

ANNUAL REPORT 2017-18

COMMITTED TO STRENGTHEN &
EMPOWER ADOLESCENT GIRLS
AND YOUNG WOMEN

MATERNAL CHILD HEALTH AND NUTRITION

"Strengthening and Upscaling Maternal Child Health Intervention with a special focus on Anemia and Malnutrition"

Door step Maternal and Health Care services across Urban Slums and Rural Villages.

- Reaching out to **200,000+** Population through health care facilities in slums and villages.
- **15000+** beneficiaries receive regular and sustained health care services.
- **204** Health Clinics conducted
- **2400** women received Ante Natal Care Services
- **1384** women received Post Natal Care Services
- **1612** Anemic women Identified and treated
- **4446** Women received counseling on antenatal care, nutrition, hygiene and other associated issues.
- **3440** Mother and children received immunization under mother and child health program.



Regular and sustained Health Clinics led to improved Maternal and Child Status across the intervened project locations:

- Monthly Specialized Health Clinics are organized across the project locations
- Health Clinic comprises of a female MBBS doctor, a Nutritionist, Lab Technicians and a Medicine Dispenser. At each location one female Community Health worker is deputed for home visits and further follow ups.
- Identification, Detection, Diagnosis and treatment of Anemia and Malnutrition amongst mothers [15-49 yrs] and Children [0-6 yrs] through Health Clinics. In addition, Nutrition Food Supplements, Nutrition Solutions, follow ups and referrals are provided.
- Organization of Mother and Child Health Days in convergence with the Government Health System.
- Strengthening the Government's Immunization campaign through Community Mobilization

HEALTH SESSIONS LEADING THE WAY...

Health awareness sessions with targeted groups and communities are one of the most important and instrumental tools to bring about desirable change in health behaviors.

1298 Women educated through 80 health awareness sessions.

Topics covered include Antenatal care, Post Natal Care, Safe Motherhood, New born baby Care, Colostrums & Exclusive Breastfeeding, Diarrhea Management, Personal Hygiene & Sanitation, Anemia Control & Prevention, Water borne diseases, Community based Management, Government Schemes and services related to Health, Nutrition and Sanitation.



The trained community health workers [CHWs] are serving as focal points and act as community resource persons for villagers. The CHWs conduct awareness sessions, make home visits & follow ups with Patients and connect the people to the nearest health facility.

The repetitive awareness sessions and intensive follow ups led to improved health indicators at intervened project locations.



BHC [Basic Health Centre] does not only provide treatment for patients but it also acts as an Information and referral point for Pregnant and Lactating mothers and adolescent girls.

The periodic Health Awareness sessions are making significant changes in health behaviors of the targeted communities specifically the women of reproductive age.

DETECTION, CONTROL AND TREATMENT FOR ANEMIA AND MALNUTRITION THROUGH HEALTH CLINIC SERVICES AND COMMUNITY BASED SOLUTIONS



Laboratory Checkups that include blood pressure, a hemoglobintest, blood sugar, blood group, height & weight measurement is done by Lab technicians during Health Clinics.

Women and Children are screened, tested and identified for Anemia and Malnutrition during the health clinics. Laboratory health checkups like Hemoglobin tests are done across all locations during the clinics. Administration of nutritional food, medicine supplements along with individualized counseling services with proper monitoring and intensive follow ups have shown remarkable results across marked project locations

- **1612 Anemic women identified and successfully treated**
- **858 Malnourished children identified and treated**

NUTRITIONAL SUPPLEMENTS, AWARENESS & COOKING DEMO'S IS JUST ONE OF THE MANY WAYS ADOPTED BY SUKARYA. THIS HAS RESULTED IN IMPROVING THE HEALTH OF THE MOTHER AND CHILD IN THE SLUMS AND RURAL AREAS.

- Adequate nutrition supplement reaches the target group through health clinics.
- Generation of awareness on nutrition and promotion of locally available cheap sources of nutrition are done through continuous counseling of the target patients.
- Sharing recipes and techniques of cooking (use of iron pots/pans etc.) which leads to better nutrition and promoting good dietary habits.



A Nutritional Awareness session along with live cooking classes is being conducted by our qualified Nutritionist.

45

Nutritional Awareness & Cooking Classes organized

705

Women participated and acquired knowledge on Nutrition and the proper way of cooking nutritious recipes/food items.

2496

Patients received Nutritious Food Supplements



Nutritional Awareness session in progress in a remote village named Palasli, Rajasthan.

SUKARYA COLLABORATED WITH ARMMAN FOR THE mMITRA VOICE CALL PROGRAM

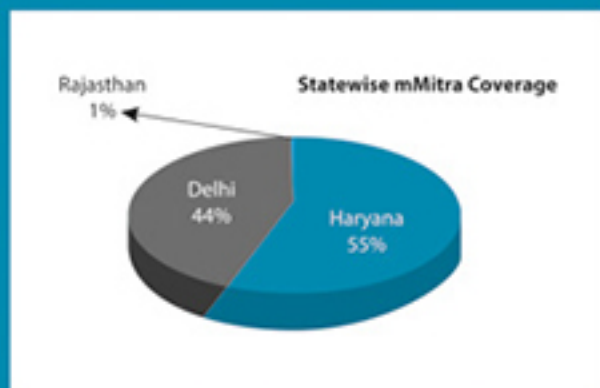
Technology Advancing the reach and access of Health Information

Sukarya with 'mMitra' provides voice call services to pregnant and lactating mothers on preventive care and guides them with simple interventions to reduce maternal & infant mortality and morbidity in urban and rural India. The voice calls are in the local dialect, specific to the woman's gestational age or the age of the infant and are made weekly/twice a week directly to pregnant women and mothers with infants in their chosen language and preferred timeslot.



Inauguration of mMitra Voice call Program on 16th February 2018 at DRDA hall, Mewat, Haryana.

- Delhi - 12727 women enrolled for voice call services
- Haryana - 15866 women enrolled for voice call services
- Rajasthan - 140 women enrolled for voice call services
- Total 28,723 women were registered and benefited from voice call services across three states
- Villages covered across 3 states - 278
- Slums covered - 55
- 'Sakhis'- Community workers deputed and developed as community resource persons - 172



TOWARDS A HEALTHY BEGINNING...

Empowering Adolescent Girls through Education on Adolescent Reproductive & Sexual Health (ARSH) and Family Life Education (FLE).



The ARSH program aims to educate and empower adolescent girls to lead their life in a more confident and dignified manner. The ARSH intervention is categorized into the following:

COMMUNITY VERTICAL:

Under this, customized training sessions are conducted with adolescent girls living in slums and rural areas without adequate access to education or information.

- 23 sessions were conducted on reproductive & sexual health & family life education
- 840 adolescent girls were reached

The program aims to equip them to face the various challenges life offers; which make them vulnerable. This is done by creating awareness on reproductive sexual health and building their knowledge and awareness on life, its physical, social, psychological and moral dimensions and finally helping them to develop the qualities, capacities and attitudes which are the makings of a successful life.



CUSTOMIZED TRAINING SESSIONS IN SCHOOLS:

Under this, customized training sessions are conducted with adolescent girls studying in government schools in rural and semi-urban areas where access to knowledge and information on ARSH is normally not found.



The program reaches out to very young girls to support their transitions through puberty.

- The program's interventions are designed to suit local social and cultural norms addressing the needs of the adolescent girls and their vulnerable situations.
- The program focuses on the specific age group by ensuring education on menstrual hygiene, improving access to health services, education on sexual & reproductive health and regular communication with the parents to strengthen protective factors.



Session in progress at a government school, Gurgaon.



Girls learning about important help line /emergency numbers to deal with adverse life situations.

WE INTEGRATE WASH – (WATER, SANITATION & HYGIENE) COMPONENT FOR BETTER HEALTH.



Session with children is in progress on the 6 steps of 'Hand washing'



Children from the slum community learning the 6 steps of hand washing

The WASH is implemented at two levels:

COMMUNITY:

At community level campaigns, cleanliness drives, sessions on water, awareness on water borne diseases, forming of Health & Sanitation committees etc. are done. We intervene at community level for each of our programs.

SCHOOL VERTICAL:

Sessions and campaigns on water, hygiene, sanitation, preventive health measures and other associated issues are conducted with school children to build their knowledge, create awareness and develop an attitude to adapt and practice right behaviors to ensure better health.

These children are being trained as 'agents of change' on this issue.

16 Campaigns were organized on Water, Hygiene and Sanitation.

408 People and Children have been engaged, sensitized and trained.

Involvement of School and Municipal corporations along with PRI and community stakeholders has yielded improved results.



Sanitation drive in slum locations in collaboration with Municipal Corporation of Delhi (MCD) and Government school.



EDUCATION ON WHEELS FOR SLUM CHILDREN

Large population of Indian children is vulnerable and faces exceptional economic and environmental challenges to attend school. Our Education on Wheels is a specifically designed bus that reaches the children who cannot attend school.

This unique concept was introduced in the year 2014. The bus which comes with facilities like TV, computers and other essential education related material is a school unto itself. The program is run with the support of trained teachers & program coordinators who have designed child centric curriculum which stimulates the child's mind and inculcates an interest to learn. The curriculums are designed to match every child's learning levels.

Special focus is given on parent teacher meetings to ensure they understand the significance of regularity.



Education on Wheels Class Room.



EOW children participated in plantation drive with IM Gurgaon Campaign.

300 Children are registered with 3 EOW Buses and attend classes daily across 6 locations of Delhi and Gurgaon.

170 Regular classes were organized

23 computer classes organized

23 Extra Curricular activities conducted

7 Life skills sessions organized

226 home visits conducted

21 Parent Teacher Meetings [PTM] conducted

78% Parents attended the PTM meetings

55 Students registered for OBE [Open Basic Examination] conducted by a Government agency.

3 students mainstreamed into formal schools.

DEVELOPING SUSTAINABLE MODEL VILLAGES THROUGH INTEGRATED RURAL DEVELOPMENT PROGRAM

The aim of the program is to develop the villages as model villages by integrating components like mother child health, nutrition, education, livelihood, sanitation and environment.

Capacity building of government front line workers and linking the government schemes with community are kept as key strategies to attain greater impact and sustainability.



Need Assessment and Participatory planning with Community members



Self Help Group [SHG] members learning to sew in the village.

Idea is to help them adopt 'tailoring' as a profession - a livelihood option.

MATERNAL CHILD HEALTH AND NUTRITION

- Health Clinic
- Health Awareness
- Nutritional awareness & Cooking Classes

SANITATION

- Sanitation drive and awareness sessions on overall health of the community
- Formation and activation of Village Health and Sanitation committee

LIVELIHOOD

- Forming and Strengthening of SHGs
- Providing Skill based training to the women from the SHGs
- Income generation and livelihood activities for rural women

CAPACITY BUILDING

- Training and Capacity building of PRIs [Panchayat Raj Institution]
- Capacity building of frontline workers
- Capacity building of govt. frontline workers e.g AWW, ASHA etc.
- Developing Community Health workers /Community Resource person
- Activation and formation of village level committees

LINKING GOVERNMENT SCHEMES WITH COMMUNITY

- Linking and connecting village people with government schemes and services
- Creating awareness and spreading information



Community Awareness on government policies

Key Accomplishments:

- 25 Health Clinics conducted; 1583 patients treated
- 8 PRI trainings were conducted; 74 footfalls recorded
- 102 rural youths acquired CCIB Basic computer course certified by NIIT.
- 102 rural youth attended the Basic English Language course along with life skills trainings at VTC.
- 34 women trained in tailoring work
- 3 Women trained and developed for 'Micro entrepreneurship with Ladies' at a tailoring shop in the village.
- 5 Self Help Groups [SHGs] are functional with 62 members
- 1184 villagers were linked with government schemes /services.

VOCATIONAL TRAINING CENTRE

Vocational training centers are operational in the project villages of Rajasthan which aims to impart Computer, English and Life skills classes for the rural youth to make them employable in the job market.

The VTCs [Vocational Training centers] are affiliated with NIIT foundation.



WOMEN EMPOWERMENT & LIVELIHOOD

The Program has been created to upscale the standards of women living in rural India by giving them an opportunity to become economically independent.

This model involves creation of Self Help Groups [SHGs] of poor women in the village, promoting small savings, linking with banks, providing skill based training on spice & cereal processing and further engaging them into production process to generate a sustainable livelihood option for them.

BHUMI Foundation primarily acts as a catalyst for economic empowerment of women by providing skill based trainings and sustainable livelihood options to them.

- Building capacities, providing skills based trainings and promoting micro-entrepreneurship.
- Providing employment opportunities for rural women under the spice & cereal processing unit [SCPU].





- Training & Capacity building sessions on micro-entrepreneurship.
- Rural women engaged in the production process at SCPU.

The spice & cereal products made by rural women at SCPU are a getting good response from the consumers and efforts are being made to connect with local dealers, shops and Resident Welfare Associations to gain more market share and help these women benefit.

Our products are highly appreciated by them.

So we propose to upscale and expand this venture and implement it PAN India.

Interface meeting with PRI (Panchayat Raj Institutions) members

Chairperson Mrs. Meera Satpathy had an interactive session with the project team and the PRI members. The aim of the meeting was to understand the ground level issues of the community and the role that the PRI members can play in improving the mother-child health and nutrition status of the community.



These meetings with PRIs and community representatives are instrumental in designing community need based programs. Such a program is bound to deliver.

Sukarya ensures participatory planning and involvement of the people right from program designing to the execution stage and follows the bottom up approach of a development process.

ADOPTING ENVIRONMENT FRIENDLY PRACTICES

A Solar panel, Rain Water Harvesting system and Waste Water Recycling system have been enabled at SUKARYA to protect the environment.

STAFF MEMBERS

Mr. Shahnawaz Shahid
Director – Programs

Mr. Devendra Sharma
Sr. Accounts & Admin Officer

Mr. Nasim Ahmed
Sr. Project Coordinator

Ms. Ekta Priyambada Mishra
Project Coordinator [Education]

Ms. Swati Sharma
Project Coordinator [Adolescent Health]

Mr. Md. Irfan
Project Coordinator [Rural Development]

Mr. Sanjeev Kumar Singh
Project Coordinator [Health]

Mr. Asif
Junior Project Coordinator [mMitra project]

Mr. Saddam
Field supervisor [mMitra project]

Ms. Mamta
Teacher [EOW]

Ms. Neelu
Teacher [EOW]

Ms. Mukti Chaterjee
Teacher [EOW]

Ms. Sandhya
Teacher [EOW]

Ms. Pallavi
Lab technician

CONSULTANT DOCTORS

Dr. L. B. Jethra

Dr. Madhu Chawla

Dr. Meera Srivastava

Dr. Vijendra Singh

Dr. Rashmi Tarachandani

Dr. Usha Sikka

NUTRITIONIST

Dr. Kriti Mathur

MEDICINE DISPENSERS

Mr. Dulal Maithy

Mr. Dulal Maithy

Mr. Ranjan Pradhan

Mr. Manas Sansal

LAB TECHNICIANS

Mr. Narendra Kumar

Mr. Vimal Kumar

Ms. Manju Lata

VOLUNTEERS

Mr. D.S. Kataria

Ms. Pushpa Indernath

Mr. Asit Tarkhad

Ms. Shipra Shukla

Ms. Ramani Kathuria

Ms. Preeti Gurnani

Ms. Anjali Grower

OUR SUPPORTERS



CREDIBILITY ALLIANCE NORMS COMPLIANCE REPORT

IDENTITY:

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

We are registered U/S 12A of the Income Tax Act 1961, Registration Number: 645 dated 15th January 2001 and under section 80 G 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., 29 CC, 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 their well-being. Healthy and Successful citizens contribute actively to overall growth of their family, Community and the society.

MISSION:

- To improve maternal and child health
- To advocate, promote and sensitise communities on Primary Health Care, Reproductive Child Health and Family Planning.
- To advocate, encourage and guide positive health-seeking behaviour with special emphasis on physical, mental and social well-being.
- To empower women by strengthening their physical, emotional well-being and economic stability.

DETAILS OF BOARD OF TRUSTEES – GOVERNING BODY

S. No.	NAME	AGE	GENDER	Position in the Board	Total amount paid in the financial year	Form of payment Salary/Consultancy/ Honorarium/ Sitting Fee/other (Specify)
1.	Ms. Meera Satpathy	64	Female	Chairperson	0	0
2.	Ms. Kumkum Bhatia	67	Female	Trustee	0	0
3.	Ms. Renu Sood	55	Female	Trustee	0	0

Total Cost of International Travel by all personnel - NIL

STAFF DETAILS AS ON 31ST MARCH 2018

Slab of gross salary (in Rs) plus benefits paid to staff (per month)	Male Staff	Female Staff	Total Staff
Less than 5000	1		1
5,000 – 10,000	8		8
10,000 – 25,000	8	6	14
25,000 – 50,000	2	2	4
50,000 – 1,00,000	1		1
Greater than 1,00,000			0

Remuneration of Highest paid staff: Rs. 83853/-

Remuneration of the lowest paid staff : Rs. 11000/-

PAID VOLUNTEER

Slab of Paid Volunteer	Male	Female	Total
Less than 5000		15	15
5,000 – 10,000			
10,000 – 25,000			
25,000 – 50,000			
50,000 – 1,00,000			
Greater than 1,00,000			

FINANCIAL ANALYSIS

	2016-17		2017-18	
Total Revenue	1,24,02,951.48	%	1,52,57,385.89	%
Grants Received Indian Institution	60,80,385.74	49.02	76,67,857.11	50.26
Grants Received from foregin Donors Under FCRA	20,48,001.56	16.51	43,17,083.53	28.30
General Donation	25,46,260.01	20.53	12,39,054.00	8.12
Self Generated funds	7,55,163.11	6.09	7,75,146.25	5.08
Interest & Other Receipts	9,73,141.06	7.85	12,58,245.00	8.25
Total Expenditure	1,01,75,440.37	%	1,33,86,690.06	%
On Projects	74,58,393.00	73.30	88,13,074.45	65.83
On self Generation Program	2,36,224.00	2.32	3,10,955.00	2.32
Other Administrative expenditure	24,80,823.37	24.38	42,62,660.61	31.84
Project Expenditure on Field wise		%		%
Intregated Rural Development Program	21,91,409.00	29.38	21,95,921.00	24.92
Education On Wheels	11,72,464.00	15.72	23,20,094.45	26.33
Slum Health Programs	36,54,367.00	49.00	42,87,819.00	48.65
Women Empowerment Project	4,40,153.00	5.90	9,240.00	0.10
Total Assets	1,81,17,399.00	%	1,98,91,288.42	%
Fixed Assets	69,16,811.00	38.18	68,69,048.00	34.53
Cash & Bank balance	14,03,153.84	7.74	40,17,765.42	20.20
investment- Fixed Deposit in Bank	84,66,380.00	46.73	85,52,588.00	43.00
Other Current Assets	13,31,053.75	7.35	4,51,887.00	2.27

The information presented above is drawn from Sukarya's Audited Financial Statements. They are available from our head office on request or at https://www.sukarya.org/sites/default/files/sukarya-audited-financial-statement-2017-18_0.pdf



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