

# SWASTHYA SWARAJ SOCIETY

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## ANNUAL REPORT



# 2020-21

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# BOARD OF GOVERNANCE

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Hospital, Vellore

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(Jemma Joseph Edassery)

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Swasthya Swaraj Society, Kalahandi

**Dr. George D'Souza**

Member

St. John Medical College,  
Bangalore

**Dr. A.V. Ramanamma**

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Freelance public health  
consultant

# INTRODUCTION

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In a wounded, panic-stricken, grieving world caused by the pandemic, this annual report is being written from a tribal area which was relatively untouched by COVID-19 so far. The scenic but poverty-stricken villages of Thuamul Rampur Block of Kalahandi continue to be islands of peace and tranquillity while the rest of the world is restless and anxious.

This annual report is a milestone in the life of Swasthya Swaraj, as we have completed 7 years of life from 2014 to 2021. After 7 years' work of engaging with the largely indigenous communities in 79 villages in Thuamul Rampur Block of Kalahandi district, we feel that we are slowly inching towards our goal posts and it instils hope in us. Decreasing death rates and disease burden of killer communicable diseases is a stepping stone towards development in any society.

In tackling the mountain-sized challenges in a deprived tribal area, Swasthya Swaraj focuses on health issues and simultaneously on health empowerment of the community, by bringing newer but proven interventions and strategies and initiating and fostering linkages with many organizations and institutions to create a self-sustaining impact. The vigorous activities in 2020-21 were hampered by the lockdown effects of the Pandemic, but the COVID relief works by the organization supported by Azim Premji Foundation, Give India and AID India brought relief to our people, and we are grateful for it.

From the inception and all throughout the journey of 7 years, one question we kept asking ourselves was: Are we reaching out to the worst off, those who need change the most? The passion to reach out to the last child, woman and man in the last mile is the driving force behind all what we do in Swasthya Swaraj.

This report shows the underlying inequality and the change over time in a tribal area. Antenatal coverage, institutional deliveries, care seeking behaviour for children with Pneumonia symptoms or severe acute malnutrition, stunting prevalence in under-five children- all these need much improvement and a long way to go for attaining acceptable limits.

We forge ahead with undiminished enthusiasm to reach the sustainable development goals targets in this remote area, supported by our Executive Committee, individual friends, well-wishers and above all Azim Premji Foundation, who provides the core financial support.

-Dr. Aquinas Edassery



# MISSION, VISION AND GOALS

## Vision:

A society free from ill health, illiteracy and poverty, where every human being lives healthy and happy, in harmony with nature.

Our Mission	Our Goals
To empower the last and the most unreached in the society; to help them overcome the bondage of ill health, illiteracy and poverty and thereby promote equity and equality.	Reduce the deaths and burden of diseases due to preventable diseases by 50% in five years.
To facilitate people's movement for health by empowering the people for community action for health.	Reduce maternal mortality to acceptable limits.
To promote community-based research on the unique health problems in the tribal pockets and find solutions for them.	Reduce infant mortality to 50 per 1000 and under-five mortality to 60 per 1000.
To conduct activities and programmes that are participatory, educative, empowering and based on human rights and noble values of the tribal culture.	Improve the literacy levels through an innovative education model.
To promote and integrate our guiding principles of Justice, Equity, Integrity and Compassion.	

# WHERE WE WORK

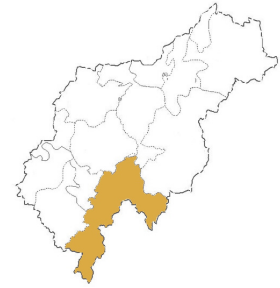
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Odisha



Kalahandi



Th. Rampur  
Block

**Swasthya Swaraj** Comprehensive Community Health Programme is active in 79 villages from ten panchayats – Kerpai, Nakrundi, Kaniguma, Gunpur, Kiapadar, Thuamul, Sagada, Silet and Talaampadar in Thuamul Rampur Block of Kalahandi District in Odisha, India.







The organisation's work can be seen as consisting of two separate arms of work: Clinical work through the healthcare centres and community empowerment for sustainability and long good term health outcomes in the region.



# IMPACT OF THE ORGANIZATION

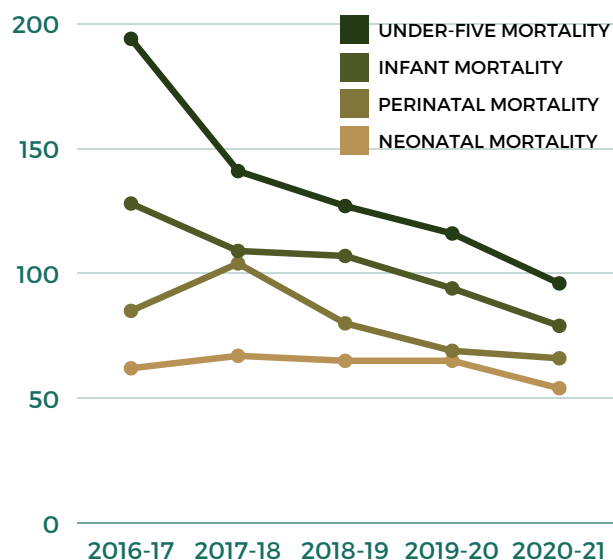
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VILLAGES AVAIL THE SERVICES OF THE SWASTHYA SWARAJ HEALTH CENTRES, FROM TH. RAMPUR BLOCK, KASHIPUR BLOCK, BHAWANIPATNA BLOCK AND JUNAGARH BLOCK

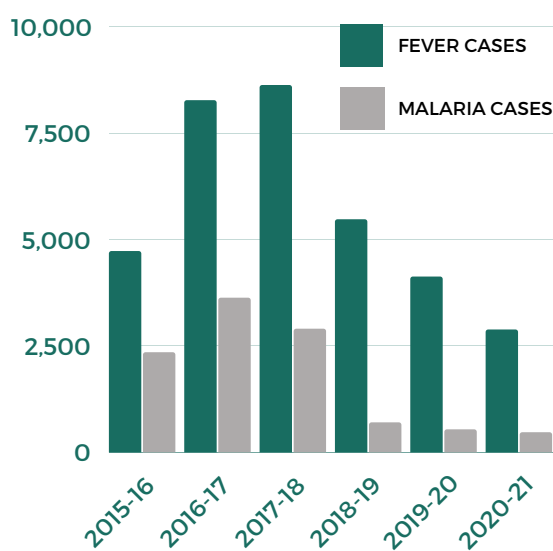
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PATIENTS TREATED TILL DATE (SINCE 2014), WITH THE MAJORITY BELONGING TO A TRIBAL BACKGROUND

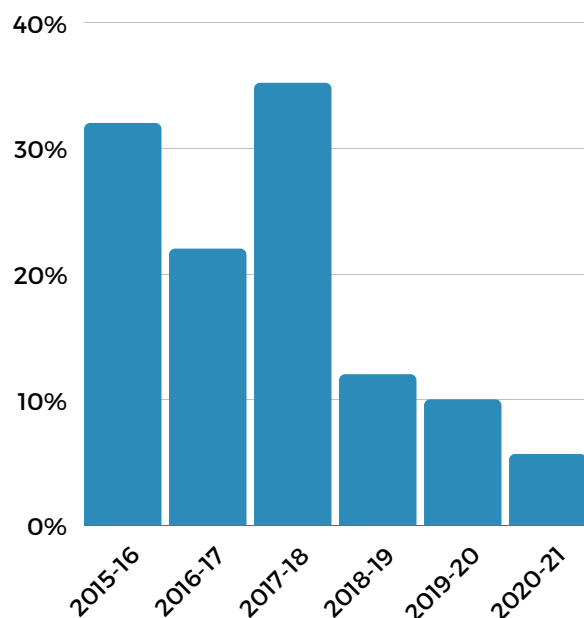
## MORTALITY RATES



## MALARIA TREND



## POSITIVITY RATES FOR MALARIA IN PREGNANT WOMEN





# COMPREHENSIVE COMMUNITY HEALTH PROGRAMME

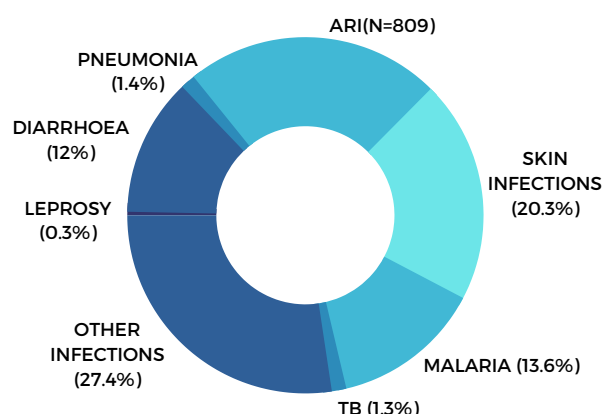
## HEALTHCARE SERVICES

### Providing primary healthcare through two 24x7 health centres

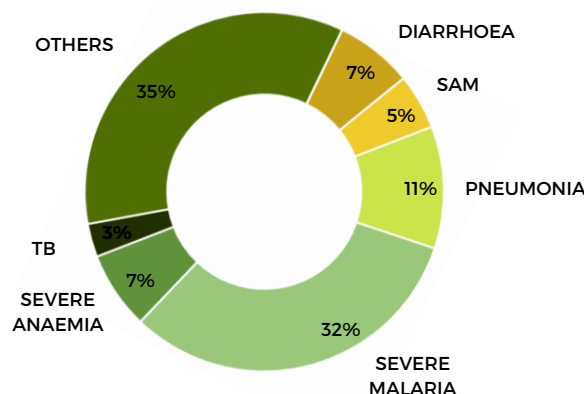
The most credible contribution to a community based health programme is good quality and consistent medical services. Both the health centres managed by Swasthya Swaraj have full-time resident staff, 24x7 diagnostic laboratories and provide emergency care services. Set up in two humble rented houses, our health clinics are an example of universal healthcare: Offering high quality primary healthcare at affordable cost/ free of cost to all. Principles of rational, ethical healthcare are strictly adhered to and these centres are open to all from project villages and outside. People from six Blocks of Kalahandi and Rayagada districts currently avail the services.

Total number of patients seen in the health centres	10849
Adult male patients	3246
Women & children of 0-14 yrs	6523
Under-five children	1684
Communicable diseases	63%
Non-Communicable diseases	37%
Average BMI of adult patients attending	17.1 kg/sqm

TABLE A.1.1: CLINICAL SERVICES



GRAPH A.1.1: COMMUNICABLE DISEASES



GRAPH A.1.2: SPECTRUM OF INPATIENTS

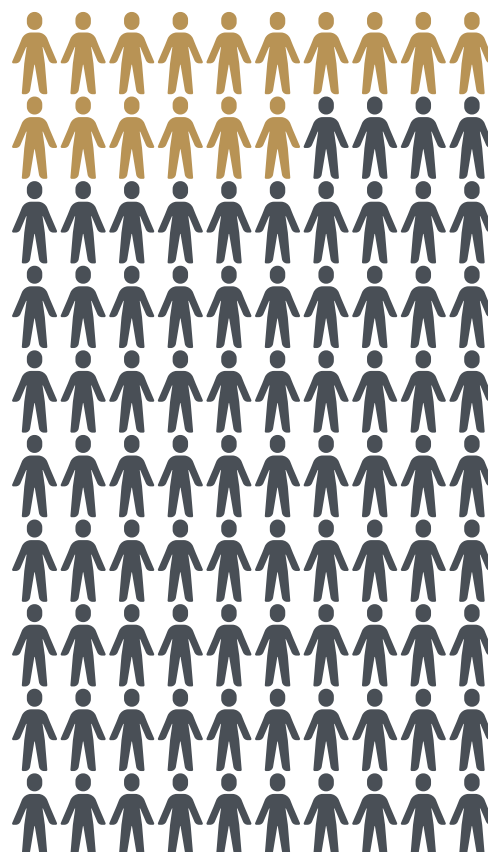


## Malaria control programme

Although on a rapid decline worldwide, Malaria is still rampant in the areas that Swasthya Swaraj operates in. Our programme covers all age groups and is both health centre-based and community-based. Special focus is given to Malaria in under-five children and pregnant women, as it is a significant contributor to child, perinatal and neonatal mortality. This is done by actively screening the two groups regularly for Malaria.

Particulars	#	%
Total no. of fever cases screened	2878	-
Total no. of Malaria cases identified	474	16.47%
Total no. of PF cases identified	470	99.15%
Total no. of PV cases identified	4	0.85%
Total no. of pregnant women screened	336	-
Total no of women Malaria positive	19	5.65%
Total no of under-5 children screened	918	-
Total no of under-5 children positive	142	15.47%

TABLE A.2.1: MALARIA PREVALENCE AND SEVERITY



GRAPH A.2.1: MALARIA PREVELANCE

The reduction from 52% positivity in 2015-16 to 13% has continued till 2019-20. There is a slight increase in positivity rate in 2020-21 (16.47%). However, there is a huge drop in the symptomatic cases identified and tested for Malaria.



## Tuberculosis control programme

Tuberculosis and poverty always go together. Swasthya Swaraj is a designated microscopy centre under the National Tuberculosis Elimination Programme. We run a comprehensive TB control programme, and primarily focus on case detection, notification, treatment through regular exclusive TB clinics, follow-up of the patients on treatment personally and through special TB postcards, contact tracing, admission of sickly ones in the health centres, nutrition support, facilitation of DBT with the Government and regular health education and counselling while supporting the patients with travel allowance for attending TB clinics in the health centres. Childhood TB diagnosis and treatments are given special importance.

Particulars	#
Total no. of cases screened for TB with microscopy & CBNAAT	345
Total no. of new sputum positive cases detected	46
Total no. of extra pulmonary cases detected	14
Total no. of TB patients cured during the year	28
Total no. of patients lost follow up including deaths	1
Average BMI of male patients	17.8
Average BMI of female patients	16.9
No. of patients with BMI <14 Kg/sqm	12



TABLE A.3.1: TUBERCULOSIS PREVALENCE AND SEVERITY

Cure rates of TB patients increased from 50% to >95% since the start of the project in 2014, and all the cases from our project villages or otherwise received regular medication through the continuous efforts of our project staff.

During the year 2020-21, even through the pandemic, we conducted TB clinics separately in both the health centres for the follow-up of patients diagnosed as positive at least once a month. During these clinics, health education, free medication, nutritional supplements and a travel allowance was provided to all. Throughout the year, 342 cases were screened, 46 cases were identified as positive and 28 patients were cured. At the end of March 2021, 27 cases were under the Continuation Phase and 7 cases were under the Intensive Phase. Medicines and nutrition support were distributed to patients who didn't come to the clinic through the organization's field animators.

## HEALTHCARE THROUGH OUTREACH CLINICS

### Improving maternal and child survival programme

Particular	#
Total number of ANC U-5 camps organized	24
Total U-5 children reached through camps	745
Total pregnant women reached through camps	192



TABLE B.1.1: DETAILS OF CAMPS AND BENEFICIARIES

This is a targeted approach for pregnant mothers and under-five children, and consists of regular antenatal and under-five clinics with occasional clinics in individual villages where there are a high number of antenatal cases.

All pregnant women are screened for Anaemia and Malaria at each visit in addition to lab tests, physical examination, health education and take home nutrition supplements.

### Other Activities Include



Attending calls for home deliveries and obstetric complications by our staff in the health centres – more common in the Kerpai health centre.



Providing transportation to patients in labour to reach the health centre.



Training of all the 73 Swasthya Sathis in antenatal care, detecting high risk pregnancies and home based care of the newborn and postnatal care.



Training of 63 traditional birth attendants in safe delivery as Trained Birth Attendants, all of whom received TBA kits.



Safe Delivery Kits prepared by Swasthya Swaraj were distributed to all pregnant mothers when they are near term.



Regular PLA (participatory learning & action) was conducted in villages focusing on maternal and newborn health to involve the community in maternal and newborn survival.

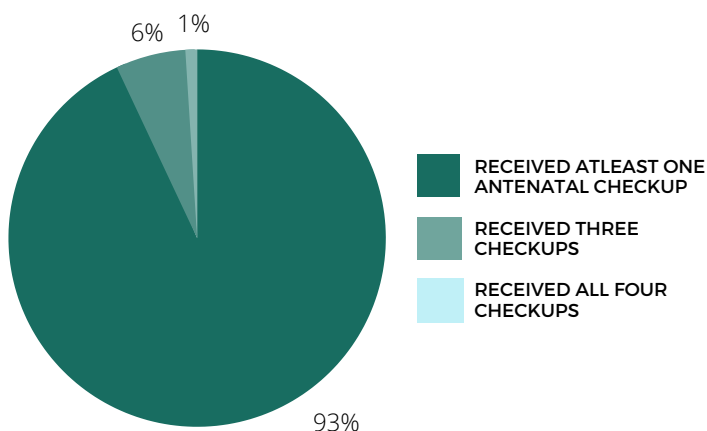
High risk pregnancies (33%) were identified, and special care was given to them in their houses by the Swasthya Sathis, TBAs and the ANC-U5 clinics. Referrals were done on time and all pregnant mothers received nutrition support and take home nutrition supplements. Severely Anaemic women received Iron Sucrose infusions in the field settings too.

The total number of women registered in their first trimester of pregnancy from 66.5% in the last year has continued to be at the same rate in 2020-21(65.2%). The number of new pregnancies registered has increased to 429 when compared to 332 from last year.

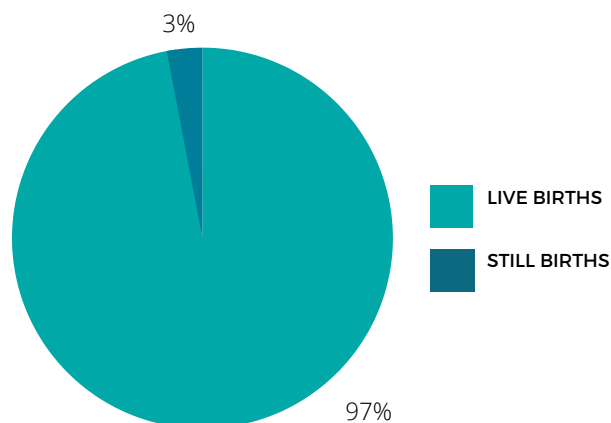


Particulars	#	%
Total number of new pregnant women registered	429	-
Total number of new pregnant women registered in first trimester	280	65.2%
Total number of pregnant women reached in one year	533	-
High risk pregnancies detected(n=429)	140	32.6%
Pregnant mothers with Anaemia: Hb <11gm/dl	-	89%
Pregnant mothers with severe Anaemia: Hb < 7gm/dl	-	4%

**TABLE B.1.2: ANTENATAL SERVICES**



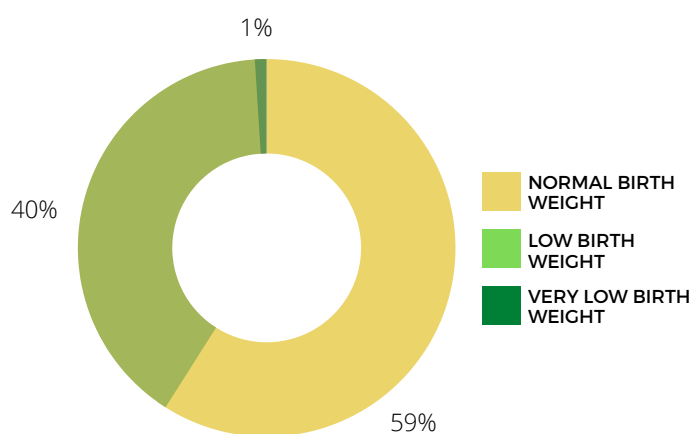
**GRAPH B.1.1: UTILISATION OF ANC SERVICES (N=533)**



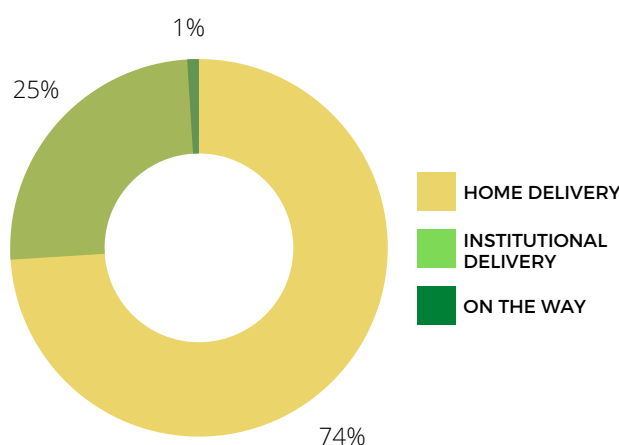
**GRAPH B.1.2: DELIVERY OUTCOMES (N=342)**



There is a marginal increase in the percentage of still births. As the pandemic hasn't stopped with continuous lockdowns, more efforts are required in order to reach mothers and adolescent girls for healthcare, safe delivery and their sexual and reproductive health.



**GRAPH B.1.3: BIRTH WEIGHT (N=314)**



**GRAPH B.1.4: PLACE OF DELIVERY (N=342)**

The number and percentage of children with normal birth weight has marginally increased. Overall 59% (n= 185) of the children have normal birth weight compared to 57% (n= 140) last year. There is only a 2% drop in children with low birth weight compared to last year.

The majority of deliveries are still happening at home (74%). There is no change in the percentage as compared to last year (74%). There is a slight increase in the percentage of institutional deliveries to 25% in 2020-21, compared to 24% in 2019-20 and 19% in 2018-19. The practice of home deliveries is persistent in the communities and hence nurses, Swasthya Sathis and TBAs have been trained for conducting safe deliveries. Nurses and doctors are always ready to attend and assist home deliveries.





## Tackling undernutrition

This is a programme overarching all the activities of Swasthya Swaraj. Adolescent girls, pregnant women, lactating mothers, under-five children, primary school aged children, TB patients, patients with low body mass index and the general community are all covered under this programme. Undernutrition is rampant among under-five children due to food insecurity, poor feeding practices, lack of awareness among mothers about the importance of child nutrition and weaning practices. Even though repeated episodes of Malaria causing malnutrition in children has come down, the ICDS programme continues to be dysfunctional especially in hamlets.

### Swasthya Swaraj Response



Regular growth monitoring of under-five children in the field once in 2 months by the field animators, which is then used to set up a database.



Active screening for Anaemia and Malaria of all under-five children at every under-five clinic, physical evaluation of health and nutrition status and growth card by doctors, treatment, on the spot nutrition education to mothers and children.



Nutrition education: To all levels of staff, and all the grass root level Swasthya Sathis, Tulsi Sathis, adolescent girls, school children, mothers' committees, pregnant women and lactating mothers.



Nutrition support: Take home nutrition supplements, high calorie nutrition mix prepared and distributed by Swasthya Swaraj team.



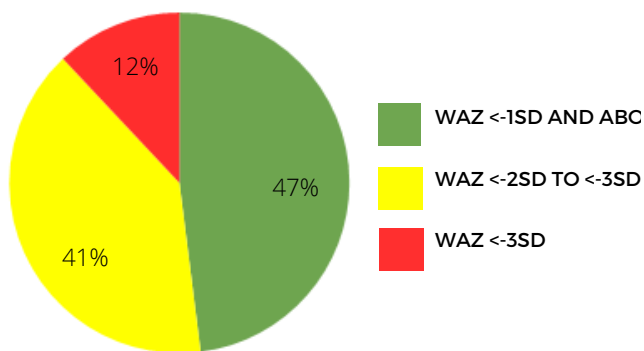
Hunger alleviation programme: By the distribution of nutritious tubers. This year, the tubers distributed were sweet potato cuttings. Earlier self-perpetuating yam was distributed to >600 families which will be ready to harvest soon.



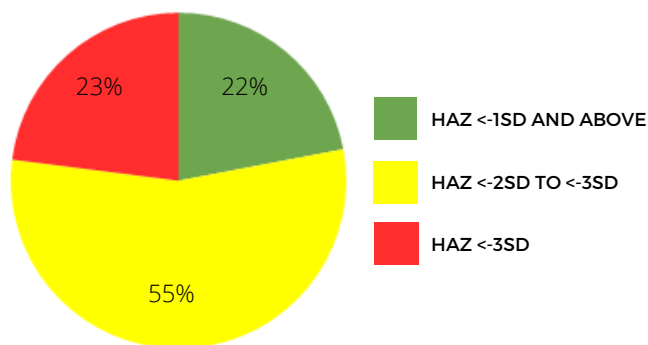
**Gaon Swasthya Poshana Ghar (GSPG)** being piloted in Silet for effective management of health and nutrition together in hard to reach areas.



Hospital admission and management of complicated SAM children in both the health centres.



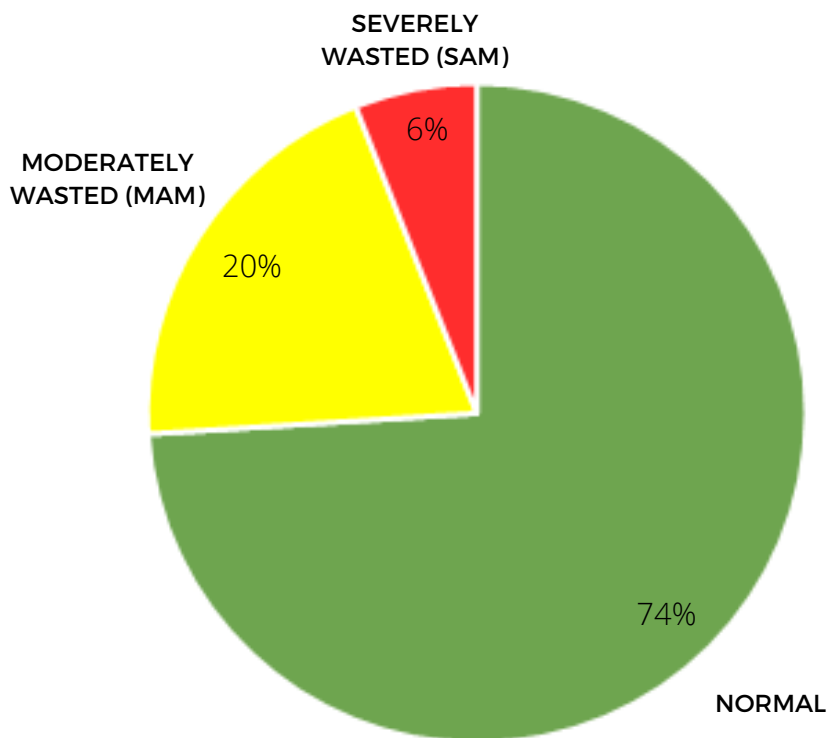
GRAPH C.1.1: WEIGHT FOR AGE (N=1331)



GRAPH C.1.2: HEIGHT FOR AGE (N=1331)

Out of 1331 children, 41% were moderately underweight and 12% of the children were severely underweight. Underweight was highest in 2-3 year age group.

Out of 1331 children, 55% of the children were moderately stunted and 23% were severely stunted. Stunting was highest in the 1-2 and 2-3 year age groups.



GRAPH C.1.3: WEIGHT FOR HEIGHT (N=1331)

Out of 1331 children, 20% were moderately wasted (Moderate Acute Malnutrition) and 6% of the children were severely wasted (Severe Acute Malnutrition). Wasting was highest in 3-4 yr age group.

## COMMUNITY EMPOWERMENT FOR HEALTH: TRAINING TO FRONTLINE HEALTH WORKERS: SWASTHYA SATHIS, FIELD ANIMATORS AND TBAS

### Swasthya Sathis

73 illiterate tribal women were trained as Swasthya Sathis. Their training and capacity building are given paramount importance.

All the trainings conducted were decentralized to all the sub clusters to ensure the full participation of all the Swasthya Sathis. Trainings in the reporting year were given on nutrition & anthropometry, antenatal care, detection of danger signs, safe delivery, care of the newborn and postnatal care. Nutrition for children, pregnant and lactating mothers was also distributed.

Safe delivery kits were distributed to all Swasthya Sathis to be given to near term pregnant women.

In addition to an ongoing evaluation of their knowledge and skills at every training session and in the field, major evaluation of their knowledge, skills and practices are usually done periodically, and could not be done this year.



### Trained Birth Attendants

63 untrained traditional birth attendants were given a 3-day residential training centrally in both Kaniguma and Kerpai clusters. They were trained by doctors and nurses on conducting safe deliveries and detection of danger signs well in advance. TBA kits were distributed to them to enable them to conduct home deliveries in hygienic and scientific ways.



## Tulsi Sathis

68 Tulsi Sathis from each TULSI club were trained by cluster coordinators and programme coordinators on sexual and reproductive health. These Tulsi Sathis are peer group educators and conduct meetings in their respective clubs twice in a week. More trainings are planned on nutrition education and common health problems in the coming year.



## Field Animators

12 educated tribal youth are being trained as leaders in a cluster of 7-8 villages. Their training during the year consisted of: Revision of roles and responsibilities, documentation and anthropometry. A 3 days residential life-skills training was also given to them to enhance their capacity in community mobilization, speaking in larger communities, problem solution and case management. These trainings aimed for capacity building of field animators for the smooth implementation of project.

Participants	Number of trainings	Number of Participants	Topics
Swasthya Sathis	1	71	Nutrition and Management of Malnutrition, Anthropometry
Swasthya Sathis	1	68	Revision of Topics on Nutrition and Management of Malnutrition, Anthropometry
Field Animators	2	25	Roles and Responsibilities, Documentation, Anthropometry & Life skills
Swasthya Sathis	3	208	Training on Safe Delivery, ANC, Distribution of Safe Delivery Kit
TBAs	1	73	Training on Safe Delivery
Tulsi Sathis	1	68	Sexual and Reproductive Health

TABLE D.4.1: NUMBER OF TRAININGS, PARTICIPANTS AND TOPICS

## TRAINING OF MIDDLE-LEVEL HEALTH WORKERS: DIPLOMA IN COMMUNITY HEALTH PRACTICE

While tackling health problems in tribal areas, we look for solutions within the community. The Swasthya Swaraj School of Community Health Science & Practice started in Kaniguma village in the Th. Rampur Block is visualized to undertake health-related training programmes for the educated youth. This is the field learning centre of Centurion University, Bhubaneswar.

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

This is a course designed by Swasthya Swaraj Society in collaboration with the School of Paramedics and Allied Health Sciences of the Centurion University of Technology and Management, Odisha. The course was initiated in 2018 and is intended to produce a well qualified and competent tribal healthcare workforce (community health practitioner) in remote tribal areas. Tribal girls from disadvantaged communities are selected who would become trained human resource for the local community. At present, three batches have enrolled in this course and a fourth batch will be joining in the month of September 2021.

On the occasion of women's day, March 8th 2021, the graduation ceremony of the first batch to graduate was held for six DCHP graduates. Dr. Supriya Pattnayak, Vice Chancellor, Centurion University attended as the chief guest for the function. DCHP was started with the vision of local dedicated girls serving their own communities and fulfilling the health needs of the most vulnerable and needy population. Now they are placed in different villages where they can provide for the basic health needs of the community and can also choose to work with Swasthya Swaraj. An oath taking ceremony was held as per that.

### 2. Ward Technician Course:

This is a six months certificate course, certified by Allied Medical Council of Odisha. A minimum qualification of class 10th with a minimum 50% marks is needed for eligibility. DCHP's first semester is incorporated into this course.





## COVID 19: AWARENESS, PREVENTION AND TREATMENT

Due to the threat of the devastating effects of COVID-19 in our project areas, Swasthya Swaraj engaged in many activities to reduce the burden of the disease.

One month's supply of dry food items was distributed to 2800 families in 78 project villages along with nutrition support to more than 1400 vulnerable groups- pregnant mothers, SAM & MAM children, TB patients, lactating mothers. This was supported by Azim Premji Foundation, Give India and AID India respectively.

Training and Nutrition support was also provided to 1000 adolescent girls, and local women were trained to stitch masks and distribute them free of cost.

The health centres provided uninterrupted healthcare services during the pandemic to become a source of relief to the people during the lockdown. Patients who came walking long distances to reach the health centres were given lunch and nutrition support.

COVID-19 awareness camps were also conducted in all our project villages to spread awareness about prevention and cure. This was then followed by the Mobile COVID-19 Testing Unit, supported by the SELCO Foundation. A team consisting of a doctor, nurse, lab technician and support staff visited 12 Gram Panchayats in the Thuamul Rampur Block and symptomatic patients were tested on the spot and supportive management was given to all the people tested.



## TULSI- EMPOWERMENT OF 1500 TRIBAL ADOLESCENT GIRLS

Adolescent girls are the most disempowered and invisible group in tribal villages, yet they serve as a crucial link in reducing maternal mortality and morbidity and in improving child survival and nutrition.

68 Tulsi Sathis have been selected as peer group educators and trainings are started in a systematic way.

Adolescent girls friendly clinics: (TULSI clinics) were organized in all the different sub-clusters in which adolescent girls were screened for Anaemia, Malaria and examined by doctors for any health issues and counselling. Adolescent pregnant and lactating mothers were given special care in these clinics.

This programme is being developed as an entrenched, sustainable model of adolescent girls empowerment in remote tribal areas.

Particulars	#	%
Total Number	364	-
Hb 7-12gm%	277	76%
Hb <7gm%	5	2%

TABLE G.1.1: HAEMOGLOBIN LEVELS IN ADOLESCENT GIRLS



## MEDICAL EDUCATION OF THE CLINICAL STAFF

Sessions were taken regularly by the doctors and coordinators on various relevant topics and emergency managements. This is given great importance for building capacity and knowledge of the clinical staff and increase their motivation levels.

A manual is brought out for the continuing medical education of those who passed out DCHP and are working.

## LOOKING AHEAD...

Construction of a community based, impact oriented, 10 bedded Primary Healthcare Centre in Kaniguma on the land donated to SSS by the Government of Odisha. Much-awaited facilities like Radiology unit, Emergency Obstetric care facilities & Neonatal Care Unit, Primary Vision Care Unit will be integral parts of the new Primary Healthcare Centre in Kaniguma.

# VITAL EVENTS 2020-21

## DEATHS AND MORTALITY RATES

Particulars	#
Number of neonatal deaths (0-28 days)	18
Number of infant deaths (0- 1 year)	26
Number of child deaths (0- 5 years)	32
Number of maternal deaths	1
Number of other deaths	48



TABLE J.1.1: NUMBER OF NEONATAL, INFANT AND OTHER DEATHS

**Common causes of neonatal deaths\* were:** Pre-term birth, Very low birth weight.

**Common causes of infant deaths\* were:** Pneumonia.

**Common causes of under-5 deaths\* were:** Severe Malaria, Severe Acute Malnutrition, Diarrhoea.

\*According to Verbal Autopsy



Indicators	Rate
Maternal Mortality Rate	302 per 100000 live births
Neonatal Mortality Rate	54 per 1000 live births
Perinatal Mortality Rate	66 per 1000
Infant Mortality Rate	79 per 1000 live births
Under-Five Mortality Rate	96 per 1000 live births
Crude Death Rate	4.17 per 1000 population

TABLE J.1.2: NUMBER OF NEONATAL, INFANT AND OTHER DEATHS

Mortality rates are still unacceptably high. However, compared to the data in 2014, there has been significant improvement within 7 years.

# AWARDS/RECOGNITIONS

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## Awards

**Empaneled by Centre for Excellence in CSR**, Tata Institute of Social Sciences, Mumbai.

**LSLS Award** (Lion Subhash Lakhotia Service award for excellent humanitarian services) 2020-21 by Lions Club, Alaknanda, New Delhi – on Feb 27, 2021 at New Delhi.

**Polestar Foundation Award** for Social Impact in Health by Polestar Foundation – Awarded on January 31, 2020 at Chennai.

**Rashtriya Swayam Sidh Samman** was awarded by JSPL (Jindal steel & Power Ltd.) Foundation to Swasthya Swaraj as the best organization in Health towards holistic betterment of society on 19th December 2019 at New Delhi.

**Gold certification** by Guide Star India for accountability and governance.  
<http://guidestarindia.org/GSN879>

**ETHICS Award** at 7th World Bioethics Conference & 14th National Bioethics conference 2018 for outstanding contribution to ethical practice of medicine and improving access to healthcare for the marginalized.

**Swasthya swaraj is listed by DASRA** as one of the best organizations (one of the 8 best out of 200 organizations they studied) working in Tribal Health.

## Articles

**Bengaluru doctor awarded for taking healthcare to Kalahandi tribes.**

**To the Very Last Mile: Improving maternal and child health in tribal communities.**

**At 65, This Doctor Treks & Drives to the Remotest Pockets of Odisha to Save Lives.**

# DONOR LIST

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**Thanks for all the generous donations by our supporters!**



**SWASTHYA SWARAJ SOCIETY**  
**H.NO.2/379 RAM NAGAR PADA, BHAWANIPATNA, KALAHANDI-766001**

PAN : AAKAS8424M  
DATE OF FORMATION : 26/03/2014  
EMAIL ID : swasthyaswaraj@gmail.com  
MOBILE NO. : 8280560520

ASSESSMENT YEAR : 2021-22  
YEAR ENDING : 31.03.2021  
STATUS : AOP (TRUST)  
WARD : EXEMPTION WARD/SAMBALPUR

**Balance Sheet as on 31st March 2021**

	Notes	March 31, 2021	March 31, 2020
<b>SOURCES OF FUNDS:</b>			
Corpus Fund	<b>A</b>	6,481,608.00	4,871,608.00
Capital Fund Account	<b>B</b>	1,817,973.00	1,817,973.00
Excess of Income over Expenditure		16,227,883.44	6,814,361.66
		<u>24,527,464.44</u>	<u>13,503,942.66</u>
<b>Current Liabilities</b>			
Provision for Expenses / Payables	<b>C</b>	18,459.00	26,390.00
Other Liabilities		-	-
		<u>18,459.00</u>	<u>26,390.00</u>
<b>Total</b>		<u><b>24,545,923.44</b></u>	<u><b>13,530,332.66</b></u>
<b>APPLICATION OF FUNDS:</b>			
<b>Fixed Assets</b>			
	<b>D</b>		
Gross Value		5,021,513.00	3,695,350.00
Less: Accumulated Depreciation		2,208,783.00	1,877,377.00
		<u><b>2,812,730.00</b></u>	<u><b>1,817,973.00</b></u>
<b>Current Assets</b>			
Investment in FDs	<b>E</b>	16,060,125.32	9,743,781.10
Short-term loans and advances	<b>F</b>	184,086.98	233,564.00
Cash in hand and Bank Balance	<b>G</b>	5,483,262.14	1,735,014.56
Other Current Assets	<b>H</b>	5,719.00	-
		<u><b>21,733,193.44</b></u>	<u><b>11,712,359.66</b></u>
<b>Total</b>		<u><b>24,545,923.44</b></u>	<u><b>13,530,332.66</b></u>
Notes referred to are an integral part of accounts	<b>I</b>		

As per our report of even date attached.

**For B B A & Co**  
Chartered Accountants  
FRN : 313104E

**For SWASTHYA SWARAJ SOCIETY**

**SWASTHYA SWARAJ SOCIETY**

**H.NO.2/379, RAM NAGAR PADA, BHAWANIPATNA, KALAHANDI-766001**

PAN : AAKAS8424M

ASSESSMENT YEAR : 2021-22

DATE OF FORMATION : 26/03/2014

YEAR ENDING : 31.03.2021

EMAIL ID : swasthyaswaraj@gmail.com

STATUS : AOP (TRUST)

MOBILE NO. : 8280560520

**Statement of Income & Expenditure for the Year ended 31st March 2021**

<b>PARTICULARS</b>	<b>Notes</b>	<b>March 31,2021</b>	<b>March 31,2020</b>
<b>I. INCOME</b>			
<b>Grant in-Aid</b>			
Grant in-Aid (Give India -Lab, Medicines, etc)	<b>J</b>	919,539.84	1,621,907.93
Grant in-Aid (Give India - Covid Relief)	<b>K</b>	1,853,000.40	
Grant in-Aid (St. John's Malaria Project)	<b>L</b>	-	190,000.00
Grant in-Aid (APPI PVTG )	<b>M</b>	7,796,184.00	
Grant in-Aid ( APPI Covid Relief Fund)	<b>N</b>	2,000,000.00	-
Grant in-Aid ( DCHP )	<b>O</b>	1,300,000.00	-
Grant in-Aid ( Polaris Banyan Holding )	<b>P</b>	654,565.00	-
<b>Community Contributions :-</b>			
Kaniguma		273,825.00	205,170.00
Kerpai		128,134.00	28,828.00
<b>Donation</b>		6,335,262.28	5,281,081.28
<b>Interest Income</b>	<b>Q</b>	893,962.74	727,240.00
<b>Miscellaneous Income</b>		42,125.00	48,265.00
<b>TOTAL</b>		<b>22,196,598.26</b>	<b>8,102,492.21</b>
<b>II. EXPENDITURE</b>			
<b>Hunger Allevation Project :-</b>	<b>R</b>	7,134.75	46,575.00
<b>St John's Research Institute Project :-</b>			
Salary to Lab technician		-	135,800.00
<b>Give India Foundation</b>			
Lab, Medicine, Consumables & Others	<b>S</b>	876,885.65	1,074,827.00
Covid Relief Expense-Nutritional Kits & Supplements	<b>T</b>	1,853,000.00	-
<b>APPI</b>			
APPI Program Cost - Expenses	<b>U</b>	5,317,746.50	-
APPI Covid Relief - Expenses	<b>V</b>	2,000,000.00	-
<b>DCHP - Program Cost</b>	<b>W</b>	835,435.30	-
<b>Society Programme &amp; Overhead Expenses (Out of own Donations / Contributions )</b>			
Society Programme Exps	<b>X</b>	1,297,922.00	4,163,651.00
Society Overhead Exps	<b>Y</b>	189,083.49	618,371.97
Capital Cost	<b>Z</b>	-	57,987.00
Depreciation for the year	<b>D</b>	331,406.00	-
<b>TOTAL</b>	<b>contd....</b>	<b>12,708,613.69</b>	<b>6,097,211.97</b>

As per our report of even date attached.

**For B B A & Co**

**For SWASTHYA SWARAJ SOCIETY**

Chartered Accountants

FRN : 313104E

**SWASTHYA SWARAJ SOCIETY**  
**H.NO.2/379, RAM NAGAR PADA, BHAWANIPATNA, KALAHANDI-766001**

PAN : AAKAS8424M

DATE OF FORMATION : 26/03/2014

EMAIL ID : swasthyaswaraj@gmail.com

MOBILE NO. : 8280560520

ASSESSMENT YEAR : 2021-22

YEAR ENDING : 31.03.2021

STATUS : AOP (TRUST)

**Statement of Income & Expenditure for the Year ended 31st March 2021**

**Contd .... B/f**

<b>III. Excess Income over Expenditure of Current Year</b>	<b>9,487,984.57</b>	<b>2,005,280.24</b>
<b>IV. Less: Prior period Adj. (Refund of Grant-SDTT)</b>	<b>(74,462.79)</b>	<b>(82,684.28)</b>
<b>V. Excess (Net Income over Expenditure Carried Forward)</b>	<b>9,413,521.78</b>	<b>1,922,595.96</b>
<b>VI. Excess Income over Expenditure Brought Forward</b>	<b>6,814,361.66</b>	<b>4,891,765.70</b>
<b>VII. Excess Income over Expenditure Carried Forward</b>	<b>16,227,883.44</b>	<b>6,814,361.66</b>

Notes referred to are an integral part of accounts

I

As per our report of even date attached.

**For B B A & Co**  
Chartered Accountants  
FRN : 313104E

**For SWASTHYA SWARAJ SOCIETY**



"I will give you a talisman. Whenever you are in doubt, or when the self becomes too much with you, apply the following test. Recall the face of the poorest and the weakest man [woman] whom you may have seen, and ask yourself, if the step you contemplate is going to be of any use to him [her]. Will he [she] gain anything by it? Will it restore him [her] to a control over his [her] own life and destiny? In other words, will it lead to swaraj [freedom] for the hungry and spiritually starving millions? Then you will find your doubts and your self melt away."

M.K. GANDHI



Swasthya Swaraj Society,  
(Regd under society act XXI of 1860 – XXVII/21/14/51 of 2014)  
Regd u/s 12A& 80C, registered office, 2/379, Ramnagarpada, PO:  
Bhawanipatna -766001, Kalahandi, Odisha, India  
Admin Office: Mahaveerpada, MSA Chowk, Bhawanipatna,  
Kalahandi, Odisha- 766001  
Telephone no: 06670295476  
Email: swasthyaswaraj@gmail.com

Please send your donations to:  
Swasthya Swaraj Society  
BANK OF BARODA, Bhawanipatna  
A/C No: 33670100007358 Bhawanipatna Branch  
IFSC: BARB0BHAWAN(middle letter is digit 0)

