ethnic and socio-cultural tract and a social backwardness rooted in its history. Historically, the region has been extremely turbulent and has been subjected to repeated invasions. The destruction and devastation over the centuries has resulted in backwardness and gross underdevelopment of the area and its people.



Male Swasthya Samuh (Health Committee) meeting in Sabras Village Tairu Block Mewat District



The objectives of the project were to work towards improvement of mother and child health and reduce maternal and child mortality among the project population, promote good health practices, health seeking behaviour through health education, increase access to quality health services by strengthening coordination with government health department.

The project covered a population of 29,000 in thirteen villages of Tauru Block of Mewat District. The project interventions covered men, women and children in the project area with a special focus on pregnant women, lactating mothers and school children.

The project involved conducting a baseline survey to assess the health status and needs of the ten gram panchayats of Tauru Block. Based on the findings specific Behaviour Change Communication (BCC) activities were planned to promote healthy practices and positive health seeking behaviour. The BCC activities focused on health education on preventive health care issues including nutrition, hygiene and sanitation, safe drinking water, anaemia, prenatal and ante natal care, immunization reproductive health, communicable and other diseases with a specific focus on jaundice, malaria, tuberculosis and typhoid.

Another important aspect of the project was to make easy and affordable health products and services accessible to the community through camps, mobile clinics, diagnostic facilities and provision of medicines. The medical camps conducted in the project villages provided a composite of services that included health check up by a doctor, free distribution of medicines, follow-up and health counseling. During the diagnostic camp general physicians and Gynecologists from Artemis Hospital, Max hospital, Uma Sanjeevani and Umkal hospital in Gurgaon provided services. The well trained dispensers from Global Health line i.e. 98.4 chain of pharma clinics made free distribution of medicines in the project villages.

The project also helped in developing linkages with existing health facilities and creating a referral system wherein serious cases requiring institutional care could be referred to private and government hospitals.

The primary strategy of the project was to ensure community participation and involvement particularly of men while addressing health issues. This was ensured through identification, training and defining roles and responsibilities of community health workers who were the key



point person in the field for mobilizing community on key health issues. The formation of male and female health groups (Swasthya Samuh) was another strategy to encourage community participation. These health groups played a key role and served as a platform for health education, to identify health issues and problems and to take actions on the ground for seeking health products and services. All these strategies put together worked towards attaining the overall objective of improving health status of families in the project communities, with men as partners.

#### 1.4 BETTER HEALTH THROUGH COMMUNITY BASED HEALTH CENTRE

Although the national health policy document stipulates universal access to primary health services, in a number of instances it still eludes communities in remote areas. The village of Bandhwari where Sukarya is running a health centre since Jan, 2007 is one such village. It is located on the Gurgaon-Faridabad highway, 18 kms from Gurgaon with a population of about 5000. The residents of this village, particularly those belonging to the socially underprivileged sections visited quacks in the absence of appropriate medical facility in the village. The closest govt. health centre is located 10 km away. The poor connectivity and virtually non-existent transportation makes accessibility to this center very difficult. A few private facilities that do exist around the village are unaffordable to a majority of the households.

In order to provide the community with a viable option of accessible health care services a small health center is being run with the support of Charities Aid Foundation (CAF) and Incentive Destinations.

The goal of the Bandhwari health centre is to increase awareness and improve the overall health status of the Bandhwari gram panchayat. A qualified medical practitioner visits the centre and provides free consultation to the community members five days a week. In order to strengthen community participation, four community health workers have been selected and trained from the village. These health workers act as a conduit between the center and the needy families. They not only bring in those requiring medical help to the health centre but also follow-up with the patients during the course of their treatment. To specifically address the issues of woman's health, visits of female specialist doctor are scheduled twice in a month. Apart from medical services, health education and awareness is being imparted on a regular basis on nutrition, sanitation and other community health concerns.

In order to develop the community stake and participation and also to make the program self sustaining, a small user friendly fees of Rs. 10/- is charged from the patients for the consultation. The fund generated as such is being used to partly cover the cost of running the centre.

##### 1.4.1 Outcome





- 3000 patients have received the treatment during the last two years which includes 995 women and 746 children.
- More than 70% of the patients paid the user friendly fees of Rs.10 in the health centre.
- Counseling and one to one interaction was conducted with at least 50 % of the patients visiting the clinic. One to one counseling on health has led to improvement in the levels of personnel hygiene in the community.
- Increase in awareness levels regarding good health, nutrition, safe drinking water, sanitation, immunization and antenatal care.
- There has been an increase in health seeking behaviour in the community.

#### 1.5. KNOWLEDGE BASED INTERVENTION FOR REPRODUCTIVE HEALTH ADVOCACY AND ACTION (KIRAN) - IMPROVING REACH AND ACCESS OF RCH AND FP SERVICES WITH QUALITY CARE

The overall objective of the project is to improve the reproductive and child health status in Mewat. It aims to achieve this through provision of quality health services in tandem with government efforts in the area.



Community Meetings in Beri Nifsi & Kelwari Village, Tauru Block Mewat

The specific objectives of the project are to assess the needs of the community on reproductive health and family welfare, create and strengthen community based mechanisms and linkages for increasing access to quality health care, improve reproductive health by promoting positive behavioral change among eligible couples (wherein the women is in the age group of 15-49 years) through IEC/BCC activities, empower women for decision making on reproductive health and family planning issues.

The selection of Mewat district for implementing this important initiative was done keeping in mind the socio-demographical backwardness of the district. The female literacy rate for the area is only 24 percent with a large family size of 5-10 members per household. The females have poor status in the family. Men are the decision makers and pose a great resistance to change, especially on issues impacting women's reproductive health. The project area includes 29 villages in Tauru and Nuh blocks of Mewat district covering a population of about 50,000.

The focus of the three year long project (2009-12) is primarily on improving mother and child health with women in the age group of 15-49 years and children below 2 years as the core beneficiaries with a strong BCC component for the community stakeholders.

Name of the block	Name of the Project Villages
Tauru block (12 villages)	Para, Kelwari, Sheikhpura, Hasanpur Tauru, Bissar Akbarpur, Sabras, Nihalgah(Gudda+Guddi), Kharak Tauru, Sunthaka, Beri Nifsi, Jaffrabad, Goela,
Nuh block (17 Villages)	Untka, Muradbass, Baroji, Bai, Meoli, Kherla, Khorl Nuh, Salaheri, Ferozpur Namak, Chandeni, Sadain, Tapkan, Rehna, Palla, Biwan(Beema), Sonkh and Salamba

The Key interventions envisaged under the project include activation of village health and sanitation committee, training of CHWs /ASHAs, training of dai to increase access to safe delivery, ensuring male participation and provisioning of health services through mobile van.

#### 2. PERI-URBAN HEALTH INTERVENTIONS

Apart from the initiatives focusing on the population in remote and undeveloped villages in rural Haryana, Sukarya is also catering to the health needs of the peri urban population. Through its health centres in Gurgaon it is reaching out to the urban poor, migrants residing in the slums and the vulnerable sections of population in the city such as the senior citizens, handicapped and children.

##### 2.1 REACHING OUT TO THE URBAN SLUMS BY SUKARYA SEHAT CENTRE

Gurgaon as a fast growing megapolis, has become a hub of development activities during the last decade. It has led many corporate giants to start their ventures in Gurgaon. According to an estimate about 850 small and big manufacturing plants are functioning in the city. The city has seen a growth in employment opportunities and a large number of people have migrated to Gurgaon in search of employment. The boom in construction activities in the city has also witnessed an increase in slums that house most of the construction labor. These people were hardly being catered to by the existing health care facilities in the city. In order to reach out to this section of the population who had little access to any other health care services; Sukarya started the Sehat centre in its office premises at Sushant Lok in 2005. A general practitioner regularly



attends to the patients in the center.

The center also has a community outreach program wherein the health services of the center are extended to the children of schools in slums and communities. Under the outreach program, the center is providing regular medical check-up to children (5 -15 years) of a non-formal education centre called Sankalp located in slums of DLF phase V, Gurgaon. Health check-up was also conducted for 120 students and teachers of the Saksham School, Sushant Lok and for about 700



children of non-formal schools being run by Humana People to People India (HPPI), a development organization working in the field of community health and education, in Chakarpur, Jharsa, Gurgaon.

## 2.2 PHYSIOTHERAPY UNIT

The physiotherapy unit has been functioning since 15<sup>th</sup> August, 2005 in the Sukarya office premises in Gurgaon. The unit run by a team of well motivated and committed development professionals, physiotherapist, volunteers and support staff is a walk-in facility that functions five days a week from 9.30 am to 5.30pm. The poor connectivity and an almost non-existent public transport system in the city makes it difficult for poor and critical patients to access our health centre. Sukarya has a pick-up facility to ferry such patients to the physiotherapy center. The center primarily caters to slums of Gurgaon in Neemtala, Nalapur, Saraswati Kunj, Sector-56 and DLF phase -V. Women working as domestic help, as laborers or even at home due to the physically demanding nature of their tasks suffer from various problems like back pain, cervical and body pain. For such patients the centre has brought medical help within reach.

A nominal registration fee of Rs. 10/- per patient is being charged at the centre.

### Coverage during 2009

#### Clinical data of patients

Total number of patients in year 2009	1,909
Total number of paid patients in year 2009	1,164
Total number of charity patients in year 2009	745

#### Male female ratio

	Male patients	Female patients
Paid patients	554	610
Charity patients	304	441
Total patients	858	1051



## 2.3. PAHAL PROJECT

The project PAHAL was launched in December, 2009 for the underserved slum community of Saraswati Kunj in Sector - 53, DLF phase - V, Gurgaon.

The primary objective of the project is to cater to the health needs of the community. This involves conducting health camps on a regular basis through which basic medical services are provided to the community. The health camp also performs a health education function through awareness sessions addressing issues of better hygiene and ways to combat health hazards emanating from poor hygienic conditions and lack of safe drinking water.

The homes of majority of the population in the area comprises of hutment or jhuggi. A substantial population in the area is that of rag pickers, who collect rags, scrap and recyclable waste from garbage dumps from around the city and bring it into the area. The area therefore is heavily infested with insects and mosquitoes, which poses a serious health hazard to the residents. Cleanliness drives are conducted by mobilizing the youth of the community who sanitize the locality by periodic spraying of DDT.

Sukarya has joined hands with the government in implementing the polio eradication program in the community. The intervention involves creating awareness and mobilizing community during the immunization drives through door-to-door visits by community health workers.







## EMPOWERING WOMEN FOR IMPROVING HEALTH- BUILDING ECONOMIC SELF-RELIANCE THROUGH INCOME ENHANCEMENT INITIATIVE





One of the important learnings of our first hand experience of working on health and reproductive rights issue in communities of Mewat and Gurgaon districts of Haryana was the criticality of viewing efforts at improving women's health as closely entwined with larger issues of social and economic backwardness of women in traditionally male-dominated societies. Women in the rural areas of Haryana have little control over their lives. They have no power to take part in decision making in family matters. Dependency on male members of the family can be observed in almost every sphere of their lives. In part women's low status in the family and lack of decision-making power can be ascribed to her almost complete economic and social dependency on men.

It was therefore evident that the impact of any stand alone women 'health' program devoid of empowerment intervention would continue to remain largely circumscribed.

With the intention of dovetailing economic and social empowerment intervention with 'direct' health programs, the spice and cereal processing unit was started by Sukarya in 2004 as an income generation activity for women.

#### 1. SPICE AND CEREAL PROCESSING UNIT FOR ECONOMIC SELF-RELIANCE OF WOMEN

The project started in 2004, as a modest step towards assisting women in generating additional income for meeting their household needs and becoming partly self-reliant. The project provided an opportunity to the women to utilize their existing skills in the production of unadulterated spices, pickles and chutney to help them earn. The project was visualized as a pilot project to test



Women at work - 'Spice and Cereal Processing Unit at Sukarya'

the viability, feasibility and efficiency of the enterprise in controlled setting, with financial, skill training, marketing and other support from Sukarya; before it could be replicated in the communities. The process involved hand-holding and support to participating women in different phases of production and marketing. During this phase, the processing unit was run from the Sukarya office premises which helped keep a close check on the various aspects of the enterprise.

The idea was to train and develop women entrepreneur under guided eye to a level wherein they could independently manage the affairs of the unit. Women were provided with space, capital investment, and other required resources for grinding fresh spices (including Besan, Dhanial, Haldi, Chilly, Jira, Curry powder, Garam Masala) and packaging them. Through this activity the women participants were able to earn and augment their family income. The project benefited several women of Wazirabad and Kanhai villages.

#### 2. WOMEN EMPOWERMENT BY STRENGTHENING SELF HELP GROUP AND MICRO ENTERPRISE DEVELOPMENT

Sukarya armed with the learnings of its pilot project on spice and cereal processing unit, decided to locate the unit within the communities. Sukarya is presently running three processing units in villages of Bandhwari, Waliawas and Old Gawalpahadi. Apart from the spice and cereal processing



Sale of 'Sathi Masala' at Hughes Systique India Pvt. Ltd, Corporate Office in Gurgaon.

unit, the project was expanded to include promotion and strengthening of women SHG in the project communities.

The expanded project known as the SAATHI project started on 1st November 2007. This project with the overall objective of economic empowerment of women was supported by Godfrey Philips India (GPI) and Charities Aid Foundation (CAF).

The project aims at developing savings and thrift groups of women and providing them with vocational training and entrepreneurship development support on viable economic activities



through training and other support inputs in packaging, marketing etc. to help women become economically self-reliant. The self help group has helped mobilize and organize women collectively for financial and social gains. It has helped inculcate in them the habit of saving. The group savings is being used for inter-loaning among members for consumption and productive purposes. This has helped women members to become economically self-reliant in whatever limited sense they can given their complex social realities and situational impediments. Those seeking consumption loans alone have been able to meet their emergent needs and improve their lives.

The project is presently covering four villages of Waliawas, Bandhwari, Old Gawalpahadi and New Gawalpahadi in Gurgaon District of Haryana. Nine SHGs have been promoted and supported in these four villages till 31st March, 2010.

An important part of the income generating component undertaken under the SAATHI project is the masala making units where women members are engaged in producing spices on traditional hand-chakkis and marketing these. The members interface with local resources such as the community members, village school teachers, aanganwadi worker and local shopkeepers to market their products locally. Aanganwadi workers and community health workers in some of the villages have turned into dedicated customers. Some of the corporate offices by providing space in their premises to hold monthly sales are also serving as marketing outlets for SHG produce. GPI, Oxigen and Hughes Systems and HCL are corporates with whom we have such marketing tie-up.

The other income generating activities that the SHG women members are engaged in include diary, tailoring, retail shops etc.

A crèche is also being run to provide child care support to women members engaged in income generating activities. Literacy classes are conducted for the SHG women members wherein apart from basic reading, writing and numerical skills, women are imparted health education and social awareness.

## 2.1 Outcome

- © 157 women have been mobilized as SHG members out of which 46 women belong to scheduled caste and 87 women belong to backward classes. Thus about 85% of women members are from underprivileged and backward classes.



- Six out of the nine SHG's have been linked to local nationalized bank. The total combined savings of the nine SHGs was to the tune of 2.16 lakh as on March, 2010. A total of 56 members have taken loan from their respective SHGs. The cumulative disbursement of loans to SHG member stands at Rs.2.03 lakhs.
- Spice centers are running in 3 villages of Bandhwari, Waliawas and Old Gawalpahadi. As per a rough estimate, 28 women involved in the enterprise together made a profit of nearly Rs. 75,000 in the year ending March, 2010.
- Apart from the 28 women engaged in masala making, 18 women members are engaged in diary business, 5 are into retailing through the small shops they are running in the community. One woman is successfully running a tailoring unit and earning by stitching clothes for others as well providing training in tailoring for a nominal fee to other girls from the community.
- There is an increase of approx. Rs.500/- per month in the income of the women members involved in the spice and cereal making enterprise.
- There is an increased awareness among the self help group members about health, nutrition, personal hygiene, numeric and calculation skills, self confidence and mobility.

## 3. CELEBRATING AND SHARING INSPIRING STORIES OF WOMEN- INTERNATIONAL WOMEN'S DAY CELEBRATION

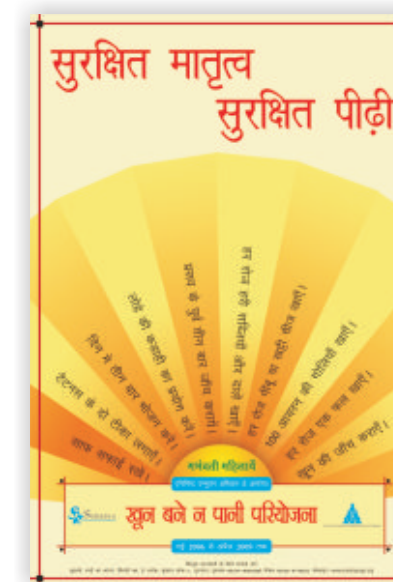
The 8<sup>th</sup> of March every year marks the International Women's Day. It is a major day of celebration of women globally.

On the occasion of the International Women's day, Sukarya felicitated the women members of SHG who showed incredible courage and leadership to overcome their limitations and associated themselves with SHG with a hope to bring about positive changes in their lives. The International Women's day was an appropriate forum to recognize this optimistic spirit of the women members of SHG. A program was organized in Waliawas village in Gurgaon on the 8th March 2009. The project staff, community mobilizers of the project villages of Sukarya participated in the celebrations. Ms. Rageshwari Negi, nutrition demonstrator and senior Sukarya volunteer, was the Chief Guest for the day. Ms. Nilajana Das, Project Manager shared the significance of celebration of women's day. The women participants from the community such as the community mobilisers, SHG members etc. shared their views and experiences. This was followed by a small cultural program and a game of tug of war between the SHG members and non-members from the community.

On 8th March, 2010 the Women's day celebrations were held in Bandhwari village. The celebration was marked by a program aimed at recognizing the efforts of individual women members who showed exemplary leadership qualities and initiative in developing themselves and their community. The women of the community nominated fellow women members under various achievement categories i.e. best SHG member, best community mobilizer etc. and selected one of them for the prize trophy. The male participation was explicitly encouraged by recognizing their contributions under two separate categories i.e. ideal couple and most supportive male member. The Chairperson, Sukarya addressed the participants followed by a sharing of experiences wherein participants shared their perceptions about what constitute empowerment for them and how their lives have changed through their involvement in the health and income enhancement initiatives of Sukarya.



True to the spirit of the day, the occasion was marked by celebrations, fun and frolic. The day culminated with a reaffirmation and rededication by woman participants to their self growth and development and a commitment to live life with dignity and self-respect.



## PROMOTING HEALTH THROUGH BEHAVIOURAL CHANGE- STRATEGIZING ON CAPACITY BUILDING, COMMUNICATION AND IEC ACTIVITIES





## 1. BEHAVIORAL CHANGE COMMUNICATION

One of the strategies of bringing about positive health outcomes in the lives of individuals is through encouraging development of healthy habits and effecting behavioral change. Creating positive behavioral change is a long process of using communication approaches and tools to educate the people, build their capacities and skills to manage their own health and development. In order to foster positive behavioral change we need to work in partnership with families, schools, health services and communities to influence the social norms and bring about a positive healthy environment.

Sukarya in order to improve the health status of communities has been actively propagating behavioral change strategies in its key health initiatives. Behavior change communication is a key tool used in health program and among other interventions in various project locations.

One of the key strategies of improving health through behaviour change communication focused on encouraging adoption of healthy practices by delivering informative and educational program tailor-made to suit the needs of the audience. This involved developing appropriate health messages for various stakeholder groups. Specific communication methods were used while focusing on effectively delivering these health messages to varied groups on a continuous and sustained basis. The various informal methods used at the community level included talks, street plays, puppet shows, health games, health quiz, nutrition demonstrations, cooking competitions, discussions with mother's groups, etc. In order to engage the wider community on the issue, film shows, radio programs, screening films through cable network were organized. In order to reach out to the school community peer education programs and events such as rally, competitions, talks etc were organized.

## 2. INFORMATION, EDUCATION AND COMMUNICATION ACTIVITIES

Behavioral change is an important strategy to promote health and well-being. IEC activities focusing on educating masses on issues of nutrition, hygiene, sanitation and reproductive health enabling them to make informed choices were conducted regularly to improve the general health status of population in the rural areas and urban slums.

The IEC material produced on nutrition, health and hygiene, reproductive health care etc. included posters, flip charts, leaflets, handouts etc. A colorful set of posters giving critical facts about prevalence of anemia particularly among the high-risk groups of pregnant, lactating women and adolescents was developed. These posters were displayed at important locations in the community such as the Aanganwari centers and sub centers. Information leaflets were developed in Hindi on anaemia prevention focusing on anemia, its symptoms, causes and ways of prevention. Leaflets on various communicable diseases such as tuberculosis, diarrhoea, dengue were prepared. Along with this leaflets were also prepared on community health and reproductive health care focusing on immunization, antenatal and post natal care, nutrition, sanitation and personal hygiene.

A Janani Record book was developed as part of our reproductive health program to keep track and record of the pregnant and lactating women in the project area during their ante-natal and post natal period.

As part of our women empowerment initiative through self help group and income enhancement activity, motivational posters were printed on women empowerment which depicted quotes from rural women on how involvement in self help groups has changed their lives. Posters and booklet were prepared as part of the marketing strategy to publicize the spice and cereal being produced by the processing units to promote and



Woman with 'Janani Record Book'

augment the sale of these products. Wall writings in the villages are done to give health messages on various issues in a cost effective way.

### 2.1 Production of a Documentary Film - Jab Jago Tab Savera

As part of the advocacy campaign focusing on anaemia reduction, Sukarya with an expert team from "Ved Films Television News and Documentary Film Producer" shot a documentary film entitled "Jab Jago Tab Savera" in Bandhwari village.

The film 'Jab jago tab savera' focuses on strategic importance of antenatal care for timely identification and management of anaemia and the need for active engagement of men as partners while dealing with women's health concerns.

### 2.2 Radio Program

In order to reach out to a wider population, Sukarya coordinated with 92.7 FM to air anaemia prevention messages through radio.

### 2.3 Publications

- 'Prabhavshali Vyanjan Vidhiyan' - Recipe book (in Hindi) - Sukarya developed a recipe book that provides simple recipes that are easy to prepare using locally available ingredients in a short time and is rich in iron and vitamin C. The recipe booklet was developed as a simple information tool to help prevent anaemia by giving information on simple food preparation that if followed ensures the requisite adult daily requirement of iron in one's diet.
- Newsletter- Pro-Health, Sep,08 edition
- An Information Brochure on SAATHI Project, March,2010
- Sehat Newsletter, Mar, 2010



Release of 'Prabhavshali Vyanjan Vidhiyan' at Nutrition workshop

## 3. CAPACITY BUILDING OF STAKEHOLDERS

The efficacy of any social development intervention is dependent on the capacities- knowledge, skills and attitudes, of its key constituencies-both implementers and beneficiaries. It is important to enhance the capacities of in-house staff and other stakeholder groups engaged in delivering and/or absorbing outcomes of any social development effort.

With the objective of upscaling the impact of our interventions, Sukarya invested in capacity building of various stakeholder groups operating at different levels in varied contexts.





### 3.1 Training of the project Staff

- The project manager participated in the Fourth Asia Pacific Conference on 'Exploring New Frontiers in Sexual and Reproductive Health and Rights' held in Hyderabad, India, from 29th to 31st October, 2007. This was a learning experience to help understand the reproductive and sexual health issues from a global perspective. The conference served as a platform to interact and network with various NGOs, intermediary organizations and individual doers to share and learn from their activities and experiences.
- The staff and volunteers participated in the conference on "Mobilizing funds for non profits" conducted by Mr. Noshair Dadrawala on 12th January, 2008 in N.Delhi.
- The Project Manager participated in the workshop on "Project planning and management" conducted by Mr. Joy Dasgupta of Catamorph on 27th Nov, 2008 in N.Delhi.
- Entrepreneurship development training program was conducted in May, 2008 for the project staff by Mr. K.C George of NIPCCD to orient project functionaries on how to deal with the challenges of enterprise development. The training covered different aspects of enterprise development such as importance of selection of a viable enterprise, importance of business plan, product promotion, market development, importance of packaging, customer selection, and networking with financial institutions and other support organizations, to ensure sustainability of enterprise.

### 3.2 Exposure visit for project staff and volunteers

With the objective of broadening the horizons of staff and exposing them to existing initiatives and replicable lessons in the field of health exposure visits were conducted for the project staff. A week long exposure visit from 22-26th July, 08 included visits to three reputed trusts named Foundation for Research on Community Health (FRCH), Institute of Health Management, Pachod (IHMP) and Hind Swaraj Trust, Rale Goan Siddhi in Pune, Maharashtra.

### 3.3 Training of Volunteers

Volunteers are an integral and critical part of Sukarya. They play an important role in contributing towards the organization's objectives and mission. Sukarya has a team of volunteers with hybrid backgrounds including students, software professionals, doctors, house-wives and retired officials. In order to lead such a varied group of people especially those with no prior experience of the social development sector, it becomes especially important to orient them to the objective, credo, vision and mission of the organization and skills necessary to help them with the development work. With the above objective in mind a training was conducted for volunteers of Sukarya in May, 2008.



### 3.4 Training of community mobilizers

Community mobilizers play a key role in mobilizing communities to participate in the process of bringing about a positive change in the community. The community mobilizers are mostly drawn from the local community and play an important role in motivating people to participate in project activities. Under the anaemia project, Sukarya conducted a series of in-house capacity building programs for community mobilizers. The capacity building programs were conducted by Sukarya's in-house panel of doctors, nutritionist, project manager and project staff.

### 3.5 Exposure visit for community mobilizers

The community mobilizers visited NGOs like Deepalaya, Smile Foundation, Hope Foundation, Khusboo Welfare Society as part of their exposure visit to see the role of the community health workers in other project locations and understand how they can bring about effective change at the ground level. The community mobilizers also visited the government health services facilities like the PHC, sub centers, delivery huts as well as civil hospital to facilitate linkages between the government health services and local community.

### 3.6 Training of Self Help Group

Trainings were conducted for the members of self help groups to increase their knowledge and skills for efficient functioning of the self help groups. The trainings were conducted on a quarterly basis on different aspects of group functioning. These included:

- Training on SHG concept and management
- Training on maintenance of SHG records and registers
- Training on interpersonal relationship and group dynamics
- Training on networking and developing marketing linkages

Since the notion of SHG, its functioning and management were concepts alien to the women



members, it was imperative to begin with by orienting them to the concept of SHG. This also involved equipping them with knowledge and skills to understand and practice the principles of effective and efficient group functioning. Keeping this objective in mind training was conducted for the self help group members on the concept of SHG and principles of SHG management including training on record keeping.

The SHG members engaged in the spice units were provided vocational training on regular basis to enable them to maintain the high quality and purity of the products. Sessions were also conducted to help them understand the importance of branding, maintaining high standards of products,



packaging and effective marketing.

Women were trained in aspects of day-to-day management of group activities and records. This required imparting numerical skills. Women are also being taught how to use a calculator to simplify accounting. They are trained to keep accounts of sales and basics of maintaining stock and sale registers.

### 3.7 Exposure visit for self help groups

Exposure visit were organised for SHG members. The idea was to give them an opportunity to see and learn from good practices of other groups and expose them to new areas of learning. The women were taken to an NGO called Hope Foundation, which is also a partner NGO of Charities Aid Foundation (CAF, India).

### 3.8 Training in enterprise development for women entrepreneurs

Under the Saathi project, the women members of SHGs were provided entrepreneurship development training in the month of Sep-Nov, 08 by Mr. K. C. George of NIPCCD, New Delhi. The training covered aspects relating to qualities of a model group, interpersonal relationship among members, the qualities and skill of an entrepreneur, the challenges of enterprise development and the various ways to cope with these challenges. Inputs were provided towards maintaining quality, packaging of finished products, developing market linkages, and skills in networking and effective communication.

### 3.9 Exposure visit for women entrepreneurs

An exposure visit was organised for women entrepreneurs to the local market to enable them to see and understand the basic principles of business at work. It helped them understand the prevailing market rates of raw material and spices. They had an opportunity to interact with local dealers who could provide them with raw materials on a regular basis. The women also developed the understanding to differentiate between the different qualities of raw materials.

### 3.10 Facilitating and empowering Village Development Committee

Community participation and ownership is a key to overall sustainable village development. In order to encourage community participation Sukarya facilitates promotion of village level development committee. This committee serves as a platform to discuss village level issues and creates a space for the community to be involved in implementation of village development activities. Sukarya initiated this process in village Bandhwari, where a village development committee functions as a community based institution dealing with different community based issues of concern in the development of the village. The committee has ten members.



The process of forming the village development committee was a challenge requiring continuous community mobilization to motivate community members to work together for their own development. The community was aware of the problems but needed external facilitation to help them work around it. This much needed push was provided by Sukarya.

### 3.11 Community Level Nutrition Workshop

A nutrition workshop was organized on 23rd December, 2008 in Bandhwari village on "Santulit Aahar - Phalta Phulta Parivar". The main objective of the workshop was to develop awareness on what constitutes a healthy dietary pattern for different age-groups and motivate the participants to adopt these. Almost 250 participants attended the session.

### 3.12 Physiotherapy Meet

An awareness building interactive meet on physiotherapy as an alternative therapy was organized in Sukarya office Gurgaon on 26th April 2008. The aim of the meet was to create awareness on the importance of physiotherapy as an alternative system of treatment, in urban and rural areas of Gurgaon and to discuss, exchange views, ideas and latest updates on physiotherapy among the stakeholders. The program was attended by community members in need of such service, patients undergoing treatment at the center, eminent doctors and physiotherapists from rural and urban Gurgaon. Ms. Meera Satpathy, Chairperson, Sukarya, welcomed the participants and talked about the physiotherapy unit and the efficacy of physiotherapy in treating medical conditions that affect the muscular-skeletal system of an individual like arthritis or injuries by accident. Mr. S. K. Kains advisor Sukarya also addressed the meet. The vote of thanks



S. No.	Name of Doctor	Hospital	Topic
1.	Dr. Bela Sethi	Therapist from Physical Therapy Clinic South Extension Delhi	Changes in the Physiotherapy treatment
2.	Dr. Singari	Orthopaedician from Paras Hospital Gurgaon	Osteo arthritis
3.	Dr. Anuj Dogra	Orthopaedician from Paras Hospital Gurgaon	Low back pain
4.	Dr. Bhawna Verma	Physiotherapist	Pre and Post natal physiotherapy
5.	Dr. Rajesh Pal	Physiotherapist Paras Hospital	Cervical and Low back pain

was given Ms. Kumkum Bhatia, Trustee Sukarya. Several eminent doctors addressed the participants and shared information on back pain and other muscular-skeletal conditions in which physiotherapy can be an effective remedy.



# RESOURCE MOBILIZATION





### 1. DELHI HALF MARATHON

The Airtel Delhi Half Marathon has been providing NGOs with a unique opportunity to spread awareness and create visibility for their cause. In the process NGOs are able to garner public support and participation towards their efforts. Sukarya eyes Delhi Half Marathon as a platform critical to resource mobilization and creating greater awareness about its work among the society.

The 2008, Delhi Marathon took place on 9th November, 08. Three teams from the Bird Group participated in the Corporate Challenge team event for Sukarya. Sukarya was able to mobilize Rs. 5, 25,000/- through the event. The 2009 Delhi marathon took place on 1st November, 09. Four corporate teams participated in the Corporate Challenge team event for Sukarya. Three teams from the Bird Group and one from HCL Infosystems Ltd. Sukarya was able to mobilize an amount of Rs. 7,17,300/-

The funds generated through the marathon in the last two financial years were utilized to run certain in-house health programs for which no other donor support was accessed.

### 2. FUNDING AGENCIES, CORPORATE AND INSTITUTIONAL DONORS

During the last two financial years (2008-2010), Sukarya received Rs. 29,23,300/- (Twenty nine lakh twenty three thousand and three hundred only) as financial assistance towards its various development projects and programmes from agencies, corporate and other institutional donors. (A list of funding agencies, corporate and institutional donor is placed at Annexure II)

### 3. INDIVIDUAL DONORS

During the last two financial years (2008-2010), Sukarya received Rs. 29,04,804/- (Twenty nine lakh four thousand eight hundred and four only) in donation from individual donors towards its various development projects and programmes.

We are grateful for this overwhelming support of our efforts. (A list of Individual donors is placed at Annexure III)

## CREATING SYNERGIES- BUILDING PARTNERSHIPS, NETWORKING AND CONVERGENCE





## 1. WORKING IN COOPERATION AND COLLABORATION WITH GOVERNMENT DEPARTMENTS

### 1.1 Integrated Child Development Scheme (ICDS)

Sukarya regularly networks with the ICDS department and its officials at the community level. The idea is to work in close coordination to create synergy of efforts and ensure optimum utilization of community resources. This linking up is visible in utilization of community resource and infrastructure such as the aanganwadi centre to hold periodic group meeting with village members and health camps. The village AWW also helps in social mobilization, awareness activities during health camps, community meetings etc. AWW, ASHA and the community health workers of Sukarya also work together to ensure immunization and ANC check-up in the community. The community health workers in the project villages work in close coordination with the supervisors and aaganwadi workers to mobilize pregnant and lactating women for various health interventions including health check-up and awareness camps. The objective is to avoid duplication of efforts and develop linkages wherever possible with the existing services.

These linkages are created by sharing of information about efforts and how these interventions can be effectively executed through convergence. At the village level monthly meetings are held with AWW, at the Block level regular sharing of information with CDPO and at the district level with the DPO helps in information sharing and building programmatic linkages with local govt. agencies.

### 1.2 Health Departments

While working on the issue of health, Sukarya networks and works in close coordination with the existing three tier community health structure. At the community level, interventions are executed in coordination with the ANM and ASHAs in the community. CHW's mobilizes community for immunization being done by the ANMs at their respective sub-centers in the village. At the secondary level, Sukarya works in coordination with the primary health centres. Under the anaemia reduction program



Sukarya facilitated the procurement of Iron Folic Acid Tablets (IFA) for the pregnant and lactating women in the project areas from the government. In the on-going KIRAN program we are in the process of having a joint health camp with the support of the local PHC. Our CHW's are also involved in other health activities e.g. Polio program, DOT program, promotion of institutional deliveries in close coordination with the govt. /health dept. At the tertiary level direct meetings are held with the Chief medical officer. Referral linkages have also been created with the district civil hospitals, where serious patients can be immediately referred. While working in close coordination with the govt. health machinery Sukarya is also actively looking at linking of other govt. schemes/activities with its on-going health interventions to affect convergence.

### 1.3 Banks and financial Institutions

Sukarya facilitates linkage of the self help groups with the financial institutions like the banks (Gurgaon Grameen Bank). The SHGs promoted by Sukarya are linked to the Grameen Bank, Gurgaon. This helps the groups to seek loan from bank using the group savings as collateral.

### 1.4 With Educational Institutions

Sukarya works in coordination with the block and district education department to advocate adolescent health issues like nutrition, sanitation, sexual health in the local communities. In schools located in communities awareness activities such as rallies, talks, and competitions on various social issues are organized from time to time in close coordination with the school authorities.

### 1.5 Coordination with Mewat Development Agency

MDA has been actively supporting Sukarya's health efforts in Mewat district. The MDA extended its support in project implementation by providing details of villages and socio-economic data of Mewat thus enabling Sukarya to focus its efforts in the most backward areas. MDA has also supported selection of field staff in the project areas in Mewat.

## 2. COORDINATION AND NETWORKING WITH OTHER LIKE MINDED ORGANIZATIONS

Sukarya is closely working with other like minded organizations in the field to avoid duplication of efforts and ensure optimum deployment of limited resources.

Sukarya is presently working in close coordination and cooperation with several NGOs and CBOs in the field. With MAMTA, an organization working on RTI and STI, a tie up has been effected for referral of RTI/STI cases identified in the project communities in Mewat. Deepalaya another Delhi based NGO working in the area of community development and Muslim Educational Social and Cultural Organization, Hyderabad, have been our active partners in BCC activities such as nukkad natak, rally, and mobilization campaigns. The Venu Eye Institute and Research centre is being used for the referral of the eye patients. We are also working closely with the Mewat medical education and human welfare society, a CBO located in Nuh, for social mobilization and promotion of health seeking behaviour and referral of the eye patients.

### 3. ANNI VERSARY CELEBRATIONS-REAFFIRMING PARTNERSHIPS

Sukarya celebrates its foundation day on 13th October every year. During the last two years Sukarya celebrated its 9th and 10th foundation day. The day marks a time to celebrate achievements, reiterate commitments and reaffirm partnerships with our supporters. A function



was organized to celebrate the 10th anniversary which was attended by trustees, members from advisory committee, project staff, community mobilizers, volunteers, individual and institutional donors and supporters of Sukarya. Mr. C.B Sathpathy was the chief guest. He delivered an inspiring speech to motivate Sukarya's staff and volunteers. Project staff and volunteers made presentation on the progress made in various programs, challenges, breakthroughs and future areas of concerns.



## LOOKING FORWARD-CHALLENGES AND FUTURE PROGRAMMES





## 1. CONCLUDING THOUGHTS

The last two years were especially challenging with Sukarya expanding its base and venturing into new areas. Sukarya slowly but steadily progressed in its mission of making health accessible to the underserved and marginalized communities. Starting with its operations from villages in Gurgaon District, it moved to Pataudi Block, then to Tauro block and finally forayed into villages in Mewat district. While it was challenging to work in Mewat district, one of the most backward districts of Haryana, it was at the same time deeply satisfying and rewarding.

The mainstay of Sukarya intervention is to improve the health status of the communities. The scope of interventions and vision of Sukarya expanded from curative medical services to preventive, educative and advocacy concerns. The realization of the strategic importance of bringing behavioral change among people to encourage health seeking behavior as a means to combat several preventable disease conditions made Sukarya work with an explicit focus on information and behavioral change communication in its health interventions.

We learnt the critical importance to approach health issues in a holistic manner within the framework of wider socio-economic, cultural and developmental parameters. This has resulted in an integrated and sustainable approach and a multi-prong strategy to address other interrelated aspects that impact health. This understanding translated in Sukarya planning interventions to empower women that culminated in the Saathi project. The idea was to economically empower women participants so that they have better control over resources and decision-making and thus can also be active partners in improving their health condition.

One of the basic approaches in all its community interventions has been to ensure community participation and build community ownership of projects. To ensure this specific intervention are made to catalyze and mobilize the community around health concerns. Village level committees serve as platforms to encourage and facilitate participation in the process of problem solving through discussions, sharing of ideas and creating synergies. This creates spaces to involve the community members in the change process and ensures long term sustainability of the interventions.

Volunteers and community level workers are an important pillar of Sukarya. They have immensely contributed to our various programs. The volunteers have especially infused our programs with their dynamism, enthusiasm and sense of commitment.

## 2. MOVING FORWARD- SOME EMERGING AREAS OF CONCERN

In the coming year Sukarya aims to continue to promote health by implementing health programs that are medically scientific, culturally acceptable and financially sustainable in remote and backward areas of Haryana especially in the district of Mewat and Gurgaon.

Having spread its area of operation to many different districts of Haryana, Sukarya in the coming year is poised to expand its outreach to the adjacent state of Rajasthan, building from its project learnings out its earlier experience of implementing health programmes in Haryana and Delhi.

We also aim to continue to focus on the niche area of developing information and education material tailor made to the needs of specific target groups to bring about behavioral change and develop health seeking behaviour.

Capacity building was and continues to be an area of concern in the coming year as well. Sukarya plans to invest in developing capacities and capabilities of its human resource at multiple levels especially those of the volunteers and community health workers. Therefore training and capacity building of community health workers, ANM, Anganwadi workers would be one of our focus areas in the coming year.





## WORKING TOWARDS THE VISION OF SUKARYA- PARTNERS AND SUPPORTING AGENCIES





## PARTNERS AND FUNDING AGENCIES

1. **CHARITIES AID FOUNDATION, INDIA (CAF)** - CAF, India is a registered public trust set up in 1998 with a vision of a world in which giving in a committed and effective way is recognized as part of everyday life. Through a host of services, CAF India has raised substantial resources from the corporate sector and individual donors. Apart from the individual donors various reputed corporate giants such as Adobe, British Airways, Glaxo Smith Kline, Alpha Tech and ITCL are associated with CAF INDIA.
2. **CONCERN INDIA FOUNDATION**-Started in 1991, Concern India Foundation is a non-profit, public charitable trust that supports development organizations working for the disadvantaged.
3. **GODFREY PHILIPS INDIA** - Godfrey Philips has undertaken several social initiatives like women empowerment projects, blood donation drives and support program for tobacco farmers as part of corporate social responsibility.
4. **INCENTIVE DESTINATIONS** - Incentive destination is a private company limited with the idea of offering clients with the best possible travel experience in the Indian subcontinent. Incentive destinations is a prominent name in arranging study tours and sports tour. Incentive destinations mainly focus on south eastern countries like India, Bhutan, Sri Lanka, Maldives and Nepal.
5. **POPULATION FOUNDATION OF INDIA (PFI)** - PFI was founded in 1970 by a group of industrialists and population activists. Since then, it has been contributing continuously for the betterment of the society. The Foundation acts as a think-tank and is engaged in advocacy efforts towards formulating and influencing population policies and programmes at various levels.
6. **HCL Infosystems Ltd.** -HCL Infosystems Ltd., is India's premiere hardware, services and ICT systems integration company.
7. **Bird Group**- With over 40 years of experience in India and proven expertise as a technology provider to the travel industry. Bird Group is one of the largest and most diversified entities within the industry.
8. **Hughes Systique Ltd.** - Hughee Systique is a leading communications Consulting and Software Company.

### Government Departments

Sukarya's strength lies in networking and working in convergence with the government departments. We have collaborated with the following Government departments for our various programmes.

- ❖ Integrated Child Development Scheme Department of Gurgaon (ICDS)
- ❖ District Health Department ,Gurgaon
- ❖ District Education Department, Gurgaon
- ❖ Block Development Officer
- ❖ District and Panchayat Officer

## Supporting Agencies

Sukarya is thankful to the following organizations for their kind support and guidance.

- ❖ Foundation for Research in Community Health, Pune
- ❖ Institute of Health Management, Pune
- ❖ Hind Swaraj Trust of Rale Goan Siddhi, Pune
- ❖ Association For Stimulating Know How(ASK) , Gurgaon
- ❖ Midstream Marketing and Research Private Limited , Delhi
- ❖ National Institute of Public Cooperation and Child Development (NIPCCD), New Delhi
- " Mamta Health Institute for Mother and Child, New Delhi
- ❖ Prayatana, N.Delhi
- ❖ Chaitanalaya, N.Delhi
- ❖ Deepalaya, N.Delhi
- ❖ Mewat Development agency, Mewat

We thank each and every individual and organization who has contributed towards Sukarya's mission and apologize for inadvertently omitting any names.





## LIST OF ABBREVIATIONS

ANC	Ante natal care
ASHA	Accredited social health activist
ANM	Auxillary nurse and midwife
AWW	Aanganwadi worker
BCC	Behaviour change communication
CAF	Charities Aid foundation
CBO	Community based organization
CHW	Community Health Worker
CMO	Chief medical officer
DC	Deputy Commissioner
DDT	Dichloro diphenyl trichloro ethane
DEO	District Education Officer
FP	Family Planning
NCW	National commission for women
NFHS	National family health survey
MDA	Mewat development agency
NGO	Non-government organization
NIPCCD	National Institute of Public Cooperation and Child Development
ICDS	Integrated child development scheme
IEC	Information, education and communication
IFA	Iron folic acid
PFI	Population foundation of India
PHC	Primary health centre
RCH	Reproductive and Child Health
RTI	Reproductive tract infection
SHG	Self help group
STI	Sexually transmitted infection



## FUNDING AGENCIES, CORPORATE AND INSTITUTIONAL DONORS

1. Bird Group
2. Concern India Foundation
3. Godfrey Philips India
4. Goel Charitable Trust
5. HCL Infosystems Ltd.
6. Hughes Systique India Pvt. Ltd.
7. Humana People to People India
8. Incentive Destinations
9. Lite & Bite
10. M/s Narasingha Construction Co.
11. M/S Shadows
12. Nagpaul Charitable Trust
13. One Foundation Charitable Trust
14. RAP Garments Pvt. Ltd.
15. Sahu Jain Charitable Trust





## NNEXURE-III

### INDIVIDUAL DONORS

- |                           |                         |
|---------------------------|-------------------------|
| 1. Anju Kumar             | 30. Pankaj Kumar        |
| 2. Anju Rastogi           | 31. Payal Kataria       |
| 3. Arun Goel              | 32. Pramugdha Kataria   |
| 4. Asit Tarkhad           | 33. Pravina Kain        |
| 5. B. S. Hansra           | 34. Preeti Gurnani      |
| 6. Beena Ramkumar         | 35. Pushpa Indernath    |
| 7. Charu Puri             | 36. Pushpa Sehgal       |
| 8. D. S. Kataria          | 37. R. K. Bansal        |
| 9. D. S. Tomar            | 38. Raj Sanwal          |
| 10. Deepa Harikrishnan    | 39. Rajiv Dar           |
| 11. Deepak Harkwhani      | 40. Rameet Rikhy        |
| 12. Dr. Dhira Dash        | 41. Reva Puri           |
| 13. Gayatri Sharma        | 42. Ritu Dhamija        |
| 14. Harjit Chabbra        | 43. Sangeeta Kakwani    |
| 15. K. N. Tripathy        | 44. Sanjay Kapur        |
| 16. K. S. Ramamurthy      | 45. Sanjay Sharma       |
| 17. Kumkum Bhatia         | 46. Santosh Sharma      |
| 18. M. L. Kapila          | 47. Shahnawaz Shahid    |
| 19. M. Rugmony            | 48. Shalini Parimal     |
| 20. Madhukar P. Khandekar | 49. Shipra Shukla       |
| 21. Manu Minocha          | 50. Shivani             |
| 22. Meera Satpathy        | 51. Shivik Gupta        |
| 23. Mohini Prasad         | 52. Shri C. B. Satpathy |
| 24. Mohit Khilnani        | 53. Sonia Chowdhary     |
| 25. Naresh Wadhawan       | 54. Sudha Bansal        |
| 26. Neelam Kapur          | 55. Trishna Satpathy    |
| 27. Neelima Kataria       | 56. Varsha Turkhud      |
| 28. Neeta Tahilinni       | 57. Veena Singh         |
| 29. P. C. Panda           | 58. Vidushi Tiwari      |



# Statement of Accounts

## 2008-2010





## GAGAN MEHRA & ASSOCIATES

CHARTERED ACCOUNTANTS

Off.: 8731, 14B, Shidipura, Karol Bagh, New Delhi-110005  
Ph.: (O) 23632494, 23514494 (R) 22373806, Fax: 011-23514494, Cell: 9810073125

Email mehragagan123@hotmail.com • mehragagan123@googlemail.com

### FORM NO. 10-B

(See Rule 17B)

#### AUDIT REPORT UNDER SECTION 12A(B) OF THE INCOME TAX ACT, 1961 IN THE CASE OF CHARITABLE OR RELIGIOUS SOCIETY INSTITUTION

We have examined the Balance Sheet of SUKARYA, P-20, FIRST FLOOR, SOUTH EXTENSION PART-II, New Delhi-110 049 as at 31st March 2009 and the Income and Expenditure account for the year ended on that date which are in agreement with the books of accounts maintained by the said Trust.

We have obtained all the information and explanation which to the best of our knowledge and belief were necessary for the purpose of the Audit. In our opinion, proper books of accounts have been kept by the above named Trust, so far as appears from our examination of the books.

In our opinion and to the best of our information, and according to the information given to us, the said accounts give a true and fair view :-

- I. In the case of the Balance Sheet of the state of affairs of the above named Trust at 31st March 2009 and
- II. In the case of the income and Expenditure account of the excess of Income over Expenditure of its accounting year ending 31st March 2009.

The prescribed particulars are annexed hereto

DATED: 15/09/2009  
PLACE: NEW DELHI

FOR GAGAN MEHRA & ASSOCIATES  
CHARTERED ACCOUNTANTS

Sd/-

(GAGAN MEHRA)

Prop.

M.No.89691

## ANNEXURE STATEMENT OF PARTICULARS

2008-09

### 1. APPLICATION OF INCOME FOR CHARITABLE OR RELIGIOUS PURPOSE

1	Amount of Income for the previous year applied to charitable or religious purpose in India during the year.	Rs. 5533909/-
2	Whether the Trust/Institution has exercised the option under clause (2) of the Explanation to section 11(1)? If so, the details of the amount of Income deemed to have been applied to charitable or religious purpose during the previous year.	Rs. nil
3	Amount of Income accumulated or set apart for application to charitable or religious purpose, to the extent it does not exceed 15 percent of the Income derived from the property held under trust for such purpose.	Rs. Income Rs. 7092810 Less Income Applied :-Rs.5533909 Surplus (Deficit) – Rs. 1558901 Less 15% of Rs.7092810 Rs.1063922 Balance: 494979
4	Amount of the Income eligible for exemption under section 11(1) © (Give Details)	Nil
5	Amount of Income in addition to the amount referred to in item 3 above accumulated or set apart for specified purpose under section 11(2)	Rs. 494979
6	Amount of Income in addition to the amount referred to in item 3 above accumulated or set apart for specified purpose under section 11(2)	Not Applicable
7	Whether any part of the income respect of which an option was exercised under clause (2) of the Explanation to section 11(1) in any earlier year is deemed to the Income of the previous year under section 11(1b)? Is so, the details thereof?	Not Applicable
8	Whether during the previous year, any part of Income accumulated or set apart for specified purpose under section 11(2) in any earlier year.	Not Applicable
9	Has been applied for purpose other than charitable or religious purpose or has ceased to be accumulated or set apart for application thereof or	Not Applicable



**2. APPLICATION OR USE OF INCOME OR PROPERTY FOR THE BENEFIT OF PERSONS REFERRED TO IN SECTION 13(3)**

1	Whether any part of the income or property of the trust/institution was lent, or continues to be lent, in the previous year to any person referred to in section 13(3) (herein after referred to in section as such person) ? if so, give details of the amount rate of interest charged and the nature security, if any	No
2	Whether any land, building or other property of the trust/institution was made, or continued to be made, available for the use of any such person during the previous year? If so give details of the property and the amount of rent or compensation charged, if any.	No
3	Whether any payments was made to any such person during the previous year be way of Salary, allowance or otherwise? If so, give details	No
4	Whether the services of the trust/institution were made available to any such person during the previous year? If so, give details thereof together with remuneration or compensation received if any	No
5	Whether any share, security or other property was purchased by or on behalf of the trust/institution during the previous year from any such from. If so give details thereof together with the consideration paid.	No
6	Whether any share, security or other property was sold be or on behalf of the trust/institution during the previous year to any such person. If so, give details thereof together with the consideration received.	No
7	Whether any income or property of the trust/institution was diverted during the pervious year in favour of any such person? If so, give details thereof together with the amount of income or value of property so diverted.	No
8	Whether income or property of the trust/institution was used or applied during the previous for of the benefit of any such person in any other manner? If so give details.	No

**3. INVESTMENT HELD AT ANY TIME DURING THE PREVIOUS YEAR (S) IN CONCERN IN WHICH PERSON REFERRED TO IN SECTION 13(3) HAVE A SUBSTANTIAL INTEREST.**

S.No.	Name & Address of the Concern	Where the Concern is A Company Number & Class of Share Holders	Nominal Value of Investment	Income from the investment	Where the amount in Co 1.5% of the Capital of the Concern during the previous year say Yes/No
1	2	3	4	5	6
--	--	--	Nil	--	--

TOTAL

PLACE - NEW DELHI

DATED - 15/09/2009

FOR GAGAN MEHRA & ASSOCIATES  
CHARTERED ACCOUNTANTS

Sd/-

(Gagan Mehra)  
Prop.  
M.No. 89691**SUKARYA**  
**P-20, 1st Floor South Extension -II, New Delhi-110049**  
**BALANCE SHEET AS AT 31ST MARCH-2009**

As at 31.03.2008	Liabilities	As at 31.03.2009	As at 31.03.2008	Assets	As at 31.03.2009
15003.00	<b>CORPUS FUND</b> - Corpus Fund	15003.00	7033640.00	<b>FIXED ASSETS</b> Fixed Assets	6782577.00
8491786.60	<b>SURPLUS FUND</b> - Opening Balance	7695134.25	167170.37	<b>CURRENT ASSETS</b> - Empowerment of Women	95162.00
-796652.35	- Add : Surplus as per Income & Expenditure	1711905.81	00.00	- Programme - SHG	70393.40
7695134.25	<b>CURRENT LIABILITIES -DUE</b> - Sundry Creditor	9407040.06	54722.00	- Loan & Advances	63953.00
354333.00	- Creditor For Expenses	290907.00	63953.00	- security Deposits	2258451.51
226003.68	<b>UNUTILISED GRANTS / AIDS</b> - PFI	374512.77	1152074.80	- Fixed Deposits in Bank	28000.00
0.00	- GIVE INDIA	89772.00	00.00	- Grant Receivable (CAF)	1923119.64
1058723.00	- CAF	788425.00	662709.25	- Cash at Bank	750.00
0.00		380150.00	73840.50	- Cash in Hand	29515.19
			15720.77	- Advance TDS	16507.09
			24176.24	- Interest Receivable	67622.00
			90936.00	- Health Consumables	9759.00
			10254.00	- Prepaid Insurance	
9349196.93	<b>TOTAL</b>	11345809.83	9349196.93	<b>TOTAL</b>	11348509.83

As per our Audit Report U/s 12 (B) of even date attached

**FOR GAGAN MEHRA & ASSOCIATES**

CHARTERED ACCOUNTANTS

Sd/-  
( GAGAN MEHRA )  
Proprietor  
Place New Delhi  
Date: 15/09/2009

For Sukarya

Sd/-  
TRUSTEESd/-  
TRUSTEE



## SUKARYA

P-20 . 1st Floor South Extension -II., New Delhi-110049  
INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31.03.2009Annual Report  
2008-2010

2008-09

Previous Year	Expenditure	Current Year	Previous Year	Income	Current Year
	<u>Expenditure on specific Project / Activities</u>			<u>Project Grants</u>	
1529599.00	- <u>On Population Foundation of India -</u> For Prevention of Anaemia	5	761711.00	<u>Grants / Aid from Population Foundation of India ( PFI ) - For Prevention of Anaemia</u> - Opening Unutilised - Received - Less: Unutilised	0.00 1925000.00 89772.00 1835228.00
85766.00	- <u>On Charities Aid Foundation -</u> For Empowerment of Women and vocational Training	6			
308828.00	- <u>On Charities Aid Foundation -</u> For Better health status in Bandhwari village	7	0.00	<u>Grants / Aid from Charities Aid Foundation</u> For Empowerment of Women and vocational Training - Received - Less: Unutilised	175500.00 0.00 175500.00
0.00	- <u>On Charities Aid Foundation -</u> For Empowerment of Women and vocational Training	8	266250.00	<u>Grants / Aid from Charities Aid Foundation</u> For Better health status in Bandhwari village - Received - Less: Unutilised - Add: Grants Receivable	250000.00 0.00 28000.00 278000.00
12797.00	- <u>On Shobha Project - Vocational Training</u>				
338747.00	- <u>On Give India -</u> For improving the Health status in District Mewat	9	0.00	<u>Grants / Aid from Charities Aid Foundation</u> For Empowerment of Women and vocational Training - Received - Less: Unutilised	400000.00 380150.00 19850.00
189457.00	<u>Own initiative Expenditure on Health Care Activities</u>		338747.00	<u>Grants / Aid from Give India</u> - Opening Unutilised - Received - Less: Unutilised	1058723.00 0.00 788425.00 270298.00
	- <u>Health Centre Expense -</u> For Swatha kendra and Physiotherapy - Consultancy Charges - Medicine & Consumable - Staff salary- support - Miscellaneous Expense	107021.00 79868.00 32800.00 10689.00		<u>Own initiative Empowerment of Women - SHG</u> Empowerment of Women - SHG - Sale of Masala & etc.	1565319.00
2465194.00	<b>Total C / Forward</b>	<b>2949751.00</b>	<b>2293184.00</b>	<b>Total C / Forward</b>	<b>4144195.00</b>

Previous Year	Expenditure	Current Year	Previous Year	Income	Current Year
2465194.00	<b>Total B / Forward</b>	<b>2949751.00</b>	<b>2293184.00</b>	<b>Total B / Forward</b>	<b>4144195.00</b>
0.00	<u>Own initiative Expenditure on Health Care Activities</u>		140315.00	<u>Health Care Activities</u> - Medical Income	165085.00
	- <u>Bandhwari Sehat Centre</u> Consultancy Charges Medicine & Consumable	16200.00 1833.00	799224.00 82505.71 27338.00 1.00	<u>Other Income</u> - General Donation Received - Interest Received - Miscellaneous Receipts - Short & Excess	2649761.00 121751.24 12018.00 0.00
357022.43	<u>Own initiative Empowerment of Women - SHG</u>	900281.39			
39506.20	- Masala Material consumed	61537.48			
32543.00	- Masala unit Expenses	45759.00			
111689.00	- Packing Charges	116236.00			
	- Stipend paid				
10632.00	<u>Other Activities</u>	48065.00			
45644.00	- Donation	350508.00			
2500.00	- Staff Salary	0.00			
700.00	- Accounting Charges	0.00			
0.00	- Advertisement & Pub. Exp.	9700.00			
617.74	- Annual Maintenance Charges	337.38			
5205.00	- Bank Charges	20033.00			
11215.00	- Staff Welfare	3975.00			
34740.00	- Computer Running & Maint.	27268.00			
19000.00	- Conveyance Expenses	19500.00			
8308.00	- Legal & Professional Fee's	9441.00			
11206.00	- Water & Electricity Charges	1770.00			
7300.00	- Garden Expense	19500.00			
2165.00	- Hiring of Airconditioners	6275.00			
	- Insurance				
3165187.37	<b>Total C / Forward</b>	<b>4607970.25</b>	<b>3342567.71</b>	<b>Total C / Forward</b>	<b>7092810.24</b>



Previous Year	Expenditure	Current Year	Previous Year	Income	Current Year
3165187.37	Total B / Forward	4607970.25	3342567.71	Total B / Forward	7092810.24
8446.00	- Misc. Expense	1211.00	796652.35	- Excess of Expenditure over Income - Deficit	0.00
513.00	- Postage & Telegramme	1610.00			
34815.00	- Printing & Stationary	26502.00			
207959.00	- Repair & Maintenance	72024.00			
62824.79	- Telephone & communication	92260.36			
5618.00	- Annual Membership Fee	0.00			
10754.00	- Cleaning Exp.	8228.00			
30550.00	- Consultancy charges	0.00			
53970.00	- Diwali Exp.	39287.00			
26450.00	- Foundation Day Expenses	1682.00			
2000.00	- Maratha Registration fees	2000.00			
24323.00	- Picnic Expenses	0.00			
60869.76	- Security Exp	56698.00			
3500.00	- Documentary Film	0.00			
0.00	- Documentation Charges	10000.00			
0.00	- Exposure visit Expenses	29621.00			
0.00	- Books & Periodical	1977.00			
0.00	- Short & Excess	121.82			
0.00	- Vehicle Running & Maintenance	5790.00			
19663.00	- Auditor's Remuneration:				
	Audit Fee 18000				
	Service Tax 1854				
421777.14	- Depreciation	19854.00			
0.00	- Excess of Income over Expenditure - Surplus	404068.00			
4139220.06	TOTAL	7092810.24	4139220.06	TOTAL	7092810.24

As per our Audit Report U/s 12 (B) of even date attached

**FOR GAGAN MEHRA & ASSOCIATES**  
CHARTERED ACCOUNTANTS

Sd/-

(GAGAN MEHRA )  
Proprietor

Place New Delhi

Date: 15/09/2009

Sd/-

TRUSTEE

Sd/-

TRUSTEE

**SUKARYA P-20, SOUTH EXENTION, PART-II,**  
**NEW DELHI-110 049****SIGNIFICANT ACCOUNTING POLICIES & NOTES TO ACCOUNTS FORMING PART OF BALANCE SHEET AND INCOME & EXPENDITURE ACCOUNTS FOR THE YEAR ENDED 31<sup>ST</sup> MARCH 2009.****1) BASIC OF ACCOUNTING**

The accompanying financial statements have been prepared under the historical cost convention in accordance with the generally accepted accounting principles. The Trust follows the Accrual systems of accounting and recognizes Income & Expenditure on Accrual Basis.

**2) TAXATION**

No provision for taxation has been made in the view of exemption available.

**3) FIXED ASSETS**

Fixed Assets are accounted for at cost.

4) In the absence of the confirmatory letters regarding the balance from/due to parties shown under the head Current Assets, Loan Advances and Current Liabilities are such as reflected in the books of accounts of the firm.

5) The previous year figures have been regrouped/ -rearranged wherever necessary to make the comparable with the Current year figure.

As per our report in Form 10B of even date attached

**For GAGAN MEHRA & ASSOCIATES**

CHARTERED ACCOUNTANTS

Sd/-

**GAGAN MEHRA**  
**PROP.****PLACE: NEW DELHI****DATE: 15-09-2009**

Sd/-

**TRUSTEE**

Sd/-

**TRUSTEE**





# GAGAN MEHRA & ASSOCIATES

CHARTERED ACCOUNTANTS

Off.: 8731, 14B, Shidipura, Karol Bagh, New Delhi-110005  
Ph.: (O) 23632494, 23514494 (R) 22373806, Fax: 011-23514494, Cell: 9810073125

Email mehragagan123@hotmail.com • mehragagan123@googlemail.com

## FORM NO. 10-B

(See Rule 17B)

### AUDIT REPORT UNDER SECTION 12A(B) OF THE INCOME TAX ACT, 1961 IN THE CASE OF CHARITABLE OR RELIGIOUS SOCIETY INSTITUTION

We have examined the Balance Sheet of SUKARYA, P-20, FIRST FLOOR, SOUTH EXTENSION PART-II, New Delhi-110 049 as at 31st March 2010 and the Income and Expenditure account for the year ended on that date which are in agreement with the books of accounts maintained by the said Trust.

We have obtained all the information and explanation which to the best of our knowledge and belief were necessary for the purpose of the Audit. In our opinion, proper books of accounts have been kept by the above named Trust, so far as appears from our examination of the books.

In our opinion and to the best of our information, and according to the information given to us, the said accounts give a true and fair view :-

- I. In the case of the Balance Sheet of the state of affairs of the above named Trust at 31st March 2010 and
- II. In the case of the income and Expenditure account of the excess of Income over Expenditure of its accounting year ending 31st March 2010.

The prescribed particulars are annexed hereto

DATED: 15/09/2010  
PLACE: NEW DELHI

FOR GAGAN MEHRA & ASSOCIATES  
CHARTERED ACCOUNTANTS

Sd/-

(GAGAN MEHRA)

Prop.

M.No.89691

## ANNEXURE STATEMENT OF PARTICULARS

2009-10

### 1. APPLICATION OF INCOME FOR CHARITABLE OR RELIGIOUS PURPOSE

1	Amount of Income for the previous year applied to charitable or religious purpose in India during the year.	Rs. 5876576/-
2	Whether the Trust/Institution has exercised the option under clause (2) of the Explanation to section 11(1)? If so, the details of the amount of Income deemed to have been applied to charitable or religious purpose during the previous year.	Rs. nil
3	Amount of Income accumulated or set apart for application to charitable or religious purpose, to the extent it does not exceed 15 percent of the Income derived from the property held under trust for such purpose.	Rs. Income Rs.6643095 Less Income Applied :-Rs.5876576 Surplus( Deficit) – Rs. 766519 Less 15% of Rs.6643095 Rs. 766519 Balance: nil
4	Amount of the Income eligible for exemption under section 11(1) © (Give Details)	Nil
5	Amount of Income in addition to the amount referred to in item 3 above accumulated or set apart for specified purpose under section 11(2)	Rs. NIL
6	Amount of Income in addition to the amount referred to in item 3 above accumulated or set apart for specified purpose under section 11(2)	Not Applicable
7	Whether any part of the income resp ect of which an option was exercised under clause (2) of the Explanation to section 11(1) in any earlier year is deemed to the Income of the previous year under section 11(1b)? Is so, the details thereof?	Not Applicable
8	Whether during the previous year , any part of Income accumulated or set apart for specified purpose under section 11(2) in any earlier year.	Not Applicable
9	Has been applied for purpose other than charitable or religious purpose or has ceased to be accumulated or set apart for application thereof or	Not Applicable

### 1. APPLICATION OR USE OF INCOME OR PROPERTY FOR THE BENEFIT OF PERSONS REFERRED TO IN SECTION 13(3)

1	Whether any part of the income or property of the trust/institution was lent, or continues to be lent, in the previous year to any person referred to in section 13(3) ( herein after referred to in section as such person) ? if so, give details of the amount rate of interest charged and the nature security, if any	No
2	Whether ant land, building or other property of the trust/institution was made, or continued to be made, available for the use of any such person during the previous year? If so give details of the property and the amount of rent or compensation charged, if any.	No



1. INVESTMENT HELD AT ANY TIME DURING THE PREVIOUS YEAR (S) IN CONCERN IN WHICH PERSON REFERRED TO IN SECTION 13(3) HAVE A SUBSTANTIAL INTEREST.

TOTAL  
PLACE- NEW DELHI  
DATED- 15/09/2010

**FOR GAGAN MEHRA & ASSOCIATES  
CHARTERED ACCOUNTANTS**

Sd/-  
(Gagan Mehra)  
Prop.  
M.No. 89691

**SUKARYA**  
**P-20 , 1st Floor South Extension -II , New Delhi-110049**  
**BALANCE SHEET AS AT 31ST MARCH-2010**

As per our Audit Report U/s 12 (B) of even date attached

As per our Audit Report U/s 12 (B) of even date at  
**FOR GAGAN MEHRA & ASSOCIATES**

**FUR GAGAN MEHRA & A  
CHARTERED ACCOUNTANTS**

Sd/-  
( GAGAN MEHRA )  
Proprietor

Place:- New Delhi

For Sukarya

Sd/-  
TRUSTEE

Sd/-  
TRUSTEE



**SUKARYA**  
**P-20 , 1st Floor South Extension -II , New Delhi-110049**  
**INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31.03.2010**

Annual Report  
2008-2010

2009-10

Previous Year	Expenditure	Current Year	Previous Year	Income	Current Year
	<b>Expenditure on specific Project / Activities</b>			<b>Project Grants</b>	
1859527.00	- On PFI Anemia Project	437452.00	0.00	Grants / Aid from PFI- kiran	1000000
569698.00	- On CAF NEW -I	212346.00		- Opening Unutilised	324111
19850.00	- On CAF New Project II	488901.25		- Received	675889.00
0.00	- On PFI Kiran Project	859607.00	270298.00	- Less: Unutilised	
270298.00	- On Give India	303962.00		Grants / Aid from Give India	788425.00
				- Opening Unutilised	497013.00
				- Received	291412.00
				- Less: Unutilised	
			453500.00	Grants / Aid from CAF	380150.00
230378.00	<b>Expenditure on Health care Activities</b>	258744.00		- Received	
18033.00	- Health Centre Expense	33363.00		- Less: Unutilised	380150.00
	- Bandhwari sehat centre			- Add: Grants Receivable	380150.00
	<b>Empowerment of Women Programme- SHG</b>				
900281.39	- Masala Material consumed	1038959.44			
61537.48	- Masala unit Expenses	138344.51	19850.00	Grants / Aid from CAF(New Project )	
45759.00	- Packing Charges	69925.25		- Received	170000.00
116236.00	- Stipend paid	0.00		- Less: Unutilised	
	<b>Other Activities</b>				170000.00
48065.00	- Donation	3000.00	1835228.00	Grants / Aid from PFI- Anemia	
350508.00	- Staff Salary	410456.00		- Opening Unutilised	89772.00
1977.00	- Books & Periodical	0.00		- Received	0.00
0.00	- Advertisement & Pub. Exp.	10500.00		- Add: Grants Receivable	432552.00
9700.00	- Annual Maintenance Charges	0.00			
337.38	- Bank Charges	12169.30			
20033.00	- Staff Welfare	17455.00			
3975.00	- Computer Running & Maint.	6005.00		<b>Empowerment of Women Programme - SHG</b>	
27268.00	- Conveyance Expenses	21220.82	1565319.00	- Sale of Masala & etc.	1751281.04
19500.00	- Legal & Professional Fee's	39000.00			
9441.00	- Water & Electricity Charges	76114.00		<b>Health Care Activities</b>	
1770.00	- Garden Expense	7762.00	165085.00	- Medical Income	120505.00
19500.00	- Hiring of Airconditioners	0.00			
6275.00	- Insurance	0.00			
<b>4609947.25</b>	<b>Total C / Forward</b>	<b>4445286.57</b>	<b>4309280.00</b>	<b>Total C / Forward</b>	<b>3821789.04</b>

Previous Year	Expenditure	Current Year	Previous Year	Income	Current Year
<b>4609947.25</b>	<b>Total B / Forward</b>	<b>4445286.57</b>	<b>4309280.00</b>	<b>Total B / Forward</b>	<b>3821789.04</b>
1211.00	- Misc. Expense	6617.00		<b>Other Income</b>	2566547.00
1610.00	- Postage & Telegramme	675.00	2649761.00	- General Donation Received	167165.73
26502.00	- Printing & Stationary	17151.00	121751.24	- Interest Received	62482.96
72024.00	- Repair & Maintenance	130287.00	12018.00	- Miscellaneous Receipts	114.04
92260.36	- Telephone & communication	36435.00		- Short & Excess	9775.00
0.00	- Leave Encashment	5894.00		- Patient User Fee (Caf)	11875.00
8228.00	- Cleaning Exp.	5533.00		- MCV User Fee- Give India	2471.00
0.00	- Website Charges	17694.00		- Interest Recd. PFI	875.00
0.00	- Womans Day Celebration	1000.00		- Short & Excess	
0.00	- Fees & Subscription Epxs	2000.00			
39287.00	- Diwali Exp.	14344.00			
1682.00	- Foundation Day Expenses	1037.00			
2000.00	- Maratha Registration fees	0.00			
56698.00	- Security Exp	83880.00			
10000.00	- Documentation Charges	0.00			
29621.00	- Exposure visit Expenses	0.00			
121.82	- Short & Excess	0.00			
5790.00	- Vehicle Running & Maintenance	0.00			
19854.00	- Auditor's Remuneration:	19663.00			
404068.00	- Depreciation	426662.00			
0.00	- Mobile Exps	51901.58			
1711905.81	- Excess of Income over Expenditure - <b>Surplus</b>	<b>1377034.62</b>			
<b>7092810.24</b>	<b>TOTAL</b>	<b>6643094.77</b>	<b>7092810.24</b>	<b>TOTAL</b>	<b>6643094.77</b>

As per our Audit Report U/s 12 (B) of even date attached

**FOR GAGAN MEHRA & ASSOCIATES**  
**CHARTERED ACCOUNTANTS**

Sd/-  
 ( GAGAN MEHRA )  
 Proprietor

Place:- New Delhi  
 Date: 15/09/2010

Sd/-  
 TRUSTEE



**SUKARYA****P-20, FIRST FLOOR, SOUTH EXTENSION PART II, NEW DELHI-110 021****SIGNIFICANT ACCOUNTING POLICIES & NOTES TO ACCOUNTS FORMING PART OF BALANCE SHEET AND INCOME & EXPENDITURE ACCOUNTS FOR THE YEAR ENDED 31ST MARCH 2010.****1) BASIC OF ACCOUNTING**

The accompanying financial statements have been prepared under the historical cost convention in accordance with the generally accepted accounting principles. The Trust follows the Accrual systems of accounting and recognizes Income & Expenditure on Accrual Basis.

**2) TAXATION**

No provision for taxation has been made in the view of exemption available.

**3) FIXED ASSETS**

Fixed Assets are accounted for at cost.

4) In the absence of the confirmatory letters regarding the balance from/due to parties shown under the head Current Assets, Loan Advances and Current Liabilities are such as reflected in the books of accounts of the firm.

5) The previous year figures have been regrouped/-rearranged wherever necessary to make the comparable with the Current year figure.

As per our report in Form 10B of even date attached

**For GAGAN MEHRA & ASSOCIATES**

CHARTERED ACCOUNTANTS

Sd/-

**GAGAN MEHRA  
PROP.**

Sd/-

**TRUSTEE**

Sd/-

**TRUSTEE**

**PLACE: NEW DELHI**

**DATE: 15/09/2010**