



2010 - 2012
(The Years in Review)

Working with Women and Children

to Create a Healthier and a Better Society



2010-2012: The Years in Review

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Message From The Chairperson

Conceiving and having a baby is one of the most beautiful, natural and joyful experiences of life. However, this reality can be extremely difficult, harsh, exacting and life threatening for many women living in poor, remote and deprived regions of India, caught up in the vicious circle of socio-economic inequality and poverty, without access to any basic health services, information or family support.

Reproductive, maternal and child health are major contributors to ill-health worldwide and account for millions of deaths every year, many of which are preventable. Over the years, we at Sukarya, have been addressing reproductive, maternal and child health (RMCH) issues plaguing our country, more specifically in poor underserved areas of *Haryana*. We do this through running IEC campaigns on anaemia prevention, nutrition, hygiene, for women and their partners, establishing specialised health clinics providing RMCH services, running mobile health diagnostic units, forming women's Self Help Groups (SHGs) and providing economic opportunities for women.

In the last two years, our focus has intensified towards this end. I am happy to report that, the "KIRAN Project" : Knowledge Based Intervention in Reproductive Health Advocacy and Action, and the "HIFAZAT Project" : Improved Maternal and Child Health through Specialised Clinics, are shining examples of our commitment. The KIRAN Project seeks to create and strengthen community-based mechanisms for increasing access to quality reproductive health care services and promote positive behaviour change among young couples. It was undertaken in partnership with the Population

Foundation of India, in *Mewat*, one of most backward districts of *Haryana*, covering 29 villages with a population of 70,000, our biggest challenge but also a landmark achievement for us. The HIFAZAT project, launched with our own funds, in 15 villages, initiated specialised health clinics for addressing maternal and child health issues, through primary health check-ups, ante natal and post natal care, educating on maintaining hygiene and couple counselling on RMCH issues. The project was successful enough to attract funding from the Power Grid Corporation of India in 2012.

Another exciting milestone in Sukarya's short, but eventful journey is the launch of the 'Ek Pehel' or the Integrated Rural Health and Development Project, initiated in 2011, made possible with financial support from our biggest corporate donor, Bird Group. Grappling with larger institutional issues during project implementation and recognising the impact of poor socio-economic status and ecological environment on health, this ambitious project, aims at addressing the underlying factors in an integrated, holistic approach. The project has been initiated in *Manger Village, District Faridabad*, in consultation and active participation of the community. It is trying to strengthen local health services, educate children on health and its vectors through schools, life skill training, galvanising women to form SHGs and preservation of the environment -- an often neglected area. Ultimately, on its successful completion, which will be duly evaluated by an external consultant, we plan to replicate it in other villages across the State.

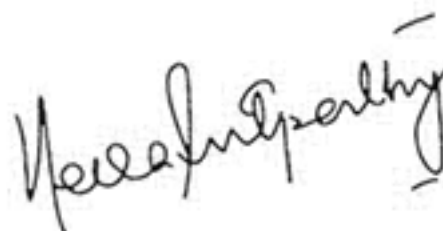
We are proud that our work, based on local partnerships, communities identifying and implementing their solutions, engaging men in RCH programmes - a critical omission in mainstream discourse and most importantly equipping women with the most vital tool – knowledge, is transforming lives and helping women take care of themselves and their family's health.

Going forward, we are looking to work towards promoting institutional deliveries, educating midwives and further strengthening access to health services which play a critical role in preventing maternal and infant mortality.

I would sincerely like to thank the Sukarya family – our dedicated volunteers, staff, well-wishers, donors, sponsors and trustees for believing, supporting and financing our cause, that every individual is entitled to lead a happy, healthy and productive life, and each of us has a duty to make this reality possible.

A special mention for our corporate sponsors and their teams -- Bird Group, Religare Enterprises Limited (REL), Aegis Ltd, and ICICI Lombard General Insurance, for participating in the Airtel Delhi Half Marathon in 2010 and 2011 to raise vital funds for Sukarya's work. Thanks to their tremendous support, Sukarya, received the award for the highest pledge raising NGO through Corporate Challenge in the marathon for both years!

This combined 2-year review gives up to-date information about all our projects, finances and some inspiring stories from the field. I hope you enjoy reading this review as much as we have enjoyed reporting it to you.



Introduction



*For many of us,
diagnosing and treating
an ailment means a
phone call or a visit
to our trusted doctor*

A background image showing several children in a rural setting. On the left, a boy in a light blue shirt and a girl in a yellow headscarf and patterned dress are visible. On the right, a girl in a white headscarf and a girl in a pink and white patterned dress are visible. The scene is outdoors with a brick wall in the background.

For millions, this is a luxury they can only dream of...

We started in 1998 – with the mission to ensure that access to basic healthcare services does not remain a luxury for the underserved and the underprivileged. For the last 14 years, we have been working hard in the backward villages and slums of *Haryana*, providing quality health services and empowering people to take control of their lives.

Our approach is two pronged- at one level, we **build awareness and empower communities** with essential information regarding key health issues to effect changes in their attitudes, as we believe that without empowering communities ensuring better health for all will remain a dream. At the second level, **we work to strengthen the delivery of key health services**, by providing quality and low cost services through community health centres, health camps and mobile clinics. In all these interventions we try to work with the government system to ensure that linkages are strengthened on the ground and that we supplement the government's efforts in ensuring quality health for all.

Over the years, reproductive, maternal and child health have come to form core areas of our work, besides provision of comprehensive healthcare for the underprivileged. We have also experienced that to improve the well-being of women and inextricably linked with it newborn health, we need to overcome the socio-economic barriers that they face, pushing them into a culture of silence. Today, we are also empowering rural women through self help groups and entrepreneurship training, enabling them to save money, access microcredit, engage in economically viable activities and become agents of change in their communities.

Our work is based on local partnerships with the communities identifying and implementing their own solutions, formation of women's self-help groups, working with volunteers and where possible, working with the government system to bring about change that is sustainable.

The powerful stories of the many individual lives that we have touched are the biggest reflection of what we are trying to achieve on the ground. Through all these years we have been guided by the vision of our founder, *Ms. Meera Satpathy*, who believes that every individual, especially women and children deserve to be able to improve their health and well being, and in turn contribute as productive, healthy and happy individuals towards the building of a better society.

This report, highlights some of our achievements and challenges in the years 2010-12 towards providing quality health care to the individuals living in the slums and villages of *Haryana*.



Sukarya team members disbursing medicines in a health camp in Saraswati Kunj, Haryana

“

In 2010-12 we reached over **50,000** men, women and children living in the slums and villages of *Haryana*, providing access to low cost and quality health services through mobile clinics, community health centres, and building awareness for improved health hygiene and nutrition.

”

2010-12: Striving for Improved Health through Low Cost and Sustainable Solutions

In 2012, we focused our work in four key areas:.

Improving Maternal and Child Health



Providing Basic Healthcare



Economic Empowerment of Women through Self Help Groups and Entrepreneurship Development



Ek Pehel - The Integrated Rural Health and Development Project



1. IMPROVING MATERNAL AND CHILD HEALTH

Women and child health have always been the focal points of all our interventions. Working in the villages and urban slums of *Haryana*, we come across many women who do not access any medical help, even during childbirth. The reasons are manifold - lack of awareness, lack of support from the family, unavailability of reliable services within a close geographical proximity and an overall low socio-economic status in the society which in turn translates into a low health seeking behaviour.

Our approach to maternal health follows a continuum of care from pre-pregnancy to post partum care. Through mobile health clinics, health camps and community health workers we reach women living in the underserved areas of *Haryana* and bring essential services to their doorstep. While provision of quality health services forms an integral component of our work, the second and perhaps the more critical component is a change in the behaviour and attitudes through awareness sessions, counselling and continuous interaction. Our focus is on educating young women and their partners about the importance of adequate nutrition, immunisations, antenatal and postnatal care and institutional deliveries.

In 2010-12 we implemented two key projects in furthering our attempt to improve women and child health.

- 1) **Knowledge Based Intervention in Reproductive Health Advocacy and Action (KIRAN)**
- 2) **Hifazat – Improving Maternal and Child Health through Specialised Clinics.**





Dr. Hemlata examining a pregnant women during a health camp in Nuh Block, district Mewat.

“

In 2010-12, we reached over 10,000 women with ante natal and post natal care

”

1.1 Knowledge Based Intervention in Reproductive Health Advocacy and Action – KIRAN

Mewat is one of the most backward districts of *Haryana*, as far as the key development indicators are concerned. According to the District Level Family Health Survey (DLFHS) 2007-08, institutional delivery in the village is as low as 14 per cent, mothers who had at least 3 ante natal care visits during the last pregnancy is 15.3 per cent, the percentage of women exclusively breastfeeding for first 6 months is 0.9, and the percentage of children aged 12-23 months fully immunised is 12.2 only. To add to this dismal state of affairs, the region has non-existent health facilities. *Mewat* has its genesis in its tribal inhabitants, the *Meos*, who are agriculturalists. *Meos* are a Muslim dominated community with distinct ethnic and socio-cultural characteristics. Literacy levels are low, with female literacy being only 24 per cent. The family size is large (5-10 members per household) and women have a low status in the family. Men are the decision makers and extremely resistant to change, especially on issues impacting women's reproductive health. This poses a great challenge for implementation of any health intervention.

To address this situation, in partnership with the **Population Foundation of India**, we implemented KIRAN in 29 villages covering a population of approximately 70,000 in October 2009. Through this three-year intervention, we attempted to create and strengthen community-based mechanisms for increasing access to quality reproductive health care services and promote positive behaviour change among young couples. To put it simply, on one hand we tried to generate demand within the community for better reproductive health care services and on the other hand we tried to improve the service delivery by working with the government health departments.

The main milestones were:

1.1 a Advocacy with Religious Leaders

The success of KIRAN can solely be attributed to the constant engagement with the community. Religious leaders acquire a very high position in the community and have a strong hold over the people. Hence, networking and advocacy with religious leaders was a critical component in our attempt to promote positive health behaviours and practices. We conducted meetings with the *Maulvis* and *Imams* of the project intervention villages. *Nuh* is the headquarter of *Mewat* and the head of *Nuh*, *Jama Masjid Imam* has the authority to take decisions. Hence, meetings were organised with *Jama Masjid Imam Mufti Zahid* and discussions were held on role of *Ulemas* in

Our Impact

In a district, where many NGOs had to step back due to resistance from the community we managed some small steps

Number of people reached through health services	5000
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Number of health camps conducted	67
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Number of behaviour change meetings conducted	1167
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People reached through behaviour change communication meetings	16,000
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promoting positive health behaviours in the context of *Islam*. He assured and provided his full cooperation towards KIRAN activities except family planning. Likewise, our initial interactions in the community revealed that in *Mewat* in almost every village there exists a group of women called *Talimi* women who teach the women about religion and the ideal way of life. Thus, *Talimi* women were identified from each village and oriented about positive health behaviours in the context of *Islam*. Multiple rounds of community awareness sessions, group counselling, one-on-one discussions have created a change in this hard to access community in a way which is clearly evident in the singular stories that have emerged from here.



“

In *Hasanpur* village, *Mewat*, women are not allowed to sit on the village *chowpal* when a meeting is in progress. For the first time, in its history women were allowed to climb the *chowpal* and sit along with the men for a community meeting for the KIRAN project. Probably, a small incident for many, for us a big endorsement of the support from the community and the change we are creating...

”

1.1 b Recruitment and Capacity Building of Community Health Workers:

Recruiting female community health workers to work on issues of reproductive health in *Mewat* was one of the biggest challenges, yet also one of our biggest achievements. In *Mewat*, the average literacy level is very low, and women are not allowed to step outside their houses. The government in the area had been unable to recruit the Accredited Social Health Activists (ASHA) for these very reasons.

Our initial approach included networking with the religious leaders and the *Panchayat* members, talking to them about the objectives of the project, the need for the availability of maternal and child health services in the community and why the support of women from within the community was critical. We cited sections from the *Quran*, explaining why promoting health was important. These intensive dialogues with the religious heads were critical in ultimately paving the way for recruiting and training 59 community health workers (CHWs), some of whom were interestingly the wives of the *maulvis* and daughters-in-law of the *Panchayat* members. This gave great impetus to the cause.

Today, many of these women are working as ASHA workers with the government health department to create a healthier and happier society.

1.1 c Building Awareness through Counselling and Community Meetings

The main thrust of KIRAN was on building awareness and changing the attitudes of the community members to improve their health seeking behaviour. A district where the community had absolutely no access to any information on issues of reproductive health, KIRAN was a big first. We conducted awareness sessions for pregnant and lactating women, newly married couples, mothers-in-law, the Anganwadi and ASHA workers talking about nutrition, institutional deliveries, ante natal care, reproductive health and immunisations. Audio visuals and film shows were shown every month to the target population to supplement the information received through the group



Meeting on women and child immunisation in Sheikhpur (Taoru) village.

sessions. Film shows focused on removing superstitions on various issues concerning reproductive health care and encouraging positive thinking and behaviour change. In many of the Muslim families in Mewat, watching films by women is not encouraged. After several rounds of counselling and discussion with the religious leaders and the *panchayats*, this was permitted for the KIRAN project. Being the only source of information on reproductive health issues, the awareness sessions were a big success, with many women coming back to the community health workers asking for when would the next session be held.

“This is the first time that women are actually getting information on reproductive and maternal health. They keep coming back to us to check when will the next awareness session be held.”

Sangeeta

(Community Health Worker, Nuh)



Chairperson interacting with pregnant women at a medical camp in Kalwadi village, Taoru Block, Mewat.



“

We met 32 year old *Shamshida* from the village of *Nuh*, when she was 4 months pregnant. She had never heard of ante natal care, tetanus toxoid (TT) injections and immunisations. Of her previous 12 pregnancies, 2 children died before they turned 1. We regularly counselled *Shamshida* and spoke to her about the importance of ante natal check-ups. She received her TT shot, 3 ante natal visits and eventually delivered her baby boy in a private hospital at *Nuh*. “*This time was different. I wish I had these facilities earlier*” she smiles.

”

1.1 d Provision of Health Services through Camps, Clinics and Mobile Diagnostic Clinics

While the counselling and awareness sessions, focused on the attitudes and behaviour, the health camps helped improve service delivery by providing comprehensive care. Specific focus was given on pregnant and nursing mothers, where they were routinely tested for the vital health indicators and provided with counselling, ante natal care, post natal care, medicines and vitamins. All our health camps were conducted on routine immunisation days where the ASHA workers were also present. This helped in creating an environment in the village where everybody was aware of the camp, and many people came forward to access these services. Pregnant women were routinely tested for key indicators such as blood pressure, haemoglobin, height and weight and then followed up by the community health worker till the delivery.

1.1 e Building Linkages

KIRAN was also an attempt to strengthen the existing health system in providing quality reproductive health care and ensuring better co-ordination between the community and the government health departments. Meetings were held with the *Panchayats*, government health departments and the Integrated Child Development Services (ICDS) department to sensitise the community members about the importance of providing adequate and quality reproductive health care services. We also conducted trainings with the Accredited Social Health Activists (ASHA) workers, *Anganwadi* workers and front line doctors on ways of counselling, providing awareness and improving service delivery. We trained the local *dais*, on safe delivery practices and provided information to the young women and their mother's-in-law about newborn and post partum care.

"Sukarya's work with pregnant women has been a big help for us. They work at the grassroots and have helped us fill the gaps that we face due to limited Auxiliary Nurse Midwives. The camps for pregnant women have been great."

**Public Health Centre In-Charge,
Taoru Block, Mewat.**

1.1f Involving Men as Partners

Haryana and especially *Mewat* is characterised by a male dominated society where most of the decisions are taken by men. We have therefore been working to involve men on health and specifically reproductive and sexual health issues, as this helps ensure better communication between the partners and improved family health. Regular sensitisation exercises with men and health awareness sessions have helped us make them more aware of the need and importance of taking care of the reproductive health of women and in the process improve mother and child health of the community.

1.2 Providing Maternal and Child Health through Specialised Health Clinics - Hifazat

In many villages of *Haryana*, people have to travel a minimum of 6 kms to access a health facility. Public transport facilities are limited and in many villages women are not allowed to venture outside the confines of their community, leaving them at the mercy of the quacks and local dais for all maternal health issues.

To address this, in October 2011, we launched *Hifazat* (meaning "to protect" in English), in 15 villages of *Mewat*, *Jhajjar* and *Gurgaon* districts covering a population of 45,000 persons, using our own funds. The objective of the project was to improve the maternal health of women aged 15-49 years and children aged 0-6 years. In 2012, we received financial assistance from the **Power Grid Corporation of India Ltd.** to implement the project. The key milestones of the project are as follows:

Our Impact

(From August 2011 – March 2012)

Number of clinics conducted	46
Number of people reached	4870
Number of women reached	3158
Number of people counselled	796

A woman and her children with the doctor at a special mother and child clinic in Jalalpur village, Taoru Block, Mewat



1.2 a Providing Maternal and Child Health Services through Specialised Health Clinics

Specialised health clinics are organised in each village on a rotational basis, covering 8 clinics in a month. The health clinics are conducted in the target villages providing primary health check-up, ante natal and post natal care, counselling on reproductive health and maternal and child health and hygiene. A team comprising 2 lady doctors, a laboratory technician, a counsellor and a pharmacist provide the services. The clinics are also a platform where we impart important information on ante natal care, importance of consuming a nutritious diet during pregnancy and child birth, the importance of institutional deliveries and breastfeeding, post partum care and timely immunisations. Counselling is in built in the clinics and all women and children are provided information according to their need. We also exhibit posters and IEC material during all clinics that provide important information to the people.

1.2 b Strengthening Linkages with the Government Health System

Hifazat is being implemented in close coordination with the government health system. The ASHA and Anaganwadi workers provide information to the people about the health clinics and ensure that all requiring assistance, especially the pregnant, lactating women and their children aged 0-6 years come to the clinics. Our project staff also works closely with the ASHA workers in following up on the health status and condition of all those who attend the clinics.

IEC material providing information on maternal and child health on display at a clinic organised in Dadri Toe, Jhajjar District



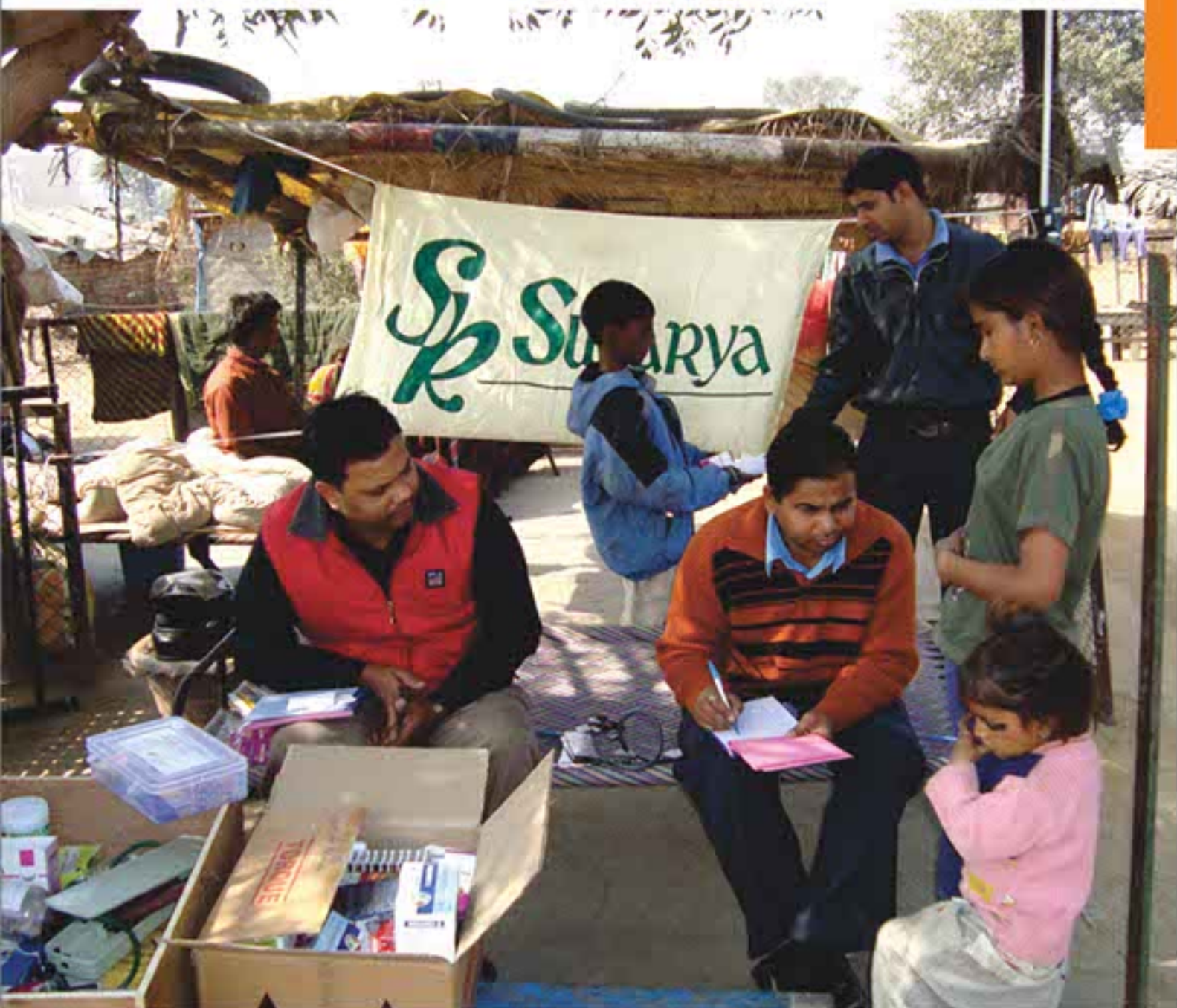


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20 year old *Ruksaar* living in *Chahlaka village* of *Mewat* district, was 7 months pregnant when she first visited a mother and child health clinic organised in her village. She had never heard of ante natal check-ups, was nervous about a safe delivery and her haemoglobin was only 6gm. Our counsellor made her understand about ways to have a safe delivery and the importance of a nutritious diet for her and the child. The counsellor also interacted with her husband, and made him understand the importance of *Ruksaar* consuming a nutritious diet. We followed her through the remaining pregnancy and she eventually delivered a healthy baby at the *Mohmadpur Primary Health Centre*.

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2. IMPROVING ACCESS TO BASIC HEALTHCARE



A doctor counselling a student on health and hygiene

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Many people living in villages have to walk 6-8 kms to access a basic health facility, even for a blood test. Cost of transportation and the fear of not even finding the practitioner at the centre, force many to receive treatment from local quacks...

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A doctor at a clinic organised for the people of the Saraswati Kunj slum

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In 2010-12, we reached 20,000 men, women and children with basic health care services through our community health centres, mobile diagnostic clinics, health camps and school health programme.

”

2.1 The Community Health Centre Project: Bringing Quality Health Services to the Underprivileged

Even though the government has made significant strides in increasing access to basic health services through Public Health Centres, there still exist many areas, especially the hard to reach and remote regions where health centres are not available within the villages or slums. The distances that people have to tread with limited public transport facilities, and the lack of confidence that they will find a health official waiting once they eventually get there push many people to seeking help from quacks or just suffering in silence.

Sukarya has been involved in reaching the underprivileged people living in the slums of urban *Gurgaon* through community health centres, mobile health clinics and health camps. We started in 2005 by setting up a health centre called **Sehat**, meaning “health” in English at the *Sukarya* office premises to reach people who had little access to any other health facilities. In 2007, we set up a centre in village *Bandhwari* and in 2010 we set up another centre in village *Waliawas*.

Waliawas is a village located 10 kms from *Gurgaon* on the *Gurgaon Faridabad* highway. Literacy levels are low and the living conditions unhygienic. There are no government or private health facilities situated in the village. The nearest Public Health Clinic is located at a distance of 12 kms and the nearest private doctor 6 kms away from the village. The inhabitants are bereft of any reliable medical assistance.

With financial support from *Religare*, we set up a community health centre in February 2011, to provide basic health care services to the doorstep of these people. *Religare*'s group in India offers a wide array of products and services including broking, insurance, asset management, lending solutions, investment, banking and wealth management with 10,000 plus employees across multiple geographies.

2.1 a Providing Quality Health Care

Through the centre we provide comprehensive primary health care to the people of the village. The clinic runs five days a week for 4 hours and is equipped with the latest diagnostic facilities. A qualified doctor and dispenser are available everyday providing comprehensive primary health care, ante natal and post natal care, key immunisations and diagnostic facilities. For many people, the health centre has been a huge blessing as through this they have been able to diagnose and treat their problems for which they were either suffering or were relying on quacks. **20 year old Pooja, suffered from low grade fever which appeared every**

The Physiotherapy Centre: A Window of Hope

Many people, especially manual labourers, domestic workers and women suffer from musco-skeletal problems like arthritis and injuries due to occupational hazards and accidents, but do not have the opportunity to access physiotherapy services required in these cases. To address this gap, we set up a physiotherapy unit in the *Sukarya* office premises to provide services either at subsidised rates or free of cost. The centre is equipped with the latest facilities such as laser therapy, ultrasonic therapy, traction equipment, exercise equipment, among others. Approximately **3300** persons accessed our facilities, over 2010-12 at the centre.

evening. In the absence of a proper diagnosis, she suffered for a long time till our community health worker met her. Today, *Pooja* volunteers with us as a CHW, as she wants her community members to feel the change.

“With the centre opening in the village, we do not need to plan and travel long distances to visit a doctor. He is available right here and we can go anytime, even if our husbands cannot find the time to take us.”

Jasmati.

2.1 b Building Awareness

The provision of diagnosis and treatment at the centre is supplemented by building awareness about key health issues at the community level. Community health workers belonging to the community, conduct door-to-door visits disseminating information on key health issues, hygiene and sanitation, sending those who require treatment to the centre and following up those already undergoing treatment to ensure complete recovery. We have conducted over 20 group sessions providing young women and their mothers-in-law information on importance of antenatal care, institutional deliveries, breastfeeding, newborn care, nutrition, prevention of anemia and tuberculosis.

2.1 c Ensuring Community Involvement

In order to ensure community ownership and involvement, we facilitated the formation of the **Village Health and Sanitation Committee** comprising of members from the *Panchayti Raj*, *Anganwadi* worker and ASHA workers. The committee is headed by the *Sarpanch*. We faced initial resistance from the committee as the members including the *Sarpanch* did not consider it important to discuss issues of health and hygiene. After several rounds of one-on-one discussions and group meetings, we were able to sensitise the members on the importance of the issues and their involvement. Today, we are happy to report, that the committee is playing an active role in bringing the many health issues plaguing the community to the forefront and seeking help in addressing these. For the staff associated with the project, observing the committee play such an active role, provides them immense satisfaction and pride.



38 year old *Santosh*, works with a private school as a village cleaner in *Waliawas*. She supports her three sons and one daughter. *Santosh*, suffered from acute body pain for many months but did not receive any treatment as the nearest government facility was 6kms away and she could not afford the costs of a private facility. She was taken to the community health centre by our community health worker, where she received proper medicines and counselling. We followed her through the entire treatment and today *Santosh* is back to her job in the school. Now, she also takes her children to the health centre for their problems.





2.2 The Mobile Diagnostic Clinic

Since 2006 we have been effectively bringing comprehensive healthcare at the doorstep of people living in remote regions of Haryana through our mobile diagnostic clinics. Stationed strategically in locations where there is no medical facility available within a 5 kms radius, the clinics provide free laboratory tests like blood tests, ECG, Xray and urine tests. A team of a doctor, nurse and laboratory assistant provide diagnosis and treatment for existing problems.

Beyond prevention and treatment, the mobile clinic has been instrumental in building awareness and disseminating information on key areas like hygiene, sanitation, nutrition, safe deliveries and immunisation. All the mobile clinics are accompanied by health awareness sessions where we disseminate information on key health issues, personal hygiene, sanitation and the importance of adequate nutrition for a healthy living. In 2010-12, we reached hundreds of people through our mobile diagnostic clinics in over 40 villages, such as *Para, Kelwari, Sheikhpur, Sabras, Bissar Akbarpur, Jaffrabad, Biwan, Salaheri*, to name a few.

2.3 The School Health Programme: Reaching Children Living In Urban Slums

Children living in slums of big cities, reside in overcrowded settlements which often do not have access to clean drinking water, good sanitation facilities and reliable medical facilities.

Since 2010, we have been working with schools servicing the slum children, providing regular health check-ups and providing information on personal hygiene such as the importance of brushing teeth, taking a bath and consuming a nutritious diet, among others.

Our model is fairly simple. A team of one doctor, a dispenser, a counsellor and 2 volunteers assess the health of each and every child every six months. A health card is prepared for each child recording his/her growth parameters, development and medical history. The children are checked for the height, weight, hemoglobin and general infections. Children requiring any medical help are given the necessary medicines and are counselled about ways to improve their health. All children are provided with de-worming tablets. Those children which were found to be suffering from an issue are then followed up by the team through monthly visits. During these visits we also examine any new cases of viral, infections, injury etc.

The school health programme has also been a big platform for us to build awareness about the children's health, personal hygiene, sanitation and importance of consuming a nutritious diet. Every month we meet groups of students (mostly grade-wise), talking to them about the importance of washing their hands, keeping their nails and hair clean, brushing teeth, taking a bath everyday etc. **These sessions are an integral part of the programme, as we believe that by teaching children we are building an entire generation that is more aware about ways to improve their health and lives.**

In 2010-12, we provided health check-ups and counselling to 700 students of the non-formal schools run by Humana People to People India at *Chakarpur, Jharsa, Sector 39, Basai Road at Gurgaon*. We also provided health checkup facilities to 300 students in the school adopted by India Citizen forum at *Nathupur* village.

A health check-up for another 164 school children was also done in Sankalp School located in *Sushant Lok, Gurgaon* through 3 health camps.



A doctor examining children during a school health clinic

This is a health card used in our school health programme which helps us keep a track of the immunisation record, height and weight of each child.

टीकाकरण सारिणी

उम्र का विवरण	टीकाकरण	टीका
जन्म से 12 माह तक	बी.सी.जी.	अपने नाम से अलग
1 st माह तक	डी.पि.टी.-1 अ.टी.सी.-1	आउट्रिच क्लिनिक, डिस्ट्रिक्ट होस्पिटल व परिवार के अपना के लिए।
2 nd माह तक	डी.पि.टी.-2 अ.टी.सी.-2	आउट्रिच क्लिनिक, डिस्ट्रिक्ट होस्पिटल व परिवार के अपना के लिए।
3 rd माह तक	डी.पि.टी.-3 अ.टी.सी.-3	आउट्रिच क्लिनिक, डिस्ट्रिक्ट होस्पिटल व परिवार के अपना के लिए।
9-12 माह तक	एच.पी.	आउट्रिच के अलग से लिए।
18-24 माह तक	डी.पि.टी. सुटाप अ.टी.सी. सुटाप	आउट्रिच क्लिनिक, डिस्ट्रिक्ट होस्पिटल व परिवार के अलग से लिए।
3-4 वर्ष तक	डी.पि.टी.	आउट्रिच क्लिनिक, व डिस्ट्रिक्ट के अपना के लिए।
10-11 वर्ष तक	टी.टी.	डिस्ट्रिक्ट - से अलग से लिए।



बेहतर स्वास्थ्य, बेहतर समाज

बेहतर स्वास्थ्य बेहतर समाज
के अंतर्गत
परिवारिक स्वास्थ्य रिकार्ड बुक



ई-पॉस्ट, सुटाप लोक - 1, गुडगाँव
फोन (0124)-4114253, 4114251

आदर्श व्यवहार

1. रोज सुबह-शाम मंजन करो।
2. रोज साफ पानी से नहाएँ।
3. नाखून काटकर साफ रखें।
4. खाना खाने से पहले एवं बाद में हाथ अवश्य धोएँ।
5. शौच के बाद सबुन से अच्छी तरह हाथ धोएँ।
6. हमेशा चप्पल व जूते पहनकर ही घर से बाहर जाएँ।
7. साफ-सुधरे कपड़े पहनें।
8. पानी साफ करके पीएँ।
9. सोने से पहले अपने पैर अवश्य धोएँ।
10. घर एवं आस-पास की सफाई रखें।

विकास देख-रेख चार्ट लम्बाई/वजन चार्ट

उम्र	लड़कियाँ		लड़के	
	वजन (Kg)	लम्बाई (Cm)	वजन (Kg)	लम्बाई (Cm)
जन्म पर	3.3	50.5	3.2	49.9
3 माह तक	6.0	61.1	5.4	60.2
6 माह तक	7.8	67.8	7.2	66.6
9 माह तक	9.2	72.3	8.6	71.1
1 साल	10.2	76.1	9.5	75.0
2 साल	12.3	85.6	11.8	84.5
3 साल	14.6	94.9	14.1	93.9
4 साल	16.7	102.9	16.0	101.6
5 साल	18.7	109.9	17.7	108.4
6 साल	20.7	116.1	19.5	114.6
7 साल	22.9	121.7	21.8	120.6
8 साल	25.3	127.0	24.8	126.4
9 साल	28.1	132.2	28.5	132.2
10 साल	31.4	137.5	32.5	138.3
11 साल	32.2	140.0	33.7	142.0
12 साल	37.0	147.0	38.7	148.0
13 साल	40.9	153.0	44.0	150.0
14 साल	47.0	160.0	48.0	155.0
15 साल	52.6	166.0	51.5	161.0
16 साल	58.0	171.0	53.0	162.0
17 साल	62.7	175.0	54.0	163.0
18 साल	65.0	177.0	54.4	164.0

3. ECONOMIC EMPOWERMENT OF RURAL WOMEN THROUGH SELF HELP GROUPS AND ENTREPRENEURSHIP BUILDING



3.1 Economic Empowerment of Rural Women through Self Help Groups and Entrepreneurship Building:

Working in the remote regions of *Haryana*, we learnt that in order to improve the health seeking behaviour of women, we had to tackle the larger socio-economic barriers that accentuated their low social status. In 2004, we launched the economic empowerment programme for women with the aim to help them gain a sense of self worth, promote economic independence and in turn help them take control of their lives.

We started with a small spice and cereal processing unit located within the office premises of Sukarya as a modest step towards helping women generate some additional income to meet their household needs and become partly self reliant. Women were provided with the space, equipment and trained in producing and packaging spices and cereals. The success of the spice and cereal processing units laid the foundations of our women's economic empowerment programme that helps women become self-reliant by promoting savings and encouraging entrepreneurial development through the establishment of self help groups. With support from the *Charities Aid Foundation* and *Godfrey Philips India* we started 8 Self Help Groups (SHGs) in 4 villages of *Waliawas, Bandhwari, Gwalpahari (new) and Gwalpahari (Old)* situated on the *Gurgaon – Faridabad Road*. The SHGs helped inculcate a habit of saving among the women and laid the foundation for many enterprises that emerged. In 2010 this support from *Charities Aid Foundation* and *Godfrey Phillips India* came to an end. However, we received support from *Aegis*, one of our corporate donors, and decided to use this funding to help sustain these 8 operational SHGs.

3.1 a Savings and Inter-loaning

The SHGs serve as a platform where women deposit their monthly savings and use the money for inter-loaning. The amount of the savings deposited every month varies from group to group, ranging from Rs. 100 to Rs. 300 a month. The money collected is used for providing loans to the women in the group for starting enterprises and also for meeting their own needs. In **2010-12** approximately 135 loans worth Rs 17 lakh were disbursed. Some of the enterprises women started were grocery store, salon, tailoring unit. We have provided approximately 30 trainings to these groups and today they are running more or less independently. Through the SHGs, we have been able to provide many women an opportunity to gain their self-confidence and respect. The stories of some of these women are one of the biggest source of motivation for us.

3.1 b Adult literacy classes

Most of the women enrolled in the SHGs are illiterate. We have been running adult literacy classes to teach them basic reading and writing skills. The teachers have been trained by *Jamia Millia University* and we are using the curriculum developed by the University for imparting literacy skills. We also offer crèche facilities to help women involved in the self help groups.

“With the adult literacy classes the illiterate women have started signing and learning new things, which is helping in building confidence in them”.

Mrs. Asha, Laxmi SHG, Gwalpahari village



“

Jagwati, 25 years old, did not know how to read and write. She is now being trained by Sukarya to be an entrepreneur and is a member of the Shiv SHG, Bandhwari Village.

”

3.1 c Spice and Cereal Processing Units

Under the project, three spice and cereal processing units are functioning where the women from the SHGs produce spices, cereals, flour etc to earn a living. These units are currently operational in *Bandhwari, Gwalpahari and Waliawas* villages. We ensure that the spices are produced under the most hygienic conditions and packed neatly for sale. We have also developed linkages with corporates and group housing societies where our women set up stalls for the sale of their product. Stalls have been organised in *Godfrey Philip India Ltd., Charities Aid Foundation, HCL, Adobe, LD Commodities, Aegis, Silver Oaks, Hamilton Court, Regency park*, among others.



Women grinding spices in the spice and cereal processing unit

4. DEVELOPING A MODEL VILLAGE – EK PEHEL, THE INTEGRATED RURAL HEALTH AND DEVELOPMENT PROJECT



Ek Pehel - The Integrated Rural Health And Development Project, Manger

Ek Pehel (meaning a "first step" in English) is a pilot project, aimed at improving the health of the village by addressing all underlying factors that determine the overall health profile of the community. The project is the result of our experience of working in *Haryana* over the years, where we have learnt that good health of the community is inextricably linked to education, socio-economic development and the physical environment. **We are therefore addressing four key areas of education, health, economic empowerment and improved environment to help build a healthier and a better society.**

The pilot is being implemented in the village of *Manger*, situated on the *Gurgaon –Faridabad* Highway. A preliminary field visit by the *Sukarya* staff to the village and interaction with the different stakeholders revealed that the village was lacking in several basic indicators. The health status in the village was low, with no medical facility available in the village. The nearest government dispensary is in *Dhauj* which is approx. 5-6 kms away. In the absence of any public transport facilities, the villagers have to depend on local quacks.

In the area of education too, the village did not fare very well. The village is equipped with one primary school and one middle co-educational school. Further educational / vocational training facilities are not available in the village. The nearest school of matriculate level is in *Bandhwari* which is 5 kms from the village and the way to this is through mountains which are not safe for commutation of girls. In such circumstances the girls drop-out after middle school, adding to the low literacy levels. The village has a patriarchal family system where men control the entire economic, social and decision making powers. The women are mostly engaged with household work and do not have any economic power with them.

The adolescent and adult population constitutes more than a half of the total population. Most of the youth are under-employed, with many of them working as drivers, cleaners on trucks or as agricultural laborers. There are no avenues of vocational training and employment available locally for boys and there are hardly any girls who are trained in any vocational skill or gainfully employed.

Against this backdrop, with financial support from *Bird Group*, our largest corporate donor, we launched the Integrated Rural Health and Development Project. *Bird Group* is a business conglomerate with interests in aviation, hospitality, luxury retail and travel technology. Through the project we seek to empower the local communities for community-led development so that sustainable methods are developed to redress issues of lack of adequate services and facilities, which directly affects the health and education.

The main milestones of the project are as follows:

Interactions with community members

The initial stages of the project were marked by the *Sukarya* team's preliminary field visits to the village and interaction with the stakeholders to assess the ground situation and understand field realities and potential areas of intervention. We met the *Sarpanch*, *Anganwadi* workers, school teacher, village Auxiliary Nurse Midwife and government officials including Block & Panchayat Development Officer (BDPO), Block Education Officer (BEO). The meetings were

conducted to ensure better service delivery and also to ensure better engagement with the community.

Baseline Survey

Prior to the initiation of the project activities, we conducted a baseline survey to assess the various needs of the community in terms of health, education, environment and women's empowerment. The study was a detailed household survey covering the households in the village as well as the hamlets using the interview method of data collection. The government *Anganwadi* worker and Auxiliary Nurse Midwives (ANMs) worked with us as surveyors.

Based on the findings of the survey, we have focused our intervention in 4 key areas:

Some Findings of the Baseline Survey

Health

31 per cent of the total pregnant women had complete ANC check-ups

63 per cent of the total pregnant women had less than 100 Iron Folic Acid (IFA) tablets

Of the total 298 deliveries 78 per cent were house based deliveries

Only 45 per cent children had complete immunisation

The most common used method of family planning is vasectomy (77 per cent)

Education

Out of the total village population, only 37 per cent women are literate

1. Health

1. a Providing Essential Health Services

Under the project, we organise bi-weekly health clinics in the village for 4 hours. A qualified doctor and dispenser provide essential primary health care to the people with a focus on ante natal care and post natal care to pregnant and lactating women. The clinics are also used to disseminate critical information regarding health, nutrition and hygiene to the community.

A mother and child health day has been initiated focusing on pregnant women, lactating mothers and children aged 0-5 years. On these days women are provided ante natal check-ups, TT shots, folic acid and children immunised according to the routine immunisation schedule. On this day, both the ASHA and Anganwadi workers are also present, making it possible for the villagers to receive all the information and treatment under one roof.

1. b Building Awareness on Health, Hygiene and Nutrition

Health sessions are conducted focusing on creating awareness among women, men and children about healthy practices and personal hygiene. We also conduct sessions for pregnant women, their partners and mothers-in-law focusing on care during pregnancy and delivery.

1. c School Health Programme

We have also initiated a school health programme to build awareness among children and adolescents. We are working with the *Manger Primary School* to conduct health-check-ups of children aged 5-8 years where each and every child is checked for key development indicators and personal hygiene, every six months. A health card has been prepared for each child recording



A doctor checking a pregnant woman during a clinic organised on the mother and child health day

his/her medical history and development indicators. Children requiring care and treatment are followed through monthly check-ups. We also conduct awareness sessions in schools where we talk about personal health and hygiene, the importance of bathing and brushing every day, consuming a balanced diet, among others

2. Women's Economic Empowerment through Self Help Groups

In order to improve the status of women, we launched a women's economic empowerment module, whereby 2 Self Help Groups, named *Khushi* and *Laxmi* were formed in the village. The SHGs have been meeting regularly for depositing the monthly savings and inter-loaning. The inter-loaning has been started in *Khushi* Group, in which a member named as *Mrs. Satto* has availed the loan of Rs. 3000/- to meet her household need on a rate of interest of 2% on decreasing amount. The SHGs are also being used to create awareness among the members on various social and health issues. In December 2011 two awareness sessions (one in each group has been) were conducted. The session focused on creating awareness among women about the health system infrastructure in *Haryana* and the facilities available at each level

3. Life Skills Development

Life skills development session focusing on developing the skills and personality of adolescents are conducted once a week for boys and girls. The sessions are being conducted in the Government High School Manger. We discuss different topics like personality, communication skills and behaviour.



A life skills session in the Manger, govt. high school

Our Impact

No of days the clinic was operated	31
No of people reached through the clinic	756
No of health sessions conducted	22
No of people reached through the sessions	207
No of ante natal check-ups	39
No of children reached through the school health programme	186
No of SHGs formed	2
No of women enrolled in SHGs	30

4. Environment.

We have also been building awareness of the community on the importance of conserving the green belt of the village, minimising the use of plastics and keeping the village clean. On March 12, 2012, we organised an Environment Awareness Campaign in collaboration with the Government High School Manger to build awareness on these issues

In the coming months, we plan to further strengthen the coverage of the health clinics and the school health programme. We are also planning to launch a computer training course aimed at imparting vocational training skills to the village youth through a computer training centre that will be set up in the village. On its successful completion, which will be duly evaluated by an external consultant, we plan to replicate it in other villages across the State.

“Sukarya is the path finder for the youth of the village trying to bring positive changes in their life. The “Life Skill Sessions” will be very fruitfull for the young generation.”

– Dr. Rajeev Lal, Principal Manger Secondary School

OUR LEADERSHIP

The Board of Trustees

Our Board of Trustees are professionals from the field of advertising, travel, finance who have all been united with the common mission of Sukarya. The Board of Trustees and Advisory Committee provide the overall strategic direction to our programmes, governance, set policy and assess the overall performance.

Ms. Meera Satpathy, Founder and Chairperson

Sukarya was born out of the vision of a single person, Ms. Meera Satpathy. As founder and Managing Director of Pearl Advertising Agency, she spent many years in witnessing the challenges that people living in slums around the city faced in accessing basic health care services. That people were denied their basic right to good health, only because they did not have the means to access it was completely unacceptable to her. Hence, along with the support of a few friends she set up Sukarya, to empower the underprivileged persons living in the slums and villages of *Haryana* so that they could access quality health services.

Since the beginning, she has believed in being an enabler and not a provider. In all her work she has emphasised on giving the power back to her focus group, women, and children, in reforming society by improving the attitude to healthcare, educational status and the economic status of women. It has been this vision that has been the driving force of all our projects. Due to this unique approach, Sukarya today is not merely a developmental organisation focusing on health, but an empowerment organisation that raises awareness and gives people the tools to enable them to demand better services and be able to undertake simple methods to improve their well being, thereby building a better society.

As founder and chairperson, Ms. Satpathy has been instrumental in transforming Sukarya as an organisation that started out by conducting health camps for the underprivileged to a professionally run and managed organisation undertaking multiple interventions in the areas of maternal and child health, basic health care and economic empowerment of women. Her dedication and commitment to the cause inspires our team to work tirelessly for realising our vision. As Chairperson, Ms. Satpathy provides strategic guidance to the organisation and also continues to remain actively involved at the grassroots.

Ms. Kumkum Bhatia

An entrepreneur in the travel trade, she is a social worker by choice with a keen commitment to the larger issues of society.

Mr. Debabrata Satpathy

A professional in the field of finance, he is currently working in the power generation sector on project financing and management. He has a keen interest in working for social causes.

The Advisory Committee

Dr. C. B. Satpathy

D. Litt, LL.D. I.P.S. Retd. Director General, UP Police

Mr. S.K. Kain

I.P.S Retd. Director General, ITBP.

Dr. Aasha Kapur Mehta

Professor of Economics, Indian Institute of Public Administration, New Delhi.

Mr. Suraj Kumar

Head of Governance, UN Women



OUR SUPPORTERS

Without the confidence and support of our donors we would have been unable to move closer to our mission of improving the health and well-being of the underprivileged. From leading funding agencies, to large corporates, to socially conscious individuals, we thank all our supporters for their generous contributions. Your support and encouragement means a lot to us.

Funding Agencies and Institutional Donors

Charities Aid Foundation
Concern India Foundation
One Foundation Charitable Trust
Nagpaul Charitable Trust
Population Foundation of India
Sai Prakash Spiritual and Charitable Trust
Shri Shirdi Sai Heritage Foundation Trust

Corporate Donors

Aegis Global
Amadeus India Pvt Ltd
Bird Group
Godfrey Phillips India
HCL Infosystems Limited
Hughes Systique Corporation
ICICI Lombard General Insurance Company
M/S Shadows
Power Grid Corporation of India Limited
Religare Enterprises Limited (REL)

Individual Donors

Anju Rastogi
Aradhna
Arul Goel
Asha Kapoor
Asit Tarkhad
Bhushan Tyagi
D Chaudhary
Devendra Sharma
Dixon Khazan Singh
DS Kataria
Dr. Sangeeta Wadhawan
Gagan Mehra
Indrani Pathak
Kumkum Bhatia
Manish Sharma
Manju Puri
Meena Gupta Seth
Neelima Kataria
Neelam Kapur
Nirupaman Goel
Payal Kataria
Pramughda Kataria

Pushpa Indernath
Rajat Sikka
Rajiv Swaney Rashmi
Reva Puri
Ritu Dhamija
Ruchi Tyagi
S Modi
Sachin Sikka
Sanjay Kapoor
Savita Kaul
Shiva Harsh Sakia
Shivik Gupta
Shri Balaji Companies
Snehasish Ray
Subhra Shukla
Sudesh Gupta
Sudha Bansal
Varun Tuli
Veena Khazan Singh
Vivek Sabarwal
Yogesh Chandra Pandey

THANK YOU FOR SUPPORTING AND RUNNING FOR US



Sukarya has been actively participating in the Airtel Delhi Half Marathon for the last 6 years. We have been working in close proximity with corporate partners who are supporting Sukarya's cause of making health accessible to all.



In the Airtel Delhi Half Marathon, held on 21st November, Sukarya like the previous years received valuable support from corporates like - Bird Group, Religare Enterprises Limited and Aegis Limited. In the Airtel Half Marathon-2011, held on 27th November, we received valuable support from corporates like - Bird Group and ICICI Lombard General Insurance. The funds raised through this effort are being used for supporting our programmes.

AWARDS AND RECOGNITION



Ms. Renu Sood, Co-ordinator Human Resources and Ms. Shipra Shukla, Co-ordinator, Networking and Public Relations, receiving the award for Sukarya.

Sukarya received the award for the highest pledge raising NGO through corporate challenge in the Airtel Delhi Half Marathon.

NETWORKING AND BUILDING LINKAGES



Shipra Shukla, Co-ordinator Networking and PR, Shahnawaz Shahid, Project Manager and Satnam Singh, Project Manager, at Sukarya's stall during the CSR Live Week

We participated in some conferences and workshops to keep ourselves updated with the work other organisations are undertaking and to establish and strengthen / linkages with them. Some of the conferences we attended were:

CSO-CSR Bridge 2011 organised by the Confederation of Indian Industry on August 29 2011.

Workshop on Role of NGOs – Right to Education Implementation in Mewat organised by the Department of Elementary Education, Haryana and the SRF Foundation.

Conference and Stall during the CSR Live week organised in March 2012.

CAPACITY BUILDING AND TRAINING

Trainings and capacity building is an on-going process and an integral element of our work. We believe that it is critical to enhance the capacities and skills of our volunteers, community health workers, project staff, self help groups and other stakeholders to ensure that their own skills are enhanced, in turn, ensuring more effective project implementation.

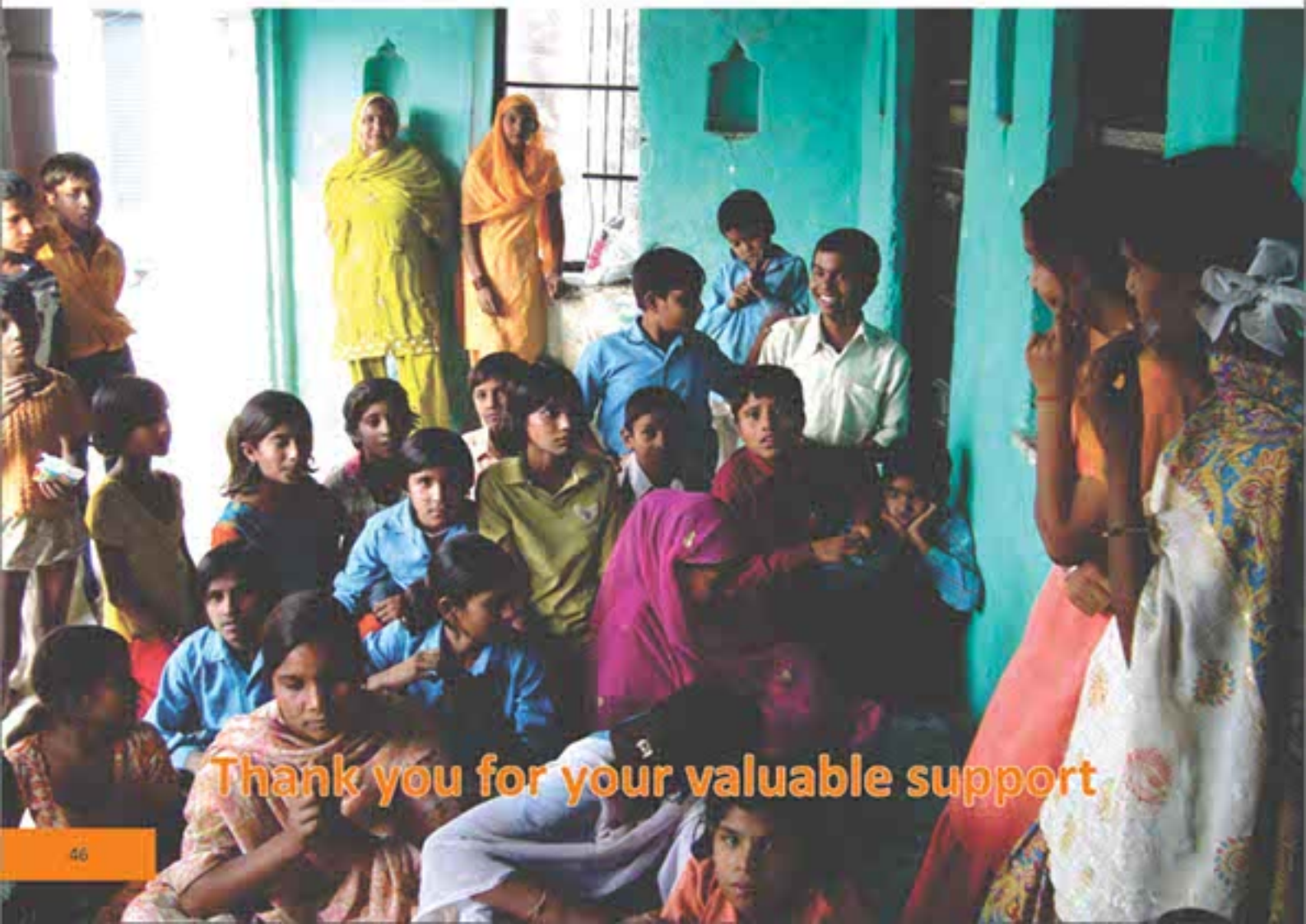
The following are some of the trainings and capacity building workshops we conducted over the last two years towards this end:

Self Help Group Training on Adult Literacy: 2 programs organised by the State Resource Centre, Jamia Milia Islamia, to build capacity of project staff on Adult Literacy Classes.

Training on Entrepreneurship Building: A training conducted by Sukarya and M2i Consultancy, a microfinance service provider, to build the capacity of the SHG women to become better entrepreneurs and increase the profit they earn.

Trainings of Community Mobilisers: the community mobilisers have been regularly trained on effective ways of counselling and communication.

Training on the Micro Credit Program: Organised under the IRDP project, the trainings focussed on building capacity of the project staff and anganwadi workers of Manger village in microcredit.



Thank you for your valuable support

OUR TEAM

Our team comprises of professionals from the areas of development, finance, media and social work who are committed to improving the health and well being of underprivileged persons. Our consultant panel of doctors and nutritionists has been the backbone of all our interventions. We are also grateful to the many volunteers who have come forward to contribute their time and skills in helping us make a difference on the ground.

Full Time Staff

Dr. Alka Gupta, Director Programmes	Mr. Devendra Sharma, Accounts and Administration
Mr. Shahanawaz Shahid, Project Manager	Mr. Satnam Singh, Project Manager
Ms. Renu Bisht, SHG Co-ordinator	Ms. Divya Singh, Supervisor
Ms. Dibya Sankar Neogi, Project Co-ordinator	Mr. Suresh Kumar, Production Manager
Ms. Rashmi, Physiotherapist	Mr. Rahul, Driver
Mr. Manoj Pandey, Masala Unit Incharge	Mr. Dharmaveer Yadav, ABCC Co-ordinator

Consultant Doctors

Dr. Neelam Guleri	Dr. LB Jethra
Dr. Sumedha Verma	Dr. Madhu Chawla
Dr. Hemlata Goel	Dr. Suchandra Gupta
Dr. Ramesh Baweja	

Dispensors

Rajbir Yadav	Tinkoo Kumar Bosak
Sudipta Kumar Jana	Kishore

Volunteers

Ms. Renu Sood	: Assists in Human resource issues, physiotherapy clinic, general maintenance of Sukarya premises
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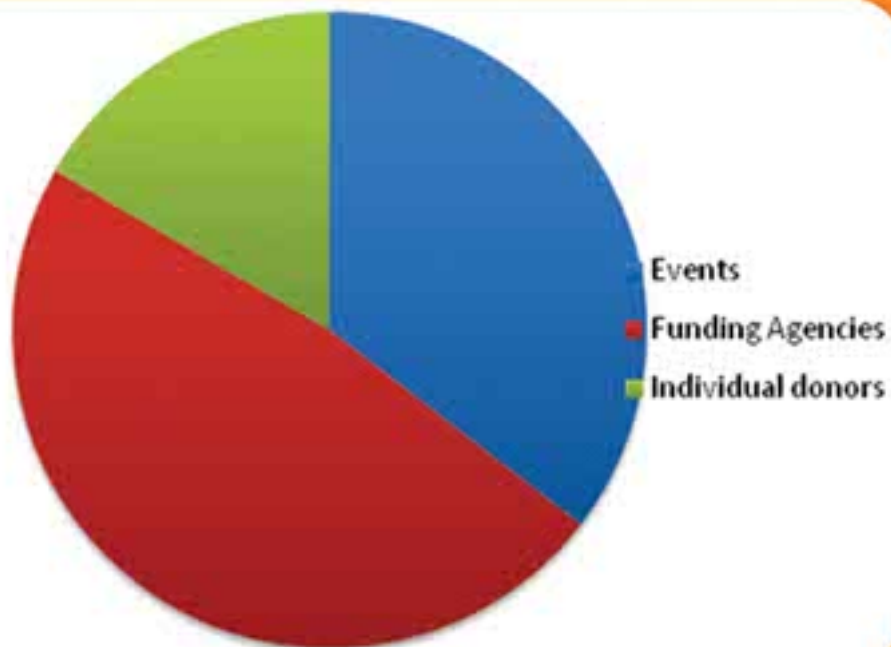
- Ms. Pushpa Indernath : Assists in Supervision of processing, production, packaging and quality control of finished products of spices and cereals for SHGs
- Mr. D. S. Kataria : Assists in procurement of raw materials and packaging material for (Spice and Cereals), Monitoring, Supervising and assisting for the delivery of spices, cereals etc., and general maintenance of Sukarya premises
- Mr. Asit Tarkhad : Sourcing of doctors, clinical staff requirements (dispenser, lab technicians, nurse), assisting in the supply of generic allopathic medicines, maintenance of Mobile Diagnostic Clinic (van) of Sukarya
- Ms. Shipra Shukla : Fundraising, communication, networking and PR, database management
- Ms. Santosh Sahrma : Assists in supervision of achar and chutney making
- Ms. Rashmi Narayan : Coordinates for local sale and networking with charitable organisations for promotion of spices sale
- Ms. Varsha Turkhud : For assisting volunteer for health camps and attends visitors
- Ms. Reva Puri : Supervises housekeeping and the achar and chutney making.

Consultants

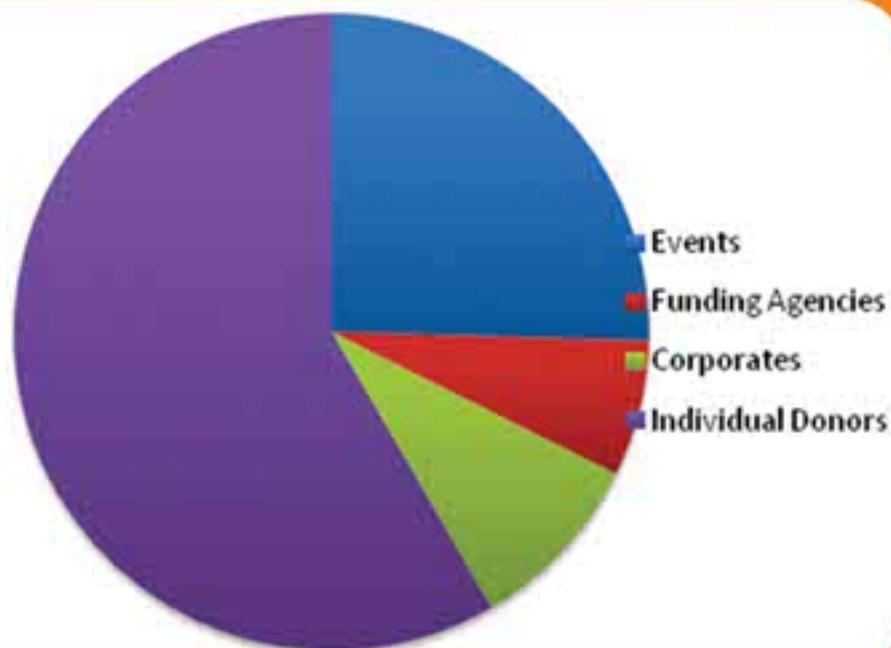
- Ms. Trishna Satpathy : Research, Advocacy and Policy
- Ms. Preeti Kumar : Communication, IEC Consultant

OUR FINANCES

Income received in 2010-11



Income received in 2011-12



ANNEXURES

List of Abbreviations

ANC	-	Ante natal care
ASHA	-	Accredited social health activist
ANM	-	Auxillary nurse midwife
BCC	-	Behaviour change communication
CHW	-	Community health worker
CMO	-	Chief medical officer
DEO	-	District education officer
NFHS	-	National Family Health Survey
NGO	-	Non-governmental organisation
ICDS	-	Integrated Child Development Scheme
IEC	-	Information education and communication
IFA	-	Iron folic acid
PHC	-	Primary health centre
RCMH	-	Reproductive, maternal and child health
RCH	-	Reproductive and child health
RTI	-	Reproductive tract infection
SHG	-	Self help group
TT	-	Tetanus toxoid

CREDIBILITY ALLIANCE NORMS COMPLIANCE REPORT

Identity:

Sukarya is registered as a not-for-profit Trust under the Indian Trusts Act (Registration Number: 7373 dated 3rd August, 2000)

We are registered U/S of 12 A of the income tax act 1961 Registration Number: 645 dated 15th January 2001 and under 80G Registration Number: DIT (E) 2011-12/S - 2784 / 3338

FCRA Registration No.: 231660689 dated 31st March 2006

Name and Address of the Auditors: Gagan Mehra & Associates 8731, 14B, Shidhipura, Karol Bagh, New Delhi-110005

Name and Address of Banker : Axis Bank Ltd, 29CC, Basant Lok Complex Vasant Vihar, New Delhi

Vision and Mission:

Vision: The vision of Sukarya is health for all- "Better Health Better Society";

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

Mission: The mission of Sukarya is to focus on ensuring equitable access to quality health services for all including the poorest sections of the society, especially women, adolescents and children

GOVERNANCE:

Details of Board of Trustees

S. No.	Name	Age	Gender	Occupation	Position in the Board	Total amount paid in financial year (Rs.)	Form of payment Salary/ Consultancy/ Honorarium/ Sitting Fee/other (Specify)
1.	Ms. Meera Satpathy	58	Female	Media Professional and Chairperson, Sukarya	Chairperson	0	0
2.	Ms. Kumkum Bhatia	61	Female	entrepreneur	Trustee	0	0
3.	Mr. Debabrata Satpathy	35	Male	Development professional	Trustee	0	0

Staff Details

Type of Personnel	No. of Persons	Issue appointment contract letters (Yes/No)
Full time staff	11	Yes
Volunteers	9	
Daily wage labour	12	No
Consultants	10	Yes

Distribution of Staff, According to Salary levels:

Slab of gross monthly salary (in Rs.) plus benefits paid to staff	Male Staff	Female Staff	Total Staff
<5,000	1	11	12
5,001-10,000	2	2	4
10,001-25,000	3	1	4
25,001-50,000	2	1	3
>50,000			

Statement of Accounts 2010-2012

GAGAN MEHRA & ASSOCIATES

Off.: 8731, 14B, Shldipura, 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: 15/09/2011
PLACE: NEW DELHI

**FOR GAGAN MEHRA & ASSOCIATES
CHARTERED ACCOUNTANTS**

(GAGAN MEHRA)
Prop.
M.No.89691

ANNEXURE

STATEMENT OF PARTICULARS

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

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	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 ASUBSTANTIALINTEREST.

S.No.	Name & Address of the Concern Number &	Where the Concern is a Company 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

FOR GAGAN MEHRA & ASSOCIATES
CHARTERED ACCOUNTANTSPLACE - NEW DELHI
DATED - 15/09/2011(Gagan Mehra)
Prop.
M.No. 89691

SUKARYA
P-20, 1st Floor South Extension -II, New Delhi-110049
BALANCE SHEET AS AT 31ST MARCH-2011

As at	Liabilities	As per Annexure	As at 31.03.2011	As at 31.03.2010	Assets	As per Annexure	As at 31.03.2011
15,003.00	CORPUS FUND		15,003.00	6,966,431.00	FIXED ASSETS	1	6,796,158.60
10,784,074.68	- Corpus Fund				- Fixed Assets		
	SURPLUS FUND		10,784,074.68		CURRENT ASSETS		
	- Opening Balance				- Empowerment of Women Programme - SHG		118,269.40
	- Less-Excess of Expenditure over Income - Deficit		108,572.06	119,520.80	-Loan & Advances	2	121,322.78
	CURRENT LIABILITIES -DUE		10,675,502.62	172,430.11	- Security Deposits		63,953.00
			63,953.00	2,896,734.57	- Fixed Deposits in Bank		3,088,652.46
578,757.00	- Sundry Creditor	3	444,615.00				
520,604.24	- Creditor For Expenses	4	620,987.71	1,887,819.01	- Cash at Bank		1,745,931.80
	UNUTILISED GRANTS / AIDS			3,025.00	- Cash in Hand		196.72
					- Advance TDS		60,983.81
324,111.00	- PFI		46,231.76		- Interest Receivable		26,059.21
497,013.00	- GIVE INDIA		85,208.67	59,227.00	- Health Consumables		-
			401,528.45	16,645.00	- Prepaid Insurance		46,234.00
			-	59,557.00	- Receivable From PFI Kiran		89,875.00
				342,780.00	- Grant Receivable PFI Anemia		-
12,719,562.92	TOTAL		12,157,636.78	12,719,562.92	TOTAL		12,157,636.78

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

FOR GAGAN MEHRA & ASSOCIATES
CHARTERED ACCOUNTANTS

(GAGAN MEHRA)
Proprietor

Date:-
Place:- New Delhi

For Sukarya

TRUSTEE

TRUSTEE

SUKARYA

P-20, 1st Floor South Extension -II, New Delhi-110049
INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31.03.2011

Previous Year	Expenditure Project / Activities	Current Year	Previous Year	Income	Current Year
437,452.00	- On PFI Anemia Project	121,343.00	675889	Grants / Aid from PFI- kiran	324,111.00
212,346.00	- On CAF NEW -I	132,789.20		- Opening Unutilised	2,050,000.00
488,901.25	- On CAF New Project II	586,271.75		- Received	401,528.45
859,607.00	- On PFI Kiran Project	2,464,043.22	291,412.00	- Less: Unutilised	1,972,582.55
303,962.00	- On Give India	-		Grants / Aid from Concern India	
	- Sehat Center Wallawas(Religare)	41,710.00		Opening Unutilised	497,013.00
				- Received	1,240,379.00
				Less: Unutilised	1,737,392.00
	Expenditure on Health care Activities				
258,744.00	- Health Centre Expense	165,008.00	380,150.00	Grants / Aid from CAF	373,000.00
33,363.00	- Sehat centre	97,454.00		- Received	
	Empowerment of Women Programme- SHG			- Less: Unutilised	
1,038,959.44	- Masala Material consumed	1,097,150.40	170,000.00	- Add: Grants Receivable	373,000.00
138,344.51	- Masala unit Expenses	160,721.00		Grants / Aid from CAF(New Project)	
69,925.25	- Packing Charges	82,607.50		- Received	97,538.00
				- Less: Unutilised	97,538.00
	Other Activities				
3,000.00	- Donation	6,000.00	432,552.00	Grants / Aid from PFI- Anemia	
410,456.00	- Staff Salary	300,832.10		- Opening Unutilised	
10,500.00	- Advertisement & Pub. Exp.	-		- Received	
12,169.30	- Bank Charges	8,053.84		- Add: Grants Receivable	
17,455.00	- Staff Welfare	48,018.00		Empowerment of Women Programme - SHG	
6,005.00	- Computer Running & Maint.	6,830.52	1,751,281.00	- Sale of Masala & etc.	1,807,364.90
21,220.82	- Conveyance Expenses	95,327.00		Health Care Activities	
39,000.00	- Legal & Professional Fee's	40,000.00		- Medical Income	146,001.00
76,114.00	- Water & Electricity Charges	82,142.55	120,505.00		
7,762.00	- Garden Expense	11,625.00			
	- Genrator Running & Maintenance	7,200.00			
	- Consultancy Charges	448,387.00			
4,445,286.57	Total C / Forward	6,003,514.08	3,821,789.00	Total C / Forward	6,133,878.45

SUKARYA

P-20, 1st Floor South Extension -II, New Delhi-110049
INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31.03.2011

Previous Year	Expenditure	Current Year	Previous Year	Income	Current Year
4,445,286.57	Total B / Forward	6,003,514.08	3,821,789.04	Total B / Forward	6,133,878.45
6,617.00	- Misc. Expense	2,242.00	2,566,547.00	Other Income	813,951.00
675.00	- Postage & Telegramme	138,166.00	167,165.73	- General Donation Received	157,338.48
17,151.00	- Printing & Stationary	269,029.00	62,482.96	- Interest Received	2,340.00
130,287.00	- Repair & Maintenance	39,429.55	989.04	- Miscellaneous Receipts	-
36,435.00	- Telephone & communication	-	9,775.00	- Short & Excess	-
5,894.00	- Leave Encashment	5,503.00	11,875.00	- Patient User Fee (Caf)	-
5,533.00	- Cleaning Exp.	30,000.00	2,471.00	- MCV User Fee- Give India	12,255.00
17,694.00	- Website Charges	-	-	- Interest RECD PFI	-
1,000.00	- Womans Day Celebration	-	-	- Excess of Expenditure	108,572.06
2,000.00	- Fees & Subscription Exps	8,410.00	-	over Income - Deficit	-
14,344.00	- Diwali Exp.	15,107.00	-		
1,037.00	- Foundation Day Expenses	101,966.37	-		
-	- Delhi Haf Marathon	48,400.00	-		
83,880.00	- Security Exp	49,635.00	-		
-	- Vehicle Running & Maintenance	463,865.40	-		
19,663.00	- Auditor's Remuneration:	53,067.59	-		
426,662.00	- Depreciation	-	-		
51,901.58	- Mobile Exps	-	-		
1,377,034.62	- Excess of Income	-	-		
	over Expenditure - Surplus				
6,643,094.77	TOTAL	7,228,334.99	6,643,094.77	TOTAL	7,228,334.99

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

FOR GAGAN MEHRA & ASSOCIATES

CHARTERED ACCOUNTANTS

(GAGAN MEHRA)

Proprietor

Date:-

Place:- New Delhi

For Sukarya

TRUSTEE

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 31STMARCH 2011.**

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: 15-09-2011**

GAGAN MEHRA & ASSOCIATES

Off.: 8731, 14B, Shidipura, Karol Bagh, New Delhi-110005
Ph.: (O) 23632494, 23514494 (R) 22373806, Fax: 011-23514494, Cell: 9810073125
Email mehragan123@hotmail.com mehragan123@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: 15/09/2011
PLACE: NEW DELHI

FOR GAGAN MEHRA & ASSOCIATES
CHARTERED ACCOUNTANTS

(GAGAN MEHRA)
Prop.
M.No.89691

ANNEXURE

STATEMENT OF PARTICULARS

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. 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	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 Number &	Where the Concern is a Company 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

FOR GAGAN MEHRA & ASSOCIATES
CHARTERED ACCOUNTANTSPLACE - NEW DELHI
DATED - 15/09/2012(Gagan Mehra)
Prop.
M.No. 89691

SUKARYA

P-20, 1st Floor South Extension -II, New Delhi-110049
BALANCE SHEET AS AT 31ST MARCH-2012

As at 31.03.2011	Liabilities	As per Annexure	As at 31.03.2012	As at 31.03.2011	Assets	As per Annexure	As at 31.03.2012
15,003.00	CORPUS FUND		15,003.00	6,796,158.60	FIXED ASSETS	1	6,446,180.07
	- Corpus Fund				- Fixed Assets		
10,675,502.62	SURPLUS FUND		10,675,502.62		CURRENT ASSETS		
	- Opening Balance				- Empowerment of Women		
	- Less-Excess of Income			118,269.40	Programme - SHG		125,566.00
	over Expenditure - Surplus		1,729,505.78	121,322.78	- Loan & Advances	2	38,364.78
	CURRENT LIABILITIES -DUE		12,405,008.40	63,953.00	- Security Deposits		63,953.00
444,615.00	- Sundry Creditor	3	3,088,652.46		- Fixed Deposits in Bank		4,150,000.00
620,987.71	- Creditor For Expenses	4	110,432.00	1,745,931.80	- Cash at Bank		1,761,390.51
	UNUTILISED GRANTS / AIDS		522,548.68		- Cash in Hand		23,984.52
	- PFI		196.72		- Advance TDS		91,615.20
401,528.45			60,983.81	46,234.00	- Interest Receivable		244,992.00
			26,059.21	89,875.00	- Prepaid Insurance		-
			-		- Receivable From PFI Kiran		106,946.00
12,157,636.78	TOTAL		13,052,992.08	12,157,636.78	TOTAL		13,052,992.08

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

For Sukarya

(GAGAN MEHRA)
Proprietor

Date:-
Place:- New Delhi

TRUSTEE

TRUSTEE

SUKARYA
P-20, 1st Floor South Extension -II, New Delhi-110049
INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31.03.2012

Previous Year	Expenditure on specific Project / Activities	Current Year	Previous Year	Income	Current Year
121,343.00	- On PFI Anemia Project	-	1,972,582.55	Project Grants	
132,789.20	- On CAF NEW -I	-		Grants / Aid from PFI- kiran	401,528.45
	- Ek Peהל (IRDPI) Project (5)	642,452.00		- Opening Unutilised	-
	- Hifazat Project (Old) (6)	716,709.00		- Received	
	- Hifazat Project (Power Grid) (7)	391,799.00		- Less: Unutilised	
586,271.75	- On CAF New Project II (8)	88,240.00		Grants / Aid from Hifazat Power grid	
2,464,043.22	- On PFI Kiran Project (9)	490,431.00		- Opening Unutilised	30,000.00
	- Saathi (Project Aegis) (10)	442,289.00	1,737,392.00	- Received	
41,710.00	- Sehat Center Waliawas(Religare) (11)	293,416.00		- Less: Unutilised	30,000.00
				Grants / Aid from Concern India	
				Opening Unutilised	
				- Received	1,469,972.00
				- Less: Unutilised	
165,008.00	Expenditure on Health care Activities	148,023.00	373,000.00	Grants / Aid from CAF	
97,454.00	- Health Centre Expense	5,500.00		- Received	
	- Sehat centre			- Less: Unutilised	
				- Add: Grants Receivable	
			97,538.00	Grants / Aid from CAF(New Project)	
				- Received	
				- Less: Unutilised	
				- Other Grant/Aid Received	
				- Bird Group	425,000.00
				- MDA	81,000.00
6,000.00	Other Activities	650,434.00			
300,832.10	- Donation	2,000.00			
	- Staff Salary				
8,053.84	- Advertisement & Pub. Exp.				
48,018.00	- Bank Charges	47,673.00			
6,830.52	- Staff Welfare	35,300.00			
95,327.00	- Computer Running & Maint.	64,988.19	466,886.00	Empowerment of Women Programme - SHG	
40,000.00	- Conveyance Expenses	60,915.00		- Net Receipt From Programme (12)	583,778.60
82,142.55	- Legal & Professional Fee's	88,776.00			
11,625.00	- Water & Electricity Charges	5,634.00	146,001.00	Health Care Activities	
7,200.00	- Garden Expense	34,510.00		- Medical Income	217,920.00
448,387.00	- Generator Running & Maintenance				
	- Consultancy Charges				
4,663,035.18	Total C / Forward	4,209,089.19	4,793,399.55	Total C / Forward	3,209,199.05

SUKARYA

P-20, 1st Floor South Extension -II, New Delhi-110049
INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31.03.2012

Previous Year	Expenditure	Current Year	Previous Year	Income	Current Year
4,663,035.18	Total B / Forward	4,209,089.19	4,793,399.55	Total B / Forward	3,209,199.05
-	- Misc. Expense	2,000.00	Other Income	- General Donation Received	3,375,495.00
2,242.00	- Postage & Telegramme	1,350.00	813,951.00	- Interest Received	354,974.05
138,166.00	- Printing & Stationary	61,120.00	157,338.48	- Miscellaneous Receipts	160,884.00
269,029.00	- Repair & Maintenance	76,486.00	2,340.00	- Interest Received from Bank (Kiran)	4,371.00
39,429.55	- Telephone & communication	72,250.00	12,255.00	- Interest Received from Bank (Hifazat)	1,794.00
-	- Insurance	48,054.00	108,572.06	- Excess of Expenditure	
5,503.00	- Cleaning Exp.	7,394.00		- over Income - Deficit	
30,000.00	- Website Charges				
-	- House keeping Charges	93,210.00			
8,410.00	- Diwali Exp.	9,456.00			
-	- Foundation Day Expenses	1,436.00			
15,107.00	- Delhi Haf Marathon	14,450.00			
101,966.37	- Security Exp	139,663.52			
48,400.00	- Vehicle Running & Maintenance	73,209.00			
49,635.00	- Auditor's Remuneration:	54,600.00			
463,865.40	- Depreciation	469,178.54			
-	- Short & Excess	0.50			
53,067.59	- Mobile Exps	44,264.58			
-	- Excess of Income				
	over Expenditure - Surplus	1,729,505.78			
5,887,856.09	TOTAL	7,106,717.10	5,887,856.09	TOTAL	7,106,717.10

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

FOR GAGAN MEHRA & ASSOCIATES
CHARTERED ACCOUNTANTS(GAGAN MEHRA)
ProprietorDate:-
Place:- New Delhi

For Sukarya

TRUSTEE

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 31STMARCH 2012.**

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: 15-09-2011**



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2010 - 2012
(The Years in Review)

Working with Women and Children

to Create a Healthier and a Better Society