



Arohi

**Annual Review  
2017-18**



# CONTENT

BACKGROUND	2
SUMMARY	3
PROGRAMME OVERVIEW	6
<b>Health</b>	7
<b>Education</b>	17
<b>Livelihoods</b>	26
FINANCIAL OVERVIEW	34
APPENDICES	39



## Background

Arohi, is a not for profit organisation, working with a vision of creating an equitable society, following an integrated approach to development, for past 26 years in the central Himalayan region, of Uttarakhand state.

From a small rented space, in Satoli, we began our work, in 1992, infusing enthusiasm in the communities. Biodiversity of the region was studied, sacred conservation practices listed, traditional technology documented, health seeking behaviour analyzed, livelihood strategies understood and soon we had a development paradigm of our own. Livelihoods, Education and Health became core areas of our interventions.

Like the mountain mist, Arohi slowly touched every aspect of mountain life.

Today, we are a dynamic team of 112, fulfilling a dream which all of us saw. We are supported by friends from all over the world. We reach out to a population of 100,000 covering 141 villages nestled within the mighty Himalayan ranges.



## Summary

This year was one of introspection. As we celebrated the 25 years of existence, we critically evaluated our work and its impact. Rigorous organisational development workshops were held which helped us revisit the very genesis of our work and the core values while charting a new direction for coming years. Keeping in view the succession, necessary changes were proposed in our organogram and the Memorandum of Association (MOA). It was a year of considerable churning and greater consolidation of many thoughts and ideas.

Dr Robert Graf and Dr Sarah Marti, the founders of Aarohi Schweiz, our Swiss partners in development in the Kumaon, visited Aarohi in January 2017. The visit has further strengthened this 11-year long association, the primary objective of which is to create better opportunities for rural mountain communities in Kumaon.

It is our constant effort at Aarohi Baal Sansar (ABS) to make learning more experiential. While continuous inputs go into innovating teaching and learning methodologies to bridge the learning and comprehension gaps specific to children from the region, it is still a challenge to make learning outcomes an explicit goal of primary education, adjusting the vast variation in learning levels and providing additional instructional resources in early schooling years.

For the better part of the year, we did not have enough teachers to teach the core maths and science subjects, which reflects in student performance in these subjects. Investing in teacher resource is extremely important to maintain the quality of education, reduce attrition and motivate teachers. Our teachers are as qualified as any government teacher and far more motivated to teach.

Thirty-one new students joined ABS in this term. Of the total students, 85 are girls and 82 are boys.

Our clinical health services took a major leap forward with the collaboration with the Association of Rural Surgeons of India (ARSI). Abdominal and Gynaecological surgeries were laparoscopically performed and Urology introduced. Dr. Gnanaraj of ARSI infused a new lease of enthusiasm in our team, who were amazed by the efficiency with which he performed surgeries in a rural setup like ours.

With the aim of reducing maternal and child morbidity and mortality, Arogya, the community health project covers a target population of 12,397 in 1,994 households in 35 villages.

Supported by Tata Trusts, the project is currently in its final phase of implementation. Some of the major achievements of this project are 100% breastfeeding of neonates within 24 hours of birth, increase in early registration of pregnancies to 86% and antenatal coverage to 91%. This is tremendous cultural shift achieved through years of consistent efforts of our community and clinical health teams.

High prevalence of anaemia amongst women during pregnancy continues to pose a major challenge in reducing infant and maternal mortality, demanding more strategic interventions to bring about relevant behavioural changes.

Renewed efforts were made this year to create awareness amongst the local farmers on additional income they could earn through collection of Apricot and Peach kernel, which otherwise goes waste. Farmers were encouraged to grow 'Chuaru', an indigenous variety of Apricot on their farm land, which could be a good source of additional income considering the growing demand for Apricot kernel oil. The many challenges faced by the farmers in the region were voiced during these meetings, which has steered a wider discussion within Aarohi on strategies and interventions to create sustainable sources of livelihoods in the mountains.

We are reaching a population of over one lakh from hundred and forty one villages through three core areas of our interventions. Our income for the year 2017-18 was INR 3.69 crore and expenditure incurred was INR 3.57 crore.

From planning succession to aligning many of our policies with the changing scenario, this year has set pace for the years to come.

Jyoti Patil  
Secretary - Aarohi  
May 15, 2018



## Activities at a glance

PARTICULARS	2015-2016	2016-2017	2017-2018
Number of villages Aarohi works in	141	144	144
Population covered	65,606	65,606	65,606
Community meetings held	1,164	1,051	1,277
Combined attendance at the community meetings	14,760	13,599	15,382
Women representation at community meetings	12,965	9,865	14,101
Male representation at community meetings	1,795	3,734	1,281
Women to men ratio at community meetings	7.2:1	2.6:1	11:1
Number of patients seen (hospital+camps)	10,680	12,454	12,807
Sale of body care & herb products (In INR lakhs)	51.08	45.81	50.77
Children at ABS	159	157	167
Aarohi members	371	310	301
Aarohi employees	112	112	124
Individual contributions (In INR lakhs)	43.35	41.28	34.44
Grants and incomes (In INR lakhs)	277.96	503.03	369.08
Expenditure (In INR lakhs)	336.45	347.68	357.057



Aarohi Arogya Kendra



Aarohi Nature Shop



Aarohi Bal Sansar



## Programme Overview



**Health Programme**

## Clinical Health

Our clinical services comprise of a cottage hospital, the Aarohi Arogya Kendra (AAK), the Mobile Medical Unit (MMU) and Outreach Medical Camps in the villages in Namik and Pindari valley.

### Aarohi Arogya Kendra (AAK)

The AAK now functions as the hub for quality and humane outpatient, dental, diagnostic and surgical services in Satoli. Surgical work has stepped up this year through the Association of Rural Surgeons of India (ARSI). The association has revived our laparoscopic work for abdominal and gynecological surgery also bringing specialists in Urology.

### Mobile Medical Unit (MMU)

The Mobile Medical Unit completes its fourth year of operation in the region. Initiated in 2014, in collaboration with the State and District Government, the MMU is taking quality health services to communities in distant mountain villages.

Manned by a team of a gynaecologist, radiologist and general practitioner along with a pharmacist, nurse, lab technician and an X-ray / USG technician, the MMU covers a distance of 400 to 450 Kms each month, through the toughest of terrains. From the 1<sup>st</sup> to the 8<sup>th</sup> of every month, the team covers 100 villages from Okhalkada, Dhari and Ramgarh blocks, in Nainital district, serving a population of approximately 50,000. On an average, 600 to 700 patients are examined during these camps each month.

The camps are especially beneficial in routine ANC checkups of pregnant women. This has helped identify high risk pregnancies and their regular monitoring leading to safe institutional deliveries.

### Outreach medical camps

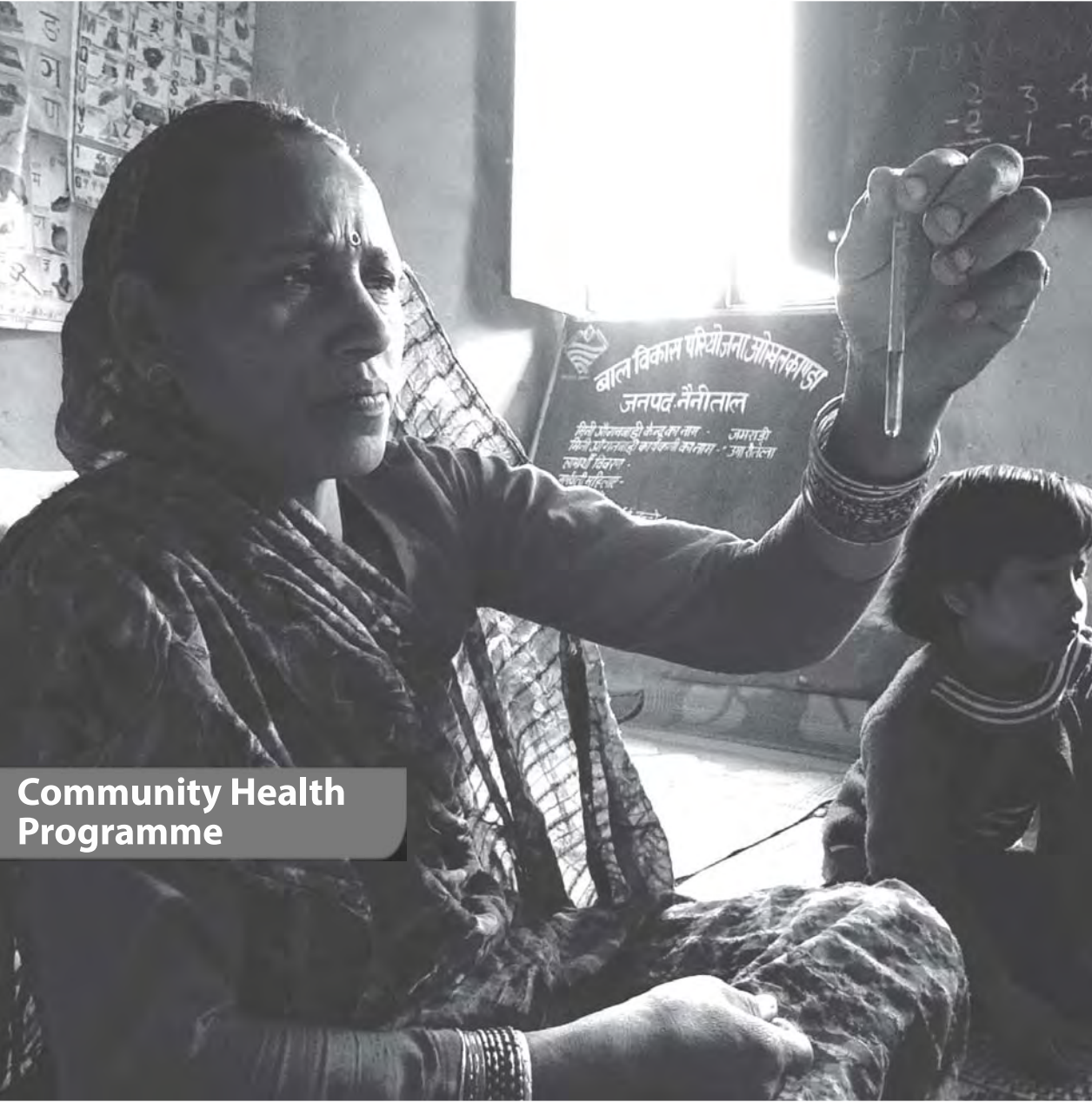
The biannual medical camps were held at five new villages in the Namik valley, constituting some of the remote and difficult villages in the greater Himalayas. The villages do not have a road access and are scattered, making these camps an effective way of providing primary health care in these areas.

A team comprising of doctors, dentist, paramedics and volunteers trekked for 100 to 120 kms over a period of 6 days conducting camps in 5 villages. A total of three hundred students were screened during these camps and administered free medication. The height and weight records of students from five schools in the villages - Malka dungarcha , Rantir Kethi, Kimu, Namik and Gogina were upgraded. Dental screenings and vision testing were done during the camps. A total of 46 dental extractions were conducted successfully in the most elementary village setups.

## Summary of Clinical Services

PARTICULARS	2015-16	2016-17	2017-18
<b>TOTAL PATIENTS BENEFITED</b>	10,680	12,454	12,807
<b>OPD patients treated in Aarohi Arogya Kendra</b>	1,910	1,871	2,574
<b>Female</b>	801	828	1,106
<b>Male</b>	1,056	1,009	1,419
<b>Children</b>	53	34	49
<b>In - patients treated</b>	60	90	105
<b>Home visits/emergencies</b>	2	1	1
<b>Laboratory tests</b>	8,566	8,459	8,239
<b>X Ray</b>	195	203	176
<b>Ultrasounds</b>	1,745	1,584	1,765
<b>Total villages covered</b>	50	50	50
<b>School children screened for health problems</b>	654	1,070	745
<b>No. of Dental camps</b>	11	14	24
<b>Dental screening for school children</b>	160	176	745
<b>Total dental screening</b>	592	557	673
<b>Total Dental extractions</b>	172	276	391
<b>Total Dental fillings</b>	111	95	73
<b>Other Specialist camps</b>	9	12	13
<b>Total patients treated in Specialist camps</b>	510	1741	787
<b>Total surgeries done in the camps</b>	47*	85	105
<b>Mobile Medical Unit (MMU) camps</b>	131	87	94
<b>No. of patients treated in MMU camps</b>	6,799	6,222	6,557
<b>Outreach camps</b>	17	12	9
<b>Patients treated in outreach camps</b>	215	839	728





## Community Health Programme

The Tata Trusts supported 'Arogya' project began in 2013, with the aim of reducing maternal and child morbidity and mortality by strengthening community based government health systems and building capacities of health workers. The five-year project, currently in its fifth year, is being implemented in 35 villages of Okhalkanda block, covering a population of 12,397 in 1,994 households. This phased project worked with clusters of 35 villages for a period of 3 years and in its peak, reached all 105 villages of the block and a population of approximately 55,000.

### First institutional delivery from Bhaunara village

It was Geeta Joshi's first pregnancy. Geeta is from a village called Bhaunara, a remote village in Okhalkanda block of Nainital district. The nearest road is a two-hour walk from where Geeta lives. The nearest Primary Health Centre is at a distance of 65 kilometres and the next referral point is only at Haldwani, at a distance of 100 Kms, an approximate four-hour drive from Geeta's village.

Two years back when we initiated our community health initiative in this village, 100% deliveries were home based, performed by traditional mid wives. Going to hospitals for child birth was considered unnecessary and was unheard of.

During her regular antenatal checkups at Aarohi's Mobile Medical Unit, the baby was found to be in a breech position. The Aarohi supervisor, Sita Lamgariya, was aware of the high risk involved in such cases and that delivering the baby at home could prove to be fatal - both for the mother and the child. Sita explained the possible dangers to Geeta and to her family. The family however was reluctant to take Geeta to the hospital for delivery. Sita made it a point to visit the family almost every day until they were convinced to take Geeta to the hospital in Haldwani. Geeta's relatives being in Haldwani allowed the family to shift her to Haldwani a week before the delivery. This ensured good rest for Geeta.

On October 13, 2017, Geeta delivered a healthy baby boy at the Government Women's Hospital, to be the first baby from the village Bhaunara to be born in the hospital.

## Highlights of the Arogya Project

- **Early registration:** Of a total of 444 pregnant women, 96% pregnancies were registered in our project. Of these, 84% were registered within 16 weeks of gestational age.
- **Antenatal coverage:** 91% pregnant women received at least one antenatal checkup by a skilled care provider against a baseline of 49% in 2010. 34% women received all 4 antenatal checkups during pregnancy.
- **TT immunization during pregnancy:** 96% pregnant women received tetanus toxin immunization during pregnancy.
- **IFA supplementation:** 95% pregnant women got IFA tablets from different sources like MMU, government hospitals and sub centres. However, only 13% pregnant women consumed all 100 IFA tablets during pregnancy.
- **Tracking of High Risk Pregnancy (HRP):** Mapping was done to track every HRP and continuous counselling was done to refer them for institutional delivery. Most HRPs are now being delivered in hospitals.
- **Postnatal coverage:** Out of a total of 271 deliveries, 77% women received postnatal checkup after delivery, of which 60% women were given postnatal care within 48 hours after delivery.
- **Institutional delivery:** Rate of institutional delivery has increased from 35% in 2016-17 to 41% in 2017-18. Similarly rate of clean delivery at home has increased from 52% in the year 2016-17 to 64% in the year 2017-18.

## Child Health

A total of 2,702 children from 0-5 years were covered until July 2017. From then on, 35 villages were dropped and the numbers reduced to 834 children. In 35 villages 30 primary schools were selected for school health education sessions. A total of 9,198 children participated in 384 such sessions. Topics like personal hygiene, domestic hygiene, and environmental hygiene were covered. In some schools videos on safe drinking water and sanitation were also projected.

As per the annual survey conducted by Aarohi in August 2017, of the 834 children from the last cluster of 35 villages, 34% children of 0-5 years were underweight: 22% were moderately underweight and 12% children were severely underweight. While the severely underweight children were referred to health facilities the parents of moderately



underweight children were counselled on diet, nutrition and hygiene.

84% of children of 12-23 months were immunized with BCG, three doses of OPV, three doses of Pentavalent and one dose of measles before one year of age.

The most common cause of neonatal deaths (50%) was premature birth; 33% deaths were due to low birth weight and 16% were due to other causes like SIDS - (Sudden Infant Death Syndrome) and high fever. Of the total infant deaths 50% infant deaths were due to fever and 50% of deaths were due to pneumonia. 1 child death was due to diarrhoea



## VITAL EVENTS

Indicators	Number of deaths	Mortality Rate	Nainital District Data (NFHS 4)
Maternal deaths (MMR)	1	Cannot extrapolate due to small population and less births	Not available
Neonatal deaths (NMR)	6	22/1000 live births	Not available
Infant deaths (IMR)	10	37/1000 live births	40/1000 live births
Under 5 deaths (U5MR)	11	41/1000 live births	47/1000 live births

### Arogya Sakhi (Mobile App for data collection and health education)

With the aim of tracking and monitoring of pregnant women in the remote mountain villages Arogya Sakhi, a mobile application for data collection and health education was introduced this year. Accredited Social Health Activist (ASHA) from 35 villages were given tablets with this mobile application 'Arogya Sakhi' installed in it. The application supports features such as data collection and health education through multimedia. This can be done offline too and the data is synchronized with the central DHIS2 server each time the phone is within the network.

The app is being used for data collection related to pregnancy and antenatal care, monitoring delivery outcome and postnatal visits, newborn follow-up, growth monitoring of children 0-5 years and immunization of infants.

For health communication, pre-installed Ammaji videos of UNICEF and Global Health Media videos are installed on the app and are screened by ASHA during the home visits.

This is the first such technological intervention in the Kumaon region to monitor maternal and child care through grassroots workers. If successful, it will ensure protocol based data collection, minimising human error, as well as making relevant health information accessible to the rural communities.

### Smokeless cook stove (chullah) construction

This was initiated as part of the Arogya Project to reduce high levels of indoor air pollution leading to acute and chronic respiratory illnesses, especially in women and children. Over the past 5 years, against a target of 1500 chullahs, 1300 chullahs have been constructed, with 98% stoves fully functional and its users satisfied. The design, developed by ARTI (Appropriate Rural Technology Institute, Pune), uses mud as the building material and has a chimney that takes smoke out of the house. Precise construction of this simple design ensures efficient combustion of firewood, reducing its consumption by 50%. This has had a direct impact on women's health by reducing drudgery in terms of energy and time spent in collecting the firewood from forests. Investing in effective and energy efficient cooking and heating solutions will go a long way in improving women's health and overall quality of life in the mountains.



### The Menstrual Hygiene Management (MHM)

This one year campaign was initiated in July 2017, to create awareness regarding health and hygiene during menstruation. Targeting adolescent girls and women of reproductive age, the aim was to initiate a dialogue around menstruation. The focus was on changing negative perceptions and myths around menstruation, changing harmful, unhealthy and unhygienic practices during menstruation, facilitating access to safe and eco-friendly absorbents and appropriate disposal of the absorbents.

Adolescent girls from classes 6-12 in the age group of 10-16 years across 6 Government Schools and women of reproductive age (15-49 years) in Okhalkanda Block were covered through this campaign. Keeping communication as the key strategy, monthly sessions were conducted in schools on national guidelines on managing menstrual hygiene at schools; physiology of menstrual cycle; taboos, puberty rites and cultural beliefs around menstruation; health and hygiene during menstruation; using absorbents and its disposal; safe sex and using contraceptives; self image and self grooming. Separate sessions were conducted with adolescent boys on all that they should know about menstruation, puberty, safe sex and gender discrimination.

Interactive presentations and videos were used to give girls a glimpse into their anatomy and help them understand their body, value themselves, and take better care of their health and personal hygiene. The importance of eating well, and staying fit was also emphasised, by pointing them back to the range of nutritious produce available in their backyards. Girls got to see, touch and feel the entire range of absorbents available in the market, from disposable sanitary napkins and tampons to more eco-friendly options such as the menstrual cup and cloth pads. Cloth pad-making tutorials were held in the villages with mothers and girls.



### Highlights of the Menstrual Hygiene Management (MHM)

- 350 adolescent girls got access to information and absorbents to manage menstruation
- 22 Aarohi supervisors got information and training on how to talk about menstruation in villages
- 34 high school girls have opted for subsidised cloth pads through Eco Femme's 'Pad for Sisters' project
- 92 mothers got access to information and learnt how to make their own cloth pads from scratch
- 5 local women have opted to use the menstrual cup

Through promoting new, cleaner, more economical and eco-friendly options such as the cup and cloth pads which can be made at home, our attempt is for the new generation in the mountains to entirely skip the use of disposable sanitary napkins and opt for more sustainable alternatives.

In a year's time, the campaign has led to visible empowerment amongst the adolescent girls who are beginning to question the logic of traditional practices. By seeking answers to questions like 'why is a menstruating woman relegated to the cow shed?' or 'why are women who are unable to conceive singled out in the community?', these young girls are perceiving their realities in a whole new way.

This was the first time that anyone had ever talked to the women about their bodies and self-worth. The biggest success of this campaign is that it has triggered a silent revolution in the hearts of young adolescent girls, who we hope will become the catalyst of change in coming years.

## Breaking the taboo – A story of change

Payal and Suresh (names changed on request) are a couple living in Khunsyu, Okalkanda. Despite living in a joint family, Suresh insisted that Payal will not be subjected to any discriminatory practices while she is menstruating. He says “when I do not discriminate amongst other women who I come in contact with in my workplace, why should I subject my own wife, whom I love, to such practices? She keeps herself so clean that I do not even realise when she has got her period.” When Suresh heard about the menstrual cup for the first time, he saw the value in it immediately. “This means no expenditure or sanitary waste for 12 years? How convenient! My wife must try it” he exclaimed. In March 2018, with her husband's support, Payal was the first woman in her village, to begin using the menstrual cup. She is very happy with it, and says it is considerably more convenient than cloth or disposable pads.

## The Himalaya Project

Begun in April 2016, with the aim of reducing infant and maternal mortality, the project was implemented in 70 villages of Okhalkanda Block, covering a target population of 43,315 in 6,154 households. Our main activity was to strengthen the Village Health & Nutrition Day (VHND). VHND, which is conducted by the Anganwadi centres (AWCs) once every month. The VHND has proved to be an interface between the community and the health system and is an effective platform for providing first-contact primary health care.

Facilitating ASHAs on antenatal and postnatal visits; tracking high risk pregnancies and malnourished children; counselling on institutional delivery and growth monitoring of infants constituted some of the other activities of the project.

## Highlights of the Arogya Himalaya project

As per the project design we expanded our project in 35 villages (Patlot cluster) in April 2017. This cluster is remote with limited access to road and mobile networks.

- A total of 466 pregnant women were registered in the project of which 93% pregnant women registered their pregnancies within 16 weeks.
- 66% women received ANC (Antenatal checkup) in the MMU.
- 49% high risk pregnancies were referred to the hospital and got treatment.
- 46% institutional deliveries were reported.
- 100% newborns were given colostrum (first breast milk) – a major cultural shift and has been the result of almost 8 years of intervention. 84% AWCs organised the VHND of which 93% VHND were attended by ASHAs.
- 755 Mata Samiti (Mother's Group) meetings were organised and 9,538 women participated in these meetings.
- 10 Swasthya Melas (Health Fairs) were organised where an average 266 people participated in each mela.

## Disaggregated data from the 2 clusters – Khunsyu and Patlot

This data below shows satisfactory progress for a phasing out project with low intensity intervention. Institutional deliveries will take many years to increase since the government infrastructure of hospitals, skilled birth attendants, roads, ambulances and access to such facilities will take time to develop.

Indicators	Cluster 1 (Khunsyu)		Cluster 2 (Patlot)	
	2016-17	2017-18	Baseline (September 2017)	March 2018
Institutional delivery	60 %	56 %	33 %	30 %
Antenatal checkup in MMU	NA	66 %	55 %	69 %
Colostrum feeding	100%	100%	93 %	100%
Villages organised VHND	64%	96 %	72 %	72 %
Mata Samiti meetings	173	516	27	239

## Challenges

Anaemia during pregnancy persists in the community despite regular iron folic acid tablet distribution among pregnant women. It was found that compliance to IFA tablets is very low in the area and dietary habit was probably the most common reason for the high prevalence of anaemia. Annual survey of August 2017 showed that prevalence of anaemia during pregnancy is 80% (Hb below 11gm%) of which 6% women had Haemoglobin below 7 gm% (severe).

Rate of underweight among children of 0-5years is 34% in the project area. Our annual survey data does not match with the government data and our monthly data. Our monthly data is being collected from Anganwadi Centres (AWCs) and some of the Anganwadi Workers (AWWs) do not highlight the data related to malnutrition. As AWWs do not highlight the data of malnourished children so it is very hard to improve the health and nutrition of children without support from AWCs.



**Education Programme**

## Aarohi Bal Sansar

The rural-urban variance in learning levels in primary schools remains a cause of concern. Basic education is a critical part of rural development. The national schooling model usually follows an urban context, hardly relevant in the rural context. Marked variance in the learning levels of students from rural areas is visible in their performance in higher classes, where students from rural settings cannot stand in competition with their urban counterparts. Students from difficult mountain terrains face further challenges in accessing basic education, let alone quality education.

One primary aim of Aarohi's Education Programme is to reduce this learning variance and to bring students from the rural and remote mountain regions at par with their urban counterparts. This we know from our experience is a herculean task, though not impossible.

## School Performance

Of the 208 working days, the average attendance of teaching and non teaching staff of ABS was 189 days. Average attendance of students for the period was 86% for girls and 92% boys.

Attendance of students	Girls	Boys
Pre Primary (Nursery, LKG, UKG)	83 %	79%
Primary (1 to 5)	80 %	89%
Upper primary (6 to 8)	95%	94 %
Average attendance (%) of students*	87 %	93 %

\*Calculated against total working days of 208 days

## Academic Performance

Students are assessed for cognitive development; emotional and social development; scientific approach and curiosity and physical development. A combination of oral and written assessment is done to gauge the child's comprehension of language (Kumaoni, Hindi and English). Various co-curricular activities like art and craft workshops and elocution performances are organised to enhance a child's emotional and cognitive development.

The evaluation of academic performance, this year, shows that students at ABS struggle with Mathematics and English. The academic performance needs further improvement, especially at the upper primary level. Systematic efforts towards contextualising the curriculum to rural realities are being made. Remedial classes are held to bridge the performance gap.



### Academic Performance (2017-18)

Primary Level (Class 1-5)				Upper Primary Level (Class 6,7,8)				
Grades	Math	Hindi	English	Grades	Math	Hindi	English	Science
A (Above 80%)	28%	48%	38%	A (Above 80%)	18%	16%	12%	14%
B (65% to 79%)	26%	31%	28%	B (65% to 79%)	14%	31%	20%	20%
C (50% to 64%)	25%	15%	23%	C (50% to 64%)	31%	39%	39%	33%
D (35% to 49%)	18%	4%	8%	D (35% to 49%)	25%	14%	29%	29%
E (Below 34%)	0%	0%	0	E (Below 34%)	12%	0	0	4%

### CO-CURRICULAR AND EXTRA CURICULAR ACTIVITIES

#### Baal Haat – A new beginning

In making learning experiential and skill based, 'Baal Haat', or a 'market by the children' was organised on 'Children's Day' on November, 14, 2017. Students were introduced to concepts of trading, marketing and financial transactions, thereby enhancing their numeracy, analytical and communication skills. The children set up stalls, selling stationery, handmade greeting cards, toys and homemade food. Various fun games were also organised by the children. All accounts and other transactions for the day were managed by the children, with teachers to guide as and when required. Parents and local residents from the area also participated in the 'fun-fair' by supporting their children in cooking and baking.

### International Children's Film Festival, Hyderabad

Five of our students attended the International Children's Film Festival, organized by the Children's Film Society of India (CFSI), in Hyderabad, from November 5 to 16.

This provided a unique opportunity to the students of ABS to watch some of the finest films from across the world. They had the opportunity to meet and interact with film directors, actors and many other children from different parts of India. Harshita Sunal from class VII of ABS was part of the prestigious child jury, judging the films for awards.

This was for the first time that the students travelled by train, moving through different states of India to reach their destination. They described how the colour of soil changed from state to state, appreciating the diversity of our country. In Hyderabad, they visited the Salarjung Museum, Char Minar and other places of historical significance.

### Sports

Mini sports day is organised specially for the students in kindergarten up to class 2. This year the teachers were highly creative with their choices of games. Connected with learning goals, the games displayed the cognitive and motor skills acquired by the children in these classes. The Annual Sports Day was held on 29<sup>th</sup> December.



### **Tree Plantation**

A hundred saplings of indigenous varieties of trees were planted this monsoon on the school premises. The children, teachers and the staff of Aarohi participated enthusiastically in the drive. 80% for the saplings planted have survived and are steadily growing. This is the beginning of school forestry initiative and the school farm project.

## **PARENT AND COMMUNITY PARTICIPATION**

### **Workshop on parenting**

At the request of parents, a half-day workshop was conducted on parenting issues. The workshop allowed parents and teachers to understand the concerns they have in raising their child. Parents shared their fears, dilemmas and confusions they confront each day in raising their children. It was agreed by all to set up a parents' support group which would meet once every month to share their concerns and find solutions together with other parents. A professional councillor, Vandita Dubey, has offered to counsel parents through the process of parenting, at Aarohi, something we would like to explore in the coming year.

### **Formation of school bus management committee**

A school bus management committee was formed in this term to manage the two school taxis. The aim was to increase parents' participation in managing some of the non academic functions of the school. The parents have taken great interest, taking over all aspects of managing the school taxis.

## **SCHOLARSHIP PROGRAMME**

To make education inclusive; ensuring no child is left out of this process for reasons of caste, class, gender or poverty we have a robust scholarship programme. Each scholarship is tailor-made to suit specific needs of the child.

We provide four different scholarships covering primary, secondary and professional education. Currently the education of 87 students is being covered through various scholarships under this Programme.

## Overview of Scholarship Programme

Scholarship	Beneficiaries	Criteria	Annual Cost Per Scholar	Number awarded
<b>ABS</b>	Children from the local area who need financial help to attend ABS	Families with limited financial means	INR 10,000 (school fees, uniforms, books, stationery, health check-ups and nutritional supplement)	68
<b>Ilya</b>	ABS Students from Std 4th till 8th	Exceptional Talent in music, art, craft, theatre, dance, sports or exhibition special qualities like leadership, curiosity etc.	INR 1000 (Deposited in a bank account opened in student's name)	10
<b>Almora</b>	ABS students of Std 8th, who wish to pursue their education in Almora until Std 12th	Strong academic performance	INR 40,000 - 70,000 (admission fee, tuition fee boarding, extra coaching, uniform, books)	8
<b>Seema Nazareth</b>	Girls wishing to pursue graduate level or vocational education	Limited financial means, academic performance	INR 10,000 - 25,000	1



## Education Outreach

After a successful run of 12 months of the education outreach project at Aanganwadis and Pre-schools in September 2017, The Hans Foundation ("THF") supported Education Outreach Project was extended for a period up to March 2018 for specific intervention at Aanganwadis to complete one entire academic cycle with Aanganwadi children.

This programme has two verticals. The preschool vertical, where we worked with nine Aanganwadi centres and the private school vertical, where we worked with four private schools. The preschool vertical covered nine villages in Ramgarh block in Nainital district, with 88 children, 3 Aanganwadi teachers and 9 government school workers are the direct beneficiaries of this intervention.

Through its private school vertical, the programme reached out to four private schools in four districts – Himalayan Public School (Basgaon, dist. Nainital), Hiteshi Vidya Niketan (Garud, dist. Bageshwar), Humari Jeevan Shala (Madam, Dist. Almora), Mini Kashmir Brahm Samiti (Jhulaghat, Dist. Pithoragarh). 400 children and 33 teachers were the direct beneficiaries.

## Highlights of the outreach project

### Pre - School Vertical

- A post test conducted with the children promoted to primary schools in April 2017, showed significant improvements in most children, especially in fine motor skills, identification of letters and numbers, counting, drawing skills and conversational skills.
- A collection of rhymes was introduced as a tool to enhance oral skills through recitation and gross motor skills through performance.
- An interactive writing tool called "Magic slate" was introduced to help children practice drawing, scribbling and writing. Children experimented with creative designs and patterns using the shapes they learnt in the previous quarters.
- A refresher workshop for the Shiksha Sahayakas was organized with the aim to train the teachers on new activities for further skill building in higher cognitive, language and motor skills.
- A workshop was conducted by Jodo Gyan in the month of January 2018 to further the concepts of pre-numeracy skills.
- Children who could only recognize some of the letters, rapidly improved and now a majority of children can recognize all letters and numbers with ease.
- Collage work sessions were organized in all the aanganwadi centres where children made stunning art pieces.
- A comprehensive assessment was conducted with all children in the 9 aanganwadi centres.



### Private school vertical

- An interactive workshop on Maths was conducted by Jodo Gyan Shiksha at Aarohi Bal Sansar.
- A science workshop was organised at MKBS school in Jhulaghat, by Pratham Education Foundation's Science team under their flagship program of 'Alliance for Science'. It was a three-day workshop with classes 6-8<sup>th</sup>, comprising of hands on model building, discussions, quizzes and role plays.
- A science-based community camp for 5 days was organised in which children from the community created 30 models based on scientific concepts. The models were based on concepts of light, balance, magnetism, refraction, pressure, astronomy, mass and human body. A community science exhibition was organized at Aarohi Bal Sansar.

### Shri Hari Krishan Trivedi Memorial Fund

Shri Hari Krishan Trivedi Balika Shiksha Protsahan Yojna is a scholarship for girl students from class 5 onwards to complete their education up to the university level. Currently, the education of 29 girl scholars is covered under this programme. All our scholars are further supported through life skill workshops, remedial classes and other extracurricular activities.

The small activity centre run by Aarohi, in the village, is a hub of activities. Thirty six children in the age group of 5 to 12 years are registered at this centre, which aims at providing a space for rural children to play and learn in after school hours.

Since its launch, 90 children and youth have completed either a three months-basic or 6 months advance course at Aarohi's Computer Training Centre, in the village.

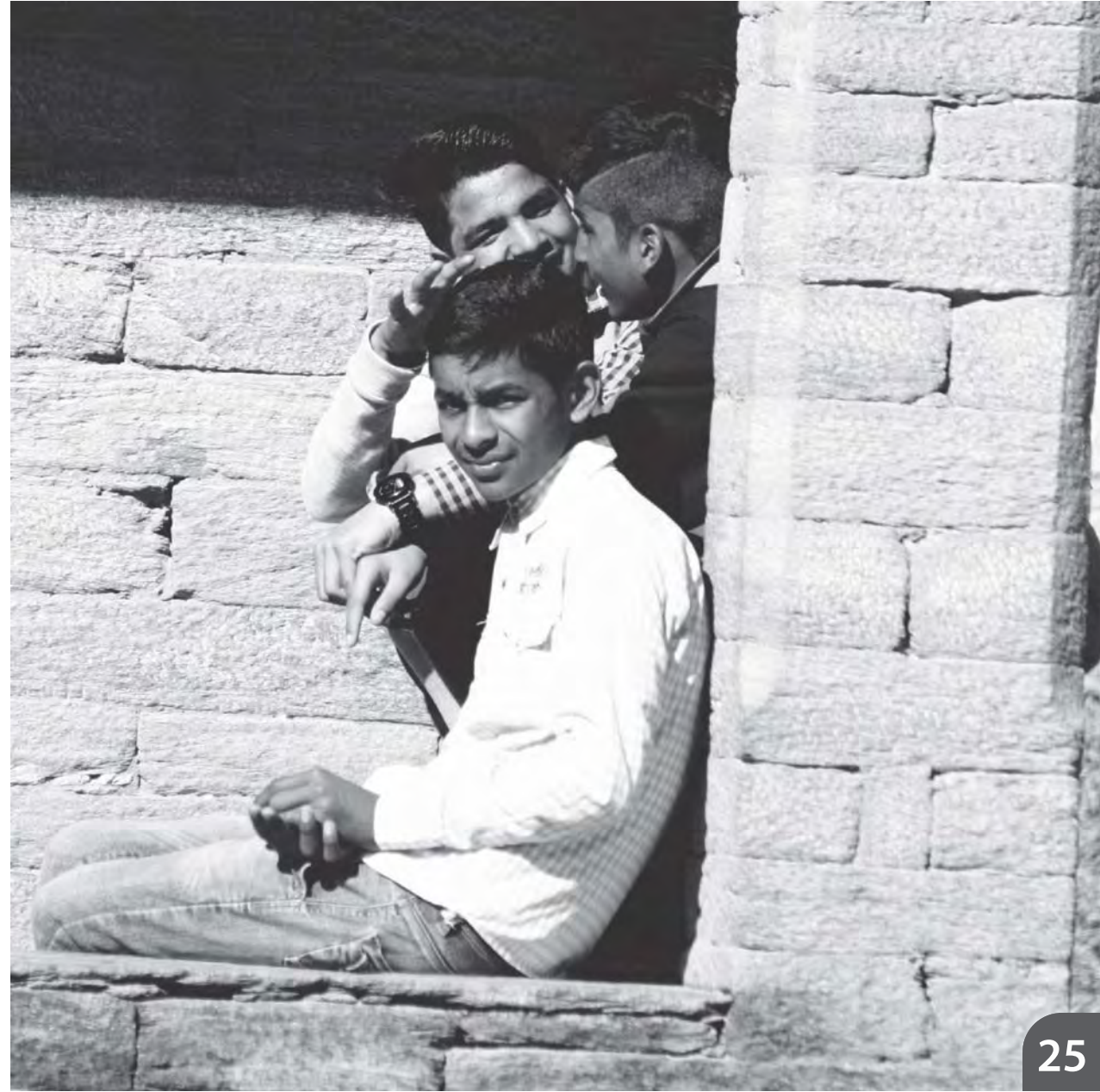
## Youth Wing

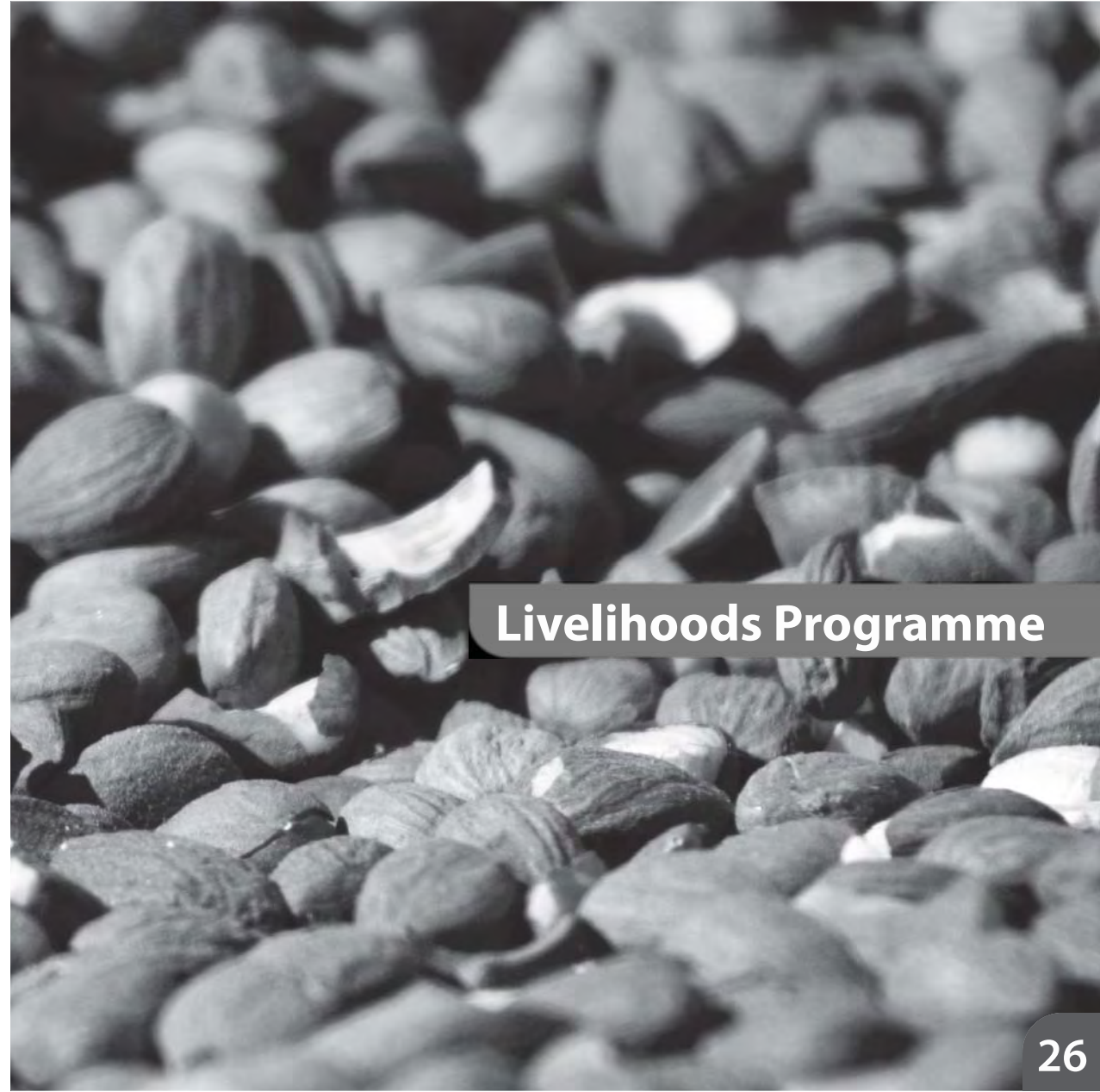
Mobilising youth towards shaping the development of their own community has been at the centre of Aarohi Youth Wing. Currently, 200 youth from five villages of Kool, Bhiyalgaon, Peora, Satoli and Sathkhol, are directly associated with Aarohi Youth Wing.

This year we actively worked towards the formation of village-specific youth groups. Each of the youth groups has between 15 to 20 members with democratically elected representatives leading them.

One day training was organised on joining Indian Defence Forces, by Col. Sujoy Kaushal, from Service Selection Board (SSB) Bhopal, which was attended by 75 youth wing members. After an initial medical screening, concentrated efforts will be made with selected youth members for joining the defence forces.

Six members of the youth wing were trained in basic mountaineering and hiking with the aim of creating a cadre of local tourist guides. The emphasis was on informing them about local flora and fauna, hiking through the eco-sensitive forest trails, places to visit in the vicinity, organising and conducting one to two-day hikes. Considering the increasing tourist footfall in the area, it is hoped that the initiative will create an additional source of income for these youth and also engage them constructively.





**Livelihoods Programme**

## Apricot and Herb Enterprises

The nourishing 'Oil of Apricot' and its value additions today forms the backbone of our small-scale rural enterprise. The total revenues from the body care range amounts to INR 43.15 lakhs which is 85% of total revenues.

The markets for our range of culinary herbs has been looking up as well. This year, the revenues clocked from the sale of these products is INR 7.62 lakhs.

During this year, we made increased efforts towards community mobilization. A series of meetings were held in nearby villages of Kaphura, Chhatola, and Satoli, from where we get large quantities of apricot kernels. The challenges of growing fruit in these areas – destruction by monkeys/wild boars, change in weather, soil conditions, and migration of village folks to the plains were discussed during these community meetings. Despite these challenges, the community remains committed to supplying apricot seeds to Aarohi and we remain committed to working with the local community to overcome the challenges of living in the mountains.

We also revived our contact with Harigopal from Soon – at age one and a half, Harigopal succumbed to the disease of polio and ever since he has been physically disabled and has been unable to go out and earn a living. Many years ago, Harigopal was also felicitated for his exemplary work in the field of shelling nuts. This year, we reached out to Harigopal for shelling of apricot and peach nuts, providing him an additional source of livelihoods.





### Highlights of the year

- Peach oil was re-introduced this year through our exhibitions and with encouraging response from our valued customers, we will be looking at increasing the production of this exquisite Peach oil, in the coming financial year.
- An effort was made at aggregation of agricultural produce like local varieties of beans and spices. We would like to formalize this initiative in the coming years with the aim of working on a larger scale and consistently with local communities.
- Our products were exhibited at 6 exhibitions at which our team made a total sale of approximately INR 6 lakhs – a response that reflects the acceptance of our products and brand in the market. These exhibitions were at Bengaluru, Pune, Chennai, Delhi, Mumbai and Uttarakhand.
- Marketing and sales strategies were strengthened. Sales were boosted through our website and through efficient use of social media like Facebook and WhatsApp.
- Our team had the opportunity of visiting “Umang” - an inspiring network of hill women from various local self-help groups which started the venture as a non-profit called the Mahila Umang Samiti. AAROHI's team got valuable insights into UMANG's working strategies leading both sides to pursue discussions on mutual business opportunities in procurement and supply of required raw materials.

## Our revenue streams

The total revenues has gone up by 11% as compared to the previous year, despite the GST impact and challenges we faced throughout the year with regard to availability of raw materials of apricot kernels. The reasons for this can be attributed to an increase in tourist footfall in Uttarakhand, more promotions on social media, new tie-ups in Mumbai and Delhi that we established during 2017-18. The demand for high quality, natural and hand-made products is on the rise and recognition of the brand "Aarohi" in this space is positively growing.

The retail segment forms our core revenue stream constituting 76% of total revenues, followed by sales at exhibitions forming nearly 11%. Sales through our nature shop greatly improved, this year, it forms 8.5% of the total revenues, followed by sales through our website (online shop) which forms 4.5% of the total.

## Sales and Marketing

Particulars	2015-16	2016-17	2017-18
<b>Total number of products</b>	13	13	13
<b>Total revenue - product segment wise (In INR lakhs)</b>			
<b>Body care products</b>	43.38	38.45	43.15
<b>Herbs</b>	7.70	7.36	7.62
<b>Total revenue - location wise (In INR lakhs)</b>			
<b>Within Uttarakhand</b>	30.26	27.67	28.82
<b>Outside Uttarakhand</b>	20.82	18.14	21.95

With the introduction of GST, this year, our products such as the Apricot Oil, Scrub, Soaps and Cream underwent an increased percentage of tax. Despite the increase in tax, the revenues are on the higher as compared to last year. However, our bottom-line was impacted because of increase in tax percentage, as we were unable to avail of GST credit on purchases. Our major purchases include raw material procurement, which is from the farmers directly/smaller organisations, which do not have GST registration.

## Impact on local livelihoods

The net benefits to individual beneficiaries through procurement of raw material, processing of raw material and direct employment improved greatly this year. On an average there has been an income increase of approximately INR 820 per beneficiary.

We purchased 11 quintals of apricot seeds, nearly 57 quintals of kernels and 3.04 quintals of herbs this year, working with approximately 1,400 farmers and incurring a total cost of INR 12.34 lakhs. Procurement of herbs increased during the current year as compared to previous year because of higher demand of herbs in the market. However, the purchase of apricot seeds was on the lower side, because of the shortage in availability of apricot seeds, this year.

We processed 43.4 quintals of kernels this year and incurred a total of INR 1 lakh in processing costs which include sorting of kernels and pounding of scrub cake. We had fewer people involved in processing activities because of direct purchase of apricot nuts this year.

## Procurement and Processing

Particulars	2015-16	2016-17	2017-18
Total producer beneficiaries	1,455	1,485	1,455
Number of procurement villages	180	205	195
Apricot nuts purchased (In quintals)	41.37	8.50	11.37
Apricot kernels purchased (In quintals)	49.84	21.70	57.14
Apricot kernels processed (In quintals)	46.46	32.86	43.48
Dry herbs purchased (In kgs)	270	210	304
Benefit to farmers-purchase of nuts/kernels/herbs (In INR)	1,108,737	310,481	1,234,320
Total number of people involved in processing activities	16	17	15
Benefit to people, involved in processing activities (In INR)	123,841	92,408	99,189

## Combined Benefit

Particulars	2015-16		2016-17		2017-18	
	No of beneficiaries	Benefit to beneficiaries (INR)**	No of beneficiaries	Benefit to beneficiaries (INR)**	No of beneficiaries	Benefit to beneficiaries (INR)**
<b>Procurement*</b>	1,455	1,108,737	1,485	310,481	1,455	1,234,320
<b>Processing</b>	16	123,841	17	92,408	15	99,189
<b>Salaries &amp; wages</b>	16	1,657,742	17	1,762,197	16	2,003,323
<b>Combined benefit</b>	1,487	2,890,320	1,519	2,165,086	1,486	3,336,832
<b>Average benefit</b>	1,943		1,425		2,245	

\*Procurement spans a maximum of three months in a year.

\*\* Members of the same family are each considered as being an individual beneficiary.

The production unit provides direct employment to the members of the community. We have 16 full-time employees engaged in various aspects of manufacturing, packaging and distributing. A total salary of INR 20 lakhs was disbursed in this year.

## Homestay Programme

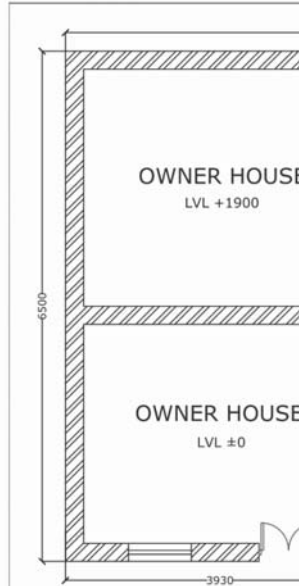
Efforts were made towards consolidation of the home stay programme. Currently 11 households are direct beneficiaries of this programme which has earned them an additional annual income of INR 33,000.

This year, the home stay owners were made aware of the legal compliances they must adhere to. A visit was organised to the State Tourism Department and to the Local Intelligence Unit (LIU). This exposed the home stay owners, who are mostly marginalised farmers from the area, to various government departments, breaking their inhibitions and giving them an opportunity to interact with the concerned government officials. It helped them understand the relevant legal compliances and equipped them to meet these

compliances independent of Aarohi.

The registration process of all the home stays with the State Tourism Department was initiated this year. As part of this registration process, four students of Architecture from Graphic Era Hill University, Dehradun, under the guidance of Architect Sriparna Saha, prepared the technical drawings (floor plans, sections, key plans) after an on-site survey for 11 home stays at village Peora in October 2017.

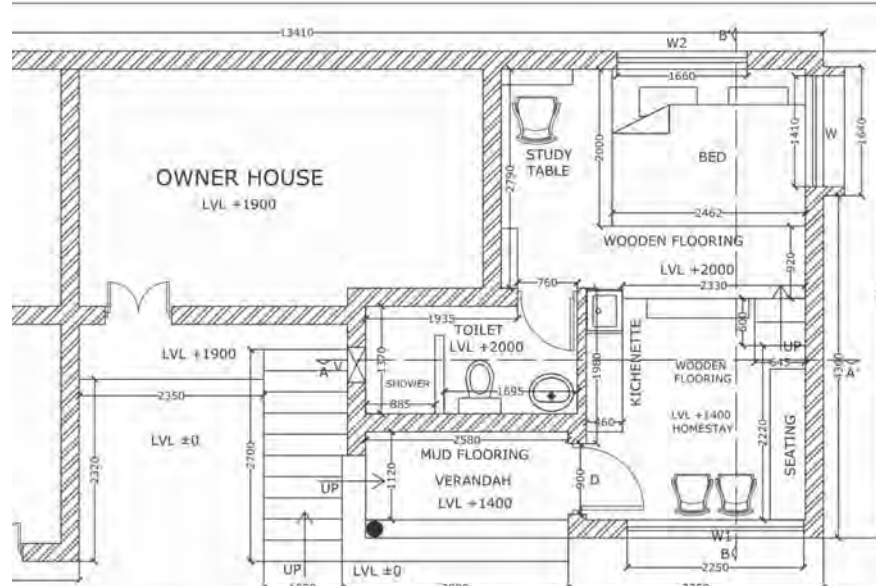
Once completed, this registration will bring more credibility to these homestays and allow them to host foreign nationals.



**PLEASE REFER TO THE MASTER KEY PLAN FOR HOMESTAY CLUSTER**

**KEY PLAN**

**HOMESTAY OWNER NAME: JEEVAN SINGH BISHT**

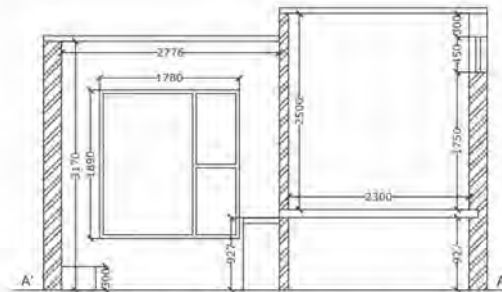


**GROUND FLOOR PLAN**

WINDOW	LENGTH	WIDTH	HEIGHT
W	1410	230	1750
W1	2250	230	1890
W2	1660	230	450

DOOR	LENGTH	WIDTH	HEIGHT
D	900	230	2100

**DOOR WINDOW SCHEDULE**



**SECTION A-A**



**SECTION B-B'**

**POSTAL ADDRESS: VILLAGE PEORA, POST PEORA, DISTT- NAINITAL**

**DATE: 30/10/2017**

**DRAWN BY: PRIYA DHIMAN & MOHD ANAM ANSARI**

**ARCHITECT SIGNATURE**



## NATURAL RESOURCE MANAGEMENT

In past few years one can see a clearly visible demographic change in the Central Himalayan region, with the local population migrating to the cities for menial jobs and those from the cities buying prime agricultural land to build resorts and houses. The villagers have little to no say in the development of their own village. Loss of vegetation, top soil erosion, increase in surface run-off, micro climate changes and lowering of water table are some of the very dangerous and pertinent reasons why there is need for a wider discussion on the very idea of development in the context of the mountains.

Empowering the local community to manage their own natural resources through active engagement with the Van Panchayats has been one of the important areas of Aarohi's interventions.

This year, Aarohi in collaboration with the Satoli Van Panchayat will work towards the conservation of five acres of forest land, constituting of village commons. The emphasis is on conservation, facilitating natural regeneration and protection of forests from forest fires.

With the aim of promoting sustainable architecture in the region, a one - day orientation workshop was held on Adobe Mud Architecture. The aim was to trigger a dialogue around locally available natural building material and the possibility of using it to create solar passive, energy efficient and environmentally sustainable buildings.

Community members are active participants in identifying their vision for their community and the ways to achieve it. Empowering the locally elected representatives and the village community at large in the current context of changing climate and depleting natural resources to secure their livelihoods, conserving their natural resources and building assets for sustainable growth is what is being proposed through Natural Resource Management Programme.



## VOLUNTEER PROGRAMME

*"My decision to work with Aarohi was the best choice I could have made for my research project. Aarohi was there for me at every step of the way. Aarohi not only helped me gain a greater understanding of the context in which I was conducting my research but also challenged me to better my research in whatever way possible."*

*Brittany, SIT Student, USA*

**Brittany**, an SIT student, interned at Aarohi, researching the changes that traditional midwives have undergone, owing to the increase in institutionalization of maternal care. In addition to this, she did a brilliant job of documenting case studies of our local Dais/Traditional Birth Attendants (TBAs) who have been associated with Aarohi for the last many years.

Sustaining our work would be difficult without the volunteers who reach us from near and far with professional and creative skills. Whether it is exposing our children to different art forms; providing professional inputs like marketing and product designing; reviewing our policies, documenting our work or holding medical camps and performing critical surgeries, the contribution of volunteers to our work is invaluable.

They come to Aarohi as strangers, slowly becoming friends and leaving behind beautiful memories.

**Shreyas Rajesh**, a class 12 student, Shreyas spent two weeks at AAROHI and specifically with our Mobile Medical Unit, providing help and support where it was required the most and gaining a glimpse of rural healthcare services on the side:

*"I am incredibly grateful to the Aarohi and MMU team for providing me with an amazing experience. Both as a student and individual, I have experienced tremendous growth, developing resilience, learning to acclimatize, and challenging my inhibitions. My eyes have been opened to the realities of rural India, and I leave with a deeper appreciation for its culture, community, and uniqueness. The friendships I fostered and adventures we went through will remain deeply-engrained in my heart."*

**Garima Thareja**, a graduate in Fashion Management from the London College of Fashion, helped us with an independent class observation of our classes (aanganwadis) in our education outreach programme and profiling of teachers at Aarohi Bal Sansar.

*"My experience at Aarohi is what I call a reality check. One month passed with a blink of an eye, but the experience in my heart will last for a lifetime. Visiting aanganwadis and interacting with small children, understanding how they view the world from notorious and utterly fresh view was a blissful experience. Teachers at Aarohi Bal Sanasar inspired me in ways I never thought was real until I met all of them. I take back with me a believe that nothing is impossible and that happiness lies within you. But most importantly, you don't need a lot to be happy in life."*

## Financial Overview

**AAROHI SOCIETY**
**FINANCIAL YEAR 2017-18 : BALANCE SHEET**

LIABILITIES	Schedule ref	2017-18	2016-17	Movement
<b>Unrestricted funds</b>				
-General Fund	la	18,901,461	16,575,679	2,325,781
<b>Designated funds</b>				
	lb	18,268,243	15,967,024	2,301,219
<b>Restricted fund</b>				
-Endowment/Corpus fund	Ila	31,170,000	29,620,000	1,550,000
-Donations and grants pending utilisation	Ilb	14,711,775	20,156,198	(5,444,422)
<b>Grant utilised for fixed assets and capital work in progress</b>				
-Local funds	III	11,885,442	11,663,467	221,975
-Foreign funds	III	7,972,431	7,818,831	153,600
<b>Current liabilities &amp; provisions</b>				
-Sundry creditors	IVa	1,112,318	420,035	692,283
-Statutory dues payable	IVb	270,833	303,200	(32,367)
-Deposits	IVc	1,636,545	1,397,035	239,510
-Provisions	IVd	-	300,000	(300,036)
<b>GRAND TOTAL - LIABILITIES</b>		<b>105,929,048</b>	<b>104,221,469</b>	<b>1,707,543</b>

ASSETS	Schedule ref	2017-18	2016-17	Movement
<b>Fixed assets</b>				
Capital work in progress	V	25,846,077	24,614,472	1,231,605
	V	-	150,000	(150,000)
<b>Investments</b>				
Long-term investments	VI	55,844,938	47,496,122	8,348,816
Current investments	VI	10,270,000	19,174,000	(8,904,000)
<b>Total investments</b>		<b>66,114,938</b>	<b>66,670,122</b>	<b>(555,184)</b>
<b>Current assets</b>				
Cash & bank balances	VII	6,534,072	5,937,548	596,524.00
Receivables	VIII	711,729	858,148	(146,419.00)
Inventories	IX	2,156,990	1,681,658	475,332.00
Sundry deposits	X	23,824	23,824	0.00
Other current assets	XI	4,541,418	4,285,697	255,721.00
<b>Total current assets</b>		<b>13,968,033</b>	<b>12,786,875</b>	<b>2,810,107.00</b>
<b>GRAND TOTAL - ASSETS</b>		<b>105,929,048</b>	<b>104,221,469</b>	<b>3,336,528</b>

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

### Note 1 : Balance sheet

- 1 General funds consist of unrestricted funds that have been contributed to Aarohi that have been created for running the organisation for charitable purposes. The increase under this head is owing to increase in incomes from activities, gain on redemption of mutual funds in Aarohi Arogya Kendra.
- 2 Designated fund consists of various funds that have been set aside by the management for specific purposes or to meet future commitments. The individual donations for both our education and health initiatives have increased.
- 3 Endowment fund is a form of restricted fund which has been received with a stipulation from the donor that amount received should not be used for any other purpose. Only the income earned from these funds can be used for specific purposes, depending upon the terms of contribution made. The increase under this head is mainly on account of an additional corpus fund of INR 15 lakhs donated by Mrs. Saral Tandon towards our scholarships programmes.
- 4 The decrease under the head "others" of restricted funds relates to the net increase of expenditure incurred and grants received during the current year. This year, lesser grants were received, with similar expenditure as compared to the previous year, which has resulted in utilisation of grants, thereby reducing the total amount. Major grants/donations were received from the following organisations during the current year:

1	Tata Trusts	11,868,000	Towards our community health programme
2	Aarohi Schweiz	1,652,750	Towards our health, education, forestry initiatives
3	Himalaya	3,500,000	Towards our community health programme
	<b>Total</b>	<b>17,020,750</b>	

- 5 During the current year, Aarohi purchased equipment for our community health and clinical health projects. This includes purchase of 39 tablets for our Mobile Health project for ASHA workers in Sunibend amounting to INR 2.49 lakhs and OT Lights for our hospital, Aarohi Arogya Kendra amounting to INR 2.63 lakhs.

Also, motorcycles worth INR 8 lakhs in total were bought for our staff working in the community out of the grant received from Bajaj Auto during the previous year.

- 6 Capital work in progress pertains to land improvements in the form of fencing for our school, Aarohi Bal Sansar. The work was completed, this year and capitalised as land improvements.

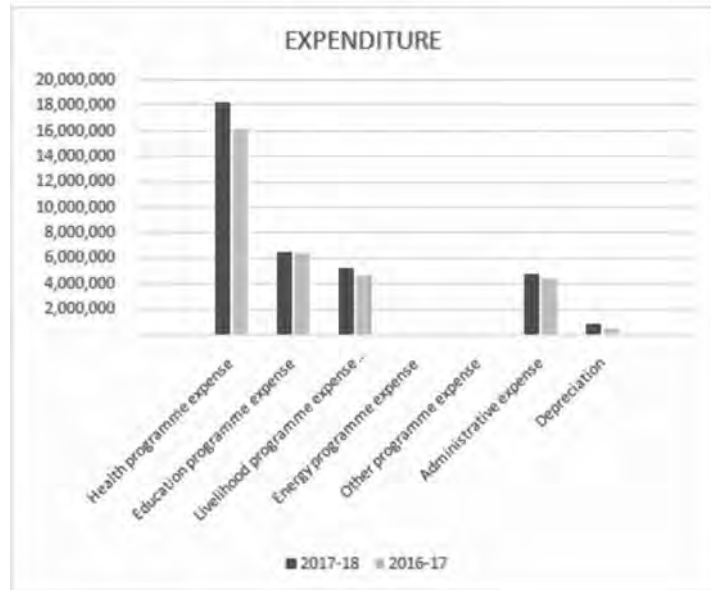
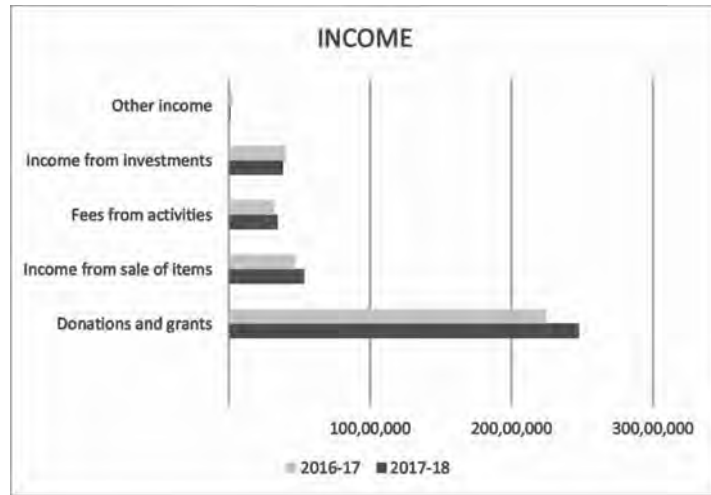
- 7 Provision pertains to the gratuity liability as of March 31, 2018, net of contribution made to Life Insurance Corporation of India.
- 8 The net decrease in investments is because of utilisation of grant money on one hand and on the other hand Increase in long term investments such as corpus funds. Our investment portfolio consists of investment in fixed deposits, state government securities, financial institutions and mutual funds - with investment in fixed deposits in banks consisting of 70% of total investments.
- 9 Increase in inventories is on account of stock at Nature shop. This includes third party stock that is sold at the Nature shop.
- 10 Increase in other current assets is on account of accrued interest as of March 31, 2018 as compared to the interest accrued for as of March 31, 2017 and also on account of TDS receivable.

**AAROHI SOCIETY****FINANCIAL YEAR 2017-18 : INCOME & EXPENDITURE**

<b>PARTICULARS</b>	<b>2017-18</b>	<b>2016-17</b>	<b>Movement</b>
<b>INCOME</b>			
Donations and grants	24,739,212	22,417,567	2,321,644.71
Income from sale of items	5,308,227	4,697,305	610,921.63
Fees from activities	3,446,287	3,236,981	209,306.00
Income from investments (interest, dividend, capital gain)	3,842,448	4,069,124	(226,675.72)
Other income	122,163	261,132	(138,969.13)
<b>TOTAL INCOME</b>	<b>37,458,337</b>	<b>34,682,110</b>	<b>2,776,227.49</b>
<b>EXPENDITURE</b>			
Health programme expense	18,249,726	16,179,861	2,069,864.60
Education programme expense	6,525,494	6,327,290	198,204.00
Livelihood programme expense (including Haat)	5,184,111	4,646,497	537,614.26
Energy programme expense	64,875	147,821	(82,946.00)
Other programme expense	18,575	1,600	16,975.00
Administrative expense	4,804,864	4,380,732	424,131.91
Depreciation	858,109	414,850	443,259.00
<b>TOTAL EXPENDITURE</b>	<b>35,705,754</b>	<b>32,098,651</b>	<b>3,607,102.77</b>
<b>Excess of income over expenditure</b>	<b>1,752,583</b>	<b>2,583,458</b>	<b>(830,875.28)</b>

**Note 2: Income and Expenditure notes**

- 1 Increase in donations and grants relates to increase in utilisation of funds in respect of our community health projects that are funded by Tata Trusts and Himalaya.
- 2 Revenues have improved by 13% as compared to the previous year, despite the impact of GST on account of new retail partnerships, better sales performances at exhibitions and increase in number of exhibitions.
- 3 Income from investments include interest accrued as of March 31, 2018 and gain on redemption of mutual funds during the current year.
- 4 Health programme expenses have increased on account of increase in salaries on account of increment, increased spend on mobile health technology and menstrual hygiene campaign in our community health projects.
- 5 Education programme expense has remained the same more or less as compared to the previous year, because of the limited funds available, the expenses were kept in check. Education outreach program funded by THF also wound up in September 2017 and later we got an extension for 3.5 months. This also resulted in reduction of costs in this head.
- 6 Depreciation has increased because of increase in purchase of fixed assets during the current year.





**Appendices**

## Founder Members

Late Pratap Bhaiya

Late Oona Sharma

Dr. Sushil Sharma

Late V. B. Eswaran

Late Lt. Gen. Gurbir Mansingh

Mohit Satyanand

Late Dr. Ajay Dhar

## Members of the Managing Committee

Dr. (Col) Chandra Shekhar Pant, VSM (Retd.) Chairman

Jyoti Patil Secretary

Jagdish Nayal Treasurer

Premila Satyanand Member

Ram Vaidya Member

Ranjan Joshi Member

Lopa Gandhi Member

## Life Members

Name	Place	Name	Place
Dr. J. S. Mehta	Almora	Mr. Saurav Debnath	Haridwar
Mr. Mohan Chandra Kandpal	Almora	Mr. Jagdish Bhandari	Nainital
Mr. C. S. Martoliya	Almora	Mr. Diwan Singh Bisht	Nainital
Mr. Ranjan Joshi	Almora	Mr. Praveen Sharma	Nainital
Mr. Gopal Negi	Kaphura	Mr. Kalyan Paul	Ranikhet
Dr. P. L. Arya	Kaphura	Mrs. Anita Paul	Ranikhet
Mr. Rajendra Singh Mehra	Mouna	Mr. Yoganand Sinha	Allahabad
Ms. Anandi Arya	Mukteshwar	Mrs. Maya Sinha	Allahabad
Mr. Kunwar Singh Negi	Nathuakhan	Mr. Peter S. Chowfin	Bareilly
Mrs. Kiran Singh	Nathuakhan	Mrs. Kalpana Ghai	Chandigarh
Mrs. Julia Singh	Nathuakhan	Mr. Subhash Puri	Chandigarh
Mr. Harish Chandra Singh Negi	Nigrar	Mrs. Jasjit Mansingh	Delhi
Mr. Pradeep Gupta	Satkhol	Dr. Surjit Mansingh	Delhi / USA
Mrs. Shubha Gupta	Satkhol	Mrs. Jasleen Dhamija	Delhi
Mr. Tikam Singh Bisht	Satkhol	Mrs. Sukhada Gupta	Delhi
Mrs. Sheeba Sen	Satkhol	Air Vice Marshal V.B. Batra (Retd)	Delhi
Dr. Sushil Sharma	Satoli	Lt. Col. Rajat Chatterjee (Retd)	Delhi
Ms. Munni Kabdal	Satoli	Ms. Niharika Puri	Delhi
Dr. Harish Chandra Pant	Satoli	Mrs. Neelakshi Chatterjee	Delhi
Mr. Vikram Maira	Sitla	Col. Sudhir Tripathi (Retd)	Delhi
Mr. Sanjeev Kumar Bohra	Dehradun	Mrs. Vijaylakshmi Baig	Delhi
Mr. Arjan Brijnath	Dehradun	Mr. Ranjit Dhillon	Delhi
Mrs. Diljit Brijnath	Dehradun	Mr. Ibadat Singh Dhillon	Delhi
Mr. B. D. Kharkwal	Haldwani	Mr. Sanjeev Saith	Delhi
Dr. Lakshita Joshi	Haldwani	Mrs. Laxmi Ahuja	Delhi
Mr. Vinit Joshi	Haldwani	Mr. Aditya Ahuja	Delhi
Mr. Sunanda Joshi	Haldwani	Mr. Rajesh Thadani	Delhi

Name	Place	Name	Place
<b>Ms. Anuradha Sharma</b>	Delhi	<b>Dr. Smita Usgaocar</b>	Goa
<b>Mr. Peter Laughton</b>	Delhi	<b>Dr. Ashok Agarwal</b>	Jaipur
<b>Mr. Subodh Kumar Saigal</b>	Delhi	<b>Mr. Mohan Lal Gupta</b>	Jaipur
<b>Mrs. Purnima Saigal</b>	Delhi	<b>Mr. Abey Pandaplakkal John</b>	Kerala
<b>Ms. Aishwarya Saigal</b>	Delhi	<b>Mr. Aashish Chaudhary</b>	Meerut
<b>Ms. Aparajita Saigal</b>	Delhi	<b>Dr. Bharaj Lal</b>	Maharajganj
<b>Mrs. Smriti Sharma</b>	Delhi	<b>Mrs. Meera Gurbaxani</b>	Mumbai
<b>Dr. Puneet Singh</b>	Delhi	<b>Mrs. Arti Gurbaxani</b>	Mumbai
<b>Mr. Vishal Bhandari</b>	Delhi	<b>Mr. H. Gurbaxani</b>	Mumbai
<b>Dr. (Col) C. S. Pant (Retd), VSM</b>	Delhi	<b>Mr. Avinash Gurbaxani</b>	Mumbai
<b>Ms. Surbhi Bhalla</b>	Delhi	<b>Mr. Kaushik Chatterjee</b>	Mumbai
<b>Ms. Kamiya Dargan</b>	Delhi	<b>Mrs. Suchishree Chatterjee</b>	Mumbai
<b>Dr. Geeta Pant</b>	Delhi	<b>Mr. Kurush Pavri</b>	Mumbai
<b>Dr. Sanjay Jain</b>	Delhi	<b>Dr. Amrish Vaidya</b>	Mumbai
<b>Dr. Nivedita Deo</b>	Delhi	<b>Mr. Mahesh Natekar</b>	Mumbai
<b>Mr. Rahul Jain</b>	Delhi	<b>Ms. Shweta Gopalachari</b>	Mumbai
<b>Mr. H.L. Kapoor (Rajiv Kapoor)</b>	Delhi	<b>Mr. Vikram Suresh Nerurkar</b>	Mumbai
<b>Mr. Lalit Bhandari</b>	Delhi	<b>Ms. Aarti Shenoy</b>	Mumbai
<b>Mr. Vivek Gupta</b>	Delhi	<b>Mr. Milind Gandhi</b>	Mumbai
<b>Mr. Nitin Gupta</b>	Delhi	<b>Mrs. Lopa Gandhi</b>	Mumbai
<b>Mr. Iqbal Husain Khan</b>	Faizabad	<b>Mr. V. Venkat Rao</b>	Mumbai
<b>Mrs. Manjula Jhunjhunwala</b>	Faizabad	<b>Ms. Priti Rao</b>	Mumbai
<b>Dr. Kusum Jasuja</b>	Faizabad	<b>Mr. Ram Vaidya</b>	Mumbai
<b>Ms. Neeraja Joshi</b>	Gurgaon	<b>Ms. Shilpi Gupta</b>	Mumbai
<b>Dr. Rohit Radhakrishan Nair</b>	Goa	<b>Mr. Suresh Bhapkar</b>	Nagpur
<b>Dr. Raju Usgaocar</b>	Goa	<b>Ms. Rashmi Birmani</b>	Nagpur
		<b>Mr. Sanjay Deshpande</b>	Nagpur

Name	Place	Name	Place
<b>Mrs. Manju Gupta</b>	Noida	<b>Mr. Arjun M. Hiemsath</b>	Australia
<b>Mr. Arun Kumar Gupta</b>	Noida	<b>Mr. Kabir M. Hiemsath</b>	Australia
<b>Mr. Ankit Gupta</b>	Noida	<b>Mr. Steven Langendries</b>	Belgium
<b>Ms. Juhi Harisinghani</b>	Pune	<b>Ms. Stefanie Friedel</b>	Belgium
<b>Mrs. Meena Harisinghani</b>	Pune	<b>Dr Astrid Christoffersen-Deb</b>	Canada
<b>Mr. Ajit Harisinghani</b>	Pune	<b>Mr. David McMinn</b>	Canada
<b>Mr. Anand Vinze</b>	Pune	<b>Mr. Vijay Kumar</b>	Germany
<b>Mrs. Jayashree Vinze</b>	Pune	<b>Mrs. Margaret Kumar</b>	Germany
<b>Mrs. Pilloo Framjee</b>	Pune	<b>Ms. Pilar Palacia</b>	Italy
<b>Mrs. Geeta Billimoria</b>	Pune	<b>Mr. Claude Al Tabar</b>	Lebanon
<b>Mr. Shirish Kulkarni</b>	Pune	<b>Mr. Peter Furst</b>	Shillong
<b>Mrs. Raj Arora</b>	Pune	<b>Mrs. Maureen Furst</b>	Shillong
<b>Dr. Kumar Vishwanath</b>	Pune	<b>Ms. Kanika Jain</b>	Singapore/USA
<b>Mrs. Radha Vishwanath</b>	Pune	<b>Dr. Sarah Marti</b>	Switzerland
<b>Mrs. Usha Deo</b>	Pune	<b>Dr. Corina Wild</b>	Switzerland
<b>Mr. Vikas Deo</b>	Pune	<b>Ms. Jaqueline Lane</b>	UK
<b>Mr. Deepak Deo</b>	Pune	<b>Ms. Robyn Davidson</b>	UK
<b>Brig. Vivek Sapatnekar (Retd)</b>	Pune	<b>Mr. Leeds</b>	UK
<b>Mrs. Neela Sapatnekar</b>	Pune	<b>Mrs. Fiona Mohan</b>	UK
<b>Ms. Prajakta Sarwottam</b>	Pune	<b>Mr. Barrows</b>	UK
<b>Ms. Neha Jacob</b>	Pune	<b>Mr. Charles Dobbin</b>	UK
<b>Dr. Ravi Chandra</b>	Patna	<b>Ms. Hazel Jackson</b>	UK
<b>Mr. Rajneesh Ranjan</b>	Varanasi	<b>Ms. Gill Smith</b>	UK
<b>Ms. Nicole Kilborn</b>	Australia	<b>Ms. Liz Roberts</b>	UK
<b>Mr. Tim Winton</b>	Australia	<b>Mr. Kenneth Robbie</b>	UK
<b>Ms. Marissa Howard</b>	Australia	<b>Ms. Jodie Giles</b>	UK
<b>Ms. Helen Peters</b>	Australia	<b>Ms. Lucy Lloyd Price</b>	UK

Name	Place	Name	Place
<b>Mr. Barry Morley</b>	UK	<b>Dr. Anjali Niyogi</b>	USA
<b>Mr. Richard Chamberlin</b>	UK	<b>Mr. Patrick Staiger</b>	USA
<b>Dr. Michael Priest</b>	UK	<b>Dr. Vineeth Varanasi</b>	USA
<b>Mr. Russell Scott</b>	UK	<b>Dr. Subhashini Allu</b>	USA
<b>Mr. Nigel Ried</b>	UK	<b>Ms. Medha</b>	USA
<b>Ms. Aparajita Singh Breur</b>	USA	<b>Dr. Mukesh Shah</b>	USA
<b>Dr. Thomas Breur</b>	USA	<b>Dr. Neera Shah</b>	USA
<b>Ms. Nimmi Harisinghani</b>	USA	<b>Mr. Gurpal Singh Bindra</b>	USA
<b>Mr. Aloke Mansingh</b>	USA		
<b>Mrs. Yasmir Bisal</b>	USA	<b>Members joined this year:</b>	
<b>Ms. Maya Mansingh</b>	USA		
<b>Dr. Sandeep Gupta</b>	USA	<b>Mr. Chandra Shekhar Pandey</b>	Barechhina (Almora)
<b>Ms. Fatima Gupta</b>	USA	<b>Ms. Sudha Sastri</b>	Delhi
<b>Mr. Romi Sahai</b>	USA	<b>Mr. Shrikant Sastri</b>	Delhi
<b>Mr. Abhinav Saigal</b>	USA	<b>Mrs. Saral S. Tandon</b>	Delhi
<b>Dr. Seemin Qayum</b>	USA	<b>Mr. Shreyas Shankar</b>	Hyderabad
<b>Mr. Sinclair Thomson</b>	USA	<b>Mrs. Monica Darryal Drego</b>	Maharashtra
<b>Dr. Sanjeev Arora</b>	USA	<b>Mr. Vijay Anand Jangiti</b>	Maharashtra
<b>Dr. Madhu Arora</b>	USA	<b>Ms. Jyoti Patil</b>	Maharashtra
<b>Ms. Anita Arora</b>	USA	<b>Dr. Rajesh T Mehta</b>	Maharashtra
<b>Ms. Sarah Arora</b>	USA	<b>Dr. Bharti R Mehta</b>	Maharashtra
<b>Ms. Siddhi Gupta</b>	USA	<b>Dr. Kunal Mehta</b>	Maharashtra
<b>Mr. Joshua Kearns</b>	USA	<b>Dr. Ripple Mehta</b>	Maharashtra
		<b>Mr Raju Mehra</b>	Sargakhet
		<b>Dr. Robert Graf</b>	Switzerland

## INSTITUTIONAL CONTRIBUTIONS

Name of Organisation	Amount	Sector Of Support
<b>Tata Education &amp; Development Trust</b>	11,868,000	Health Program
<b>The Himalaya Drug Company</b>	3,500,000	Health Program
<b>Aarohi Schweiz</b>	1,652,750	Development
<b>M/s Quovantis Technologies Pvt. Ltd.</b>	1,000,000	Education
<b>Aarohi UK</b>	497,429	Education
<b>Parksons Packaging Ltd.</b>	440,000	Health Program
<b>Metores Trust</b>	250,000	Health
<b>Oil and Natural Gas Corporation Ltd.</b>	100,000	Health Program
<b>M/s World Learning India Pvt. Ltd.</b>	57,000	Development
<b>Gen. Mohan Singh Azad Hind Fauj Charitable Trust</b>	35,000	Education
<b>M/s Ramco Steels Pvt. Ltd.</b>	35,000	Education
<b>M/s Vashketu Foundation</b>	34,000	Education
<b>M/S Advent Health Care Pvt. Ltd.</b>	25,000	Scholarship
<b>M/s Friend Comfort Home Hospitality Services</b>	9,223	Development

## INDIVIDUAL DONORS

Name of Donor	Amount	Programme
Mr. Vikash Vig	22,000.00	Development
Mr. Kapish Malik	10,000.00	Development
Mr. Hemanathan V.	5,000.00	Development
Ms. Jyoti Patil	5,000.00	Development
Ms. Sushila Joshi	5,000.00	Development
Col. (Dr.) P. K. Dutta	2,000.00	Development
Mr. K. N. Monga	2,000.00	Development
Mr. Sundar	2,000.00	Development
Ms. Nisha Bahadur	2,000.00	Development
M/s Ledge Team	1,000.00	Development
Ms. Neha Gupta	500.00	Development
Mr. Vikas Kutty	75,000.00	Education
Anonymous	57,457.00	Education
Dr. Purnima Dhar	50,000.00	Education
Mr. Anuroop Singh	34,000.00	Education
Ms. Vandana Singh Bangari	30,000.00	Education
Mr. Arivnd & Ms. Priya	25,000.00	Education
Mr. Deep Chandra Joshi	25,000.00	Education
Mr. Bondal Jaishankar	20,000.00	Education
Ms. Ruchira Pandey	20,000.00	Education
Ms. Tulsi Gurbaxani	16,000.00	Education
Ms. Minni K. Sharma	12,000.00	Education
Dr. Veereshwar Bhatnagar	10,000.00	Education
Mrs. Afsha Talwar	10,000.00	Education
Ms. Meena Harisinghani	10,000.00	Education
Gajendra Singh Rawat	8,000.00	Education
Ms. Deepa Bhatt	8,000.00	Education
Community (During Independence Day in Aarohi School)	7,826.00	Education
Mr. Heather MC Vicar	5,636.00	Education
Mr. Mohan Lal Gupta	5,001.00	Education
Mr. Iram Sultan	5,000.00	Education
Mr. Rajeev Taneja	5,000.00	Education
Mr. Sharang Jatar	5,000.00	Education
Dr. Bharati Rajesh Mehta	4,000.00	Education
Ms. Madhumita Mitra	3,000.00	Education
Dr. Ripple Mehta	2,000.00	Education
Ms. Asha Gupta	2,000.00	Education

Name of Donor	Amount	Programme
Ms. Asha Kubba	2,000.00	Education
Mr. Baljit K. Jain	1,000.00	Education
Ms. Sheeba Sen	500.00	Education
Ms. Zarine Cooper	500.00	Education
Mr. Tushar Pant	473.00	Education
Ms. Achla Sawhney	200.00	Education
Mr. Bondal Jaishankar	20,000.00	Forestry
Anonymous	31,920.48	Global Giving Education
Pritika Bhatnagar	2,758.64	Global Giving Education
Mohit Agarwal	2,758.64	Global Giving Education
Vamsi Krishna K	1,532.58	Global Giving Education
Sunil Patel	1,379.32	Global Giving Education
Andrew A MacGregor	1,302.69	Global Giving Education
WowApp	503.91	Global Giving Education
Nivedita Niyogi	158,887.75	Global Giving Health
Zheng Yi	1,324.06	Global Giving Health
Ms. Premila Nazareth Satyanand	25,000.00	Harish Welfare
Mr. Om Prakash Wadhwa	350,000.00	Health
Ms. Reena Nanda	100,000.00	Health
Mrs. Mary Ray	43,383.00	Health
Mr. Deepak Purohit	21,000.00	Health
Dr. A. S. Kanwal	20,000.00	Health
Brig. Anupam Saha	10,000.00	Health
Dr. Bina Rawat	10,000.00	Health
Dr. Kumud Rai	10,000.00	Health
Dr. P. K. Sharma	10,000.00	Health
Dr. Pradeep Kumar Sharma	10,000.00	Health
Dr. Sunil Gupta	10,000.00	Health
Mr. Gopal Ranjit Mohan	10,000.00	Health
Anonymous	7,500.00	Health
Dr. Sushil Sharma	5,000.00	Health
Ms. Deepa Bhatt	5,000.00	Health
Mr. Rajesh Arora	2,000.00	Health
Gram Panchayat	1,100.00	Health
Mr. P. Singh	1,000.00	Health
Ms. Meena Talpade	1,000.00	Health
Mr. Doramaan J. Dalal	500.00	Health
Mr. G. N. Gulati	500.00	Health

Name of Donor	Amount	Programme
Mr. Nain Singh Dangwal	500.00	Health
Mr. Sudhakar Reddy	500.00	Health
Ms. Bhawana Pandey	500.00	Health
Ms. Chitra	500.00	Health
Ms. Deepa Paneru	500.00	Health
Ms. Ishwari	500.00	Health
Ms. Kumari Kamla	500.00	Health
Ms. Lalita	500.00	Health
Ms. Meena Devi	500.00	Health
Ms. Meera	500.00	Health
Ms. Neema Lamgariya	500.00	Health
Ms. Neeru	500.00	Health
Ms. Pooja Bora	500.00	Health
Ms. Pushpa Mewari	500.00	Health
Ms. Puspa Devi	500.00	Health
Ms. Reeta	500.00	Health
Ms. Sangeeta Sharma	500.00	Health
Ms. Seeta Devi	500.00	Health
Ms. Sushila Devi	500.00	Health
Ms. Tulsi	500.00	Health
Mr. Mohan Ram Arya	101.00	Health
Ms. Shanti Devi	101.00	Health
Ms. Jayanti Devi	100.00	Health
Ms. Saral S. Tandon	1,500,000.00	Scholarship
Ms. Heena Rajkumar Sharma	50,000.00	Scholarship
Ms. Achla Sawhney	100,000.00	Scholarship
Ms. Premila Nazareth Satyanand	100,000.00	Scholarship
Ms. Aakruti S. Deuskar	50,000.00	Scholarship
Dr. Col C. S. Pant	50,000.00	Scholarship
Ms. Kalpana Mehta	50,000.00	Scholarship
Ms. Sushilaben Patel	50,000.00	Scholarship
Dr. Puneet Kumar Singh	50,000.00	Scholarship
Dr. Tarun Sahni	25,000.00	Scholarship
Mr. Nitin Page	8,000.00	Scholarship
Mr. Benny Kurain	4,650.00	Scholarship
Ms. Jyoti Patil	2,500.00	Youth wing
Dr. Himanshu Upreti	2,500.00	Youth wing

## Product Price List

Product	Weight/Volume	Price in INR
Apricot Body Oil	50 ml	149
Apricot Body Oil	100 ml	249
Apricot Body Oil	200 ml	449
Peach Oil	100 ml	499
Apricot Body Scrub	50 gms	79
Apricot Body Scrub	100 gms	149
Apricot Body Scrub	150 gms	199
Apricot Body Cream	50 gms	199
Apricot Scrub Soaps	70 gms	79
Cinnamon/Orange/Vetiver/Rosemary/Geranium		
Luxury Soaps	70 gms	99
Rhododendron & Rose/Lemongrass & Nettle/ Neem & Turmeric / Sandalwood & Patchouli/ Jasmine & Mogra		
Culinary Herbs	20 gms	149
Oregano/Parsley/Jumboo/Marjoram/ Thyme/Rosemary/Basil		
Herb Tea	Pack of tea bags	149
Chamomile/Rosemary/Peppermint/Thyme		
Mixed Herb Salt - Continental Mix	20 gms	149
Mixed Herb Salt - Mint Medley	20 gms	129
Mixed Herb Salt - Spicy Parsley	20 gms	129
Apricot Gift Box	150 gms	349
(Oil, Scrub, Soap & Geranium sachet)		

## Building Capacity

Sr. no.	Name of Training	Total Trainings	Total Participants	Subject/Trainings Attended
1	Supervisor training	6	76	Complementary feeding, maternal kit, estimation of Hb, monitoring of Blood Pressure, HBNC, documentation, mobile health, Behaviour Change Communication(BCC), abdominal examination, RCH skill enhancing program in Herbertpur
2	ASHA/SK training	50	335	Abdominal examination, family planning, diarrhoea, complementary feeding, maternal kit, pneumonia, HBNC documentation, mobile health, BCC, counselling during pregnancy
3	Dai training	65	472	Use of maternal kit, TBA kit, immediate newborn care, management of postpartum haemorrhage before referral, danger signs during delivery and after delivery, diet and care during pregnancy, intra natal care
4	Coordinators' training	6	21	HBNC, mobile health, BCC, documentation

## Community mobilization (village meetings)

Type of meeting	Total meetings	Total participants	Males	Females	Average attendance	Subjects discussed
Matruh Samuh (Mother's groups)	447	4,956	66	4,890	11	Physiology of menstruation, menstrual hygiene, problems during menstruation and solution, diarrhea and its management at home, balanced diet, self image, physiological changes during puberty, home made ORS preparation, available absorbents in the markets to manage menstrual flow
VHSNC (Village Health Sanitation Nutrition Committee)	17	246	91	155	14	Use of untied fund
Swasthya Mela	10	1,084	-	-	108	Health songs and role play was done on topics such as importance of antenatal check up, safe drinking water, family planning, danger signs during pregnancy, postpartum haemorrhage

## Join Us

We welcome development professionals, doctors, public health professionals, nurses, midwives, counselors, teachers, managers and social entrepreneurs, to work with us.

Volunteer with us to serve in our hospital, teach at our school, document our work, or help us in marketing our products, designing new products and raise funds. Your professional skills can go a long way in strengthening our structure and processes.

Beautiful Himalayan ranges, pristine forests and days which can be called adventures - working with Aarohi is a beautiful experience. We work with limited internet connectivity, fluctuating voltage and sudden rainfall. You will interact with a well qualified, creative and passionate Aarohi team, who has left the comfort of their home, to work in these parts of the mountains.

Be a life member, contributing INR 1,000/- and become a part of the larger Aarohi family.

Support us in raising funds by donating towards our health, education and other development initiatives.

### Connect with us at:

Aarohi Satoli (India) -  
info@aarohi.org

Aarohi Schweiz (Switzerland Chapter) -  
rob.graf@yahoo.de

Global Giving Education -  
<https://www.globalgiving.org/projects/aarohi-bal-sansar/>

Global Giving Health -  
<https://www.globalgiving.org/projects/improved-maternal-and-child-care-in-the-himalayas/>

All contributions to Aarohi are exempt from Income Tax under Section 80G of the IT Act. Contributions can be made in the name of 'Aarohi' by way of demand draft or cheque, or bank transfer (NEFT/RTGS). Transfers using SWIFT can be made for out of country contributions.

*Aarohi is a not-for-profit society, registered under Societies Registration Act, 1860; Section 6(1) of the Foreign Contribution (Regulation) Act, 1976: Section 80G and 12 A of the Income Tax Act, 1961.*

Aarohi, Village Satoli, P.O. Peora,  
Dist. Nainital, Uttarakhand 263138 India  
+91 9758625455, [Info@aarohi.org](mailto:Info@aarohi.org)  
[www.aarohi.org](http://www.aarohi.org)