

*"Of all the forms of inequality, injustice in health care is the most shocking and inhumane." — Dr. Martin Luther King*

# Swasthya Swaraj Society

*Annual report: 2018-2019*



## *The reasons of our motivation*



**Swasthya Swaraj Society (Regd under society act XXI of 1860 –  
XXVII/21/14/51 of 2014)**

**Regd u/s 12A& 80G, registered office, 2/379, Ramnagarpada, PO:  
Bhawanipatna -766001, Kalahandi, Odisha, India**

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## Foreword

When we see through the layers of socioeconomic vulnerabilities and marginalization existing in our country, it is invariably the tribal population who are in the lowest grade. The reality is that the pattern of development we follow in our country has pushed them there. Which single intervention would do the most for those who live in extreme poverty and deprivation? I'm convinced; it is primary healthcare and primary education. Swasthya Swaraj is not just trying to fill in the gaps, but empowering the communities to move towards SWARAJ in health (control over one's own destiny).

In Swasthya Swaraj, the question we ask constantly is: are we reaching out to the worst off? How to reach out to those who need us most? They may not come to avail the services we provide in the health centers as they are caught up in their own traditions and struggles, having been deprived of access to healthcare facilities all these years. We need to go to them.

During the year under reporting, the most remarkable events which happened, on the positive side are:

1. The precipitous fall in malaria from 55% positivity of the cases tested to 14%. This was made possible by the political will of the Govt (DAMAN project) and the committed work of many NGOs. The first ever mass screening for malaria of the entire population was done by Swasthya Swaraj in Kerpai cluster that detected 39% positivity. Later, this was built into the Daman Project as an annual event. Pregnancy in malaria is decreased to 12% from 35%. But the API has not yet fallen to <10. We continue constant vigilance.
2. Starting of a new, formal training course for a cadre of middle level health workers- *Diploma in Community Health Practice*, in collaboration with Centurion University, Bhubaneswar, who supported this idea and magnanimously recognized the make shift school in Kaniguma as the field learning centre of the university. This course admits only tribal girls and the minimum educational qualification is class 12. We believe that in the revitalization of primary healthcare, the role of the health workforce is vital. There is an acute need to go beyond training doctors and nurses. The tribal girls whom we train in this DCHP course are expected to be the backbone of tribal healthcare in remote tribal areas where no doctor or nurse would go.
3. The 80 tribal women (90% illiterate) from 78 villages continue to be our unsung heroes and key persons in the programme villages. A major evaluation (knowledge, clinical skills and practices) of those who completed 3-4 years training was undertaken and it was gratifying to see that many of them scored >60%.
4. District TB department recognized both Kaniguma and Kerpai health centres as Designated Microscopy Centres (DMCs) and TB medicines and DBT to the patients.
5. Among the under-five children, the number of underweight children has dropped to 47%, but stunting rates remain high indicating the chronic, intergenerational under nutrition.

6. Promotion of tuber crops as part of a hunger alleviation programme was done in 16 villages of Silet GP in Kerpai cluster in 300 BPL families. This is yet to be evaluated fully from the point of calorie consumption and we have decided to scale up in the current financial year to more families.

On the negative side:

- No availability of safe drinking water continues to be a serious issue in many villages and people have to drink river water. There was one diarrhoea outbreak in one of our programme villages. 3 adults died in the outbreak. We could save the lives of at least 6 severely dehydrated patients.
- Neonatal mortality and Infant mortality remain unabated.
- An unexpected funding crunch affected us and our work badly from November 2018. Many posts had to be terminated, outreach antenatal-under-five clinics were cut down in frequency, nutrition supplements stopped, adolescent girls' programme and health promoting school programme came to a halt- all as part of austerity measures, but these badly affected the life of the poor.

Looking ahead:

We plan more focused activities in reducing maternal and newborn mortality, improving health and nutrition of children from birth to 14 years and innovations in healthcare delivery to the last man and in primary education in Govt primary schools in tribal pockets.

We continue to struggle towards SWARAJ- a just and fraternal society where people can live with dignity and be agents of their own destiny in harmony with nature

Swasthya Swaraj beckons all to dream for a better future for the tribal population.....

Dr Aquinas Edassery (Jemma Joseph)

Exec. Director

## Background

Swasthya Swaraj Society started with the clear vision of serving and empowering the underprivileged in tribal areas has now completed five years after its birth on March 26, 2014. Swasthya Swaraj Comprehensive Community Health Programme is the flagship programme of Swasthya Swaraj Society. Initiated in Thuamul Rampur Block of Kalahandi district in Odisha state, Comprehensive Community Health Programme was born out of the passion and commitment of a small group of health professionals. Swasthya Swaraj, true to its name and vision, is committed to empower the various categories of people in this predominantly tribal block in health and simultaneously provide the much needed health care of the best quality possible within the limited circumstances, so that ultimately the dream of a peoples' movement for better health will become a reality.

Main activities during the Year in Review (2018-19) are as follows:

- (1) Running 2 primary health centres with attached high quality rural laboratories- all being 24x7.
- (2) Regular outreach clinics in 10 locations targeting pregnant women and underfive children once in 2-3 months.
- (3) Malaria control programme
- (4) TB control programme
- (5) Training of women as Swasthya Sathis with a 3 years curriculum and ongoing training prog.
- (6) Training of tribal girls as Community Health Practitioners (midlevel health workers)
- (7) Training youth as Shiksha Sathis
- (8) Health promoting schools to promote health, education and nutrition of the school children in 15 govt primary schools
- (9) Empowerment and overall development of adolescent girls (TULSI programme)

We are working in 78 villages of Thuamul Rampur block of Kalahandi district. The total population of these villages is 11,852. Indirect population reached out are: 80,000.

## 1. Clinical services

### A. OPD services: two 24x7 health centres providing primary healthcare along with 24x7 diagnostic laboratories

In under-resourced setting high quality healthcare is provided in a cost effective way. Moreover these two health centres are examples of universal healthcare. Rational healthcare and ethical principles are strictly adhered to. Patients are free to pay whatever they can afford, but quality is not compromised.

**Table-1.1: Number of patients and spectrum of diseases**

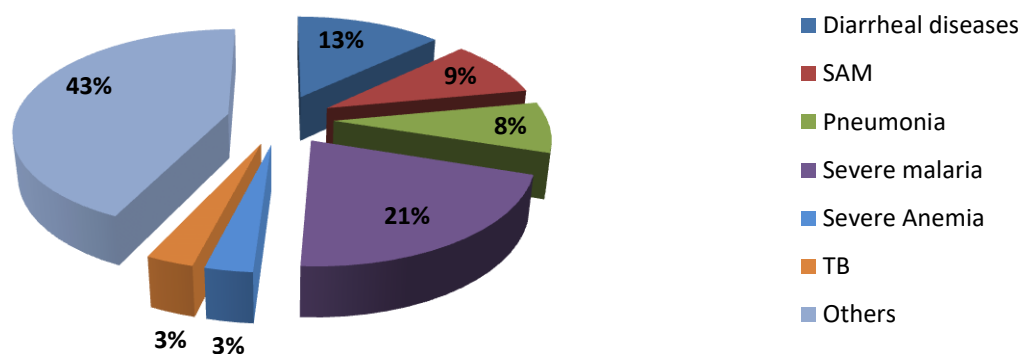
Particulars	Number
Total number of patients seen	12242
Total male patients	5905
Total female patients	6337
Serious cases managed at health centers	258
Total number of Under 5 children seen ( health centres and U5 clinics)	3648

Total number of pregnant women reached (including project and out of project villages)	518
Total number of patients from project area	7213
Total number of diarrhoea cases	531
Total number of scabies cases	179
Total number of pneumonia cases	20
Total number of severe malaria cases treated	54
Total number of sickle cell cases	80
Proportion of communicable diseases	70%
Proportion of non-communicable diseases	30%

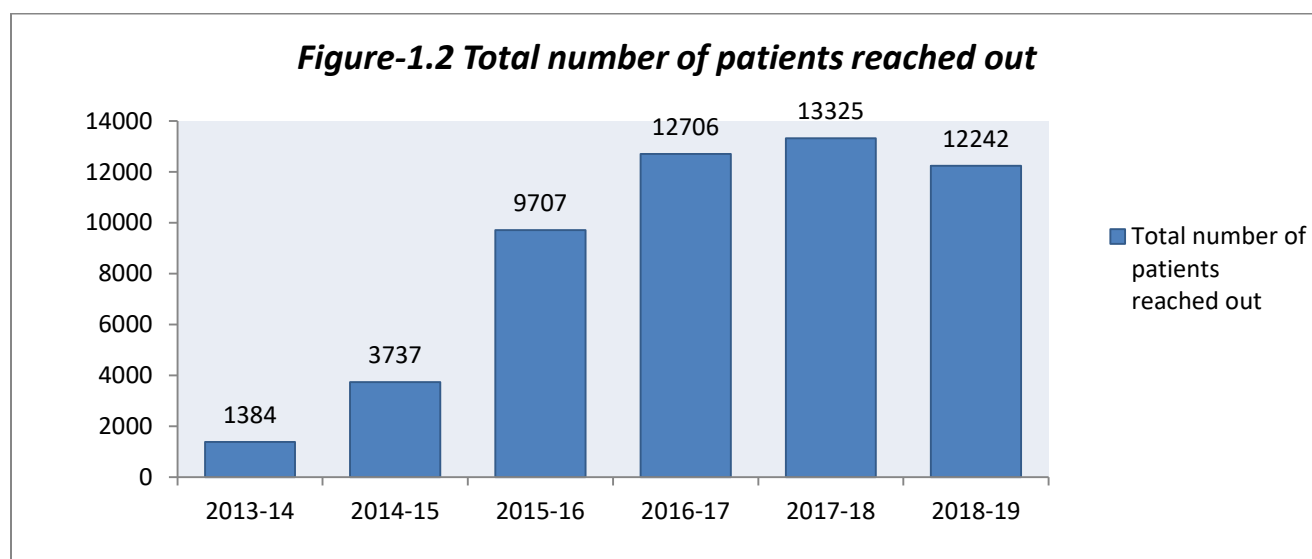
The number of cases of diarrhoea treated as an emergency as well as in the out-patient increased due to outbreaks in multiple areas and gives us a direction to be working on mainly creating awareness about hygiene and advocacy to provide safe sources of drinking water.

There has been a gross reduction in cases of severe malaria that accounted for emergencies treated (the previous year where severe malaria accounted for 39% of all emergencies dealt as opposed to 21% this year). In addition, there was a reduction in the number of pneumonia and scabies cases.

**Figure-1.1 Emergencies managed at health centers (n=258)**



The gross number of patients being seen in camps or OPD by Swasthya Swaraj has reduced which is due to less number of outreach camps. This year due to lack of fund the frequency of ANC under 5 camp was reduced. There is an improvement in health seeking behavior of community which can be seen by increase in the number of patients as compared to 2014.



## B. ANC U5 camps

**Table-1.2: Details of camps and beneficiaries**

Particulars	Numbers
Total number of ANC U5 camps organized	31
Total U5 children reached through camps	1587
Total pregnant women reached through camps	295

The number of camps being conducted in 10 hard to reach locations was grossly reduced due to a lack of funds. These Outreach camps, apart from active screening of vulnerable groups for malaria also detect under-weight children and anaemic pregnant mothers with high-risk pregnancies, provide a hot snack and meal for all who attend and provide for nutritional supplements for all pregnant mothers and severely malnourished children.

## C. Malaria control programme

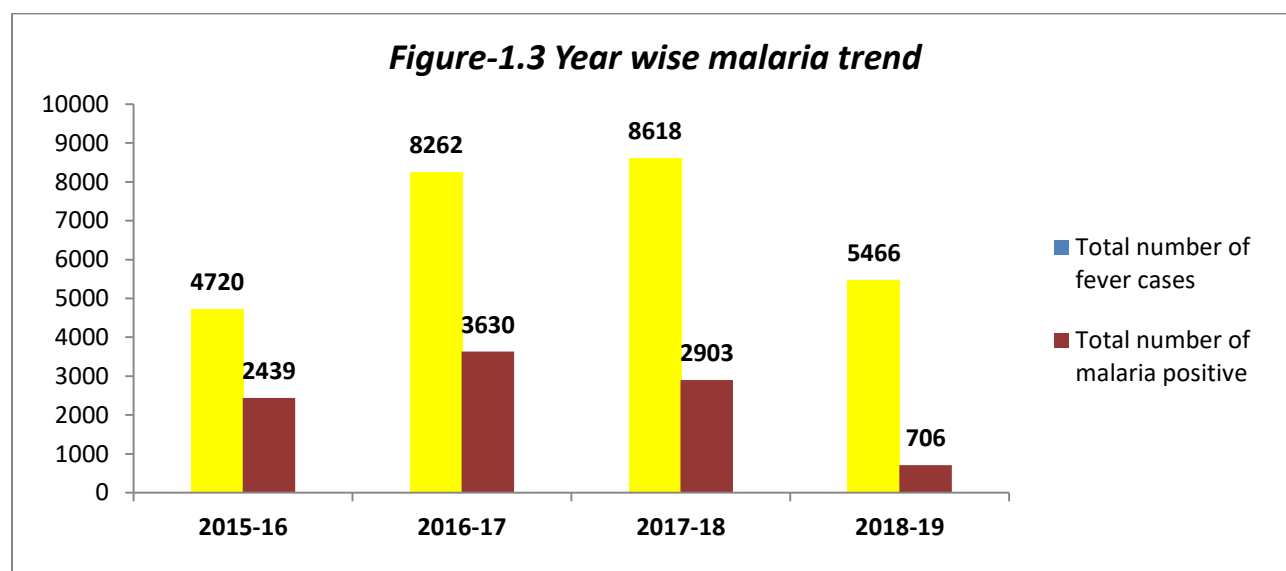
**Table-1.3: Malaria prevalence and its severity**

Particulars	Numbers	Percent
Total number of fever cases screened	5466	
Total number of malaria cases identified	706	13%
Total number of PF cases	651	92%
Total number of PV cases	55	8%



Total number of pregnant women screened	528	
Total number of pregnant women malaria positive	65	12%
Total number of under 5 children screened	2531	
Total number under 5 children malaria positive	356	14%

There was a gross reduction in prevalence of malaria in general population as well as vulnerable groups like pregnant mothers and Under-5 children. Prevalence of malaria among all age group has reduced from 52% in the year 2015-16 to 13% in 2018-19.



## D. TB control programme

Table-1.4: Total number of TB patients, types, cured and follow up

Particulars	Numbers
Total number of cases screened for TB	432
Total number of new sputum positive cases detected	27
Total number of extra pulmonary cases detected	5
Total number of TB patients cured during the year	17
Total number of patients lost to follow-up including patients of previous year	22



Swasthya Swaraj has now become a Designated Microscopy Center (DMC) recognized by the government. All the TB patients now get government supplied medications; Swasthya Swaraj provides nutrition supplements and travel allowance to all the TB patients. We also facilitate the direct beneficiary transfer (DBT) through government under nutritional supplement scheme for TB patients.

The large numbers of cases (22) that are lost to follow-up are largely from outside project villages. We now focus on intensified case finding and achieving high cure rates using innovative means.

Once a month we conduct TB clinics where IEC activities are done, Patients are counselled by trained health professionals





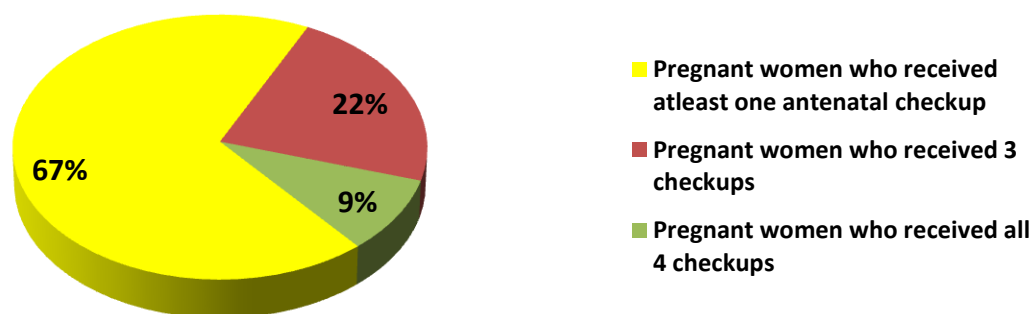
## 2. Maternal and child health care services

The total number of women registered in first trimester of pregnancy has risen from 66% last year to 69%. Although it is marginal, the trend over the last 4 years is looking upward. There has been higher number of mothers getting 2 doses of their TT injection as well improving protection for mother and child from postpartum and neonatal sepsis respectively.

**Table- 2.1: Number of pregnant women, antenatal care services and high risk pregnancies**

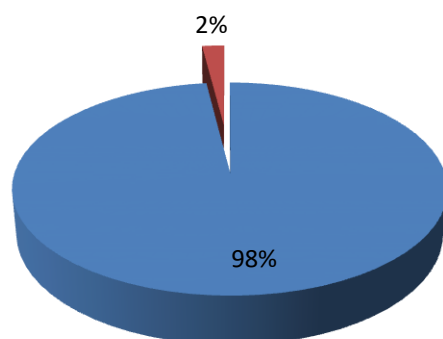
Indicators	Numbers	Percent
Total number of new pregnant women registered	314	
Total number of new pregnant women registered in first trimester	215	69%
Total number of pregnant women reached in one year (field and non-field area cases)	518	
Pregnant women who received TT1	239	78%
Pregnant women who received TT2	178	58%
High risk pregnancies detected (n=439)	186	42%
Pregnant mothers with anaemia (n=265)	187	71%

**Figure-2.1 Utilization of ANC services**



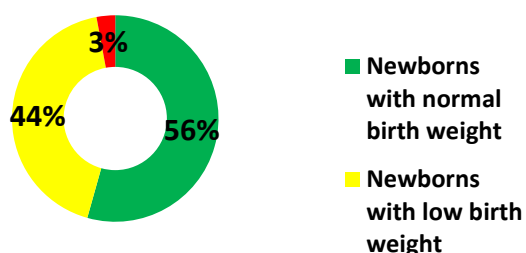
The percentage of mothers completing 3 and 4 antenatal check-ups (WHO safe motherhood requirement) has fallen due to reduction in the number of the antenatal camps from 35% and 23% in 2017-18 to 22% and 9% in 2018-19. This is a big problem contributing to maternal morbidity. Antenatal coverage i.e. proportion of who women received at least one antenatal check up by a skilled care provider remains the same as previous year (67%).

**Figure-2.2 Delivery outcome (n=313)**



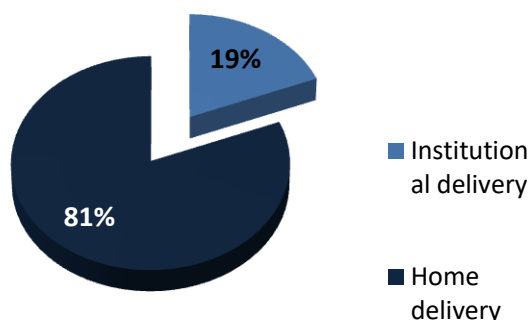
The number of still births has reduced from almost 10 last year out of 210 deliveries to 5 this year out of 313 deliveries. This speaks volumes about the strengthening of our data collection systems as well as the wellbeing and safety of the mothers.

**Figure-2.3 Birth weight (n= 308)**



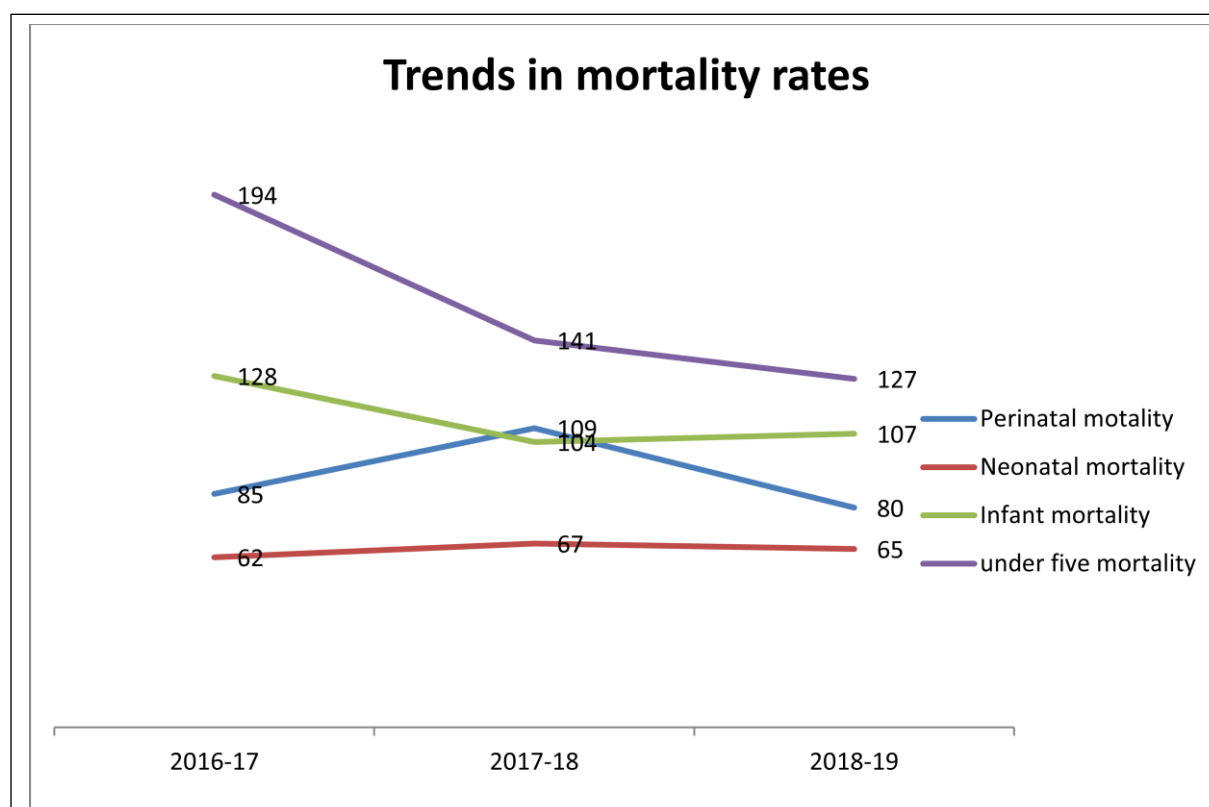
The number and percentage of children born with normal birth weight has increased. They are 172 and 56% as opposed to 102 children and 50% with normal birth weight the previous year. There has been a 5% drop in children with very low birth weight. A large (almost 1/3 increase) in birth outcome data suggests an improvement in data collection in this most inaccessible of places.

**Figure-2.4 Place of delivery**



Total 313 deliveries were reported from our project area. A large chunk of these deliveries are still happening at home i.e. 254. As proportion of home deliveries is high in the area, training of traditional birth attendants is one of the important activities of Swasthya Swaraj.

Out of total 59 institutional deliveries 5 deliveries were conducted in Kerpai health centre. Our aim will also be to increase the number of deliveries at the Kerpai centre.



PLA meeting on maternal and child health

### 3. Child nutrition programme

Total number of 0-5 years children in the project villages are 1408. All children are undergo growth monitoring once in every two months either through ANC under 5 camps or home visits. Children who are left out in the outreach under five camps are followed up through home visits and growth monitoring is done in their houses. All mothers are given a growth chart of the children after conducting a meeting with the mother's group on the importance of the growth chart and regular growth monitoring.

Out of 1408 children 1173 children have undergone growth monitoring last year and have accurate data. Of 1173 children, 47% were underweight, 61% were stunted.

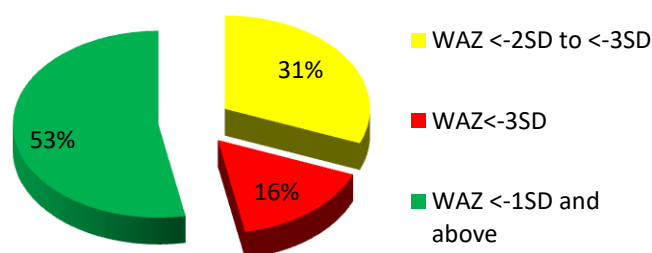


**Ghasiram teaching mothers about interpretation of growth cards**



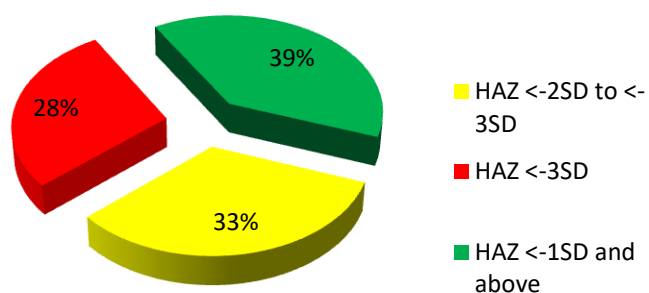
**ANC- U5 clinic in Kandelguda**

**Figure 3.1 Weight for age (Underweight) %**



Of 1173 children, 31% children were moderately underweight and 16% children were severely underweight. Suggestive of acute shortage of food

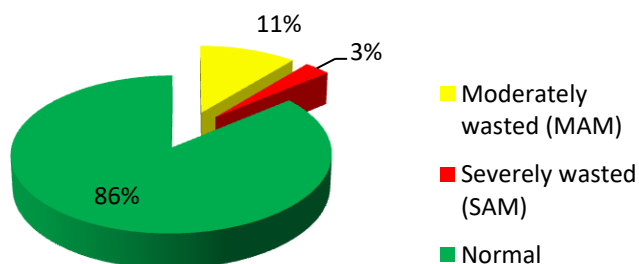
**Figure 3.2 Height for age (Stunted) %**



Of 1173 children, 33% children were moderately stunted and 28% children were severely stunted.

Suggestive of chronic food shortage

**Figure 3.3 Weight for height (Wasted) %**



Of 1173 children, 11% children were moderately wasted (Moderate Acute Malnutrition) and 03% children were severely wasted (Severe Acute malnutrition).

Indicative of morbidity and mortality of child



## 4. Community mobilisation activities

### A. Capacity building of health workers

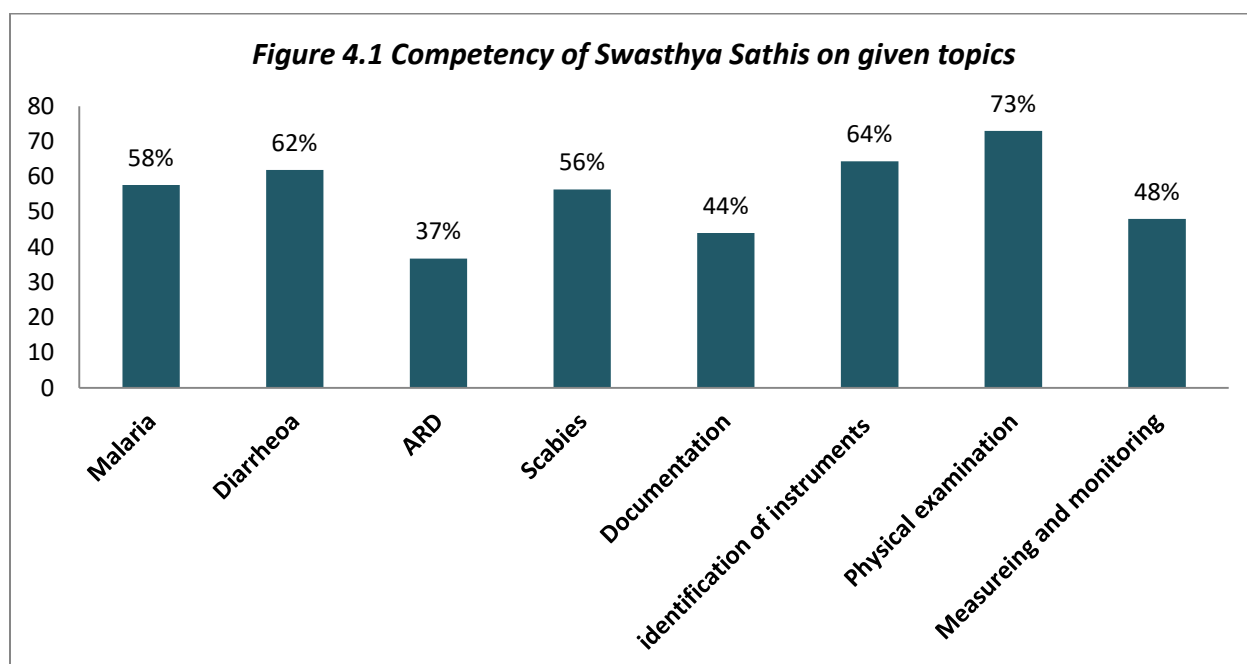
Table-4.1: Number of training, participants and topics

Participants	Number of training sessions	Number of participants	Topics
Swasthya Sathi	18	344	Duties & Responsibilities of Swasthya sathis, Data documentation, TB, Acute Respiratory infections, Nutrition and growth monitoring, ICDS new entitlements, Immunization, Antenatal care, Intranatal care, Postnatal care, care of the newborn, First Aid, skill training revision, diarrhea and malaria revision
Field animators	5	45	Importance of growth monitoring, teaching learning material, ICDS new entitlements, anthropometry, participatory learning and action
Traditional Birth Attendants	2	35	Normal delivery and new-born care

**Exposure:** Team of 9 field animators and 2 program coordinators visited Ekjut to attend training on Participatory Learning and Action (PLA) approach to reduce maternal and neonatal mortality in project area.



Jayshankar conducting village meeting on awareness on ICDS program



Swasthya sathis who have completed 3 years of training were evaluated, from Kaniguma 12 and from Kerpai 22 Swasthya Sathis were evaluated for their knowledge and skills. The topics were knowledge on malaria, diarrhoea, acute respiratory diseases, scabies, documentation and skill of maintaining records, documentation, identification of instruments which are in their kit and use of it, physical examination like checking pulse, temperature, pulse, pallor, jaundice, spleen and oedema.

Phase II of the evaluation is planned to cover other topics, clinical examination and health communication in villages.



**Evaluation of Swasthya Sathis by Nurses**

## B. TULSI Programme



Learning activity in TULSI CLUB

There are total 965 adolescent girls in 78 project villages. In Kerpai cluster 94% girls are out of school and illiterate. TULSI clubs are formed in all villages and residential trainings were organized in Sargipadar, Serkapai, Murlimuhi, Jhanji, Durbelguda, Kerpai, Chimrang, Melghara, Khakesh, B. Tikraguda villages where 70 girls participated. Non formal education of adolescent girls also was done in many villages. Due to lack of funding support for the programme, activities reduced after November 2018.

## C. Village meeting

Table- 4.2: Details of village meeting, sessions, participants and topics

Awareness activities	Sessions	Participants	Topics
Village meeting, Swasthya Jatra, Mass awareness	200	6524	Malaria, tuber distribution, tuberculosis, ICDS scheme and entitlements, school management committee, malnutrition, diarrhoea, non-formal education, handwashing, Early marriage and its consequences as maternal and infant deaths
Video shows	6	403	Awareness on malaria control and prevention, use of LLIN, Destruction of breeding sites, promotion of education and health
Health promoting activity at schools	6	347	

## D. Hunger Alleviation Project

To combat the Seasonal Hunger in the region, Swasthya Swaraj Society started the 'Hunger Alleviation Project' which aims to introduce tubers like yam and sweet potatoes Kerpai cluster. The yam cuttings were distributed across 16 villages to 339 households. Before the distribution process, all the field animators who were associated with this project were trained in CTCRI (Central Tuber Research Institute) based in Bhubaneswar and Agramee foundation- a non-profit foundation working with farmers' rights and livelihoods in Rayagada district in Odisha.





All the villagers were given training on various cultivation techniques and each household was given a total of 5 kgs of yam. The villagers have harvested the yam in March- April and assessment has to be done on utilization of yam and their nutritional status.

## 5. Vital events

Table-5.1: Number of neonatal, infant, child and other deaths

Particulars	Numbers
Number of neonatal deaths (0-28 days)	20
Number of infant deaths (0- 1 year)	33
Number of child deaths (0- 5 years)	39
Number of maternal deaths	2
Number of other deaths	62

- Common causes of neonatal deaths were low birth weight (30%), preterm birth (20%) and fever (20%)
- Common causes of infant deaths were LBW, preterm birth and not feeding well (45%), fever (27%), diarrhea (6%)
- Common causes of under- 5 deaths were fever (31%), not feeding well (38%), diarrhea (8%)

Table- 5.2: Mortality rates

Mortality rates	
Indicators	Rates
Perinatal mortality rate	80/ 1000 births
Infant mortality rate	107/ 1000 live births
U5 mortality rate	127/ 1000 live births

Perinatal mortality declined from 87/ 1000 births in 2017-18 to 80/1000 births in 2018-19. Neonatal mortality rate was 65/ 1000 live births which is 60% of total infant deaths. Infant mortality rate remains the same as the last year. Under 5 mortality rate has declined from 141/ 1000 live births to 127/1000 live births in one year.

## 6. Initiatives and collaborations

### 1. Diploma in Community Health Practice (DCHP)



Dr.Prabir, Director SHRC taking class on integrated disease surveillance

Swasthya Swaraj Society in collaboration with the School of Paramedics and Allied Health Sciences of the Centurion University of Technology & Management, Odisha has designed **Diploma in Community Health Practice (Dip CHP)** to create local human resource to solve the local problem. The course is designed to develop a cadre of mid-level health workers, selected from the disadvantaged communities. After the study, the students will stay and work in the inaccessible areas and deliver comprehensive primary healthcare. Dip.CHP is a 2 year full time course with 3 months compulsory internship in the tribal villages. Students graduated from this course will be called Community Health Practitioners.



**2. Participatory Learning and Action (PLA)-** Participatory Learning and Action technique of community mobilization was designed in collaboration with Ekjut, Jharkhand. PLA is specially designed for the prevention of maternal and neonatal mortality in the tribal area of Thuamul Rampur block.

**3. Dr.Manu Prakash Fold scope inventor**



During the visit of Dr Manu Prakash (Stanford University) SS organized a conference of District Health Dept in District Hospital Conference hall on September 15<sup>th</sup>, 2019 where Manu demonstrated the fluorescent microscopy in detection of malaria parasite and TB and a demonstration of Foldscope which he has invented and its use in Health education.

Dr Manu Prakash trained all field animators, community nurses and technicians and others of Swasthya Swaraj on Foldscope.

**4. Workshop on Health Promoting Schools**

A workshop on Health Promoting Schools was organized October 26<sup>th</sup> 2019 in Bhawanipatna with District Health Dept and District Education department. Shri Mirdha Toppo the Sub collector of Kalahandi inaugurated it and CDMO Dr.Saroj Kumar Tiady and Assoc. DEO, were present along with 19 school teachers from 15 Govt Primary schools of Kerpai and Silet GPs. In this meeting the SS Field animators trained the school teachers on use of Foldscope and the use of it in schools.



**5. Leadership Training for tribal youth:** The 6 DCHP students and 2 Field animators attended the Tribal leadership camp organized in Thiathgarh, Bastar by Mr Biren Bhuta which gave them lot of self-learning and awareness opportunities.

**6. Collaboration with:** J S S Bilaspur, Centurion University, SELCO Foundation, EKJUT, Christian Hospital Bissamcuttack & LVPEI

**7. Fellowship & Student placements:**

India Fellow, Tata Fellow, Christian Medical College, Vellore, TISS, Mumbai & Azim Premji University

**8. Research linkage with:**

**The Union-** : Intensified case finding of Childhood TB in a tribal area

**St John's Medical College, Bangalore-** : Prevalence survey of *Pl.Falciparum* Drug Resistance markers

## *7. Awards and recognitions*

Dr. Aquinas Edassery (Jemma Joseph) the founder received the first ever IJME ETHICS Award at the 7<sup>th</sup> World Bioethics Conference & 14<sup>th</sup> National Bioethics conference 2018 by the forum for Medical Ethics Society for outstanding contribution to ethical practice of medicine and improving access to healthcare for the marginalized. <http://www.newindianexpress.com/cities/bengaluru/2018/dec/03/city-doctor-takes-healthcare-to-kalahandi-tribes-awarded-1906481.html>

## *8. Future plans*

- More focused plans on reducing maternal mortality & morbidity, and new-born deaths.
- Child-centred health & nutrition programme for children from 6 months- 14 years age group
- Empowerment programme for 1000 out of school Adolescent girls
- Construction of a small health centre in Kaniguma in place of existing one, with emergency obstetric care facilities and radiology facilities.

## 9. Board and team

S.no	Name	Designation
1.	Dr.Suranjan Bhattacharji	President
2.	Dr. Yogesh Jain	Vice- President
3.	Dr.Aquinas Edassery(Jemma Joseph)	Secretary
4.	Dr.Ravi D'Souza	Tresurer
5.	Mrs. Mercy Jhon	Member
6.	Dr.kanishka Das	Member
7.	Dr.K.R. Antony	Member

### Executive committee:

### General body members & Advisory committee:

S.no	General body members	Advisory committee
1.	Sr.Angelina Thomas	Dr. Thelma Naraya
2.	Dr. Jhon Ommen	Dr.Sara Bhattacharji
3.	Adv. Durga Madhav Padhi	Dr Raman Kataria
4.	Dr.George D'Souza	Ms. Madhu Bhaduri
5.	Ms.Palak Agrawal	Dr Kumkum Bhasin
6.	Dr.Ramani Atkuri	Dr. Harish Hande
7.	Dr.Sachin Barabde	Dr.Regis George
8.	Dr. Hari Bandu Panda	
9.	Mr. Jagadanand	
10.	Dr. Nirmala Nair	
11.	Dr. Prabir Chataerjee	

**Statutory external auditor:** Mr. Krishna Bajoria & co. Cuttack

**Swasthya Swaraj team:**

S.no	Name	Qualification	Designation
<b>Technical team</b>			
1.	Dr. Aquinas Edassery	MBBS; MD	Executive director
2.	Dr. Randall Sequeira	MBBS; MD	Sr. medical officer
3.	Dr Sandeep Praharsha	MBBS,M.Sc(Glob.Hth)	Medical officer & Researcher
4.	Dr.Sangeeta Sharma	BPT;MPH	Team leader & M&E Head
5.	Dr.Sudhakar Reddy Bulla	BPT;MPH	Health Admin & Head Trainings
6.	Ravi Barigola	B.Sc (Nsg),MPH	Assoc Prog coordinator
7.	Sr Angelina Thomas	MLT	Senior Lab Technician
8.	Anup Panda	MLT	Senior Lab Technician
9.	Durga Prasad Gupta	B.Sc MLT	Senior Lab Technician
10.	Sunita Samal	ANM	Sr. nurse
11.	Chanchala Majhi	ANM	Sr.Nurse
12.	Basanti Behera	ANM	Nurse
13.	Roshni Gupta	ANM	Nurse
14.	Rabina Mahanty	ANM	Nurse
<b>Admin</b>			
15.	Suveshcha Mohapatra	M,Com	Finance officer
16.	Bhabagrahi Bag	B.A. PGDCA	Data entry operator
<b>Non-technical staff</b>			
17.	Jaysankar Majhi	Intermediate education	Field animator
18.	Ghasiram Majhi	Intermediate education	Field animator
19.	Damayanti Majhi	Class 9	Field animator
20.	Sudanti Majhi	10 <sup>th</sup> class	Field animator
21.	Sumitra Majhi	10 <sup>th</sup> class	Field animator
22.	Mahendra Majhi	Intermediate education	Field animator
23.	Hindiga Majhi	10 <sup>th</sup> class	Field animator
24.	Jayosingh Majhi	10 <sup>th</sup> class	Field animator
25.	Niraj Majhi	Intermediate education	Field animator
<b>Support staff</b>			
26.	Kalpana Majhi	Class 9	Lab assistant
27.	Suresh Majhi	Intermediate education	OPD support
28.	Padmanav Tandi	ITI & Intermediate education	Driver
29.	Lalita Majhi	Class 10	OPD Support
30.	Pramodini Majhi,	Class 10	OPD Support
31.	Kamidei Majhi	illiterate	Cook
32.	Asanti Majhi	Class 10	OPD Support
33.	Gurubari Majhi	Illiterate	Cook
34.	Kalam Majhi	Illiterate	Multi-purpose worker

## 10. Financials

### Balance sheet as at March 31<sup>st</sup> 2019

SOURCES OF FUNDS	Amount (INR)
Corpus Fund	48,71,608.00
Capital Fund Account	20,63,800.00
Specified Restricted Fund Account	
Excess of Income over Expenditure	48,91,765.70
	1,18,27,173.70
<b>Current liabilities</b>	
Expenses Payables	16,079.00
Other Liabilities	-
	16,079.00
<b>Total</b>	<b>1,18,43,252.70</b>
APPLICATION OF FUNDS	
<b>Fixed Assets</b>	
Gross Value	36,37,363.00
Less: Accumulated Depreciation	15,73,563.00
	20,63,800.00
<b>Current Assets</b>	
Investment in FD	84,60,736.20
Short-term loans and advances	96,551.80
Cash in hand and Bank balance	12,22,164.00
Other Current Assets	-
	97,79,452.00
<b>Total</b>	<b>1,18,43,252.70</b>



## Statement of income and expenditure for the financial year 2018-2019

Statement of Income and Expenditure in year 2018-2019	
Income	Amount (INR)
<b>Grant in Aid</b>	
SDTT project	81,93,000.00
Heal for India project	-
Grand in Aid( hunger alleviation)	-
Grand in Aid (St. John's malaria project)	-
<b>Clinical Receipts</b>	
Kaniguma	2,12,346.00
Kerpai	73,728.00
Donation	23,61,812.60
Interest income	5,42,380.00
Miscellaneous income	48,301.00
<b>Total</b>	<b>1,14,31,567.60</b>
<b>Expenditure</b>	
SDTT Project expenditure	
Personal cost	38,74,422.00
Capital cost	5,11,440.00
Programme cost	33,66,911.00
Overhead cost	8,24,666.41
Heal for India project	
Personnel cost	2,00,000.00
Hunger alleviation project	
Exposure of team to CTCRI	13,660.00
Elephant yam	70,000.00
St. john's research institute project	
salary to Lab technician	45,000.00
Society expenses	
Capital cost	1,18,320.00
Overhead cost	30,34,192.66
<b>Total</b>	<b>1,20,58,612.07</b>
<b>Excess of income over expenditure</b>	<b>-627044.47</b>

## *11. Donors and supporters*

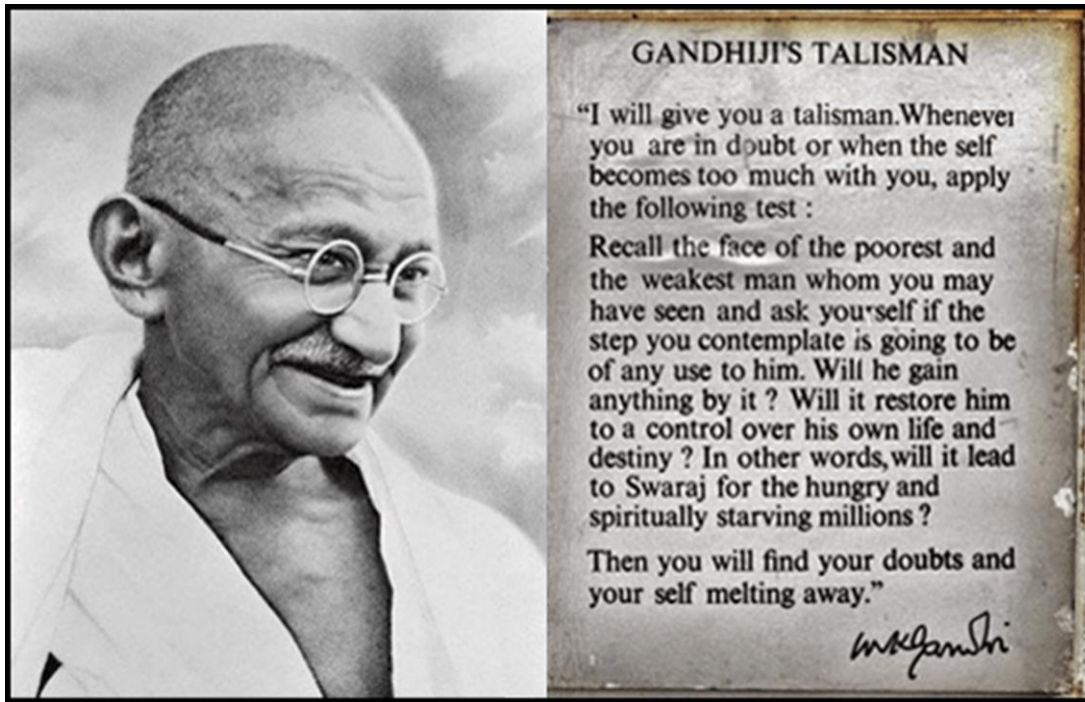
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2. Raghu Raj & Vimal Foundation
3. Mansa Devi Trust
4. ACCEL Partners India
5. Hari charan Singh
6. Jemma Joseph Edassery
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15. Sumana Chandavarkar
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17. Veenu Shah
18. Sibu George
19. Nisha Joseph George
20. Brigit George Vithayathil
21. Dr.K.S. Vengetesh
22. Palak Aggarwal
23. Sambit Das

24. Smita Todkar
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30. Unnathan Shekhar
31. Vijaya Bharathi Thulimali
32. Ravindran Nair
33. C.S Rangaswamy
34. Dr. Mani Kalliath
35. Sara Bhattacharji
36. Give India
37. Letz Change
38. Mihika Norona

### **In kind Donors:**

1. Bijay Kumar Meher
2. Dr. Manu prakash
3. CHC, Th.Rampur
4. Health & family welfare department of Kalahandi.



Reach us:

**COMPREHENSIVE COMMUNITY HEALTH PROGRAMME**

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**Email: [swasthyaswaraj@gmail.com](mailto:swasthyaswaraj@gmail.com)**

**Website: [www.swasthyaswaraj.org](http://www.swasthyaswaraj.org)**

**Please send your donations to Swasthya Swaraj Society A/C:33670100007358**

**Bank of Baroda, 3367 Bhawanipatna Branch. IFSC: BARB0BHAWAN**