

# Swasthya Swaraj Society Annual Report 2019-20



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

Telephone no: 06670-230162

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

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



# Annual Report 2019-20

## Swasthya Swaraj Society

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Of all the forms of inequalities, inequality in health care is the most shocking and inhumane.”

— Martin Luther King, Jr.

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### 1. Foreword

It is an honor and privilege to write the foreword for the Annual Report of the Swasthya Swaraj Society for the year 2019-2020. The father of our nation, Mahatma Gandhi, stated that his life’s mission was to wipe every tear from every eye. Universal health care is one facet of that great dream, and the Swasthya Swaraj Society, led by Dr Sr Aquinas is a small, but significant effort to help fulfill that dream in the Thuamal Rampur block of the Kalahandi district of Odisha.

Set up six years ago with little material resources but plenty of passionate love for the wonderful people of the area, the society has worked with the people to improve their health and enrich their lives.

The COVID-19 pandemic and the resultant health and economic fallout have been a real challenge for both the people and the organization and I hope that reading the Annual Report will help you to share their pain and be inspired by their collective response. Needless to say, in the process, the love and affection of countless people who have participated in the activities of the society by providing health care and education, receiving care and education, raising resources, administering the organization, repairing the roads, improving the communication, administering the local governance - all our lives have been touched and ennobled. I also hope that by reading this report your own resolve of participating in the great work of wiping every tear from every eye will be strengthened, and the efforts of the Swasthya Swaraj Society will translate into a movement that will bring us closer to the dream of universal health care for our people.

On behalf of the Swasthya Swaraj Society,

**-Dr. Suranjan Bhattacharji, President. 16/11/2020**

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**Intoduction:** The vision of Swasthya Swaraj may sound utopian- “A society free from ill health, illiteracy and poverty , all living in harmony with Nature”; this vision was born out of the disturbance at the shocking level of inequalities in healthcare in a tribal area where PVTGs live. Swasthya Swaraj Society had very humble beginnings in 2014, but was driven by the passion for reaching to the very last mile, people who are the worst off in the margins. Comprehensive community health programme is the strategy used by Swasthya Swaraj- a model primary healthcare focused on tribal health.

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## 2. Main activities during the year under review (2019-2020) :

**Project area:** 78 villages of Thuamul Rampur block of kalahandi district. These 78 villages and hamlets are drawn from 7 gram panchayats based on their remoteness and deprivations.

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

Most credible contribution to a community based health program is consistent medical services. The two health centres of Swasthya Swaraj have resident staff and 24x7 diagnostic laboratories and emergency care services. These two health centres are in two humble, rented houses, but are 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. These centres are open to all from project villages and outside.



Kerpai health centre

### 2.2. Regular outreach clinics.

To make the healthcare accessible and available to the most vulnerable groups, Swasthya Swaraj reaches out to 10 hard to reach locations targeting pregnant women and underfive children, every location being covered once in 2-3 months. The doctors and clinical staff do not wait for the patients to come to the health centres, but reach out to the most disadvantaged groups twice a week at different locations.



Health education in Kaniguma OPD



Outreach Clinics- Antenatal/Under-five Clinic

### 2.3. Malaria control programme.

This covers all age groups and is both health centres based and community based. Special focus is given to malaria in underfive children which leads to child mortality, and malaria in pregnant women which leads to perinatal and neonatal mortality. This is done by actively screening these two groups regularly for malaria.

### 2.4. Tuberculosis control programme.

Swasthya swaraj is a designated microscopy centre under RNTCP (National TB elimination prog). Ours is a comprehensive TB control programme consisting of: 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 very sickly ones in the health centres, nutrition support to all TB patients, facilitating DBT from Govt, regular health education and counseling, supporting the patients with travel allowance for attending TB clinics in the health centres. Childhood TB diagnosis and treatments are given special importance.



### 2.5. Improving maternal and child survival programme.

In addition to diagnostic and therapeutic services, nutrition support, health education, regular PLA (participatory learning and action) are done in the villages focusing on maternal and newborn health to involve the community in maternal and newborn survival. High risk pregnancies are identified and special care given to them in their houses by the swasthya sathis and in the ANC-U5 clinics. Referrals done on time. All mothers receive nutrition support and take home nutrition supplements. Severely anaemic women receive Iron sucrose infusions in the field setting too. Training of traditional birth attendants is a needy programme in this area of high rates of home delivery. But during the year under review, no TBA trainings could be carried out.

### 2.6. Nutrition programme.

The nutrition Programme is an overarching programme covering all vulnerable groups- underfive children, SAM and MAM children, TB patients, Leprosy patients, pregnant women, general patients with very low BMI, adolescent girls, patients admitted in the health centres etc. Nutrition supplements and take home nutrition supplements, specially prepared therapeutic nutrition mix, distribution and promotion of energy-rich tuber crops, nutrition education to all swasthya sathis and all staff and all mothers in the villages about the importance of child nutrition are given great importance.

**Tuber crops promotion.** is done as part of Nutrition programme. Distribution of big yam was done in 2018. In the current year, a group of 6 women were taken for exposure to Atragamee to understand from the farmers about tuber cultivation. A tuber nursery was started in Kerpai for demonstration and training on tuber cultivation. Sweet potato vines were distributed to many women on demand. **The workshop was organized by Swasthya Swaraj in collaboration with ICDS dept of Th Rampur** to discuss and find ways and means of working together to improve the nutrition status of the underfive children and strengthening the Govt system.

” Nutrition is the important overarching factor which determines the survival of newborns, of under-five children, of older children and eventually the nation’s socioeconomic development

-Dr Aquinas Edassery, Exec. Director

## 2.7. Training of 72 tribal women as Swasthya Sathis.

With a 3 years curriculum and ongoing training programme. They are the well trained, motivated frontline health workers in tribal villages and hamlets. 20 % of them tribal gurus (traditional faith healers). These illiterate tribal women make a difference in the tribal villages and hamlets.



Training session of Swasthya Sathis

## 2.8. Training of midlevel health workers ( Diploma in community health practice).

This innovative course was designed taking into consideration the unique health needs and health situation of tribal population in remote areas- well balanced with public health knowledge with clinical and paraclinical skills and competence. Only tribal girls are admitted to this course which is affiliated to Centurion University, Bhubaneswar.



DCHP students

## 2.9. Training of youth as Field animators

Training in leadership skills and skilling in nutrition status assessment of children and data documentation- They collect the data regularly, conduct village meetings, do the PLA meetings with the people, do regular growth monitoring of underfive children once in two months, explain the growth chart of the children to the mothers, provide hand holding support to swasthya sathis.

## 2.10. TULSI- Training and empowerment of adolescent girls

During 2018-19, TULSI clubs were formed in all the 78 villages and hamlets and their data updated. Residential and nonresidential trainings which were organized in many places in 2018-19 could not be taken forward during the current year under review.

Swasthya Swaraj in collaboration with Y.P.Foundation (new Delhi) organized one interstate workshop ( with delegates from Odisha, W.Bengal, and Chattisgarh) in Bhawanipatna to make the voices from tribal areas heard in bringing out a new RKSK policy. Dr Sandeep Praharsa and Durga Prasad Gupta from Swasthya Swaraj represented at the national level workshop held in New Delhi.

## 2.11. Ongoing continuous medical education of the clinical staff

Training is conducted regularly by the doctors on various topics and emergency managements and relevant topics. This is given great importance for building capacity and knowledge of the clinical staff and their motivation levels.



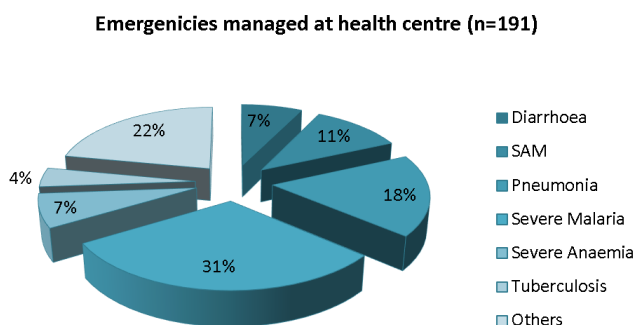
### 3. Results

#### 3.1. Health Centres

Patients from greater than 220 villages belonging to Th Rampur Block, Kashipur Block, Bhawanpatna Block and Junegarh Block come to Kaniguma and Kerpai health centres.

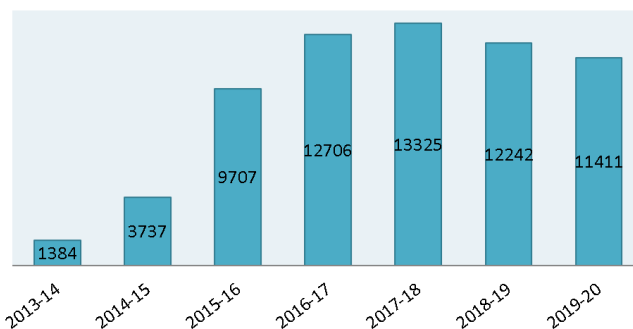
Total number of patients seen in the health centres	11411
Adult male patients	3148
Women + children	8263
Under five children	2527
Communicable diseases	67.4 %
Noncommunicable diseases	32.6 %
Average BMI of adult patients attending health centres	16.8kg/sqm

The high incidence of communicable diseases highlights the backwardness of the area and the fragile immune system of the people. Among the NCDs, diabetes and hypertension are very less. Sickle cell disease 0.78



**Fig. 1:** Diarrhoea with dehydration decreased, but severe malaria cases increased to 31 percent during the year compared to 21 percent during the previous year.

**Number of patients in the health centres - Yearly**



**Fig.2:** Though the health seeking behavior of the people is improving the numbers attended in the clinics is less during the year. Decrease in malaria is one factor.

#### 3.2. Outreach ANC U5 camps

Particulars	Number
Total number of ANC U5 camps organized	25
Total U5 children reached through camps	825
Total pregnant women reached through camps	173

**Table A.1.2:** Details of camps and beneficiaries

The number of camps conducted in 10 sub clusters (hard to reach locations) had to be reduced drastically due to lack of funds and other crises during the year.

#### 3.3. Malaria

Particulars	No.	%
Total no. of fever cases screened	4121	
Total no of Malaria cases identified	542	13.15%
Total No of PF cases identified	512	94.46%
Total No of PV cases identified	16	3.13%
Total No of Pregnant women screened	329	
Total no of women Malaria positive	33	10.03%
Total no of Under 5 children screened	1803	
Total no of under 5 children positive	280	15.53%

**Table A.2.1:** Malaria prevalence and its severity

The reduction from 52% positivity in 2015-16 to 12% in 2018-19 is continued in 2019-20 too (13%).

### Yearwise Malaria Trend

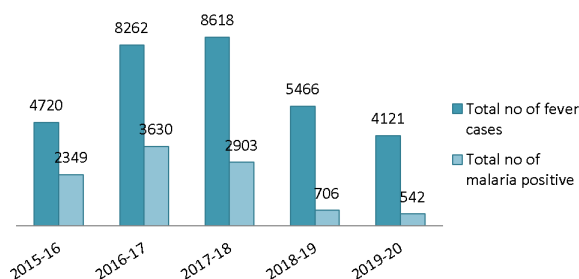
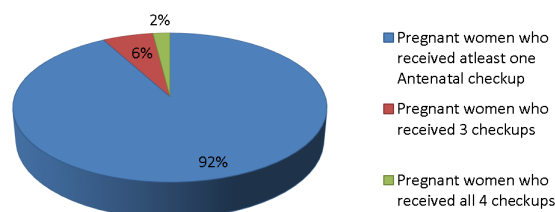


Fig. 2: Yearwise Malaria trend

### Utilization of ANC services(n=399)



Graph A. 4.1

### 3.4. Tuberculosis

Particulars	
Total No. of cases screened for TB	391
Total No. of new sputum positive cases detected	38
Total No. of extra pulmonary cases detected	7
Total No of TB patients cured during the year	36
Total No. of patients lost follow up including deaths	6
Average BMI of Male patients	16.14
Average BMI of female patients	16.68
No of patients with BMI <14. Kg/sqm	11 no

Table A.3.1

Cure rates of TB patients increased from 50 % to greater than 80 %. Though most of the cases are from out of project villages we make sure patients receive the medication without any discontinuity. Average BMI of both male and female patients is very less which again points to the importance of nutrition support along with medications.

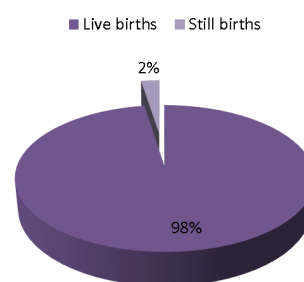
### 3.5. Maternal and Child Health Services

The total number of women registered in first trimester of pregnancy has come down from 69 % last year to 66.5 %. Though there was an upward trend in the last 5 years there is a marginal drop this year which can very well be explained by the less number of outreach clinics conducted during the year.

Indicators	Number	%
Total number of new pregnant women registered	332	
Total number of new pregnant women registered in first trimester	221	66.6
Total number of pregnant women reached in one year	399	
High risk pregnancies detected (n=324)	123	37.96%
Pregnant mothers with anemia		
Hb <11gm/dl		90%
severe anaemia Hb < 7gm/dl		3%

Table A.4.1: Number of pregnant women, antenatal services and high risk pregnancies

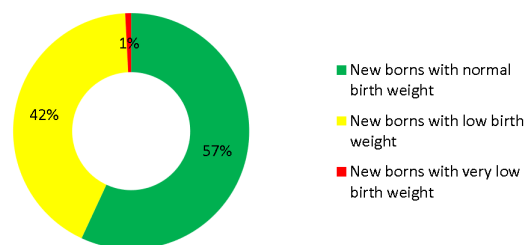
### Delivery outcome(n=283)



Graph A.4.2

The percentage of still birth remains the same as the last year. Still more work is required to enhance the health of a mother and the safe delivery.

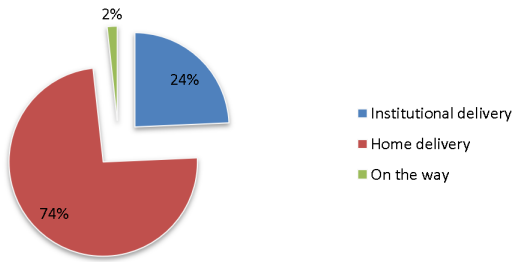
### Birth weight(n=246)



Graph A.4.3

The number and percentage of children with normal birth weight has marginally increased. Overall 57 % (n= 140) of the children have normal birth weight compared to 56 % (n= 172) last year. There is only a 2 % drop in children with very low birth weight compared to last year.

**Place of delivery(n=283)**

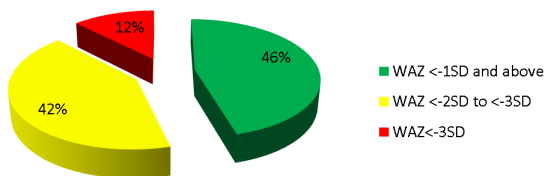


**Graph A.4.4**

Though the majority of the deliveries (74 %) are still happening at home, the hospital deliveries have increased from 19 % in last year to 24 % this year and 2 of the deliveries has happened on the way to a health facilities. As the proportion of the home deliveries are high in this area , health centre staff (in Kerpai) is always alert to attend the home deliveries on call (skilled birth attendance). Training of traditional birth attendants will be resumed. But unless mobile connectivity and infrastructure improves and literacy of women improves, this situation may not improve.

**3.6. Nutritional Status of Under-five Children**

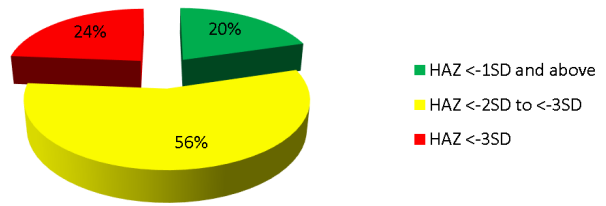
**weight for age(underweight)%**



**Graph B.1.1**

Out of 1180 children 42 % were moderately underweight and 12 % of the children are severely underweight. Underweight was highest in 2-3 yr age group.

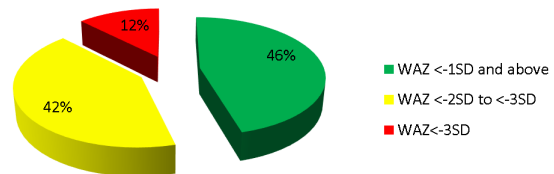
**Height for age(Stunted)%**



**Graph B.1.2**

Out of 1180 children 56 % of the children were moderately stunted and 24 % were severely stunted. Stunting was highest in the age group of 1-2 and 2-3 yr age groups.

**weight for age(underweight)%**



**Graph B.1.3**

Out of 1180 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.





### 3.7. Training for Front line Health Workers(Swasthya Sathis), Field Animators and Anganwadi workers

Participants	Number of training	Number of participants	Topics
❖ Swasthya Sathi	36	318	Diarrhoea, Malaria, scabies, pneumonia, Data documentation, Acute respiratory illness, Immunization, Nutrition
Field animators	5	55	Importance of growth monitoring, anthropometry, Leadership programme, Participatory learning and action(PLA methods), Undernutrition & foodinsecurity
❖ SS staff along with Anganwadi workers & Supervisors from project villages	1	50	Collaboration between Swasthya Swaraj and ICDS prog staff in the field towards improvement of health and nutrition of the children.
Programmes/trainings outside attended by Swasthya Swaraj staff members			
Organized by Institute for Change	1	15	Leadership skills
Organized by Y.P Foundation	1	10	RKSK policy change

**Table B.3.1:** Number of training, participants and topics

- The training of Swasthya sathis which was centralized so far in Kaniguma and Kerpai clusters was decentralized to different subclusters. This was found to be more acceptable to the trainees and more effective. The confidence and creativity of the in-house trainers in Swasthya Swaraj also improved tremendously by this method. Well trained swasthya sathis who have consistently shown competence in the evaluation processes are given Diagnostic Kit which contains many innovative, simple diagnostic equipment appropriate for the illiterate women.
- Training of Midlevel health workers (Diploma in Community Health Practice-DCHP):  
No of girls admitted to first batch – 6  
No of girls admitted to second batch -3  
Though demand was there, the seats could not be filled up due to shortage of finance and space.

” Subnational mapping of neonatal and underfive mortality in India from 2000-2017 revealed that Child and maternal malnutrition was the main risk factor, contributing to 68.2% (65.8–70.7) of under-5 deaths and 83.0% (80.6–85.0) of neonatal deaths in India in 2017, while 10.8% (9.1–12.4) of under-5 deaths could be attributed to unsafe water and sanitation and 8.8% (7.0–10.3) to air pollution

-Lancet vol 395, May23, 2020

## 4. Vital Events

Particulars	Numbers
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	2
Number of other deaths	63

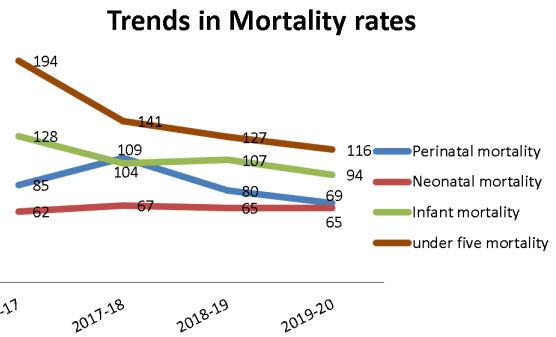
**Table C.1.1:** Number of neonatal, infant and other death

- Common causes of neonatal deaths were: Preterm birth, very low birth weight
- Common causes of infant deaths were: Fever, pneumonia.
- Common causes of under-5 deaths were: Fever, convulsions, severe acute malnutrition, diarrhea

Indicators	Ratio
Maternal mortality ratio	724 per 100,000 live births
Neonatal mortality rate	65 per 1000
Perinatal mortality rate	69 per 1000 live births
Infant mortality rate	94 per 1000 live births
U-5 mortality rate	116 per 1000 live births %

**Table C.1.2:** Mortality rates

Mortality rates are still unacceptably high. But compared to the data in 2014 ( IMR 152/1000 live births, and Underfive mortality rates 304/1000 live births, and maternal mortality greater than 800/100,000 live births, this is a remarkable improvement within 6 years.



**Graph: C.1.1.**

The neonatal mortality has remained more or less unchanged. Underfive mortality and infant mortality show gradual improvement.

### 4.1. Challenges faced:

- **Geographic terrain**, areas getting cut off during monsoon and not reachable at all.
- **Guru guniya culture** and for 70 % tribal families first port of contact continues to be Guru Guniyas.
- **Informal doctors** (kabiraj, Bengali) thriving in the area and exploiting the people with irrational healthcare
- **Financial insecurity** and crunches making us to cut down activities.

We look to the future with hope and confidence, and strive towards making the organizational vision a reality for the poorest and most disadvantaged in neglected tribal areas.

” If deprivation is the root cause of disease and ill health, then doctors are the natural attorneys of the poor

-Rudolph Virchow

## 5. Research participation by Swasthya Swaraj in 2019-20:

1. Prevalence survey of Plasmodium falciparum antimalarial drug resistance markers at sites in India – (MSP-Oxford malaria project). (In collaboration with St John’s medical college Bangalore)
2. Childhood presumptive Tuberculosis in a tribal block of Odisha, India: Early findings of intensified case finding activity by a nongovernmental organization (the Union against TB and Lung diseases).(under peer review)
3. Natural Birthing positions - childbirth in tribal areas. A poster presentation was done at Annual National conference of Society of Midwives of India at Raipur Medical college by Ms Chanchala Majhi (staff nurse) and Mrs Mialingdei Majhi (Swasthya sathi).

## 6. Awards and recognitions during the year:

*Two prestigious national level awards were conferred on Swasthya Swaraj Society during the year 2019-20.*

1. **Rashtriya Swayamsiddh Samman of JSPL Foundation (Jindal Steel and Power Ltd) for outstanding contribution to improving health of the underprivileged** - December 23, 2019 at New Delhi
2. **POLESTAR Social Impact Award for social impact in Health (Polestar Foundation Award for social impact in Health)** – Januray 31, 2020, at Chennai.
  - Dr Sandeep Praharsha and Durga Prasad Gupta were delegates who participated in regional level and national level discussions for RSKS policy change.
  - Durga Prasad Gupta the senior Lab technician was one of the two lab techs sent by district TB section to be trained in all aspects of RNTCP at Cuttack for two weeks.
  - Swasthya Swaraj Health centre and laboratory were registered under clinical establishment registration act in July 2020.

” Swasthya Swaraj’s report shows the underlying inequality and the change over time in a tribal area. Proportion of births attended by skilled birth personnel, antenatal coverage (4 visits), care seeking behavior for children with pneumonia symptoms, Underfive mortality rates, Stunting prevalence in underfive children- all these need much improvement and a long way to go for attaining acceptable limits. Immunization coverage and contraception coverage data were not captured

-Dr Aquinas Edassery, Exec. Director

## 7. Swasthya Swaraj Society Board

### 7.1. Executive Committee

<i>Name</i>	<i>Designation</i>
Dr Suranjan Bhattacharji	President
Dr Kanishka Das	Vice President
Dr Aquinas Edassery (Jemma Joseph)	Secretary
Dr Ravi DSouza	Treasurer
Mrs Mercy John	Member
Dr K.R.Antony	Member
Dr Ramani Atkuri	Member

### 7.2. General Body and Advisory Committee

<b>General Body members</b>	<b>Advisory Committee members</b>
Sr Angelina Thomas	Dr John Oommen
Dr John Oommen	Dr Thelma Narayan
Dr Yogesh Jain	Dr Raman Kataria
Adv. Durga Madhav padhy	Dr Sara Bhattacharjee
Mrs Palak Aggarwal	Dr Nirmala Nair
Dr George DSouza	Dr Harish Hande
Dr Sachin Barbde	Dr Regy George
Dr Abhijit Gadewar	Dr Kumkum Bhasin
Shri Jagadananda	Dr Sunil Kaul
Prof Haribandhu Panda	Mrs Madhu Bhaduri
Dr Regy George	
Dr Prabir Chatterjee	

**Statutory External Auditor: Ms K.K. Bajoria and Co. Cuttack.**

## 8. Our sincere gratitude to our supporters and friends

8.1. During the year 2019-20 we received support from the following generous donors.

Sr. No	Name of Donor	Sr. No	Name of Donor
1	ACCEL Partners India	21	Mrs. Madhu Bhaduri
2	Agrani India Foundation	22	Mansa Devi Trust
3	Alice George	23	Dr Maya Jacob Philip
4	Annielette Paul Chirayatha	24	Mrs.Nancy Alex Sequeira
5	Arun Kumar Rai	25	MRs. Neela Dsouza
6	Bijmary Karavattathiyil	26	Nidhish ET
7	C.S Rangaswamy	27	Mrs. Nisha Joseph George
8	Dr Gagandeep Kang	28	Ms. Nishita George
9	Dr Sidhartha Mukherjee	29	P.Manjula
10	Dr. Kunda Rajadhyaksha Srinivasan	30	POLESTAR FOUNDATION
11	GIVE INDIA	31	Prasad Boddupalli
12	Harcharan Singh	32	PURU-INDU UPADHYAYA FOUNDATION
13	Dr Jemma Joseph	33	Raghu Raj & Vimal Foundation
14	Jipu Joseph	34	Ms. Sangeeta Sharma
15	Joe Antony	35	St.John's Research Institute
16	JSPL Foundation	36	Sudhakar Reddy Bulla
17	Dr Kanishka Das	37	Dr. Tushar Garg
18	Dr K.R. Antony	38	Dr.Ujwala Ramesh
19	Krishna B Gujuran	39	Mrs.Urvasi Dhamiya
20	Mrs. Lata Kacholia	40	Mrs.Veenu Shah

### In-kind Donations

- CISCO (children's library)
- Donat kart (facilitated by Dr Abhijit Gadewar) - nutrition supplements
- SELCO Foundation- Antenatal Care Equipment
- District Health and Family welfare dept, Kalahandi district – general medicines
- District Malaria Department
- District TB Department

## 9. Balance Sheets

**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 : 2020-21

YEAR ENDING : 31.03.2020

STATUS : AOP (TRUST)

WARD : EXEMPTION WARD/SAMBALPUR

**Balance Sheet as on 31st March 2020**

	Notes	March 31, 2020	<i>March 31, 2019</i>
<b>SOURCES OF FUNDS:</b>			
Corpus Fund	<b>A</b>	4,871,608.00	4,871,608.00
Capital Fund Account	<b>B</b>	1,817,973.00	2,063,800.00
Excess of Income over Expenditure		6,814,361.66	4,891,765.70
		<u>13,503,942.66</u>	<u>11,827,173.70</u>
<b>Current Liabilities</b>			
Expenses Payables	<b>C</b>	26,390.00	16,079.00
Other Liabilities		-	-
		<u>26,390.00</u>	<u>16,079.00</u>
<b>Total</b>		<u><b>13,530,332.66</b></u>	<u><b>11,843,252.70</b></u>
<b>APPLICATION OF FUNDS:</b>			
<b>Fixed Assets</b>			
Gross Value	<b>U</b>	3,695,350.00	3,637,363.00
Less: Accumulated Depreciation		1,877,377.00	1,573,563.00
		<u>1,817,973.00</u>	<u>2,063,800.00</u>
<b>Current Assets</b>			
Investment in FDs	<b>D</b>	9,743,781.10	8,460,736.20
Short-term loans and advances	<b>E</b>	233,564.00	96,551.80
Cash in hand and Bank Balance	<b>F</b>	1,735,014.56	1,222,164.70
Other Current Assets		-	-
		<u>11,712,359.66</u>	<u>9,779,452.70</u>
<b>Total</b>		<u><b>13,530,332.66</b></u>	<u><b>11,843,252.70</b></u>
Notes referred to are an integral part of accounts	<b>V</b>		

As per our report of even date attached.

**SWASTHYA SWARAJ SOCIETY**

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

PAN : AAKAS8424M

ASSESSMENT YEAR : 2020-21

DATE OF FORMATION : 26/03/2014

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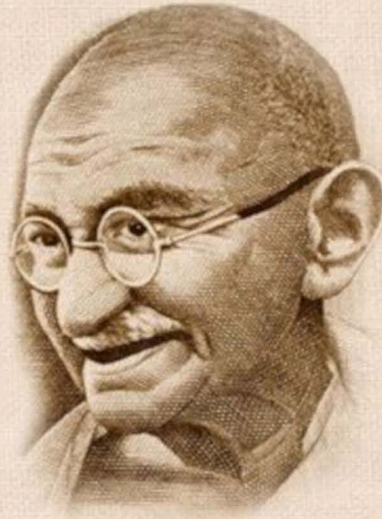
EMAIL ID : swasthyaswaraj@gmail.com

STATUS : AOP (TRUST)

MOBILE NO. : 8280560520

**Statement of Income & Expenditure for the Year ended 31st March 2020**

	<b>Notes</b>	<b>March 31,2020</b>	<b>March 31,2019</b>
<b>I. INCOME</b>			
<b>Grant in-Aid</b>			
SDTT Project	<b>G</b>	-	8,193,000.00
Grant in-Aid (Give India Foundation)	<b>H</b>	1,621,907.93	
Grant in-Aid (St. John's Malaria Project)	<b>I</b>	190,000.00	-
<b>Clinical Receipts :-</b>			
Kaniguma		205,170.00	212,346.00
Kerpai		28,828.00	73,728.00
<b>Donation</b>		5,281,081.28	2,361,812.60
<b>Interest Income</b>	<b>J</b>	727,240.00	542,380.00
<b>Miscellaneous Income</b>		48,265.00	48,301.00
<b>TOTAL</b>		<b>8,102,492.21</b>	<b>11,431,567.60</b>
<b>II. EXPENDITURE</b>			
<b>SDTT Project Expenditure :-</b>			
Personnel Cost	<b>K</b>	-	3,874,422.00
Capital Cost	<b>L</b>	-	511,440.00
Program cost	<b>M</b>	-	3,366,911.00
Overhead Cost	<b>N</b>	-	824,666.41
<b>Heal For India (TATA) Project :-</b>			
Personnel Cost	<b>O</b>	-	200,000.00
<b>Hunger Allevation Project :-</b>			
	<b>P</b>	46,575.00	83,660.00
<b>St John's Research Institute Project :-</b>			
Salary to Lab technician		135,800.00	45,000.00
<b>Give India Foundation</b>			
Lab, Medicine, Consumables & Others	<b>Q</b>	1,074,827.00	-
<b>Society Expenses</b>			
Capital Cost	<b>R</b>	57,987.00	118,320.00
Society Programme Expenses	<b>S</b>	4,163,651.00	2,705,092.00
Society Overhead Expenses	<b>T</b>	618,371.97	329,100.66
<b>TOTAL</b>		<b>6,097,211.97</b>	<b>12,058,612.07</b>
<b>III. Excess Income over Expenditure of Current Year</b>		<b>2,005,280.24</b>	<b>(627,044.47)</b>
IV. Less:Prior period Adj. (Refund of Grant-SDTT)		(82,684.28)	-
<b>V. Excess (Net Income over Expenditure Carried Forward)</b>		<b>1,922,595.96</b>	<b>(627,044.47)</b>
<b>VI. Excess Income over Expenditure Brought Forward</b>		4,891,765.70	5,518,810.17
<b>VII. Excess Income over Expenditure Carried Forward</b>		<b>6,814,361.66</b>	<b>4,891,765.70</b>
Notes referred to are an integral part of accounts	<b>V</b>		
As per our report of even date attached.			



## Gandhi's 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

Please send your donations to:

SWASTHYA SWARAJ SOCIETY  
BANK OF BARODA, BHAWANIPATNA  
BRANCH IFSC CODE : BARBoBHAWAN (o is zero not 'o')  
A/C NO: 33670100007358

Alternatively, you can scan the QR code to access our donate page

