



INDIA HEALTH ACTION TRUST

Annual Report 2007-09



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LIST OF ABBREVIATION AND ACRONYMS

AIDS	- Acquired Immuno Deficiency Syndrome	NGO	- Non Government Organisation
ANC	- Antenatal Clinic	NRHM	- National Rural Health Mission
CBO	- Community-based Organisation	OVC	- Orphans and Vulnerable Children
CDPO	- Child Development Project Officer	PE	- Peer Educator
CHC	- Community Health Centre	PIP	- Project Implementation Plan
CRPF	- Central Reserve Police Force	PPTCT	- Prevention of Parent to Child Transmission
DWCD	- Department of Women and Child Development	PSI	- Population Services International
ESRM	- Environmental Science and Resource Management	RRE	- Red Ribbon Express
FBO	- Faith-based Organisation	RSACS	- Rajasthan State AIDS Control Society
FSW	- Female Sex Worker	SACS	- State AIDS Control Society
HIV	- Human Immuno deficiency Virus	SCBRB	- Save the Children, Bal Raksha, Bharat
ICDS	- Integrated Child Development Services	SIHFW	- State Institute of Health and Family Welfare
ICTC	- Integrated Counselling and Testing Centre	STI	- Sexually Transmitted Infections
IDU	- Injecting Drug Users	TI	- Targeted Intervention
KHPT	- Karnataka Health Promotion Trust	TOT	- Training of Trainers
KSAPS	- Karnataka State AIDS Prevention Society	TSU	- Technical Support Unit
MSM-T	- Men who have Sex with Men- Transgenders	UNICEF	- United Nations International Children's Emergency Fund
NACO	- National AIDS Control Organisation	UoM	- University of Manitoba
		VCTC	- Voluntary Counselling and Testing Centres

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1 FROM THE MANAGING TRUSTEE'S DESK



The past two years, HAT's fourth and fifth years of operation, have been very engaging and enriching. The experiences from the different states have added to the understanding of the work we do, this has steered the way towards more focussed and strategic programme planning and implementation. The scope and depth of HAT's work has broadened with additional projects and work opportunities in Karnataka, Rajasthan and Goa.

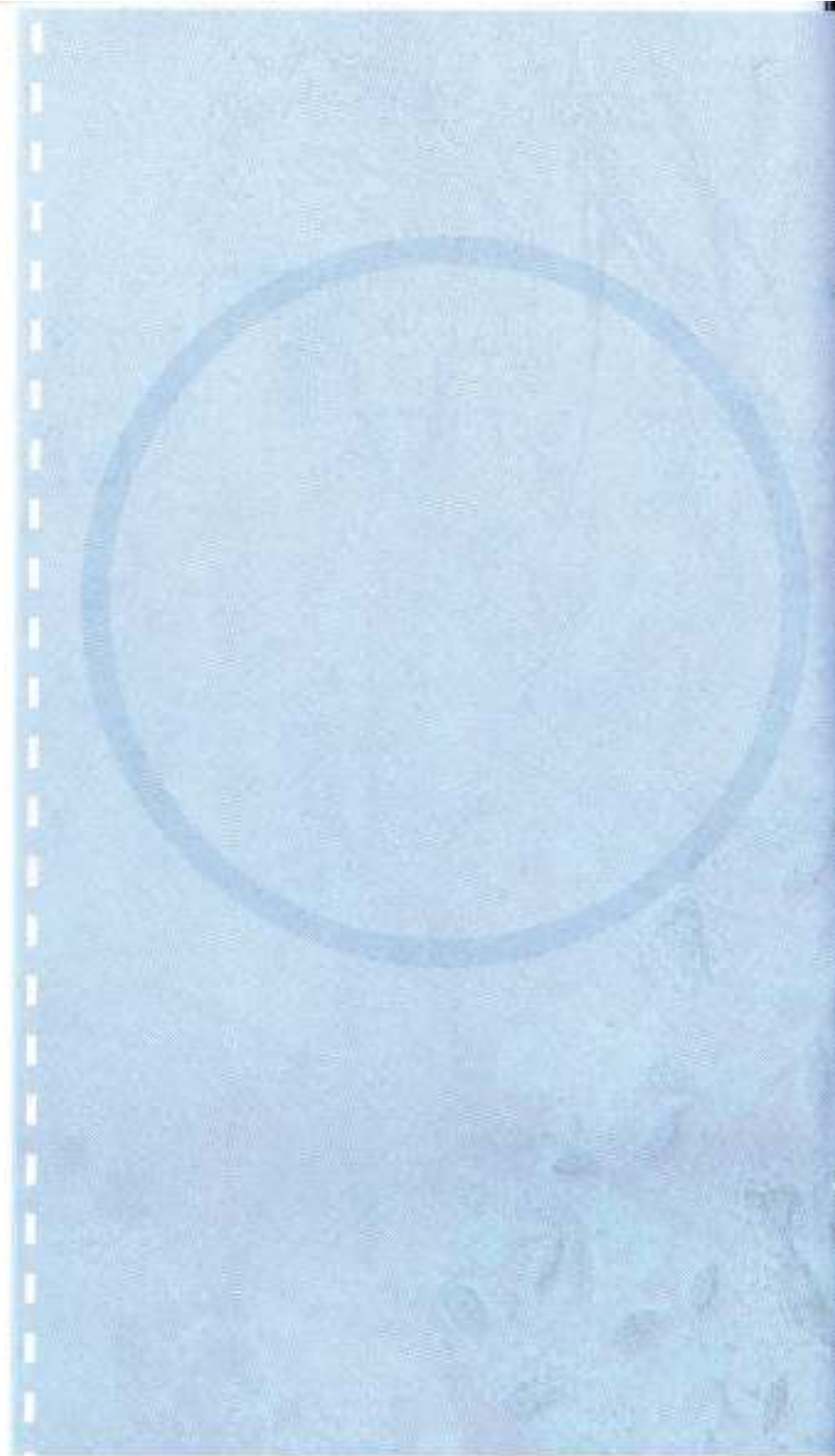
In Karnataka, the Technical Support Unit has been effectively supporting the state programme especially in scaling up and monitoring the quality of the targeted Intervention in the state. HAT-TSU has begun the process of streamlining the capacity building, mainstreaming and community mobilization initiatives effectively in line with the NACP III guidelines.

In Rajasthan, IHAT is now implementing several HIV/AIDS prevention, care and support projects along with, expanding its work on reproductive and child health, adolescent development, nutrition and life skill education. It has also initiated the design of rural intervention for OVC. Important collaborations have been made with organisations working in the state as well. State Training and Resource Center (STRC) has been established in partnership with University of Manitoba & the State Institute of Health and Family Welfare (SIHFW).

In Goa, IHAT undertook the mapping of High Risk Groups and migrant population, in close collaboration with Goa SACS. This was done with the funding support from NACO using its mapping guidelines. The surge in projects and activities has also seen an increase in the publications and study findings.

IHAT has taken important steps towards the vision of becoming an organisation committed to strengthening the public health response in the country. It would not have been able to move forward in its efforts without the generous support of its donors and partners. We acknowledge everyone's contribution to IHAT's work especially its committed staff and field workers. We believe this is just the beginning and that IHAT will continue in its sincere efforts to build and strengthen the health programmes in the country. We like to specially acknowledge the close collaborations with Karnataka Health Promotion Trust (KHPT) and the University of Manitoba, Winnipeg, Canada.

BM Ramesh
Managing Trustee



2 OVERVIEW

India Health Action Trust – IHAT is a registered secular trust founded in the year 2003, working in different states of the country. The vision of IHAT is to be an internationally benchmarked organization committed to impact public health policy and programmes through the use of programmatic science. The role of the Trust will be largely envisioning and enabling the pursuit of this vision.

IHAT has a multidisciplinary team dedicated to provide technical support to government and non government agencies working in public health. The uniqueness of IHAT is that it offers expertise in the complete programme life cycle. IHAT believes that partnership with government is essential to scale up programmes and devise policies based on evidence.

IHAT has partnered with institutions such as National AIDS Control Organization, State AIDS Control Organizations, Public Health Foundation of India, 'Bal Raksha, Save the Children', Bharat, UNICEF, University of Manitoba and Karnataka Health Promotion Trust.



The activities of the Trust are overseen by a board of trustees.

The following individuals constitute the board of trustees of IHAT:

Dr. Ramesh B. M	Managing Trustee
Ms. Parinita Bhattacharjee	Secretary
Dr. Reynold Washington	Treasurer
Dr. Priyamvada Singh	Trustee
Mr. Sukhathirtha H. S.	Trustee

IHAT is currently implementing projects in Rajasthan, Karnataka and Goa.

3 PROJECT ACTIVITIES



3.1 KARNATAKA

Recognizing IAT's strong management and human resource capabilities, the National AIDS Control Organization (NACO) identified IAT as a technical consultant for setting up a technical support unit (TSU) in Karnataka. IAT is effectively deploying its experience and learnings to support the HIV/AIDS intervention programme in Karnataka by providing technical support to the State AIDS Prevention Society. A Technical Support Unit (TSU) has been formed in 2007 to support KSAPS in areas like targeted intervention (TI), capacity-building, and strategic planning. The primary objective of the TSU is to support the development and implementation of HIV/AIDS strategies, especially provide support to the targeted intervention initiatives in the state and provide technical support as and when required by SACS.

In keeping with the objective of providing support, IAT's TSU is involved in assisting KSAPS in identifying and building capacities of NGO, CBO and civil society partners.





These objectives are achieved through:

- Providing orientation to KSAPS team on TI strategy of NACD & State Project Implementation Plan (PIF)
- Evolving a TI rollout plan for the state
- Assisting KSAPS in identification of NGO partners
- Developing curriculum and training manuals
- Field-based monitoring and evaluation of programmes
- Evolving mechanisms for linkages between prevention and care programmes
- Contributing in the state Program Implementation Plan
- Developing strategies for transition to CBOs
- Developing strategies for private sector participation (STI franchising, supporting TIs)

In Karnataka, the TSU has been engaged in the following core activities:

3.1.1 TARGETED INTERVENTIONS

Evaluation of the existing TIs were carried out during February and March 2008, to provide the necessary baseline data to KSAPS on each TI, which was in turn used to decide on contracting NGOs for the TIs in the year 2008-09.

TSU along with KSAPS organized a proposal development workshop for its TI partners in April 2008. A project proposal guidance document was prepared and circulated to all the TI partners. This helped the partners to reflect on their performance in the previous year and come up with suitable plans towards 08-09. Information on NACP III, CMIS and performance indicators was also shared as a part of the proposal development workshop.

The process of scale up of Targeted Interventions by the KSAPS started in April 08 and continued till September 08. The TSU team scrutinized the NGO/ CBO applications, organized a meeting of the Technical Appraisal Team and short-listed the applications. This was followed by Joint Appraisal Team visits to the shortlisted NGOs and CBOs for the final selection.

The MSM-T mapping in Karnataka was done in the year 2004. Based on this data MSM-T TIs were scaled up. In the year 2006, KIPT, a key implementer of TIs in the state did a remapping of MSM-T and discovered that the actual number of MSM and Transgenders was much higher than the number mapped earlier. Based on this understanding, TSU and KSAPS planned to re-map the MSM-T populations in the KSAPS intervention districts. Technical support towards developing a design for the mapping was provided by the TSU. The information from this remapping is used by KSAPS to expand its MSM-T coverage in the intervention districts with a view to achieve 100 percent by the year 2009-10.

In 2008-09 the number of TIs implemented by KSAPS has increased to 40 from 12. This includes 21 FSW TIs, 8 MSM TIs, 1 IDU TI, 9 Migrant TIs and 1 Truckers TI. In two districts - Udupi and Tumkur - scale up of TI with MSM-T could not happen as the single window procurement system was cancelled by the Technical Advisory Committee formed by KSAPS.

Improving quality of interventions

Post scaling up, the TSU worked towards improving the quality of these TIs. In September 2008, all the KSAPS TI NGOs were called for an Experience Sharing and Review Meeting (ESRM). This forum was used to share and review the work done by them as well as provide overall directions to increase the efficacy of their programs. One of the tasks taken up at the ESRM was to ensure that all TIs have a common understanding of the CMIS formats so that the right information would be captured and analysed by KSAPS and TSU. This ESRM was also attended by NACCI. The ESRM was followed by intensive field visits to all the targeted interventions. Adequate time was spent with the CBOs/ NGOs to help them understand the basics of micro planning, outreach and establishment of services.

A total of 120 visits were made by the TSU to the TI sites during the period January 2008 to February 2009.



3.1.2 POLLING BOOTH SURVEY FOR KSAPS TIs

In 2008-09, KSAPS planned a rapid scale up of activities under TIs which necessitated monitoring the performance of TIs through a set of pre-determined behavioral indicators. To gather this baseline information, Polling Booth Surveys (PBS) were carried out by IHA-TSU in the 9 districts where KSAPS TIs are implemented. Considering the time and resources available, a total of 20 polling booth sessions were carried out in each TI, involving 8-20 participants in each session. Within each TI, the required mixtures of respondents (20 per PBS session) were selected using stratified random sample. The variable used for stratification was typology of sex work. A total of 1,332 FSWs participated in the PBS.

This was the first time that an outcome related assessment was done for the KSAPS-funded TIs. The results of the survey will be used in redefining the priorities of the state and intervention districts.

3.1.3 CAPACITY BUILDING INITIATIVES SUPPORTED BY TSU

a. Targeted interventions:

III November 2008, 35 batches consisting of 2382 participants were trained on the basics of NACP III. This was done with the assistance of Karnataka Health Promotion Trust and Population Services International (PSI).

b. STI Management Training:

Three batches of doctors of Government hospitals and TI-run clinics were oriented on NACP III components of STI management.

c. Blood Safety and Laboratory services:

Nine batches of Induction Training have been conducted in collaboration with NIMHANS for 110 blood bank officers and 125 technicians across the State.

d. IEC and Mainstreaming:

Training in RRE: Red Ribbon Express had a coach exclusively for training the district level officers, youth, women, and police. 100 sessions were held covering 5542 participants in 25 days while the RRE was stationed in Karnataka.



TOT for CDPOs: To mainstream HIV/AIDS in ICDS TOTs were conducted in 4 batches covering all 29 districts, in collaboration with the Administrative Training Institute for Child Development Programme Officers of Karnataka. A total of 128 CDPOs have been trained till now.

e. Basic Services:

ICTCs: A TOT on CMIS was conducted in September 2008 involving district supervisors, selected counsellors and lab technicians. These trainers would in turn roll out the trainings at the regional level which would cover 561 ICTCs in the state.

Nurses: Induction Training of 24x7 Public Health Centre staff Nurses is in progress. Nine batches of training covering 270 nurses have already been completed.

District AIDS Prevention and Control Units (DAPCUs): DAPCUs have been constituted in 26 A-category districts in the state. An intensive 13-day induction training was organised for the 26 DAPCU officers in October 08.



Summary of Training Programs facilitated by TSU (Up to February 09)			
Component	# of batches planned	# batches conducted	# Participants
Targeted Intervention (TI)	60	35	2382
Poor Convention	1	1	324
Blood Safety	38	12	225
ST	4	3	128
RRE (TOT)	6	6	180
RRE Training at Coach No 4	75	100	5542
M&F	1	1	52
PPTCT (NRHM)	4	4	103
DAPCU Induction training	1	1	25
DAPCU mainstreaming IOI	4	4	120
IEC & Mainstreaming	25	4	210
Basic Services	75	59	1880
Total	299	225	11171

3.1.4 COMMUNITY MOBILIZATION

a. Assessment of NGO partners for transitioning NGO led TI to CBOs:

Six NGOs that had agreed on the transition of TI to the CBOs were assessed for their readiness in November 2008. These organizations were given additional budgets to build capacities of the district CBO towards transitioning. The activities under the additional transition budget sanctioned from KSAPS included:

- Preparing a draft module on the one day vision building workshop for NGO-CBOs
- Finalizing the module and translating it to Kannada
- Circulating the module to CE and other units for their recommendations
- Sharing the module with the respective NGO-CBOs
- Conducting the workshop on vision building

b. **Peer convention:**

Peer convention: KSAPS organized a state level peer convention in Mysore where 310 participants participated. Among the 310 participants 226 were PEs from NGO led TIs, 24 were shadow leaders & 35 were MSM-T PEs from all over the state. The purpose of the convention was to provide a platform for the communities and NGOs to enable them for an effective NGO-CBO transition. The convention focused on issues of self assertiveness, responsible action among the peers and the need for community mobilization. TSU was an active participant and was part of the overall design of the conference.

c. **CBO appraisals:**

In January 2009, 5 CBOs were appraised by KSAPS and the TSU:

- Jyothi Mahila Sangha, Bangalore
- Vijaya Mahila Sangha, Bangalore
- SAMARA, Bangalore
- Swathi Mahila Sangha, Bangalore
- Sahaahagini, Chikmagalur

3.1.5 MAINSTREAMING

a. **Mainstreaming with Faith Based Organization:**

The orientation program for 84 members from 10 Christian Faith Based Organizations working in the 10 districts of Karnataka was held at Bangalore on 10-11 December 2008.



b. Mainstreaming program for the hospital staff:

A one-day program was organized at the hospital campus of the Church of South India for 120 trained and trainee nurses, with an aim to mainstream HIV and AIDS in the health sector. This program was organized in partnership with the Department of Health, Government of Karnataka and National Rural Health Mission.

c. Mainstreaming with Co-operative societies:

Training on mainstreaming of HIV and AIDS was conducted for 47 key members of cooperative societies from different districts of Karnataka. The program was organized by the Regional Institute of Cooperative Management.

d. Mainstreaming program for the CRPF staff:

Orientation program on HIV and AIDS was conducted for 500 Jawans (male and female) of Central Reserve Police Force, Bangalore.

3.2 RAJASTHAN

IHAT's operations in Rajasthan started in the year 2003. The Trust has implemented projects funded by NACO, UNICEF and Save The Children Bal Raksha Bharat (SCBRB), focusing on implementing innovative projects, providing technical support and capacity building. The project updates for the years 2007-09 are as follows:

Sehat Sabki: Integrated District Programme for HIV/AIDS prevention, care and support - Key activities and achievements of this project include: 1) Establishment of 6 model VCTCs; 2) Establishment of 4 ANC sentinel surveillance sites in Ajmer in both public and private hospitals; 3) Mapping and baseline surveys in Ajmer district; and 4) Providing focused prevention for almost 18,000 high risk group members including FSWs, MSM, long-distance truckers, IDUs and high-risk migrants (coverage is 80% of estimated target high risk population).

Saksham Project - This is a project to reduce the HIV risk and vulnerability of rural traditional female sex workers, covering almost 1,100 FSWs using community participatory approaches. The project has established links with the large community of Rajasthan FSWs. Currently more than 7,000 FSWs from these communities work in Mumbai. The project worked initially through NGOs and eventually supported the establishment of two FSWs' CBOs. These CBOs are first of its kind in Rajasthan and are currently running BSACS supported TIs with technical support from IHAT.



Life Skills Education and Establishment of HIV Counselling and Testing Services - This project was a continuation of an earlier project supported by UNICEF, Rajasthan. The aim of the project was to develop approaches for life skills education that would lead to less risk-taking by adolescents in the 27 villages of Saksham project, Tonk. In addition, the project offered comprehensive HIV counselling and testing services including PPTCT, for young people and women of childbearing age through a block level community health centre (CHC) in Deoli.

A team of six staff members, including counsellors managed the project.



This project on Life Skills Education and Establishment of HIV Counselling and Testing Services ended in December 2007 with the following accomplishments:

1. 536 (VCTC) and 623 (PPTCT) clients were counselled
2. 499 (VCTC) and 550 (PPTCT) clients were tested.
3. 16 LSE camps were conducted
4. More than 1000 adolescents were reached
5. 15 volunteers were trained to create a local resource pool

A mapping and needs assessment study of OVC- A need assessment study of orphan and Vulnerable Children (OVC) has been conducted in Ajmer district. The study intended to meet the following objectives:

1. Estimate the number of OVC in the districts through first hand data collection
2. Identify the characteristics of the children and their families
3. Understand the coping mechanisms of the children, their families and the existing support systems available to them
4. Understand the current response to this issue in the districts
5. Design a rural-community based intervention for these children.

State Training and Resource Center - STRC Rajasthan -

This project focuses on setting up an STRC in Rajasthan. It is being funded by NACO and is being implemented in partnership between IHAT-UoM & the State Institute of Health and Family Welfare (SIHFW). The project was started in September 2008 with the following objectives:

- ❖ Enhance the capacity of NGOs & civil society organizations in proposal development for NACP funded TIs.
- ❖ Ensure need based training on TIs as per NACP II's technical and operational guidelines.
- ❖ Develop a system for the capacity building of partner organizations on TIs.
- ❖ Undertake operational research, evaluation of TIs and establish a documentation centre.

Updates on STRC:

STRC contract was signed (between NACO- RSACS-SIHFW-IHAT UoM) in Sept.08.

A directory of resource persons has been developed.

STRC Review was done at the NACO level and revised Terms of Reference (TORs) have been developed. This TOR has been signed by the partners.

Till date, 22 trainings have been conducted. 506 TI personnel (313 from FSW TIs, 29 from MSM, 18 from IDUs and 116 from the composite TIs, 27 from the Migrant TIs) participated in these trainings.

Besides the above directly implemented projects, IHAT state team has also managed the following projects:



Catalyzing community structures to support integrated health and nutrition status of children in Ajmer district of Rajasthan - (2008-9)

This project is implemented in partnership with KHPT and Save the Children Bal Raksha Bharat (SCBRB). The geographical coverage of this project is 20 villages from Kishangarh block and 10 municipal wards of Kishangarh town, Ajmer, Rajasthan. The goal of the project is increasing the accessibility and availability of health and nutritional services.

Child Centered HIV and AIDS Care and Support Program (2008-9)

This project is also being implemented in partnership with KHPT and Save the Children Bal Raksha Bharat (SCBRB). The geographical coverage for this project is Kishangarh town of Ajmer district, Rajasthan. The goal of the project is to improve the quality of life of children infected, affected and vulnerable to HIV and AIDS and their families. This is done by mitigating the impact of HIV and AIDS through an integrated continuum of health and social support services accessible to the children, their

families and Most at Risk Young Population (MARYP). One of the objectives is to also increase access to PMICT services for women at the community level.

Publications - Realising the need for resource materials in Hindi, IHAJ Rajasthan team has taken the responsibility to translate publications into Hindi and publish the training manuals and programme guidelines developed by ICHAP, KHPT and IHAJ. These manuals are being made available to NACO and the Hindi speaking states to facilitate the implementation of programs under NACP-III.

Development of IEC material on Health and Nutrition Issues: To address the community's felt need under the health and nutrition project (SCBR-KHPT), IHAJ has developed a set of 9 brochures in Hindi along with the community members and partners. The brochures cover the following themes: (1) Village Health Committee, (2) Maternal and Child Health and Nutrition Day, (3) Health and Nutritional Care for Pregnant Women, (4) Health and Nutritional Care for Lactating Mothers, (5) Newborn and Neonatal (6) Malnutrition in Children and Care (7) Health and Nutrition Care for Children, (8) Respiratory infections and Care in Children (9) Immunization.



3.3 GOA

IHAI undertook the mapping of High Risk Groups and migrant populations in Goa in close collaboration with Goa SACS. This was done to identify the appropriate locations of each TI so as to ensure optimum coverage of the HRGs and migrants, who are most at risk and also for quality assurance of the interventions under TIs (Targeted Interventions).

IHAI undertook the mapping in the State as per the broad framework, methodology and processes defined by NACO. Structured consultations were held with the Goa SACS and the Goa Technical Support Unit, NGOs working in the field of HIV/AIDS prevention and control and other stakeholders. The aim of these consultations was to discuss the methodology and processes suggested by NACO, develop a shared understanding of the mapping process, coverage and time-frame and invite full participation to ensure successful completion of the mapping exercise while maintaining the acme of quality.

Following is the summary of the mapping exercise:

- ❖ All the stakeholders, NACO, GSACS, experts as well as selected members of HRGs were actively involved.
- ❖ The exercise was undertaken according to the accepted processes and methodology prescribed by NACO under NACP II.
- ❖ Extensive training was provided to the mapping teams, which also included classroom mock mapping exercise followed by actual field mapping during the training.
- ❖ All the major and 10% of the randomly selected hotspots were re-validated for the accuracy of information.



Following, are some of the salient findings from the mapping:

- All the 44 towns in the state were covered. The data was collected from 67 sites, 3 rural and 64 urban. While HRGs were identified in 21 towns and 3 villages; no HRGs were found in 23 towns.
- A total of 458 HRG members were contacted at 67 sites including 211 FSWs, 197 MSM and 50 IDUs for the mapping.
- The total estimated number of FSW in the state of Goa is 1685, of which 254 work in more than one hotspot. The estimated FSWs on a weekly and annual peak day are 1869 and 2134 respectively.
- Out of the 1685 FSWs estimated on a typical day, 31 are lodge based, 1014 are street based, 558 are home based and 84 are highway based.
- There are 514 FSWs with 10+ client in a week, which is about 31% of the total estimated FSWs on a typical day.
- The total number of the MSM estimated in Goa is 1595, of which 212 MSMs cruise more than one hotspot. While 1846 MSMs cruise on a weekly peak day, this number increases to 2599 on a yearly peak day.
- Fifty six percent of the MSMs are Double Deckers (894 MSMs), followed by 43% Kothi (695) and 1% Hijra (10).
- Thirty two percent of the estimated MSMs (510) are high volume (3+ anal sex partners per week).
- The total number of IDUs estimated to be in Goa is 767, of which 47 IDUs also move to other areas.

- Thirty percent of the estimated 767 IDUs (230) also share needles/syringes.
- Time zones of activity of HRGs are important to know to ensure specific time targets in the Tis. The mapping reveals that more concentrated activity is between 17-20 Hrs and 20-23 Hrs, that is during the evening and in the night.
- Main providers for STI Services are Government clinics followed by Private clinic and NGOs.
- The main source of condoms among FSWs and MSMs was mainly through peers or outreach workers.
- In case of IDUs, supplies are provided mainly by chemists followed by ORWs and PEs.
- Main risk factors as far as FSWs are concerned was lack of HIV information, client do not agree for /interested in condom use, condom breakage during its use, risks from police/ goonda, non availability of service provider (STI Clinic/ Doctor and lack of information), oral sex, multiple partners, cheaters, etc.
- Main risk factors in respect of MSM were lack of HIV information, lack of STI clinic, police harassment, goonda harassment, oral sex without condom, the refusal of the client to use a condom, discrimination by govt. doctors, harassment by relatives, unavailability of jelly on time, anal sex, harassment by taxi drivers and drunkard partners.
- In case of IDUs, non availability of new syringes, medical stores not supplying syringes, sharing needles for saving money and good relationship within the group as well as with drug peddlers were commonly reported risk factors.

4 FINANCIAL REPORT

INDIA HEALTH ACTION TRUST
Pirces Building, No. 4/13-1, Crescent Road
High Grounds, Bangalore - 560 001

CONSOLIDATED INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31.03.2007

Previous Year	Expenses	Tot	Local	FCRA	AMOUNT	Previous Year	Income	Tot	Local	FCRA	AMOUNT
-	To Office Rent		1,510,952.00	-	1,510,952.00	1,820,514.00	By Grants		11,061,096.00	-	11,061,096.00
-	Electricity & Water charges		261,140.00	-	261,140.00	64,981.00	Interest on Fixed Deposit B.C.B. A/c		27,012.00	26,300.00	33,512.00
-	A/MC for Equipments		55,000.00	-	55,000.00	110,751.00	USSE Tank Project Expenses due to UNICEF		-	-	-
95,466.00	Insurance on Assets		2,909.00	-	2,909.00	428,845.00	Other Income		-	-	-
12,500.00	Vehicle Repair & Maintenance		28,819.00	-	28,819.00	2,014,515.00	Balance Carried Down		612,286.00	830,149.00	217,252.00
118,305.00	Communication Expenses		303,314.00	285.00	303,599.00	-					
-	Computer Maintenance		89,500.00	-	89,500.00	-					
3,500.00	WCD Meeting Expenses		16,710.00	-	16,710.00	-					
22,548.00	Printing & Stationery		246,402.00	-	246,402.00	-					
-	Office Expenses		110,964.00	440.00	111,404.00	-					
30,000.00	Audit Fees		33,090.00	2,470.00	35,560.00	-					
-	Staff Welfare Expenses		658,230.00	-	658,230.00	-					
674.00	Bank Charges		3,585.00	-	3,585.00	-					
181,000.00	Salaries to Staff & Consultants		3,662,726.00	-	3,662,726.00	-					
324,180.00	Professional & Consultancy Charges		607,476.00	-	607,476.00	-					
251,820.00	Travel Expenses		2,146,889.00	-	2,146,889.00	-					
256,826.00	Depreciation		13,705.00	702,482.00	716,187.00	-					
28,094.00	Interest on OD		10,877.00	-	10,877.00	-					
-	Repair & Maintenance		4,040.00	-	4,040.00	-					
1,097,696.00	Project Expenses & NGO Disbursements		691,329.00	750,000.00	1,441,329.00	-					
46,882.00	Direct Initiative		-	-	-	-					
4,497,616.00			10,455,712.00	856,649.00	11,312,361.00	4,497,616.00			10,455,712.00	856,649.00	11,312,361.00
2,034,515.00	To Balance brought down		(612,286.00)	830,149.00	217,252.00	2,034,515.00	By Excess of Expenditure over Income Transferred to Capital Fund		(168,752.00)	830,149.00	661,396.00
-	Provision for Management Fees		93,173.00	-	93,173.00	-					
-	Provision for Technical Support		350,480.00	-	350,480.00	-					
2,034,515.00			(168,752.00)	830,149.00	661,396.00	2,034,515.00			(168,752.00)	830,149.00	661,396.00

For India Health Action Trust

Per Report of Even Date

Place: Bangalore
Date: 24.12.06



B. Ramesh
(B. M. Ramesh)
Managing Trustee

K. S. Suresh
(K. S. Suresh)
Trustee



INDIA HEALTH ACTION TRUST
Poores Building, No. 4/13-1, Crescent Road
High Grounds, Bangalore - 560 001

CONSOLIDATED BALANCE SHEET AS AT 31.03.2009

Previous Year	LIABILITIES	Sch	Local	FCRA	AMOUNT	Previous Year	ASSETS	Sch	Local	FCRA	AMOUNT
3,524,776.00	Opening Balance		66,780.00	1,403,901.00	1,470,261.00	312,644.00	Fixed Assets	2	30,220.00	178,708.00	208,928.00
(2,034,315.00)	Less : Excess of Expenditure over income transferred from Income & Expenditure account		168,751.00	(832,149.00)	(661,358.00)		Current Assets, Deposits, Loans & Advances	3			
1,490,461.00			335,513.00	571,752.00	808,885.00	3,538.00	Cash on Hand		10,736.00	712.00	11,448.00
	Current Liabilities and Provisions					1,322,266.00	HDFC Bank		1,408,932.00	192,607.00	1,591,540.00
328,053.00	Current Liabilities	1	2,146,092.00	3,305.00	2,149,427.00	47,285.00	Fixed Deposits		-	207,932.00	207,932.00
32,000.00	Provisions		443,833.00		443,833.00	113,681.00	Loans & Advances		43,316.00	25,000.00	68,316.00
	Notes on accounts are the integral part of Financial Statements	2					Other Current Assets		1,331,993.00	11,758.00	1,343,701.00
1,798,414.00			2,825,198.00	576,727.00	3,401,925.00	1,798,414.00			2,825,198.00	576,727.00	3,401,925.00

for India Health Action Trust

Per Report of Even Date

Place : Bangalore
Date : 24.12.09

B. M. Ramesh
(B. M. Ramesh)
Managing Trustee

H. S. Suresh
(H. S. Suresh)
Trustee

N. Suresh
(Dr. N. Suresh)
Chartered Accountant
N. Suresh
Chartered Accountant



INDIA HEALTH ACTION TRUST
Pisces Building, No. 4/13-1, Crescent Road
High Grounds, Bangalore - 560 001

Schedule 2

Fixed Assets - Consolidation

Sl No.	Asset	Balance as on 01-04-2008	Additions made		Sale / Deletions made	Total as on 31-03-2009	Depreciation			Closing Balance as on 31-03-2009	
			Before Sep'08	After Sep'08			Rate	Before Sep'08	After Sep'08		Total Dep. During the year
Computers :- FCRA											
1	Computers - 0 level	5,025.00				5,025.00	60%	3,015.00		3,015.00	2,010.00
2	IDD External 250GB - IOMEGA	2,271.00				2,271.00	60%	1,363.00		1,363.00	908.00
3	TFT Monitor, Compaq Presario, Mouse, Keyboard	44,131.00				44,131.00	60%	26,479.00		26,479.00	17,652.00
4	Memory 256MB DDR	640.00				640.00	60%	384.00		384.00	256.00
5	TFT Monitor, Mouse & Keyboard	3,385.00				3,385.00	60%	2,031.00		2,031.00	1,354.00
6	Computers	12,209.00				12,209.00	60%	7,326.00		7,326.00	4,883.00
7	Data Card	5,120.00				5,120.00	60%	3,072.00		3,072.00	2,048.00
8	VPN Server	67,334.00				67,334.00	60%	40,400.00		40,400.00	26,934.00
Computers :- Jalpur											
9	Computer - Laptop	16,660.00				16,660.00	60%	9,996.00		9,996.00	6,664.00
Total		156,775.00	-	-	-	156,775.00		94,067.00	-	94,067.00	62,708.00
Office Equipment :- FCRA											
10	Refrigerator (Opening)	16,797.00				16,797.00	15%	2,520.00		2,520.00	15,977.00
11	Refrigerator (Installed at Belgum)	34,555.00				34,555.00	15%	5,183.00		5,183.00	29,372.00
12	EPBAX	16,490.00				16,490.00	15%	2,474.00		2,474.00	14,016.00
13	Speakers	4,058.00				4,058.00	15%	609.00		609.00	3,449.00
14	Airconditioner Unit	29,478.00				29,478.00	15%	4,422.00		4,422.00	25,056.00
Office Equipment :- Local :- TSU											
15	Office Equipments	-	9,900.00			9,900.00	15%	1,485.00		1,485.00	8,415.00
Office Equipment :- Local :- Jalpur											
16	Webbie Meka	13,764.00				13,764.00	15%	2,065.00		2,065.00	11,699.00
Total		117,142.00	9,900.00	-	-	127,042.00		19,058.00	-	19,058.00	107,984.00
Furnitures & Fixtures :- FCRA											
17	Chairs, Filing Cabinet	24,695.00				24,695.00	10%	2,470.00		2,470.00	22,225.00
18	Wooden Table	14,032.00				14,032.00	10%	1,403.00		1,403.00	12,629.00
Furnitures & Fixtures :- Local :- TSU											
19	Furniture & Fixtures	-	3,825.00			3,825.00	10%	383.00		383.00	3,442.00
Total		38,727.00	3,825.00	-	-	42,552.00		4,256.00	-	4,256.00	38,296.00
Grand Total		312,644.00	13,725.00	-	-	326,369.00		117,361.00	-	117,361.00	208,988.00



For India Health Action Trust

Ramesh
R. M. Ramesh

Srinatha
(H. S. Srinatha)

Schedules forming part of the Balance Sheet as on 31.03.2009

Previous Year	Staff Name	Local	FCRA	Amount
	Schedule 1			
	Current Liabilities			
	Expenses Payable			
25,752.00	Dispenser Payable	1,761,940.00	-	1,761,940.00
1,060.00	Salary Payable	70,322.00	5,060.00	75,382.00
20,000.00	Audit Fees Payable	33,000.00	-	33,000.00
	Provisional Liabilities			
-	TDS Payable	53,005.00	2,315.00	55,320.00
-	President Fund Payable	2,771.00	-	2,771.00
-	Profession Tax Payable	300.00	-	300.00
240,617.00	Bank Overdraft - HDFC Bank	-	-	-
40,884.00	CHRT	338,627.00	-	338,627.00
328,153.00		2,146,052.00	3,375.00	2,149,427.00
	Schedule 3			
	Current Assets, Deposits, Loans & Advances			
2,538.00	Cash on Hand	10,736.00	712.00	11,448.00
1,322,266.00	HDFC Bank	1,400,933.00	152,607.00	1,553,540.00
-	Fixed Deposits	-	207,932.00	207,932.00
	Loans & Advances			
22,000.00	Travel Advances	22,000.00	-	22,000.00
25,285.00	Staff Advances	18,294.00	-	18,294.00
-	Karnataka Health Promotion Trust	3,022.00	-	3,022.00
110,761.00	Unpaid Jaipur	-	25,000.00	25,000.00
	Population Research Centre - PRC	-	-	-
	Other Current Assets			
	Grant Receivable from MCD	1,328,489.00	-	1,328,489.00
2,923.00	TDS Receivable	1,504.00	4,842.00	6,346.00
	Accrued Interest on Fixed Deposit	-	7,066.00	7,066.00
1,465,770.00		2,794,978.00	397,459.00	3,192,437.00

For India Health Action Trust



B. M. Barnesh
 (B M Barnesh)
 Managing Trustee

H. S. Subramanian
 (H S Subramanian)
 Trustee

Schedules forming part of the Balance Sheet as on 31.3.2009

Particulars	Amount
Schedule 4 - Printing & Stationery	
Journals & Publications - Training Materials	18,674.00
Printing & Stationery	215,330.00
	234,004.00
Schedule 5 - Staff Welfare Expenses	
Staff Welfare Expenses	25,880.00
Employer's Contribution to Provident Fund	256,611.00
Staff Insurance	218,505.00
Staff Relocation Expenses	3,450.00
Staff Orientation & Training	111,180.00
Staff Recruitment Expenses	1,470.00
	617,106.00
Schedule 6 - Professional & Consultancy Charges	
Technical Support Charges	200,000.00
Consultancy Charges	401,476.00
	601,476.00
Schedule 7 - Travel & Conveyance Expenses	
Travel Expenses	1,118,028.00
Local Conveyance	27,564.00
	1,145,592.00
Schedule 8 - Project Expenses & NGO Disbursement	
ISACS YCTC Project Expenses	40,215.00
STPC Project Expenses	642,539.00
PWV Expenses	15.00
Gas Wiping Expenses	5,899.00
	698,668.00

For India Health Action Trust

B. M. Barnesh
 (B M Barnesh)
 Managing Trustee



H. S. Subramanian
 (H S Subramanian)
 Trustee



India Health Action Trust

Pisces Building, #4/13-1, Crescent road, High Grounds, Bangalore - 560001

Phone: 080 22201237-9; Fax: 22201373