



» annual report 2009-2010



abbreviations

AAP	Annual Action Plan
AIDS	Acquired Immuno Deficiency Syndrome
ANC	Antenatal Clinic
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
CBO	Community Based Organisation
CDPO	Child Development Project Officer
CHC	Community Health Centre
CMIS	Computerised Management Information System
DAC	District AIDS Committee
DAPCU	District AIDS Prevention Control Unit
DWCD	Department of Women and Child Development
FBO	Faith-based Organisation
FSW	Female Sex Worker
HIV	Human Immuno deficiency Virus
HRG	High Risk Group
ICDS	Integrated Child Development Services
ICTC	Integrated Counselling and Testing Centre
IDU	Injecting Drug Users
IHAT	India Health Action Trust
KHPT	Karnataka Health Promotion Trust
KSAPS	Karnataka State AIDS Prevention Society
LWS	Link Worker Scheme
M&E	Monitoring & Evaluation
MIS	Management Information System
MSM-T	Men who have Sex with Men- Transgenders
NACO	National AIDS Control Organisation
NACP	National AIDS Control Programme
NGO	Non Government Organisation
NIMHANS	National Institute of Mental Health and Neuro Sciences
NRHM	National Rural Health Mission
NTSU	National Technical Support Unit
OVC	Orphans and Vulnerable Children
PE	Peer Educator
PHC	Primary Health Centre
PIP	Project Implementation Plan
PLHIV	People Living with HIV
PM	Programme Management
PPTCT	Prevention of Parent to Child Transmission
RCH	Reproductive Child Health
RRE	Red Ribbon Express
RSACS	Rajasthan State AIDS Control Society
RTI	Reproductive Tract Infections
SAARC	South Asian Association for Regional Cooperation
SACS	State AIDS Control Society
SCBRB	Save the Children, Bal Raksha, Bharat
SIHFW	State Institute of Health and Family Welfare
SRL	Supranational TB Reference Laboratory
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infections
TI	Targeted Intervention
ToT	Training of Trainers
TSU	Technical Support Unit
UNICEF	United Nations International Children's Emergency Fund
UoM	University of Manitoba
VCTC	Voluntary Counselling and Testing Centre



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from the managing trustee's desk

The year, 2009-10 was a successful year for India Health Action Trust (IHAT), we continued to provide technical support to the states of Karnataka and Rajasthan and expanded our technical support initiatives to the states of Maharashtra and Andhra Pradesh to ensure that strategies developed for the implementation of the program are based on evidence. In collaboration with Centre for Global Health, University of Manitoba we also provided technical support to two other countries, Bhutan and Sri Lanka to initiate the mapping of high risk groups and plan intervention based on evidence generated from mapping.

In Karnataka, IHAT has been efficiently supporting the state programme in achieving the goals of National AIDS Control Programme (NACP) III. IHAT has been providing sustained technical assistance in the areas of evidence-based strategic planning, Targeted Interventions (TIs), Information Education Communication (IEC) and capacity building through the Technical Support Unit (TSU). This has helped in the increase in coverage of the High Risk Groups (HRG) in Karnataka. The performance of the state programme including the support provided by IHAT was recognised by the World Bank in its Mid-term Review.

In Rajasthan, we have continued our efforts in building capacity of staff implemented Targeted Interventions funded by the SACS under NACP III through the State Training and Resource Centre. In addition we have also initiated the implementation of the Link Worker's Scheme (LWS) in Tonk district with the support of UNICEF. The objectives of the LWS include reaching the High Risk Groups (HRGs) in rural areas; identifying and linking bridge and vulnerable populations with the services and supporting People Living with HIV (PLHIV) in accessing care services and support.

We acknowledge the continuous support provided to us by our donors, partners and committed field staff.



BM Ramesh

Managing Trustee

overview

India Health Action Trust (IHAT) is a registered secular trust working on public health issues focusing on HIV and AIDS in different states of India. Established in December 2003, IHAT envisions impacting the public health policy and programmes in the country through the application of programme science. IHAT currently provides technical support to State AIDS Prevention/ Control Societies and NACO in designing and implementing evidence based HIV prevention and care programmes. IHAT also implements HIV prevention and care programmes in the State of Rajasthan to gain implementation experience. These implementation experiences enrich the technical support that IHAT provides in the country and outside.

IHAT provides technical support through various mechanisms. At the National level, IHAT has been involved in Data Triangulation Project under the leadership of NACO. In this project, IHAT was primarily responsible for HIV data triangulation in the states of Karnataka and Maharashtra and provided technical support to Indian Institute of Public Health (IIPH), Hyderabad, Andhra Pradesh. The project was undertaken to enhance evidence-based programming and policy for HIV epidemic. The project was implemented in selected states initially as a pilot. Learning's from these pilots have guided NACO to scale up the process in other states and encourage an environment of evidence based planning. Additionally in Karnataka, IHAT has continued to extend technical assistance to KSAPS through the Technical Support Unit (TSU) to support scale up of quality Targeted Interventions in the state in specified areas and help it achieve the goals and objectives of NACP III.

In Rajasthan, the IHAT in collaboration with SIHFW initiated the State Training Resource Centre which was successful in ensuring standardized and high quality training of TIs as per NACP III operational guidelines.

Besides this, IHAT, along with Centre for Global Health, University of Manitoba provided technical support to South Asian Association for Regional Cooperation

(SAARC) countries like Bhutan and Sri Lanka to help them initiate and scale up the HIV prevention programme in the country.

The IHAT has been also involved in direct implementation of projects especially in the state of Rajasthan. IHAT believes that direct implementation provides the organization devoted to evidence-based programming an opportunity to directly work with communities on specific issues and thereby learn. The Trust currently implements the Link Workers Scheme (LWS) to enhance the coverage of HRGs and other vulnerable populations in the district of Tonk. This project is funded by UNICEF.

The IHAT has been working in partnership with NACO and its other partners include the DAPCUs in Maharashtra and Karnataka, the Maharashtra State AIDS Control Society (MSACS), the Mumbai District AIDS Control Society (MDACS), the Avert Society, Mumbai, the Indian Institute of Public Health (IIPH), Hyderabad, the National Institute of Medical Statistics, New Delhi, the Public Health Foundation of India (PHFI), the Avahan, the State Institute of Health and Family Welfare (SIHFW), Jaipur, the UNICEF, the Centre for Global Public Health (University of Manitoba) and the Karnataka Health Promotion Trust (KHPT).

project activities & achievements

IHAT has strong programme management, technical and human resources capabilities and it has been applying its experience and expertise to effectively support public health issues, HIV/AIDS initiatives in Karnataka, Rajasthan and other states in India for over six years. During the period of reporting, IHAT has managed the following initiatives, activities, and achievements. IHAT's activities can be broadly categorised under 'technical support' and 'program implementation':

▶ I. Technical Support

A. Technical Support Unit (Karnataka)

The objective of the Technical Support Unit is to extend technical assistance in specified areas to the KSAPS. The assistance is provided to help KSAPS achieve the goals and objectives of NACP III. Since prevention is the mainstay of the national strategy, the TSU has been required to focus and bring in technical and professional expertise in the areas of prevention, which include; evidence based strategic planning, Targeted Interventions (TIs), Information Education Communication (IEC) and capacity building.

Key achievements:

- Individualized outreach and necessary tracking systems are in place.
- Line listing is in place in all TIs.
- Micro plans for all TIs have been done and are being used by the TIs.
- Regular coverage, referrals and STI service uptake has improved.
- Understanding about different components of TI under NACP-III has improved. TI staffs are in place. The peers are motivated to serve their community

- Presumptive treatment is in place in all core TIs.
- PPP and project linked clinics are in place in all TIs with necessary infrastructure. Doctors have been trained by the TSU. All drugs are GMP.
- On time CMIS /MIS reporting to SACS has improved and 100 % reporting has been achieved.
- Good referral linkages have been established.

World Bank Mid Term Review

During the AAP 2009-10, KSAPS also underwent a World Bank Mid-Term Review. The review mission visited 6 TIs and the overall findings were positive. An excerpt from the report reads as follows: "Strong scaled up TIs with motivated staff and good support from SACS/TSU; initial signs of and potential for CBO ownership; good use of micro planning tools"

1. TI Performance

- Regular contacts have increased from 66 % to 81 % from March 2009 to March 2010; Condom distribution per head among FSWs is 38 and 30 and among MSMs is 37 and 39 for total and direct distribution respectively; 1986 lubricants were distributed to the MSM-Ts in March 2010. This was the first time since April 2009 that the percentage of lubricants distributed to the regular contacts crossed the mark of 30%; overall, 25% of estimated FSWs and 18% of estimated MSMs visited the clinic.
- MSM TI services during the period went up from 7% (April 2009) to 18% (March 2010).

2. Clinical Services

Establishment of clinical services and ensuring that the clinics were made functional was one of the priority areas of the TSU. In the year 2009-10, 187 clinics were established that had a mix of private preferred providers, static clinics and government clinics that provided STI services to the High Risk Groups. Apart from this the TSU:

- Trained around 120 doctors, Regional Resource Persons from the medical colleges, district hospitals and the Centres of Excellence (CoEs) on the NACP III guidelines and the syndromic management of the STI cases.
- Trained the DAPCU and PHC doctors from the state on the NACP III guidelines and the syndromic management of the STI cases.
- Conducted training session on the role of PM in the clinical programme for Programme Officers organized by NTSU at Bangalore.
- Developed systems and formats for the clinical service providers.

3. Strategic Planning

Once the Annual Action Plan (AAP) for the year 2009 – 2010 was approved, a detailed activity plan (micro-plan) was prepared which included a procurement plan for each department. The points below highlight the other areas of support provided by the strategic planning team:

- The team looked after the monthly reporting of all the TI NGOs functioning in the state.
- Strengthened the state M&E, improved the quality of reporting and ensured timely reporting to NACO.
- Supported the HIV Sentinel Surveillance in Karnataka in 2008.
- Helped in finalizing the 2008-09 and 2006-07 annual report.
- Initiated studies on: Risk Assessment and Condom use behaviour; Behavioural Surveys.
- Supported Data Triangulation Project of NACO.
- Assisted in the preparation of KSAPS' Annual Action Plan for 2010-11.
- Developed a website for KSAPS with technical support from Kavin Corporation.

4. Capacity Building

Under capacity building the TSU:

- Identified training institutes (except TI) for KSAPS.
- Ensured preparation of training materials, modules, kits, translations required by SACS.
- Developed the training calendar.
- Created a resource pool at the district level
- Identified technical and management resource people for trainings.
- Coordinated and conducted training programmes /TOT at state, regional and district level.

- Supported KSAPS in reviewing the training modules on CMIS & Quality assurance training, Promotion of Personal Growth, Assertiveness and Leadership, Exposure visit, Financial Management, Training on Need assessment and Training on Vision Building and Strategic planning.
- Supported KSAPS in organizing a two-day satellite-based training programme for FSW community members.
- 9 batches of induction training have been conducted in collaboration with NIMHANS for 110 Blood bank Officers & 125 Technicians across the state.
- Red Ribbon Express had a coach exclusively to train the district level officers, youth, women, educationists and police etc. During the RRE stay in Karnataka for 19 days, 96 training sessions were held covering as many as 5,542 participants.

5. Basic Services

- TOT on CMIS was conducted for district supervisors, select counsellors and lab technicians.
- Refresher training for lab technicians of ICTC centres was planned with the SRLs.
- Trainings for 24x7 PHC nurses were conducted at four NACO-identified training institutes (Mangalore, Bangalore, Bijapur and Dharwad Universities).

6. Advocacy

- District-level HRG conventions were planned to increase access to services through mobilising the community.
- As part of mainstreaming, sensitization programmes were organized for secondary stakeholders in Mysore, Belgaum, Bangalore Gulbarga districts.

7. Information Education and Communications

- Various IEC materials on –Blood safety, PLHIV issues (series of 5), Basics of HIV Posters – ICTC/PPTCT, Blood donation, PEP, MOE prophylaxis and MOE [HIV, HBV, HCV] , SOP for Tri-dot test, NVP chart. Flip charts on PPTCT, Basics of HIV, HIV treatment adherence, Roles of Women and Services. Poster on 10 points on HIV/ TB, Brochure on STI/RTI. Books – on legal issues (Series of 7), Shaping of our lives (in Kannada) – Manual for SHG/ANM/Anganwadi workers were published.
- Two video films received from NACO (IDU and 68) were translated into Kannada.
- IEC material was printed for the following activities:
 - World AIDS Day.
 - Red Ribbon Express.
- A districts intensive campaign and workshop was held for folk troupes. Around 1,600 shows were held in 15 high prevalence districts.
- A movie was made in Kannada and English by Sri Sri Ravi Shankar's Art of Living (AoL).
- Coordinated with CFAR on media advocacy.
- Organised a workshop with Karnataka Chitrakala Parishath to ideate on different kinds and forms of IEC material.

8. Mainstreaming

Convergence of PPTCT activities with NRHM involved the following activities:

- All second trimester pregnant women were mobilized to PHCs by ANMs/ASHAs.
- All counsellors and lab technicians visit the PHCs on a rotational calendar basis to cover all pregnant women in their second trimester on Thursdays for

HIV testing and counselling (TA/DA borne out of PHC untied funds).

- Yeshaswini scheme is being used to provide safe deliveries and administration of tablet Nevaripine and Syrup Nevaripine (NACO's protocol for PPTCT services) for all positive pregnant mothers.
- Reimbursement of charges to Yeshaswini network of hospitals is borne out of NRHM funds.

9. Establishment of ICTCs in 24x7 PHCs in 12 High Priority Districts:

- More than 300 PHCs -24x7 were identified in 12 High Priority Districts.
- 3 staff nurses and 1 lab technician from these PHCs were identified for training in counselling and HIV testing.
- State Institute of Health & Family Welfare has been made the Nodal Training Institute for organizing the training.
- 23 training centres in the district conducted training for staff nurses in counselling, trainings for the lab technicians were conducted at NIMHANS (NRL), VIMS, Bellary, BMC, Bangalore and KIMS, Hubli (3 SRLs).

10. Mainstreaming: Non Health

Karnataka State AIDS Prevention Society (KSAPS) initiated to mainstream HIV and AIDS. Training programme on mainstreaming of HIV was developed as per NACO's IEC operational guidelines. For the period 2009-10, KSAPS planned to implement 118 programmes for different stakeholders and reached 3,490 stakeholders. The various activities planned were:

- Focused perspective building on internal and external mainstreaming of HIV and AIDS.
- Capacity-building on mainstreaming.
- Out of the planned 118 programmes, about 90 per cent of the programmes were completed.

B. Data Triangulation

Data Triangulation can be defined as the synthesis and integration of data from multiple sources for arriving at inferences. The strategic planning unit of IHAT has been involved in the Data Triangulation Project of NACO. The overall goal of this activity was to enhance evidence-based programming and policy decision-making for HIV epidemic control by enabling data triangulation of available data sources at the district and sub district levels.

The purpose of this initiative is to develop standardized methodologies for data triangulation and build capacity for conducting these analyses. This data triangulation exercise has been implemented in seven selected states of Andhra Pradesh, Gujarat, Karnataka, Maharashtra, Tamil Nadu, Uttar Pradesh and West Bengal. Based on the experience in these states, the data triangulation exercise will be extended to the remaining states.

1. At the District Level

The data triangulation at the district level was the responsibility of a team of local resource persons (including DAPCU officers/M&E officers, district supervisors, state M&E Officers, state epidemiologist) put together by the Maharashtra State AIDS Control Society (MSACS) in Maharashtra and the Karnataka State AIDS Prevention Society (KSAPS) in Karnataka. The state/district level teams were coordinated and assisted by IHAT.

Following specific steps were followed in data triangulation:

- Compilation of data from different sources and preparing data quality tables for each data set, based on the National Operational Guidelines.
- The first state level workshop involving the district and state data triangulation teams were organised. The rationale and the process of data triangulation was discussed, the quality of data from each data source was examined, and a field work plan was

prepared to validate/correct/compile the data that were missing, incorrect or inconsistent in this workshop.

- A two-week long field work was conducted by the district/state teams to validate/correct/compile the data that were missing, incorrect or inconsistent.
- This was followed by a second state level workshop in which the analyzed data was presented in prescribed tables as specified in the National Operational Guidelines after which the district reports were drafted.

The data triangulation attempted to answer the following questions with regard to the district:

- What are the levels, differentials and trends in HIV/STI in general population, high-risk groups and bridge population?
- What are the drivers of the epidemic?
- What are the gaps in the current HIV/AIDS prevention, care, support and treatment responses?

2. Analysis of Data

The IHAT evaluated the various data sources for their strengths and limitations and used to answer the data triangulation questions. A detailed report for each district and states, including a short narrative and detailed data tables was finalized.

3. Evidence-based Program Design

The information generated by the obtaining and analysis of data was followed up by the development of evidence based strategy for the district and state. The HIV epidemiological appraisal at the district level, involving the state and district program managers and M&E persons in data analyses and triangulation was used for program review and planning. This process assisted the states to re-allocate the resource at district level based on need and contributed to future discussions on how districts can be better classified at the national level.

C. State Training Resource Centre

This project focused on setting up an STRC in Rajasthan. It started in August 2008 as a partnership between IHAT-University of Manitoba and the State Institute of Health and Family Welfare (SIHFW). The project was funded by NACO. During the period of this report, from April to July 2009 the STRC had been involved in:

- Conducting five trainings which were attended by 138 participants. The issues covered in these trainings ranged from programme management to accountancy. However, in its 11 months period, IHAT was successful in ensuring standardized and high quality training of TIs as per NACP III operational guidelines. 506 TI staff were trained in various topics like TI planning and management (including process of SNA), outreach, micro planning, communication, reporting formats and other topics as per TI operational guidelines.
- A resource Pool of 37 Trainers specializing in key components of TI was developed. These resource persons are being engaged by RSACS in the TI and ICTI Counsellors trainings, at the state level.
- IHAT team developed Hindi material /handouts for all the trainings and translated two modules of KHPT on micro-planning of which 1500 copies of each of these publications were provided to NACO as part of IHAT's contribution to the NACP, particularly in the Hindi speaking states. TI partners' skills were also developed to develop need based strategies for HRGs and vulnerable populations.

D. Support to Other Countries

IHAT along with the Center for Global Public Health, University of Manitoba provided technical support to 2 nations in SAARC to increase the efficacy of their national programme. These two countries were:

1. Bhutan

IHAT assisted the Government of Bhutan in a rapid assessment of sexual behaviours and networks In Thimphu, which will lead to the design of an HIV prevention programme in the country. This activity in 2009 was supported by the Royal Government of Bhutan.

2. Sri Lanka

IHAT provided technical support to Government of Sri Lanka in mapping the high-risk groups in selected provinces. This activity in 2009 was supported by the World Bank.

II. Program Implementation

In 2009-10, IHAT was involved in the implementation of the Link Worker Scheme in Rajasthan.

A. Link Worker Scheme (LWS) in Tonk district

IHAT, with funding support from UNICEF, has initiated implementation of the LWS in Tonk in August 2009 with the objective of saturating HRG coverage through Link Worker Outreach in the TI un-reached areas; identifying and linking bridge and vulnerable populations with the services, in remote and un-reached areas; and support PLHIV in these areas. To move quickly on this, we proposed to carry forward RSACS's Annual Action Plan 2009-10, in the context of Link Worker Scheme. The project has achieved the agreed deliverables envisaged during the period of agreement including the following key outputs:

The project used several approaches to change high-risk sexual behaviour, including interpersonal communication activities, increasing demand for and access to condoms, treating sexually transmitted infections (STIs), and engaging directly with government health department. The activities the project was involved in were:

- Training of potential link workers, Village Youth Volunteers (VYV) and selection of Link Worker was done by Oct 2009.
- Training of selected link workers for the implementation of LWS was also completed by the end of October 09, 41 LWs and volunteers were trained.
- Rapport & relationship building with community, key stakeholders i.e. PRI members, ANMs, ICDS workers, teachers and other community based structures (SHGs, Youth club, VHSC) has been done and regular follow up is ongoing.
- For all the 100 Villages, maps have been prepared by LWs with support from the volunteers and villagers.

- December 1 was observed as World AIDS Day to reiterate our resolve to unite in the fight against HIV. The theme for World AIDS Day was 'Universal Access and Human Rights'. 44 project villages were covered during the month. 48 sessions on HIV AIDS education was held in schools. These sessions were attended by 910 girls, 3105 boys, and 52 School teachers.
- Realizing the need for conducting a DSA and mapping in all UNICEF supported LWS districts; UNICEF central office engaged SWASTI as a technical support agency for rural mapping in Tonk. The project team was also engaged in the exercise along with the UNICEF office, Rajasthan and SWASTI.
- Training on DSA was done for a team of 16 internal and external persons, for the survey work in January. As a part of survey 40 FGDs were conducted with married, unmarried men & women in the age group 15-25 years.

The DSA Findings and Recommendations: To unveil the HIV risk and vulnerability in the Tonk district, UNICEF sponsored a Rural HRBG mapping and District Situation Assessment (DSA) study, facilitated by Swasti and conducted by IHAT. This was done with the idea of reorganizing LWP outreach in the most vulnerable areas to meet out the scheme objectives while utilizing the available resources most efficiently. The findings from the mapping exercise in the sampled villages of the district indicate that:

The DSA findings suggested that FSWs comprise the major HRG in the rural areas – with a projected 1635 FSWs in 119 villages. The number of MSMs was estimated to be 48

from 11 villages. However, the volume of sex workers was found to be not uniform across the district. Different socio-economic backgrounds warranted the rural interventions to adopt multiple strategies for different high-risk groups, different typologies, and different locations.

The study covered 89 sample villages selected based on population and other vulnerability factors and considered the 100 villages data which was collected by IHAT during the process of the programme implementation (Programmatic data). Over all the study considered the data of 189 villages of the district for prioritizing the 100 most vulnerable villages.

The key learning's form the study:

- Incorporation of the most vulnerable villages in the LWP outreach by adding almost 70% newer geographical area to the earlier one (68 new villages and 32 old villages).
- Identification of new Link Workers, belonging to the added geographical area/villages.
- Capacity building of newly inducted personnel.
- Initiation of community mobilization process in the newly added villages and strengthening it in the old villages.
- Re-clustering of 100 villages in four programmatic clusters was done (with a view to assign each cluster to four supervisors in the team) and selection process of new volunteers and LWs was initiated.
- As a next step, training of the LWs was planned to prepare the new teams to initiate community mobilization and to implement the project activities in the newly added project villages.

key plan of action for 2011-2012

1. Technical Support

IHAT would like to replicate the experiences of successfully implementing a Technical Support Unit and Training Resource centre in other states of the country especially in North India. IHAT envisions that some of the strategies including evidence based programme planning and implementation can be easily replicated in other states. This would considerably improve the quality of interventions.

2. Continued support to Bhutan, Sri Lanka and other countries

IHAT will continue its technical support to these and additional countries to design and implement evidence-based programs. Discussions are on with World Bank and the National Governments to extend this technical support for a year to support the National AIDS programmes and the implementing NGOs to scale up interventions with high risk populations. A detail mapping and national assessment has been already done to design programmes based on evidence.

financial reports

INDIA HEALTH ACTION TRUST

No.4/13 - 1, Pisces Building, Crescent Road,
High Ground, Bangalore - 560 001

CONSOLIDATED BALANCE SHEET AS AT 31st March, 2010

Previous Year	LIABILITIES	AMOUNT	Previous Year	ASSETS	AMOUNT
1,470,261.00	CAPITAL FUND ACCOUNT	808,865.24	208,988.00	<u>Fixed Assets</u>	1,704,525.12
(661,396.00)	Add : Excess of Income over Expenditure from Income & Expenditure account	2,083,680.33	3,171,621.00	<u>Current Assets</u>	11,405,212.65
808,865.00		2,892,545.57			
2,571,744.00	<u>Current Liabilities & Provisions</u> As per Schedule - 3	10,217,192.20			
	The Accompanied notes are an integral part of the Financial Statements Schedule - 4				
3,380,609.00	Total	13,109,737.77	3,380,609.00	Total	13,109,737.77

For India Health Action Trust



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

Date : 24.09.2010
Place : Bangalore

Per Report of Even Date

(M. Suresh)
Chartered Accountant
22.09.2010

INDIA HEALTH ACTION TRUST
No.47/3 - I, Pooja Building, Crescent Road,
High Ground, Bangalore - 560 031

CONSOLIDATED INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31st March, 2010

Particulars	EXPENDITURE	Amount	Previous Year	By	INCOME	Amount
To	Professional Charges	133,134.00	50,512.00		Interest received - Savings Bank & FD	146,413.18
2,146,889.00	Travel Expenses-Staff & Consultants	3,715,882.70			Grant Received	25,416,963.00
-	Service Taxes Paid	14,000.00	11,051,086.00			
-	Web Designing Charges	6,240.00				
-	Local Conveyance	20,331.00				
1,510,952.00	Electricity & Water	1,543,416.00				
261,140.00	AMC for Equipments	29,436.00				
35,000.00	Insurance on Assets	20,886.00				
3,929.00	Project Expenses	10,933.00	237,743.00			
1,441,326.00	Communication Expenses	2,431,215.00				
300,399.00	Computer Running Expenses	669,779.32				
89,500.00	Computer Running Expenses	100,868.00				
36,720.00	WGO Meeting Expenses	295,228.00				
-	Staff Orientation & Training	2,064,377.00				
4,040.00	Repairs & Maintenance	34,464.00				
246,402.00	Printing & Stationery	915,730.50				
117,404.00	Office Running Expenses	183,441.50				
438,250.00	Staff Welfare Expenses	114,390.00				
35,562.00	Audit Fee	77,062.00				
3,585.00	Bank Charges	2,425.00				
3,663,726.00	Salaries & Establishment	6,228,445.00				
-	Contribution to Provident Fund	568,764.00				
-	Staff Insurance - Mediclaim & OPA	181,447.00				
-	Staff Recruitment & Relocation Expenses	30,120.00				
-	Consultancy Charges Fee etc	3,511,565.00				
117,381.50	Depreciation	377,480.35				
28,619.50	Vehicle repair & maintenance	109,158.00				
10,677.50	Interest on OD					
-	Excess of income over expenditure carried down	3,454,022.33				
11,523,351.96		27,035,376.16	11,322,341.03			27,035,376.16
To	Excess of expenditure over income brought down					
217,763.00						
443,633.00	Provision for Management & Other Fees	1,370,342.00	661,394.00			
-	Balance transferred to Capital Fund Account	2,031,480.33				
661,396.00		3,454,022.33	661,376.00			3,454,022.33

For India Health Action Trust



Date : 24/09/2010
Place : Bangalore

(S M Ramiah)
Managing Trustee

Per Report of Expenditure



(H Suresh)
Chartered Accountant

new 23/8/66

Schedule - 1 Fixed Assets

Sl No.	Asset	Opening Balance as on 01.04.2009	Additions made		Sale / Deletions made	Total as on 31.03.2010	Depreciation				W.D.V as on 31.03.2010
			Before Sep'09	After Sep'09			Rate	Before Sep'09	After Sep'09	Total Dep.	
BSR account											
1	Office Equipment	8,415.00	-	-	-	8,415.00	15%	1,262.00	-	1,262.00	2,153.00
2	Furniture & Fixtures	3,442.00	-	-	-	3,442.00	10%	344.00	-	344.00	3,098.00
3	Computer	-	68,516.00	-	-	68,516.00	60%	41,110.00	-	41,110.00	27,406.00
	Total - A	11,857.00	68,516.00	-	-	80,373.00		42,716.00	-	42,716.00	37,657.00
Joint											
1	Computers	6,644.00	-	72,500	-	79,144.00	60%	3,998.00	-	3,998.00	75,146.00
2	Office Equipments	11,699.00	-	140,150	-	152,249.00	15%	1,755.00	-	1,755.00	150,494.00
3	LCD Projector	-	-	46,000	-	46,000.00	60%	-	13,800.00	13,800.00	32,200.00
4	Computer Laptop	-	-	70,500	-	70,500.00	60%	-	21,150.00	21,150.00	49,350.00
5	Vehicle	-	-	515,000	-	515,000.00	0%	-	-	-	515,000.00
6	Furniture	-	-	217,450	-	217,450.00	0%	-	-	-	217,450.00
	Total - B	18,343.00	-	1,042,300.00	-	1,060,643.00		5,753.00	34,950.00	40,703.00	1,019,940.00
	Local Total - A + B	30,200.00	68,516.00	1,042,300.00	-	1,111,036.00		48,469.00	34,950.00	83,419.00	1,027,617.00
FCRA Account											
Computers :											
1	Computers - e level	2,009.44	-	-	-	2,009.44	60%	1,205.66	-	1,205.66	803.78
2	DD External 250GB - iOMEGA	907.88	-	-	-	907.88	60%	544.73	-	544.73	363.15
3	19" Monitor, Compaq Presario, Mouse, Keyboard	17,651.32	-	-	-	17,651.32	60%	10,590.79	-	10,590.79	7,060.53
4	Memory 256MB DDR	255.32	-	-	-	255.32	60%	153.79	-	153.79	101.53
5	19" Monitor, Mouse & Keyboard	1,354.24	-	-	-	1,354.24	60%	812.54	-	812.54	541.70
6	Computers	4,883.80	-	658,073.00	-	662,956.80	60%	3,930.28	197,421.90	201,352.18	462,604.62
7	Delta Card	2,048.00	-	-	-	2,048.00	60%	1,228.80	-	1,228.80	819.20
8	VPN Server	25,933.60	-	-	-	25,933.60	60%	15,160.16	-	15,160.16	10,773.44
9	Printer	-	70,528.00	13,500.00	-	84,028.00	60%	42,496.80	4,050.00	46,546.80	37,481.20
	Total - A	55,044.60	70,528.00	671,573.00	-	798,445.60		76,123.58	201,471.90	277,595.48	520,850.15
Office Equipment											
10	Refrigerator	15,977.32	-	-	-	15,977.32	15%	2,396.60	-	2,396.60	13,580.72
11	Refrigerator (Installed at Bangalore)	29,371.63	-	-	-	29,371.63	15%	4,405.74	-	4,405.74	24,965.89
12	EP&M	14,016.00	-	-	-	14,016.00	15%	2,102.40	-	2,102.40	11,913.60
13	Speakers	3,448.90	-	-	-	3,448.90	15%	517.34	-	517.34	2,931.57
14	Air conditioner Unit	23,055.00	-	-	-	23,055.00	15%	3,458.25	-	3,458.25	19,596.75
	Total - B	87,849.65	-	-	-	87,849.65		13,180.48	-	13,180.48	74,669.17
Furniture & Fixtures											
15	Chair, Filing Cabinet	21,225.48	-	-	-	21,225.48	10%	2,222.55	-	2,222.55	19,002.93
16	Wooden Table	12,428.52	-	-	-	12,428.52	10%	1,242.85	-	1,242.85	11,185.67
	Total - C	34,654.00	-	-	-	34,654.00		3,465.40	-	3,465.40	31,188.60
	FCRA Total - A + B + C	178,768.45	70,528.00	671,573.00	-	921,169.45		92,789.43	201,471.90	294,261.33	626,908.12
	Grand Total - Local + FCRA	208,168.45	139,044.00	1,713,873.00	-	2,062,205.45		141,258.43	236,421.90	377,680.33	1,704,525.12

For India Health Action Trust

(Signature)
(B M Ramesh)
Managing Trustee



Schedules forming part of Balance SheetSchedule - 2Current Assets, Deposits, Loans & Advances

Previous Year	Particulars	Amount
11,448.00	1. Cash on Hand	124,253.00
1,561,540.00	2. Bank Balances - HDFC	4,411,728.47
	3. Fixed Deposits	
207,932.00	Fixed Deposits	227,237.99
7,066.00	Accrued Interest on Fixed Deposits	-
	<u>4. Loans & Advances</u>	
1,328,489.00	Grant Receivable from NACO	6,475,937.00
22,000.00	Rental Deposit	22,000.00
25,000.00	Population Research Centre - PRC	25,000.00
-	Staff Advance	41,788.00
-	Prepaid Expenses - Adelphi Technologies	544.00
-	Sundry Debtors - M/s. Dell India P. Ltd.	6,500.00
-	Shree Holidays	50,000.00
-	KHPT Local Account	10,718.00
	<u>4. Other Current Assets</u>	
8,146.00	TDS Receivable	9,506.19
3,171,621.00	Total	11,405,212.45

Schedule - 3Current Liabilities and Provisions

Previous Year	Particulars	Amount
	Sundry Creditors for Expenses	
1,761,942.00	Expenses Payable	2,084,362.20
71,382.00	Salary Payable	70,322.00
33,090.00	Audit Fees Payable	45,000.00
-	<u>Statutory Liabilities Payable</u>	
300.00	- Professional Tax	3,700.00
53,315.00	- TDS Payable	34,233.00
2,771.00	- Provident Fund	(118.00)
1,922,800.00	Total - A	2,237,499.20
	Sundry Creditors for Other	
(18,294.00)	Staff Advance	195,102.00
-	Climate Control	5,833.00
223,605.00	Karnataka Health Promotion Trust	4,628,668.00
-	Advance for Sale of Vehicle	250,000.00
-	KHPT FCRA A/C	10,288.00
-	Race view Travels	1,170.00
-	IPPH - H	1,074,657.00
205,311.00	Total - B	6,165,718.00
	Provisions	
443,633.00	Provision for Management Fees and other fees	1,813,975.00
443,633.00	Total - C	1,813,975.00
2,571,744.00	Total A + B + C	10,217,192.20

For India Health Action Trust

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



H. S. Srinivas
(H S Srinivas)
Trustee & Treasurer





India Health Action Trust

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